



# Yukon Legislative Assembly

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35<sup>th</sup> Legislature

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## HANSARD

Tuesday, November 22, 2022 — 1:00 p.m.

Speaker: The Honourable Jeremy Harper

# YUKON LEGISLATIVE ASSEMBLY

## 2022 Fall Sitting

**SPEAKER — Hon. Jeremy Harper, MLA, Mayo-Tatchun**  
**DEPUTY SPEAKER and CHAIR OF COMMITTEE OF THE WHOLE — Annie Blake, MLA, Vuntut Gwitchin**  
**DEPUTY CHAIR OF COMMITTEE OF THE WHOLE — Emily Tredger, MLA, Whitehorse Centre**

### CABINET MINISTERS

NAME	CONSTITUENCY	PORTFOLIO
<b>Hon. Sandy Silver</b>	Klondike	Premier Minister of the Executive Council Office; Finance
<b>Hon. Tracy-Anne McPhee</b>	Riverdale South	Deputy Premier Minister of Health and Social Services; Justice
<b>Hon. Nils Clarke</b>	Riverdale North	Minister of Highways and Public Works; Environment
<b>Hon. John Streicker</b>	Mount Lorne-Southern Lakes	Government House Leader Minister of Energy, Mines and Resources; Public Service Commission; Minister responsible for the Yukon Development Corporation and the Yukon Energy Corporation; French Language Services Directorate
<b>Hon. Ranj Pillai</b>	Porter Creek South	Minister of Economic Development; Tourism and Culture; Minister responsible for the Yukon Housing Corporation; Yukon Liquor Corporation and the Yukon Lottery Commission
<b>Hon. Richard Mostyn</b>	Whitehorse West	Minister of Community Services; Minister responsible for the Workers' Compensation Health and Safety Board
<b>Hon. Jeanie McLean</b>	Mountainview	Minister of Education; Minister responsible for the Women and Gender Equity Directorate

### OFFICIAL OPPOSITION

#### Yukon Party

<b>Currie Dixon</b>	Leader of the Official Opposition Copperbelt North	<b>Scott Kent</b>	Official Opposition House Leader Copperbelt South
<b>Brad Cathers</b>	Lake Laberge	<b>Patti McLeod</b>	Watson Lake
<b>Yvonne Clarke</b>	Porter Creek Centre	<b>Geraldine Van Bibber</b>	Porter Creek North
<b>Wade Istchenko</b>	Kluane	<b>Stacey Hassard</b>	Pelly-Nisutlin

### THIRD PARTY

#### New Democratic Party

<b>Kate White</b>	Leader of the Third Party Takhini-Kopper King
<b>Emily Tredger</b>	Third Party House Leader Whitehorse Centre
<b>Annie Blake</b>	Vuntut Gwitchin

### 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**  
**Tuesday, November 22, 2022 — 1:00 p.m.**

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

*Prayers*

**Withdrawal of motions**

**Speaker:** The Chair wishes to inform the House of a change made to the Order Paper.

The following motion has been removed from the Order Paper as the action requested has been completed in whole or in part: Motion No. 529, standing in the name of the Member for Copperbelt South.

**DAILY ROUTINE**

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

Introduction of visitors.

**INTRODUCTION OF VISITORS**

**Hon. Mr. Streicker:** Mr. Speaker, it is great to have so many guests in the gallery today. I am going to ask us to welcome quite a few who are here for the tributes that we are going to give for the 50<sup>th</sup> anniversary of the Geoscience Forum, and in particular for the Leckie Awards.

We have, to begin with, Kwanlin Dün councillor, Jessie Dawson, and Whitehorse city councillor, Mellisa Murray.

We have two of the award winners today. We have Mr. Brad Thrall and Shane Carlos. From the Yukon Minerals Advisory Board, Wendy Tayler; from the Yukon Chamber of Mines, we have Stuart Murray, Anne Lewis, Brandon Macdonald, Pam O'Hara, Mike Burke, president Lorelee Johnstone, Andrew Carne, and the executive director, Brianne Warner.

From the Yukon Prospectors Association, we have Grant Allan and Carl Schulze. From the Klondike Placer Miners' Association, we have president Will Fellers and executive director Brooke Rudolph. From Energy, Mines and Resources, we have Meghan Michael, Hillary Corley, Jennifer Russell, and Alissa Sampson.

Could we welcome them all, please?

*Applause*

**Hon. Ms. McLean:** Mr. Speaker, I would ask my colleagues help me welcome some guests who are here for the tabling of the Yukon Child Care Board: the chair, Laurie Parker; board members Jen Bugg and Kristen Kennedy, and Sophie Partridge, the board's secretary.

*Applause*

**Hon. Mr. Pillai:** Mr. Speaker, we have a large group of folks with us today for the National Housing Day tribute. As I go through, I will try to make sure I identify the organizations

that everyone works with, but if not, I can say that everybody here is extremely passionate about housing.

To start, I want to ask my colleagues to welcome: Kristina Craig, executive director for the Yukon Anti-Poverty Coalition; Carol Legace, Yukon Anti-Poverty Coalition; Charlotte Hrenchuk, as well, with the Yukon Anti-Poverty Coalition; Kathy Walker, as well, with the Yukon Anti-Poverty Coalition; Helen Slama, Yukon Anti-Poverty Coalition; Caitlin Beaulieu, as well, I believe, with the same organization; Kabiri Ngeta, Deserine Grimes, as well, with the Yukon Anti-Poverty Coalition; and Joanne Doyle.

As well, from the Safe at Home Society, we have: Kate Mechan, executive director; Ahmed Jama, supervisor; Sam Smith, housing stability worker; Anthony Boisvert, referral and outreach; Eugenia Dadson, Yukon housing stability worker; Elske de Visch Eybergen, and Rachel Finn, administrative assistant with the organization.

Thank you all for attending today.

*Applause*

**Ms. White:** Thank you, Mr. Speaker — just to make sure that we acknowledge that Kristy Kennedy is here from the Yukon Geological Survey. Nice to see you, as well, Kristy.

*Applause*

**Speaker:** Tributes.

**TRIBUTES**

**Unanimous consent re extending time limit allotted for tributes, pursuant to Standing Order 14.3 and notwithstanding Standing Order 11(6)**

**Hon. Mr. Streicker:** Mr. Speaker, I request the unanimous consent of the House, pursuant to Standing Order 14.3 and notwithstanding Standing Order 11(6), that the time allotted for "Tributes" today may exceed the 20-minute time limit.

**Speaker:** The Government House Leader has requested the unanimous consent of the House, pursuant to Standing Order 14.3 and notwithstanding Standing Order 11(6), that the time allotted for tributes today may exceed the 20-minute time limit.

Is there unanimous consent?

**All Hon. Members:** Agreed.

**Speaker:** Unanimous consent has been granted.  
 Are there any tributes?

**In recognition of National Housing Day**

**Hon. Mr. Pillai:** I rise today on behalf of the Yukon Liberal government to pay tribute to National Housing Day. In 1948, the *Universal Declaration of Human Rights* first documented the right to adequate housing, and in 1998, homelessness was first declared a national disaster. National Housing Day was established two years later. November 22 is a day to reflect on why housing is a cornerstone for people's wellness, while identifying the housing challenges that we face and the ways we can improve.

A home is the sanctuary that provides safety, comfort, and a sense of community — all things that we need to thrive.

I reflect upon over the 200 Yukoners who are actively homeless or precariously housed, the people whose homes are unaffordable or require major repairs. We know that there is no single organization that can address the housing prices alone.

I acknowledge those who have joined us in the Assembly, advocating for this human right and thank you for your efforts. It is through our collaboration, commitment, and hard work of our partners that we will work to end homelessness in the territory. This is not something to politicize, Mr. Speaker. I would like to recognize the efforts of several partners who continue to help Yukoners: Yukon Anti-Poverty Coalition for your work raising awareness and promoting actions to end poverty and homelessness by organizing a successful Poverty and Homelessness Action Week in October; the Safe at Home Society for advocating for those who are experiencing homelessness or are at risk of being homeless; I want to say a very special thank you to Voices influencing Change for their bravery and, again, the advice that they provide; and the NGO's housing navigators for your tireless work in supporting vulnerable Yukoners with advocacy and real front-line solutions; and the various levels of government, including First Nations, governments, municipalities, and the Canadian Mortgage and Housing Corporation for their work. Finally, I would like to express my sincere gratitude to all the other organizations, businesses, and individuals in our community who are working to ensure that everyone has a roof over their head.

The need for housing solutions is immediate. Together, we are working together on building a future that provides all Yukoners with the opportunity to have a home that is adequate, affordable, and suitable.

*Applause*

**Ms. Clarke:** I rise on behalf of the Yukon Party Official Opposition to recognize National Housing Day, which has taken place across Canada each November 22 since 2000.

Housing has been an important topic among Yukoners over the last number of years as prices have surged in housing — along with many other necessities becoming harder to find for so many Yukoners. We have seen a sharp incline to the population over the last number of years here in the territory. With that increase in people, we require an increase, as well, to a variety of housing stock in order to house them.

Many people still hold out hope to make their way into the housing market — to purchase their first homes, to move from their rental housing into their own investment. It's not so easy anymore. For some, it is becoming a more unattainable goal as years go on and rates and prices soar.

Increases to housing prices have put massive strain on the rental market in recent years. Housing has become all but affordable and the trickle-down effect of pricing has reached all levels of rental housing as well. There are over 500 people on the Yukon Housing Corporation's wait-list. This number has grown so much in recent years and there is no indication that it will slow down soon.

Growing up, I learned Maslow's hierarchy of needs. A roof over your head is a basic physical need, like food and water.

Without looking after our basic need, one cannot participate fully in society. The basic need of housing plays a central role in our lives as it affects who we become and what we contribute to our community. I know what I'm talking about as I came very close to being homeless as a single parent with three children. Until today, I'm very thankful for the two-bedroom rental unit in the basement of a building in Whitehorse. Living in that unit for five years helped me raise children who now contribute to society and allowed me to become who I am today.

So, yes, housing is an important topic for me. I will celebrate when the over 500 people on the wait-list are housed. Today, let this be a reminder that the need for affordable housing is as urgent as ever.

*Applause*

**Ms. Blake:** I rise on behalf of the Yukon NDP to pay tribute to National Housing Day. Today is a reminder to all of us here of everyone who struggles due to housing that is unaffordable, unsafe, inadequate, or non-existent.

I don't think we need reminders. The housing crisis is right in front of us. We know that, right here in our territory, there are individuals who are homeless. There are those who are couch-surfing — relying on friends or family for a place to stay. There are those staying at the emergency shelter, packing up their belongings every morning to return every night. There are women and children staying in unsafe and violent situations because they can't find a different place to live. There are people living in cars or, maybe if they are lucky, a trailer. To all those who do not have adequate, affordable, and safe housing, we see you. We will not stop fighting for you.

To all those working to make sure that all Yukoners have access to housing that is affordable and meets their needs, thank you. We appreciate you and the hard work that you do.

Housing is safety; housing is stability; housing is health care; and housing is a human right.

Mahsi'.

*Applause*

### **In recognition of the Robert E. Leckie Awards recipients**

**Hon. Mr. Streicker:** I rise to pay tribute to the Yukon Geoscience 2022 Robert E. Leckie Award winners for exemplary performance in environmental stewardship. I had the honour of presenting the Leckie Awards at the 50<sup>th</sup> annual Geoscience ceremony yesterday evening. This year's Leckie Awards went to placer miners, miners who have gone above and beyond when it comes to reclamation.

Historically, placer mining left tailings piles with organics buried beneath larger cobbles, thwarting regrowth. Today's award winners are at the forefront, using techniques beyond what's required to encourage the regrowth of vegetation and the return of biodiversity.

Parker Schnabel and the Little Flake placer mine won the Leckie Award for excellence in environmental stewardship. This large-scale placer operation is wrapping up after 11 years of operation and stands as an excellent example of progressive

reclamation. Little Flake uses rock trucks and dozers to spread stockpiled organics over old tailings and stripping piles, providing a foundation for new vegetation. They also leave ponds in irregular shapes and varying slopes to better resemble the area's natural state. Little Flake reclaimed legacy placer impacts in surrounding wetlands. They also started a program to provide Dawson City youth with the chance to be placer miners for a day.

Guy and Lisa Favron, from Favron Enterprises, won the Leckie Award this year for responsible and innovative exploration and mining practices. They have also been hailed as leaders when it comes to progressive reclamation. They have been stockpiling organic material to not just reclaim their site, but also to clean up some of the area's historic workings. The Favrons pay attention to the details when it comes to reclamation, like keeping the stockpiled organics lumpy to help trap water and encourage regrowth. They were also the first placer miners to seek a forestry permit to allow them to use wood on their claim to heat their operations.

By the way, last night, Neil Loveless and the Favrons let me know that they were very proud to have been nominated for this award by Deputy Chief Simon Nagano of the Tr'ondëk Hwëch'in.

Mr. Speaker, I would like to briefly acknowledge the other Geoscience award winners. Prospectors of the Year went to brothers Shane and Luke Carlos; the Yukon Chamber of Mines member award went to Brad Thrall and Clynt Nauman from Alexco; First Kaska, led by CEO Jasper Lamouelle, received the First Nations in mining award; and Marty and Maryann Knutson of Tatra Ventures won the community award for that sweet swimming hole for Dawsonites.

Thank you to all of the nominees and winners for their fine work, and to all mine operators in the Yukon who respect and care for our land and our environment. Their contributions to responsible mining practices will inspire the Yukon's mining industry for generations.

*Applause*

**Mr. Kent:** On behalf of the Yukon Party Official Opposition, I want to offer our sincere congratulations to the award winners for the 2022 Geoscience Forum. As the minister mentioned, the annual Leckie Awards went to two placer operations near Dawson City. Parker Schnabel won the award for the reclamation work at the Little Flake placer mine and legacy areas mined by previous generations. Recognized worldwide for his role on *Gold Rush*, Parker has become a valued member of the placer mining community, and this award is a testament to his hard work and dedication.

Guy and Lisa Favron of Favron Enterprises received a Leckie Award for their ongoing reclamation work on their property at Sulphur Creek. Guy and Lisa and their team are tremendous people who give so much to the community. Whether it is their involvement with the Klondike Placer Miners' Association or serving on the Robert Service School Council, they truly make a difference for the people of Dawson City and the Yukon.

The Yukon Prospectors Association awarded the annual Prospector of the Year Award to brothers Shane and Luke Carlos, second-generation prospectors learning from their dad, Al, who won the same honour in the early 1990s. They are making a difference in the industry with their hard work and perseverance.

Now for the Chamber of Mines awards. Tatra Ventures has been awarded the community award for the reclamation work that has resulted in the new swimming hole south of Dawson City. The Knutson family has been recognized in the past for their outstanding reclamation work and are well-deserving of this honour. I want to thank them for their dedication to the community and to the environment. Congratulations on this award.

First Kaska and CEO Jasper Lamouelle received the First Nation award for their leadership in First Nation and industry partnerships. On top of developing a solar energy project to power Watson Lake, they are proving to be a reliable partner for many service and supply companies in the mining sector, and we look forward to seeing their continued growth.

Last but certainly not least, Brad Thrall and Clynt Nauman have been recognized with the member award from the Yukon Chamber of Mines, which honours mineral exploration or development activities in the Yukon. Brad and Clynt both arrived in the Yukon in the late 1990s to develop the Brewery Creek mine near Dawson City. Later, they started Alexco Resource Corp. and took over reclamation and development work at Keno Hill, which recently sold to Hecla Mining. Both have served with distinction on many volunteer boards to advance mining in the Yukon.

The Yukon Chamber of Mines, Yukon Mining Alliance, Yukon Minerals Advisory Board, the Centre for Northern Innovation in Mining at Yukon University, and I'm sure, more than one minister responsible for mines and Premier have all benefited from their experience and guidance. So, congratulations to all of the award winners and thank you for all of your contributions, and congratulations to the Yukon Chamber of Mines on a successful 50<sup>th</sup> anniversary Geoscience Forum.

*Applause*

**Ms. White:** The Yukon NDP add our voices in congratulations to the folks who are on the ground working and making a positive difference in the mining world in Yukon. The Robert E. Leckie Award was created in recognition of a true Yukon visionary and innovator in his field, a person who believed that planned reclamation, research, and cooperation would benefit government, industry, and future Yukoners alike. This award continues to be presented to those individuals and companies who share his values; those who believe their industry should excel in environmental stewardship, outstanding social responsibility, leadership, and innovation; and this year it is well-represented in the Klondike.

So, congratulations to the dynamic trio out of the Klondike — Lisa and Guy Favron, and Parker Schnabel, as we have heard — and anyone who has had a dip in recent years at the Knutson swimming hole near Dawson City understands how much this

family placer business has done, and continues to do, for their community. So, congratulations to this year's community award winner, Tatra Ventures, and thanks to the Knutson family for all that they do.

The First Nations award, honouring the contribution made by a Yukon First Nation individual, business, development corporation, or government for the advancement of a sustainable and responsible Yukon mining industry, of course, as we heard, goes to First Kaska and CEO Jasper Lamouelle. Congratulations to Brad Thrall and Clynt Nauman from Alexco for being nominated by your peers for exemplifying modern development practices and making a positive impact; and last, but certainly not least, instead of the Prospector of the Year, we could call them the Prospectors of the Year, are brothers Shane and Luke Carlos.

So, thank you to everyone who nominated your peers, and congratulations to the winners and all those who were nominated.

*Applause*

### **In recognition of Transgender Day of Remembrance**

**Hon. Ms. McLean:** I am honoured to rise on behalf of our Liberal government in tribute to Transgender Day of Remembrance. Twenty-five years ago, Rita Hester, a black, transgender woman, was murdered in her own apartment in Boston, a tragedy that, at the time, received little to no recognition. In response to this injustice, November 20 was marked as a day to honour, mourn, and remember trans and gender-diverse individuals who have been lost to anti-trans violence.

Thank you to Queer Yukon for holding a vigil here in Whitehorse just this past Sunday. Transgender Day of Remembrance still exists because of Rita's story, and it's not unique — neither then or now. Transgender, two-spirit, and non-binary people continue to face significantly higher risks of violence and abuse, especially trans-feminine people of colour. There is no question that homophobia and transphobia continue to maliciously target individuals, as shown by the deadly shooting in Colorado just this last weekend.

It should not take the loss of lives for us to take action. During her lifetime, Rita Hester was not seen or valued by society. Today, I ask you to think about the transgender people we are still neglecting, to see value and protect right now. Transgender people deserve to be seen as valuable members of our society, because they are. I am so inspired by those who are making a difference and working to improve the well-being of trans people in our community, like Queer Yukon, All Genders Yukon, and the gender and sexuality alliances that exist in our schools.

However, we need more than just the LGBT community putting in the work. I encourage all members to reflect today on how we can each uplift and advocate on behalf of the trans community members who we so dearly love, because if anything has been made clear in these past couple of years, it is that the work is far from over.

*Applause*

**Mr. Istchenko:** I rise on behalf of the Yukon Party Official Opposition to recognize Transgender Day of Remembrance, a national day of mourning that takes place each year on November 20 in memory of transgender and two-spirit people who have lost their lives to transphobic violence. Transgender Awareness Week takes place annually from November 13 to 19 in the leadup to Transgender Day of Remembrance.

Transgender people continue to face a disproportionate amount of stigma and discrimination based on their gender identity or sexual orientation. It happens here in our community, at schools, in the work place, and on the sidewalks. Sometimes that discrimination elevates to violence — physical or sexual — and has, unfortunately, resulted in fatalities. This is unacceptable as a community, as a country, as human beings — we are better than this. So, people have the right to feel safe and secure in their bodies, to live their lives without discrimination or risk of harm.

We will continue to work toward becoming a more inclusive community. This means a better quality of life for all those within it. Without dealing with the discrimination at all levels, transgender individuals remain at risk for higher rates of violence, mental health issues, and other complex challenges.

So, as a society, we must continue to work toward change. This change must come from the home, the classroom, our public spaces, and in our Legislature.

*Applause*

**Ms. Tredger:** I rise on behalf of the Yukon NDP to recognize Transgender Day of Remembrance, which was on Sunday. It is a hard day every year. It was a particularly hard day this year, as we woke up to the news that there had been a mass shooting — a mass shooting in Club Q, a queer bar in Colorado — five people dead and 18 more injured. We remember those who died Saturday night: Daniel Aston, Derrick Rump, Kelly Loving, Ashley Paugh, and Raymond Green Vance.

We remember all the trans people who were killed last year — those who died at the hands of their partners, families, strangers, and police. We remember the trans people who died by suicide last year. I think of Alice Litman, who died after waiting so long for gender-affirming care that she gave up all hope. It has been a year of public attacks on trans people. The physical attacks at Club Q, and all through the year, were the predictable consequences of the political, legal, and social attacks. It has also been a year of fierce, determined community. I think of the bar patrons in Club Q, who fought back the gunman and prevented the deaths of many more people. I think of the gatherings across the world on Sunday, of people coming together in grief and rage, providing each other support and comfort and safety.

Today, we celebrate the trans community, and we remember those who have been lost. May they rest in power.

*Applause*

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

## TABLING RETURNS AND DOCUMENTS

**Hon. Ms. McPhee:** I have for tabling the *Crime Prevention & Victim Services Trust Fund Annual Report 2021-22*, which is tabled pursuant to section 8 of the *Crime Prevention and Victim Services Trust Act*.

**Hon. Ms. McLean:** Today, I have for tabling the 2021-22 Yukon Child Care Board annual report.

**Hon. Mr. Streicker:** I have for tabling today a decision document from the Yukon Utilities Board, dated November 7, 2022.

**Mr. Istchenko:** I have a letter for tabling from the Association of Yukon Communities.

**Speaker:** Are there any reports of committees?  
Are there any petitions to be presented?  
Are there any bills to be introduced?

## INTRODUCTION OF BILLS

### Bill No. 305: *National Day for Truth and Reconciliation Act — English and French text*

**Ms. Blake:** I have for tabling a bill that contains what I believe to be true translation into French of the English text of Bill No. 305, entitled *National Day for Truth and Reconciliation Act*.

**Speaker:** Are there any further bills to be introduced?  
Are there any notices of motions?

## NOTICES OF MOTIONS

**Ms. Blake:** I rise to give notice of the following motion:  
THAT this House urges the Government of Yukon to ensure that citizens in Yukon communities have access to social workers and mental health support staff.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to provide heavy-duty mechanic support to Old Crow to ensure ongoing water and sewer services.

**Speaker:** Is there a statement by a minister?

## MINISTERIAL STATEMENT

### Yukon gross domestic product growth

**Hon. Mr. Pillai:** I am pleased to rise today to discuss how Yukon led the country in GDP growth in 2021. Our territory's real gross domestic product growth increased from \$2.6 billion in 2020 to \$2.9 billion in 2021. That is a 10-percent increase. We have the fastest economic growth in the country, double Canada's overall rate of five percent.

For the most part, the country rebounded in 2021 after the widespread slowdown in economic activity in the early stages of the COVID-19 pandemic. While the rest of the country has improved, the Yukon's economy has recovered from the COVID-19 economic shock faster than any other Canadian

jurisdiction and continues to perform well as we move firmly into the recovery phase.

Government responded to the economic impacts of COVID-19 quickly, and those efforts have paid off. Our funding programs kept businesses open and supported sick employees to stay home. The Yukon continues to have the lowest unemployment rate in Canada — 3.3 percent in October 2022. There are many available jobs — 1,715 in August 2022, for an 8.2-percent job vacancy rate. The average wage offered for these jobs is nearly \$24 per hour. The population continues to grow, average weekly earnings are up, and retail sales are still strong and rising. The industries driving the Yukon's GDP growth in 2021 were mining at 34.4-percent growth; construction at 19-percent growth; and accommodation and food services at 13.5-percent growth.

The mining industry continues to be a critical driver of the Yukon's economy. We just had the 50<sup>th</sup> anniversary of the Yukon Geoscience Forum, highlighting the excitement and activity in the territory's mining sector, which has attracted the largest players in the world. The future looks bright for mining jobs in the Yukon, spinoffs for local businesses, and more partnerships that bring jobs and training to our communities. Additionally, the growing importance of critical minerals will continue to drive interest in the Yukon and be a unique opportunity for Canada's transition to a green economy.

Residential construction remains strong. In 2020, permits were issued for 657 new or converted dwelling units, up by more than 70 percent over 2019.

Tourism in the Yukon, as in the rest of Canada, has been rebounding strongly. For the January through August 2022 period, Yukon's Canada Customs crossings were over 100,000 — 134,965 — up 600 percent from the same period in 2021.

In closing, Yukon has the fastest growing economy in Canada, and the rest of the world is focused on the potential of Canada's north, now more than ever. We will continue to support initiatives that grow our economy for the benefit of all Yukoners and communities.

**Mr. Hassard:** The minister has decided to rise today in this House and talk about Yukon's gross domestic product and how it's leading the way in growth in the country. However, what he doesn't share is that, under the Liberals, government growth has led the way. Since 2016, there have been some 2,600 jobs created in the Yukon, but 2,400 of them are in the public sector, and only a couple hundred in the private sector. That's the real cause of growth happening under this government.

It's a testament to the resilience of the mining industry that they experienced so much growth from 2020 to 2021, and we would like to thank all of those involved in the mining sector for their perseverance.

However, we have raised the concerns of the mining industry in this House many times, which continue to be dismissed by this Liberal government. That's why we are very concerned to hear at Geoscience that we are not seeing very many new early-stage projects. The government reported that the number of companies and prospectors active in the Yukon

could drop to a 57-year low — a 57-year low, Mr. Speaker — of exploration projects in the territory, so the reality on the ground doesn't align with what the minister is selling.

Really, GDP and economic growth is all fine and dandy; however, Yukoners are talking about their growing grocery and heating bills. They are not talking about GDP. Once again, this shows how out of touch this minister and this government is with the needs of Yukoners. The people I talk to are concerned about the price of groceries and fuel, or the supply chain issues that mean they can't get children's medicine at the store. They are worried about the costs of basics for raising a family and keeping a home, the rising price of gasoline and diesel that they need to drive to work to help pay for the rising costs of raising a family and keeping a home, and the price of home heating fuel and firewood to keep those homes warm.

While the minister touts GDP growth, it doesn't match up to the reality that so many Yukoners are experiencing on the ground. It is, again, disappointing that this minister has lost touch with regular Yukoners. We can only hope that other actions will help Yukon's inflation crisis, since the government continues to swing and miss when it comes to everyday Yukoners and the cost of living.

**Ms. White:** Gross domestic product was not designed to assess the welfare or the well-being of citizens. The modern conception of GDP was a product of war. It goes all the way back to 1940, one year into the war with Germany, when a British economist was complaining about the inadequacy of economic statistics to calculate what the British economy could produce with available resources. It was designed to measure production capacity and economic growth during times of war. Still, here we are continuing to treat GDP as an all-encompassing unit to signify a nation's — or in our case, a territory's — development, combining its economic prosperity and societal well-being.

There is no denying that economic growth has raised living standards around the world; however, modern economies have lost sight of the fact that the standard metric of growth — that of GDP — merely measures the size of a nation's economy and doesn't reflect a nation's welfare. GDP takes a positive count on the number of cars that we sell, but does not account for the emissions that they generate. It adds the value of the alcoholic beverages sold, but fails to account for the health problems that they cause. It adds the value of the amount of stuff that Yukoners purchase, but doesn't take into account the waste that we are left dealing with. It celebrates the high prices of houses, but doesn't take into account sky-rocketing rents. GDP also fails to capture the distribution of income across society, meaning that it is becoming more relevant with the rising inequality levels.

Many large economic regions are looking toward alternative metrics to complement GDP in order to get a more comprehensive view of development and ensure informed policy-making that doesn't exclusively prioritize economic growth, because we all know that solely focusing on economic growth leaves many behind. In such an economy, GDP, which is rarely connected with the lives of average citizens, will cease

to take the centre stage. The focus would instead shift towards more desirable and actual determinants of welfare.

Instead of solely focusing on growth for the sake of growth, we think the end goal should be to have a more just and equitable society that is economically thriving and offers Yukon citizens a meaningful quality of life.

**Hon. Mr. Pillai:** I will do my best to respond to some of the comments from my colleagues from the opposition benches. First, it's important to state that, although I spoke today about GDP — I think if we go through a number of statistical data on the economy, you are probably going to find something within there where we're not in a leading situation. But I also think it's important just for Yukoners to be commended on this. The government can set some conditions, but, inevitably, it is being driven by private sector, it's being driven by investment — it's being driven by a number of different factors. We can sit and debate. I heard the comment from the Member for Pelly-Nisutlin — the 2022 figures concerning GDP and public administration — and the comment that it's all being driven by government growth. That's inaccurate. It's 23.1 percent for public administration — that's a fact. We have gone through the numbers. I've touched upon where mining is.

I appreciate the political back and forth and rhetoric around being out of touch, but, saying that there are no new projects in the pipeline in the mining sector and not understanding the notoriety around the Banyan company's projects — or Snowline — would lead me to believe that the member opposite is completely out of touch, because in conferences within Canada or conferences within North America this year, those pieces were — the Yukon was a leading part of the conversation. That was with global investors as well as investors here in Canada.

I also would say that, no, of course we're aware that it's just one measure. That's all we're saying. We can celebrate as a territory the fact that we're leading in all of these different categories.

We also know that they lead to pressures, and we have to take that into consideration. One thing that was led under the Premier — and to speak to the Third Party's comments — was the Canadian Index of Wellbeing. It is something that was launched. It is another measurement, and so it is not just about GDP. Again, there is a growing movement across the world to use "well-being" as a lens for decision-making, and the Government of Yukon is proud to support this approach.

In 2020, we launched the Yukon community well-being survey in partnership with the Canadian Index of Wellbeing and the chief medical officer of health. The survey received over 5,000 responses. The survey confirmed that Yukoners feel highly engaged in their respective communities; they feel connected and proud of where they live; and they can depend on their neighbours and community members to help in times of need. Yukoners have confidence in their institutions, such as police and health services, and they feel informed about what governments are doing to empower and effect change. This data also revealed some of the pandemic-related challenges being



experienced by residents, like growing rates and challenges around economic insecurities. But, again, that is also why we talk about the fact that there are over 1,700 jobs available right now for Yukoners in a variety of sectors — if they want to change what they are doing, or they want to pivot to something else to improve their quality of life.

With that being said, I want to commend our retailers. The numbers just came out again today in the retail sector, and we are seeing very significant growth in the retail sector. I want to thank those who are building and continuing to see an 18-percent increase in the construction industry from January to October — something that was sort of missed yesterday by the opposition comments. We will continue to invest in construction. We have deficits in affordable housing and infrastructure, and we have to make those strategic investments.

With that being said, just thank you to all who are leading — helping us to build an economy that is leading this country.

**Speaker:** This then brings us to Question Period.

## QUESTION PERIOD

### Question re: Mining legislation

**Mr. Kent:** I have some questions regarding licensing and permitting for mining projects here in the territory. So, the Minister of Energy, Mines and Resources has been boasting about the overall ranking of the Yukon in the most recent Fraser Institute report on mining. So, we sit ninth out of 84 ranked jurisdictions for overall attractiveness, which is better than the 23<sup>rd</sup> overall ranking that the previous minister achieved a couple of years ago. However, the report suggests that the high ranking is due to our geologic attractiveness. When it comes to policy perception, we rank 23<sup>rd</sup> — so that is dragging us down.

What work is underway to improve the policy perception by companies active in the Yukon?

**Hon. Mr. Streicker:** This past weekend, and ending today, is the 50<sup>th</sup> anniversary of the Geoscience Forum. I want to start by thanking the Chamber of Mines for its tremendous work in putting on this forum. It has been super well attended. The Department of Energy, Mines and Resources had a lot of meetings all day Saturday and all day Sunday with a suite of mines, with the Prospectors Association, with the Klondike Placer Miners' Association, with the Chamber of Mines, with the Minerals Advisory Board — with all sorts of folks — talking about the industry, including where we can do better.

Overall, I am happy to report that the feedback I got was that the Yukon is doing really, really well. We will, at all times, work to make sure that our regulatory regime is working as well as possible. We had our director of minerals branch there, who acts as the regulator, talking with the mining companies to assist. There was a lot of good dialogue.

Again, I will give a shout-out to the Chamber of Mines for a great Geoscience Forum and 50<sup>th</sup> anniversary.

**Mr. Kent:** I was kind of hoping for some concrete actions that the minister has undertaken to improve the policy perception that companies active in the Yukon have.

During the 2016 election when the Liberals released their platform, the Premier said that he wanted to get away from

making commitments that can't actually be accomplished. We would like to follow up on some important commitments that were made.

When it comes to mining, the Liberals committed to: "Examining the current mining assessment process to find ways to harmonize the Yukon Water Board processes within the *Yukon Environment and Socio-economic Assessment Act* framework". Can the minister provide an update on what work has been done to harmonize these two processes?

**Hon. Mr. Streicker:** The Yukon Party wanted some examples, and those are great examples. Thank you.

First of all, we have a *Yukon Environmental and Socio-economic Assessment Act* oversight group that has been working with First Nations. We are working to approach Ottawa with suggested amendments to the *Yukon Environmental and Socio-economic Assessment Act*. That is one of the ways in which we are working.

Successor legislation — that's another way in which we are working to modernize the mining regime here in the Yukon.

I just want to acknowledge the 22 First Nations — because we have transboundary First Nations at the table with us. We are about to move into the next phase, and I want to let Yukoners know that we are going to be coming out to talk to Yukoners around the successor legislation for quartz and placer mining acts, and this is an important piece.

Land use planning — there is quite a long list of the things that we are doing around mining to improve the situation.

But what I said in my first response — and maybe the member opposite missed it — was that we sat down directly with the regulator to talk through how that work is going and how we can assist those companies. I will continue to build on the answer.

**Mr. Kent:** I would like to share a quote that stood out to us that comes directly from the Fraser Institute report, and that quote is: "Sub-regional land use planning and new permit requirements have been recent impediments to exploration." That was taken from an exploration company president active in the Yukon.

This is obviously in reference to the Beaver River sub-regional land use plan, and the fact that it is coming on three years late, with no clear work plan to finish it.

So, is the minister planning any other sub-regional land use plans to deal with YESAB assessments of mining projects?

**Hon. Mr. Streicker:** The Member for Copperbelt South talked about the Fraser Institute. They do this work to try to judge jurisdictions across the world, to rank them, and, overall, the Yukon ranked in the top 10. By the way, the member suggested that the previous minister was at 23 — no, incorrect, unreliable again. It was number 18. These are good measures.

Yes, there is room for improvement — absolutely — but, overall, the Yukon is doing very well at mining. Do you know what I saw last night, Mr. Speaker? What I saw was First Nations there, at the awards gala, up presenting awards to mining companies, saying how well those companies are doing. That's a step forward.

**Question re: Mining legislation**

**Mr. Hassard:** Last year, the Legislature debated and passed Bill No. 5, entitled *Act to Amend the Territorial Lands (Yukon) Act (2021)*. It was essentially enabling legislation for the development of a regulation around resource access roads. At the time, the minister said — and I quote: “As I have already stated, we are in ongoing dialogue with First Nations and industry around it.”

We were under the impression that this regulation would be ready this past spring; however, it wasn't. Can the minister give us an update on the status of this regulation and when it will be ready?

**Hon. Mr. Streicker:** We had our first meeting with mining companies this morning at 7:15 a.m. This was one of the topics of conversation. The department, again, said to me that the resource road regulations are on track for next year. The spring of 2023 is the planned timeline.

I will say that, when it comes to amendments to the lands act, we have been moving along with that. Then the First Nations approached us just recently to say that they really appreciated the process that we had developed around the placer and quartz mining acts, and they have asked us to reset and use that process, where it's more direct engagement and direct involvement. We are happy to do that.

The resource road regulations are important regulations. I agree that they are important, and they are due out next year.

**Mr. Hassard:** The uncertainty of this has had impacts on the industry. In April, a junior mining company withdrew their application for class 4 work, citing the lack of this regulation as the reason, so there is some urgency to get this done. The minister said last year that there was ongoing dialogue with industry on this.

Can the minister tell us when public consultation will take place on this regulation?

**Hon. Mr. Streicker:** I agree, again, that this is an important regulation, as I stated just in my previous answer. I met just this morning with industry representatives to talk to them about this regulation and to talk about what it will look like. There comes a period, of course, when that work goes inside of government for a period of time, but we have been engaging — certainly informally all along. I am trying to think whether I mentioned it at every one of my 20 or so meetings with industry over the past weekend. It might not have been every one, but it was probably pretty close. We have continued to talk to industry about it, because we recognize that this is an important regulation. It will, I think, actually be a game changer, as I stood and said in the House when we passed the act last year.

**Mr. Hassard:** The question I asked was when public consultation would take place on this regulation.

Last year, my colleague asked the minister if he would consider referring this regulation to the Standing Committee on Statutory Instruments, or some other all-party committee, for a review. This would allow all parties to review it and ask questions.

We didn't get an answer from the minister back then, so can the minister tell us today, now, if the Liberal government would consider input from other parties on this regulation?

**Hon. Mr. Streicker:** I am happy to take the feedback from the members opposite — for example, from when we debated this bill, through Question Period, or through letters. I am happy to take that feedback, but they're talking about a standing committee that they never once brought to meet. So, it seems a little bit unreliable from them to now say, “Hey, let's use this committee”, which they never used.

**Question re: Child and Family Services Act implementation**

**Ms. White:** When the new *Child and Family Services Act* passed last spring, Yukon families and children were hopeful. This could have created real changes on the ground, but right now, it seems like things are at a standstill. In the eight months since this system was supposed to be overhauled, families have continued to suffer at the hands of the same system. We have heard from young moms who haven't been able to see their babies in months; from grandparents who are injured and still have no support to care for their grandchildren; and from children in care whose day-to-day lives haven't changed much at all.

Can the minister tell Yukon families and children when this act will be fully implemented?

**Hon. Ms. McPhee:** I think I have to challenge the preamble and the information put forward in this question — happy to hear from individuals who are having difficulty, should that be the case.

But the “genius” — can I say — the forward-looking, the initiation of the Yukon *Child and Family Services Act*, was the way in which it was drafted, and the way in which it came to this Legislative Assembly, and the way in which it was collaboratively done with Yukon First Nations — all Yukon First Nations, 14 of them at the table — and supported by them going forward.

As was noted during the debate with respect to this bill, there was already much of the work with respect to transition and new approaches being rolled out at the Department of Health and Social Services and with Yukon First Nations. So, I'm very concerned and would be very pleased to hear if there are individuals who are not having that experience.

The *Child and Family Services Act* is a leader in this country about how we will reconcile family and children's services issues.

**Speaker:** Order, please.

**Ms. White:** Often when we ask questions that have examples, we get told by ministers that people should reach out to them. Well, unfortunately, people only call the folks that they trust, so I'm not going to direct the people over that way.

So, the new *Child and Family Services Act* could have been a huge step forward. It should still be a huge step forward — one that families have been waiting for, for a long time, and as they wait, some of them are becoming collateral damage.

Some children have already been waiting for years for support after having been harmed in the system, and some

families have been separated for a long time and are hoping that this act may change something for them.

During debate last spring, my colleague spoke about the importance of not leaving people behind while the important changes this legislation will bring forward are being worked on. Many children will age out of this system without ever seeing the benefit of this new act. This limbo period is denying so many children the care and support that they deserve.

So, does the minister have a transition plan in place to cover the time until the new act is fully implemented, and will she make it public?

**Hon. Ms. McPhee:** In the event that there is someone who is collateral damage, and the member opposite is aware of that, I think the responsibility lies in them bringing it to our attention. That is absolutely unacceptable.

After Bill No. 11 was passed in this Legislative Assembly, the CFSA — the *Child and Family Services Act* — implementation working group was created to carry out the work of the *Child and Family Services Act* Steering Committee. This working group is providing policy direction and guidance on how to implement the *Child and Family Services Act* amendments. All 14 Yukon First Nations, the Child and Youth Advocate, and the Information and Privacy Commissioner's office have all been invited to join this working group.

We have been meeting with the working group monthly since May of 2022. The department is working to complete operational program policies to fully implement legislative changes to the *Child and Family Services Act* in preparation for the coming into force date in November of this year, which I recently signed.

**Ms. White:** It will be good for Yukoners to know that, when we write letters to the ministers on their behalf, it can take up to two months for a response to come.

For many children, this act came too late. Children and families have been harmed, sometimes more when in care than when they were at home with their families. Some of them have aged out of the system years ago with no support from the Yukon government. From abuse in group homes to poorly funded extended family care agreements, indigenous children especially have been told repeatedly that they are not worth being cared for, and none of them will benefit from the new act.

Will the minister offer financial and mental health supports to Yukoners who have already been harmed by this system as children, but have since aged out?

**Hon. Ms. McPhee:** What has been described by the member opposite in this question is exactly why two years of dedication and effort by 14 Yukon First Nations, the Department of Health and Social Services — as well as advice from others: as I have noted, the Child and Youth Advocate, the Information and Privacy Commissioner, and experts in the field — worked so diligently to get a new *Child and Family Services Act*.

The legislative amendments made to the *Child and Family Services Act* create a path forward that will work to reduce the number of indigenous children in care and improve outcomes for all children and families involved in the child welfare system.

There has been incredible dedication and support by the committee that worked on this new legislation, the working group on this legislative work, the drafters, and now the implementation committee. The collaborative work continues and has not gone unnoticed.

We have a *Child and Family Services Act* and the implementation of a new way of doing this work, collaboratively, with communities and with other governments, which will improve outcomes for our Yukon children.

#### **Question re: Rural solid-waste transfer stations**

**Mr. Istchenko:** Yukoners living in many rural communities have noticed a considerable reduction in services since the Liberal government took office. There is no better example of that than the reduction in solid-waste services and the closure of several waste transfer stations in unincorporated communities.

Since we have been asking this, the minister has consistently stated that consultation wasn't needed with these communities, because the Liberal government has consulted with AYC; but as these communities and AYC has pointed out, AYC does not represent them.

So, before the minister continues his plans to close transfer stations in unincorporated communities, will he agree to host public meetings in these communities to discuss other options?

**Hon. Mr. Mostyn:** What we are talking about this afternoon is how we can improve the way we handle all the garbage we create in this society. That's what we are talking about at its heart. Society creates an awful lot of garbage. Frankly, the territory has not dealt with this issue for far too long. The Association of Yukon Communities came to our government and asked us to please help them fix the way we deal with landfills in the territory. My predecessor, the Minister of Energy, Mines and Resources, took on that task, and I have inherited it, and it is very important.

Waste management is part of environmental stewardship, and the Yukon Party doesn't care about waste management — that's clear.

We have been working with partners to make waste management sustainable — to incorporate in the territory a model that is currently in use across Canada. We are not reinventing the wheel here.

What we're doing is putting the wheels on the car that hasn't had them for a very long time. Our government believes in responsible and sustainable waste management, and we know that responsible waste management will help protect our territory's environment for future generations of Yukoners.

**Mr. Istchenko:** What we're really talking about is reduction in services for rural Yukon. Under the Liberal government's plan, the communities of Johnsons Crossing, Silver City, Keno, and Braeburn will all see their transfer stations closed. That means that the residents in these areas will now need to drive their waste to regional centres — and, in some cases, hundreds of kilometres. For many in rural Yukon, this is just the most recent in a series of actions that the Liberal government has taken that have led to an overall reduction in services for rural Yukon. It has become clear to those folks

living in rural Yukon that the Liberal government's only concern is what happens in Whitehorse.

So, will the Minister of Community Services reverse course and start putting services back into rural Yukon?

**Hon. Mr. Mostyn:** Watson Lake, Teslin, Mayo, Haines Junction — these are the communities that came to us and said, “Please, please help us fix the way we’re dealing with regional waste.” We listened and we started down that path, and that path continues today.

The Yukon solid-waste management system was not sustainable under the Yukon Party, and it was necessary to take action. We heard that from the members of these communities, and we have taken action. Promising to keep these transfer stations open, as the Yukon Party has done, shows a lack of leadership in an era where waste per person is going up and our environment is paying the price. Waste per person is going up and our environment is paying the price. The Yukon Party does not support responsible sustainable waste management. They would have us go backwards and continue to allow illegal dumping across the territory. The Yukon Party would take us backwards. The Yukon can't afford to go backwards. Yukon municipalities from Watson Lake to Beaver Creek to Dawson to Mayo have asked us to please step up and change the way we handle our regional transfer stations. This Yukon government has done that.

#### **Question re: 2 Lodgepole Lane concerns**

**Ms. Van Bibber:** A continuing issue that is negatively impacting residents in my riding of Porter Creek North is the issue of 2 Lodgepole Lane. The property has become an environmental liability for the neighbourhood. It is, at times, used for criminal activity and it is a fire and safety hazard for the community. Despite the fact that the property is in the city limits, both the Department of Health and Social Services and the Department of Environment, as well as the RCMP, hold significant jurisdiction over the issues of this property due to the impacts on environment, health, and crime. I first raised this issue with the government in 2018, and, unfortunately, we have seen little progress.

What is the government doing to help resolve the issues at 2 Lodgepole Lane?

**Hon. Mr. Clarke:** There was a cross-jurisdictional meeting a number of months ago with the City of Whitehorse, the Department of Environment, representatives from the Department of Health and Social Services, the RCMP, and there may well have been other people meeting as well. This is a file where the City of Whitehorse has the lead. We have advised the city that, at this time, as far as the Department of Environment is concerned, it does not rise to the level of a contaminated site, but I certainly telegraphed to mayor and council that YG resources will be brought to bear, as necessary, and we will be a willing partner on this file. We recognize that it has been an irritant for the city for quite a while, but we are there to assist and the city is the lead on this file.

**Ms. Van Bibber:** Neighbouring residents have been raising these issues for years. Instead of answers or solutions, they are being bounced around from department to department,

and government to government. All they want is to feel safe when they come home at night. The Government of Yukon met with the city and the RCMP on August 4 to discuss responsibilities and obligations regarding 2 Lodgepole Lane.

What has the Government of Yukon done to resolve this issue since that meeting took place, and when can residents finally expect this issue to be dealt with?

**Hon. Mr. Clarke:** As I indicated, my officials and I were at that meeting and we are certainly open to a multi-jurisdictional response on this file. I have not had any requests from the City of Whitehorse coming across to my office in the last few weeks, recognizing, of course, that this is a property that has been an issue for quite a while and there probably should be some sort of enforcement occurring.

But, as I indicated in my previous response, there were representatives from the RCMP, the City of Whitehorse, the Department of Environment, the Department of Health and Social Services, and various officials, and there may have been other departments as well. So, we're on this, and we're prepared to assist; however, as I indicated, the assessment that I have received from my officials at the Department of Environment indicates that this does not rise to the level of it being a contaminated site. It is certainly, I understand, unsightly, but I certainly look forward to continuing conversations with the City of Whitehorse, with the mayor and council.

#### **Question re: Wildlife harvest allocations**

**Mr. Istchenko:** Since the Liberals formed government, the relationship between the hunting community and the Yukon government has never been worse. We have seen actions taken by the Liberal government that have reduced hunting opportunities for licensed and resident hunters in the Yukon, as well as new quotas for outfitters, all of which have had significant, adverse effects.

In the case of outfitters, we have seen businesses that have taken decades to build now being told that unattainable quotas are being put in place without adequate engagement by the department. These are businesses that make strong contributions to our economy and donate thousands of pounds of wild meat to communities, hospitals, and First Nation food programs every year.

So, will the minister agree to change course and ensure that wildlife management decisions are data-driven and are done through the established processes set out in the *Umbrella Final Agreement*?

**Hon. Mr. Clarke:** I think I can actually answer yes to the final question that the member opposite asked or put forward with respect to how I will be dealing with this matter, which is data-driven and in consultation with all stakeholders, including First Nation governments.

Outfitting is a valued industry in the Yukon that benefits communities by creating jobs, purchasing goods, and, in many cases, donating fresh meat. A few days ago, the member opposite asked a question about the outfitter guidelines to establish outfitter quotas. I can advise, Mr. Speaker, that the 1996 guidelines to establish outfitter quotas in Yukon set out

the process to establish moose, caribou, and sheep harvest quotas for outfitters.

Mr. Speaker, these guidelines are outdated, having been written prior to the ratification of numerous First Nation final agreements and do not — I said “do not” — reflect the very realities of Yukon’s land claims status or recent case law. Legal analysis of these guidelines indicate that they contain numerous recommendations that do not conform with the *Wildlife Act*, including the establishment of outfitter quota appeal committees. As it does not have legal authority to mediate quota disagreements, this matter rests with the Concession and Compensation Review Board as established in the *Wildlife Act*.

**Speaker:** Order, please.

**Mr. Istchenko:** I did ask the minister about quotas last week, and given the fact that some outfitters were assigned quotas for the first time, we received an unprecedented number of appeals, which created delays in the appeal process. That is what the minister said — responded to me. So, until recently, quota appeals and appeals to the Concession and Compensation Review Board were typically quite rare. But now, the new process that this minister has created is causing havoc in this industry. The surge in appeals and challenges has — in his own words — “been unprecedented”.

So, does this surge in appeals from the local outfitters raise any concern with the minister about what impact his flawed approach is having on this historic industry?

**Hon. Mr. Clarke:** I think that Yukoners generally would be interested to know that, of the Yukon concessions, there are four concessions that have never had any quotas whatsoever, and our position is that those concessions ought to have quotas that are consistent with a data-driven review of either abundance or conservation issues that exist in those concession areas. But, Mr. Speaker, just to be clear, those concessions have never — according to recent memory — had quotas. That is why there is a process. The outfitters have the appeal rights and we are going through that process, as one might expect when, as I indicated, these four concessions have never had quotas before. We think that it is fair, in keeping with the other 18 or so concessions in the territory, that all concessions have reasonable quota levels, based on our data-driven aerial surveys and other historical surveys, to maintain the abundance of wildlife for which the Yukon is famous.

**Mr. Istchenko:** So, as far as anyone who we have spoken to can remember, there have only been a handful of quota appeals, or appeals to the Concession and Compensation Review Board.

Now, in the short time this minister has been in the position, we have seen the number of appeals and reviews surge. By his own admission, this surge has been unprecedented, but it should come as no surprise. The changes he is making are threatening the ongoing viability of this industry. It’s not the least bit surprising that the industry would be pushing back however they can.

So, does the minister acknowledge that, in the short time he has been the Minister of Environment, he has created unprecedented havoc in one of Yukon’s oldest industries?

**Hon. Mr. Clarke:** Well, there is a significant geographic area in the Yukon — these four concessions that have no regulations whatsoever. I think Yukoners would be interested to know that there are four —

**Some Hon. Members:** (Inaudible)

#### Point of order

**Speaker:** Government House Leader, on a point of order.

**Hon. Mr. Streicker:** I think when members opposite say words like, “You don’t know what you are talking about”, while we are trying to listen to a response, it indicates disrespect for that response.

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

**Mr. Cathers:** The Government House Leader didn’t cite any of our Standing Orders. In fact, none apply in this instance. He can’t just invent Standing Orders.

#### Speaker’s ruling

**Speaker:** This is a dispute between members. Tempers are getting high here. Please civilize your comments.

**Hon. Mr. Clarke:** I think the overarching theme is that we all want sustainable harvest levels. Obviously, if there are no harvest levels, outfitters will not have a viable business model, either. That is the overarching principle that I am governed by.

As part of the review of the quota allocation process, the Department of Environment worked with outfitters to place all outfitters on quotas this year. Quotas are set to ensure that the wildlife harvest remains at sustainable levels, considering wildlife conservation, indigenous subsistence harvest rights, and resident and non-resident hunter issues.

Establishing outfitter quotas, in some instances, for the first time, is a complex process that requires balancing the rights and interests of outfitters, Yukon First Nations, and renewable resources councils. We will do this hard work, and we will get it done.

**Speaker:** The time for Question Period has now elapsed.

#### Notice of opposition private members’ business

**Ms. Tredger:** Pursuant to Standing Order 14.2(3), I would like to identify the item standing in the name of the Third Party to be called on Wednesday, November 23, 2022. It is: Bill No. 305, standing in the name of the Member for Vuntut Gwitchin.

**Mr. Kent:** Pursuant to Standing Order 14.2(3), I would like to identify the items standing in the name of the Official Opposition to be called on Wednesday, November 23, 2022. They are: Motion No. 519, standing in the name of the Member for Kluane; and Motion No. 498, standing in the name of the Member for Pelly-Nisutlin.

**Speaker:** We will now proceed to Orders of the Day.

## ORDERS OF THE DAY

**Speaker:** Motions respecting committee reports.

### MOTIONS OTHER THAN GOVERNMENT MOTIONS

#### Motion respecting Committee Reports No. 4

**Clerk:** Motion respecting Committee Reports No. 4, standing in the name of the Hon. Mr. Mostyn.

**Speaker:** It has been moved by the Chair of the Standing Committee on Rules, Elections and Privileges:

THAT the Standing Committee on Rules, Elections and Privileges' Sixth Report, presented to the House on November 15, 2022, be concurred in; and

THAT the amendment to Standing Order 42 of the Standing Orders of the Yukon Legislative Assembly recommended by the committee, regarding the length of speeches in Committee of the Whole, be adopted.

**Hon. Mr. Mostyn:** My remarks this afternoon will be relatively brief. The Standing Committee on Rules, Elections and Privileges met to discuss this issue as an issue on our work plan. We are working to make the House more efficient and to actually focus debate during Committee of the Whole. We, of course, want to make sure that the House runs efficiently and that the people's House actually debates and discusses the matters of import to Yukon people with more efficiency. That is the spirit in which the Standing Committee on Rules, Elections and Privileges has drafted this alteration to our rules here in the House. I look forward to hearing other people's comments on this issue this afternoon.

**Speaker:** If the member now speaks, he will close debate.

Does any other member wish to be heard?

Are you prepared for the question?

**Some Hon. Members:** Division.

#### Division

**Speaker:** Division has been called.

*Bells*

**Speaker:** Mr. Clerk, please poll the House.

**Hon. Mr. Silver:** Agree.

**Hon. Ms. McPhee:** Agree.

**Hon. Mr. Streicker:** Agree.

**Hon. Mr. Pillai:** Agree.

**Hon. Mr. Clarke:** Agree.

**Hon. Ms. McLean:** Agree.

**Hon. Mr. Mostyn:** Agree.

**Mr. Dixon:** Agree.

**Mr. Kent:** Agree.

**Ms. Clarke:** Agree.

**Mr. Cathers:** Agree.

**Ms. McLeod:** Agree.

**Ms. Van Bibber:** Agree.

**Mr. Hassard:** Agree.

**Mr. Istchenko:** Agree.

**Ms. White:** Agree.

**Ms. Blake:** Agree.

**Ms. Tredger:** Agree.

**Clerk:** Mr. Speaker, the results are 18 yeas, nil nays.

**Speaker:** The yeas have it.

I declare the motion carried.

*Motion respecting Committee Reports No. 4 agreed to*

**Hon. Mr. Streicker:** Mr. Speaker, I move that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

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

*Motion agreed to*

*Speaker leaves the Chair*

### COMMITTEE OF THE WHOLE

**Chair (Ms. Blake):** Order. Committee of the Whole will now come to order.

#### Motion re appearance of witnesses

##### Committee of the Whole Motion No. 11

**Hon. Mr. Streicker:** I move:

THAT from 3:30 p.m. until 5:30 p.m. on Tuesday, November 22, 2022, Al Lucier, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to answer questions related to the operations of the Yukon Hospital Corporation.

**Chair:** It has been moved by the Member for Mount Lorne-Southern Lakes:

THAT from 3:30 p.m. until 5:30 p.m. on Tuesday, November 22, 2022, Al Lucier, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to answer questions related to the operations of the Yukon Hospital Corporation.

*Motion agreed to*

**Chair:** The matter now before the Committee is continuing general debate on Vote 7, Department of Economic Development, in Bill No. 206, entitled *Second Appropriation Act 2022-23*.

Do members wish to take a brief recess?

**All Hon. Members:** Agreed.

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

*Recess*

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

**Bill No. 206: Second Appropriation Act 2022-23 — continued**

**Chair:** The matter now before the Committee is continuing general debate on Vote 7, Department of Economic Development, in Bill No. 206, entitled *Second Appropriation Act 2022-23*.

**Department of Economic Development — continued**

**Chair:** Is there any further general debate?

**Hon. Mr. Pillai:** I just want to thank our officials who are with us here today, Justin Ferbey, our Deputy Minister of Economic Development, and I am also welcoming Michael Prochazka, our assistant deputy minister. I will make note of Mr. Steve Rose, retired assistant deputy minister — so, a full team here again today, which is great.

I think we have a few minutes left, just in the response, but I think, to make the best use of the time, I will just hand it over to the opposition and continue to provide information and answers to their inquiries.

**Ms. Van Bibber:** I also welcome the officials to the House this afternoon. I will jump in really quickly because we are limited and I would like to give the Third Party a chance to answer a couple of questions. I am sure that they are anxious.

So, during several Question Periods, we raised the issue of the dollar amounts spent on the Port of Skagway and Yukon's involvement. So, I would like to follow up with that now. We were told that the Department of Economic Development was spending approximately \$250,000 on a study in regard to the port.

Can the minister tell us a bit more about this investment? Why this is good for Yukon? Also, is this American or Canadian dollars? Is this going to be converted somehow? Has this ever been done before, where we have invested in an American community — outside of Yukon?

**Hon. Mr. Pillai:** The Government of Yukon recognizes the Skagway ore terminal as a valuable export option for the Yukon mining industry, facilitating access to international markets. We have had very productive conversations with the Municipality of Skagway in recent weeks. I will make note that the Mayor of Skagway travelled to Whitehorse. He was with us yesterday. He sat with us last night at the Geoscience banquet, and one of his technical team members was also here and sat with the team and the Minister of Energy, Mines and Resources. He was one of the individuals who was actually doing a presentation this morning on the rebuilding, I guess I would say, or the modernization of the Skagway harbour and waterfront.

Again, we are currently in talks with the community. This has been ongoing over the last number of years. We have been engaging with the community and engaging with the municipal representatives. It is an extremely important piece of infrastructure. There was a lease in place for a very long period of time. I want to say that it was — and I may be off a little bit on this number, but I think almost 40 years. That responsibility and control for the ore terminal was then going back to the municipality in March 2023.

As folks know, there has been significant growth in the cruise ship industry in Skagway. Because of that, there has been interest in more opportunities for cruise ships to berth. That has put more pressure on that particular area and on the existing infrastructure. So, as of last week, we were in a position where the municipality had a vote. It was really about if they were going to go forward with some very — I guess we could call it — “emergency” infrastructure work that they wanted to do. There was a vote where that occurred, and now what we see is that the current configuration will stay as-is until the fall of 2023.

Why is this important? Well, it's important because — and I appreciate that question — it's the access to tidewater for all of the critical minerals that are here in the Yukon. There are other options, but they are more expensive. They are more expensive for the supply chain. There is access and some capacity available in Stewart, BC, and there have been some upgrades to that port, but, overall, we are in a position where I think it is not only of significance to the Yukon, but also of national significance to this country that we have access to tidewater in Skagway.

As I have noted, there is a long history of the partnership between the community of Skagway and the Yukon, but there are also historical liabilities that exist there and impacts that have not been reconciled. Yukoners are aware that there is a very substantial remediation program going on in Faro. It's one of the biggest in the country. Over a billion dollars is being spent in the area to remediate the mine site and to ensure that the contamination is contained and cleaned up, which is really a process that will go on for a very long time.

But there also has been a conversation in Skagway about the contamination that they believe is in the harbour, and that contamination also connects back to the Faro mine. So, there has been a dialogue in Skagway between White Pass — White Pass, of course, a well-known corporate name in the Yukon and in Skagway and the southeast. But they, as I understand it, have also been in dialogue with the municipality on some of that contamination and the liability around that contamination, and how that gets cleaned up.

So, you have a community that has a long history around mining. Of course, when we go back 125 years ago or longer, we are all aware that, as people came to the Yukon to seek opportunities in mining, they, in many cases, started their journey here in this part of North America through the community of Skagway and then into the Yukon. So, there is that long, shared history. One of the technical team members from Skagway last night, in introductions, shared with me that her grandmother had grown up in the Yukon, but her dad was the road master in the Carcross area and then was moved to Skagway, and so her grandmother ended up being brought up in Skagway and then the family has been there. There is a long, multigenerational connection and then, of course, there is a long, long history between our First Nations in that whole area of the Southern Lakes and the Tlingit nation. The history is there, but what we have to remember is that the economy in Skagway is changing, and there is a very significant focus on tourism.

**Chair:** One minute.

**Hon. Mr. Pillai:** As well, there is still a large opportunity with mining.

I will take my seat, and if the member opposite could give me a little more flexibility, I can get into some of the numbers and share a little bit more, based on that fairly broad question.

**Ms. Van Bibber:** Thank you, Madam Chair, and I am glad that I got the question on the record. I will now turn it over to the Third Party so that she can get a few questions in before 3:15 p.m.

**Ms. White:** I thank my colleague from Porter Creek North. I am happy to be here today to speak on the Economic Development supplementary budget.

I am not going to ask about the deep-water port in Skagway. I'm moving on.

I would like to have a bit of a conversation about the nominee program. How many nominees can Yukon get at a time? When will we hit the limit of nominees we could have this year? And when does the department let businesses know when they come to make the application for nominees? Are they informed that the program is fully utilized for this year? Are they given timelines for when they should come back? I just want to know about the nominee program.

**Hon. Mr. Pillai:** We are ready to talk about the nominee program. The Government of Yukon provides economic immigration programs to help businesses across the territory meet their labour needs. The Department of Economic Development administers two immigration programs in partnership with Immigration, Refugees and Citizenship Canada — the IRCC — the Yukon business nominee program and the Yukon nominee program.

In 2020, the department launched a new stream, the Yukon community program. It is specifically designed to support employers and nominees in rural communities. Our government uses these immigration programs to help businesses across the territory meet their labour needs.

Getting right to the heart of that question, the Yukon nominee program allocation for 2022, as set by IRCC, is 300 people. That's 270 for a base, and then 30 more enhanced. It's an annual allocation from IRCC. It's important to note that.

In 2021, the Yukon nominee program utilized its entire allocation of 300 spaces for the first time since the inception of the program, which started in 2007. For the third consecutive year, we utilized the entire base allocation of 220 nominees — again, showing our demand for folks.

I will share a few more data points. Between January 1 and November 3, 2022, we have had 358 new candidates approved: 269 critical-impact workers, 64 skilled workers, and 25 express entry workers. This represents a 100-percent increase, compared to 2019.

For the member opposite, when you do some quick math, you will say that is more than 300. That is because our allocations come on an annual basis, but sometimes the permitting processes at the federal level, because they are delayed — I think that there has been a dialogue back and forth between myself and the Leader of the Third Party on this —

some of our folks, when they actually arrive, could have been part of our previous allocations.

Again, IRCC has provided the Yukon, as stated, with 50 additional base nomination spaces in 2022, representing a 20-percent, year-over-year, increase from 220 in 2021 to 270 in 2022.

I am going to touch a little bit on application processing times. The typical processing time by the Government of Yukon from receipt of a complete application is eight to nine weeks. Processing times vary with the volume of applications received and the complexity of the application. Following the Yukon nominee program approval, a nominee may need to apply to the IRCC for a work permit.

As of November 3, 2022, overseas nominees are subject to the processing times of the local visa office, which varies greatly by location. Pressing capacity or priorities go from as little as two weeks to 40 weeks. Work permit applications from inside Canada are about 170 days. Permanent residence applications, reviewed by IRCC for provincial and territorial nominees, is 23 months.

I appreciate this line of questions, because now I can share a bit more concerning this. What I would like to share is that we have a lot of folks and business owners who have applied and gone through our process. We have a very fast time. I think it is on average at about 60 days. So, we can go through the process and get the application in place. I think that the challenge becomes that I have business owners who are reaching out to me directly and saying that they need their nominee. Our challenge is that there is a bottleneck happening at the federal level. That is happening in many areas of IRCC that we are aware of. That has really been holding us. I will look for the number, but I believe that it was just under 190 people who, at one point, we were waiting to get the federal green light for those folks.

Those are individuals who have a job waiting in the Yukon. As you can imagine, after stating today that we have over 1,700 jobs available, we want those folks. In many cases, they have made arrangements with family members or with the employer, so they are coming in and have a place to live, and they can start contributing to our community at that time.

Again, it has been a real challenge trying to push — so, this is happening across the country. The Yukon, I think, did a strong intervention when we were at Immigration ministers this summer, and we really pushed to ensure that we know what our allocations will be early in 2023, in the first quarter.

We received a letter, I think, about a week or two ago — I don't have the exact date, but let's say within the last couple of weeks. It was from the federal government, and it was identifying — they do a recalculation. So, that's part of the conversation we have. There is a recalculation, and then they will allot more spots. So, that's why we continue to move through our intakes, because we're waiting to see if another province or territory hasn't used allocations, and then our hope is that it comes to us.

I will state to the House that we were displeased with the allocation that we were — the additional numbers that we were about to get. Since then, I have signed off on a very direct



communication back to the federal government and back to the minister in charge and responsible, stating that we believe, based on what's happening within the economy and what's happening within the labour force, that we need additional spots allocated to the Yukon for this year, as well as ensuring that they see the trending growth and that we're going to need more spots for last year. I'll stop —

**Chair:** One minute.

**Hon. Mr. Pillai:** — with that, and we have some very detailed information on sector-by-sector, as well as from which country that could be discussed later. I want to open it up to make sure I get to all of your questions.

**Ms. White:** I do thank the minister for that. So, understanding that it's a complicated situation — so, I don't actually want to break into the numbers right now, understanding that the House adjourns on Thursday afternoon, and the likelihood of me getting seven and a half more minutes between now and then is very slim. So, I'm going to get it all out right now.

So, I appreciate the conversation about the nominee program. I want to shift over to the paid sick leave right now. The reason why I want to shift over that way is — the COVID sick leave program that the government put in place was leading in the country. It was fantastic; it did really important things. The minister has told us that it was so utilized — I think it was \$3.5 million — and that's all fantastic.

The one concern that I have right now is that — so, with the nature of the directions from changing the course — so, for example, the COVID testing centre is shutting down, and the nature of how Yukon reacts to COVID is different, but one thing that the CMOH said, when he appeared here as a witness, he talked about the other respiratory diseases that were becoming a lot more visible — so, whether it was RSV, or the flu, but he was really encouraging people to stay home when they had symptoms of illness.

So, one of the questions that we asked in Question Period, which is much easier to ask now is: Is the department looking at expanding its current program to cover illness — just as a blanket, as opposed to COVID-19 symptoms? I am looking to see if the minister is having conversations with his colleagues about expanding that program to cover illness.

**Hon. Mr. Pillai:** Yes, there was a fairly robust conversation concerning this topic yesterday with the media after Question Period. The information that I have shared had really — first and foremost was about what we have learned from the program that we are delivering right now, and what is the state of the program. So, we have provided about \$3,450,000 approximately since the inception of the program back in 2020. It has been strong. We have learned some items, and I think that, in my collaboration with the Leader of the Third Party, going back and forth when — in the early years of the program, I had stated that some employers were hesitant to sign on, and so we tried to urge and educate them, so that their employees had the opportunity to use that program and to ensure that they had that benefit and could take the time they needed — or, while they took the time they were required to take, that there was a bit of a safety net there.

Moving forward, there was the commitment between the confidence and supply bill between the Liberal caucus and the NDP caucus, and a lot of this falls under Community Services. So, I want to be very respectful, but I can speak to a number of pieces to this, and I have sat with my colleague and discussed it.

One of the panel's outputs was that there should be up to 10 days of paid sick leave and that should be applied broadly for individuals who may be suffering from many different types of sickness, not just respiratory or RSV or COVID-19, but really expanding it.

That's the first thing — taking into consideration the time frame.

Secondly, it's that the program would be implemented in the future but not adversely affect the business. That has to be contemplated.

The third thing is: What is the scope of the program? There are a lot of moving pieces right now because you have the federal government, which is now rolling out, I believe, up to 10 days. I don't want to misspeak, but I believe it is about 10 days in their program. To review quickly, that program is going to support self-governing First Nations; it's going to support, basically, areas of the economy where the federal government has jurisdiction or has a regulatory role that, really, they are responsible for. We also have to take into consideration the scope of our existing program and not to duplicate services.

The next thing is that, once you understand who is caught within that federal program — and people who are already through their own benefits at work — we also have to come and identify exactly who the other individuals are who are left out of this. One of our challenges is that we have a significant knowledge-based economy in the Yukon, and so when someone is in the gig economy, what does that mean? Are they in the gig economy? How many hours do they work in the gig economy? All of that definition has to be very clear so that we have integrity in the process of allocating this benefit and also understanding the policy framework in building out the scope of the program.

That is work that is being done in Community Services now. It's underway. There is also an obligation for consultation with the private sector concerning what the 2.0 version of this program would be.

To confirm, yes, up to 10 days for the federally regulated private sector employees — and that is going live now, basically, very quickly.

That is what we are looking at, but I also want to be respectful of that question, which is: What about now?

We have about four months left in the existing program. Our sense is that the employer provides the application — and back for the funding — on behalf of the employee. I would say that we have been very flexible in that.

It's important to note that, when the chief medical officer of health made that statement, I had some discussions with some of the senior folks around health. The key to this, too, is — you are right. The statement was that, if you feel like you have these symptoms, it's important to stay home, whether it's COVID-19 or not — and then, of course, there are some other

respiratory illnesses that have been quite prevalent across the country.

I also think it's true to say, as well, that this is not a change in how folks approach trying to keep their colleagues healthy when people have significant symptoms, whether it's from flu or other things. They make that decision. So, we don't see it as a big change. I'm cognizant of the fact that we still have folks in our community who don't have the benefit compared to others. Under labour standards, I believe — up to one day, it's a ratio of time worked. That doesn't mean that you are compensated for that, but you can take that time.

So, as we go to the end of March, we are not looking at an expansion of the program. I want to put that on the record — we are not looking at an expansion — but we are looking, because it's going to be very broad and there are still a number of things that have to be done — if you're just going to say that it's for sick leave and it's going to be for everybody. Based on the trending and what we spent on the existing program, it started as apples and oranges because it was dealing with COVID and some mandatory time off, and we're trying to understand — the applications right now, to be open, are trickling in. We're not seeing an uptake.

**Chair:** One minute.

**Hon. Mr. Pillai:** But, at this time, we need to stand ground on that.

I would also say, coming out of the workplace panel, that there were some great observations and some great advice. What didn't exist was a way to pay for this. So, that's part of being in this level of responsibility — you have to be prudent when you build policy that you can figure out how you're going to fund it. So, that's the other piece — trying to understand, once we see the complete scope of the program, then we can do some modelling and trending and see what this may cost the funders.

**Ms. White:** Although I appreciate the answer from the minister, I'm speaking very specifically about the government's paid sick leave rebate for employers and self-employed. In it, it talks about all those who are eligible, so it clearly says that folks who are eligible for sick days under other places — this isn't for them, this is for people who aren't covered.

It talks about applicants who are eligible. It is not available to the Government of Yukon and its corporations, the Government of Canada and its corporations, Yukon First Nation governments, municipalities, or commission-based employees. So, it's very clear about that. Then it says what it does cover.

The one question, really, is — it says that the employee must declare to the employer that they have received a positive COVID-19 test result. Maybe "expansion of the program" would be the wrong wording, but illness — when someone has illness that can be transmitted to others is what I am looking for.

As the minister mentioned, this program has been extended to the end of March, which is still four months away. Is there a discussion internally about extending this paid sick leave, which was supposed to be for highly transmissible disease, like

COVID, RSV, or the flu, one could suggest? Have there been discussions about extending this for people who qualify currently for the COVID-19 sick leave rebate?

**Hon. Mr. Pillai:** This program, as stated by the member opposite, is exactly that. It is built for individuals, taking into consideration infection from COVID-19. The program has been modelled and funded with that in mind — right from the direction from Management Board through to the conception of the program and how we are delivering it.

At this time — what I was trying to share and illustrate is that we are not looking at expanding this between now and March as it's funded. We funded it based on COVID-19. I appreciate that there is RSV, for instance. Maybe because I am not as close to it, but 90 days ago, we weren't even bringing up RSV in the Legislative Assembly.

I am also stating the fact that there are a lot of other illnesses that can cause people to miss work or to stay home. I appreciate the fact that there are other respiratory illnesses that are quite prevalent in our country, but I am stating the fact that this was built and funded for COVID-19.

Also, I want to be sensitive to the fact that we have learned lots from the delivery of this program, and the work is underway to look at a new program in the future that can support individuals with a broad range of potential illnesses like RSV or others.

Within that work, the federal government has just launched a new program, and some of our focus is, as well, to figure out what employees they're covering.

So, I think that the Leader of the Third Party is wondering, are we going to go in now, in the last three or four months of this program, and change it and then broaden it out for a list of other illnesses, based on how we funded it? But no, that is not what we are looking at doing at this point, but we are trying to ensure that there is a long-term view on a program such as this, and that's the work we're doing.

So, I guess, bluntly speaking, in the next 120 days, or even 90 days, or 60 days, are we going to pivot and broaden this program for anything that's respiratory or any of the other existing illnesses, and then apply that to our scope of employees who we're looking at providing this benefit to? We are not. But we are doing substantial work, which is quite complex, which takes into consideration at least one, if not more than one, pieces of legislation that exist and amendments that may have to be done in order to have a longer term program similar to, hopefully, what you've seen in British Columbia, which came into place on January 1, which is five days. There's a bit of a model and hybrid, I believe, in Québec, and then it's also important to state for the Assembly that Saskatchewan, Ontario, and Nova Scotia have all tabled a bill to put a benefit such as this in place in 2022, and they were all voted down in their assemblies.

So, there is a definite mix across the country. We've been working with the Third Party around the panel. I think we had a good representation from both the private sector and the public sector in those discussions, and we see that we have some work to do before we can have a program built, funded, and to go live, but at this particular time, we are going to

continue to keep things as they are within our scope of this particular program.

Madam Chair, seeing the time, I move that you report progress.

**Chair:** It has been moved by the Member for Porter Creek South that the Chair report progress.

*Motion agreed to*

**Chair:** Pursuant to Committee of the Whole Motion No. 11 adopted earlier today, Committee of the Whole will receive witnesses from Yukon Hospital Corporation. In order to allow the witnesses to take their places in the Chamber, the Committee will now recess and reconvene at 3:30 p.m.

*Recess*

**Deputy Chair (Ms. Tredger):** Committee of the Whole will now come to order.

### Appearance of witnesses

**Deputy Chair:** Pursuant to Committee of the Whole Motion No. 11, adopted on this day, Committee of the Whole will now receive witnesses from the Yukon Hospital Corporation.

I would ask all members to remember to refer their remarks through the Chair when addressing the witnesses, and I would also ask the witnesses to refer their answers through the Chair when they are responding to members of the Committee.

I believe the Member for Riverdale South will introduce the witnesses.

*Witnesses introduced*

**Hon. Ms. McPhee:** The witnesses appearing before Committee of the Whole today — and it's my pleasure to introduce — are Al Lucier, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation. I am very pleased to have them join us today in the Legislative Assembly and very pleased to have them answer questions from Members of the opposition, and maybe even government questions. I certainly welcome them here today and thank them for their attendance.

**Deputy Chair:** Would the witnesses like to make brief opening remarks?

**Mr. Lucier:** I would like to thank Minister McPhee and everyone here for the opportunity to speak to you today about the Yukon Hospital Corporation and the services we provide. As was indicated, my name is Allan Lucier, and I am the chair of the Yukon Hospital Corporation Board of Trustees. I am joined here with Jason Bilsky, who was previously introduced. He is the chief executive officer of the hospital.

I represent our board of trustees, which is comprised of representatives from across the territory. We support and oversee the hospital's skilled and diverse team of nearly 700 employees, a medical team of approximately 100 physicians, and dozens of volunteers. All of our staff and physicians are proud of the work that we do. Every one of us who works in the

hospitals does our best to ensure that all Yukoners can safely access the quality care that they need when they need it. We also acknowledge the ongoing support and collaboration of many different partners in the health system and the broader community. Yukon government, Yukon First Nations, and other community agencies are critical in our ability to provide hospital care to Yukoners.

There are real challenges in our health care system and our hospitals. We continue to feel the impact of COVID-19. Throughout these unprecedented times, our hospital services have remained accessible. We thank all Yukoners for their patience and support, and acknowledge our entire team's dedication and commitment to delivering safe and excellent patient care. The past year has seen our hospitals quickly move toward, and in some cases, exceed, pre-pandemic levels. We anticipate this continued increase will continue as the territory's population and health needs grow.

Across Canada, health human resource constraints are felt by every hospital and health care provider. Yukon is not immune. Staffing remote hospitals in this environment is increasingly complex. We are fortunate that, today, we have avoided widespread interruptions of services, as seen in many other parts of the country. That said, we are not, and cannot be, complacent. Maintaining continuity of services and the recruitment and retention of health care professionals is our top priority. This effort requires short-term strategies, long-term planning, and collaboration with partners. For example, we have started laying the groundwork for the future by facilitating nurse mentorships, supporting entry to practice for new registered nurses, and creating pathways for employment in our hospitals for Yukon First Nations.

Despite the challenges of 2022, there are several highlights that I would like to share. We have expanded knee and hip replacement surgery in the territory, launched several initiatives to ensure that Yukon hospitals are building a skilled and representative workforce, started working with a new radiology service provider, developed and enhanced maternity care, and finally, we have advanced planning for a new mental health unit at the Whitehorse General Hospital, which will support more positive outcomes for patients and their families. We are doing this through new spaces and enhancing services and program delivery. Significant focus of this project to date has been working with Yukon First Nation partners to ensure that indigenous ways of knowing and doing are being integrated into all parts.

We look forward to the future. In the coming weeks, we will be excited to roll out our new strategic plan for 2022-27. The plan provides strategic direction in four key commitments — first and foremost, recognizing truth and reconciliation, decolonization, and indigenization as a central commitment. Our commitment to people and our teams is another central focus, and finally, the plan lays out our commitment to people we care for and our communities.

At its heart, health care and our organization are grounded in the understanding that everyone has the right to the best possible care, in a respectful way, free of discrimination, and culturally safe.

To close, I want to thank our dedicated staff, physicians, volunteers, and everyone who supports our hospitals and the territory's health system. These are the people who support health and well-being and make it very fortunate for Yukoners.

With that, Madam Chair, I would like to thank you and we welcome questions.

**Mr. Cathers:** I would like to, first of all, begin by thanking Mr. Lucier and Mr. Bilsky for appearing here today. As well, thank you for the work that you do on behalf of Yukoners, and please pass on our thanks to the hospital's board of trustees, to the management team, employees, medical staff, and volunteers for the work that all of you do to provide high-quality health care services to Yukoners. The Yukon's health care system depends on the Yukon Hospital Corporation and, as you know, the work you do is vitally important to the Yukon. Meeting the health care needs of our territory is a challenge at the best of times, and the events in the last 32-plus months have placed substantial, additional strain on our health care system and on our medical professionals.

The chair made reference to the impact of health human resource constraints and the ability to avoid widespread service interruptions that have been a problem in other areas. However, as he knows, of course, this summer, Whitehorse General Hospital was unfortunately in the situation of having to cancel a number of scheduled surgeries. As reported by the *Yukon News* on August 18 — and I quote: "... staffing shortages due to illness and recruitment are being experienced in the surgical services area, which is affecting minor procedures, surgery and instrument and device sterilization at the Whitehorse hospital."

So, I have three questions for the witnesses about that. The first is: How many surgeries were cancelled or delayed due to that problem? The second is: How many of those surgeries have now been completed? The third question is: What is the ongoing impact to surgical wait times from that interruption in service this summer?

**Mr. Bilsky:** Thanks for the question. First off, I would like to say that YHC takes patient safety and provision of high-quality care very seriously. In particular, cancelling surgeries is an issue that we consider very carefully with each and every case, and it's always made in the best interest of safety for the patient as well as the interest of safety for all patients. Yes, deferrals can be caused due to things, such as staffing shortages, unexpected patient illness, or equipment availability. I don't know the exact number of cases that were deferred this summer because of that issue, but what I can tell you is that all of those deferrals were rescheduled almost immediately, and there are no long-lasting effects or backlog from that particular period of deferrals. I believe that period of deferrals was approximately one week.

**Mr. Cathers:** I thank the witness for that answer.

Following the Yukon Medical Association meeting earlier this month, CBC reported — and I quote: "Those wait times were brought up at the YMA meeting during time allotted for questions with..." — and then it gave the name of the Minister of Health and Social Services. Then, it went on to quote one surgeon who said, "We're currently struggling to keep up with

giving Yukoners the surgical services that they need..." That was a quote from Dr. Alexander Poole.

I would just note, as an aside for Hansard, that I will provide links to the articles I am referencing.

Can the witnesses please tell us how wait times for surgery compare to last year, and are surgical wait times, overall, growing, or growing for certain procedures?

**Mr. Bilsky:** To answer the direct question, surgical wait times vary per procedure — whether that happens to be elective or orthopaedic. I can tell you that we have had a significant effort in the orthopaedics area for joint replacements. We spent a significant amount of time planning to bring a resident orthopaedic program into the territory, and this has gone a significant way to reduce the time for total knee replacements as well as total hip replacements. They are almost down to the target that we expect, which is less than approximately one year from time of referral to time of surgery, so we are very close to that.

We have also had the ability to repatriate many emergency procedures, keeping those in the territory rather than people having to fly out of the territory for emergency procedures. I believe, since the time of inception over the past four years, we have performed over 700 procedures for orthopaedics.

On the general surgery side — on the elective surgery side — there is essentially no wait time that is tracked. I would say that, essentially, from the time of assessment to the time of booking a procedure, there is a very minimal wait time for other elective general surgeries.

I can't remember the last part of the member's question.

**Mr. Cathers:** I do appreciate that answer and would seek some clarification. I am pleased to hear, first of all, that there is a reduction in the wait times for hip and knee procedures, but just to confirm that, for a number of other surgeries — do I understand correctly that it is not tracked for other elective procedures — what the wait time would be, or are the witnesses able to provide some information about wait times for certain procedures, or is that something for which they don't have the information available?

**Mr. Bilsky:** Due to the fact that there are such a vast variety of different procedures through surgical services, I can't cite wait times for each and every type. What I can tell you is that, for general surgery, there is nominal, if any, wait time. Other speciality procedures such as ENT, that would depend on the visiting specialists and when they are available, but I believe that it is always the next available visit that those procedures are being performed.

**Mr. Cathers:** Thank you to the witness for that answer.

Last fall, the witnesses indicated that the urgent wait-time standards for MRI were being met, but indicated that semi-urgent MRI wait times were about 54 days instead of 30 days or less, which was indicated to be the target, and the wait times for non-urgent MRI were around 18 months, which was a year longer than they indicated that they would like those timelines to be. They also told us that they have a plan to improve MRI wait times.

So, could they please tell us the current wait times for urgent, semi-urgent, and non-urgent MRI services and, as well,

indicate whether they have been able to successfully implement the plan that they talked about last year for reducing MRI wait times?

**Mr. Bilsky:** Thank you for the question. First, I would like to say that having the MRI in Yukon, I believe, has been a significant success since its inception, and it is important to say that having a local MRI program has improved the standard of care and avoids a significant amount of medical travel for Yukoners.

To answer the direct question about the wait times, priority wait times — a target of seven days is now down to less than two days. Semi-urgent, priority 2, is a 30-day target and it is at 30 days. Priority 3, which is non-urgent — we have a target of 90 days and we are very close to that at 105 days. This was accomplished through — I would like to thank, actually, the medical imaging team for bringing in and allowing a program of a significant amount of resources to run extended hours to allow for more Yukoners to be seen here in the territory through the MRI program. It has brought the wait times down significantly over the last, I would say, eight months — to be able to be very close to within the target that we expect.

**Mr. Cathers:** I appreciate the answer. Congratulations on the success of reducing those MRI wait times.

In 2020, when witnesses appeared, we heard that the wait time to see a cardiologist was about five months, with 74 people on the list at the time. Last year, witnesses indicated that the current wait time for a cardiologist had increased to six months. Can they please tell us what the current wait time is and how many people are currently on the list?

**Mr. Bilsky:** The current wait time for the visiting cardiologist that we see here — and I will have to explain a little bit about how specialists are accessed in the territory. But to answer the direct question, it is just over five months to see a cardiologist. I believe that the total list is about 298 patients in total, so it really depends on how often the specialist is in the territory and visited. Having said that, YHC itself is part of a broader health system that supports access to specialty care overall. Specialty services are provided to Yukoners through a number of different means. Parts of it are resident specialists, such as an orthopaedic surgeon or an OB/GYN, and parts of it are visiting specialists, which I am referring to here, or virtual access or potentially medical travel — medevac. Coordination between all of these four methods is important so that access is provided on a timely basis. So, while I cite those wait times, it may not be necessarily that length of wait time for any particular person because any particular person is triaged according to their urgency and may access a specialist in all forms through any of those four mediums that I spoke about.

**Mr. Cathers:** I appreciate the answer. I would just ask, in that area, since the number of people on the list has grown — although it does sound like the wait time is down a little bit from last year — do the witnesses have any — I guess the question that I am asking is: What can be done in this area to reduce these wait times? What additional resources might be necessary or appropriate to help reduce wait times to see a cardiologist?

**Mr. Bilsky:** As I have already mentioned, access to specialty care is basically through those four pieces. Right now, in the territory, it's overseen by a tripartite committee of members, which includes us, the Yukon Hospital Corporation, the Yukon government through Health and Social Services, as well as YMA and physician leadership. Its purpose is to assess programs, identify parties, and recommend actions for assessing issues relating to specialty care — so any issues or concerns that are raised. So, in general, I think that the committee has responsibly continued to identify those parties and worked to increase the volume of visits and the efficiencies within access to specialists and continues to work on virtual or remote access, where possible. As I said, urgent cases are triaged to be able to access, but it is a multi-faceted solution that allows people to continue to increase their access on a timely basis.

**Mr. Cathers:** I appreciate the answer. The shortage of family physicians forces many Yukoners without a family doctor to rely on the emergency room when they need care that would otherwise be provided by a doctor. Last year in November when the witnesses appeared, there were over 2,000 Yukoners on the government's wait-list for a doctor. As of a few weeks ago, that wait-list had grown to over 3,300 people, according to the government's official numbers.

When we discussed this last November, we heard from witnesses — and I will quote from Hansard on page 899: "... roughly between five and 10 percent of emergency department visits could be supported in another care model." So, my question, Deputy Chair, is: Could the witnesses please tell us what the current situation is, and, of visits to the emergency room, how many of those visits, or what percentage of those visits, could be avoided if the patient had a family physician?

**Mr. Lucier:** I think it's important that the Hospital Corporation takes the view that, if the hospital is the best place or the only place to get care, then that's our purpose, and that's the reason that the emergency department is there, and that we want it to continue to be that.

So, the issue around availability of doctors and what have you, while it may have an impact in some respect on our emergency department, we want to be sure that if people need care — and they deserve care — the hospital is a place where they can get care. Mr. Bilsky will be able to provide maybe more up-to-date numbers on that, but I just want to make that statement.

If I may, I just also want to mention that Mr. Ron Veale is in the gallery. Mr. Veale is a member of the board of trustees as well, and present here today.

**Mr. Bilsky:** Just to reiterate that, I would like to say that any person who is feeling unwell and wishes to be seen for medical care is able to seek care in our EDs 24/7, 365 days a year, and that's an important note to make. If you need care, you should seek care.

Our ED volumes over the past five years have been, I would say, steadily growing, with the exception of a period of time through the pandemic where, I think, people avoided seeking care, and so we had seen a dip. But we have seen an

increasing number of people visiting our EDs — a function, I think, of a growing population, aging demographics, and potentially a function of not having access to other forms of care.

Having said that, I would also like to say that the average total length of stay in the emergency department is exceptionally low compared to those in Canada. On average, the emergency department sees about 1,000 visits per month that register without a family care provider, but this doesn't necessarily mean that they shouldn't be seeking care in the emergency department. It really depends on what they are presenting for. And, yes, I do agree that the ED visits that could appropriately be seen elsewhere is somewhere between five and 10 percent on average. It fluctuates, but its approximately that amount.

**Mr. Cathers:** I do appreciate that information from both witnesses and, of course, we do agree — and I wouldn't want it to be misunderstood — of course, people who need care should be able to access the emergency room. The crux of the question, as the witnesses, I'm sure, appreciate is that we're just trying to understand, if there were an increase to the number of family physicians, what the potential impact would be in reducing emergency department visits. So I do appreciate that information.

I want to move on to the issue of the funding for the Hospital Corporation. The adequacy of funding for the Yukon Hospital Corporation has been an ongoing challenge and subject of debate in recent years. As witnesses will recall, I've been raising this concern for years and asking questions about it.

Last November when I raised concerns about the adequacy of funding from government, one of the witnesses said this — and I quote: "I think it is something that we will have to continue to work on with government to address. What I can confirm is that the annual budget for fiscal year 2021-22 is \$98.2 million prior to factoring in COVID-19 impacts. This includes a three-percent increase in core funding, plus incremental funding for other increases in services and projects underway." So, my question is: Can the witnesses please tell us what the annual operational budget for the current fiscal year is, prior to factoring in COVID-19 impacts? And has there been an increase this year in core funding, and if so, what would that be, both in percentage terms and dollar terms?

**Mr. Bilsky:** YG's annual O&M budget for the fiscal 2022-23 is \$103.5 million. It is expected that is a core increase of approximately 3.3 percent, as well as additional funding for other — I will call them "one-time expenses" — and that does not include any additional funding for pandemic-related impacts.

**Mr. Cathers:** Thank you, I appreciate that information — so, \$103.5 million. Is there additional funding that is included anywhere for pandemic-related impacts? That has been something throughout the last couple of fiscal years that was available. What would be the amount of pandemic-specific funding that the Hospital Corporation is receiving?

**Mr. Bilsky:** That is something that we are working with government on. We don't know what has been committed yet

for pandemic funding. In the last two years, though, I can say that it has been fairly significant — in the range of probably almost \$6 million of additional funding in each of the last two years, I believe, for pandemic-related funding, but I can't comment on yet this year, because we haven't reached the conclusion of our commitment.

**Mr. Cathers:** I appreciate that information. So, just to follow up on that, if there has typically been about \$6 million in funding for the hospital related to COVID expenses, and the Hospital Corporation doesn't have clarification on the amount for this year yet, how are the expenses looking for the current fiscal year in that area? What dollar amounts would we be looking at in that area, related to ongoing expenses related to the pandemic?

**Mr. Bilsky:** I don't have those figures with me today — pandemic-related expenses. I can say that it is less than the last few years, because obviously, as we move through different phases of the pandemic, we have ramped down certain of the elements, protocols, and processes. There are some pandemic-related expenses, but I can't comment on what that is here.

**Mr. Cathers:** I appreciate the answer. Is the witness able to provide any estimate of this? If the additional costs were roughly in the neighbourhood of \$6 million, and correct me if I am misunderstanding, that was the amount in funding that he made reference to. If the additional expenses were in the neighbourhood of \$6 million, would they have dropped by a large amount from previous years, or a minor amount?

**Mr. Bilsky:** At this point in time, I wouldn't hazard to try to guess what that is. I don't think that would be appropriate here. I don't have that information. I can tell you that it is less than previous years, but to what extent, I wouldn't want to estimate that here.

**Mr. Cathers:** I would appreciate, if possible, being provided that information later. I would certainly appreciate receiving more information about that.

I would like to just ask about cost pressures, generally speaking. We know that, in the past, some of the major cost pressures have related to areas, such as employee costs, changing medical standards, keeping pace with new technology and practices, volume increases, equipment replacement, new capital expenses, and so on. Could the witnesses please talk about what the notable cost drivers are that they are currently seeing or anticipating?

**Mr. Lucier:** The most significant pressure — whether this is related to COVID or related to the general condition of health services in Canada — one that has been the topic of many a news broadcast, and part of my opening remarks, is HR. The largest driver for us currently is filling vacancies primarily in the nursing profession.

When we have exhausted the opportunity to be flexible in HR deployment in calling for casuals to fill shifts, to seek other individuals to take on additional shifts, the only way to continue to maintain service is to go to agency services that provide nursing. We currently have four or five contracts with agencies that provide these services, but they come at an increased cost. In many cases, it is twice the price or more of a collective agreement employee. That doesn't mean that the individual is

getting paid that, but it's a finder fee for the agencies to provide those services. So, when we are forced to seek those additional resources, there is a cost, and that cost is the greatest pressure currently — about 66 or so percent of our current pressure that exists within our fiscal environment currently.

What do we do about that? Well, as I mentioned, we have short-term strategies where we call upon people and we try to fill those, and we strategically be flexible with human resources, but the long-term answer is to become full of full-time employees, so that requires ingenuity. That requires us to be a good employer. It requires us to be a competitive employer, and it requires us to be an innovative employer to provide opportunities, and to create opportunities, like the one we are embarking on to do mentorship with RNs, or through the university, to increase the number of RNs who are available for our hire, should they choose to work for the corporation. That is the number one pressure.

We are seeing other pressures that are like every household in the country, which are inflationary. When we budgeted last year, we didn't budget for the cost of fuel. We didn't budget for the cost of other consumables within the service that we provide that have seen increases, such as food and medical supplies. There has been an increase in certain imaging, simply because we are getting better at it, and getting better sometimes costs more. There are a number of those pressures.

We are seeing greater revenues than we saw during the pandemic. You may ask: How does the corporation generate revenues? Out-of-province or out-of-territory individuals who end up needing our health care are charged at a fee for service. We bring those revenues in.

So, when we have more tourists in the territory, more people passing through to Alaska, et cetera, then we have a greater opportunity to offset some of the pressure with revenues.

So, those are general comments. I will turn it to Jason to see if he has more specifics that he can add to that.

**Mr. Bilsky:** I think that our chair of our board of trustees has commented well on the health human resource challenges and the associated costs with that — commented well on inflationary pressures that everybody is seeing, obviously including our hospital system.

The last one that I will probably comment on is increases due to volume and complexity of service — volume primarily predicated on things such as a growing population and an aging population, and complexity of service and standards of care that continuously increase. We spoke earlier about meeting wait times of MRI, as an example. To be able to do that, it means that the throughput of the number of procedures that we are doing has increased substantially year over year. Every image and every procedure has a cost attached to it, so that is the volume pressure that we are seeing overall. So, it is coming at us in the current year — just like every business and every household, it is coming at us in various ways.

**Mr. Cathers:** I appreciate the answer and the information. Moving, again, to the fiscal picture, which, of course, government revenue is the largest part of that, and looking at the hospital's report — the patient revenue piece,

which the chair made reference to, appears to — at least last year — comprise about four percent of the revenue picture. Mr. Bilsky, I believe, made reference to \$103.5 million in the core funding for this year as the amount. Looking at the hospital's year in review for the last fiscal year, I note that, on page 12, it states the operating revenues for the year of \$109,798,000; operating expenses, excluding the pension adjustment, coming in just slightly under that, at \$109,678,000, for a total surplus of revenues over expenses, before the pension adjustment, of just \$120,000, which, of course, is a fairly slim margin for an entity the size of the Hospital Corporation.

So, my question on that, in looking at the numbers that we see from last year, and the numbers that Mr. Bilsky indicated earlier, and then at the financial commitment in the budget from the spring, on the line item Yukon Hospital Services, the total estimate — according to the budget summary we were given by Health and Social Services, which also does tracks with what's in the budget itself — indicated \$88.295 million in O&M. My question for the witnesses is this: Is the portion of the budget they are relying on government for fully committed and fully funded at this point in time, or are they hoping to receive additional funding before the end of the fiscal year?

**Mr. Bilsky:** Thanks for the question. I would say that the vast majority — 99 percent — is fully committed. There are some pieces yet that we are still working through, and they are incremental pieces that we are collaborating on to make sure that we are satisfying a certain piece.

An example would be if we have decided to increase a certain number of procedures for the year, that's incremental funding. That's not included yet in the core, and that is something that has to be determined between us and government.

**Mr. Cathers:** I appreciate the information.

Moving back to inflation that the chair made reference to. Inflation, of course, is impacting people across Canada, and those rising costs, as noted, are also causing financial challenges for the hospitals. Statistics Canada reports that, in both September and October, the consumer price index rose 6.9 percent year over year. When the Yukon Hospital Corporation budget for the current fiscal year was submitted to government, they would not have been anticipating an inflation spike of this magnitude. Despite that, we see no new funding for the hospital in the supplementary budget. My question is this: Has the government committed to providing additional funding to Yukon hospitals to compensate for the negative impact of inflation?

**Mr. Bilsky:** As with any year, unforeseen pressures can impact our hospital system, and I think that we would agree that this is an extraordinary year, when it comes to inflation. So, where we started the year, and what we have agreed to with government, is yet something that we will have to continue working with government about as we go through the year, and as these pressures continue to evolve, and look for additional support to try to maintain the services that are necessary for Yukoners.

**Mr. Cathers:** I appreciate that information. It is a concern, of course, and just looking at the rough impact, using

the Statistics Canada number for inflation — which I recognize is a national number and would not apply to the hospital here or within the territory — but the rough impact from the 6.9 percent rate of inflation would be that it's effectively the same — the inflationary impact on the hospital's budget is effectively the same as if they lost over \$7 million of funding, because the real value of those dollars has declined. That, coupled with the fact that, as the witnesses noted earlier, in the last couple of years, they have received roughly \$6 million annually in funding related to COVID, appears to be the potential of an effective reduction of roughly \$13 million in what the corporation has in terms of its resources, just recognizing, of course, that this is a calculation based on what that inflation translates into in real dollar terms.

So, as I'm sure that this is a concern for the witnesses — I guess they are not going to be able to provide any additional information on that specific question at this point in time, but will understand, I am sure, why I'm concerned about the impact of those two items.

I want to move specifically to the question of employee cost, which the chair made reference to being approximately 66 percent of their cost pressure. Last year, the Minister of Health and Social Services tabled a legislative return stating that employee costs at the Yukon Hospital Corporation had grown by 21.8 percent over a five-year period. That dollar amount, as of last year, was over \$9 million, or an average annual increase of over four percent per year. Last November, when we discussed this, the witnesses indicated that, in the area of employee cost, they would be increasing 2.9 percent in that fiscal year over the previous year's costs, or about 4.5 percent.

Can the witnesses please tell us how much the increase in employee cost is expected to be this fiscal year, in comparison to the previous fiscal?

**Mr. Bilsky:** I don't have the actual increase in employee cost year-over-year. I can tell you that it is increasing, obviously, year over year. That is something that I have to undertake to respond to at a later date.

**Mr. Cathers:** I look forward to receiving that information. In light of the growing challenge in recruiting and retaining health care professionals, has the government provided the hospital with any new resources for recruitment and retention initiatives, or have they committed to do so?

**Mr. Bilsky:** I'm sorry; if I could, can I ask for that question to be repeated?

**Mr. Cathers:** Absolutely. So, in light of the growing challenge in recruiting and retaining health care professionals, which was made reference to earlier, has the government, this year, provided the hospital any new resources for employee recruitment and retention initiatives? If they haven't already done so, has there been any commitment to do so?

**Mr. Bilsky:** I would like to start by saying that Yukon hospitals are committed to maintaining a safe quality of care, with minimal service disruption, in an environment with health human resource constraints. I would like to say, very importantly, we want to acknowledge our entire team's dedication and commitment to delivering safe and excellent patient care, particularly during these unprecedented times, and

their effort is the primary reason we have been able to maintain accessible hospital services throughout.

I think it's no secret to anybody that Canada is in the midst of an unprecedented health human resource challenge — in the Yukon, our hospitals are not immune. Hospital staffing is becoming increasingly complex. There were pre-existing challenges prior to COVID, and those have continued, possibly exacerbated by the pandemic.

I would like to say that there is no single strategy that's going to solve this for YHC, or from a national perspective on recruitment and retention, and a multi-faceted approach is required, in collaboration with government, to maintain our current service and retain our employees. We're working on implementing a broad health human resource strategy for the organization, and we are working with partners on this — our partners, Health and Social Services, as well as Yukon University.

The work streams underway are intended to advance the following objectives in three main areas: recruitment, retention, and workforce development. For us, this means working with our partners — as I said, Health and Social Services, YRNA, and the Yukon University — to develop strategies to support not only Yukon Hospital Corporation but also the territory in general, including supporting local nurse education and potential recruitment of international nurses, implementing strategies to recruit new specialty staff to YHC, including the use of financial incentives to attract short-term contract and permanent staff, and proactive marketing recruitment and outreach. Again, we have collaborated with government to do this.

We have instituted indigenous workforce initiatives to increase the pool to generate more diversity in our workforce — offering opportunities for clinical skill and specialty areas of development; ensuring infrastructure exists to support academic programs, student placements, new grad initiatives, exploring wellness initiatives, supporting learning opportunities as ways to improve morale and provide career growth, developing and growing leaders within the organization, developing service continuity plans to ensure that critical services are supported and people feel safe and supported in doing so, and improving processes for onboarding and orientation. These are all the multi-faceted ways that we are collaborating on with government to try to ensure that we maintain safe continuity of service.

**Mr. Cathers:** I appreciate the information and do look forward to hearing more about this important area in the future.

The new secure medical unit, which has been, as I understand it, renamed the "short-stay psychiatric unit", is an important project and one that requires the support of government to advance.

Last fall, witnesses said this about timelines for construction — and I quote: "Construction is expected from essentially early in the new year of 2022 until February 2023, and we are expecting the first patient day in the spring of 2023." That's from Hansard, page 904.

Could the witnesses please tell us the current status of this project, including what the revised timelines are for



construction and opening, and what the capital cost of this facility is expected to be now?

**Mr. Lucier:** Firstly, the mental health unit that will be developed is going to be a real move forward for patient care and for families of those patients. It is going to provide much better service than we have now — not just in the services. We have great services within the hospital now — but the space that is being created and the partnerships that are being developed in doing so.

So, the work with Yukon First Nations to ensure that the way that we're doing it, the knowledge that we're doing it with, the culture that we're bringing to it, even the space in itself, is all being incorporated into that. The development of the plans had a setback. We had plans on where it was going to be, and we thought that it was pretty straightforward until we found that there were certain seismic requirements that we no longer met, even though it was in the newest part of our hospital. So, we had to re-jig and go back and say, "How do we do this where our space that we had planned needs to be different?" We're still going to use the significant portion of the space above the emergency department with an opportunity to reduce the seismic impact by cantilevering the building beyond its current envelope.

So, we are at a different timeline. I would say that it's a properly adjusted timeline, and I will turn it to Jason to give the exactness of that.

**Mr. Bilsky:** As the chair of our board of trustees just stated accurately, we had to go through a bit of a redesign phase that, packaged with cost escalation and inflation over the period of time through this period, was presented to government. The government has supported this package going forward, and we are now at the stage where we have finalized a design for the project. We are in the tendering phase, which will continue. We expect to be into civil work and construction in the spring of 2023, and we are expecting to have the project operational and the first patient day in mid-2024.

**Mr. Cathers:** I appreciate the information. One question that I don't think I heard the answer to is: What is the current revised estimated capital cost for this facility?

**Mr. Bilsky:** The total revised estimated capital cost of the project is \$24.7 million, and I will comment that the Yukon Hospital Foundation has established a multi-year campaign to support a portion of this, and so I must thank them for their generosity and support.

**Mr. Cathers:** I appreciate that information. My next question is about the surgical services area and the development of a new operating room. Improvements to the surgical services area is an issue that the Yukon Medical Association has identified as a high priority. OR planning and the development of a new space is an issue that the witnesses will recall talking about here last fall. At the time, the indication was that it is about meeting the needs of Yukoners going forward, including aging demographics, care standards within surgical services, and bringing our operating rooms up to today's quality of standards and projected future service demands.

Can the witnesses please tell us more about this matter, including steps since we last discussed this project on moving it forward?

**Mr. Bilsky:** I will start by saying that the primary limitation of our current state is basically the physical environment. Standards for operating rooms have changed since the current operating rooms were built. Modern operating rooms are big and allow for better separation between, for example, clean and dirty items to prevent patients from acquiring any surgical site infections. The types of equipment that are used require higher ceilings to meet standards today. In general, to meet current standards, renovations or a newly built operating room would be required.

In 2019, we conducted some long-term planning for the future needs of surgical services here in Whitehorse. I must state that this is a large and very complex project. It is a long-term planning initiative with a five- to seven-year time horizon. A needs assessment and a high-level functional service program were completed with the engagement of everybody, including surgeons, physicians, surgical nurses, and support staff. It included consideration of the current and rapidly changing quality standards and projected future service standards based on demographics going into the future. I would say that a detailed solution has not yet been determined, nor has a commitment been made to proceed. Having said that, as I said, it would be a long-term plan.

In the short term and medium term, improvements have been made within the existing surgical services to mitigate challenges. They include: modifications to better support patients and staff, such as creating a flexible OR suite to decant some of the day procedures that can be moved out of the main ORs; a scope reprocessing unit has been developed adjacent to the flexible OR suite, which is for efficiencies; and the introduction of a post-anesthetic care unit, which did not exist before, with trained post-anesthesia staff to improve the quality of patient care. We have also improved patient access and flow through patient registration, preoperative clinic areas, and outpatient clinics like cast clinic and minor procedures, and we have also improved sterile storage in certain areas. This is just to improve the efficiency of locating key supply items, medical device reprocessing areas, and being able to remove extraneous items from OR corridors. This is a long-term project and it will take more effort and time to essentially derive what the future looks like for surgical services.

**Mr. Cathers:** Thank you, I appreciate the information.

In some provinces, a spike in respiratory illnesses this fall is causing bed shortages, including in intensive care units. This, of course, is being driven largely by influenza, RSV, and COVID and is causing impacts to the availability of other important health care services. Has the Hospital Corporation seen an increase in people in the Yukon requiring hospitalization due to respiratory illnesses this fall? And could they talk briefly about what plans are in place to deal with potential increases in respiratory illnesses this fall and winter?

**Mr. Bilsky:** I would say that, in each and every flu season, there is an increase in the number of respiratory illnesses that are seen through ED, and some of those patients

are admitted. I can't comment on whether this is an abnormal year from a respiratory illness perspective. I can tell you that there is continuous, I would say, upward pressure on bed occupancy and those being seen in the ED, and we are expecting, probably, a higher average number of respiratory illnesses, including COVID, as we move forward.

Having said that, we undertake activities on a daily basis to ensure that appropriate patient flow occurs within the system, not just within the hospital system, but the health system in general. So, on a daily basis, our staff and system partners within government, such as Continuing Care, work together to aggressively manage hospital utilization and, yes, there are times when the hospital is at overcapacity. During these times, we put an extraordinary effort to make sure that patient flow is occurring and that people are in the appropriate settings at the appropriate time. I don't believe that this is different from anywhere across the country that is experiencing extreme pressures throughout.

By and large, there is, I would say, great efforts to make sure that, as I said, patients are identified and moved within the system and are receiving the appropriate care, at the appropriate time, to allow for the bed capacity in the hospital to be managed.

**Mr. Cathers:** Thank you. I appreciate the information. Occupancy levels and challenges associated with being overcapacity have been an issue for the hospital, as the CEO just made reference to. According to the Hospital Corporation website, as of yesterday, it says this about overcapacity, under the heading "Managing Overcapacity — How Yukon's Hospitals Maintain Access to Care when Volume Exceeds Capacity" — and I quote: "Last year, average occupancy at WGH was 96 per cent. This means that half the time we did not have a bed to meet the need."

Can the witnesses please talk about what happens when that occurs and what the secondary impacts are that may be associated with overcapacity?

**Mr. Bilsky:** Yes, there are times when our hospital system can fluctuate to a place where we are essentially full or at overcapacity. The impacts of that are people waiting for beds, and essentially waiting potentially in the ED for admission, so things back up within our system and/or we can have deferred surgeries, due to bed occupancy. Those are probably the two main implications of having a very full hospital.

Having said that, over the past several years, this has improved significantly where, in approximately 2018, our bed capacity would have been 50 percent of the days we were at 100 percent. Today, very few of the days we're at 100 percent; although, we do have spike and fluctuation, and there is upward pressure on that.

Several years ago, we would have seen multiple surgeries being deferred in any given period of time, as well as patients being held in ED overnight. I'm pleased to say that, over the past several years, including this year, we infrequently hold patients in ED overnight, and to date, I don't think that we have had any surgeries deferred due to bed occupancy issues. Yes, surgery is deferred for other reasons, but not due to bed occupancy issues.

I don't want to sound complacent, in saying any of this. It is a constant effort by all involved, including our system partners, to make sure, as I mentioned earlier, to ensure that patient flow is effective and efficient — that patients who are in hospital, or should be in hospital, and patients who should be moved to other care settings, whether at home or in continuing care, that they are receiving the appropriate care there. Teams do this on a daily basis to manage this through discharge planning, appropriate therapies, reablement, and so on, to make sure that patient flow is effective and efficient.

**Mr. Cathers:** I appreciate the information. The CEO made reference to continuing care, and, of course, as the witnesses know, in previous years, at one point, a major source of bed pressure was ALC patients who were waiting for beds in continuing care.

Can the witnesses please talk about that part of it, and whether there has been an issue in the past year with beds being occupied due to wait-lists to enter continuing care, or due to any delays in being accommodated in existing spaces there?

**Mr. Bilsky:** As I had mentioned previously, it is an extraordinary effort to ensure that patients are cared for in the right place at the right time. We target a benchmark of approximately 10 percent or less ALCs in our system at any given time, and I am pleased to say that, over the past year, and several years, we have essentially been less than that, but again, as I have said, each and every individual patient deserves the attention to ensure that they are not languishing in a hospital bed when they should be cared for somewhere else. So, our team puts a significant amount of effort to assess each and every patient and work on discharge planning to the appropriate setting when necessary.

**Mr. Cathers:** I want to move on the question of IHealth. We know that this is a very important system, and certainly, it is a project that we were pleased to see proceed, and had called for, but I understand that there have been some bumps in getting it implemented, as can be expected with computer systems.

Can the witnesses please talk about what the status is of this project, and what is currently operational and what is expected to be done in the area of IHealth within the next number of months or a year?

**Mr. Lucier:** Thank you for the question. IHealth is one of those things. The member mentioned that it is a computer system, so it is a multi-dimensional information system that is going to provide much greater access to records, much greater consistency of record-keeping, and provides the Yukon Hospital Corporation with data that helps us to ensure that safe and relevant care is being provided and that safeguards are being put in place, but like many technologies, there are difficulties in finding optimization. I would say that we are at a point now where, as matters have arisen and been looked at, triaged, and addressed, we are coming into a place where IHealth will see its optimization. While it sounds like it is one item, it is a number of different systems that interact with the system at various levels, so what a doctor will see is going to be different from what a nurse on the ward will see. The transfers between surgery and recovery, including things like pharmacy, are all integrated into that.

So, it's working through those things; it's listening to those who interact with it on a daily basis; it's working with our partners at Health and Social Services, as well as the service providers. In some cases, it's leaning on those who have provided the service to ensure that it is working to the level that they had indicated and promised. I must admit that the team that was put together at the corporation and has continued to lead this has never let that drop. You know, when the challenges were greater than the resources, the resources were put behind it to ensure that the program could come up to step and be optimized.

I think that there will be growing over a period of time yet to be seen to ensure that we find that ideal optimization, working with the groups who work with the system to help us get there. It has been something that has been very, very prevalent in the board discussions about how the decisions were made to get to there, what it's supposed to deliver, how it's delivering it, and who is involved. We continue to see progress by the corporation to find the ideal optimization of that system.

I will just turn it to Jason to see if he has any comments on the day to day.

**Mr. Bilsky:** I can really only speak from a hospital perspective, because this is a much broader project than obviously just the hospital, but I will say that it is what I would call a tripartite project between government, YMA and the Yukon Hospital Corporation.

As the chair alluded to, the vision is a seamless care journey enabled by IHealth information system for all Yukoners. That's why it is a much broader project than obviously just the hospital component. The hospital component was the first to move forward, and that was as of June 2021, believing that it is a foundational element of an integrated health system, and it falls in line with the recommendations from *Putting People First*.

Currently, as our chair has commented, we are in a stabilization phase, making sure that all the elements are working as intended and moving into an optimization phase. The optimization phase would be, we're working as intended, and now it's time to look at all the improvements that we can make going forward.

The challenges we have seen within our hospital system are mostly about identifying the workflows and improving those workflows for clinicians. Keep in mind that this information system is not only a clinical information system, it is — stem to stern — our enterprise resource system that handles everything from accounts receivable, accounts payable, HR matters, right through to clinical matters. It is very multi-faceted and very complex, and it will require continuous maintenance to achieve the goal, but the goal is worth it.

**Mr. Cathers:** I do appreciate that. I just want to ask a question regarding IHealth, but also other parts of the electronic and computerized portions of the hospital's system, about the issue of cyber security. In recognizing what has happened in other jurisdictions, including Newfoundland, my question is, and I would ask them to answer it without, of course, sharing any details that would actually compromise security: What steps are in place, as far as protecting the

security of the system? What is in place regarding backup of the system — redundancy — or that type of thing, if the system itself were to be compromised`

**Mr. Bilsky:** Cyber security is a very important issue in health care. Health care data is increasingly a target for cyber attacks. As we all know, cyber-related losses are a growing area for all health care organizations. It is important that YHC's systems and processes are in place to prevent, as best as possible, a cyber attack.

If one were to occur, we need to have policy and processes in place to respond and recover quickly. At YHC, we have adopted a National Institute of Standards and Technology framework as a model to assess and compare to other systems of processes and procedures against best practice in cyber security. In short, this is a model to help us identify the capabilities and risks that are inherent in our systems, find ways to protect from those risks, detect if and when anything was to happen, and be able to respond and then potentially recover.

So, along with Yukon government's ICT and external vendors working together, we are continuously identifying security vulnerabilities by testing our system constantly, and inventorying the current state of our IT assets with the goal to ensure that all systems are up to date. Anything outdated, anything that needs to be patched, or any current vulnerabilities are identified. We also ensure that policies are in place and we have clear roles and responsibilities. We developed plans and training to address any high-risk vulnerabilities, and then provide education and training to staff on cyber security attack and techniques. I would have to say — absolutely not foolproof. I don't think any organization is immune to cyber security attacks. Having said that, it's an effort of constant vigilance on our part to try to prevent — again, with the goal of system continuity.

**Mr. Cathers:** I appreciate the information.

My next question is about the government's plans to develop a new health authority, and I would just ask the witnesses whether, in the past year, they have been involved and informed about the government's work on this? Can they talk about any of that work or how they have been involved in it?

**Mr. Lucier:** From our perspective, the health authority really means a fully integrated health services system, and that is ideal in the Hospital Corporation's views. What that exactly looks like — we can only talk about the parts that we're involved in currently. So, when we look — the CEO references that when we optimize beds in the hospital, that is done through the partnership of ensuring that ALC patients are provided the earliest opportunity to find their care somewhere else, if they need continued care. That's done through a partnership. That speaks to the integration of the services provided.

Integrations go across the breadth of the system so that we are maximizing the totality of health resources to deliver the services to Yukoners. So, Yukon Hospital Corporation continues at the board level, for sure, in discussions with the executive and the corporation where opportunities exist — which opportunities make sense for us currently and in the

future, and, for the most part, support those efforts going forward.

In terms of the ongoing conversation with government, the document *Putting People First* certainly puts health integration and a health authority out there. It is in the ether of ongoing discussions, and we are — and should be, I believe — part of those. So, we continue to support that, and I'll turn to Jason to make any specific comments on that.

**Mr. Bilsky:** I really can't add much to that, other than that we do support the recommendations in *Putting People First* — that being a coordinated and integrated health care delivery system for people and patient-centred care. We will continue to work with government in planning that, knowing that it's a long journey.

**Mr. Cathers:** I do want to thank the witnesses for the answers that they provided this afternoon. I'm just going to ask one final question before turning it over to the Third Party critic, in the interest of sharing time this afternoon. The typical practice is around that split.

So, the last question that I would ask is about the issue of potential shortages of medication and other essentials. We know that there has been an issue in pharmacies across the country of a shortage of children's medication, as well as announcements recently by the federal government about steps being taken to address that through sourcing it from areas where they don't typically receive it from.

I would just ask about the issue of children's medication and other pharmaceuticals. Has the hospital experienced shortages in this area? If so, are they anticipating that some of the supply referenced by the federal government will be provided to them?

Also, are there other areas, whether pharmaceuticals or medical equipment, where they are facing challenges or have concerns with right now regarding their ability to get a reliable supply of essential items for hospitals? Again, after this, I would just turn it over to the Third Party and thank the witnesses for their answers this afternoon.

**Mr. Bilsky:** On the specific question about children's medication, we have not had significant impacts due to that national shortage. We also support some of the community elements within the Yukon from a pharmaceutical perspective, and we have not heard anything in particular from our partners in the community about children's medication.

In general, when it comes to pharmaceutical supplies or medical supplies, we have committees in place for procurement efforts to ensure that we have primary and secondary supplies for various pharmaceutical and medical supplies. We ensure that this committee has oversight over when and how to use those. If and when we run into shortages of anything — and these things do happen periodically, and it could be something for surgical services or the pharmacy areas — we make sure that we are engaged territorially and nationally to find out how we can mitigate those issues and move forward with service continuity.

**Ms. Blake:** I thank the witnesses for being here today.

I guess I will start by asking about the staffing levels at the hospital. I will just kind of ask a few questions at once here

because of the shortage of time. How many registered nurses are currently working as full-time equivalents for the Yukon Hospital Corporation? How many nursing positions are currently vacant or filled by a temporary worker? With regard to the First Nation health program staff, how many staff do they have within the First Nation health programs at the hospital? Are the First Nation health workers located in all hospitals?

**Mr. Bilsky:** I may have to ask to repeat several pieces of that question because there were several components. Maybe I will start with the most recent because those are the ones I remember and then I will go back, if you don't mind.

The First Nation health program, in Whitehorse anyway, consists of approximately 11 full-time equivalent employees — I believe that all are staffed at the moment — plus there are two First Nation support workers who work in each of the two communities — one in Watson Lake and one in Dawson City, and those are currently staffed. My memory is short, so I am going to have to ask for the next component of the question.

**Ms. Blake:** I am glad to hear that there are First Nation health workers in both Dawson City and Watson Lake because of the important work that they do to connect people to resources.

The other questions I had were: How many registered nurses are currently working as full-time equivalents for Yukon hospitals? How many nursing positions are currently vacant or filled by a temporary worker?

**Mr. Bilsky:** Registered nurses, in particular — the number of FTEs that we currently have — are 135.5. The number of people who fill those positions are 220. It is because it is a mix of potentially part-time positions. The number of current vacancies is a total of — when it comes to the RNs, the number of vacant positions is 17.75, and that is a vacancy rate of 8.6 percent. That is specific to registered nurses.

**Ms. Blake:** I thank the witnesses for the response.

When my colleague was asking questions about agency nurses, it was indicated that there were four or five agency nurses who are contracted. I was just wondering: Do we have agency nurses presently working within Dawson City and Watson Lake hospitals? And if so, how much is this costing the hospitals?

**Mr. Bilsky:** Just to clarify and to make sure that there is an understanding — when we talk about four or five, we are talking about contracts for agencies. So, these are organizations that provide the locum or the itinerant nurses who are there.

The two community hospitals — I think that the question was specific to Dawson and Watson, but they are essentially mirrors of each other.

They both do use agency nurses, and probably to — and it could fluctuate at any point in time. I don't know the cost of the agency nurses, in particular, but I can tell you it ranges around 40 percent of the current staffing levels are maintained with agency staff. I will say that we have made significant improvements in the ability to have agency nurses in the two communities — improvements such as orientation of nurses, and ensuring that the accommodations that they are being brought into are adequate. What this has allowed us to do in their living and work environments is to actually have repeat

agency nurses come and cycle through on a regular basis, which makes, I think, the standard of care and the environment for patients and staff there significantly better than always having new people cycle through.

**Ms. Blake:** My next question is in regard to the four or five contracts with the agencies. I'm wondering how many agency nurses we currently have working.

**Mr. Bilsky:** Thank you for the question. Unfortunately, I can't answer with the exact number of agency nurses, because it fluctuates almost day-to-day and week-to-week, and it fills various roles, from specialty to, you know, known vacancies that we're going to have, to unknown or unanticipated vacancies that we might have. So, I'm unable to answer exactly how many today.

**Ms. Blake:** I thank the witness for their response. My next question is also in regard to staffing. I'm wondering how many LPNs are currently working for the hospital, how many nurse practitioners, and how many communications people.

**Mr. Bilsky:** The number of LPN FTEs is 23, which is filled by 51 personnel. Currently, the hospital, to my knowledge, does not employ any practitioners in any elements. We have had nurse practitioners as employees, although nurse practitioners are privileged care providers within the hospital system, meaning they can come in and attend to patients within the system. So, while not employees, they are care providers within the system.

Then, the last question with respect to communications personnel, we have one dedicated communications person.

**Ms. Blake:** My next question was in regard to staffing for the social work positions within the hospitals. How many social workers do we currently have working to provide support to patients at the Whitehorse General Hospital? Do we have social workers working also in the Dawson City hospital and Watson Lake?

**Mr. Bilsky:** Today, we have four social workers within our system, working primarily from Whitehorse. We don't employ dedicated social work folks in either Dawson or Watson; however, we do support those two hospitals with our programs out of Whitehorse.

**Ms. Blake:** I thank the witness for the answer. In terms of the number of staffing who are working for the hospitals at present and the challenges we have seen throughout the COVID pandemic, I am wondering what type of mental supports are available for the staff who presently work for the hospital, and how accessible is it for staff to access mental health support when they need it?

**Mr. Bilsky:** I think it goes without saying that hospital staff across the country are facing challenges and demands, and it has put an extreme stress on people who work within health care systems. Contributing factors are things such as staff recruitment and retention challenges, increases in temporary resources, and the effects of the COVID-19 pandemic, which I think the member mentioned specifically.

The Yukon hospitals are very conscious of all these factors. We do our best to ensure that all employees are supported and cared for. This is one of our top priorities. Our people are at the centre of what we do. We use a number of

metrics to try to monitor our workforce, including staff retention, through turnover rates, recruitment efforts, and vacancy rates, and assessing our wellness through metrics like sick time, overtime, and vacation time used. Our leaders continuously assess the morale, qualitatively, through check-ins with their staff and staff meetings.

Ensuring that employees have balance in their work is important to promoting wellness and preventing burnout. This means balancing the amount of overtime that staff are asked to work and ensuring staff have access to taking time off. A key strategy of this balance is using temporary workers, such as agencies, so it can be a double-edged sword.

We provide a number of wellness supports to employees, including a full suite of employee family assistance programs and a comprehensive benefits package with, for example, access to an on-site fitness facility. In addition to that, we have a working on wellness committee, a volunteer group of staff who coordinate social events — things like staff barbecues, group exercise, and annual Christmas events.

Recently, we have reviewed our employee family assistance program. It's a contracted-out service available to all employees and ensures that there is a full suite of supports to all individuals — the employees and families of employees — and access to all these services is anonymous. I just want to say that I believe that the full suite of employee benefits programs that we are able to provide helps promote wellness. It includes things such as counselling, massage therapy, acupuncture, chiropractor — as I said, a full suite of benefits.

The last thing I will say is that we offer a comprehensive abilities management program that actively supports disabilities or workplace accommodations and helps support each individual in being able to achieve their best at work.

**Ms. Blake:** My next question is in regard to medical imaging. My colleague may have asked this question. What are the current wait times for a CT scan and an MRI in the territory? I am also wondering if there are patients who have to be referred out of the territory to access MRIs sooner.

**Mr. Bilsky:** Thank you for the question. I don't have the full picture of all the wait times for all the different diagnostic imaging with me. I can say that, as I mentioned earlier with regard to MRIs, we are essentially meeting our targets when it comes to MRIs, in that urgent, semi-urgent, and non-urgent are all within targets with respect to these, so those would be seven days, 30 days, and I believe, 90 days. The only one that is slightly out of target there would be the MRI waiting for 105 days, whereas the target is 90 days.

With regard to CTs, I do believe that we are within target of CTs, except for potentially non-urgent CTs. There is always a potential, too, that at certain periods of time, that patients, if necessary and triaged accordingly, could be moved south to ensure that they receive a timely imaging — and that includes any type of imaging — but essentially, those would be more urgent cases and urgent modalities.

**Ms. Blake:** My next question is: Are there staffing vacancies within the imaging department that are impacting the wait times?

**Mr. Bilsky:** Thank you for the question. I think we've covered staffing quite substantially through this discussion, and staffing has an impact in all parts of our organization, and we do our best to mitigate each and every component. Specifically, within medical imaging, probably the two areas that I'll comment on, one would be the area of MRI, and up until recently, probably within the last year, we were reliant on one MRI technician. We've changed that model, so that we have several MRI technicians, and not all of them full-time, but we have access to several MRI technicians, and what that allows us to do is maintain service continuity, as well as increase the throughput of the volume of patients going through. So, one might consider that to be, I guess, a vacancy, if that position is not filled full-time, but it just means that we're using a different model to make sure that we're able to provide the service.

Similarly, in other areas, such as mammography, we have a fantastic mammography technician and one other support technician, but again, when you're down to one person, any vacancy of any kind — planned, unplanned — can cause some disruption to the service, so that would be an example. We are always recruiting and developing and putting strategies in place to ensure that we're meeting the demands of Yukoners, especially in areas of diagnostics, such as medical imaging.

**Ms. Blake:** I thank the witness for their response. My next question is in regard to turnaround times for lab work. With travel to communities, I've heard from folks who are waiting on lab work, and they don't know how long they have to wait or when they would get the information, so I'm just wondering what the turnaround times are for lab work that gets sent to the hospital.

**Mr. Bilsky:** What I can say about lab work — I can't comment on specific cases, and I would encourage anybody who has specific issues or concerns to definitely contact our hospital, and there is a multitude of different ways to do that — through our website, call directly, or talk to your care provider. Those are specific instances, because I would not want to see anybody having a delay in care. Specific to lab work, though, we are meeting all of our turnaround times. We don't have any disruption in service at the current moment, and I would say that the processing and procedures that are in place are working effectively at the moment.

**Ms. Blake:** My next question is in regard to the secure medical unit. We see that there is a 50-50 fundraiser for a 12-bed mental health unit. I am wondering, is this the same as the short-stay psychiatric unit?

**Mr. Bilsky:** Previously, this was referred to as the "secure medical unit". Now we are referring to it as the "mental wellness unit". We proposed this some time ago. Government has approved the project moving forward, and the project elements that we are expecting to achieve include the implementation of three key areas: one is indigenization of the program and spaces; two is program planning that is expanded from the current secure medical unit; and lastly, the design and construction of this unit. To answer the member's question, it is an evolution, I would say — transformation of the current secure medical unit into the mental wellness unit that has probably expanded — not probably — it will have expanded

programming and a much better, culturally safe environment for clients.

**Ms. Blake:** I thank the witnesses for their response.

There was money in the 2022-23 budget for the short-stay unit of nearly \$11 million, and nearly \$6 million in the 2021-22 budget. I was wondering, were these amounts of dollars not enough to complete the project?

**Mr. Bilsky:** I think, as our chair had mentioned earlier, that we had to go through a process of redesign, as well as a process of cost assurance, based on refined costing estimates, and that has delayed the project by approximately a year. We have seen a cost escalation in the project, I think, not uncommon to any large project, so for the amounts that were budgeted and allocated, we had to seek further support for those. Yes, it has escalated from approximately a total capital cost of \$19.5 million to \$24.7 million. That is now the refined cost estimate.

**Ms. Blake:** I thank the witnesses for that response.

My next question is in regard to psychiatrists. I am wondering how many psychiatrists are under contract with the hospital, and how many psychiatric nurses work at the hospital. Are psychiatrists or psychiatric nurses associated with either the Dawson City or the Watson Lake hospitals?

**Mr. Bilsky:** The YHC mental wellness team is comprised of three psychiatrists, who work with an interdisciplinary team, as well as a paediatric specialist.

Just to clarify, these are not employees of the hospital. They work, essentially, as contractor fee-for-service for the government, so they are not employed by the hospital. Psychiatric support provided to the community hospitals is generally either through the emergency department of Whitehorse General and/or through consult services between the primary care provider and potentially the psychiatrists themselves. That's essentially how psychiatric services are gained through the community hospitals.

I'm sorry, I think I missed part of the question, so I may have to ask for clarification, if I have missed anything.

**Ms. Blake:** I am going to move on to the Dawson and Watson Lake hospitals, because we are running out of time.

I continue to hear from folks in communities, both in the north and south, who need services like physio, dental, or eye care, because some of these specialty services don't travel to the communities. I am wondering if any of these services are available through the Dawson City or Watson Lake hospitals, and if they are not available, are there any plans to provide these services in the near or far future? There is a month-long shortage of nurses at the Dawson hospital.

**Mr. Bilsky:** One of the goals of our health system, I think, and, in particular, the Yukon Hospital Corporation, is always to bring care closer to home for individuals, avoiding travel wherever possible. Knowing that we do have constraints within the system, that may not always be possible, but we're always looking for ways to do that, whether it's through virtual care, or through resident care, or through itinerant care that may be available.

I can give you examples of where we have tried to stretch some of that within the last couple of years. So, an example of

that would be ultrasound in the communities. Ultrasound was not available prior to approximately two years ago. Within the two communities, we have set up a rotating basis where an ultrasound technician plus portable equipment visits the two communities for several weeks out of every year. It fails me — however many weeks. We are providing about 400 ultrasounds in each one of the two communities, and that's 400 visits that people don't have to travel from at least those catchment areas into Whitehorse.

Other things that we have worked on to bring services closer to those two communities — things like liver function testing, which would normally have been a trip from the community into Whitehorse; we have now provided that technology to the communities and have it up-and-running, so that's available to them, and again, it avoids travel.

We have worked with virtual means, providing different specialty services — like therapies and whatnot — and we're always willing to, you know, innovate and change the way that service is provided, so that people have to travel less, understanding it's not always possible with every different specialty. In particular, dentistry in Dawson City — several years ago, we provided space available for dentistry in Dawson City. We don't provide that service; that's provided through, I believe, a government contract, but the space is available, and my understanding is that there is an itinerant who frequents Dawson City to provide dental services in Dawson City.

So, just to summarize, I think it's always an effort on our part, and the health system's part in general, to make sure that services are as close to home as possible and that people don't have to travel.

**Ms. Blake:** I'm going to move on to midwifery. I'm wondering: Have any midwives provided care in the hospital or been given hospital privileges? When will we see midwives able to provide support within the Watson Lake and Dawson City hospitals?

**Mr. Bilsky:** This is an important topic. The introduction of the midwifery program in the Yukon provides patients the opportunity to choose their health care provider and have that support prenatal, antenatal, and postnatal. Midwives are now a part of our hospital team. In the hospital environment, midwives are able to order outpatient tests and diagnostics to support and inform prenatal care, support outpatient assessments, lead the birth team, and provide post-partum care. Similar to general practitioners, there are situations where midwives will need to consult with other specialty physicians to support care. This can include consults with OB/GYN, anaesthesia, or pediatrics.

The entire care team of nurses, physicians, and midwives are committed to working in partnership to support the needs of patients and families. They have been working very hard over the past year to accomplish this. The team has been meeting regularly and undertaking joint education and simulations so that everyone is clear about their roles. In fact, I am pleased to say that the first birth of a patient supported by a midwife has recently occurred within the last several weeks. Midwives are privileged within our hospital system and considered part of the medical staff.

We have also been working with the Department of Health and Social Services to plan and implement the midwifery program outside of Whitehorse but within the scope of regulations, so that may not mean planned birthing in the two communities. That is for other reasons — other than midwives. But we are working with government to make sure that we are supporting midwifery care outside of the hospital, but within the scope of regulations.

**Ms. Blake:** I thank the witness for the response to my question on midwifery.

I am going to move on to discharge planning for medevac patients from the communities. We have heard from a few individuals that, when they were discharged, they possibly were discharged after hours or didn't have access to support for discharge planning. I am wondering what the hospital is doing for patients who are medevaced after hours and potentially discharged quickly afterwards if they don't have access to the discharge planning support from the First Nation health programs or if it's super busy in emergency. How can patients be better supported within the hospital when it comes to discharge planning to ensure that they have a place of safety to stay and also arrange to make it back to their home communities?

**Mr. Bilsky:** I believe that YHC and our government partners, in particular, are committed to ensuring that all Yukoners have person-centred care, and this includes adequate after-hospital care supports. That is especially for those who receive medevac services. As part of this commitment, we have a number of policies and processes in place at Yukon hospitals to promote the safety and well-being of patients. That is not to say that we get it perfect, but we are always willing to improve. I will say that if there are any particular instances, again, I would suggest that individuals or their families please raise those concerns directly with us. We like to learn from those opportunities to improve.

The discharge process does differ between inpatient discharge and emergency department discharge. In general, with inpatient discharge, there is an interdisciplinary team made up of health professionals, and they ensure that all patients have the appropriate level of discharge plan to ensure that patients can leave the hospital in a safe manner, and this includes people having to return to communities outside of Whitehorse. As a standard of practice, we do not discharge inpatients during the night.

However, we cannot prevent an individual from leaving the hospital against advice, outside of daytime hours, and that has happened. There are a number of supports for individuals who may require assistance when preparing to leave the hospital, and we make every effort to connect with the services available either in Whitehorse or in the communities to support the discharge plan. These can include things such as travel and accommodations. In particular, in our hospitals we are equipped with a number of sleep and family rooms, which are available to provide on-site, temporary accommodation.

As the member already mentioned, the Yukon Hospital Corporation has a First Nation health program and it is available 24/7 to provide culturally safe assistance to patients

who identify as First Nation, Inuit, or Métis. It connects clients to accommodation, transportation, and potentially navigating other hospital services.

The emergency department is a more challenging environment when it comes to patient releases. Once their care is complete, unfortunately, it is a very short window of time when patients are being released, and this can happen at any hour of the day. But, again, we do make efforts within that short span of time to put plans in place to support ongoing care needs of any patient. During daytime hours, there are obviously more services available, but even during evening hours and off-hours during the short notice, we do our best to make sure that any services that we can connect with are available.

Again, the First Nations health program is available to assist patients on a 24-hour basis and do all they can to support that release planning from the emergency department.

**Ms. Blake:** I thank the witnesses for their response to my question. The next question I have is in regard to hospital capacity. In the last year, how many times has the hospital been at a red or yellow level, and has this ever happened due to staffing shortages?

**Mr. Bilsky:** As I mentioned earlier, hospital capacity and the potential for overcapacity is ever present, and it is something that we manage constantly. We are very rarely overcapacity, although it may spike at certain points of time in the day, and that's when we employ extraordinary efforts to continue to move patients on.

The information I have is that bed census at a point in time and day — for me, there are no points in time when we were overcapacity — meaning over 100 percent — over the past year. I would say that we have not been in red or yellow status due to staffing issues, except in extremely limited circumstances, where we may have the potential of limited ICU capacity, which, to my knowledge, I don't remember anything over the past year.

**Ms. Blake:** The last question I have is: What current cultural competency training is available to Yukon hospital staff, and how often is that delivered to current staff and new hires?

**Mr. Lucier:** Cultural competency, I guess, if that is the term — I think we are moving to a recognition in the corporation that the importance of indigenization, of understanding and accepting truths first — that is a real learning piece for us — accepting truths before we can make steps of reconciliation. I say “steps of reconciliation” because, for the corporation, for the board that provides guidance to the corporation, this is key. This is an element that is going to be a game-changer — or, changing the game, I guess, for us, because it's so important.

It's one of the reasons that, in our new 2022-27 strategic plan, it isn't an item that is sort of cast loosely among the other priorities, but established as a single and very visual priority. We carry that through by developing educational opportunities, training opportunities, and learning opportunities, and from those, changing practice — changing the way that health care is delivered, including cultural elements in that. The development of the new mental wellness unit is a prime and

probably our most leading example of this. From the onset, we are doing this.

To sort of speak specifically to the question, the corporation has metrics — requirements of all current employees, all new employees, all employees who are attending on an itinerant basis, including those who aren't employees, such as physicians, to have training in First Nations 101, which is a basic standard, and I will admit that. When we see the opportunities to have itinerant nurses, for example, return to a community like Watson Lake, to understand the traditions there and the impacts of colonial practice in medical situations that has taken place within the Liard First Nation, that's when we start to see differences.

So, the training is just but a very, very small piece of how we begin to make this change. It's a quantifiable, but it's also a quantitative measure — but what we have to get down to is changing the corporate culture — a practice culture — that is rid of racism, that acknowledges the wrongs, and understands the truth, and begins, in partnership, to move ahead with reconciliation. That's the direction that our corporation wants to take. That's the direction that is spoken of almost first and foremost at every board meeting — about how we move this forward, how we make this part of true integration, bringing the First Nations and the importance of that in the delivery of health services to the fore.

Jason is probably going to be able to give you the exact statistics of the people who have taken 101, but I think it's really important that this House knows how important it is, such a priority that our board has put on moving this forward and really holding Jason and the corporation at task to realize some of those goals, to make those partnerships work, to forge those partnerships where they haven't been before, because the trust hasn't existed for them to be built. That's where we're going; that's what the intention is; so, I'll quickly turn it over to Jason, because I know we're closing up. He can give you the numbers.

**Mr. Bilsky:** I hate to follow up that actual statement, because I think it's an extremely important statement, and I don't want to take anything away from it, and our chair has put quite a stamp on our commitment to truth and reconciliation and how we'll move forward with indigenization, and it is a path forward for our organization and how we integrate it with safe patient care.

Specific to the question about training, which is training education, cultural safety awareness, which is a component of part of the path forward of indigenization, as our chair has mentioned, we have some very foundational elements that are mandatory to all people within our organization, such as First Nations 101 as one component, but then there is very specific training that is brought forward for different elements, such as nursing. We've been supported through CYFN and some of the anti-racism training that happens in the communities. Specific to that would be things like making sure that every nurse who travels through the community is aware and provided with certain elements of training so that they feel supported and then provided adequate training. Other examples I can give you are specific training for health safety officers, and trauma-informed care, and de-escalation measures that are very specific to those



lines of work, so each and every component of the hospital now has specifics that they would use to ensure that they are following up with the commitment to indigenization.

**Deputy Chair:** Are there any further questions for the witnesses?

**Hon. Ms. McPhee:** Seeing no more questions for the witnesses, I would like to take this opportunity to thank them for being here, thank them for their dedication to the Yukon Hospital Corporation, to thank Mr. Veale for being here as a member on probably the most uncomfortable seats in the House for the few hours today, and I appreciate all the questions brought forward by the members of the opposition and the information that has been elicited.

**Deputy Chair:** The witnesses are now excused.  
*Witnesses excused*

**Hon. Mr. Streicker:** I move that the Speaker do now resume the Chair.

**Deputy Chair:** It has been moved by the Government House Leader that the Speaker do now resume the Chair.

*Motion agreed to*

*Speaker resumes the Chair*

**Speaker:** I will now call the House to order.

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

### Chair's report

**Ms. Tredger:** Mr. Speaker, Committee of the Whole has considered Bill No. 206, entitled *Second Appropriation Act 2022-23*, and directed me to report progress.

Also, pursuant to Committee of the Whole Motion No. 11, adopted earlier today, witnesses appeared before Committee of the Whole to answer questions regarding the operations of the Yukon Hospital Corporation.

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

Are you agreed?

**Some Hon. Members:** Agreed.

**Speaker:** I declare the report carried.

**Hon. Mr. Streicker:** I move that the House do now adjourn.

**Speaker:** It has been moved by the Government House Leader that the House do now adjourn.

*Motion agreed to*

**Speaker:** This House now stands adjourned until 1:00 p.m. tomorrow.

*The House adjourned at 5:30 p.m.*

### The following sessional papers were tabled November 22, 2022:

35-1-81

*Crime Prevention & Victim Services Trust Fund Annual report 2021-22 (McPhee)*

35-1-82

*Yukon Child Care Board Annual Report 2021-2022 (McLean)*

35-1-83

*Bill No. 305, National Day for Truth and Reconciliation Act, English and French text (Blake)*