



Yukon Legislative Assembly

Number 81

3rd Session

34th Legislature

HANSARD

Wednesday, December 16, 2020 — 1:00 p.m.

Speaker: The Honourable Nils Clarke

YUKON LEGISLATIVE ASSEMBLY

2020 Fall Sitting

SPEAKER — Hon. Nils Clarke, MLA, Riverdale North
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

CABINET MINISTERS

NAME	CONSTITUENCY	PORTFOLIO
Hon. Sandy Silver	Klondike	Premier Minister of the Executive Council Office; Finance
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

GOVERNMENT PRIVATE MEMBERS

Yukon Liberal Party

Ted Adel	Copperbelt North
Paolo Gallina	Porter Creek Centre
Don Hutton	Mayo-Tatchun

OFFICIAL OPPOSITION

Yukon Party

Stacey Hassard	Leader of the Official Opposition Pelly-Nisutlin	Scott Kent	Official Opposition House Leader Copperbelt South
Brad Cathers	Lake Laberge	Patti McLeod	Watson Lake
Wade Istchenko	Kluane	Geraldine Van Bibber	Porter Creek North

THIRD PARTY

New Democratic Party

Kate White	Leader of the Third Party Third Party House Leader Takhini-Kopper King
Liz Hanson	Whitehorse Centre

LEGISLATIVE STAFF

Clerk of the Assembly	Dan Cable
Deputy Clerk	Linda Kolody
Clerk of Committees	Allison Lloyd
Sergeant-at-Arms	Karina Watson
Deputy Sergeant-at-Arms	Joseph Mewett
Hansard Administrator	Deana Lemke

Yukon Legislative Assembly
Whitehorse, Yukon
Wednesday, December 16, 2020 — 1:00 p.m.

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

Prayers

DAILY ROUTINE

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

Introduction of visitors.

INTRODUCTION OF VISITORS

Ms. Hanson: I ask my fellow members of the Legislature to join me in welcoming Mary Whitley, Hilary Wilkinson, Laura Beattie, Linda Stratis, Chris Rider, Jan Stick, François Picard, along with family and friends who are listening online for the tribute to Gerry Whitley, another familiar visitor to this Legislative Assembly.

Applause

Hon. Mr. Mostyn: This afternoon I would like to welcome: Greg Paquin, the eastern area superintendent; Greg Eikland, the acting western area superintendent; Rick Neumann, lead hand, Whitehorse grader station; Dan Shevchenko, foreman of the Whitehorse grader station; and Shelby Workman, director of the Transportation and Maintenance branch. They are joining us here for the tribute to highway crews this afternoon.

Applause

Speaker: Tributes.

TRIBUTES

In remembrance of Gerry Whitley

Ms. White: I rise today on behalf of the Legislative Assembly and all Yukoners to pay tribute to Gerry Whitley.

Gerry will be remembered by many in this Assembly for his dedication to the House and, more importantly, to democracy. In my first five years here, he sat in the gallery to listen to Question Period. Gerry was particularly passionate about protecting the Peel and believed that democracy was at risk. For those five years, sitting with various friends, he proudly wore his “Protect the Peel” T-shirt while observing and taking notes. He knew that it was important to be here and bear witness to the work of government and of all parties in the people’s place. His presence and persistence meant a great deal to me, as I truly never felt like I was alone at work.

If our caucus had questions about aerodromes, water, or anything in his wheelhouse, Gerry was our go-to guy. He was happy to share his knowledge and insights to inform discussions that could result in better decisions.

The oldest of four siblings, Gerry was born in Vancouver and raised in the Kootenays. He came to the Yukon in the late 1960s, first as an assayer for the Faro mine and then as a water

quality specialist for the federal government in Whitehorse. He immediately fell in love with the raw and fragile beauty of the Yukon and her people. He shared that love with his wife, Mary, and daughters, Moriah and Rebecca. Avid outdoor enthusiasts, Gerry and his family traversed much of the Yukon, Alaska, BC, and the Northwest Territories on foot, by car, by ski, by canoe, and often by air.

A dedicated husband and kind father, Gerry embodied service to others in all that he did. He was incredibly proud of Mary and her many accomplishments — often adding his efforts to her interests, such as bird-watching and her own conservation interests. He and Mary travelled near and far seeking out birding experiences and were always happy to share knowledge and to encourage others to contribute citizen science through events like the breeding bird survey and bird counts.

His service values inspired both of his daughters to public service and volunteerism, and they carry his strong ethics and deep love with them always. His calm and pragmatic approach led them through the challenges and opportunities that life brings as he helped them to work the problem and always looked to find the bright side of any situation.

His intelligence and analytical mind are evident in his contributions to many publications, studies, articles, and reports focused on improving and preserving water quality in the north and across Canada. His body of work is still used professionally and academically, and he was honoured to mentor many students and junior staff to pursue environmental protection through science.

In 2019, he was honoured by the Yukon Conservation Society when he received the Gerry Couture award. His work in the early days of water regulation in the Yukon as well as his conscientious approach to doing the right things, no matter the resistance, should be an inspiration to all of us. Likewise, he was inspired by those around him, and he followed a career path of many colleagues and friends, including myself, expressing his pride in their passions and progress in their chosen fields.

When looking back at Gerry’s life, I am struck by how many facets there were to him and his huge contributions to the Yukon over his lifetime. Many will know Gerry from his volunteer activities around sports — particularly biathlon, cross-country skiing, and orienteering — or maybe recognize him from his regular attendance at the Canada Games Centre.

Maybe you or someone you know benefitted from some of the prostate cancer support work that he undertook, creating and maintaining peer-to-peer supports and sharing information.

Perhaps you know him through his efforts and interest in astronomy, in particular, his excitement about and research into local First Nation knowledge about astronomy. He participated in every opportunity, such as those through the Beringia Centre, to engage both adults and children in learning about the universe.

Maybe you came to know him through his tireless work with the Civilian Air Search and Rescue Association where both he and Mary volunteered in many searches and exercises over the years. The Civilian Air Search and Rescue Association and all Yukoners had the benefit of his flying prowess and of

his and Mary's knowledge of the Yukon landscape and their keen eyes. His legacy continues with both his plane and his co-pilot, Dave Downing, now leading the charge.

Perhaps you have heard of his connection to flying through Operation Mike and his significant efforts to revitalize a search for a downed plane and the 44 passengers lost in 1950. He successfully marshalled public, private, and military involvement in redoubling these efforts. This event is now being covered by a documentary filmmaker in a work called *Skymaster Down*.

Maybe you have seen photographs taken from his plane, either by himself or by the conservation photographers whom he flew through LightHawk to document the environmental impacts of development and exploration. These images helped us all to understand the real impacts on areas like Eagle Plains and the Faro mine site and understand the potential downstream effects on areas like the wetlands north of Watson Lake and ice at M'Clintock Bay. Making science real and accessible was truly one of Gerry's many gifts.

You may know Gerry through one or more of these things, but you might not know that he loved Greek mythology and the universal lessons that it conveyed, that he followed economics, politics, and medical science developments among others, that he read science fiction, military history, and biographies — he especially loved the works of great scientists and thinkers — and that he homebrewed beer before it was cool and often made sourdough bread for friends and family — in true Gerry fashion, embracing each endeavour with curiosity and interest.

Everyone who met him will know his warmth, wit, and keen mind, which perhaps shone most brightly when delivering his dry and on-point one-liners — all with a mischievous twinkle in his eye. With all of his tireless efforts, it was an honour and a joy to receive his impromptu office visits, his easily offered insights, and, most of all, his friendship.

Last year, shortly after learning about his diagnosis, Gerry and his family attended our office Christmas party, and he proudly showed off his new tattoo — a black-capped chickadee to match the one that his daughter Rebecca has in his honour. This was a “bucket-list thing”, he said with his wide smile, and just one of the many things he had to do. Next on his list was inspiring the Yukon Transportation Museum to install a bench in honour of all the pilots who have flown and been lost in the north — another check mark on a very long list of achievements.

In true Gerry fashion, he wouldn't have listed these as his accomplishments, but rather simply service to the greater good, and we are sincerely grateful for his efforts and generosity. Like the water that he fought so hard to protect, his spirit runs through the Yukon, and we join Mary, his family, and his friends in mourning his loss.

Applause

In recognition of highways maintenance crews

Hon. Mr. Mostyn: 'Twas the night before Christmas when all through Yukon

Not a road crew was sleeping, just doing some recon

The mountains were swaddled with snow from the storms that risk to our highways is often the norm

Our crews had been bracing all through this winter waiting and watching for snow-caps to splinter

Come early it did with speed and a mood ferocious and angry

Really quite rude

Snow tumbled and drifted piled on high

Some even say it reached the sky

But without hesitation, misstep or a doubt

Our crews hit the road

Rah rah with a shout

Today, on behalf of the Yukon Liberal government, we celebrate everyone responsible for keeping our territory's roads and highways safe and clear. Last year, I mentioned the challenge that our changing weather is posing to road crews. Unfortunately, more erratic and extreme weather events may be the new norm. Recently, parts of Yukon received more than 40 centimetres of snow, breaking records. Then, two weeks ago, we saw another 20 centimetres. Then temperatures soared, creating a slippery, soupy mess. Then it got cold again.

Territorial and Whitehorse road crews rose to these challenges, as they always do, dealing with the snow, slush, and ice without pause. These crews keep our remote northern highways and roads in tip-top shape around the clock all winter long.

I want to highlight the highway crews working the mountain passes on the roads to Skagway and Haines. It is always challenging and dangerous work throughout the winter. This year, however, has been especially crazy, with huge amounts of snow accumulating quickly, triggering 12 avalanches in the process. The pictures from the department would make you gape.

So, thank you to our road crews, drivers, mechanics, labourers, and other support staff for keeping our territory's road network open and safe during the coldest months of the year.

They work day and night

Their lights all aglow

Pushing through heaps of heavy white snow

Ice black as night, snow tough as rock

Limited light, the coffee was not

As they do daily throughout the year

Our road crews head out to give the all-clear

This year has been harder, pandemic and weather

Partners in crime, plotting together

But the crews work hard, no matter the conditions

While we all sleep soundly, they work the transmissions

So, Mr. Speaker, alas, I will take another second or two

To thank our incredible road crews

They matter, they count, they're tough as can be

And it's thanks to our crews we get to see thee.

Applause

Mr. Hassard: It is an honour to rise today on behalf of the Official Opposition as well as the Third Party to pay tribute to the men and women who work tirelessly to maintain our roads throughout the year.

This work, of course, ensures that we and our visitors alike can travel safely throughout our beautiful territory. These folks have persevered through these unprecedented times of COVID and, of course, the crazy weather. From record snowfalls followed by days of rain, the roads for the most part were kept open and passable. The opposition parties thank you for your dedication to Yukoners and the Yukon roads.

To show our appreciation, I previously put forward a motion to enact “slow down, move over” legislation to help protect you and others on our roads. Unfortunately, the government chose not to proceed with this legislation. We have asked the minister to ensure that you are equipped with more four-wheel-drive pickups to make your job safer on the treacherous roads — but again, no interest.

We have pressed the minister on what he calls “efficiencies” and I call “cuts”, but to no avail. We have asked the minister not to close Central Stores so that your time could be better spent maintaining our roads rather than going on trips to town for supplies — but yet again, road blocks. Yet even with these unnecessary challenges thrown your way, you continue to push on and dedicate your lives to keeping our roads open, ensuring that we can travel in comfort and safety, and for that, we thank you.

Applause

Speaker: Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Hon. Mr. Streicker: I have for tabling a legislative return in response to questions from the Leader of the Official Opposition.

Again, today I have for tabling another document outlining ministerial travel to communities over the previous four years.

Hon. Ms. Frost: I have for tabling three legislative returns in response to questions that arose during Committee of the Whole on November 24, 2020. The first is in response to questions from the Member for Kluane regarding the creation and expansion of campgrounds in the *Yukon Parks Strategy*. The second is in response to questions from the Member for Kluane regarding special guide licences. The third legislative return is in response to questions from the Member for Takhini-Kopper King regarding the Yukon wetlands strategy.

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

Are there any reports of committees?

Are there any petitions?

Are there any bills to be introduced?

Are there any notices of motions?

NOTICES OF MOTIONS

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

THAT this House condemns the comments made today by federal Conservative leader Erin O’Toole regarding residential schools; and

THAT this House calls on the Yukon Party to tell Yukoners whether it continues to support Mr. O’Toole, given these troubling comments.

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

MINISTERIAL STATEMENT

Arctic National Wildlife Refuge

Hon. Ms. Frost: The relationship that indigenous people in northern Yukon, Northwest Territories, and Alaska have with the Porcupine caribou herd is an essential part of indigenous culture that has provided immense value to communities across the north for thousands of years.

The deep cultural importance of the Porcupine caribou herd was recognized in a 1987 agreement between Canada and the United States that helps define a collaborative approach to ensure the herd’s conservation. For many years, the Porcupine caribou herd represented a growing example of international collaboration. Unfortunately, I can no longer say that this is the case.

The record of decision released in August 2020 by the United States Secretary of the Interior has opened the entire 1002 area of the Arctic National Wildlife Refuge, or ANWR, for oil and gas development. This decision goes against the spirit of the Canada-US agreement and significantly reduces protection measures. It does not work to avoid or minimize activities that would significantly disrupt migration of the herd.

The Government of Yukon, along with our Canadian counterparts and our partners, has consistently maintained that development in the Arctic National Wildlife Refuge poses a significant risk to the Porcupine caribou herd and its habitat. A 2009 report indicated that development within the 1002 area could result in a 17-percent decline in the Porcupine caribou herd’s population size over 10 years.

Now the United States has received the first application for exploration work on the coastal plain. It is going through a permitting assessment, and we are submitting our comments into that process. The Government of Yukon will continue to stand in solidarity with our indigenous partners, advocating for the protection of the Porcupine caribou herd’s sacred and sensitive calving grounds on the Alaskan coastal plain.

I would like to acknowledge the great strength of indigenous leaders, partners, and partner organizations in gaining commitment from international banks to stop oil and gas development in the Arctic National Wildlife Refuge. This week, we learned that all major Canadian banks have committed to not funding exploration or drilling in ANWR. They join major international banks, including JPMorgan Chase, Goldman Sachs, Barclays, and Royal Bank of Scotland. I want to thank these banks for hearing the call of the

indigenous people who have relied on the Porcupine caribou herd for millennia.

As a government, we continue to provide support and financial assistance to Vuntut Gwitchin to support their advocacy efforts to protect the Arctic National Wildlife Refuge, including our continued support through this year's fiscal budgets and, as well, through our continued support through the Department of Environment and through the Executive Council Office.

Additionally, the partners of the *Porcupine Caribou Management Agreement* continue to undertake important work to support protecting and conserving all critical calving, post-calving, and summer habitat in Yukon for the herd.

Despite the setbacks with the current US government, we will continue to work with our partners to advocate for the conservation of the Porcupine caribou herd and the critical habitat that they depend on.

Mahsi', Mr. Speaker.

Mr. Istchenko: Thank you for the opportunity to speak to this important issue today. I thank the minister for this update and keeping us in the loop on this.

As you know, Mr. Speaker, this House unanimously passed a motion on May 3, 2017, expressing our support for the Vuntut Gwitchin on this issue. We were happy to support the motion then and speak in support of the Vuntut Gwitchin on this issue at the time, and I am happy to do so again today. When we passed the motion three years ago, I felt that it was a strong sign of support from the House. I felt that we had a very good discussion that day on the topic. This is an area of great importance to the Vuntut Gwitchin, both culturally and historically. That is something important that we all agree on in this House. They have maintained a healthy, balanced dependence on the herd for thousands of years, Mr. Speaker.

The previous MLA for Vuntut Gwitchin many times — to me in private and in this House — eloquently described this relationship in the words of many elders — and I quote: "Caribou are our life. Without caribou we wouldn't exist." Those are great words, Mr. Speaker.

Obviously, there is a lot to say on this topic and on the importance of the Porcupine caribou. I don't have enough time today, so, in closing, I would just reiterate that we support the government's efforts here. In the spirit of working together, I know that my colleagues and I would be interested in a technical briefing with department officials on this topic and the Yukon's efforts to date and going forward.

Again, Mr. Speaker, the Official Opposition supported in 2017 the unanimous motion to support the Vuntut Gwitchin in their efforts surrounding ANWR and the protection of the Porcupine caribou, and I would like to reiterate that support today. This was an important issue to be unified on in the spring and it is just as important today.

Thank you, Mr. Speaker, and thank you to the minister for updating the House today on this issue.

Ms. White: There is a beautiful history in the resiliency of the Gwich'in people and their conviction to protect the

calving grounds and the migration routes of the Porcupine caribou herd not just for themselves, but for the entire human family. Any oil and gas development in the Arctic National Wildlife Refuge would also have significant and devastating impacts in Canada, as the Porcupine caribou herd transcends borders created by governments.

For millennia, the Porcupine caribou herd has moved across the Northwest Territories, Yukon, and Alaska. Just as the Arctic National Wildlife Refuge has sustained the Porcupine caribou herd, the herd in turn sustains Gwich'in communities across the north in Alaska, Yukon, and the NWT. With the news coming out of the US this week, it is more important than ever to join our voices to the already powerful chorus of opposition to oil and gas development in the coastal plain of the Arctic National Wildlife Refuge. We must not allow this wild place to be destroyed for short-term gains.

We applaud the sustained effort of those, along with national and international allies — that today include not only environmental organizations, but also major financial institutions in Canada, the US, and Europe — who have refused to give in to the pressure to allow the fossil-fuel industry to open the sacred area to drilling. As we welcome the words of the Yukon government's minister extolling the support shared by the Yukon NDP for the preservation of the Arctic National Wildlife Refuge and the Porcupine caribou herd, we also note that, despite calling on other governments to stand down on oil and gas development in environmentally sensitive areas, this Yukon government continues to deliver contradictory messages.

What is good for the planet and good for the Arctic National Wildlife Refuge is apparently not necessary in Yukon.

So, as we look toward the actions of our neighbours with distrust around their oil and gas actions, when do we turn that lens inward? One clear example of this is the Premier's mandate letter to the Minister of Energy, Mines and Resources, which sees him promoting oil and gas development outside the Whitehorse Trough. This simple directive from the Premier raises so many questions. Does this government believe that the promotion of oil and gas development is good as long as it's not in populated areas? Does the promotion of oil and gas development by Yukon preclude the completion of the constitutional obligations to complete land use plans? Is the promotion of oil and gas development in Yukon consistent with this Yukon government's stated commitment to renewable energy?

We encourage the government to demonstrate unassailable solidarity with the Gwich'in peoples by clearly stating that Yukon is not open to oil and gas development. Failing this, the Yukon government's words ring hollow.

Hon. Ms. Frost: I would like to thank the members opposite for their comments today, keeping with the solidarity and keeping with the vision of the Gwich'in Nation. As we go ahead and proceed to try to protect the most pristine wilderness area in North America, we want to ensure that we look toward our partners in not politicizing the effort. I think that what we're trying to do here is to deliver a message to indicate that this is

not just a Vuntut Gwitchin issue; this is a national and international issue, and that's demonstrated in what we're seeing now — historic times, for sure.

We have indicated historically the significance of the Porcupine caribou herd to the nations and the lifeblood that it provides. With respect to keeping in the loop, I would suggest that the issue is very much alive and well and has been in the media consistently. We have been advocating and working very diligently with our partners with respect to environmental values and significance.

What we are doing here is not to impose any contradictory messages with sustainability and development. What we are looking toward, in our mandate, is to look at ensuring, first and foremost, that we protect our environment and that we protect the iconic Porcupine caribou herd, and that is the objective of the ministerial statement — to speak about the Arctic National Wildlife Refuge, not to put a mandate forward that the Third Party perhaps wants to put on the floor today.

I would like to just reiterate that we have an opportunity to work together and to counter the position that was just recently put forward by the United States government and now, just recently, Governor Dunleavy, who introduced legislation to try to protect Alaska's economy and promote oil and gas development — just this week, in fact.

So, the objective is that the Arctic Refuge — it has been 60 years since the refuge was established as a protected area. We have been closely involved in the efforts to protect this sacred area and have been advocating for that for over 30 years. I am pleased to say that, during my year of advocacy and my time on the file, I now have young people from my community taking up the leadership role and advocating for protection of the Arctic Refuge.

Back in the 1990s, when I was travelling to the United States seeking support from legislators to protect the Arctic Refuge, my fellow Gwich'in citizens and I had support from environmentalists and conservation groups. That still continues today, and that is what we are seeing in terms of resistance on potential development — significant importance there.

It has been encouraging to see the growing support from various groups — including banks — who have declared that they will not be supporting oil and gas extraction of this precious area. The recent actions of the United States government and the State of Alaska's response to the banks, however, are very disappointing.

It is essential that protection of this sacred land is respected, valued, and honoured. Oil and gas drilling would have devastating effects on the wildlife and threaten this fragile landscape. The Porcupine caribou herd is already feeling the impacts of climate change on their migratory patterns. It is imperative that we band together and take full leadership and move to protect the Arctic Refuge.

Speaker: This then brings us to Question Period.

QUESTION PERIOD

Question re: Ombudsman request for information

Mr. Cathers: This morning, CBC reported that the Yukon's Ombudsman is taking the government to court for refusing to hand over documents for an investigation. The Ombudsman is seeking documents with respect to a complaint at Family and Children's Services, yet the government has so far refused to provide that documentation.

Can the Minister of Health and Social Services tell us why she will not hand over these documents to the Ombudsman?

Hon. Ms. McPhee: The Government of Yukon has received notice of this petition. I think that it was maybe even the member opposite yesterday who brought up the concept of a court matter and how it's not appropriately discussed here in the Legislative Assembly, so, as the matter is before the courts, we will not be providing any further comment. We have full confidence that the matter will be resolved through the process that has been chosen.

Mr. Cathers: As mentioned, Yukon's Ombudsman is taking the government to court for refusing to share information. The Ombudsman is an independent officer of this Legislative Assembly, and the Minister of Health and Social Services is named in the legal action. This Liberal government has developed a well-earned reputation of secrecy, withholding information, and a lack of transparency.

Will the Liberals stop their policy of hiding information from Yukoners?

Hon. Ms. McPhee: I might graciously ask that you would ask the member opposite to speak up; I'm not sure I heard all of the words in his question. We've said before — I think it's the tone of his voice that's difficult to hear sometimes on this side. That being said —

Some Hon. Member: (Inaudible)

Hon. Ms. McPhee: Apparently, he can talk just well enough through what I'm saying.

The government has received notice of this application — the notice of the petition that has been filed with the court. The court is the appropriate place for this matter to be resolved. That has been chosen by the plaintiff in the matter. The matter, as it's before the court — it is not appropriate, pursuant to our Standing Orders — and any other comments that might somehow influence that situation — for this matter to be discussed on the floor of this House, so I won't be providing any further comment.

Mr. Cathers: Well, Mr. Speaker, again, the minister can cite all the excuses she wants, but the fact is that the Yukon's Ombudsman, who is an officer of this Legislative Assembly, is taking the government to court for refusing to share information with her. The Ombudsman is an independent officer of this Assembly. The Minister of Health and Social Services is named in the legal action.

We know that this Liberal government has developed a well-earned reputation for secrecy, withholding information, and a lack of transparency, and we just saw it from the minister again.

Will the Liberals stop their policy of hiding information from Yukoners, and rather than going to court with this

independent officer of the Assembly, will the government just agree to share the information with her?

Hon. Ms. McPhee: I will repeat again, for the benefit of Yukoners, that the Government of Yukon has received notice of this petition. There is clearly a dispute. It has been brought before the courts of this territory, appropriately so, by the parties. The matter will be resolved in those courts. As a result, we won't be providing any further comment. It would not be appropriate to do so. In fact, it would be contrary to the Standing Orders for us to comment any further or for me to comment any further. The matter is before the Yukon courts and it will be resolved there. We have great confidence.

Question re: Yukon First Nation procurement policy

Mr. Hassard: I have some further questions for the Minister of Highways and Public Works about the Liberals' new First Nation procurement policy.

Over the past few days, we've heard from dozens of contractors and businesses that were surprised to see this policy for the first time over the weekend. Many Yukon businesses will be significantly affected by this and are wondering why the government would not consult with them before the policy was complete.

Can the minister confirm that the details of this policy have never been shared with any local businesses or business organizations before Friday?

Hon. Mr. Mostyn: The procurement policy announced last Friday is a completion of a commitment to Yukon First Nations identified in self-government agreements. These are legally binding documents signed between the Yukon government and First Nation governments. We introduced them to the Yukon Forum on Friday, and I was gratified to hear the support from all First Nations at that gathering on Friday.

It didn't get done by past governments, Mr. Speaker. More than 25 years ago, the *Umbrella Final Agreement* identified this as a commitment. Every subsequent final agreement included this commitment. No government has ever delivered on this commitment to First Nations. This was not a new concept by our government; it's a long-standing commitment. It had not been achieved for decades.

This policy will strengthen Yukon companies and their bids for government contracts. It will work to keep dollars in the territory, and it will be a benefit to every Yukoner in the years to come.

We have been working with our First Nation partners on this for two years. In the last year, we have worked with our business community as well. We have had several meetings. I chronicled them yesterday, and when I get up to answer the next question, I'll be happy to go into detail again about all the work that we've done with our business community. That work is not done. That work is going to continue.

Mr. Hassard: Unfortunately, one more time, we don't get an answer to the question. I asked about what was shared with local businesses or business organizations before Friday. We have also heard conflicting reports on how this policy will be applied. Some have heard that this policy will be

implemented over time and only on certain tenders; others have heard that it will apply to all Yukon government tenders.

Can the minister clarify, when this policy comes into force in February, which tenders it will apply to? Will it only be used on contracts of certain sizes, or will it apply to all government contracts?

Hon. Mr. Mostyn: We suspected that the Yukon Party would be against this First Nation procurement policy. Now we are seeing that they are.

Mr. Speaker, I will say again that, in the last year — since October/November — we held several virtual information sessions for the business community, industry associations, and the chambers of commerce. In November, we shared a draft of the document with all of the business people who were in attendance at that meeting. For the last year, we have had meetings with the chambers of commerce, which are a procurement business group, and we have had several meetings where this has been the sole item on the agenda.

Since Monday — since the policy was announced on Friday — we have started one-on-one meetings with business leaders throughout the territory. Those meetings are going to continue throughout December and January and into February. We have meetings with citizens that will be scheduled in January as well. We have set the date for the implementation of this policy for the end of April to give lots of time for us to talk and work with our business community on the implementation of this very important policy for Yukon.

Mr. Hassard: It really is unfortunate that the minister has such little knowledge of his own file and is unable to answer such very basic and simple questions that have come to us through contractors throughout the territory. The Liberals have always enjoyed talking about how many public engagements they have done through the engageyukon.ca website and how they always listen to Yukoners before developing a policy. In this case, it's clear that they did not consult with many of the affected stakeholders prior to the development of this policy, and the minister appears to be admitting to that — saying that they are going to do that after the fact.

So, why did the government not actually consult on this policy before they developed it?

Hon. Mr. Mostyn: I have said, and I will say it again, that we have spoken to the business community on First Nation procurement for years. The Procurement Business Committee had detailed discussions about it in July and October. In October, the committee was provided the summary of the actual policy, a presentation, and an opportunity to ask questions. In October and November, we held several virtual information sessions for the business community, industry associations, and chambers of commerce. These sessions were well-attended and represented a variety of sectors. We will continue to work with our business community going forward until the policy is implemented and well beyond, because, as I have said many times on the floor of this House, procurement is a journey, not a destination.

I will tell the House this afternoon — I know why the member opposite brought up engagement: because they don't know how to do it, Mr. Speaker. I will tell you why they are

talking about First Nation consultation: because they never did it. We saw that on the Teslin bridge project when the member opposite couldn't get 'er done because he didn't consult with his own First Nation in his own community. We are doing things differently. I will put our record on the record any day.

Question re: Dental health care

Ms. White: Dental health is often overlooked as part of general health and well-being. Poor dental care can have serious, long-term impacts and even lead to heart disease, cancer, and diabetes. I say that dental health is overlooked because, when we raise this issue and despite the evidence, this government refuses to help struggling Yukoners.

In Yukon, dental operations can range from hundreds of dollars for a checkup to thousands of dollars for complex surgery like a root canal. Without dental coverage, these costs are impossible to cover, and this has long-term consequences on people's overall health.

When will this government commit to providing universal dental coverage for all Yukoners?

Hon. Ms. Frost: I am happy to speak about universal supports. I am going to talk a bit about the Government of Yukon's *Putting People First* efforts. What we have seen historically was a lack of services and supports for rural Yukon communities. We have seen the discontinuation of the dental therapy program through the schools.

We have seen the elimination of supports. What we intended with our *Putting People First* report is to work with our partners to look at further collaboration on ensuring that services are provided in our communities. So, I am happy to say that we will continue to push those efforts forward and work with the association to ensure that we have collaborative care models across the territory.

Ms. White: Yukoners in grade 8 and younger get dental coverage and Yukoners 65 and older get dental coverage, but everyone in between is without coverage unless it is provided by their employer. This leaves thousands of Yukoners to make the decision between paying for housing and feeding their families or paying for the health care that they need. The long-term consequences of poor dental health come back in our health care system as aggravated issues that the government then has to pay for. The minister often talks about how important prevention is. Leaving folks without coverage is short-sighted, affects Yukoners' quality of life, and costs our health care more in the long run.

When will this government offer dental health coverage to all Yukoners who are left behind by public and private dental insurance plans?

Hon. Ms. Frost: That's a great question for sure. There is no doubt about it that Yukon communities have not had supports historically. Part of the reason for that is that dental care is not provided under Medicare in Canada. We do have the children's program as well as access to dental care for people on income support and for seniors. We also have an itinerant dentist travelling throughout the Yukon, providing supports to our communities. We also have more coverage than most other jurisdictions in the country. What the member opposite is

speaking about is universal coverage. At this point in time, I can't commit to that, but what I can say is that our *Putting People First* report and the recommendations speak about collaborative care. We will continue to work with our partners to expand supports where supports are needed.

We have had lots of successes for sure to support our government's efforts to support all Yukoners as they have historically encountered challenges. It is all about preventive care. I agree with that for sure. We will look at further questions.

Ms. White: We will be debating the *Putting People First* report this afternoon, so let me quote from that report: "Canadians without access to regular dental health services use more health services, including visits to physicians' offices and the emergency department, to deal with dental conditions that would be better treated in regular oral health care settings such as dentists' offices."

The report recommends that government should develop a public plan for every Yukoner who has no dental coverage. Yukon's health care system is already stretched thin, yet this government has not taken any steps to reduce the load on our health care staff by providing dental coverage to all Yukoners.

When will the government implement this recommendation of the *Putting People First* report and make sure all Yukoners have access to dental health coverage?

Hon. Ms. Frost: I want to just reiterate that implementing the recommendations of *Putting People First* — looking at a road map for a people-centred approach to health and wellness is more effective and sustainable programming going forward — the recommendations clearly outline for us a pathway for it in terms of how we look to and how we provide services — in particular, to rural Yukon communities.

We have looked at the panel's work and their recommendations and identified gaps in health care across the country. We are going to work on the recommendations and put some of that into more action. I want to just say that the former Leader of the Third Party would well know that there's a two-tiered system. As a former federal employee, it's very difficult when we have a two-tiered system in Yukon and we're trying to bring individuals out of the communities and services are limited. So, we're trying to address that huge gap in Yukon with respect to how services are provided for those who fall under the non-insured health benefit initiatives and those who fall under Yukon medical care.

I want to just say that, collectively, the effort through *Putting People First* is to allow us to work together to find solutions that better align with Yukoners' needs.

Question re: Psychiatric treatment in Yukon

Ms. McLeod: Earlier this week, we discussed the Minister of Health's decision to not allow a psychiatrist to get a special licence to practise psychiatry in the Yukon.

In defending this decision, the minister stated that she will not allow this because — quote: "... we currently have sufficient psychiatrists in the Yukon..."

So, can the minister tell us the average wait time to see a psychiatrist in the Yukon?

Hon. Ms. Frost: I believe that I addressed that yesterday, but I'm certainly happy to speak to it again today.

Historically in the Yukon, we had one psychiatrist. The one psychiatrist who was licensed perhaps was endorsed by the former Minister of Health and that individual didn't even have a licence to operate.

We now have four resident psychiatrists. We have 17 psychiatrists in total who provide supports to Yukon. I'm very excited about that. Why? Because it fills that gap that we've seen historically.

We have mental wellness hubs now. We have clinical support throughout the Yukon in every one of our communities. I'm very pleased to say to Yukoners that you have shorter wait times. You now can have access. If you need supports, you are directed through your mental wellness hubs or through your local supports and we will quickly ensure that you get the supports. Priority is always given to those individuals who need imminent support.

I would be happy to respond to another question.

Ms. McLeod: I asked the minister the average wait time to see a psychiatrist in the Yukon and did not get an answer. As indicated, the minister has stated — and I quote: "... we currently have sufficient psychiatrists in the Yukon..."

Can the minister tell us the number of patients who are currently waiting to see a psychiatrist?

Hon. Ms. Frost: I can say to the member opposite and I can say to Yukoners with the utmost confidence that psychiatrists now, through our private practice and through the management of their own time, can provide in-time services as they are required.

On top of that, we have 17 supports in total. The objective is to reduce the wait times that we've seen historically under the former government. The fact that we didn't have any resident psychiatrists is a positive step forward to collaborative care and to the care of Yukoners. Imminently, we have the psychiatrists who are embedded in our mental wellness support units with ready access and rapid counselling.

I'm happy to say to Yukoners that, if you require service, we can get you service within 24 hours. That's important for Yukoners to know. As I said, if it's a priority, we will get you the supports. There is a counsellor in every one of your communities. Please, if you need support, access the support through your counsellors identified in your communities. From there, you will get directed into the right hands of support and services. That's the objective of collaborative care in Yukon.

Ms. McLeod: So, I asked the minister the average wait time to see a psychiatrist — and no answer. I asked the minister the number of patients currently waiting to see a psychiatrist — no answer.

The minister has stated — and I quote: "... we currently have sufficient psychiatrists in the Yukon..." So, can the minister tell us who she consulted with before deciding that the Yukon did not require an additional psychiatrist?

Hon. Ms. Frost: I might talk for a moment about the Yukon Medical Association and how medical professionals are endorsed in Yukon. In order for endorsement of psychiatrists or health professionals, it ideally runs through the Yukon Medical

Association. Politically, perhaps historically, that was the case, in terms of interfering and making appointments without going through that process. We on this side of the House follow the protocols of the health profession — the Yukon Medical Association.

With respect to mental wellness supports in Yukon, as I indicated, we have mental wellness hubs — four of them. In fact, we have one in the Member for Watson Lake's riding, and that hub has direct access to the clinical supports that are needed. If an individual requires support, they can walk into the office today.

What I am addressing is the connection from that office to access psychiatry supports. The psychiatry supports — you can get a direct referral within 24 to 48 hours. We work with the psychiatrists. They manage their own time. Just so the member opposite understands: Psychiatrists are private; they run their private practices. We don't dictate their time, but we do work in collaboration with them to ensure sufficient support.

Question re: Yukon Energy Corporation general rate application

Mr. Kent: Mr. Speaker, on November 23, the Minister of Energy, Mines and Resources told Yukoners that they are seeking to increase the energy bills of territorial residents by 11.5 percent. However, on Monday, the Yukon Utilities Board issued a public notice indicating that the government is actually seeking an increase of 17.1 percent.

So, can the minister explain this discrepancy and tell Yukoners if they are actually seeking a 17.1-percent increase to power bills?

Hon. Mr. Pillai: Mr. Speaker, yesterday we had the president of the Yukon Development Corporation as well as the CEO and president of the Yukon Energy Corporation. The member opposite had pulled the general rate application documentation and had asked the CEO of the Energy Corporation to speak to a delta within the number that he was reflecting on in a document that he had versus any of the public comments that we had made.

In that exchange, the CEO committed to coming back to the Legislative Assembly, reviewing the GRA documentation — getting access to that, which I don't have with me — and taking the opportunity to come back and explain if there was an administrative error or if there was an edit that had to be made. I thought that was a pretty fair approach to it yesterday. Again, the CEO was here and spoke to that. So, we are committed to getting that done. As soon as the documentation is ready, I will bring it to the Legislative Assembly.

Mr. Kent: This document that I'm referring to is a public document issued by the Yukon Utilities Board and it mentions a 17.1-percent increase instead of the 11.5-percent increase that the minister announced in a big announcement. In a ministerial statement, he proudly announced that the energy bills were going to increase by a further 11.5 percent.

As I mentioned this week, the Yukon Utilities Board issued a document that says that the corporation is actually seeking an increase of 17.1 percent. The minister is correct; I did ask the CEO of the Yukon Energy Corporation this question yesterday.

He was unable to provide an answer. I would have thought that the minister would have looked into this within the last 24 hours because it is quite a discrepancy. I am just hoping that the minister can explain what the reference to the 17.1 percent is.

Hon. Mr. Pillai: Once again, we concluded the exchange between the opposition and the witnesses yesterday. I know that there was a commitment to ensure that any questions that weren't answered in full — there was an opportunity to go back and work with the senior management team at the Yukon Energy Corporation. That would include, of course, their financial team and other vice-presidents to identify that information. It has been less than 24 hours; I apologize that it's not here yet.

My experience with the Yukon Energy Corporation has been that they are very efficient in getting information to us. I know that we have a couple more days in this Sitting. There is nothing that we have that we're holding back. We will make sure that we bring that to the House and we can have an opportunity for the opposition to review that documentation. Then, if there are any concerns afterward, we can debate that in the House.

Mr. Kent: Again, on November 23, the minister responsible for the Yukon Energy Corporation made a big announcement where he bragged that power bills would go up by 11.5 percent. Then, on December 14, the Yukon Utilities Board issued a public notice that states — and I quote: “YEC is seeking approval of forecast revenue requirements of: \$75.135 million, representing an increase of \$10.971 million for 2021 over revenues from existing rates and riders of \$64.164 million (a 17.1% increase)...”

I just want to give the minister the opportunity once again to clarify: Are they asking to increase our power bills by 11.5 percent as he bragged about in the ministerial statement, or are they actually asking to increase those power bills by 17.1 percent?

Hon. Mr. Pillai: Again, I think if Yukoners are listening and the folks in the Legislative Assembly — I have been very fair in our approach to this. We're going to get the information. We'll bring it back. If I was wrong, I'm sure the opposition will highlight it.

I'll tell you what we're not going to do: What we're not going to do is we're not going to run up the credit card of Yukon Energy year after year. Yesterday, what we heard from the witnesses was about the challenges that led to the Energy Corporation — after the Yukon Party ran the credit card up, we saw a 40-percent increase — a 40-percent increase in 2020. We're not going to do that.

Again, we saw, during the exchange between the witnesses, the Yukon Party being corrected time after time on their understanding of our backup generators. We saw a lot of misinformation corrected for the record. I asked the media: “Please ensure you look at the exchange between the Yukon Party and the witnesses yesterday.” I think it's great to finally get misinformation corrected and I look forward to an exchange if there's anything on the GRA that I have misrepresented here. But again, we'll get that information to the House and we'll have an exchange if there's anything that is inconsistent.

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

ORDERS OF THE DAY

GOVERNMENT PRIVATE MEMBERS' BUSINESS

MOTIONS OTHER THAN GOVERNMENT MOTIONS

Motion No. 350

Clerk: Motion No. 350, standing in the name of Mr. Hutton.

Speaker: It is moved by the Member for Mayo-Tatchun: THAT this House supports *Putting People First — the final report of the comprehensive review of Yukon's health and social programs and services* and the recommendations contained within.

Mr. Hutton: I rise today to speak to Motion No. 350:

THAT this House supports *Putting People First — the final report of the comprehensive review of Yukon's health and social programs and services* and the recommendations contained within.

In 2018, the Yukon government appointed a five-member independent expert panel to conduct a review of health and social services in the territory, with the mandate to identify ways to improve upon efficiencies and effectiveness of the services provided.

Contained within the comprehensive review is a total of 76 recommendations for changing how health and social services are delivered in the territory. Several areas for improvement identified are: the health care experience; community wellness and healing; First Nation cultural safety, health outcomes, and land-based healing; supports for lower income Yukoners; building a new health care system; improving the health of the population; and ensuring the financial sustainability of the health and social system for Yukoners for years to come.

Mr. Speaker, as you and the other members of this Assembly may have guessed, I'm a passionate individual when it comes to public health. Whether it's mental health, support for those struggling with substance abuse, or the general well-being of Yukoners, I stand firmly in my belief that the systems in place can and should be improved upon.

It's our responsibility, as government members, to ensure that the services provided represent the needs of our community, our constituents, and Yukoners as a whole, and that's exactly what these recommendations do. They put people first.

These recommendations will help to improve the lives of everyone, not just a few. They will improve the lives of our health care workers, our nurses, our doctors, and our specialists. They will improve the lives of our vulnerable peoples, our rural communities, my constituents, and everyone else who calls themselves a Yukoner.

When I talk about investing in people, it's recommendations such as connecting every Yukoner to a primary care provider that come to mind. We know that there

are people who have been without a primary physician for years due to extended wait-lists or unavailability. This government is taking action to resolve that. We have created a program that connects patients in need with available doctors. We continue to pair many Yukoners with family doctors to ensure that their needs are being met.

I have spoken many times about my desire to see improvements and growing resilience in my communities to combat long-standing trauma faced by our First Nation people and our rural communities. This review outlines a need to work more closely with our First Nation partners and rural communities to define trauma-informed practice so that we may work toward trauma prevention and mitigate trauma reoccurrence for everyone, with an emphasis on youth. Steps like these ensure that we make positive progress in addressing the long-standing issues that many Yukoners face — issues like substance abuse and alcoholism, which have plagued our people for too long. Systemic racism and under-representation of our minority people in our health care system creates unnecessary hardship. We need to take steps to address these issues so that our communities can heal.

I'm also passionate about supporting our elders and aging population. Our communities have been frequently left out in the past, and I'm happy to see that change is coming our way. My own father did not want to die in a hospital in Whitehorse. He asked me to take him home to die so that he could be with his family. That's exactly what we did, Mr. Speaker. These aren't easy decisions to make, but it's important. We support families while they manage end-of-life care because it's already a difficult time and we should make it as easy as possible for people. Expanding palliative and end-of-life care programs and supports will help to ease the transition between life and loss for all of us.

In a world that continues to suffer so much loss, this type of compassion and support is absolutely necessary. Yukoners need to know that we are with them from beginning to end and not just when it's convenient, because it is never convenient for them. It's important to provide support and care where it is needed and to meet Yukoners where they are at.

Advancing reconciliation is another important component within this review. Working closely with Yukon's First Nation governments to address inequalities that our First Nation peoples face is an important step forward in creating a brighter and more equitable future.

Mandatory cultural safety and humility training and a continuous education process for all health and social service providers, managers, and leaders as a condition for funding from government is a vital step in ensuring that our First Nation people feel comfortable and respected when receiving services through Health and Social Services.

Establishing a First Nation health component within the Department of Health and Social Services that supports cultural safety and humility across the system and focuses on advancing reconciliation within the department will ensure that our services remain up to date, that our standards for Yukon First Nations are consistent with their needs, and that they don't lag behind everyone else.

Fostering community wellness by refocusing the health and social system to deliver care as close to home as possible is something that many of my constituents will appreciate. For many of us, the communities are where we feel most safe and at home. Having access to care with a focus on prevention in our communities will go a long way in improving our quality of life across the board. I am proud to see a community focus and the adoption of a universal approach to mental health and substance use prevention for children and youth. Providing the younger generations with the tools to help navigate the challenging life that lies ahead of them is essential to their success and, by extension, the success of all Yukon. We must support our youth so that they can become the next generation of leaders in our territory.

The list of recommendations laid out in this plan will redefine Yukon's health and social services for generations to come. It will elevate Yukon and Yukoners to new levels of health care, streamline services, and ultimately save taxpayers' money while delivering better care and a better tomorrow for all of us. I hope that the members in this Assembly will support these revolutionary recommendations and recognize their necessity in restructuring these services to deliver a better quality of life for all of us to enjoy.

I would like to take this opportunity to extend a sincere and heartfelt thank you to all of our medical professionals who continue to deliver a quality of care in our territory that many other jurisdictions envy. Our health is quite literally in their hands, and I thank them for their dedication.

Mr. Cathers: I am pleased to rise here today in speaking to this motion.

I want to note as I begin my remarks that the comprehensive health review does have some parts in it that are worth considering; however, we believe that the government's announcement that they would be accepting all 76 recommendations was quite premature and very ill-advised. We will not be supporting the motion as worded.

We know that the government failed also in their process, including failing to consult properly with key partners in health care delivery, including the Yukon Medical Association. I think that it is important to emphasize that the government — especially considering some of the dismissive remarks that the Premier and the Minister of Health and Social Services have made in the past regarding this point — doesn't seem to recognize that the Yukon Medical Association is not just a stakeholder to check the box and consult with, as it seems to be in their mind. In fact, physicians are integral to the delivery of health care across the territory. In fact, for most Yukoners, physicians through privately owned medical clinics are providing a large portion of our primary health care services here in the Yukon.

It is fundamentally important that, if you are envisioning a sweeping change to the health care system — and this report has some very aspirational goals that do not seem to be well-grounded in reality and have skipped many important steps in the process of actually understanding what they mean. To do that and to fully consult with the Yukon Medical Association

properly before promising sweeping changes to our health care system is quite simply irresponsible, Mr. Speaker. One of the recommendations in the report would seek to replace privately owned medical clinics with government polyclinics.

We don't disagree that there are opportunities for improving collaborative care, including multiple health professions working together, but we need to recognize the parts of our existing system. To make such a sweeping commitment without talking to the people directly affected by it or having even the basic understanding of the costs and implications of service delivery is quite simply something that every Yukoner has the right to expect that their government would have done better.

Unfortunately, they were focused on talking points and announcements rather than on actually getting it right. I am going to quote from a few parts of the report as well as from comments made by the Yukon Medical Association, as well as from the testimony of the panel during this Assembly.

I want to note that although, in some of my comments, I am going to be spending a fair bit of time talking about physicians and the Yukon Medical Association, we also believe that it's fundamentally important that all health professionals be involved in any process that makes major changes to the system and that they understand — and that government fully understands — both the logistical implications, the service delivery implications, and the full costs before making a decision to make major changes. It's quite simply irresponsible to decide to make major changes without costing out what the impact of those changes will have financially. If you don't know the cost of it and you don't know the logistical implementation, then you can commit to implementing it, but you can't realistically make that commitment — because quite frankly, the Liberal government has committed to implementing this report. They have no idea whether they can actually do it — absolutely no idea.

There is a reason why government has processes for considering both capital submissions and financial submissions and operational submissions through processes such as Management Board. We know that this hasn't even begun to go through the most basic vetting process of that nature.

It's notable as well — I'm going to refer to some of the remarks that were made by the panel members during debate in this Assembly that my colleague, the Member for Watson Lake, our Health and Social Services critic, asked the panel members who appeared here on October 19 a number of questions. I'll just reference those here.

My colleague, the Member for Watson Lake — and I'm going to quote from Hansard, October 19, 2020, page 1461. The Member for Watson Lake said — and I quote: "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, the chair of the panel, said — and I quote: "I guess the upfront answer is no."

I'm going to repeat that. The chair of the panel, when asked if the panel was aware of what it would cost to implement all

of the recommendations, said, "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."

Then Mr. McLennan went on to say, on page 1462, October 19, 2020, in that same response to my colleague, the Member for Watson Lake — and I quote: "... 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."

It's clear from the remarks of the panel members when they appeared in this Assembly that they were expecting that government would actually cost out decisions — as part of making those decisions, that they would understand that this is the typical process that occurs here in the territory.

We are aware of the problem that the government has gotten itself into with their decision to shove aside the Salvation Army and take over the Whitehorse Emergency Shelter, the former Centre of Hope, without going to Management Board first. We know that the cost ballooned out of control. We know that the government has spent at least \$4.8 million this year, and they will not tell us how much money they have moved from other programs into that area, but we know those costs have ballooned by more than double of what that shelter previously cost to operate.

We know that it has created unanticipated negative effects on people around them, because the government did what I characterized before as "back of napkin" planning — or if you prefer, Mr. Speaker, the Liberals' "Ready, fire, aim" approach to making decisions.

Before making any decisions, it's important that you understand the implications. That is no less true in the area of health care. In fact, when making a decision that could profoundly affect health care delivery for every Yukoner, it's absolutely and vitally important that government have a good understanding of the implications of that — not just the conceptual understanding of what those implications would be. It's very important that government, before making decisions of that type, does a thorough job of consulting with health care professionals who would be affected by it. If they fail to do that, they risk creating a situation where, even with good intentions, they have restructured a system without understanding its implications on health care service providers, and they could potentially create a situation where — albeit with good intentions, but a lack of proper planning — they could be in a situation where we actually have physicians or other health care professionals leaving the Yukon because of the government's half-baked approach to planning and the government's failure to consult properly.

I have to reiterate that, when making major changes — especially to our health care system — it is very important to have a good understanding of what those cost. We know, from the panel and the government's own admission, that they don't know what implementing these 76 recommendations will cost. In fact, they haven't even provided us a ballpark figure or a rough estimate of the cost implications. How is that

responsible? Well, Mr. Speaker, it is not responsible. Yukoners deserve better from their government.

We see, as well, a government that is neglecting fundamentals in health care delivery now and is focused on photo opportunities and talking points instead of fixing the problems that are affecting the lives of Yukoners now. We know that, at the end of the last year, according to the Hospital Corporation's own year-end report, the government left them with a \$3.9-million hole in their funding. They were in a \$3.9-million deficit, and they didn't get all of their money for the last fiscal year until after the start of the current fiscal year. Literally, Mr. Speaker, this government didn't provide the hospital with the funding that it needed to provide our health care last year in full until we were right in the middle of a worldwide pandemic. That is not responsible.

When the witnesses for the Hospital Corporation appeared, we heard about problems with wait times. That includes that the wait times for MRI are quite significant. I am just going to find the exact reference to that in this. I am going to quote from what the CEO told this House on November 19, 2020, on page 1969: "Right now, as of October — so just a slight lag in the statistics — it is a 180-day wait for an MRI. To put that in context, we are not meeting our standards..."

We heard as well about significant wait times for cardiac care. As well, we understand that there are a number of procedures where Yukoners are waiting longer than what is considered medically appropriate for those services. It should be noted that, while some of those are within the area of responsibility of the Hospital Corporation, there are others as well that are directly within the hands of the government. We have seen the government failing to take the action that is necessary to provide Yukoners with that care.

I'm going to again refer to the area of cardiology. Again, for the reference of Hansard and media and anyone else listening, I'm quoting from page 1971, November 19, 2020, from the CEO of the Hospital Corporation. He said: "I want to back up just a little bit on how access to specialty services like cardiology is provided and put cardiology in context of that.

"Obviously, YHC is part of a broader health system that supports access to specialist services. When we talk about something like cardiology or any specialist, it can be provided in essentially four different ways. One way is to have resident specialists here in the territory who live here, work here, provide the specialty. We're blessed to have OB/GYNs here; we're blessed to have orthopaedic surgeons, general surgeons, a psychiatrist, and pediatricians. Those are some of the specialists that we do have here.

"In addition to that, we host what's called a 'visiting specialist clinic' and those are physicians not resident here, but they visit here. Our job is to basically provide space and support to these physicians so that people don't have to travel and can access them here.

"Other ways that access to specialty services is created is through virtual technology and also medical travel and medevac, which essentially means people travelling out to access specialists.

"So, when I speak about the cardiology wait-list, I can only speak about the wait-list here for visiting specialists. I can't speak to anything that is related to medical travel for cardiologists. That is handled through Insured Health."

Then the CEO went on to say: "What I can tell you about cardiology, though, from our perspective — and again, this is from the perspective of visiting specialists — our current wait time to see a visiting cardiologist is approximately five months. Right now, there are approximately 74 people on that wait-list."

So, again, 74 Yukoners are on a wait-list to see a cardiologist with a wait time that is expected to be typically five months according to the hospital CEO. Again, we know that this, like many other areas, is a problem.

We heard as well from the hospital CEO about the fact that the physical location where specialty services are provided is constrained. He made reference to that again on page 1972. Then he said something very important in the overall context of health care delivery for Yukoners. While the government is focused on photo ops and talking points and platitudes, I am talking about care for Yukoners and wait times. In response to my questions on November 19, the CEO of the Hospital Corporation said: "We host approximately 13 specialties, and that's only a fraction of the number of specialties and subspecialties available in the medical field. Because we are physically constrained, wait times for accessing specialties, basically for most specialties, are not where we would like them to be from a benchmark perspective."

I am going to reiterate what he said. I will remind you that he said that "... wait times for accessing specialties ... are not where we would like them to be from a benchmark perspective." Instead of government focusing on the fundamentals of our system, we see what has amounted to four years of delays by this Liberal government in taking action and a lengthy report where they have failed to do key work with the Yukon health care professionals in determining what its implications would be and whether it is even feasible or even a good idea to do — instead, they have presented this almost 200-page document that, right now — almost at the end of this Liberal government's mandate — is doing absolutely nothing to reduce wait times for Yukoners who need care. They are out of touch with Yukoners and out of touch with the health care needs of Yukon citizens.

I should also point out that this is a government that has committed to sweeping changes in our health care system, yet with much smaller initiatives, they have failed to implement those commitments. All three parties in this Legislative Assembly have committed to supporting midwifery. This Liberal government has also said repeatedly that it is a high priority. In their Speech from the Throne in April 20, 2017 — their first throne speech do-over — they said in the throne speech, on page 3 — and I quote: "Midwifery can and should be a safe, supported childbirth option in Yukon. Your new government has already started to work on regulating and incorporating midwives in the Yukon health care system. Working with midwives, doctors and other medical professionals, the government anticipates licensing the practice of midwifery later next year."

That was April of 2017. The next year was 2018 — and that's now two years behind us in the rear-view mirror — and this government had not only failed to regulate midwifery, but they failed to deliver regulations, they have failed to finalize the service delivery model, and they haven't hired a single midwife or created the opportunity for a single private contractor. Midwifery — after four years in office and one of their top health priorities, and it appears to have stalled. In fact, as the government knows, they received a letter from the Community Midwifery Association either yesterday or today — I'm just trying to find the letter; I have it somewhere in the stack in front of me — asking government about the progress on this and expressing their concern.

For a government that can't even deliver midwifery regulations to promise that they're going to transform the health system — that's simply laughable. If it took them four years and they can't deliver midwifery, how long would it take them to deliver the 76 recommendations in the comprehensive health review? Twenty years? Twenty-five years? It's just ridiculous, and as I pointed out, they haven't costed out those promises.

I do want to note that, while I have been — and will continue to be — critical of some parts of the report, there are some good pieces of information in it. Some of them reiterate things that are not dramatically new concepts within the health care field, such as taking steps to act proactively and reduce the likelihood of problems becoming more acute, a people-centred care approach, et cetera. Those aren't really new concepts. It has been well-known for many years across the country, as well as in other areas, that there are a number of areas where, without upfront investment, potentially you can reduce the acute care costs long term.

But I want to talk again about the government's failure to work with one of the most important partners in health care delivery. I know that government likes using platitudes like "partners" and "collaboration", but they're really bad at working with partners. There is a lot of talk about collaboration, but we don't see much of it.

Mr. Speaker, we know that in fact, as we heard from the panel, it was quite obvious that some panel members were surprised, according to their public statements, that the government committed to implementing all 76 recommendations. It was clear when the panel members appeared that they were expecting government to do a costing of the recommendations.

Unfortunately, this government was so eager for an announcement that they didn't take the steps necessary to determine if it was even possible to implement this report. They didn't take steps to determine if it was a good idea. They didn't have the courtesy to work with physicians to understand what those impacts would be.

It's notable that even the panel's report talks about things such as how many Yukoners do not have a regular care provider and many still have trouble getting appointments that are timely and long enough to address their needs. There's a reference, as well, that "Staff in different parts of the system (e.g. hospital, home care, primary care providers, social services, and

housing) often are not able to work together to make sure Yukoners using these services get the support they need."

"Decisions by providers and system managers often do not take into consideration the cost of the system as a whole, or the whole-person effect on Yukoners who are receiving multiple services across the system.

"There is too little coordination and understanding of the needs of communities and the roles of various players in the system, including non-governmental organizations and First Nations service providers."

As well: "The Department of Health and Social Services does not have the necessary data, tools and procedures to effectively evaluate, improve and plan for a system that is coordinated and continuously improving in terms of its efficiency and outcomes for Yukoners."

That — just for the reference of Hansard — is in the executive summary of the comprehensive review report on pages 2 and 3 of the document that I have.

What I would note is that, for a report that talks about the importance of collaboration, for the government to turn around — I think it looks like they may not have even read the report before they committed to implementing it — to make the announcement, have the photo opportunity, and say that they are going to get it done but not work with the Yukon Medical Association or other key stakeholders in doing so, it is concerning. If it weren't such an important matter to Yukoners — that being our health care system — it would be laughable. But since it is so important, it is really not funny — the level of the Liberal government's failure to consult on this file and their failure to cost out the recommendations before promising people that they would implement them while they still had not the foggiest clue of what it would actually cost to do that.

So, again, the government that couldn't deliver on midwifery after four years is committing to a sweeping change of our health care system while failing to consult with key partners, much less understand what the implications of implementing those changes would be.

I am going to refer again to, as I have previously in the Legislative Assembly, the press release that the Yukon Medical Association sent out this summer after the government made this announcement about the comprehensive health review. I should also mention that, for a government that has talked about reducing silos and creating a one-government approach to come up with a recommendation that they want to create another silo — this "Wellness Yukon" silo of bureaucracy — it is questionable how well that would work.

I note that the Yukon Medical Association had something to say about that, and they had a constructive suggestion that I think the government should consider and be talking to them about — as well as to the YRNA and other stakeholder organizations, as well as health care professionals — and considering the constructive input from the Yukon Medical Association. But first, before I get to that, I want to talk about what the Yukon Medical Association said in response to the government announcing the comprehensive health care review and their commitment to move forward with implementing it.

In August of 2020 — and I'm going to quote from the *Whitehorse Star* story that you'll find online, dated August 18: "The Yukon's doctors are 'surprised and disappointed' by a government promise to overhaul the territory's health system without proper consultation, according to the Yukon Medical Association (YMA).

"Last Thursday..." — then it says the name of the Health and Social Services minister, which I can't do in this Assembly — "... committed to implementing all of the recommendations laid out in an independent review of the Yukon's health and social services.

"The doctors of Yukon are very concerned about the announcement to accept all 76 recommendations contained in the report without properly consulting first with the YMA,' Dr. Ryan Warshawski, the acting YMA president, said in a statement this morning.

"The 207-page Putting People First report, released last May, provides a road map for improving health and social services in the Yukon.

"The recommendations include a plan for establishing a network of polyclinics and changing doctors' payment structures.

"The report envisions that the Yukon's current system of private doctor's clinics will be replaced with the polyclinic network, managed by the territorial government."

Just an aside from the YMA statement, the government proposed replacing private doctors' clinics in Whitehorse and they decided to accept that recommendation without working with the doctors to understand the implications. It has been passed on to me from physicians the point that — how many times has government taken over something being run by the private sector and done it more efficiently? Especially for a Liberal government that talked about reducing the growth of government and getting out of the business of doing business when in fact they went the other direction. They have added 568 government positions during their time in office, which is the equivalent of adding a town larger than Carmacks or Mayo and giving everyone a government job. Their solution, as part of their vision of not growing government more, is to grow it more and to take over from an area that has been run by physicians through private medical clinics for decades in the Yukon, and, of course, that is a model common throughout the country.

Again, it's very clear that they don't understand the costs of that. They don't understand the logistical implications. They don't know if that will result in doctors choosing to leave the territory because they're unhappy with the model. They don't know if it will result in doctors suing the government because they feel that the approach being taken is unfair. The list of things that this government doesn't know would fill a rather large encyclopedia — one much bigger than the comprehensive health review report. A big part of why they don't know it is that they don't believe in talking to the people who are affected by their decisions before they make them.

We see "check the box" consultations, the biased Engage Yukon surveys that come out with often leading questions, and the ridiculous situation — we saw another example featured

earlier today during Question Period — where the government makes a decision and then holds consultation meetings after the fact to tell people how it is going to be. We saw the laughable excuses from the Minister of Highways and Public Works on that, just as we have seen with the *Civil Emergency Measures Act*. This government has implemented dozens of ministerial orders and steadfastly refused repeated requests over the past nine or 10 months — since the pandemic started in March — to actually consult with the people it is affecting, even if it's after-the-fact consultation, asking the people directly affected questions as simple as: What is working? What isn't? What can we do better? This Liberal government does not believe in doing that because they simply clearly do not believe that they need to consult with Yukoners affected by something before they make a decision if they have decided that they are right.

So, back to the Yukon Medical Association and their comments on the comprehensive health review. Again, for the reference of Hansard, I am referring to the *Whitehorse Star* article from August 18 of this year. Here is what the Yukon Medical Association had to say — and I quote: "Many of these recommendations will have a direct impact on the lives and livelihoods of all Yukoners, not just doctors, and we have not yet had a chance to discuss the implications of the report with the government," Warshawski said.

"The YMA says a joint committee between its organization and the government to review the recommendations was recently established. That committee met a few days before last Thursday's announcement.

"The government's plan to publicly accept all the recommendations wasn't communicated at that meeting, the press release said.

"The YMA is currently compiling perspectives on the report from the Yukon's doctors.

"We have been consulting with our members and preparing a detailed critique of the expert panel report and its recommendations as it relates to health care which we had planned to share with the government as a basis for future discussions,' ..."

Now, I want to acknowledge that there are other health professionals who we know have concerns with the report and recommendations. I'm not going to make reference at this point — at length — to individual concerns I've heard from people, since the associations representing those groups have largely chosen to not make those concerns public in the way the Yukon Medical Association has, but those concerns are out there, and the government should treat their concerns and their suggestions just as seriously as the Yukon Medical Association's concerns, which they should treat a lot more seriously than they have to date.

I would note that the Yukon Party Official Opposition respects all of our health care professionals and the organizations representing them and believes that it is very important — especially if any significant changes are being contemplated to the health care system, much less sweeping changes — for government to do a thorough job of working with those health care professionals and the organizations representing them, jointly working together to understand the

implementation, the problems with any draft plans, and the cost of doing so. It's vitally important that this work be done before government simply commits to taking specific actions, when they have not done even the most basic review of what it would cost.

I find it somewhat humorous that this government — notably through the Minister of Community Services — seems to spend more time poring over old Hansards and counting words than they do actually working on understanding the implications of the comprehensive health review or consulting with Yukon health professionals and patients who would be affected by it.

It would be funny if it wasn't such an important issue, but this is important to Yukoners.

I want to talk about what the panel said in terms of their engagement with the YMA. We know that there are over 70 physicians here in the territory. I think that the number we were provided with earlier was 76 with hospital privileges. The government didn't meet with all of them. The reference was — again, quoting from Hansard, October 19 — that some of the panel members also met with a group of — and I quote: "... around ... 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." That was from October 19. As well, I read that particular quote on November 5, on page 1794.

For a profound change affecting the system, every medical clinic in the Yukon has its own unique situation they're dealing with. It's probably even fair to say that no medical clinic directly understands all of the operational impacts on other clinics of a significant system change. That's a good example of why it's important to work with all of those people who are affected by it and all of those physicians and clinics, rather than simply saying — without doing that vital groundwork first — that government is going to accept the recommendation without really knowing what its costs or effects are.

I want to return to some of the feedback that the Yukon Medical Association has provided after the government brushed over the need to even talk to them. In response to the comprehensive health review, one of the things that the Yukon Medical Association has done is call into question the government's approach on developing the new "Wellness Yukon" silo that, I would note — and these are my words, not theirs — is going to add bureaucracy and red tape, as well as ballooning the size of government further, while reducing the operational efficiency by creating just one more silo of bureaucracy and another board.

By the way, supporting a board and another corporate structure has significant cost implications just to do that additional work that is required to run another entity to operate the office and so on. Those cost implications — while I don't have a cost estimate, I know that it would be in the millions of dollars. I also know that it's a pretty safe bet that none of the ministers have any sense of even a rough cost estimate of what that would cost because they simply didn't do that homework.

I want to again return to some of the feedback the Yukon Medical Association provided when they passed a resolution at

their AGM this year regarding the *Hospital Act*. I'm going to quote from the resolution, which is entitled *Resolution: Recognition of the Hospital Act*.

"Whereas the Yukon Hospital Act defines the role of the independent arms length institution known as the Yukon Hospital Corporation to supply hospital care, supervised residential and continuing care, and rehabilitative care; and whereas the preamble of the hospital act identifies the Legislature and Government as responsible to integrate hospital and medical services with other health programs and services;

"and whereas the Hospital Act outlines the ability and mechanism to transfer services, activities, personnel and property from the Government of Yukon to the Yukon Hospital Corporation;

"we move that the YMA formally recognize the hospital act of the Yukon Territory and advocate to the Yukon government the integration of continuing care and home care with the Yukon Hospital Corporation as defined in the Yukon Hospital Act."

The *Hospital Act* excerpts that they included with the motion are as follows:

"Objects of the Corporation

"2 The objects of the Corporation are to supply (a) hospital and medical care and services; (b) supervised residential care and continuing care; and (c) rehabilitative care and services so as to meet the needs of people in the Yukon."

"3(2) For reaching its objects the Corporation may

"(c) establish and administer programs for providing medical services to patients in their homes or in places other than a hospital or facility operated by the Corporation;

"(d) generally do any other things necessary to conduct its operations and its objects."

"Transfer of programs ... to Corporation

"31(1) Subject to any Act of Parliament and limitations that the Government of Canada can impose, the Commissioner in Executive Council may make regulations respecting the transfer of programs, activities, personnel, and property from the Government of the Yukon or the Government of Canada to the Corporation and from any other person or group to the Corporation."

I will just ask our staff who are listening to ensure that Hansard is provided a copy of that document as well so that they can reference it. I want to be clear that, in reading that in, I'm not suggesting that government should simply accept that input from the YMA and immediately do it. But it is a reasonable suggestion and that is one of the things that they should be considering before reaching the point they thought they reached in August of committing to changing the health care system. They should actually be listening to the input from health care providers and the organizations representing them and considering it and talking about it — talking about the implications. What I would suggest with that is that the Yukon Medical Association made a reasonable suggestion. The government should not only consider it but share that suggestion with other health care providers and hear their thoughts on it.

That alternative, suggested by the Yukon Medical Association, would be a way to use existing legislation, actually fulfill the original vision of the Yukon *Hospital Act*, and provide a way to respect some of the objectives recommended by the panel without creating a new silo of bureaucracy. There would be arguably some efficiencies achieved operationally through that type of move, but again, I would like to emphasize that what I'm saying to the government is that this is a suggestion that should be on the table for discussion with others who would be affected by the Yukon Medical Association's proposal. Government, unfortunately, with its own proposals, did not see the need to do more than basically pay lip service to the health care professionals and the organizations representing them. That is one of the reasons why we won't be supporting this motion.

I want to refer again to some of the comments made by the Yukon Medical Association. I should note that previously in debate, including on November 5, I raised these issues with the Premier. I asked if he could elaborate on the costs of implementing the 76 recommendations and explain why the government had come to the stage where the Yukon Medical Association issued a press release expressing disappointment with the government's decision.

First, I should mention something that I intended to mention at the start of my remarks, which is that I think we see where some of the problem is in terms of the government's lack of homework, their reliance on talking points, and their failure to even understand the structure of our current system before committing to those changes.

During Question Period, my colleague, the Member for Watson Lake — our critic for Health and Social Services — asked the Minister of Health and Social Services questions about a psychiatrist. The minister, in her response, not only misstated the facts and mischaracterized how the process works, but the minister actually confused the Yukon Medical Association with the Yukon Medical Council. If the government is in a situation where key ministers don't even understand the difference between the Yukon Medical Association and the Yukon Medical Council, you have a problem. When those same ministers and their colleagues commit to transforming the system and they don't even understand key elements of how our current system operates, it's ample demonstration that they have made a commitment without having the foggiest notion of what implementing those recommendations will do, what those implications will be, and how it will work.

Perhaps when others — I think the Minister of Community Services looks like he is preparing to respond in debate. I would be interested in hearing if he can tell us the difference between the Yukon Medical Association and the Yukon Medical Council. I can. I was reading the *Medical Profession Act* last night. I was looking at other regulations in preparation for this debate, and I would also ask if the minister could indicate if he has read the *Medical Profession Act* or the *Health Professions Act*.

I'm just trying to find the next spot in my notes here.

We believe that there are elements in this report that are worth talking to more with health care professionals, but it's really premature to be committing to implement them.

The other point that I intended to mention was that the Yukon Medical Association issued a press release expressing disappointment with the government's decision to implement the recommendations, noting — and I'm quoting from a CHON-FM article from August 18, 2020: "The YMA notes that it has a longstanding positive relationship with the Yukon government but that this can only be maintained if there is trust and open communications between both sides." The acting president also noted that — and I quote: "The doctors of Yukon are very concerned about the announcement to accept all 76 recommendations contained in the report without properly consulting first with the Yukon Medical Association." That is a quote from the acting Yukon Medical Association president at the time, Dr. Ryan Warshawski, who is currently the president of the YMA.

For others who are listening, we also want to emphasize the fact that we believe government should be consulting with other health care providers in addition to the Yukon Medical Association. I have spent a lot of time focusing on their comments, because they were the organization that chose to come out publicly with specific comments and concerns about the process, and I respect that others have chosen to express some of their concerns internally, at this point in time, and allow them to choose when they wish to make comments of that type public.

Before I move on to talk about some of the details and the content of the report, I want to mention — as we saw with the issue that my colleague asked about in Question Period earlier — services and wait times for psychiatrists, as well as how many Yukoners were waiting for the care and how long they wait — that the minister not only didn't have answers, she dismissed the question and indicated basically that the government doesn't really deal with that. But ultimately, whether it is psychiatrist services or other speciality services, one of the things that is most important to Yukoners is wait times. The issue of whether you have access to the health care that you need when you need it is very important. That includes being able to see the right health care professionals — those you need to see for your particular situation — when you need to and in a timely manner. Whether it is a five-month wait time for cardiology or the wait times — as I mentioned, the hospitals themselves acknowledged a long list of specialties where we are not meeting the national benchmarks.

For a government focused on creating new silos in the system instead of focusing on the fundamentals — providing health care services to Yukoners, improving access to services, and so on — it is quite concerning and it is coming from the same government that couldn't deliver midwifery or have a single person practising that under regulation after four years in office, yet they somehow expect Yukoners to believe that they are capable of implementing the 76 recommendations in the comprehensive health review, for which, again, they haven't costed or consulted with health care professionals on what the operational and logistical implications would be.

So, there are goals in this report that I don't disagree with. They talk about improving patient-client responsiveness, experience, and outcomes — again, a reference from page 1. They talk about fiscal sustainability. They talk about their belief that some of these recommendations will improve care and reduce the growth of system costs. They also noted that they found that some parts of the system are working well in the Yukon and other parts are not. I quote: "More importantly, there is a lack of coordination across the system. This makes it hard to deliver services in a person-centred, holistic, preventative, safe and respectful way."

And they said: "To fix this, we believe that major, system-level changes need to be made. We have explained those changes in this report."

The panel themselves noted the importance of coordination. The important first step in coordination is that you actually have to work with and talk with your other partners in health care delivery. By that, I don't mean paying them lip service; I mean actually consulting with the Yukon Medical Association, the Yukon Registered Nurses Association, other health care professions, and the groups representing them. It means, as well, working with the Hospital Corporation, working with other care providers such as Emergency Medical Services, working with the medevac provider and, last but not least, working with people who are part of our health care system, including our EMS volunteers across the territory.

Unfortunately, the Liberal government ran on an election slogan of "Be Heard", but in four years, that has changed to "Be Told". They are good at holding photo ops and telling Yukoners how it is going to be. They sometimes have good talking points — sometimes not. Ultimately, actually working with and listening to the Yukoners who are affected by their decisions is a major, major weakness for this Liberal government. Unfortunately, the results of that are showing across the territory.

As a side note that relates to the government's handling of the pandemic, I noticed a reference to that in the comprehensive health review report. They noted, as well: "A note on the final report after COVID-19 continued..." Again, this is from the panel's report and appears to be in the preface on page III — and I quote: "It would be tempting to focus only on emergency response at this time. But think about how much easier it would be right now if:

"Every Yukoner was linked with a regular care team and could access high quality services — virtually or physically — when needed.

"You could access care closer to your home and community, reducing the need for medical travel, making it easier to access services for other health problems during a pandemic, and enabling access to screening, vaccination, mental health, substance use, and other health promotion and public health services where you live.

"You, your regular care team, and any specialized services were connected with each other, with services integrated to avoid gaps in care.

"There was a made-in-your-community health plan to strengthen community ties and address its unique health and social needs."

It also talks about ensuring that all care providers were empowered to use their skills and experience, practising up to their full professional scope.

Those general goals are ones that I don't disagree with. However, there are impacts to their implementation and it is important that government actually works with the people affected by it in doing that.

They also talk about — in the pandemic — the fact that — I quote: "There will be successes and failures in the territory's response. Times of crisis often result in rapid innovation, and Yukon needs to sustain and scale the best innovations that emerge. Yukon should also be honest and open about what did not go well when reflecting on the response. Despite the best efforts, there will be failures and many areas where Yukon can say 'it would have been even better if...' Strengthening the ability to do better, to be a system that learns and adapts, is at the heart of many of the panel's recommendations."

Again, not a bad point — but we've seen this government be very resistant to listening to suggestions. We've seen them steadfastly refusing to even consider public consultation on the ministerial orders that are affecting the lives of Yukoners. The approach that is taken by the government — whether it's on the comprehensive health review and the response to that or whether it's on the response to the pandemic — it's a very top-down approach. It's unfortunate that they don't seem to recognize that there's a problem with doing that.

I'm going to talk about some of the other details in the comprehensive health review report. Again, there is a lot in this and a lot that government decided to accept without consulting with Yukoners on its implementation.

There is another reference on page 2. In making their case for change, they talk about — and I quote: "Staff in different parts of the system (e.g., hospital, home care, primary care providers, social services, and housing) often are not able to work together to make sure Yukoners using these services get the support they need."

I notice — and I have to point out to the government — that they talk about working together, and that is what the government didn't do with the Yukon Medical Association and other health care providers before deciding to accept everything in this — I believe it's a 207-page report. Here is another fun excerpt from page 2 of the executive summary — and I quote: "Decisions by providers and system managers often do not take into consideration the cost to the system as a whole, or the whole-person effect on Yukoners who are receiving multiple services across the system."

Clearly, that also applies to decisions made by Cabinet, because they haven't done the costing to the system as a whole, they haven't considered the whole-person effect on Yukoners, and they haven't worked with the partners that they needed to in deciding whether they could implement this report and doing that important groundwork before actually making a commitment.

A further excerpt from the report — it talks about — and I quote: “There is too little coordination and understanding of the needs of communities and the roles of various players in the system, including non-governmental organizations and First Nations service providers.

“The Department of Health and Social Services does not have the necessary data, tools and procedures to effectively evaluate, improve and plan for a system that is coordinated and continuously improving in terms of its efficiency and outcomes for Yukoners.” Another interesting quote.

So, if the panel, in its report, acknowledges that the Department of Health and Social Services doesn’t have the necessary data, tools, and procedures to evaluate, improve, or plan for a system that’s coordinated and improving, they don’t have the data to make the decision. How can you possibly think you’re ready to make the decision?

I’m going to go through some of the specific areas in this report and talk about some of these recommendations. They talk about creating a new vision for wellness in the Yukon, including “... a new organization to manage and deliver the redesigned, integrated approach...” That’s a reference from page 4.

In doing that, again, I personally look at the proposed creation of “Wellness Yukon” as something that proposes creating another silo and more bureaucracy when, in fact, there are better approaches to that. They should consider other approaches, such as the proposal made by the Yukon Medical Association and perhaps there are others out there.

When it talks about things in the executive summary, such as where they would like to improve the health care experience, community wellness and healing, cultural safety and health outcomes, support for lower income Yukoners, building a new health care system, improving population health, and ensuring financial sustainability of the health and social system for Yukoners for years to come, those are things where I don’t disagree with the overall concepts, but the details really matter. This is a government that is unfortunately known for skipping getting the details right, not working with the people whom they need to work with, and doing stuff like — the fact that the Minister responsible for the Yukon Energy Corporation professes not to know why the government claimed that the rate application was only an 11.5-percent increase and then got caught by the Yukon Utilities Board which says that it is 17.1 percent.

Some Hon. Member: (Inaudible)

Point of order

Speaker: The Minister of Energy, Mines and Resources, on a point of order.

Hon. Mr. Pillai: I believe that Standing Order 19(b) — “speaks to matters other than the question under discussion”. Maybe I missed it, but I am just trying to see what a differential in information about an energy rate hearing has to do with the *Putting People First* report. I am sure the member opposite will do a long stretch to draw some connection, but I would think that, at this point, they are two separate topics.

Speaker: The Member for Lake Laberge, on the point of order.

Mr. Cathers: On the point of order, I explained how it connected to the *Putting People First* report and the decision to implement it. I know that the minister just walked into the House partway through my response and he didn’t hear that, so I don’t believe that there is a point of order.

Speaker’s ruling

Speaker: There are two issues. The first is that members should not be commenting on other members’ presence or absence in the Chamber. All members know that very well.

With respect to what seemed like a fairly abrupt tangent to energy rates, the Member for Lake Laberge might be able to loop that back into the *Putting People First* final report of the comprehensive review of Yukon’s health and social programs and services motion, but it does seem quite tangential at first blush.

Mr. Cathers: Just to explain since it wasn’t clear, what I was talking about is the process of actually understanding costs and getting the numbers right. I was making a comparison with regard to the government’s lack of understanding — indeed, their own admission that they don’t know what it would cost to implement the comprehensive health review, even though they have committed to implementing it, and making a comparison to the application of Yukon Energy to the Yukon Utilities Board. The minister previously had indicated in a ministerial statement that it was an 11.5-percent increase. The Utilities Board this week corrected the minister and the corporation, telling Yukoners that it is in fact a 17.1-percent increase — not an 11.5-percent increase.

Again, returning to other parts of the report and the recommendations — just as we saw with this government that, in just one small part of the social services system, the decision to shove aside the Salvation Army, take over the former Centre of Hope, and replace it with a government-run shelter, which the government initially claimed was temporary. They claimed that they were looking for another NGO to do it and actually said, in their press release announcing the decision, that it hadn’t gone to Management Board before they announced it. That type of sloppiness, in thinking that it was somehow even remotely a sound process — to decide what you are going to do and figure out the costs later. We are seeing the effects of that inadequate review process — the failure to consult with key partners, the refusal to work with NGOs, the difficulty in working with the Yukon Medical Association and others. It has cost implications.

That includes, simply put — if you don’t get things right in the first place and if you don’t understand how much it will cost to implement your report, your idea, or your proposal, that often leads to costs ballooning out of control later on.

Unfortunately, just as we saw with the Whitehorse Emergency Shelter, it appears that the government is headed down the same track with the commitment to implementing the recommendations of the comprehensive health review and

making that commitment before they had the faintest clue of what it would cost.

One thing that I want to note on behalf of our caucus and party is that, with any of the recommendations that are in this report, they do need a thorough costing before the decision is made to implement them. That doesn't mean that every single one of them is a bad idea, but even the good ideas need to be properly costed and appropriately consulted on first before a decision is made to go down that road.

"Reorient Yukon's health care system from a traditional and fragmented medical model to a focus on population health accompanied by integrated, person-centred care across the health and social system." That is one of the recommendations. That's on page 6, I believe, in the executive summary. However, what should be noted with that is that there are a number of different ways to do that. It should be noted that, in fact, population health and improving public health — there are areas within the Yukon government where that has been done before. It's not a profoundly new concept.

There are also interconnected areas, such as sport and recreation, where — though they don't deal directly with the acute health care issues — exercise, as members opposite will know, is something that is known to be part of living a healthier life. Exercising regularly, eating well, and avoiding too high a consumption of alcohol and other substances are all things that contribute to living a healthier life, and living a healthier life reduces those costs.

As well, I would also point to steps that have been taken in the past — for example, in the area of smoking cessation. This is just one example where there have been steps taken by the Yukon government in the past — including when I was Health and Social Services minister — to make more resources available to Yukoners seeking to quit smoking, as well as taking steps to help them become better informed of the impacts that smoking can have on their lifelong health.

I don't disagree with those concepts, but suggesting that you need radical changes within the system is premature, and committing to setting up — I want to quote from this excerpt where it talks about creating "Wellness Yukon". In effect, what they're talking about is not only a new bureaucracy, but a bureaucracy over another board and bureaucracy. It talks about — and I quote: "Create Wellness Yukon, a new, arms-length government agency that delivers basic health and social services in the territory and contracts with NGOs or other providers to deliver specialty services on their behalf. This includes managing the hospitals currently under the Yukon Hospital Corporation and primary care, long-term care and treatment facilities under the Department of Health and Social Services."

It does beg the question: Why is creating this new board, bureaucracy, and silo a better approach than considering alternatives including, but not limited to, the suggestion made by the Yukon Medical Association of simply fulfilling the original vision of the Yukon *Hospital Act* and allowing the Hospital Corporation to manage continuing care and home care?

I want to emphasize that I'm not saying that's where government should ultimately land, but it's an idea that's worth considering and discussing with not only the Yukon Medical Association, but also with other health care partners.

The report also talks about, in chapter 2, creating "... a holistic, expanded primary care system built on relationships between providers and their clients. In this system, Yukoners are empowered to take control of their care and actively share responsibility for their and their families' health and wellness." It also talks about connecting "... every Yukoner to a primary care provider (physician or nurse practitioner) who provides care as part of an integrated health care team."

Well, Mr. Speaker, again, there is some merit to the concept, but when you talk about creating a system based on relationships between providers and their clients, yet the government hasn't even done the proper consultation with the health care providers before locking in the decision not just on the concept, but on the fact that they have decided that they want to replace physician clinics with polyclinics — that is a decision that could be very expensive, both financially and in terms of potentially seeing a loss of physicians and other health care providers in the Yukon, because if the government is putting through something that creates problems for those people, the unfortunate reality is that we may see physicians or others simply choosing to practise elsewhere because of those implications.

I want to emphasize that I am not suggesting that government can't consider those changes, but before locking in the decision, it's really important that you work through the details — the operational impacts and the financial impacts — with those health care providers before you get to that point in time. I will also note that, while I think that there is definitely room for improved collaboration within the health care system, I don't think it's a good idea to simply get rid of every medical clinic in the territory and replace it with a government-run system. I do not believe that will result in better health care for Yukoners.

It is unfortunate that this Liberal government has such a low opinion of our physicians and the Yukon Medical Association that they have barely involved them in the development of this report and saw fit to announce a commitment to implement all 76 recommendations without actually understanding what those impacts would be or even consult with those physicians.

I want to go back to references from what the panel themselves said regarding this. On October 19, page 1462, the chair of the panel said that — and I quote: "... 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."

It is very clear that the chair was not expecting that government would simply implement it without doing the proper costing. Then my colleague, the Member for Watson Lake, went on to ask Mr. McLennan and Mr. Marchildon — I may be mispronouncing his name, and my apologies if I am — my colleague, the Member for Watson Lake said: "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 said: "To be honest, we can't say that."

Again, the previous reference — I have it somewhere in my notes here — my colleague, the Official Opposition Health critic, asked the chair of the panel twice about the costing of this. She asked the chair about fiscal sustainability — and I quote: "Is the panel aware of what it would cost to implement all of the recommendations?" Mr. McLennan said: "I guess the upfront answer is no. We weren't able to go through a complete costing of all the recommendations..."

On the next page, he went on to say: "... 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."

Later on in questioning, the Member for Watson Lake, our Health and Social Services critic, said — again, questioning the chair of the panel — the government's hand-picked panel — and I quote: "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 said: "To be honest, we can't say that."

So, Mr. Speaker, the real question is: How does this Liberal government — even in their own view — think that they are possibly in a position to commit to implementing 76 recommendations when their own panel, who made those recommendations, says they don't know what it costs? We heard, as I quoted earlier, the panel reflecting on the lack of data that the department actually had about the system to make decisions.

Unfortunately, Mr. Speaker, again, this is yet another file where this government was so focused on rushing for a press conference and a photo op that they didn't do the hard work of governing. They didn't work through the issues and the problems with the committee's recommendation with the people who would be affected by them, including health care providers. One of my colleagues just added, "That's normal." Yes, unfortunately, that has become normal under this government, but it is not a very cost-effective way of governing. It's not a very democratic way of governing. It is not a way of governing that meets the needs of Yukoners.

Just moving to other areas, the committee members themselves also talked about the importance of evidence-informed policy and legislative changes — that includes, on page 8, where they made mention of "... evidence-informed policy and legislative changes..." Well, again, government can't provide the evidence to show that it knows what this report will mean for the Yukon. They just have a theory, a photo op, a press release, and now, today, a motion in the Assembly.

Mr. Speaker, we aren't suggesting that the report be scrapped in its entirety, but there are parts of it that we believe are problematic and parts of it, in my view, that are not ready for prime time, so to speak — nor will they ever be. There are other parts that deserve thorough consideration and discussion.

But ultimately, the Liberal government's top-down, "go it alone" approach has led to problems in the past and it would lead to even more in the future, including the very real possibility that we could actually lose health care professionals from the territory due to them rushing through changes without knowing how they'll impact the lives of people.

As I mentioned — lest members suggest that this is an exaggeration — the president of the Yukon Medical Association made a similar reference to that and was mentioning the impact that this has on the lives of Yukoners. Just to quote briefly from what the Yukon Medical Association said, when they criticized the government for rushing forward with this commitment without properly working with them first, it talked about how — and I quote: "The report envisions that the Yukon's current system of private doctor's clinics will be replaced with the polyclinic network, managed by the territorial government."

It goes on to note: "Many of these recommendations will have a direct impact on the lives and livelihoods of all Yukoners, not just doctors, and we have not yet had a chance to discuss the implications of the report with the government," Warshawski said." Again, that's quoting from the *Whitehorse Star's* August 18 article.

It is worth members, and especially ministers, pausing and thinking on that point for a moment. I agree with what the YMA said. The recommendations in the report will have a direct impact on the lives and livelihoods of all Yukoners, not just doctors, and it's very important that those implications be properly understood and that government does the hard work of working with health professionals and other key players in the system before even reaching the conclusion to implement these recommendations, let alone all 76.

It's unfortunate that their goal, as outlined in chapter 8, of ensuring financial sustainability would create a situation where, due to their sloppy approach in making the decisions around this report, even their own panel acknowledges that they just don't know whether it will actually achieve financial savings in the long run.

In the executive summary on page 14, in chapter 8, about ensuring financial sustainability, along with the recommendations, I also want to talk about one that I have concerns with, as it was prompted by a situation raised by a low-income Yukoner during my time as Minister of Health and Social Services.

2006 was the last time that the medical travel subsidy for inside the territory and the out-of-territory per diem was increased — that was when I was Minister of Health and Social Services. It has not been increased since then, despite the government's rhetoric on that. We do have a commitment to increase it. We are pleased to see that. I would note that this is after years of the Yukon Party Official Opposition urging the Yukon government to increase medical travel rates.

Back in 2006, one of the changes that we made was to move from what had been a model where previously, if you were travelling from certain recognized communities to Whitehorse, you could get a per diem for travelling there for special services. The concept for that was never a bad one, but

there was inequity in that approach. That included that, if you were not in a recognized community, you could literally be the same distance from Whitehorse or further from Whitehorse as someone who was in a recognized community and they would receive the medical travel subsidy, but you would not receive a subsidy when travelling to the same specialist for the same type of care and driving farther. That concern was raised to me by a low-income Yukoner who was having difficulty financially and found that the need to travel in for special services was making it tougher for him. I thought that was a reasonable request. I made that proposal. My colleagues agreed to it. After working with the department, we found a model to implement that, which was the zone system.

I don't take issue with the concept of government perhaps adjusting that model. I am not saying that it is a perfect model. We were trying to improve it from a system that created inequity and replace it with something that wasn't administratively complex or expensive for the department to run. But when they talk about improving access to care and population health — and even in other parts of the report, they talk about the importance of supports for low-income Yukoners — who did they consult with in deciding to end the medical travel subsidies for Yukoners residing in zones 1 and 2 outside of Whitehorse? Do they know the implications of that?

There are many parts where there are some ideas in here that are worthy of consideration and do not need massive systemic change to implement. It does not require a sweeping change to the structure of the system to reduce pharmacy markups and fees to a level closer to the national average. It does not require putting in place a prescription monitoring system for the Yukon modelled on the Nova Scotia prescription monitoring program and does not require massive systemic change.

I would argue that to make the sweeping structural changes that the government wishes to do will in fact interfere with dealing with some of the smaller aspects of the system that actually do more to directly affect the lives of Yukoners.

They are going to get so focused on creating their new silos and a new level of bureaucracy that will add god only knows how many government employees, because the Premier and his colleagues sure don't and we know that the panel doesn't. We have that situation where adding another board and adding more bureaucracy — it is highly questionable, in my view, how this can possibly make a system more efficient, more financially sustainable, or how it will improve coordination between parts of the system that don't communicate well with each other now. Introducing another silo, another entity, another level of bureaucracy, or another board is something that is very questionable.

When there is reference in the report to — quoting page 23, the panel says: "We heard from a number of other providers that there is a strong sense that the Yukon Hospital Corporation is operating in isolation as a stand-alone entity, rather than as a contributing member of the health care system." Well, that is a very interesting statement. I would also wonder what the view is of the Yukon Hospital Corporation and its staff regarding that claim. How is it that the government can be certain that the

solution to improving communication is to add yet another board on top of the existing board and corporate structure? It really is something that is very questionable and — I'll be blunt — it just does not make sense.

I want to make another point on medical travel. We were calling for increases to the medical travel program for years, including presenting specific suggestions of doing that earlier during this term. The government insisted on punting it off into the part of the overall system of the comprehensive health review. Then, years later, they ended up agreeing to do what we had been calling for anyway.

While they were telling Yukoners to wait for increases to medical travel, there were increases to the travel benefit for MLAs and government employees each year to adjust with the CPI and inflation, but this Liberal government has refused to do even a rate-of-inflation increase to medical travel for four years, and only now, on the eve of an election, have they finally agreed to take action on this issue and increase the subsidy and the per diem for Yukoners needing medical travel. This is a government that, again — when they talk about financial sustainability, the government found money to give the Premier a raise, but they haven't found money to help Yukoners who have been calling for more supports for medical travel until we're in the twilight days of this Liberal government, and they realize that Yukoners are still calling for increases to the medical travel program, which hasn't been increased since I was Minister of Health and Social Services and the government implemented increases at that point in time.

I would note that, even at that time, those increases were based on the limited amount of money that we had. They did not fully cover all costs for out-of-territory hotels at that point in time. Now, some 14 years after they were implemented, they certainly do not meet those needs. This Liberal government waited four years before acting on an area that is important to Yukoners, and they heard repeatedly from the Official Opposition that Yukoners wanted to see those changes made earlier.

There are a number of parts in the report where the panel talks about what could be done better. They talk about Yukoners' relationships with health care providers, doctors, and nurses.

They also talked about — here is a fun one, Mr. Speaker, on page 25 — and I quote: "They want to feel heard and want the health system to focus less on the number of patients served and more on the quality of care delivered." Health care professionals also want to be heard, and this government's approach has not listened to them on this and has rushed to conclusions without understanding the logistical implications, the operational implications, or the cost implications. Certainly, it is very clear from the Yukon Medical Association's public statements that they did not feel heard at all by this government and were not told by government — that, after a quick meeting on the topic, the government was actually planning on announcing that they were accepting all recommendations despite the fact that the Yukon Medical Association, I understand, had very clearly and specifically conveyed to government that they had concerns and would be providing

specific comments and feedback regarding the report. But the Premier didn't care, the Minister of Health and Social Services didn't care, and the Liberal government didn't care.

Another thing that is missing in this — when they talk about some of the changes that the panel proposed — they have proposed some changes that have been pulled from models in other jurisdictions, but they haven't really done the work to understand how they would work in the territory. In fairness to the panel, they acknowledged that there was more work to be done and that they were expecting government to do it, including, as I mentioned — we heard very clearly from the panel in response to questions by the Member for Watson Lake — that they didn't know what it would cost, but they did expect that government would do the work of figuring it out. Unfortunately, the government has not done the work of figuring it out.

In concluding my comments here, I do need to note — as I have in the past to repeated dismissive remarks from the Premier and the Minister of Health and Social Services about it — that this Liberal government has spent most of its mandate neglecting the needs of the Yukon Hospital Corporation.

We know that, according to the hospital's own year-end report — I think that it is on page 14 of that report, if memory serves — there is a graph showing very clearly what their funding was for the last fiscal year and showing that, when you look at their funding before the pension adjustment — which is, of course, dedicated to that pension fund — it can't just be used for other matters — for the hospital, there is a \$3.9-million hole in its budget. There is a \$3.9-million deficit in the year ending March 31, 2020. It wasn't until after the start of the fiscal year that the government provided them that funding retroactively as well as a 2.5-percent increase after the fact for that year and then another 2.5-percent increase for this year's funding. Again, the funding that was provided — the millions of dollars that they needed — didn't arrive until we were literally in the middle of a global pandemic. It took a pandemic to get this Liberal government to treat the Hospital Corporation seriously. That, quite frankly, Mr. Speaker, in my view, is profoundly unacceptable.

I would remind members that they can refer to the comments that the Hospital Corporation witnesses made when they appeared here in this Assembly earlier during this Sitting. As well, despite me asking the question back on November 21 — I asked questions about why the government had a provision of a loan to the hospital to cover a portion of their pension requirements. I asked about the term of that loan and the interest provided on that loan. Now, almost a month later, what we have heard from the government is crickets. In fact, we know that they are charging the hospital interest on some of the money provided for the pension amount instead of simply providing that cash to meet their pension obligations, pursuant to federal legislation, as has been the past practice. It is nickel and diming an important part of our health care system.

We know, based on past comments from the Premier and the Minister of Health and Social Services, that this Liberal government doesn't really value the acute part of our health care system. They are dismissive of the model and suggest that

a preventive approach can simply replace it, but the Yukon will always need both acute and preventive parts of our health care system. For Yukoners who now have highly preventable diseases, such as certain diabetes cases or other health conditions — for the people who have those problems now, they still need care. I don't disagree at getting better at preventive health and reducing the number of people who develop preventable problems due to factors such as poor diet, lack of exercise, or poor health, but for Yukoners who have those problems here and now, they need that care. You may be able to reduce a future need for hip and knee replacements by doing things — including improving nutrition and exercise — but for people who need it now, there's no substitute for getting that acute care.

When they're waiting an unacceptably long time for many specialities — in fact, as we heard from the hospital, they're waiting longer than the benchmarks for most specialities in the Yukon. Those real-world health implications on Yukoners need to be treated seriously. This is not just a theoretical debate; we are not in some practice parliament; this is the real world. The health effects are real.

When the hospital doesn't get the money that it needs to meet the needs of Yukoners, there are real-world impacts. If a government rams forward major changes to the health care system which have a negative impact on physicians, there are real-world implications. Unfortunately, we see a government that, for some reason that I can't quite fathom, just doesn't get those real-world implications on the lives of Yukoners and those real effects on our health care professions and the real risk to our health care system, which results from committing to an approach that you haven't costed out and don't understand the implications of.

Amendment proposed

Mr. Cathers: Therefore, Mr. Speaker, in the interest of improving the motion that is presented by the Member for Mayo-Tatchun, I move:

THAT Motion No. 350 be amended by:

(1) inserting the phrase “being fully costed by the Government of Yukon” after the word “services”; and

(2) inserting the phrase “the report being consulted on by the Government of Yukon with all affected health professionals” after the phrase “recommendations contained within”.

Hon. Mr. Streicker: Mr. Speaker, as per the protocols that we have been adopting for COVID, I would request the opportunity to have a brief recess to go over the amendment, once you have had a look.

Speaker: Yes, if I could just confirm with the Clerks-at-the-Table that the proposed amendment is procedurally in order, and then I could address the request that has been made by the Minister of Community Services.

Speaker's statement

Speaker: Pursuant to COVID-19 protocols which allow the members to meet, confer, and discuss their respective

positions with respect to a proposed amendment, the House will recess for 10 or 15 minutes.

All Hon. Members: Agreed.

Speaker: The House will recess for 15 minutes.

Recess

Speaker: Order, please.

As indicated prior to the recess, the proposed amendment is procedurally in order. It has been moved by the Member for Lake Laberge:

THAT Motion No. 350 be amended by:

(1) inserting the phrase “being fully costed by the Government of Yukon” after the word “services”; and

(2) inserting the phrase “the report being consulted on by the Government of Yukon with all affected health professionals” after the phrase “recommendations contained within”.

Therefore, the proposed amended motion would read:

THAT this House supports *Putting People First — the final report of the comprehensive review of Yukon’s health and social programs and services* being fully costed by the Government of Yukon and the recommendations contained within the report being consulted on by the Government of Yukon with all affected health professionals.

Mr. Cathers: It probably goes without saying that this amendment is intended to improve the motion and address what we see as some of the fundamental weaknesses in the original motion as well as the approach taken by this government in deciding to implement all 76 recommendations from the comprehensive health care review.

The inclusion that I have proposed on behalf of our caucus — of requiring it to be fully costed, as well as having the report consulted on with all affected health professionals — is based on what we see as being improvements to that motion.

I hope that the government will consider it to be a constructive amendment, but I expect, based on past practice through this Fall Sitting due to the changes brought on by COVID — there has been a practice where the government, if we propose an amendment, asks for a recess of either 10 or 15 minutes to discuss the amendment, and then they always come back and disagree with it.

So, while we didn’t disagree with the recess, unless the government is going to suddenly become a lot more collaborative and interested in hearing from others than they have been during this Fall Sitting, we can safely assume that they took 15 minutes to consider how they were going to tell us no rather than actually consider an amendment that, in my belief and in our belief, would improve the motion, because it would include the requirement to do a full costing of the recommendations and, secondly and very importantly, to consult on the report with all affected health professionals.

Until that work is done, in my view, it is very premature to commit to implementing a report. I would say that it’s making a commitment that the Liberal government wants to make. They think it sounds good to make the commitment, but they

don’t have the foggiest clue whether they can deliver on the promise or how long it will take to do it.

As I noted in referring to this, the importance of costing also relates to understanding how long it would take to implement changes, if you decide to do them. There are changes in there, as I have made mention of in speaking to this before closing the amendment, that, in my view, should be reconsidered, and they should definitely consider the input of health professionals.

We have heard the Yukon Medical Association’s public statements. I know that there are other health care professionals who have expressed concern with the content. Not all have chosen to speak publicly, and we’ll leave it to them, as well as the organizations representing them, to choose whether they want to provide those comments directly to government or weigh in on them in a public forum.

In my view, however, I would just note that, while respecting their ability to make that decision, I believe that Yukoners would benefit from knowing the concerns that health care professionals and the organizations representing them have. I think Yukoners benefit from knowing what their concerns are and what their suggestions are regarding this government’s proposal of making sweeping reforms through these 76 recommendations, because, while there are good things in the recommendations, there are problems in there as well.

I do have to note as well that I find it somewhat gratifying — in looking at this report and considering things such as the references on page 41 and 42 — that it talks about the increased use of telehealth and that 36 percent of respondents said that they preferred to use telehealth or a similar system rather than travel. Not only is that not a new concept, but when we expanded the telehealth network during my time as Minister of Health and Social Services, that was part of the vision. When we made the announcement at the Whitehorse General Hospital that telehealth — we had become the second jurisdiction in the country to implement the telehealth network at all of our hospitals and community nursing stations. The vision at that time was to improve access to care. It was reducing travel and providing more accessible services to Yukoners.

So, the recommendations that are talked about on pages 41 and 42 with regard to that are not ones that I disagree with. They are ones that we very much agreed with — and we very much had the vision that — not just myself, as Health and Social Services minister at the time, or the Yukon Party government of the day, but in fact the health care professionals whom we were working with across the territory in implementing that — believed that there was an opportunity to improve access to services through that telehealth system. “Virtual health”, as it is referred to in the report — it says that it is underutilized. It says that, in 2006, the government invested in telehealth, installing stations in every community. It referred to challenges with uptake, access, and outdated equipment. Again, that is on page 42 for the reference of Hansard.

Again, the government has focused on the photo opportunities and sweeping changes to the system which would, in my view, create significant delays, logistical

challenges, increased costs, and increased bureaucracy associated with a new board and a new corporation.

There are a lot of things in the report, such as making better use of virtual care options, that I agree with. Those, like other parts of the report, should be discussed with the Yukoners who deliver these services and the people who depend on them. The details matter, and the Liberal government has an unfortunate pattern of not working with health care professionals — as I noted in the amendment to the motion and earlier in debate — and not recognizing that “check the box” consultation is not the same as actually showing people the details of what you’re talking about, hearing their input, considering it, and allowing the opportunity — seeking the opportunity — for real input on the details of what you’re doing.

A high-level survey that asks people about concept does not always directly align with the actual details of it and the real-world impacts of government decisions. Of course, the proposal to include the requirement for it to be fully costed by the Government of Yukon is something that we shouldn’t have to propose in an amendment to a motion. It should have happened in the first place, but it didn’t. As I mentioned, it is not just us saying that. The government’s own panel acknowledged that they couldn’t say what it cost, but they also made it clear that they expected government to do the due diligence in costing it out. Unfortunately, after the panel delivered their report, the government skipped more than a few steps in making the decision to accept all of the recommendations in the report.

As a result — as I mentioned before but I have to reiterate again — they are missing issues that they would hear from health professionals and patients, such as the need to reduce wait times. We heard that from the Hospital Corporation. We heard that our wait times for most special services don’t meet the national benchmarks. We heard that the problem is that the hospital doesn’t have space to provide those services.

That is part of the problem, but instead of focusing on those fundamental issues that are affecting the health care of Yukoners today, the government is focused on this 207-page report — and really on the executive summary for the report — rather than dealing with these real issues affecting the lives of people across the territory here and now.

Working with health care professionals, as I mentioned in the amendment, is an important part of understanding what parts of the report should be implemented and what parts should not. Understanding the costs will give government and the health care professionals a better understanding of what the costs are of each concept. The reason why I say it that way is that there are some ideas that sound good until you fully work them out. Once you fully understand their costs and their implications, that may cause people involved in health care to say, “Yes, we like that idea, but once we actually look through the full costing of it and its implementation, this shouldn’t be a priority anymore.” Government should do XYZ instead, because every time there are increased costs associated with a new bureaucracy, hiring more employees, and creating more silos, as the government intends to do, all of those costs mean that the money isn’t being spent in other areas.

Just as with using the work that has gone on in the past of setting priorities for new services and equipment at the Hospital Corporation — just as that has, in the past, involved health professionals working with the corporation and the board in deciding which items are the highest priority for meeting the needs of Yukoners — in all of these areas, that detailed discussion of the impacts of the government’s concepts will lead to people saying that the plan needs to be adjusted and that the concept sounded okay before it was costed, but once the costs were known, there are higher priorities than the original concept.

I should also note that, in the area of wait times, another one that has come up recently — but the government has still failed to act on — is the issue of spirometry. I’ve heard that from a constituent of mine and another Yukoner. We know that this care was provided previously by the hospital. Then it was provided by a contractor. My understanding is that it’s currently not being provided to Yukoners who need it, including those whose health is at risk if they are forced to travel to Vancouver during a pandemic.

That discussion with health care professionals on both the contents of the report and other priorities would naturally lead to government getting a better understanding of specific areas where there are gaps in services, unacceptably long wait times, or procedures such as spirometry, where Yukoners don’t have the care that they need.

As we heard earlier in Question Period today, as well as previously in debate, the Minister of Health and Social Services seems to confuse the number of people on the registry for psychiatry with the issue of the key question of how long Yukoners are waiting for access to a psychiatrist — and how long it takes for people in need, especially during a pandemic when we know that mental health problems across the country have increased as people grapple with issues, including increased isolation, loneliness, depression, and other issues.

At that time, by not working with the health professionals, government has made a decision that they think there are enough names on a register, and they don’t even know how long Yukon patients are waiting for those services before they reach the decision that the Yukon doesn’t need another psychiatrist and is simply going to revert to the government’s talking points about mental health, which conveniently forget the existence of Many Rivers and the mental health services that they provided to Yukoners for 50 years and don’t deal with the key question: Are Yukon patients in need getting the health care services — including psychiatrist services, including cardiac services, and many other wait times — are they getting those services in a timely manner when they need them, or are they waiting?

As we heard from the Hospital Corporation, for a great many specialties — for most specialties — Yukoners are waiting longer than the benchmarks for those procedures, and their health care is suffering while this government focuses on photo opportunities and talking points and is constantly trying to make partisan comparisons to the past government instead of focusing on the real needs of Yukoners today.

After four years in government, they are still not acting like the government that Yukoners expect or the government that they deserve, and they are focused on partisan arguments instead of on realizing where there are problems, taking suggestions wherever they come from — including from the Official Opposition, including from the Third Party, and including from others — and then actually taking those steps to improve what they are doing and recognize that, regardless of our party differences, we are all MLAs representing Yukoners.

We all hear issues and concerns from Yukoners who are affected by the decisions of government. With issues like medical travel, we have heard from Yukoners and raised those issues, and the Third Party has heard from Yukoners with similar concerns with medical travel. While we are not always going to agree in this Legislative Assembly, the absolute, stubborn resistance from the Liberal Party to take good suggestions that emerge from members on this side is notable and unfortunately Yukoners, including the health care needs of Yukoners, are suffering as a result.

Again, referring back to the specific amendment that I have proposed, the government's insistence on rushing to the photo opportunity instead of costing out and understanding the cost implications of implementing the 76 recommendations of the comprehensive health care review is unacceptable. It is sloppy decision-making, and it is completely unrealistic to tell Yukoners that they are going to implement these recommendations when they don't have the foggiest notion of how much the bill will be for implementing those recommendations.

The panel themselves admitted that they don't know that it is actually going to cut costs. The government's failure to properly consult the affected health care professionals is leading to areas where some of the recommendations that they have committed to implement simply were not ready for prime time. They don't know the implications. They don't know the effect it will have on physicians and physician clinics — their commitment to replace medical clinics, which certainly do not work perfectly but have been providing the bulk of primary health care to Yukoners across this territory for decades — for the government to make the commitment to replace those clinics without understanding what it would cost to buy out those clinics — or if they're not committing to buying them out, dealing with the litigation costs that might be brought forward associated with it. There are a lot of issues that they haven't thought through. They don't understand the costs. They clearly don't care about the input of health care professionals, including and especially physicians, as it comes down to the impacts of this report. They spend time — they are fixated in their talking points on talking about things like preventive care instead of acute care and failing to recognize that the acute care needs of Yukoners will not go away if government simply fails to address them.

While preventive measures can improve the health care conditions of people down the road and reduce the demand for certain acute care over time, for the people who have those problems now, they need the health care and hospital services to help them here today.

Again, in wrapping up my remarks — as you advised me that my time to speak is running out — I would commend this to the House. I would hope the government will break their perfect record from the fall of shooting down every suggestion for constructive improvement that has been made by the Official Opposition and actually recognize that they didn't get the job done right and agree to consult with Yukon health care professionals and fully cost out the implications of this report before proceeding with it.

Hon. Ms. Frost: With respect to the amendment and the changes proposed, I know that, as I listened to some of the comments today, it appears — and I understand that change is hard — change is extremely hard for the Yukon Party, but leadership means vision. Leadership means moving Yukon to a better place. Collaborative care models — the objective of *Putting People First* — and the report provide our territory with a road map to transform our health and social services system.

The Member for Lake Laberge talks on about foggy minds and he talks on about costing out. I can say with certainty that the steps we have taken to implement the actions and making strategic investments in our children — the strategic actions and the investments that we have made in senior care, the investments that we have made in collaborative care — I would ask the member opposite what his vision would be. What would be the vision of the Yukon Party? What would be the cost of doing nothing? What would it cost us to do nothing? I would ask that question. Because if we didn't do anything, we would not have preventive care.

Often, we get questioned in the Legislative Assembly about prevention and about preventive care. Well, I would suggest that, when we are looking at the greater good and we're looking at the greater good of Yukon, in particular, when we speak about care — collaborative care for Yukoners — and we speak about the vision of rural Yukon and providing care — no longer are we apprehending children. We don't have many group homes.

The member goes on in the submission about wasting time, wasting resources. I would suggest that this is not a waste of resources, nor is it a waste of time.

Greg Marchildon is a professor at the University of Toronto. He was a professor at the University of Regina, executive director of the Romanow commission in health care reform. We have Jennifer — and I will have to quickly grab her name. She is the president of the Canadian Foundation for Healthcare Improvement. We have Bruce McLennan; Bruce was the former Deputy Minister of Health and Social Services. These individuals are professionals. They had a mandate and they had clear direction. That clear direction they received was to go out to Yukon, do the collaborative consultation and — my apologies, Jennifer is Jennifer Zelmer, for the record — to do collaborative consultation. Their objective was to look at increasing and enhancing supports and increasing and enhancing programs.

Historically, I can state with certainty that the former Yukon Party government — the cost for delivering social and health care was a biggest cost driver in this government — \$3

to \$1. You spent \$3 and you bring in \$1, so therefore, you're addressing — in terms of trying to look at continuing to provide essential services and collaborative supports across the territory, looking at leadership and looking at medical travel.

For an example, the member opposite mentioned that, well, we haven't increased medical travel, but yet we increase MLA travel. Well, that opens up a window of opportunity. Maybe the member opposite doesn't want to have that conversation, but what I can say is that this side of the House has taken into consideration the recommendations. Do the member opposite and the Yukon Party not want us to implement a nurse practitioner model in our communities — meaning that we need to bring better supports and programming?

The motion as it is amended and presented to us speaks about consulting — further consultation of health professionals. I can tell you that we had a bunch of health professionals, experts in their field, doing the analysis for us, consulting with the Yukon Medical Association, engaging with the Hospital Corporation, engaging with our community partners.

In that process, they came up with the recommendations. The objective of accepting the recommendations is accepting the voice of Yukon. What that report essentially does is it gives Yukon a perspective. It gives Yukoners a voice in looking at a road map — a road map to a better Yukon and a road map to a better health care system.

Many of the recommendations do not have a cost associated with them, and that's true, because it requires us to collaborate and work with our partners. However, when we look at the recommendations and we move it forward over the course of time, the analysis and the detailed analysis will be done — much like we're having a discussion on universal childcare. I'm sure that every working mother, every working parent in the Yukon in a marginalized situation who wants access and needs access to childcare — a community, like Ross River, that has no childcare will want universal childcare. Those are the recommendations and the analysis that is happening right now as we speak.

We have seen the federal government enacting universal childcare and putting legislation forward. We are the first in the country, after Québec, to say that, in the north, we want to universalize childcare. We want to provide equity, fairness, and transparency.

What we have seen under the Yukon Party government — we have seen childcare centres, NGO childcare centres, that had to do auctions and bake sales to try to raise funding to pay for childcare subsidies and support — Watson Lake being one, for sure, and the Little Blue Daycare in Dawson City. Those two daycares are now a part of the new vision, going forward. That's part of the recommendation from *Putting People First*.

As we look at the system and the fundamental system overhaul, it means that we need to look at improvements in outcomes. We need to look at the experiences of our clients — our patients. We need to look at the experiences of Yukoners. We need to look at bringing our health professionals together.

The member opposite speaks on and on about how he has read the *Yukon News* and how he has seen some notes around

the Yukon Medical Association and how perhaps we are not working with the Yukon Medical Association. Well, I can say that we have a very good working relationship. We have now progressed to having a collaborative medical services committee that the president — Ryan Warshawski — co-chairs with the DM of Health and Social Services. That is important to note for the record. The member speaks about how terrible it is. It is not terrible. I can tell Yukoners with all certainty that we are advancing in the efforts going forward.

He speaks a lot about silos and how we all work in silos. I can tell Yukoners that this government is advancing in more ways than I have seen in my time with respect to the advancements.

So, in terms of changing the motion on the floor to suggest that perhaps we need to do more consultation — well, I can say that the expert committee, which I just identified, travelled to every Yukon community. They met with health professionals. They met with the hospital association. In fact, the hospital association submitted recommendations to that panel. Their mandate was not to go out and start doing the job of government — and the departments to start doing the cost analysis around how much it was going to cost for universal childcare. How much is it going to cost for medical travel and such things? They made some recommendations, and the obligation of this government — and the internal supports, the professionals who work in Health and Social Services and all across the government, are working hard behind the scenes to do the good work in terms of the cost analysis and making the best decisions and putting those recommendations forward.

What I heard in this two-and-some-odd hours of commentary was not very respectful. It was not respectful of the public servants, suggesting — "...not the foggiest idea of what it was going to cost". These are professionals; these are people who dedicate their lives to making our Yukon a better place. They choose to work within the public service and to work for Yukoners. Suggesting that sweeping changes within health care — well, the changes that are being made, I would venture to say, are being made to enhance and support the lives of Yukoners.

Furthermore, as we look at the project, it is near and dear to many Yukoners' hearts. It speaks to rural Yukon communities. It speaks to the long-standing harm, inequities, and neglect experienced by our rural Yukon communities and our indigenous communities. It speaks about the neglect by the Yukon Party government for 14 years.

So, we are here to speak about the motion and perhaps the proposed amendments to the motion on the floor of the Legislature, but we want to talk about the fundamental principles of why we are here and the objectives, rather than speaking about what a terrible job they did, what a terrible project it is, and what a terrible initiative it is. I would say that this is a beautiful, well-thought-out initiative because it represents Yukoners.

The Member for Lake Laberge laughs and chuckles because it is about LGBTQ2S+ individuals who have a voice and representation in collaborative care, which perhaps the member doesn't support. On the record, we know individuals

who come to us to say, “What about me?” What about the young people who never had a voice, who were kicked out of our system? Now they have a place to go. They have supports.

So, I would say that this is no laughing matter. It is very serious. It is serious in the sense that we are looking at reducing wait times for specialist services. By doing that, we reduce costs. We have brought specialized services to the Yukon. Speaking continuously about psychiatry, talking about orthopaedics, talking about pediatricians — well, we have pediatricians in the Yukon. Historically, we haven’t.

We have orthopaedic surgeons here now; we have ophthalmologists. We have more supports in Yukon, and the vision of *Putting People First* is to try to enhance a better model of care and a better system. It has to incrementally increase the supports in rural Yukon communities by integrating nurse practitioners so that they can augment the supports of the specialists and also by doing some of the heavy lifting in the communities, rather than bringing in individuals to see a physician in Whitehorse for an hour or two and then sending them back home; then they come back in two weeks. We can do the work now through the nurse practitioners. So, the wait times have been significantly reduced.

Collaborative medical services and the input of implementing *Putting People First* — I have to say that the good work of Dr. Warshawski and the DM of Health and Social Services — they are working together to look at collaborative medical services, and they have been doing that good work for quite some time.

It’s really about a whole system change, and system changes are hard for people generally, but it appears to be extremely difficult for the Yukon Party to accept the change to a better Yukon by resisting the recommendations being put forward. I want to focus on some of the comments with respect to leadership and standing here and speaking about how we are doing a very good job, what is it costing, and about a greater tomorrow.

I can tell Yukoners with certainty that we now have mental wellness hubs and supports in their communities. We are looking at land-based initiatives, which haven’t historically been there, and that’s a preventive care model — leaving system changes and looking at palliative care options that matter to people in Old Crow and to people in Pelly Crossing, which weren’t there historically but are now there as part of this *Putting People First*.

We know and believe in cultural understanding as it will address and provide a vision for us, seeing through two lenses — about systemic pervasive racism and about inequity in care.

It is about moving forward in our indigenous communities and bringing a voice. It is about equity in health care. It is about believing in our communities, who deserve better access to mental health, who have been dealing with long-systemic traumas associated with being suppressed. It is about the vision of reconciliation. It is about ensuring that individuals in our communities are given opportunities. I can say that we now have social workers in every one of our communities. As I have said many times, it is about replacing what we have heard in the past, and sending a social worker in to apprehend a child

and putting them in a foster home or a group home is no longer the case today.

I can say with a happy heart that every child matters, every senior matters, and every elder matters. We provided extended care. We have our IHealth system that we have implemented and we are working together with the Hospital Corporation on — that is part of the *Putting People First* recommendations. It is part of working on direct access to virtual care. It is about bringing down additional hurdles and bringing down additional hurdles to accessing essential services.

Thank you so much for the notice. I want to just conclude by saying that much of work that is already underway — as a result of COVID — allows us then to contain COVID. Why? Because we have an exceptional system in Yukon. We have exceptional employees within Health and Social Services and within our health care systems. We continue to hold up the teams of Health and Social Services who have moved forward — who have worked so hard to move forward and put the good work into *Putting People First* throughout managing the pandemic response. The resiliency is astounding. I will hold my hands up to them, always. I want to just extend my sincere appreciation to the experts who sat on the independent expert panel — in particular, our indigenous voice and our indigenous vision, former Chief Diane Strand. I want to say thank you to our territory for contributing to this report and joining the movement for change. Their voice and their vision were heard loud and clear and integrated into *Putting People First* and I am very honoured about that.

Ms. Hanson: In speaking to the proposed amendment to the main motion, I have to step back for a second because I have to say that it feels like there is a two-word phrase that I’m not allowed to use because of parliamentary language, but it sort of talks about a contest between adolescents who are rivals.

It’s unfortunate because the subject matter at the core of the discussion this afternoon is incredibly important. As my colleague, the Leader of the New Democratic Party, had made clear when the panel members came to present here on October 19, the Yukon NDP had initially been very sceptical about what outcome might be achieved as a result of this exercise by the Yukon Liberal government. We came by the scepticism quite naturally because we had watched, in 2008, the health care review and the corresponding *Taking the Pulse*, which was a reflection on how to implement it, and then watched as those recommendations were not implemented over time.

I have to say that we were surprised and very, very appreciative of the work that was done by the panel and by the scope of the final report of the comprehensive review of Yukon’s health and social programs and services. I want to remind us all here that this was intended to be seen and to be read and to be implemented as a system change. It’s not ad hoc. It was repeated several times by the witnesses here on October 19.

Mr. McLennan, as the Minister of Health and Social Services noted, is a former deputy minister. He self-identified as a former bureaucrat and said, “You know, I was resistant to

making the kinds of changes and thought that we needed to go step by step.” Maybe that was how he viewed it, as he said, when he was involved in the previous review — as he was. But he said that, by the time they had completed their research and by the time he had the evidence before him, he realized that it was system change that was required and he said — and I quote: “We, in the report, recommend that the recommendations that we make are not one-offs; they need to be done in a comprehensive manner.”

Mr. Marchildon equally said that it needs to be taken as a whole. You won’t gain the benefit of those easier recommendations without doing some of the harder things involved in the report, and the challenge — who knows where this particular motion is? My concern is that the history of debate in this Legislature on Wednesdays is one or the other — the government or the Yukon Official Opposition — talks it out. If anything, the notion of the motion — and I can see the Minister of Community Services probably anticipating that the concern I have is that we see the vague language of supporting something — well, so what? What I’m looking for is the action. Is this government committed to implementing this report? That’s not what is said.

So, on one hand, we have one party saying, “We don’t support the ideas in the report; we don’t value the recommendations.” It’s interesting, as the minister sort of quickly alluded to, that one of the members of that report — in addition to having been the executive director of the Royal Commission on the Future of Health Care in Canada 2001 — so probably 20 years of basic experience before — that was after he had his PhD in public health and numerous other degrees. He has done the fair academic research into public health and the costing of it. He also went on to write some of the main text on the costing of public health care and the fiscal sustainability of health care in Canada. So, I would suggest — in terms of having an understanding of what the costs are and the cost drivers — that’s not an issue. I find that the inclusion of that in the proposed amendment is not necessarily valid, and I also look at the — if we look again at the comments made by the two members from the panel who did appear before the Legislative Assembly virtually, they talked about basing it on evidence and they talked about the kinds of models of health care that they were recommending — the model that they are recommending here being based on an assessment, not just an assessment within Canada, but an international assessment of where models have been tried and where they have worked.

I would urge the Member for Lake Laberge, and perhaps the minister as well, to look at some of the work and the evaluations that have been done on the Nuka model. My colleagues and I said this to the panel: We are astounded and pleased to see them referencing Nuka. We have been trying, as the New Democratic Party, for the last 10 years to get someone to pay attention to what was happening with Nuka with respect to the work and the demonstrable changes in population health that have come as a result of the implementation of that.

We could look at the fact that, even a study done by Ted Ball in terms of looking at it in the context of changes being proposed in Ontario — there is another peer-reviewed study in

the *British Columbia Medical Journal* by a psychiatrist based in Duncan who came and looked at the integration of psychiatry into the Nuka model. As part of the review a few years ago of Nuka, they found a 50-percent reduction in urgent care and ER utilization. Those are all related to cost. There was a 53-percent drop in hospital admissions and a 65-percent drop in specialist utilization, and customer and staff satisfaction rates were over 90 percent.

We all recoiled a bit when we heard the notion of the use of the language of “customer” in terms of public health, but it is the notion of ownership of the outcomes and being the owner of it. As a way of explaining it, and perhaps — for the Member for Lake Laberge, because I know that he likes military analogies — I will just quote from this March 25, 2013, review of the customer-owner model. It says — and I quote: “There’s a story about President Lyndon Baines Johnson emerging from the White House on to the lawn in the Rose Garden where there are two helicopters warming up. ‘Your helicopter is over here sir’, says the spiffy young uniformed cadet as he snaps to salute his Commander-and-Chief. ‘Son,’ says LBJ with his sun-beaten crinkly face smiling broadly, ‘They are all my helicopters.’”

It goes on to make the analogy that the people of Ontario, the people of Alaska, and the people of Yukon own the component parts of our health care delivery system. What we are trying to do is deliver that ownership. What our concern is, as the New Democratic Party, is that the ownership of the decision to implement the whole of these health care recommendations — because I am concerned every time I hear the minister talk about a little piece here and a little piece there — it’s the fragmentation of it. It’s whether or not the Government of Yukon is prepared to take the courageous step of implementing the recommendation with respect to “Wellness Yukon” and to resist the pushback, as we’ve seen from various sectors of the health care community.

I refute the notion that, as put forward, there wasn’t any consultation with the Yukon Medical Association. We heard from the witnesses in response to the questions from the Member for Watson Lake that they did meet with the previous president of the Yukon Medical Association. They did meet with 10 to 12 members of the Yukon Medical Association in Whitehorse and two in Dawson City when they were there. You can’t drag or force people to the table.

I’ll contain myself now with respect to the proposed amendment to the main motion. I think I have made it clear that I think the main motion is weak in the sense that it doesn’t speak about implementing it; it just says to support it. Support can be a long way, and 15 years from now, we’ll still say, “Geez, we supported that, but we didn’t do anything about it.” I want to see something active. We need to see, as Yukon — not just with the financial trajectory that the health care system is on, but for the fact that we’re not getting value for money on the non-sustainable system that we have right now — nor providing quality care.

We find it difficult and will not support this proposed amendment.

Hon. Mr. Streicker: I am pleased to be able to stand to speak to the amendment proposed by the Member for Lake Laberge to this motion. I would just like to acknowledge the words from the Member for Whitehorse Centre; I appreciate them. One of the things — when we first saw the *Putting People First* report and when the Minister of Health and Social Services came to speak to us, colleagues of hers, and to talk about our position on the report, it was exactly that. She spoke about it as a whole-of-system change, about needing to be courageous about adopting a reformation of the health care system as a whole with Yukoners at the centre of it — not with one of our health care professionals at the centre of it, but rather, Yukoners. That was really key in the whole of the exercise.

Of course, there had been high-level costing done. There were as well, I think, questions raised about the cost of not taking these actions because we can tell that the cost drivers are significant around health care provision here in the Yukon.

There was a real conversation about: “Well, if we stay with the status quo, what is the long-term cost — and not just economic cost, but the health outcome cost to Yukoners?”

I appreciate that the Member for Whitehorse Centre states that she was originally sceptical. There was a date; it was on November 15, 2018. It was during the portion of the day when members here table returns and documents. The member stood up and then her colleague, the Leader of the Third Party, stood up, and they went back and forth, and they tabled 22 documents that day.

I remember going off after that day and, in typical fashion of mine, I hunted down as many of those documents as I could to try to have a look at them to understand some of the history that was being tabled here in this Legislature. That history was really talking about past attempts to look at something — but no action. I think that was the point that was being made.

When I heard the member speak just now, it’s about how we get to that action. What I want to say is that, on the amendment as it’s proposed, the amendment would say, “No, let’s not get to the action. Instead, let’s go off and do a costing exercise, and let’s go back and do engagement” — which is what we just did. That was the whole point of the panel of *Putting People First*. That was the whole idea of how they did that work. They talked with Yukoners — yes — and health care professionals — of course — but also Yukoners, because it is ours. That is this whole notion. What I think is the heart of the motion prior to the amendment that is proposed is to find out whether other members of this Legislature agree on whether we should go for the courageous decision, what the vision is, to go with health care here.

I think that I have heard from the Member for Lake Laberge that he doesn’t support that. I’ve certainly heard from the Member for Whitehorse Centre that she would prefer us to move faster and further and have more commitment to that action, but what we were trying to do here today with this motion was to ask colleagues from all parties whether or not they share that vision.

When the Member for Lake Laberge referenced the panel members — when the witnesses were here in the Legislature

from the *Putting People First* panel — there were some things that I felt he missed in his references. I would like to quote as well from them but give the full quote because I feel that it gives more context. I am going to quote and I will also share with the folks from Hansard. I am quoting from October 19, 2020, and I am on page 1472, and I am talking about a response from Mr. McLennan. I begin my quote now: “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.”

Earlier in their submissions to us, they said how they certainly were invited, and there was a reference to those invitations.

Another thing that I would like to talk to — to try to clear up a little bit when it comes to quotes — is around costing. The amendment is asking about costing, and when the panelists were here, they talked about that. I will just read that quote more fully into the record.

I’m quoting from Hansard from the same day, starting on page 1461. I’m quoting 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.”

So, Mr. Speaker, yes, there is more work to be done — definitely. I don't disagree with the Member for Lake Laberge that we'll have to do costing and then more detailed costing and continue to work.

Included in that, we will continue to work to engage with medical professionals — and not just doctors, because medical professionals are so much more than just doctors. My wife is a nurse and she would not be happy if I didn't mention nursing — but let's just talk about the range: occupational therapists, physical therapists, dieticians, dentists, optometrists, social workers, respiratory therapists, home care workers, midwives, pharmacists, the Hospital Corporation — so many in that list. We want to be talking with all of them.

I was pleased to note that we are in collaboration with the Yukon Medical Association, and as the Minister of Health and Social Services pointed out, there is an actual committee which is struck with them which is co-chaired by Dr. Warshawski as the president of YMA and the Deputy Minister of Health and Social Services — working to have that engagement as an ongoing process, but not as the amendment would suggest, to stop and back up and not get to action, to not begin to develop the programs and introduce them.

I remember, when the Minister of Health and Social Services first spoke to us about the plan, that part of it included the things that we've already started working on because we had already begun to work on them. Here are things that we can get working on right away because they don't need as much prep work or the prep work has been ongoing. Here are things which are going to take more time, have more engagement, require more costing. But we need to go for the whole of change here because we can see that the system is not sustainable right now. We're worried that it will not serve the broad health and wellness of Yukoners.

For me, I am surprised because the members of the Yukon Party have stated often that they want to see more dollars put toward medical travel and yet today, when this report comes and we ask whether they are supportive of it, the members opposite are saying, no, they're not supportive of it — which is effectively saying, no, they are not supportive of increasing medical travel; they are not supportive of the Nuka model; they are not supporting aging in place or moving more into telehealth. The list is long. As the Member for Lake Laberge has noted, the report is a couple of hundred pages, so there's a lot in there to digest — there is no doubt.

I was surprised when they said that they didn't support those things because I thought to myself, "Well, hold on; you've been asking for it all along." But apparently, they want to slow it down. When I look back at the history — when I looked back through those reports that the Yukon NDP tabled, I started to see that there was a pattern — a pattern of "Do a study and let's now talk about that further; let's have more study and let's study a bit more." I think, no, we need to actually, as a territory, make this change.

One of the arguments that the Member for Lake Laberge put forward was around: Oh, if we start focusing on prevention, we will ignore acute care. I don't know why — there is no logic to that statement in my mind. Of course, we still want to deal

with acute care. We will want to deal with emergencies. We will want to deal with investments in our hospitals which deal with acute care.

What I understand is that we have increased the investment in our hospitals. I'm sure we will invest further. We're not trying to take away from acute care; what we're trying to do, Mr. Speaker, through this motion is see whether members of this Legislature support the notion that what we ought to do is to shift our thinking toward prevention so that rather than putting all the cost at the critical moment, if we invest upstream toward things like home care, that would result in better health outcomes over time and alleviate the pressures on critical care and acute care.

If we move further upstream to get to wellness, that will alleviate those pressures even on home care or improve them. That whole notion of us as wellness and that whole notion of citizens, of Yukoners, being the centre of their health care model, rather than our health care providers being the centre of the health care model — we believe that we will get to better health outcomes for all over time.

A little over eight years ago — before I was an elected official — I had been writing monthly columns for the *Whitehorse Star*, and I remember writing a column about wellness and health. I remember talking with the chief medical officer of health, Dr. Hanley, to talk to him about health outcomes and how we improve them over time as a territory. He did this great thing for me. He wrote a prescription for me — and I still have a copy of that prescription — which was: "Take a walk. Walk half an hour every day." He wrote it on a script, he signed it, and I scanned that and put it against the article in the paper.

What it said to me was that, if we can move upstream and if we can invest earlier in our citizens, then we are going to improve the health outcomes. It doesn't mean that we will no longer need a hospital and that we will no longer have a need for acute care, but it does mean that we will have fewer people needing to go. One of the things that I'll just note is that, with the way that the amendment is written, we wouldn't get to those actions, but the way that some of those actions had, for me — the ones that I was really excited about were focusing on our communities, focusing on aging in place, and focusing on wellness.

One of the groups that came forward to offer their support to the Minister of Health and Social Services was ElderActive Yukon. This is a group that has been doing tremendous work to keep people active for life. I absolutely hold up my hands to the work that they're doing because it's one of those tangible actions that is just an improvement on every front. As we age as a society, there needs to be more focus on our citizens, our seniors — I call them our "north-of-60" folk — and how they shape and contribute to our society.

One of the things that I have always thought about is how we can die — well, my mom, bless her, started the Saskatchewan committee for advance health care directives. She helped to get the legislation in place in Saskatchewan that allowed for advance health care directives. Ever since then, I have thought about this — about quality of life rather than

necessarily quantity of life. I was so surprised when I learned through my wife, an amazing nurse, that when you focus on hospice and palliative — which is a focus on quality of life — you increase the quantity of life as well. This is one of those times when some smart investment up front improves the health outcomes for all so that we don't need as much acute or critical care.

In the amendment that is proposed by the Member for Lake Laberge, what we would do is again table that. We would say, "Okay, thanks everybody. Let's start again. Let's go back and talk it over some more." I agree that, as we move forward through *Putting People First*, we should have continuous engagement — costing, working at all times — but I don't want to get away from the actions, which is what I feel the amendment is trying to suggest.

Again, I am a little surprised because the members opposite have often said, "Okay, here are the ones that you need to do, Yukon Liberal government. You need to increase the travel subsidy for Yukoners" — and here we have a plan to do that. What we said at the time when that was brought forward was: "Yes, we think that this is an important thing to look at. Let's look at it as a whole-of-system" — because one of the fundamental principles of this plan is that it is holistic, that it looks at the whole, and that the centre of that whole is Yukoners.

When we started the *Putting People First* panel, we understood that it needed to be that type of thinking. We didn't want to start piecemealing it. We even talked with them, and here it is. It is back here and yet now the opposition is recommending through an amendment, basically, to table it — to just put it on the shelf. I don't think that this is the right choice. I think that what we ought to be doing is rejecting this amendment.

I hope that we get to a vote on the amendment.

Mr. Hutton: I wasn't going to speak to the amendment, but it is such a terrible amendment that it needs a little speaking to.

It is pretty rich to get direction from across the floor, from the opposition, about fully costing things. The first thing that comes to mind for me is Whistle Bend — \$38 million a year in O&M costs that weren't costed out by the previous government. That is the benchmark. You could go under a limbo bar and get over that. It's absolutely ridiculous.

The report not being consulted on — there is evidence all through the report about the consultation that took place. The words are there. The member opposite refuses to believe them.

I was honoured to bring forward this original motion on *Putting People First*. It is probably the most important change in health and social services that has ever happened in this territory in the time that I have lived here. That's just a short 64 and a half years so far, Mr. Speaker.

The amendment would take away all of that good work that was done by so many knowledgeable health care professionals. There was a tremendous amount of work done by my colleague, the Minister of Health and Social Services. I have listened in my community for years to people complain about the travel

subsidy and how it doesn't meet their needs. People on pensions — two of them — who have to come in to see a Whitehorse doctor. They get \$75 a night to cover their room costs. That's after they pay the first night themselves. That was the previous system. I can tell you that my constituents are very happy to see the travel subsidy doubled. It is the best in Canada right now, compared to what was atrocious before.

When it comes to consultation, I can't help but think about the Peel River watershed plan. For seven years, groups of bureaucrats traveled around the territory and spent millions of dollars talking to people in every community. They got back to Whitehorse here, and a group of five or six people in a back room put the kibosh on the whole thing. They said, "Everybody who spoke out there — your words mean nothing. We're the people who are running government here; we're going to tell you what's good for you and for the Peel River watershed."

I think it was perhaps the current leader of the Yukon conservative party, Currie Dixon, who was the Minister of Environment at the time.

Some Hon. Member: (Inaudible)

Point of order

Speaker: The Member for Lake Laberge, on a point of order.

Mr. Cathers: The Member for Mayo-Tatchun seems to have forgotten that he's speaking to the amendment.

Speaker: The Member for Porter Creek Centre, on the point of order.

Mr. Gallina: I heard the Member for Mayo-Tatchun talking about consultation — the importance of consultation and how it applies to the amendment. He was merely giving examples of previous consultative measures, or lack of consultative measures, that have taken place in this territory.

Speaker's ruling

Speaker: I certainly heard criticism from the Member for Lake Laberge in his contributions to the debate today about his concerns and providing various instances about his concerns about consultation or lack thereof.

So, yes, the Member for Mayo-Tatchun can continue.

Mr. Hutton: Where was I? Consultation on the Peel. What an atrocious mess that was — so we're certainly not going to be taking any guidance from the members opposite when it comes to consultation. Our team is much better at doing consultation, and they have proven it over the last four years many times.

I don't know how much left really needs to be said about this amendment, other than that I can't support it; I won't support it. It goes against everything that my communities have worked for. All the input that came from my communities — all the things that they asked for — are in this report. Now, because we didn't cost it, you'd like to just throw the whole report away, and we'll have another 15 years of ignoring communities and First Nations around the territory. No, Mr. Speaker; that's not acceptable.

In the past, Yukon's health systems have focused on solving health and social problems once they occur. Everybody here has probably heard that famous phrase: "An ounce of prevention is worth a pound of cure." How about "An ounce of prevention is worth \$1 million of acute care"?

You only need to think about one FASD child in this territory and the cost on the health care system and on our social system — to raise that child to an age of 21 years has been estimated at \$885,000. Across Canada this year, 3,000 Canadian children are going to be born with FASD. Prevention is pretty important when it comes to that. Acute care is really no solution. It doesn't help these people, except in the most marginal ways, to adopt and adapt to the challenges that they're facing because they didn't have the prevention up front because the education wasn't there, because the labels were so tiny on the liquor bottles that you need reading glasses to see that pregnant women maybe shouldn't drink this stuff. That's part of the reason.

Putting People First is about putting people first. It's about the people and it's about people out in my communities; it's about the First Nation people. The systemic racism is all through the health care system and the justice system. People in my community suffer because of that. This systemic racism is all through the health care system too. There are recommendations in this report to deal with some of that to try to make things better for Yukoners.

This amendment would — well, it's a laughing matter, I guess, for the Member for Lake Laberge. He sees no value at all in this work. To me, it's one of the most important documents I've ever seen produced in this House. The benefit from this — if we properly implement these 76 recommendations, all of my communities will benefit for years to come. Harm will be reduced. People will have better health care outcomes. People won't have to make so many trips to this wonderful city to see their doctor; they could see them in their own community.

When I spoke about my father dying, I didn't do it to make a political show in here. The doctor at the Whitehorse hospital said to me, "Mr. Hutton, I hope you realize that your father could die on the way home. That's on you." I said, "Yes, doctor. I understand that, but it's more important to me to do what my dad asked me to do than it is to live with the burden of maybe him dying in my truck on the way home." I was prepared to deal with that because it was so important for my dad to be home and die in his home with his family.

It's like that for everybody in my community — every elder who is out there. They don't want to die in Copper Ridge or Whistle Bend, surrounded by strangers, if they have an opportunity to have the last face they see be one of their loved ones. That's some of what this report is giving to my constituents in my communities and to all Yukoners. Shame — shame on the opposition who would take that away.

Mr. Gallina: In speaking to this proposed amendment on consultation and addressing costs, I heard from a number of members today on the consultation that took place leading up to the delivery of this report. It was consultation that took place

with the Yukon Medical Association, opportunities that were provided to medical stakeholders, to the community, and to Yukoners to be able to provide their feedback. We know that two "what we heard" documents were created — comprehensive "what we heard" documents — speaking to what was currently taking place in our medical system and what people wanted to see.

I also heard from the Minister of Health and Social Services that a collaborative medical services committee has been set up, has been struck, and is meeting. It is co-chaired by the Health and Social Services DM and the chair of the Yukon Medical Association. Those meetings are taking place. That committee has been struck.

On costing, Mr. Speaker — there are recommendations in the report that specifically speak to costing. There are also recommendations in the report that will provide savings and we have already seen savings from implementing a number of the recommendations that have been brought forward.

The Member for Whitehorse Centre speaks to implementing this report in full, and I believe that this government has committed to that. The Minister of Health and Social Services has spoken to accepting all 76 recommendations in this report. The Premier has spoken to accepting all 76 recommendations in this report, and I know that a number of these recommendations have already been implemented. Cost-saving measures are already in place and costing is taking place — costing is happening. It is part of the implementation of this comprehensive independent review.

The input that citizens provided to the make-up of this report does emulate the Nuka model, and it is good to see. I am also supportive of the Nuka model. I am also supportive of seeing Yukoners as clients and as customers invested in the system that they will benefit from.

I have constituents in my riding who are aging, who are aging in place. I have constituents in my riding who are members of families, who are young — I have a mix. I believe that this report —

Speaker: Order, please.

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

Debate on Motion No. 350, and the amendment, accordingly adjourned

The House adjourned at 5:30 p.m.

The following legislative returns were filed December 16, 2020:

34-3-58

Response to matter outstanding from discussion with Mr. Hassard related to general debate on Vote 51, Community Services, in Bill No. 205, *Second Appropriation Act 2020-21* — construction projects for Old Crow (Streicker)

34-3-59

Response to matter outstanding from discussion with Mr. Istchenko related to general debate on Vote 52, Environment, in Bill No. 205, *Second Appropriation Act 2020-21* — new campgrounds (Frost)

34-3-60

Response to matter outstanding from discussion with Mr. Istchenko related to general debate on Vote 52, Environment, in Bill No. 205, *Second Appropriation Act 2020-21* — special guide licenses (Frost)

34-3-61

Response to matter outstanding from discussion with Ms. White related to general debate on Vote 52, Environment, in Bill No. 205, *Second Appropriation Act 2020-21* — wetlands strategy (Frost)