



# Yukon Legislative Assembly

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Number 174

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35<sup>th</sup> Legislature

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## HANSARD

Tuesday, March 26, 2024 — 1:00 p.m.

Speaker: The Honourable Jeremy Harper

# YUKON LEGISLATIVE ASSEMBLY

## 2024 Spring 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** — Lane Tredger, MLA, Whitehorse Centre

### CABINET MINISTERS

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

### OFFICIAL OPPOSITION

#### Yukon Party

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

### THIRD PARTY

#### New Democratic Party

Kate White	Leader of the Third Party Takhini-Kopper King
Lane Tredger	Third Party House Leader Whitehorse Centre
Annie Blake	Vuntut Gwitchin

### LEGISLATIVE STAFF

Clerk of the Assembly	Dan Cable
Acting Deputy Clerk	Allison Lloyd
Table Clerk	Christopher Tyrell
Sergeant-at-Arms	Karina Watson
Deputy Sergeant-at-Arms	Joseph Mewett
Hansard Administrator	Deana Lemke

**Yukon Legislative Assembly**  
**Whitehorse, Yukon**  
**Tuesday, March 26, 2024 — 1:00 p.m.**

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

*Prayers*

**Speaker's statement**

**Speaker:** On December 1, 2021, the Assembly adopted a motion for a concurrence in a report of the Standing Committee on Rules, Elections and Privileges regarding the introduction of visitors and tributes.

The report stated: "The rubric Introduction of Visitors in the Daily Routine should be reserved for introducing visitors present in the galleries and introductions should be brief."

It is therefore not in order for members to introduce people who are listening over the radio or who have not yet arrived in the gallery or couldn't make it to the gallery to be introduced.

It is also not in order to introduce at this time Members of the Legislative Assembly or Legislative Assembly officials such as Table Officers or the Sergeant-at-Arms who is on shift, as they are not visitors in the gallery. The Speaker introduces new Assembly officials in the Chamber prior to the Daily Routine.

Members wanting to recognize MLAs or people not present in relation to a tribute or other parts of the proceedings should do so in their speeches during the relevant point in proceedings.

**Withdrawal of motions**

**Speaker:** The Chair wishes to inform the House of a change made to the Order Paper. Motion No. 199, standing in the name of the Member for Vuntut Gwitchin, has been removed from the Order Paper at the request of the member.

**DAILY ROUTINE**

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

Are there any visitors for introduction?

**INTRODUCTION OF VISITORS**

**Hon. Ms. McPhee:** Mr. Speaker, I would like my colleagues to help me recognize visitors in the gallery. We have Grand Chief Peter Johnston of the Council of Yukon First Nations; we have Darla-Jean Lindstrom from the Chiefs Committee on Health; we have Stephen Mills from the Health Transformation Advisory Committee; and we are also welcoming John Bailey and Marina Bailey.

Thank you all for being here.

*Applause*

**Hon. Mr. Pillai:** Mr. Speaker, we have a number of visitors who are here today for our tribute to the Yukon Heritage Awards. I would like to first welcome to the Assembly today — no stranger to the Assembly — Mr. Harris Cox. He

spent some time with us here in the Sergeant-at-Arms role — great to see Harris as well as his wife, Linda, and his son, Jeffrey. Alongside Harris today for the tribute is Grayson Wilke and Janna Swales from the Yukon Transportation Museum, as well as Faye and Al Ekholm — good to see you all here today. I would also like to welcome Matthew Lien, who is here accepting an award on behalf of the late John Layman, as well as Kelly Milner, Carmen Wong, and Lawrence Ignace, who are here from the Shot in the Dark media production company.

*Applause*

**Ms. Clarke:** Mr. Speaker, let us welcome a beautiful family in the gallery today, one of my youngest constituents who wants to learn how she is represented in the House — Amour MacMartin. Her grandma Bridget Onwudinjo is also here as well as her mama and papa, Kenechukwu Onwudinjo and David MacMartin. Welcome.

*Applause*

**Speaker:** Are there any tributes?

**TRIBUTES**

**In recognition of 2023 Yukon Heritage Awards recipients**

**Hon. Mr. Pillai:** Mr. Speaker, I rise today to pay tribute to five recipients of the 2023 Yukon Heritage Awards. These annual awards are presented by the Yukon Historical and Museums Association, or YHMA, to individuals, organizations, and businesses that have made a significant contribution to the conservation or interpretation of Yukon's heritage.

This year, instead of granting an annual heritage award, the YHMA decided to honour two individuals with History Maker Awards. Ruth Armson received the first History Maker Award in recognition of her work preserving the stories of individual Yukoners. Among her many achievements, Ruth has helped to produce more than 100 biographies of Yukon women and has published her own autobiography.

The second History Maker Award was presented posthumously to John Layman for his artistic contributions to the territory — most notably, the calligraphy work and cedar signage visible in neighbourhoods, parks, municipalities, and other significant heritage landmarks. John also interacted with countless musicians from the Yukon and beyond through his work in music and was one of my first bosses in the Yukon.

The Helen Couch Volunteer of the Year Award was presented to Harris Cox for his work with the Yukon Transportation Museum. Over the past decade, he has been a steady volunteer at the museum and has made donations of artifacts to the museum, including a significant collection of Yukon images from the 1950s to the 1990s. He continues to work with the museum staff to identify and catalogue the images.

Shot in the Dark Productions received this year's Innovation, Education, and Community Engagement Award for their 2023 film *Signal Fire*. The documentary film focuses on the importance of the relationship between researchers and

Indigenous communities and is based on an academic paper called *Toward Reconciliation: 10 calls to Action to Natural Scientists Working in Canada*.

The Heritage Conservation Project of the Year Award went to the Yukon Film Society for their restoration of the Yukon Theatre's neon sign.

The Yukon Heritage Awards are a testament to the passion, dedication, and hard work of those who strive to safeguard and celebrate the Yukon's heritage. I thank this year's recipients for their contributions to historical preservation, their commitment to cultural revitalization, and their efforts to inform and inspire future generations. Congratulations again to all of the recipients, and thank you to the Yukon Historical and Museums Association for all of its efforts to promote Yukon heritage, which plays a vital role in preserving and promoting our unique territory.

*Applause*

**Ms. Van Bibber:** Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to congratulate the five recipients of the 2023 Yukon Heritage Awards. Ruth Armson, History Maker Award — her work champions Yukon heritage. Ruth has authored and assisted in publishing a number of works including biographies of Yukoners and family histories. She is a very active member of the Pioneer Women of Yukon society and her focus was on Yukon women who contributed to their communities. Ruth is a well-known and well-loved teacher who should have also received an award for her three decades of teaching.

John Layman — posthumous History Maker Award for his incredible contributions to the territory — his neighbourhood projects and the role he played in the Yukon music industry were noted. You will have seen beautiful sand-blasted cedar neighbourhood signs throughout Whitehorse and elsewhere in the Yukon. Those were the handiwork of John and the legacy of his talent. He was a calligrapher and a collector of concert memorabilia. John will be missed.

Harris Cox, recipient of the Helen Couch Volunteer of the Year Award, has dedicated an immense amount of time over the years to the Yukon Transportation Museum and even more time in the last year, as he made a large donation of Yukon images from the 1950s and 1960s. Now he has the pleasure of cataloguing and providing details of his time in history. I think Harris has the same energy and passion as Helen had, so this is well-deserved.

Shot in the Dark Productions — the Innovation, Education and Community Engagement Award for their 2023 documentary *Signal Fire*, a 30-minute documentary that highlights the relationship of mutual respect needed between researchers and Indigenous communities. Released a few weeks before the deadline, they were surprised and very excited for the recognition of their work.

The Yukon Film Society gets the Heritage Conservation Project of the Year Award for the conservation of the Yukon Theatre's historic neon sign. Built in 1954, the Yukon Theatre's early modernist facade had a number of coats of paints through

the years, but the neon sign had remained more or less unchanged.

When the Yukon Film Society leased the theatre in 2021, the sign was in a state of disrepair, and as one of the last original neon signs in Whitehorse, it was time — preserving a cherished icon of downtown Whitehorse so that it can shine brightly for future generations. The Yukon Theatre and the long torn-down Capital Theatre on Main Street had a very soft spot for many of us long-time Yukoners. As kids coming to the city, it was so magical to see current movies in these huge theatres.

Congratulations and well done to the award recipients and the Yukon Historical and Museums Association for continuing this important work.

*Applause*

**Ms. White:** Mr. Speaker, every year, the Yukon Historical and Museums Association honours community members and organizations who have made and help safeguard or interpret Yukon's heritage in meaningful ways. I rise today on behalf of the Yukon NDP to add our voices to the chorus of congratulations to the 2023 Yukon Heritage Award winners. We have heard about each of these distinguished winners from my colleagues: the history makers, Ruth Armson and John Layman; volunteer of the year, Harris Cox; the innovators, Shot in the Dark Productions; and the conservationists, the Yukon Film Society. Each has contributed time, energy, and heart into making the Yukon the special place that it is. We thank them from the bottom of our heritage-loving hearts.

*Applause*

### In recognition of National Social Work Month

**Hon. Ms. McPhee:** I rise today on behalf of the Yukon Liberal government to pay tribute to the exceptional social workers across Yukon and Canada as we celebrate National Social Work Month this March.

Mr. Speaker, let us reflect on the profound impact these professionals have on individuals, families, and communities, navigating through life's most challenging moments with empathy and resilience. Social workers are at the forefront of addressing the complexities of human experiences. They offer a listening ear, a guiding hand, immeasurable skills, and a steadfast commitment to those facing adversity. Their work is essential in supporting and the healing of our communities.

From the shadows of the COVID-19 pandemic to the ongoing challenges with our criminal justice, health, education, housing, and employment systems, social workers have been a beacon of hope and change. This year, as we embrace the theme "a shared future for transformative change", we recognize the innovative and community-led approaches that social workers employ. Their advocacy for diversity, anti-racism, and dismantling of oppression is the core of their professionalism, and it is not just commendable; it is an essential thread in the fabric of our society.

In the spirit of unity and diversity, social workers across the Yukon exemplify the power of collective action and the strength found in our shared goals for inclusion and equity. Their work in navigating systems, advocating for the

marginalized, and fostering community resilience embodies the best of our shared values.

We celebrate not only the profession but the people behind it, those who mobilize support, advocate for justice, and hold themselves accountable to the communities that they serve. Today, we acknowledge the immense contributions of social workers in every corner of our territory and beyond, from the streets of Whitehorse to the quiet landscapes of our most remote communities.

Social workers can achieve their degrees right here at Yukon University and work in every corner of our hospitals, our long-term care homes, our community health centres, our court systems, and non-governmental organizations.

As we honour the social workers among us, let us also recognize the traditional territories on which they serve, respecting and integrating the wisdom and practices of Indigenous peoples into our shared journey toward healing and growth. I extend my deepest gratitude to social workers for their dedication and empathy. Your work does not go unnoticed. You lift us out of life's challenges, you guide us through obstacles, and you connect us to the resources we need, helping us navigate many of life's challenges.

Thank you, social workers, for everything you do. Your impact is immeasurable, and we are all truly grateful. Let us all recognize the essential role of social work in our community this month and show our appreciation at every turn.

*Applause*

**Ms. Clarke:** Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to recognize March as National Social Work Month.

Social workers are a critical part of our health care system. They provide key services to individuals and families, helping to navigate complex systems and structures, like those of health and justice. They provide support and advocacy, helping many people to overcome difficulties and others to have a voice. They connect people with the right supports and help to create opportunities in education and employment.

If you ask a social worker, they will tell you that it is rewarding but also very challenging. Dealing with very emotional situations and often families and individuals in crisis takes special qualities in a person. I would like to thank all of those who have dedicated their lives to their chosen career in social work and those furthering their education to move into the field. The work you do impacts us all as a community, and you deserve recognition for your contributions.

Salamat po.

*Applause*

**Ms. Blake:** Mr. Speaker, I rise on behalf of the Yukon NDP to pay tribute to National Social Work Month. This month gives us the chance to honour the hard work and dedication of many individuals in our territory who are working across many systems of government to support folks from all walks of life.

Social workers are the foundation of support for so many. They are the foundation of system change; they are the foundation of putting policy into practice. Social workers are

the ones who challenge systemic barriers and advocate endlessly to ensure that individuals and families receive the supports that they need.

It is important to acknowledge the Yukon's bachelor of social work degree program, which is offered in partnership between the Yukon University and the University of Regina. I had the privilege of attending this program a few years back. I was able to witness the program's commitment to upholding its high standards of classroom lectures and hands-on experiences to ensure that students understood the foundational values and skills necessary to practise as a social worker in the north. The bachelor of social work program is an accredited program that recently completed its 30 years of program delivery in the Yukon, with 208 graduates completing the program. That's 208 graduates who hold a bachelor's degree in social work. A highlight of this program for me was that, no matter what coursework I was in, I had the opportunity to apply my learning in real time in my own home territory.

Culture camp was a mandatory requirement to complete the program. I was blessed to spend the last portion of the program in the beautiful territory of Klukshu. There, I learned of the culture, traditions, and practices of the Champagne and Aishihik First Nations. We were guided and mentored by community educators, elders, volunteers, and people who step up every day to support their community.

I commend the staff and volunteers who help to ensure that the Yukon's bachelor of social work program remains focused on upholding Yukon First Nation culture and teachings while remaining community focused to prepare future social workers to not only work across our territory but ensure that students succeed in any path that comes after completing the program.

Congratulations to Janice Wiens, who has recently retired from her involvement with the program here at the Yukon University. My gratitude to Dana Jennejohn, who continues to be an active senior instructor in the program, and congratulations to Jordan Aslett, who has recently transitioned into his role as assistant professor and program coordinator with the BSW program here at Yukon University. My deepest gratitude to all social workers across the Yukon and our guests here today who work in many systems across the Yukon doing the hard work to take care of Yukoners, ensuring that their needs are met everyday.

Mahsi' cho.

*Applause*

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

## TABLING RETURNS AND DOCUMENTS

**Hon. Ms. McPhee:** Mr. Speaker, I have for tabling: the Council of Yukon First Nations leadership resolution about Bill No. 38, *Health Authority Act*; a letter of support for the establishment of Shāw Kwā'ą from the Vuntut Gwitchin First Nation, from the Council of Yukon First Nations, from the Champagne and Aishihik First Nations, from Little Salmon Carmacks First Nation, and from the Yukon Hospital

Corporation; and a letter of support for Bill No. 38 from the Yukon Medical Association.

**Ms. White:** Mr. Speaker, I have for tabling a letter from a collective of allied health professionals to the Minister of Health and Social Services, dated March 23, 2024, with regard to fair-wage compensation for allied health professionals employed by Yukon government.

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

## NOTICES OF MOTIONS

**Hon. Mr. Streicker:** Mr. Speaker, I rise to give notice of the following motion:

THAT this House is committed to working with Tr'ondëk Hwëch'in to develop a post-flood conservation plan for the Forty Mile historic site.

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

THAT this House urges the Yukon government to take action to improve Takhini River Road, including:

- (1) promptly fixing the potholes and pools in the road, which are making it almost impassable for small cars; and
- (2) beginning work on the project to improve the roadbed, road surface, and drainage.

**Ms. White:** Mr. Speaker, I rise to give notice of the following motion:

THAT this House urges the Yukon government to follow the recommendation of the *Putting People First* report to design and implement a guaranteed annual income pilot in collaboration with appropriate non-governmental organizations and potential funding partners such as the federal government, health and social research programs, and others.

**Speaker:** Is there a statement by a minister?  
This then brings us to Question Period.

## QUESTION PERIOD

### Question re: Ministerial travel to Scotland

**Ms. McLeod:** Mr. Speaker, yesterday in response to questions about her \$13,000 junket to Scotland, the Minister of Health and Social Services bragged that she had plenty of meetings in Scotland about rural health care. She even pointed out that she had an in-person meeting with the Convention of Scottish Local Authorities, which is essentially their organization of municipal or local governments.

Meanwhile, back here in the Yukon, the Association of Yukon Communities has been requesting a meeting to discuss the delivery of rural health care for over a year. The last time that AYC invited the minister to meet with them, she turned them down because she was too busy travelling to Scotland.

So, why would the Minister of Health and Social Services blow off a meeting with the Association of Yukon Communities to jet off and meet with the association of communities in Scotland?

**Hon. Ms. McPhee:** Mr. Speaker, I am not sure what the member opposite is insinuating. I am very pleased to focus on health care here in the territory. I think that it is clear that the Department of Health and Social Services is working beyond belief, quite frankly, to manage to achieve the goals and the priorities of this government with respect to health care. The transition of the health care system here in the territory is our focus through implementing *Putting People First*, through the transition of the health care system through the implementation and the introduction, the debate, and hopefully the passing of the *Health Authority Act* for the purposes of focusing here on the issues that need to be addressed. *Putting People First* gave us 76 recommendations. This government accepted all 76 of those. Many have already been implemented and others are in the works, and our next large step is to create the health authority that Yukoners have asked for and Yukoners deserve.

**Ms. McLeod:** Mr. Speaker, when rural communities see that the minister turned down a meeting with the Yukon communities to talk about rural health care but was willing to fly to Scotland to meet with Scottish communities, they are understandably asking why.

Likewise, folks in Watson Lake are wondering about the minister's actions after being told that she was too busy to come to a public meeting in Watson Lake for the past two years, even after more than 500 people signed a petition calling for her to do so. The minister said that one Zoom call with the Watson Lake town council was more than enough.

So, Mr. Speaker, why is the minister willing to fly to Scotland to allegedly have meetings about rural health care, but rural communities like Watson Lake have to settle for a Zoom call?

**Hon. Ms. McPhee:** Mr. Speaker, I will not get into my personal circumstances that may have restricted opportunities for me to travel to particular communities upon invitation. What I will do is make it clear that there is a pattern of behaviour from the member opposite of making sure that I am invited within a number of hours to meetings that occur in Watson Lake. That has happened on at least two occasions — one with less than 48 hours' notice, and I understandably could not attend.

I am not sure if the member opposite was ever in a ministerial position, but I do know that my schedule is booked weeks in advance. Asking me to attend a meeting in person that is approximately five hours away from here is simply not possible.

That said, I have had many opportunities to visit Yukon communities since I have been given the honour of tending this position as Minister of Health and Social Services, and I will continue to do so with my colleagues, making sure that we focus on Yukon communities and their needs.

**Ms. McLeod:** Mr. Speaker, the minister's travel claims for her \$13,000 junket to Scotland show that she was on official business from September 1 to 7. Can the minister confirm that

she took a personal holiday in the UK after her meetings in Scotland ended on September 7?

**Hon. Ms. McPhee:** Mr. Speaker, there is certainly value in travelling to different jurisdictions to listen and learn and to collaborate on addressing pressing issues.

The opposition is often criticizing our government's travel. Fortunately for Yukoners, we routinely publish all of our travel expenses online, allowing Yukoners to personally assess the actions of our government and of their government representing them.

In 2017, our government made the decision to be even more transparent about this information, and we began including Cabinet staff expenses, providing information about the purpose of a trip, and organizing information about each and every trip, making it easier for individuals to assess and get the full picture of the work that we are doing on their behalf.

This is certainly something that the Yukon Party never did.

### Question re: Medical travel accommodations

**Mr. Cathers:** Yesterday, the minister of health appeared to walk back her government's commitment to building a health lodge in Whitehorse for rural Yukoners to use while here for medical appointments. A year ago, the Legislature unanimously passed a motion calling for the creation of a health lodge, and it was very well understood at the time that they were referring to a physical building.

Yesterday, though, the minister said that they were looking at booking blocks of Whitehorse hotel rooms and that — quote: "We are more critically focused on making sure that individuals have places to stay in a timely fashion in a way that does not necessarily require a full build..."

So, can the minister explain if the Liberals' commitment to build a health lodge for rural Yukoners has now been replaced with booking hotel rooms?

**Hon. Ms. McPhee:** Mr. Speaker, the Department of Health and Social Services and our entire government, frankly, is focused on solving problems. The Government of Yukon is committed to supporting Yukoners who have access and travel needs with respect to medical services. We did so by doubling the medical travel subsidy to \$166 per day for overnight outpatient expenses and \$84 a day for same-day travel and for escorts. This amount has been adjusted to reflect inflation.

What I can indicate with respect to a medical travel lodge — as I said yesterday, I appreciate when the member opposite quotes me. I really appreciate it when he quotes me accurately. So, today, that is the case.

We are working to make sure that individuals, when it is necessary for them to travel with respect to receiving medical care, have the support that they need, which includes a place to stay that is not charged to them specifically and is supported by this government.

**Mr. Cathers:** Mr. Speaker, yesterday, the minister scoffed at my colleague's question about the promise her government made. The minister said — quote: "I am not sure if the individual member across the way is suggesting that we build a new location for a medical residence."

Well, Mr. Speaker, that was exactly what my colleague was suggesting, because that's what the government promised last year when they voted for the NDP's motion. In fact, during motion debate, the minister even talked about the different residences that they could model the building on, such as Ronald McDonald House in Vancouver.

So, can the minister of health explain when their commitment to build a health lodge in Whitehorse got watered down to becoming the government simply renting rooms in hotels?

**Hon. Ms. McPhee:** Mr. Speaker, providing places for individuals to stay when they are in the stressful situation of acquiring medical care is not watered down from anything. It's about providing service for Yukoners. Unfortunately, our members across the way don't really care about that; what they care about is making political points, and I care about making sure that individuals are supported when they are having to travel for their medical needs.

We have conducted longer term work related to establishing a medical travel residence in Whitehorse and possibly in Vancouver, and we are also exploring alternative short-term solutions. What I said yesterday to the media was, in fact, that we are looking for solutions that can be implemented much sooner than waiting for a building to be built.

**Mr. Cathers:** The Liberals have been in power for a long time now, Mr. Speaker, and we have yet to see this action.

When asked yesterday about the possibility of creating a health lodge in Whitehorse, the minister said that this was something that they were looking at over the longer term but not in the near future, and she reiterated that point earlier today. We know that this minister is quick to dismiss motions in the Legislative Assembly. I should remind her that this commitment was also in the Liberals' 2021 platform. That document said — quote: "Creating a health lodge in Whitehorse..."

Can the minister confirm that this Liberal platform commitment that she and her colleagues promised to Yukoners has now been punted down the road to the longer term and that she actually has no intent of living up to their promise to rural Yukoners during this mandate?

**Hon. Mr. Pillai:** Mr. Speaker, first of all, I want to commend the minister of health. I think if we look at the track record of the minister of health versus the Member for Lake Laberge, we would know who has gotten stuff done and who didn't get anything done.

I think about the last year, I think about multiple walk-in clinics, I think about the work on managed alcohol, and I think about the importance of going out and having a conversation with Yukoners about what they feel is required when they are moving in from communities to Whitehorse to get health supports.

My question, I guess, to the Member for Lake Laberge is: Why do you not support a partnership with the private sector? Why do you not support a partnership with an NGO? And why is the only solution for government to build a new building? We have seen that before and again, a lack of understanding, a lack

of innovation, a lack of partnership — pretty much what we have already seen before from the Yukon Party. I think we have got the ire up, as I hear the snippets from across the way.

**Question re: Allied health professionals remuneration**

**Ms. Blake:** Mr. Speaker, allied health professionals are diverse health care professionals who provide essential, high-quality care to patients and clients through numerous care pathways. They are social workers, counsellors, physiotherapists, health centre managers, and more. They frequently work collaboratively with nurses as equal partners within health care teams and often have supervisory roles on those teams. These roles are fundamental to any model of integrated care. Yet allied health professionals within the Yukon government are feeling left behind and undervalued. When we look at the wage gap for Yukon government employees between nurses and allied health professionals, we see a huge discrepancy for both pay and bonuses.

Why does such a significant wage and bonus gap exist between allied health professionals and nurses, when roles and responsibilities are often equivalent?

**Hon. Ms. McPhee:** Mr. Speaker, I think that it is important for Yukoners to know, first of all, that our government is committed to holding up all health care professionals. We have spent an extraordinary amount of time engaging with health care professionals for the purposes of delivering the *Health Human Resources Strategy*, which was delivered late last year and which was crafted with a completely unprecedented number of individuals at the table for the purposes of examining how we can improve our retention and recruitment of individuals who provide the absolutely crucial and critical services to Yukoners on the front lines of our system.

We absolutely support allied health professionals — in fact, all health professionals. We have focused on providing nurses' bonuses, initially for nurses who live and work in our communities, who have unprecedented responsibilities as the health care provider — sometimes the only person in a community who is providing that kind of care. They absolutely need to be held up and supported.

I agree that allied health professionals provide unprecedented services for Yukoners.

**Ms. Blake:** Mr. Speaker, the wage gap between nurses and other health professionals, especially those who oversee nurses, has reached an alarming level. In some cases, this wage gap is nearly 20 percent. Retention bonuses for nurses are a key strategy for this government to keep nurses here; yet other health care professionals receive nothing, even though they are equal partners within health care teams.

With the rising cost of living, the wage and bonus disparity has left these health care workers struggling to support their families. Earning less than the nursing staff whom they supervise undermines morale and threatens the continuity and effectiveness of health care services.

What is this government doing to address wage and bonus gaps to foster parity within health care teams?

**Hon. Ms. McPhee:** I recently received a letter — I think it was tabled by the Leader of the Third Party today — from allied health professionals. That letter brings important information forward and the perspective of a group of allied health professionals.

Unfortunately, it isn't signed by any individuals, although I have asked for us to contact the folks who did send that letter for the purposes of setting up a meeting so that we can discuss their concerns and better understand them.

In the budget for 2024-25, this government budgets \$2.8 million for the implementation of the *Health Human Resources Strategy*, which I noted earlier, and this includes funding to support \$1.5 million for staffing, including salary supports for licensed practical nurses and registered nurses. There is additional funding for consulting, including a physician recruiter for the Yukon Medical Association. There is funding in that amount for Yukon University programming, including the social work degree program and medical office assistant diploma and much more.

I hope the members opposite will vote for it.

**Ms. Blake:** Mr. Speaker, we have heard from Yukon government allied health professionals who have described a system with severe inequities and unfair working conditions. They have told us that these conditions jeopardize the integrity of integrated health care teams.

While the Department of Health and Social Services has been making efforts to address chronic understaffing and nursing positions, these same conditions affect other health professionals. This impacts their ability to deliver quality health care. Their contribution is crucial to the effectiveness of our health and social care systems. This government cannot deliver integrated care without these health care workers.

What is this government doing to ensure that bonuses, wages, and working conditions support allied health professionals?

**Hon. Ms. McPhee:** Mr. Speaker, I think that I have said already that I look forward to meeting with the group of allied health professionals who recently wrote to me. I can also note that currently the Yukon Hospital Corporation is in negotiations with two unions that represent individuals who work at the Yukon Hospital Corporation to come to an agreement with respect to a new collective agreement, which will impact many allied health professionals who work in the Yukon Hospital Corporation system. I look forward to continuing the conversation, to understanding the perspective of this particular group who have written, and to examining the details.

Our Health and Social Services budget in 2024-25 is the largest investment in health care in the history of this territory. We work extremely diligently to make sure that our front-line workers, our allied health professionals, and our nurses are supported through that funding, through that investment, and through the health transformation that we are anticipating through the passing of the *Health Authority Act*. I truly expect the support of all members of this House.

**Question re: Dawson City daycare**

**Ms. Van Bibber:** Mr. Speaker, in the 2022-23 budget, the Little Blue Daycare Society received funding to complete the blueprints and design for an expansion of their facility in Dawson. They have submitted those to the Department of Education and are now waiting to hear back from the government.

Is there any capital funding in this budget for the construction of the new Little Blue Daycare building?

**Hon. Ms. McLean:** Mr. Speaker, we continue to work with all of our partners, including First Nations and stakeholders, to ensure that we have enhanced early learning and childcare programming in the entire territory. The Government of Yukon is committed to high-quality early learning and childcare that is accessible, affordable, and inclusive. We have a strong interest in supporting the sustainability and growth of our early learning and childcare in the Yukon.

Since the implementation of the universal childcare, we have created 477 childcare spaces in Whitehorse, Dawson City, and Ross River, and we continue to build on that. The Department of Education is actively working with other departments and Little Blue and the Dawson society for children and families to support their expansion.

In 2021, we provided funding for Little Blue to update their feasibility study, and in 2022 and 2023, we provided additional funding to support the expansion, planning, and design. Officials are in regular contact with the Little Blue program, and we will continue to collaborate with them. As we plan forward, I will share additional information when it becomes available.

**Ms. Van Bibber:** Mr. Speaker, the minister's briefing notes from last fall point out that there is currently a waiting list of 42 children for the Little Blue Daycare. The lack of physical space is the biggest issue holding the society back from taking on new children.

Can the minister tell us when she expects the government to provide the necessary funding for this group to begin construction, or can she at least confirm when she plans to communicate to the Little Blue society whether or not the government will support the proposal?

**Hon. Ms. McLean:** Mr. Speaker, again, we are investing in universal childcare in the territory. I know we are talking a lot today about *Putting People First*, and there are lots of folks here watching today who had a lot to do with the recommendations around universal childcare and just how incredible that is. We have created, as I have said, 477 new spaces in the territory. This includes Dawson City. We are currently supporting three early learning childcare centres in Dawson. We continue to support the childcare centre, the Little Blue, financially by providing operational funding. This year, we have a transfer payment agreement of \$482,700. Apart from this, we are providing additional funding for supported childcare, health and safety enhancements, and learning and development.

As I have stated, we are working closely with Little Blue, and I will absolutely bring information forward when it is

available. I don't get a chance to talk about early learning childcare very often because it is not asked of me in the House, but we are so proud of the work that this department has done with all of our partners across the territory.

**Question re: Ministerial travel to Scotland**

**Mr. Dixon:** Mr. Speaker, last time I checked, ministerial travel outside of the country requires approval from the Premier, so I have a question for the Premier about the minister of health's travel to Scotland. Was the Premier aware that the minister had declined to meet with the Association of Yukon Communities in favour of travelling to Scotland to discuss rural health care with Scottish officials when he approved her \$13,000 trip to Scotland?

**Hon. Mr. Pillai:** Mr. Speaker, first of all, when any travel authority comes to me, I sit with our ministers and I will sign off on it.

Look, what I'm seeing today is an absolute distraction. We know right now that if we want to talk about rural health care, the most important thing that anybody can do in this Legislative Assembly today is vote as it comes through for a health authority, because we heard rural Yukoners speak loud and clear about what they want to see in their health care system. I think yesterday and today is a complete distraction, especially when there are members in the Yukon Party caucus who have community members here today urging them — documenting that they want to see this support. I really think that this is what it is about.

When it comes to the Association of Yukon Communities, all of the ministers take opportunities to communicate with the rural officials. I think that the minister of health and I thought that the Minister of Community Services, I believe, was in Watson Lake in the last two weeks.

We will continue to work and speak hand-in-hand with NGOs; we will continue to work with the Association of Yukon Communities. Again today, this is a distraction. The most important thing today is to see who in this House and Assembly will support what rural Yukoners want, and we heard it loud and clear in *Putting People First*.

**Mr. Dixon:** Mr. Speaker, what we think that rural Yukoners want is a functioning health care system, and that is not what they had last year when the minister travelled to Scotland. In fact, during her trip to Scotland, Yukon faced rolling outages in terms of the health care centres around the territory. We saw service reductions in various communities. It was also right around the time that businesses in Whitehorse were raising serious concerns about the operation of 405 Alexander. In fact, it was just a few weeks before Alpine Bakery announced that it was closing its doors temporarily while the government got its house in order.

This, of course, led to the Premier taking that file away from the minister of health because of her poor performance on it. So, why did the Premier approve the minister's trip abroad when there were so many challenges with rural health care and other challenges with health care across our territory here at home?

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

**Hon. Mr. Pillai:** Not really a great question.

Actually, when you look at the situation across the country, first and foremost, the leader of the opposition will try to identify this as being some anomaly with the Yukon. What we have seen is, from coast to coast to coast, a shortage of health care officials. My understanding, in conversations with the minister of health, is that we were hearing directly from the service providers in those communities and they were asking for breaks in time. That was really because of how hard they were working. As a son of a nurse, I will say that there is nobody who works harder than nurses, and those individuals needed a break in time.

So, what we did is that we used the systems we have in place. I don't think you will see any premier in this country say that they have all of the capacity that they need in health care. But what we will do is that we will speak with other regions to understand best practices; we will go out, even though I was criticized for going and recruiting — even though now every other premier — not every other premier but many premiers — many conservative premiers in the country are now going to the same destinations that I went to, to find nurses and doctors.

We will continue to do the good work, and maybe on the third one, we will talk about the trips of 2015 of the Leader of the Official Opposition, the world tour that just brought us into an economic recession.

#### **Question re: School replacement**

**Mr. Kent:** Mr. Speaker, in the summer of 2022, the Liberal government did what the minister of highways called “their grand reveal” of which Whitehorse school would be the next to be replaced. They announced that École Whitehorse Elementary would be replaced and that construction would begin in 2023. Recently, documents from the Department of Highways and Public Works state that construction is planned to begin in 2026.

Can the minister tell us why this project has been pushed back several years and what the current timeline is for its completion?

**Hon. Ms. McLean:** Mr. Speaker, I am happy to rise today to talk about our government's investment in school infrastructure. It's a really important part of our work, and I'm very proud that we have a number of projects that are within the five-year capital plan, which is, of course, the plan that we work with. We are investing in completing the Whistle Bend Elementary School, which is the first new elementary school to be built in the City of Whitehorse in decades.

We are also moving forward with the Burwash Landing Kêts'ádañ Kù School. I am so proud of that. We are planning for another new elementary school — École Whitehorse Elementary — and we are very proud that these projects are within the five-year capital plan, along with many other small and medium types of projects that will be found throughout the capital plan for Highways and Public Works and the Department of Education. We also provide funding through the maintenance envelope for the day-to-day maintenance of our schools and we will continue to invest in educational infrastructure.

**Mr. Kent:** Mr. Speaker, for the minister, my question was with respect to the delays in the construction of École Whitehorse Elementary from 2023 to 2026 and what the new timeline is.

Last fall, we asked about the work being done by a consultant regarding the location of the school on the Takhini educational reserve. The consultant was reviewing a number of options for the location of the school, including whether the existing Takhini Elementary School would need to be demolished to make room for the new school.

Can the minister confirm today what the future is of the Takhini Elementary School? If not, when can she share this important information with members of the Takhini school community?

**Hon. Ms. McLean:** Mr. Speaker, I am very happy to rise today to talk about our government's investment in school infrastructure. École Whitehorse Elementary School, as folks know, was originally built in the 1950s and is a top priority for replacement. The current facility is just not meeting the needs — currently or for future programming.

The Takhini educational reserve is a central location that can accommodate this particular school. The Department of Education has established a project advisory committee to facilitate collaboration and exchange ideas. I had a chance, a little bit, to speak about this earlier in the session. In August of 2023, we contracted Kobayashi and Zedda Architects as the prime consultant contract to work on the École Whitehorse Elementary project. The site analysis and test fit assessment is part of the work that they are doing to find a suitable location on that reserve.

In phase 2, which we will be moving into soon, we will be doing a lot more work around the traffic studies, conducting local impacts, and other work within the scope of the project. We will bring forward information when we can.

**Mr. Kent:** Mr. Speaker, the first question was about the revised building schedule, and the second one was about the future of Takhini Elementary School, and I didn't hear an answer from the minister on either.

Another significant concern that has been raised by the sport community is what the construction of the new school will mean for the future of the softball diamonds on the Takhini educational reserve. We are aware that the government has communicated to Softball Yukon that they can continue to use the fields this summer, but they would not make a commitment beyond then. Softball is arguably the most popular summer sport in the territory, and the fields in question are critical to that sport. We also don't see any funds in this budget or the five-year capital plan to replace those diamonds.

Will the minister commit to replacing or relocating these fields to a suitable location if they are impacted by the construction of the new school?

**Hon. Ms. McLean:** Mr. Speaker, again, we are very proud of the investments that we are making in our schools. I am happy to be working with the project advisory committee, which includes the Whitehorse Elementary School Council, the Whitehorse Elementary School administration, the City of

Whitehorse, Government of Yukon, Ta'an Kwäch'än Council, and the Kwanlin Dün First Nation.

Again, the Takhini education land reserve is a large parcel of land. There are options of where the school will be situated on that piece of property, and we are working, of course, with all of our partners, including — I have identified Kwanlin Dün and Ta'an Kwäch'än as members of the advisory committee, but we also work government-to-government with them. The next steps will be to meet with the advisory committee and discuss a location on the educational land reserve. Softball Yukon certainly will be a part of the discussion — absolutely. We have already, as the member has pointed out — we have let them know that there will be no interruption to the upcoming 2024 season, and we will continue working with all of our partners as we move this very important project forward.

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

## ORDERS OF THE DAY

### Bill No. 38: *Health Authority Act* — Second Reading

**Clerk:** Second reading, Bill No. 38, standing in the name of the Hon. Ms. McPhee.

**Hon. Ms. McPhee:** I move that Bill No. 38, entitled *Health Authority Act*, be now read a second time.

**Speaker:** It has been moved by the Minister of Health and Social Services that Bill No. 38, entitled *Health Authority Act*, be now read a second time.

## INTRODUCTION OF VISITORS

**Hon. Ms. McPhee:** Mr. Speaker, with your permission, which I have sought, I will take this opportunity to introduce some additional guests who have arrived today, in addition to the individuals whom I introduced earlier. I would like to have my colleagues in the Legislative Assembly assist me in welcoming, from the Health Transformation Advisory Committee, Doris Bill and Diane Strand; from the Council of Yukon First Nations Health Department, Kristeen McTavish, Ryan Moyer, Lee Rannells, Kareena Joshi, Marilyn Skookum, Dani Kennedy, and Natacha Demers.

We also have with us the Chief Executive Officer of the Yukon Hospital Corporation, Jason Bilsky; we have Tiffany Boyd, Deputy Minister of Health and Social Services; we have Ed van Randen, Deputy Minister of Health and Social Services; and Shadelle Chambers, the executive director of the Council of Yukon First Nations.

*Applause*

**Hon. Ms. McPhee:** Mr. Speaker, I would like to acknowledge that I am speaking today on the traditional territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council, and I acknowledge that the Yukon is the traditional territory of 14 Yukon First Nations and several transboundary Indigenous groups.

I have moved that Bill No. 38 be moved to second reading. I am also pleased to be here today to talk about the proposed bill the *Health Authority Act* and the principles of the bill. This

truly is a bill that will lay the foundation for a modern, responsive health authority that reflects the values and interests of Yukoners.

The department and partners have been working hard to inform employees, stakeholders, non-governmental organizations, Yukon First Nation peoples, and others along the way. We are committed to continuing these efforts through several open houses, community visits, and public events where we aim to speak directly about the legislation and, if passed, its implementation and how it will improve the lives of Yukoners. We understand the importance of bringing Yukoners along on this journey.

We are working to support, inform, and value every health care worker. No improved health care system will succeed without the support of Yukoners but, most importantly, with the understanding and support of our health care professionals, the backbone of our health care system.

The purpose of the bill is for Yukon government, a Yukon First Nation health committee, and the health authority board of directors to work collaboratively with health system partners to achieve an effective, efficient, integrated, and culturally safe population-health-oriented system. This commitment is reaffirmed by the Council of Yukon First Nations leadership resolution with respect to Bill No. 38, *Health Authority Act*, which reads — quote: "... calls on all members of the Legislative Assembly to act in the best interests of all Yukoners and pass Bill 38, without any delay during this 2024 Spring Sitting of the 35<sup>th</sup> Yukon Legislative Assembly, so that the Government of Yukon and Yukon First Nations can work with health and social services providers and health system staff in the Yukon and other Yukoners to implement the provisions of Bill 38, including operationalization of Shaw Kwa'ct ... and, in particular, develop transition plans to facilitate the implementation of Bill 38."

The CYFN leadership resolution also reaffirms their support — quote: "... for the reform and transformation of the health care system ... towards a health authority model that will operate more effectively and efficiently address the health of all Yukoners" and "... affirms its support for Bill 38 ... and commits to continue to [collaborate] with the Government of Yukon via [the Chiefs Committee on Health and the Health Transformation Advisory Committee] throughout the transition period and beyond to stand up Shāw Kwā'a."

Together with health system partners, professionals, and staff, we can achieve an effective, efficient, integrated, and culturally safe population-health-oriented system that protects, promotes, and improves the physical and mental health and wellness of all Yukon population groups, including Yukon First Nations, to the greatest extent possible. It will provide services that are accessible to all Yukoners without discrimination. It is based on equity and health outcomes among Yukon's population groups and strives to eliminate any health disparities, including for Yukon First Nation peoples, and it will reflect the concept of health and wellness embodied in the Indigenous name of the health authority, Shāw Kwā'a, which is Southern Tutchone language for "All is all well; it is all good."

Before I say more about Bill No. 38, I would like to remind Yukoners of the journey that brought us here. In 2017, our government set up an independent Yukon Financial Advisory Panel, and it provided its final report after review of how to improve Yukon's financial outlook. That report recommended that the Government of Yukon appoint an independent expert panel to lead a comprehensive review of Yukon's health and social services system. We did that in 2018. In April 2020, following two phases of public engagement, the panel issued the *Putting People First* report, its final report with recommendations to transform the system. The Government of Yukon accepted all 76 recommendations. At the core of these recommendations is the establishment of a health authority, an arm's-length agency to manage and deliver health and social services in the Yukon. This is a critical step toward successfully transforming our health and social services system in the territory.

The Putting People First report was informed by Yukoners, resulting in clear recommendations for the transformation of our health and social services system. Putting People First recommendation 1.2 directs the Government of Yukon to create Health and Wellness Yukon — Santé et mieux-être Yukon — and referenced its suggested Indigenous name as Shāw Kwā'ą, the Southern Tutchone term for "All is all well; it is all good."

Bill No. 38 is the enabling, foundational legislation to establish the health authority as an arm's length government organization, using Shāw Kwā'ą as the primary name. A health authority will be set up to deliver health and social services in the territory and contracts with NGOs and other service providers to deliver specialty services on their behalf, just as *Putting People First* recommended.

We are here today because of the support and the commitment that Yukoners, Yukon First Nations, health care professionals, NGOs, and health system partners have already made toward health system transformation. Thank you to all of them for their input into what our system can be. Our government hears you. We hear you, and we want to keep hearing from you.

In the summer of 2023, the Chiefs Committee on Health and the Health Transformation Advisory Committee were established. The Health Transformation Advisory Committee, on behalf of the Government of Yukon, and the Chiefs Committee on Health worked in partnership to support the development of this specific framework legislation to establish a health authority and will continue to support health system transformation.

Bill No. 38 is an enabling step toward improving and building a health and social services system that serves the people of this territory and which is, in fact, patient-centred.

Our system has many strengths, but as the *Putting People First* report highlighted, access, cultural safety, efficiency, and equity are all examples of the areas where we need to improve. Bill No. 38 is a framework legislation for the establishment of Yukon's first health authority — a move that will separate the delivery of health and some social services from the regulation and oversight of the system. It's important to remember that

Yukon is the second last jurisdiction in Canada to move to a health authority model.

A health authority supports a system-wide perspective that enables better planning, improves efficiency, and allows for innovative health system delivery models. The role of the health authority in the Yukon involves the planning, organization, administration, and delivery of health and social services to improve and meet the health and wellness needs of Yukoners in the territory. It does this in keeping with operational and strategic plans within the broader health system. Its purpose is to provide integrated person- and family-centred health and social services within the scope of this bill.

The bill provides the framework of how the health authority is to do this. It applies guiding principles that inform provisions on cultural safety, patient safety, and quality assurance. It also prioritizes support for workers, health promotion, disease and injury prevention, innovation, and continuous quality enhancements and improved health outcomes.

The health authority will deliver culturally safe, person- and family-centred, effective, efficient, integrated, and population-health-oriented health services.

We are asking a lot, Mr. Speaker, of this little bill. The proposed health authority will serve as a major health service provider and contributor to transformation of the health and social services system in the territory. The main content of Bill No. 38 speaks to how the health authority will be established and how it will operate the hospitals and other acute health and social services programs at facilities across the territory. The bill sets out rules, criteria, and conditions in which the health authority is to govern and operate as a separate non-governmental organization. Bill No. 38 defines roles and responsibilities, identifies the scope of programs and services, and establishes principles for how the health authority conducts its operations and interacts with the health and social services sectors.

Once operational, the scope of the health authority includes the management of the three hospitals that are currently under the Yukon Hospital Corporation and may include responsibilities for the day-to-day delivery of health and social services, such as community health centres, integrated health centres like Centre de Santé Constellation, long-term care, Mental Wellness and Substance Use, and Emergency Medical Services.

Together, we are building a system that everyone can access, that is equitable in every way, which is culturally safe, and which improves the quality of life for everyone in the Yukon.

Bill No. 38 presents the opportunity to establish a health authority that will support doctors, nurses, allied, and other health care professionals to deliver integrated, culturally safe care. Through Bill No. 38, we are introducing the first elements of system transformation based on several guiding principles and intended health outcomes. We will be better able to articulate a single, clear vision for health and social services that unites the efforts of those working in the system.

We will be able to understand the needs of communities and coordinate the various roles of providers in the system, including NGOs and First Nation governments. We will be able to focus on holistic and integrated population health. We will be able to partner with Yukon First Nations, NGOs, members of the public, and health care providers in the long-term planning of health and social services. We will be able to partner with Yukon First Nations to develop and implement a comprehensive and coordinated approach to cultural safety and humility in health and social services, and we will be able to improve services and outcomes for Yukoners.

Bill No. 38 is something that we can be proud to implement in the Yukon Territory. I say that even knowing the enormity of what we are undertaking. To make such meaningful change in our health and social services system, our health and well-being, the health and well-being of all people in the Yukon, and the experience of health and social services providers must be taken into account. It is worth the investment. It is worth meeting this challenge head-on.

In transforming the health and social services system, the Government of Yukon is committed to partnering with Yukon First Nations, consistent with advancing reconciliation and its commitment to the Truth and Reconciliation Commission's calls to action so that the system, including the health authority, respects and incorporates Yukon First Nation perspectives, values, priorities, and ways of knowing, doing, and being.

In recognition of the important and enduring role of Yukon First Nations in transforming the health and social services system, Bill No. 38 reflects Yukon First Nations' roles with respect to decision-making. Decision-making processes included here includes making reasonable efforts to reach consensus and consultation with the Yukon First Nation health committee. The principle is that making reasonable efforts to reach consensus is applied at the nomination of the board members stage and with respect to strategic planning. Consultation applies to matters of operation and accountability, such as the development of the accountability framework.

Bill No. 38 signals the important connections to community and community-wellness inequity. As part of these connections, the bill requires the health authority to increase community-level involvement in determining community needs and perspectives, and this includes consideration of any community health and wellness plans.

A core principle of health transformation is equity in health outcomes and the elimination of health disparities among all population groups in the Yukon, including Yukon First Nations, 2SLGBTQIA+ persons, persons with disabilities, and racialized individuals.

Bill No. 38 requires that the *Languages Act* be applied to the health authority, as it currently does to the Yukon Hospital Corporation, to ensure the importance of French language services. This means that the health authority will be required to provide services in both French and English and to communicate with the public in both languages.

Another connection to Yukon communities is the requirement for diversity of the board, which is proposed as reflecting the cultural, regional, and gender diversity of the

Yukon, along with residency requirements. While diversity of the board is a factor, the selection of the board of directors will be based on competency and reasonable efforts to reach consensus with the Yukon First Nation health committee. The level of partnership with Yukon First Nations in the development of and embedded within the framework legislation is cutting edge not only in Canada, Mr. Speaker, but around the world. There has been incredible dedication by Yukon First Nations and the Council of Yukon First Nations to this legislative work. We must thank them for taking this journey with us together.

I want to thank the Chiefs Committee on Health, the Health Transformation Advisory Committee, Yukon First Nation officials and leadership, the Council of Yukon First Nations, and Government of Yukon staff whose significant efforts and collaborative work on this bill makes it possible for us to take this big step toward transforming our health and social services system in the Yukon. My thanks — or the thanks of all Yukoners, in fact — would simply not be enough.

Advancing legislation for Shāw Kwā'ą Health and Wellness Yukon, Santé et Mieux-être Yukon with guidance and insight from Yukon First Nations and health providers will lay the foundation for a modern, responsive health authority that reflects the values and the interests of all Yukoners.

Mr. Speaker, this is an incredible opportunity at a crucial step to transform the health and social system, to create an effective, efficient, integrated, and population- and health-oriented system based on equity and respect.

We are building the health care system that Yukoners have asked for and Yukoners deserve. When the *2020 Putting People First* report was being completed, we heard that, while the system has many strengths, like our compassionate and dedicated health care providers — whom I cannot say enough about here — there are areas for improvement.

Paramount to these improvements is strengthening relationships with Yukon First Nations and government-to-government partnerships to deliver integrated, collaborative, culturally safe, anti-racist health care and social services that put Yukoners first.

The Government of Yukon is committed to government-to-government work with Yukon First Nations, which has been an essential element of our governing since we first were elected in 2016 and therefore is an essential element of our health and social services system transformation.

We remain committed to working in partnership with Yukon First Nations to help deliver culturally inclusive and responsive health and social services for all Yukoners consistent with advancing reconciliation, its commitment to the Truth and Reconciliation Commission calls to action, and implementing *Putting People First* recommendations.

At the core of this work is our commitment to establish a health authority in partnership with Yukon First Nations to advocate for access, equity, and culturally safe services for all Yukoners who experience systemic inequities in our health and social services system; it is simply not acceptable anymore.

Mr. Speaker, I think a good way to summarize the principles of Bill No. 38, the *Health Authority Act*, is to talk

about the guiding principles that are embodied in the bill and that will also shape Yukon's health and social services system transformation. The health authority contemplated by Bill No. 38 will be held accountable to achieve the following: It will need to achieve health and social services that are culturally safe, integrated, person- and family-centred; it will need to achieve a health and social services system in the Yukon that is free from racism and discrimination; it will need to achieve care that is delivered with quality and compassion; it will need to achieve programs and services that improve community and individual wellness; it will need to achieve health equity and access to health care that is improved; it will need to achieve collaboration with Yukon First Nations, other health system partners, and health system providers that is essential to effectively meet the needs of Yukoners; it will need to achieve a system that respects and incorporates Yukon First Nation and Indigenous perspectives, values, priorities, and approaches to Health and Wellness Yukon; it will need to achieve a system that is financially sustainable and safeguards these core principles; it will need to achieve Indigenous representation among health and social services workers, including those who provide health services in communities, and make sure that it is increased and that their education and participation is supported; it will need to achieve cultural safety within the health and social services system that means people feel safe. The sense of safety is determined by the individuals who are receiving the care. Health equity and improved health outcomes for Yukoners is fostered and includes addressing all forms of racism, including anti-Indigenous racism.

Mr. Speaker, Bill No. 38 represents the work of all Yukoners who, since 2017, advocated for change and doing things differently, whether that was through engagement, sharing, care, and service experiences or by identifying challenges from working in the system.

This bill is also the work of Yukon First Nations and the Government of Yukon coming together to discuss and design framework legislation on an integral element of health system transformation for the benefit of all.

As a sponsor of Bill No. 38 and as part of this lawmaking body of elected representatives, I look forward to working with everyone over the coming weeks to debate and pass this bill for the benefit of all Yukoners.

As evidence of the importance of this work, I would like to reiterate the words from former Chief Doris Bill, who is present with us today and a Yukon First Nation member of the Health Transformation Advisory Committee, when she said about this process — and I quote: “In the 90s, when Yukon drafted legislation without us, the voices of our people were absent. We have seen the results of that in a health care system that is not inclusive of Yukon First Nation people, and a system that has resulted in lower health outcomes for our people. Now, through collaboration, we are creating a system that gives hope. This will be a system that has the potential to transform lives, ensuring good healthcare for all Yukoners. This initiative is not just for us, but an opportunity for the world to witness the power of a small yet mighty territory in the north. To witness what we are capable of when we work together with a strong

commitment to equity, to reconciliation, and to putting individuals, families and communities at the centre of our work.

Mr. Speaker, all bills that we bring to this Legislative Assembly are important, but we must recognize that there will be no more important work perhaps that we will ever do in this House or in our careers than the debate and passing of Bill No. 38 to create a health authority that will touch and improve the lives of every single Yukon person.

I will appreciate that the climate change work that has been done also touches every single Yukoner.

Mr. Speaker, it takes courage to do this work. We have been sent here to do it together. I urge strong debate and then support for this critical step to transform the Yukon health care system.

**Mr. Dixon:** Mr. Speaker, I am pleased to rise today to speak to Bill No. 38, the *Health Authority Act*, at second reading. I will begin by thanking the minister for her comments as well. I look forward to hearing from others.

I should also begin by noting that, at present, we see significant challenges facing our health care system. Those challenges have been well documented, debated, and discussed over the past number of years here in the Legislature and outside in the public as well.

We have a health care workforce that is undoubtedly struggling. We hear all the time about doctors experiencing burnout and raising serious questions about whether they want to continue in this field. We hear about nurses who are so short-staffed that they faced an unbearable workload. We continuously hear from other allied health professionals who don't feel as engaged, supported, or valued as they should be.

We also have resourcing challenges. We consistently hear that more money is needed in the system, and the debate about how much funding is appropriate for different functions of our system is ongoing.

There has been ongoing debate about the appropriate level of funding for the Yukon Hospital Corporation. This has been particularly the case since the independent report last year from Ernst & Young confirmed that the Hospital Corporation has been systemically underfunded.

The list of issues facing our health care system is indeed much longer than this, but rehashing all of those is not the point today. My point is simply that there are serious challenges facing our health care system, and they deserve significant attention from all levels of government but especially the Yukon government.

Over the past several years, it is clear that a lot of work and attention has been devoted by the Yukon government to this bill. The amount of resources that have been focused solely on this project have been enormous. It is not hard to wonder where we might be if the amount of resources that have been devoted to this project had been devoted to shoring up the front lines of our health care system, but that is a point for another time.

At this point, I would like to turn my focus to the bill itself. At a high level, we certainly understand that the intent behind the bill is to allow for a systemic overhaul of the way that health care is delivered and to better integrate the way that health care

delivery occurs in the Yukon. The integration of health care delivery is something that is difficult to disagree with. I can't imagine anyone arguing against that idea. But, of course, as with anything, the devil is in the details, and as far as we can tell, there are significant details that have not yet been worked out. As far as we can tell, those details are not insignificant, so at this stage, we have more questions than answers.

First of all, some of our most significant concerns and questions centre around the employees who will be transferred to this new corporation which will take over the operation of our three hospitals and perhaps significant functions that are currently delivered by the Yukon government. At this stage, we simply don't know how many employees will be affected. We have heard the minister allude to a list of branches of the Department of Health and Social Services that could be affected, but so far, we have never had a clear sense of the total number of employees who will be transferred from their current employer to this new corporation. That in and of itself is concerning to us.

We have also not yet received a sufficient level of commitment around what this change will mean for the pay, benefits, and pensions of those yet unnamed and unenumerated employees. We have heard vague verbal commitments from the minister about this but nothing near the level of clarity and specificity that is warranted by a change of this magnitude. So far, we have heard many, many employees who share these concerns. We can only assume that the unions representing these employees have concerns and questions as well. At this point, though, we simply have not even had a chance to meet with all of them.

We know that this is a busy week for some unions, with ratification votes having been delayed and meetings happening with their members. Nonetheless, we would like to hear from them. Furthermore, we have not yet had a chance to meet with the Health Transformation Advisory Committee. We have a meeting scheduled later this week but have not yet had the benefit of hearing from them directly.

One group we have heard from, though, is the Association franco-yukonnaise. They have expressed serious concerns about their lack of involvement, the lack of consultation with them, and the lack of recognition of the French community in this bill. In fact, they have already suggested amendments to the bill.

So, overall, we find ourselves in a difficult position when it comes to this bill. It is a big, complex bill that has the potential to significantly change the way that health care is delivered and will clearly have massive implications for those employees involved in the delivery of health care, but the details of this entire project are not yet clear, and there are many unanswered questions and many groups yet to hear from.

So, in our opinion, calling this bill for second reading today, in light of the concerns and questions I have mentioned, feels rushed. For us, as legislators, the debate about this bill, both today at second reading and on subsequent days in Committee, will be the only time that we, as legislators, have to attempt to answer these questions. It will be the only opportunity that we, as legislators, have to influence how these

important questions are answered, because if this bill passed in its current form, it provides massive leeway to the Commissioner in Executive Council — or in other words, the Liberal Cabinet currently — to make massive, massive decisions.

In the words of one employee I heard from, it essentially writes a blank cheque for this government to do as it wishes — and quite frankly, Mr. Speaker, I'm not sure that my colleagues and I are comfortable with that at this point.

When the minister tabled the bill, she scrummed with the local media and brought up the example of devolution as a comparison. I thought that was an interesting comparison, because devolution occurred in a very different way. There were years of consultation, negotiations, and discussions before the final step, which was the passage of legislation. That consultation, those negotiations, and those discussions occurred over multiple governments of multiple parties.

Whatever folks — affected employees or others — thought about it at the time, they knew very well what the legislation meant for them when it was finally tabled and passed. Yet in today's case, we seem to be approaching things in the opposite way. We are asked to pass the legislation first and then proceed with all those negotiations, consultations, and discussions later. I'm not convinced that this is necessarily the best approach.

However, regardless of that, I think we would all benefit from slowing this process down a bit. We would benefit from hearing from some of the unions, groups, and health professionals who have not yet had a chance to thoroughly consider this legislation.

So, I am going to propose that we pause this debate. I'm going to propose that we adjourn debate on this today and wait for at least another week to give some more time for groups to weigh in. This won't mean that the bill will die; it will simply mean that we are hitting the pause button for a few days.

### **Motion to adjourn debate**

**Mr. Dixon:** Mr. Speaker, I move that debate be now adjourned.

**Speaker:** It has been moved by the Leader of the Official Opposition that debate be now adjourned.

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. Pillai:** Disagree.

**Hon. Ms. McPhee:** Disagree.

**Hon. Mr. Streicker:** Disagree.

**Hon. Ms. McLean:** Disagree.

**Hon. Mr. Clarke:** Disagree.

**Hon. Mr. Silver:** Disagree.

**Hon. Mr. Mostyn:** Disagree.

**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:** Disagree.

**Ms. Blake:** Disagree.

**MLA Tredger:** Disagree.

**Clerk:** Mr. Speaker, the results are eight yea, 10 nay.

**Speaker:** The nays have it.

I declare the motion defeated.

*Motion to adjourn debate on second reading of Bill No. 38 negatived*

**Speaker:** Leader of the Official Opposition.

**Mr. Dixon:** Mr. Speaker, I will continue with my comments then at second reading.

So, as I explained earlier, it is my view that there are significant unanswered questions with this legislation. There are significant concerns that have been raised by groups outside of this Legislature. There have been questions raised by employees who are affected by this that have not been answered, and there has not been, I think, sufficient time to hear from some of the groups who will be directly affected by this.

The time that we have here in the Legislature to debate this bill is the extent to which we, as legislators, will have influence over this system, and so I think that it is very important that we do our best to hear from those folks and to hear those concerns and address them. While obviously we would prefer that occur next week instead of today, that is not the will of the Legislature, and so we will proceed with second reading, of course, today.

At this stage, despite our significant concerns, reservations, and questions that are unanswered, the Yukon Party will be voting in favour of this legislation to proceed to Committee so that we can continue the debate and discussions in Committee of the Whole on this bill, and hopefully, we will receive answers to the significant questions that we have raised here today and those questions that have been raised by any of the numerous groups and organizations who have put forward concerns and questions so far.

Mr. Speaker, I look forward to getting into Committee over the course of the next several weeks on this bill. I know that members of the Legislature will have a lot of questions and a lot of work to do as we go through this bill in Committee, but as I said, despite my significant reservations and the significant questions that I still have, I and my colleagues will vote in favour of advancing this bill into Committee so that we can have those discussions, we can have that debate, and hopefully, we can seek the answers for Yukoners that they deserve.

**Hon. Mr. Silver:** It is truly entertaining. The member opposite is really taking to task his degree in poli-sci to come to this Legislative Assembly today and to say, from all of the consultation and all of the preparation and all the work that has

been happening for years on this to get us to where we are today and to deny a briefing today from the Health Transformation Advisory Committee and then say: Well, we don't have enough information; we have all these questions — truly a work of art from the Leader of the Official Opposition. If you are going to have to start with the position as the Official Opposition: Well, we have to oppose this, so somehow, we are going to have to show that we oppose this but, at the same time, save some face — it was a master class — absolutely — today.

I am very pleased to rise today to speak to this incredibly important piece of legislation. As you know, Mr. Speaker, we are one of the only jurisdictions left in Canada to not have a health authority. Our Yukon Liberal government has taken extreme steps toward modernizing our health care system by bringing forth this legislation to create a Yukon health authority. To hear the member opposite talk about the crisis that the world is facing and not be able to see, right in front of his own face, the solutions that are on the floor of the Legislative Assembly today — I am gobsmacked.

The role of this health authority is to govern, is to plan, and is to deliver health care services, identify population health needs, plan programs and services, and ensure that the programs and services are properly funded and managed. Again, it is just very interesting.

I have had the privilege of watching this come about and to watch the absolutely incredible work of my colleague the Minister of Health and Social Services in both my capacity and role as the Minister of the Public Service Commission and also my former role as premier.

When we were first elected, we said that we wanted to bring the government into the 21<sup>st</sup> century and to embrace a new way of doing business, of doing government, of building relationships with First Nations, with businesses and industry, and with our public servants, new ways of doing that were built on a foundation of evidence-based decision-making, built on utilizing thorough, tried, and true foundations, like the index of well-being — ways of doing that we're focused on to make the Yukon a place that everyone can call home.

I am very proud of the work that the minister of health and her team have undergone on this. I am proud of the work the public servants have done so far to lay the foundation, and I'm grateful to all the First Nation governments, the involvement of labour and what they have contributed, and the Government of Yukon as we work very hard to put our health care system into the 21<sup>st</sup> century.

Now, I want to put my Public Service Commission hat on, and I would like to address some of the important points and some of the concerns that have been raised by the opposition regarding the impact of the transition to a new health authority, especially the concerns about what areas of government will be impacted, the concerns with pay, benefits, and opportunities for advancement, and the impact on pensions for current Government of Yukon employees.

The Public Service Commission is supporting the Department of Health and Social Services in its strategic planning of the overall human resources management function for a new independent health authority, Health and Wellness

Yukon. Our support encompasses critical labour impacts and strategies, including pensions, benefits, union engagement, classification, personnel transfer, legislation, and human resources management systems.

First, I want to speak to the services that the establishment of the new health authority will be responsible for delivering. The integrated health authority aims to enhance coordinated care and service delivery across hospital facilities and health and social services. This arm's-length government agency will manage specific health and social services, such as acute care, front-line care, the Yukon Hospital Corporation, including the three hospitals in the territory, Emergency Medical Services, and community health centres. To date, no decisions have been made on the specific functions, programs, or services that will become the responsibility of the health authority, but the *Putting People First* report outlines the recommended services.

In addition, section 5 of the legislation lists potential health and social services that could be delivered by the health authority, but it is not a comprehensive list and does not provide a timeline for transfers. Some of the services identified in the *Health Authority Act* include hospital and medical care services, primary care services, chronic disease prevention and management, mental wellness and substance use care and services, continuing care and services, rehabilitative care and services, Indigenous traditional healing and wellness, and also social care services.

In addition, section 74 of the tabled *Health Authority Act* allows the Commissioner in Executive Council to make regulations, subject to any terms and conditions, respecting the transfer of employees or classes of employees to and from the public service as defined in the *Public Service Act* and the health authority.

Now, we understand that our staff have questions about the upcoming changes, and we want to assure all of our staff that we are prioritizing the well-being and support of our workforce as we navigate this transformation. The transition to a health authority is not a cost-savings or workforce-reduction exercise. Our intention is to improve the care experiences for our patients without sacrificing employee work conditions, pay, or benefits. Preserving and matching pay, benefits, and pensions are essential to our transformation goals.

We are committed to consulting with unions and keeping you informed as we move forward on these important details. The health authority will operate independently from the public service, meaning that the *Public Service Act* will not apply to it. Similar to our current Hospital Corporation, the health authority will be regulated by the *Yukon Employment Standards Act* and *Workers' Safety and Compensation Act*, and its labour relations, including collective bargaining, will be governed by section 1 of the *Canada Labour Code*.

It is important to note that, under the *Canada Labour Code*, successorship rights exist for all bargaining unit employees, giving protection to terms and conditions of employment through a transfer of operations. This means that employees who are currently represented by a union will continue to be represented by one and will port their existing negotiated

collective agreements along with their corresponding pension benefits and comprehensive benefits packages.

We are also committed to honouring and protecting the rights of management staff. Every member of our team, whether front-line support or management, plays a critical role in ensuring that we can continue to provide high-quality, person-centred health care to Yukoners.

Mr. Speaker, in terms of union engagement, we started communications with the Yukon Employees' Union regarding *Putting People First* and the transition to an independent health authority in February 2022. As we have progressed toward the transition, we have increased frequency of engagement and have maintained regular communication with the Yukon Employees' Union since the fall of 2023.

In accordance with our collective agreement, we are committed to consulting with the Yukon Employees' Union and will provide them with formal notice of consultation regarding the transformation of any programs involving bargaining unit employees where appropriate, focusing on matters such as pay, benefits, and pensions. The establishment of Health and Wellness Yukon as an arm's-length government agency for the delivery of specific health and social services is a key recommendation from the *Putting People First* report. This integrated health authority aims to enhance coordinated care across hospital facilities, long-term care homes, and social services.

The Public Service Commission provides key support in areas such as human resources management systems, pensions, benefits, classifications, personnel transfers, and legislative implications for the health authority. We are conducting a thorough analysis and providing labour relations assessments to ensure a smooth transition. The Department of Health and Social Services, with support from the Public Service Commission, will continue communication with staff about the changes and what they mean for them.

I would like to address a concern raised by opposition regarding the protection of pensions for current Government of Yukon employee positions being transferred to the health authority. Rest assured, we are dedicated to safeguarding the pensions of all employees affected by this transition. The Yukon Hospital Corporation has a different pension plan than the Yukon government employees working for the Department of Health and Social Services. The Government of Yukon employees are represented by the Public Service Alliance of Canada, Yukon Employees' Union — some Yukon Hospital Corporation employees are represented by PSAC/YEU, while others are represented by the Professional Institute of the Public Service of Canada. The Public Service Commission is collaborating very closely with the Department of Health and Social Services to ensure that our employees will be treated fairly during the transition to a health authority.

The Public Service Commission started communications with the PSAC/YEU regarding the transition to an independent health authority in February 2022 and has continued to provide information to the YEU as it becomes available. Formal consultation with YEU regarding our employees will commence as established by the collective agreement. If an

individual is employed by the Department of Health and Social Services and the Yukon Hospital Corporation, both jobs could come under the health authority, a single employer. The new health authority will assume responsibilities for administering its own health resources policies to promote healthy work and safety practices in compliance with its collective agreements. The hospital pension plan is sponsored by the hospital and its pension committee of the board of trustees, whereas the public service superannuation plan the Government of Yukon employees participate in is sponsored by the federal government.

The Government of Yukon is exploring potential pension solutions for Health and Wellness Yukon. We are working with a business law firm and an accounting firm to explore pension options, ensuring that they are fiscally sustainable, attractive to workers, and equitable for transitioning staff.

The intention of a pension plan for the Health and Wellness Yukon employees is to have a similar level of pension benefits and stability. We will consult with the unions and communicate with employees when we know more.

We are currently facing a health human resources crisis across the country, and we are working to attract and retain health care professionals through the work outlined in the *Health Human Resources Strategy*. Efforts are being made to ensure continuity of service and employment. The focus is on providing the best health care, not reducing the workforce.

We know that staff have questions about what these changes mean for them. While we are still in the early stages of this work, the well-being of the workforce and ensuring staff are supported is at the forefront of all of our work. We will continue communicating with staff and with their unions about what these changes mean for them.

It is extremely important to highlight that creating Health and Wellness Yukon, Shāw Kwā'ā, is about providing the best health care system for Yukoners and is not an exercise in streamlining the workforce. We are taking concrete actions to ensure that we are attracting and retaining our health care professionals in the territory.

Mr. Speaker, a foundational recommendation of the *Putting People First* report is to establish the health authority which will deliver most day-to-day health and social services. The goal of said health authority is to create an organization that will provide better health care for Yukoners. We believe that one organization that is responsible for service delivery will be better able to remove the silos in the system, ensure better continuity of care, and provide effectiveness and efficiency. Our goal is to create a high-performing health and social services system with a focus on *Putting People First* by building a system that is person- and family-centred, culturally safe, anti-racist, accessible, and integrated, creating a workforce that is supported, staffed appropriately, and supports the work/life balance of Yukoners, incorporating population health and social determinates of health to address wellness inequities and community wellness.

In conclusion, I want to reiterate our commitment to supporting our workforce. Ensuing a seamless transition to Health and Wellness Yukon, we will continue to prioritize

transparency, communication, and consultation throughout this process.

**Ms. Blake:** The health authority is the foundation of transforming health care in the Yukon not only for Indigenous people but for all folks in our territory who lack access to health care services. With the development of this health authority legislation, it is evident that there has been a heavy focus on the health of the Yukon First Nation population while also looking at new ways to focus wellness through a holistic lens. This is not only a huge step forward for First Nations but for all people across our territory.

I extend my gratitude to the Chiefs Committee on Health and to HTAC, who have worked so hard to develop new ways to focus on wellness from a First Nation perspective and their efforts to advance cultural safety across the Yukon's health system, something that has been a long time coming.

This legislation for a health authority is exactly what is needed as we work together to build a sustainable public health care system for the Yukon, for those today, and for the generations yet to come. It lays out the priorities for transitioning the health care system, and it guides those leading this initiative as they work toward transforming Yukon's health care services. When we talk about the development of a health authority, it is so important that we understand the challenges that we are facing with our health care system, especially when it comes to cultural safety, addressing racism, language barriers, and race-based policies that dictate what journey we experience when accessing services, especially when you fall under Health Canada's system.

It is also so important to acknowledge the demands being placed on the health care system and those who work in it. We must give recognition to the many folks who continue to show up day after day to take care of us as Yukoners while also holding our health care system intact. That is not easy work. At present, we have a hospital that is running at or over capacity. We have a growing population of seniors requiring care that often could be better provided outside of hospitals. Our emergency rooms are constantly facing the challenge of being full of individuals who would be better served by a primary health care provider if they had one — some of these people who spend hours in the emergency room because they can't be admitted due to bed shortages.

Our workforce is also aging, and there are roles that are or will soon become vacant as long-time health care providers move on to much-deserved retirement. We have a health care system that is struggling with shortages of nurses, doctors, psychologists, and other professionals who carry an important role in the health and well-being of every Yukoner. That is why this health authority is so critical for the times that we are in.

This legislation aims to optimize population health and well-being, provide quality patient-centred care, increase access, and improve addiction and mental health outcomes for all people, especially during the substance use emergency. We have the opportunity in front of us to build a health care system where patients and those who work in the health care system feel supported and welcome.

We have an opportunity to break down silos so that our health care providers and all who work across many systems are better supported to collaborate and work together to support individuals in their health journey while also feeling supported as service providers. In the work that has been done on this important legislation, it has become even more evident that our approach to health care must be holistic. This legislation recognizes the importance of having a healthy, safe environment and access to healthy foods, including traditional foods and traditional medicines that can be combined within western medicine. It also recognizes the importance of being patient-centred, ensuring that the patient is an active member involved in the decision-making process about their care, starting from prevention to intervention to treatment and aftercare.

Each phase of this process involves a community of people there to support the needs of the person. When I do community visits and travel to my own riding, one of the key issues that comes up from folks is the lack of access to health services in rural Yukon. Anyone who has shared their experiences has indicated that, when they need to see a health care provider, they need one to be available in a timely manner in the community. This is a growing concern across many communities, especially in those communities that have seen repeated health centre closures due to no staffing.

There are many across communities who have shared their stories of what it is like to live with chronic conditions, who experience an extreme lack of access to physio services, a physician, a specialist, home care, psychologists, and so many other services that are centrally based in Whitehorse.

I have also listened to countless stories from folks across the territory who simply did not have the means to travel to their medical appointments. This is an important issue to highlight, as we have a multi-tiered system in place for access to health care services. Transportation is just one aspect of rural health care that needs to be addressed, and the health authority has the power to change that. Every Yukoner deserves to have a primary health care provider whom they can get an appointment with in a reasonable amount of time. Every community and health care facility across the Yukon has an active role in our health care system as we work toward transitioning to a health authority that prioritizes patient care, safety, and efficiency.

Every level of government also has a role to play as well. We need to remember, as we move forward, that addressing health care challenges must not happen in silos, because that has happened long enough. Every government department must work together to ensure the success of the health authority.

The Yukon's health authority will create a more sustainable health care system that responds to the individual needs of each community it serves. We will see a system where patients remain at the centre, empowered to be leaders in their care and with supports they need. The health authority will be more responsive to the needs of the people it serves while ensuring that every Yukoner in the territory has access.

As an Indigenous person speaking to this legislation in this House, this is important legislation for us as Indigenous people

because it has the ability to enhance outcomes for our entire population of First Nation people from the time our children are conceived to when we are laid six feet in the ground.

In saying that, I am so excited to witness the Yukon health authority become a reality for our territory.

Mahsi' cho.

**Hon. Ms. McLean:** I too want to offer my congratulations to my colleague the Minister of Health and Social Services and to all of the members of the Chiefs Committee on Health and the Health Transformation Advisory Committee for their hard work to bring this to reality. I am very honoured to sit as a member of the ministerial subcommittee on Health and Wellness Yukon, advancing *Putting People First*. I sit with a number of my colleagues and, of course, our deputy ministers, including the deputy minister from one of my departments, Sierra van der Meer.

Before I get into some comments about how this relates to women and gender equity, I just want point out a couple of things. Thinking back to our time in the Legislative Assembly and when we have had opportunity to speak about *Putting People First* — my colleague has done some searches to get some of the exact dates for when this was debated previously. I go back in time to October 19, 2020 when we had witnesses from the committee that did this hard work come into the Legislative Assembly to provide more detailed information.

Also, a former colleague and MLA for Mayo-Tatchun, Don Hutton, brought forward a motion in support of the implementation of *Putting People First* on December 16, 2020. Folks can find some really interesting comments made by the Member for Lake Laberge on page 2437. In those comments — we had to sit through a whole day of that member delaying the vote on this. He actually spoke out the whole day so that we wouldn't get to a vote in support of *Putting People First*. The member made comments like he didn't think a health authority was something that would work or that it would be just a silo of bureaucracy. Those comments can be found on that page in Hansard. I just wanted to point that out.

This has been a long time in the making. The Financial Advisory Panel did really hard work looking at ways in which we could bring our government into modern days. This is part of what is happening today. This has been decades, as folks have said, in the making, and it is a historic day to have it come to the Legislative Assembly today in second reading.

I wanted to make those comments, because there are long, long days in this Legislative Assembly where we hear folks just waste the time of everyone, and that was one of those days.

As the minister responsible for women and gender equity and as a co-chair to the Yukon Advisory Committee on Missing and Murdered Indigenous Women, Girls and Two-spirit+ People, I would like to take this opportunity to reflect on the connections between a new people-centred health authority and the work to create a more equitable and just society for Yukoners.

Chapter 6 of the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls focuses on health. I wanted just to quote a section within that report —

quote: "... when the right to health is in jeopardy, so is safety. Improving health services and delivery mechanisms can contribute in concrete ways to promoting community and individual health, safety, and healing, especially when it involves embracing effective and self-determined solutions that challenge racist, sexist, homophobic, and transphobic assumptions that all too often continue to shape how the health of Indigenous Peoples, and especially Indigenous women, girls, and 2SLGBTQIA people, is valued."

Health and MMIWG2S+ are absolutely linked. The implementation plan for Yukon's MMIWG2S+ strategy was created by the Yukon advisory committee and released in the late spring of 2023. It contains many action items designed to address the systemic issues behind the crisis of missing and murdered Indigenous women, girls, and two-spirit+ people.

Bill No. 38 and the creation of a health authority is a transformational action. It is part of the systemic change that is truly needed to address the crisis of missing and murdered Indigenous women, girls, and two-spirit+ people to change the story for future generations. The health authority will be instrumental in meeting the objectives of Yukon's implementation plan, particularly those found under section 1.7, which calls for improvements to the health and social programs and services. There are many details that can be found within the implementation plan that directly speak to the changes that are needed.

The *Health Authority Act* defines guiding principles for cultural safety, patient safety, and quality assurance. It prioritizes health; it prioritizes health promotion, disease and injury prevention, support for health care workers, innovation, continuous quality improvement, and better health outcomes for Yukoners. It commits to collaboration with Yukon First Nation leadership and other health partners to create an effective, efficient, integrated, and population-centred health and social services system based on equity and respect for all Yukoners.

Bill No. 38 requires the health authority to increase community-level involvement in determining health needs and perspectives. This includes consideration of any of the community health and wellness plans, improving access to health care for all Yukoners, particularly those living in rural and remote communities. This is critical to having healthier and safer communities.

At the core of the health transformation is the principle of equity in health outcomes, a principle that we have also integrated into the LGBTQ2S+ *Inclusion Action Plan* and one that we see continuously reflected in the MMIWG2S+ strategy implementation plan. The elimination of health disparities among groups is something that we wish for all Yukoners, Mr. Speaker. Let me clear that a health authority is good for all Yukoners.

Mr. Speaker, I want to take a moment to reiterate the benefits of a health authority for all of us. A health authority takes a whole-of-system view and allows for greater planning, improves efficiencies, and makes space for innovative health system delivery. Its purpose is to centre health and social services around people and families, integrating programs and

systems to provide a more seamless experience for individuals. It sets guiding principles on important aspects of health, such as patient safety, quality assurance, and cultural safety for all. It also examines health proactively as prioritizing health promotion, disease and injury prevention, support for workers, innovation, and continuous quality improvements. As the minister of health has said, the health authority will deliver culturally safe, person- and family-centred, effective, efficient, integrated, population-health-oriented health services.

As I stated earlier in my comments, this bill represents decades of work, not only the work done by the Yukoners who contributed to the *Putting People First* plan but also the families, survivors, and advocates who spent decades speaking about the challenges and inequities that exist within their communities.

I am very proud to be a lawmaker in this jurisdiction, to truly take a collaborative approach to our health care system. It is days like this that make everything else worthwhile. We know that this transformation is going to transform how folks are cared for in our territory. I look forward to continuing to work with all of my colleagues to pass this bill as we work through this session, because Yukoners deserve this. They have spent years fighting for it, and I am 100-percent supportive of it.

**Mr. Cathers:** Mr. Speaker, I am pleased to rise today as the Yukon Party Official Opposition health critic to speak to this proposed legislation.

To begin with, Mr. Speaker, I would like to emphasize the fact that the health care system in the Yukon is vitally important to all Yukoners. If the government is proposing major structural changes, it is very important that any model reflects the needs of patients and health care professionals.

Mr. Speaker, we have many unanswered questions about this legislation and the government's plans to move employees under the corporation that it is creating. As my colleague the Leader of the Official Opposition noted, we will support it moving forward to Committee so we can ask more questions, but I would caution the government that they need to demonstrate that they have good answers to the questions that we're hearing from health care professionals.

I want to emphasize as well that we disagree with the decision that the Liberal government made to sideline front-line health professionals in planning major changes to the health system and developing this proposed legislation. Mr. Speaker, we don't disagree with the concept of developing a health authority or with working with First Nation governments to make the health care system better for all Yukoners. But working with them didn't force government to sideline health care professionals, and Yukon health care professionals should have been more involved in this process at every step of the way.

How many people think that it's a good idea to redesign the health system without doctors, nurses, and other health professionals at the table? Clearly, the Liberals across the way do, but, Mr. Speaker, I believe that there is no good reason why health care professionals couldn't have been more directly

involved in planning these proposed structural changes to our health care system at every step of the way.

I would also note that, as my colleague touched on, in comparison to the devolution process and the information shared with employees and their unions in advance of that work, the government has been much less transparent with people and the unions representing employees during this process than government was in devolution.

I should also note that there is no reason why the draft legislation that we are discussing here today couldn't have been shared with health professionals before it was tabled. That has happened in the past under governments of every stripe, Mr. Speaker.

In the legislation itself — though they have referred to it as “a framework” — one example of a pretty significant change in the act is the choice that has been made to remove a representative of doctors from the board. In fact, in the past, there was a time when there was also a representative of other health professionals. In the feedback that I have heard from doctors, nurses, and other health professionals so far since the tabling of the legislation, I have yet to run across anyone who thinks that the change they are making is a good idea. I have, however, heard from many individuals who believe, in fact, that government should be perhaps adding more health professionals to the board and simply ensuring, through a proper conflict-of-interest policy, that they are not able to vote on or participate in matters relating directly to their program area in a way that would be inappropriate.

I note as well, Mr. Speaker, that the government, in talking about this, typically points to a consultation process that occurred about five years ago. There has been a lot that has changed in the last five years, especially in the area of health care. Ironically, the government itself, when challenged on pressures in the health care system, typically whips out the pandemic as an excuse for shortages of health care professionals and problems in health care, but in this specific case, for some reason —

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

**Mr. Cathers:** I hear the Premier kibitzing off-mic — perhaps about the Scotland trip, was it again?

In this case, the government is relying on a five-year-old consultation that was pre-pandemic, and while they talk about how big of an impact the pandemic had on government and government operations in health care, one might ask the question: Would it not be appropriate to check in with health care professionals at least since the five-year-old consultation process that involved them and ask whether the impacts of the pandemic should drive any changes to what is being considered?

Mr. Speaker, I would also note just that when it comes down to the structure of any significant health care system changes, it's going to have some impact on the operation of the system. Some of those impacts may be positive and some may be negative, and there may be unintended consequences from any decision, no matter how well-intended. Structural changes have the potential to impact things such as the flow of test results, referrals, health care wait times, patient care, and much

more. Again, some impacts may be positive, but some may also be negative and some may be unintended.

People who work on the front lines of our health care system have a far better understanding than the minister of health or her colleagues of how the system works, where the gaps are, and what they need to improve the system. Health care professionals are the people who have the best understanding of what impacts any operational or structural change are likely to have.

I would also note, just jumping back to the board again, that there are two other specific concerns that have come up regarding it. Currently under the *Hospital Act*, there is the requirement for rural representation from each of the two rural communities in which there is a hospital. The government is removing the requirement for rural representation. Again, this is something that Yukoners, including health care professionals, may have an opinion on. It is a significant policy change. It is, some would argue, reflective of the Liberal government's attitude toward rural Yukon, but the bottom line is that it is a structural change.

We also know that — among the specific concerns identified by the francophone community through the letter from the Association franco-yukonnaise — one of the concerns they identify is about representation of francophones on the board. I would note that they have asked for specific changes to be made to the legislation and expressed concern about their lack of involvement in the process of this.

Mr. Speaker, this Liberal government has talked so much about the development of a health authority corporation that they have begun to present it as the solution to every problem in health care while failing to present the necessary evidence to back up that claim. For example, recently in Question Period when asked about the use of helicopters for EMS, the minister dodged the question and pointed to the health authority corporation. Asked about a medical travel lodge for Yukoners yesterday in Question Period, she did the same thing — dodged the question and pointed to the health authority corporation.

Mr. Speaker, it is not a panacea that will fix every problem in health care. Making the proposed transfer is a complex exercise that needs to be thought through and worked through carefully, especially with the people involved in operating the system. Again, as I noted, we don't object to the idea of developing a health authority. In fact, it is worth pointing out that the existing *Hospital Act* envisioned that the Yukon Hospital Corporation would eventually become a health authority. The Yukon Hospital Corporation already has the ability in law to provide continuing care, for example, so it is worth asking the question of how a health authority corporation is different from the current Hospital Corporation.

Mr. Speaker, despite the hype from the minister and her Liberal colleagues, structurally, this is replacing one corporation with another corporation. This legislation also gives the Liberal Cabinet sweeping power to unilaterally change the system without debate in the Legislative Assembly or consulting with employees affected by it and move government employees under a new corporate health employer. Again, it is worth emphasizing that the transparency and

information provided to employees so far compares very poorly to devolution.

Again, it is worth asking: What consultation has actually occurred with health professionals and the organizations and unions representing them? We understand that hundreds of government and hospital employees — perhaps over 1,000 government employees — will see their employer change as a result of this new corporate entity. What is the total number of public employees whose employer will change? Which parts of the Department of Health and Social Services will be transferred to this new health corporation? Will employees of other Yukon government departments be transferred, and if so, who? When someone is employed by both the Yukon Hospital Corporation and the government, if they are transferred under the health authority, which union will represent them? How will government resolve conflicts between representation, for example, of registered nurses currently working for Continuing Care who may be transferred under the health authority when the hospital's registered nurses are represented by PIPSC and, of course, the RNs working in Continuing Care are represented by YEU? When that happens, which union will represent those registered nurses?

It is important to note, Mr. Speaker, that this change will also directly impact more public employees than devolution did. As major a change as devolution was, as many years as were spent working through the details of it, the actual number of employees who saw their employer change was far smaller.

Also, again, in terms of how employees are treated and informed, so far, this process compares poorly to devolution. In the lead-up to devolution, years of planning work took place, including dealing carefully and specifically with how to ensure employees' pay, benefits, pensions, and future pay, benefits, and pensions were dealt with fairly. In contrast, we are hearing concerns from health professionals that they don't yet know how this change will impact them. What will the impact on their pay, benefits, and pensions be, and what will the impact be on those future pay, benefit, and pension rights? Even if their currently accrued pension rights are carried over, what will it mean for the future of their pensions going forward, especially beyond the life of the current collective agreement?

Why has the government not shared its plan for dealing fairly with employees prior to tabling legislation and asking this House to pass it? As my colleague noted, we have heard the comparison given by employees that passing this legislation may be tantamount to giving a blank cheque to the Liberal Cabinet, and as he noted, we have some misgivings about that.

We also know, of course, that overwhelmingly, Yukoners have lost faith in this government, and 80 percent of Yukoners want a change in government.

Mr. Speaker, we also know this government's record of chronically underfunding Yukon hospitals for years — according to the report that they had done by Ernst & Young, in fact, not just us. So, the Liberal government chronically underfunded Yukon hospitals for years, and that includes — one of the examples was that they forced them to borrow millions of dollars from a bank just to cover employee pension solvency costs, and they are currently paying interest

on that to a bank. Ernst & Young reviewed four years of financial statements and found that Yukon Hospital Corporation suffered from — quote: "... a chronic cash flow and operating shortfall."

In 2022-23, the financial shortfall was so serious that — and again quoting Ernst & Young: "'YHC was facing a deficit and was at risk of not meeting payroll and operations obligations' had it not diverted \$7.3 million in capital funding."

Now, lest you thought the government had learned from that lesson, let's talk about the 2023-24 main estimates. In the 2023-24 main estimates, again for the fiscal year that is just wrapping up now, the government provided Yukon hospitals with just over \$95 million in O&M funding at the start of the year. Our hospitals were short almost \$30 million at the start of this current fiscal year in operating funding they needed.

Under intense pressure from the Yukon Party, the Liberal government finally relented and gave our hospitals more money last fall and another \$12.5 million in O&M in the second supplementary for 2023-24, which was tabled earlier this month.

Mr. Speaker, according to the 2024-25 main estimates — the main estimates for the upcoming fiscal year — the revised amount in funding for the fiscal year we're wrapping up for Yukon hospitals was \$124.78 million in O&M that they actually needed. According to that same page, the total O&M being provided to our hospitals for the upcoming fiscal year has dropped to just \$110.4 million. That is \$14.3 million less than the estimated O&M cost for the current fiscal year, which again, according to the government's own budget documents, is \$124.7 million.

As I asked earlier in responding to the ministerial statement, how will setting up another arm's-length entity — another arm's-length corporation — avoid running into the very same problems that the Yukon Hospital Corporation has had with getting adequate funding from this Liberal government? If this government didn't understand the needs of Yukon hospitals, why should Yukoners believe that they would understand the financial pressures of a much larger organization and a much larger corporate entity that they propose forming?

The Minister of Health and Social Services needs to show Yukoners their detailed plan for establishing a health authority. I might add that it is important to note that, given this government's poor track record of providing hospitals with the funding that they need, this Liberal government needs to demonstrate that they have actually understood where they went wrong and demonstrate that they're prepared to step up and adequately fund our health care system.

Our health care professionals deserve transparency from this government, and every employee has a right to know how their job, pay, benefits, and pension will be impacted. Vague verbal promises from the minister is something that employees can't take to the bank, and it won't protect their pensions.

I would also note that, in contrast to the *Health Human Resources Strategy* — which I do congratulate the government for finally listening to us and developing — there are a lot of partners and stakeholders represented at that table and part of

that process who were sidelined during the government's plans to restructure the entire system. Again, who was not at the table? It was Yukon health professionals. It was disappointing and problematic. I would note as well that this is from a government that actually ran on a slogan of "Be Heard". Their lack of willingness to listen to their employees is concerning.

In wrapping up my remarks, Mr. Speaker, I would note again that far more employees are impacted by these proposed changes than participated in the consultation that government is basing the changes on. As my colleague noted, we look forward to asking questions during Committee. We have a number of questions about this process. We will support it going forward to Committee, but we will be asking questions at that point.

With that, Mr. Speaker, I will wrap up my comments today and look forward to much more debate on this at a later date. I would just note, in terms of actually responding to the comments of the Minister of the Public Service Commission, that, in fact, we were offered a meeting with the Health Transformation Advisory Committee late last week. We responded in a timely manner to that request. We agreed to a mutually agreeable time later this week, and it was the government's choice to call this legislation for debate today and insist on a vote today instead of allowing us the opportunity to sit down with that group and have that conversation first.

**Hon. Mr. Pillai:** Mr. Speaker, look, there is a tremendous amount of information that has been tabled today to unpack. I will maybe just start with the comments, first and foremost, from the Member for Lake Laberge.

Speaking to the second reading — look, the *Health Authority Act*, as touched upon by the minister of health, is an incredibly important — incredibly important — piece of work here in the Legislative Assembly.

I have watched this room today. First, I am incredibly moved by the fact that some of the most significant leaders in the Yukon are here in the gallery today — people who have been absolutely selfless in their contribution to our communities. Their intellectual prowess, their understanding, and their work is really second to none. For individuals who have been on this journey from the very beginning of public conversation — as I look at a great community leader and former chief who is here and has been a leader in the Yukon for so long but has been part of that dialogue right from the beginning around the consultation of *Putting People First* to where we are today.

I think the first thing I want to touch on is: What's your lived experience? Depending on your lived experience, I think that will drive your emotion and the significance that you want to see change or the significance you feel that this change will make.

What I am hearing from the Member for Lake Laberge — I listened intently to everything that was just said. My sense of today was that there is much ado about nothing in some of those comments. There was a conversation last week where the member was asked to come to a briefing this week — yesterday and today; he didn't accept that. I do believe that was a ploy to

be able to walk in today and try over the next week to come up with a set of excuses. I am not shocked that we have support today from the Yukon Party on second reading. I think for everybody in the gallery, for all who are listening, and for all Yukoners, the key will be what excuses are made after Committee of the Whole and what will happen at third reading.

Today, I said to my colleagues, "We will get support today." I was shocked at first, but I think it became unbearably tough to sit in this House today, understanding the significance of the people who are here in the gallery and the letters that were tabled today from multiple First Nation governments as well as from medical organizations that represent some of the most significant folks in our medical, front-line health ecosystem. We saw a change today. I think we probably got a little bit of a watered-down set of comments from the Member for Lake Laberge, but I don't think he will let us down when we get to third reading. As they say, we will really understand what he believes.

I'm going to go back to lived experience. It's easy to get up and talk about a number of operational challenges. Of course, they are important, but the strategy was called "putting people first". That's what we are doing today — putting people first.

If you walked into the health care system — a system that has been built and structured to ensure that you are supported at your most vulnerable times — and every time you walked into that experience, or sometimes, you had a different interaction than your neighbour because of your racial background, you would want to see this expediated as well.

Members can shake their heads and not believe that is true, but again, it comes down to your lived experience.

I am just going to touch on one story that I had, and it is from my aunt. It was two Christmases ago, and I want to put it on the record because she asked me to make sure that, if I ever had an opportunity to work here on something like this, that there would be changes made.

I want to put it in Hansard. Her name was Pamela Adamson. She worked for over 30 years for the Yukon government in the Department of Justice. A Christmas ago — not this Christmas, but a Christmas past — she was sitting at the table with me, and we finished dinner. She got very emotional, and she said, "I need to share something with you, and I need you to please do what you can so this doesn't happen to anybody else." The history, of course, was that her parents were key members of Ta'an Kwäch'än Council and helped to structure it. They lived, of course, as constituents of the Member for Lake Laberge's riding. They helped to create some of the First Nation structures here in the Yukon.

She ended up coming and contributing throughout her professional career to the Yukon government. She was admitted to the hospital about a year and a half ago. She went in and went to her room. I'm not going to get into all the details, but what I will share with you is how she was treated and the line of questions that were asked of her. Her entire experience in the hospital was completely different from the individual who was in the hospital bed next to her. After she was admitted and went through this really odd set of questions and the staff

left, the individual next to her said, “Are you uncomfortable with the questions they just asked you? Do you think it was inappropriate? Because when I came in, none of those questions were asked of me — none of them.”

What was the catalyst for that line of questioning to one patient versus the other? What it really comes down to is how we are going to create a system where all Yukoners will have equal and fair treatment so that, no matter what your background is or what community you come from or what your family background is, you’re going to be treated equally as you go through the system.

That was the conversation that took place publicly, so when the members opposite say that the Liberal government is taking this so that they can have the control and make these decisions without accountability — no, Yukoners said, “We want the system to change.” It wasn’t the Liberal government. We went out to consultation. We had a broad conversation, and at that particular time, many Yukoners said, “We want to see this system change.” That’s what happened. I want to commend my former colleague Chief Frost in the sense that it was an educational experience for me sitting at the table when it came to how housing was delivered in this territory and how health care was delivered.

She, at all points, would talk about the gaps, and for somebody who grew up in rural Yukon as she did and experienced the inequities that existed for both supportive housing infrastructure and for health care that drove her in that role to ensure that the imbalance was corrected and that, when the work was done, to make sure that there was a public conversation and that individuals who are highly regarded in this territory went out — and they are highly respected — had a chance to listen and to speak with other Yukoners — the end result was a very significant set of strategies that were put in place and, of course, this particular change.

The legislation and framework are built to address systemic racism, cultural safety, and inclusive care in our health care system. Nobody on this side of the House believes that one particular strategy and act is going to change the health care system and fix everything that is in the health care system that we are seeing.

One of my key priorities coming into this role was health care. I have had the opportunity as a child — you know, you have to go back and think about how your childhood is formed, and my childhood was formed sitting in the admitting desk, in the cast room, and in the radiology room, and that is where my babysitters were, to be honest with you. When the nurses went on strike, they spent their time warming up in the winter in my living room, because my mom was the president of the nurses’ union. My dad worked there; my stepmom worked there — and the hospital was right next door. So, some people — their playground is in a gravel pit, and at that time in the world, it was either the radiologists looking after me or I was going in to play with the lab tech, and people looked after me — it was a small community.

I understand the importance of treating everybody within that system appropriately, and I would never work in a way that wouldn’t do that. We know that the Public Service Commission

is ensuring that we take into consideration what a transition would look like. We know that this particular legislation is foundational to go out and have those conversations, but I will make a commitment right now to health care workers that, of course, we are thinking of, first and foremost, the respect for those individuals.

I sat with the minister when I came into the role in January and said: I want to make sure that we focus on this. There are challenges across the country. I want to see more people who are Yukoners going down the pathway to be educated either in the Yukon or Outside and coming home — preferably in the Yukon — to be able to go down that line to become the people who serve us — and if you go into *Putting People First*, you will understand that we really need to be in a situation where those individuals — of course, they know their communities, and they have an opportunity to support other Yukoners.

The health authority prioritizes health promotion, disease and injury prevention, support for health care workers, innovation, continuous quality improvement, and better health outcomes for Yukoners. We believe that is the work to do. When it comes to investment in our health care system — and the Member for Lake Laberge said, you know, that we are underfunding the hospital and we are not going to put money into this —

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

**Hon. Mr. Pillai:** You know, I can tell you this: The CEO of the hospital is here. I can tell you what I said to the CEO of the hospital this year: You tell me what you need to ensure that the hospital has all of the money and tools it has this year, and we will support that. So, when the hospital comes in this year, you ask that question, and you tell me what the answer is, because that is what I asked. We were submitted a dollar amount by the Hospital Corporation, and we went into budget, and that is the work we have done.

You can laugh and smirk. Maybe there is something — I don’t know — but the Hospital Corporation — the chair, the CEO — that was what we said: Tell us what you need. Because I want to make sure that, whether it’s the Hospital Corporation or Health and Social Services, they have the funds and money that they need to be able to support Yukoners who are in the most vulnerable time.

I think we are alleviating the whole conversation around: Are we committed to, from a financial perspective, making sure that, whether it’s the Hospital Corporation or it’s the health authority, it has the tools that they need? As for the work as we go forward, I think that Committee of the Whole will give us a great opportunity to continue to dig into a number of questions that may be here. I think it is prudent, though, that we understand that this piece of legislation is really anchored in reconciliation. The Leader of the Official Opposition, after our budget was dropped, went into a scrum, and the comments that were made were really, for the most part, an attack on everything in the budget. I guess that is a normal response from an official opposition, and that is part of the work of, you know, the loyal opposition.

But there was another comment that was made by the Leader of the Official Opposition on reconciliation. I am going

to paraphrase, but it was that this government has done a good job on reconciliation and that having the Yukon Forum meetings are important. I appreciate that comment, but the important thing is the action that comes from those Yukon Forum meetings. What disturbs me is that, in the last five days in this House, the two things that I think — the first one is that the opposition spoke to challenges around our First Nation procurement policy, and the Leader of the Official Opposition said: If I'm in charge, I'm scrapping it.

The second thing is this piece of work. So, you can say that you commit to reconciliation, but if you don't back it up with action and when the most substantial policy pieces that we've seen undertaken in the Yukon are the first things you are going to focus on and scrap and if you don't vote for this on third reading, then really, your commitment to reconciliation is absolutely hollow. All you're saying is that you are going to go to a meeting and show up four times a year and you're not going to follow up with the work that needs to be done on these pieces.

I want to thank the minister today for ensuring that there were letters of support. I think there was the Yukon Medical Association, and I appreciate the commitment there. I think that there is going to be a tremendous amount of work directly with health care workers. I think that everybody, when you see substantial change like this — there is going to be concern — but I also believe that this is a very significant opportunity that we have in front of us to ensure that all Yukoners are going to have a similar experience and feel that the system that's in place is modernized, that we're not an outlier in this country without having a health authority, that we can reduce red tape and the burden of having a multitude of different silos, and that we can work collectively together.

I believe that the leadership at Health and Social Services and the leadership at the hospital — I think we have some brilliant folks who can ensure that we can merge a number of different systems together. I am incredibly proud of the historic collaboration that has occurred between the Government of Yukon and the Yukon First Nations on the health authority. I want to thank the Chiefs Committee on Health for their work and all the individuals who are here. These are incredible Yukoners. We couldn't be in better hands as we work through this very substantial change in the Yukon.

The *Health Authority Act* represents a significant milestone in our history. This legislation represents a significant step forward in creating an effective, efficient health care system that will meet the needs of Yukoners not just today but into the future.

I am proud of being part of a government that has worked so hard to establish a strong foundation and sustainable future for Yukoners. I want to thank the ministers in Cabinet — our ministers responsible for health, the Public Service Commission, Education, and the Women and Gender Equity Directorate — for coming together to do a lot of this key work and the substantial and incredible efforts from the leadership within the public service here in the Yukon and at the hospital, because those individuals have continued to make sure that this important work is done and, at the same time, as the opposition

has identified, as the challenges that we are seeing in Ontario and Nova Scotia — you name it — and across this country. They are still doing the good work day to day making sure that we have an incredible system — if not the best in the country — and at the same time making sure that the short-term challenges are always met with the appropriate set of responses.

Whether it be infrastructure development, climate change planning, or health care system modernization, it's important to do the very hard work, to not take the easy way out, to make sure that you listen to a broad number of Yukoners here — majority of Yukoners — who want to see this type of change, and to ensure that you have the courage to do it.

I urge the opposition to — not just today, because there is a bit more pressure — ensure that, on third reading, they listen to Yukoners. If they really want to see substantial change in rural Yukon when it comes to health — and there are number of members over there, some who heard letters today tabled from their communities, asking for this change. I know that Yukoners will be listening closely to Committee of the Whole and closely watching on third reading.

**Ms. White:** The first thing I would like to say is that I have spent a long time in this Chamber and shots often get fired from side to side. I will just remind everyone here that I have been in opposition to two majority governments of two different stripes, and they have both behaved poorly in the past. But that is not why we are here. We are not talking about the past; we are talking about today. Today is a different day.

So, first, I want to thank the efforts of the Chiefs Committee on Health and the Health Transformation Advisory Committee in helping to chart the course toward the transformation of our health care system. I am grateful for your involvement in the process, because the work and leadership that they showed will help make Yukon more culturally safe and responsive. I am thankful for the work that they have done to call out barriers that currently exist in our health care system.

I wanted to especially say thank you to Chief Joe and Deputy Chief Lindstrom, because they came into our offices on Friday to have a conversation with the MLA for Vuntut Gwitchin and me. We spent time and they heard what we were trying to say, because I want to be honest — and I highlighted my concern about the Premier on the Tuesday the legislation was tabled. I highlighted concerns. It was never that I wasn't committed to a health authority act, but I had questions and I had concerns and they were important. So, when I had that initial conversation, it was important because — well, if you ever have a chance to sit with Deputy Chief Lindstrom, you will know that she is the most calming force in the history of the world, and you will feel very good even after having a hard conversation.

I would also like to take a minute to apologize for folks, because I had written a letter that I sent you and it was already written by the time that I had that conversation on Friday, but I hadn't sent it yet because I was waiting. I wanted to know what was going to happen, because I highlighted my concern that there were conversations that still needed to happen with staff. So, I had written a letter, but I didn't send it. So, what that

meant is that for two-plus days — probably a week, if I'm honest — I left people with a sense that maybe we weren't sure — that we weren't committed to the transformation that was being asked. That was my mistake; I should have sent the letter. I learned a lesson. You should communicate, you should write your own story, and you should share your information. You shouldn't wait, because it is important that people know where you're coming from.

I want to be clear that we understand how important this change toward a health authority is to the Yukon, and we are happy to see the efforts that have been made toward cultural safety, wellness, anti-racism, and preventing and ending discrimination in our health care system. I thank the Premier for what he shared, because the truth is that each of us in this Chamber have had different experiences based on how we look, how we present, and biases that people have about us — whether it is the colour of our skin, whether we have a uterus or we don't have a uterus, or our gender identity. Those all affect how we get viewed in a health care system and that is what this is about; it is about removing those barriers so that it is just people and we all get the level of care.

The move toward making Yukon health care more culturally safe and responsive is absolutely critical. Addressing systemic racism and calling out the barriers that currently exist in our health care system are crucial. Systemic racism perpetuates within the health care system. This needs to be addressed and we are hopeful that this legislation is a step toward that, but it's important that, as we go forward with this legislation, the steps toward ending systemic racism don't just start or end with this legislation. Racism must be addressed at all levels of our health care system now and into the future. I will go one point further and say “in every system of government”. It's built on a colonial system and it's inherently racist. It benefits some of us, but it doesn't benefit all of us.

To get there, we need to ensure that the staff working with the system are brought along and are provided the support, training, and resources to make this new way of supporting Yukoners a success, because we all need to understand the changes that are needed. We must be brave. We must challenge the current structures and systems, and this means doing things differently and listening to Indigenous and racialized Yukoners, and addressing systemic racism within the health authority will require changes at every level and the commitment of everyone involved. To change everything, it will take everyone and it's not going to be easy. I am going to be honest that it's going to be a little bit uncomfortable, but that's where the growth is — right? It's when we're uncomfortable.

Concerns have been raised by the francophone community about this legislation's failure to recognize and respect the *Languages Act*. The French-speaking community in the Yukon has constitutional linguistic protection that must be protected in the law. I am bringing this forward right now because it is my firm belief that we need to do everything in our power to make this legislation as strong as possible. They have three suggestions, which I think are important. It involves amending the preamble where it says — and I am going to quote from the

legislation. In the preamble, section (c), it says: “... is based on equity in health outcomes and the elimination of health disparities among all population groups in Yukon, including Yukon First Nations...”

What they would like to see added right there is “the French-speaking community” and then “other equity-deserving groups”. It's an important change and it has a big impact for the francophone community.

They are also asking that when the minister is nominating individuals for the board — of course, we are all talking about being merit-based and about people who are qualified to be on the board — one of those board members must speak French and be recommended by the francophone association. That's also really important — and that, finally, within the workforce plan, it specifically designates that there be bilingual positions to ensure that services and communications in French are available in an equitable manner. We are working across that right now in government, but it is important that it be included — especially given that this is groundbreaking for us. This legislation going forward is showing us how to do work in a new way. So, I will be working toward getting those things highlighted by the francophone community recognized, because it is important.

I think way back to 2012. After being newly elected, it was the first time that the Yukon NDP brought forth the Nuka model as an example of truly collaborative care. Jan Stick was the critic for Health and Social Services at the time, and it was the very first time we asked questions in here about Nuka — about truly collaborative care based on patient care and truly based on patients.

I know how important that system of care is and how influential it can be. I agree that it is truly a collaborative example of health care. The importance of Nuka and the reason that it has been so successful is because it is reliant entirely on relationships, including the support, engagement, and involvement of health care staff. Nuka emphasizes developing trusting, accountable, and long-term relationships, and it talks about how important those are for their employees and that it is critical to their success.

It's astounding to note that Nuka has maintained a 95-percent employee satisfaction rate and a 97-percent patient satisfaction rate. That is what it currently says on the website — that despite all of the hardships of the pandemic, they are still holding strong at that level of satisfaction. That is definitely something that we should strive for.

I did highlight in a letter to the editor and I did highlight this to the members opposite that when Scotland trialed the Nuka model, it failed because of the government's failure to engage the community, its patients, and architects of the system. It is clear that the Nuka model succeeds or fails on the strength of that relationship. Relationships are foundational in Nuka — with staff, with patients, with supports. It's all around. It is just one circle.

The MLA for Vuntut Gwitchin, in conversation with the HTAC team, talked about how in order to be truly successful, we had to build a circle, and the circle included everybody in

the territory. If we missed anybody, it wasn't going to be as strong.

So, we really believe that relationships must be the grounding foundation of this transformation, including relationships with health care workers, because if we don't prioritize relationships with all of those who will be affected, then we are missing a huge opportunity to improve our health care system and we risk leaving people behind — not welcoming them into the circle.

A relationship of trust must be built with health care workers so that they are brought along in a good way to make this transformation work. Like I mentioned before when this legislation was tabled, I had heard concerns from Health and Social Services and Yukon Hospital Corporation staff that they didn't feel supported, heard, valued, or included in discussions surrounding the legislation. They didn't feel like they were getting enough information from their employers, and they didn't know what these changes would mean for them going forward. We heard from employees that they were completely left out of key conversations, and they had not received answers from their employer to crucial questions involving their pay, pensions, benefits, or leave.

Like I said before, I brought this first to the attention of the Premier, and then I brought it to the minister, and I thank her, because we did have a really — we had a great meeting. At that meeting, I said, you know, that we were fully supportive of this transformation but that I didn't feel that we could pass this legislation without the concerns of staff being addressed. The way that was really going to happen was by engaging them and bringing them in. So, I want to thank the minister for hearing those concerns. This has led to a commitment of an additional — at last count — I think it was 20 opportunities for staff to be engaged, to ask their questions and get answers before the end of April. And this is monumental, the commitment of the HTAC team to be present, to present the vision. The Premier was right: If you have an opportunity to hear Chief Bill speak about health transformation, it changes how you feel about it.

So, with the commitment of the minister and the commitment of the team, there is an opportunity now to bring staff along in a way that they hadn't been, and that really strengthens it. The point is that — and all of those opportunities, if people don't attend, that's okay, but they know that they could have, and they can go to a site, and they are going to be able to look at the questions and answers. The team has promised that they are going to do the best that they can, and they will answer as honestly as they can about the questions that they get asked. I think that is hugely important — it's hugely important.

The commitment from the minister is part of the reason why we are standing here today, because it was with that amendment that I felt comfortable that we could go forward, we could go through to this point, and instead of saying: These are my concerns, and my answer is no — I can say: Yes, okay; thank you. And I expect that this will bring the staff who have concerns along. There is a commitment to reach out to the unions.

I am going to flag right here, for those in the gallery who are going to do the work, that I really think that there is an opportunity for HTAC to reach out to the Association of Yukon Communities and maybe offer a meeting. I think that would be really good, and I think that would be helpful with municipal leadership.

I want to thank the staff from the Hospital Corporation and Health and Social Services who brought those concerns to us, because when you brought the concerns to us, we made sure that we brought them forward so that we could see change and we could see you get the support that you needed. We just want you to know that we are going to stand with you through this process, and we want to hear how it goes.

So, as we move forward with the health authority, it is important that the Yukon government continues to work with affected unions and staff to ensure that their concerns are heard, their questions are answered, and their pay, benefits, and pensions are protected. Health care workers care deeply about system improvements, and they understand what is and isn't working in the current system. They need to be included and valued in this transformation, and I know that there will be opportunities for them to really be drivers going forward, but we just want to make sure that we don't leave them behind right now. Our health care staff have worked incredibly hard throughout the pandemic, and they are currently in working system-wide staffing shortages. We hear from health care workers that they question whether they can even stay in the field because burnout is such a real thing. So, we need to ensure more than ever that they feel supported, that they feel heard, and that they feel understood.

Although we understand that this legislation is a framework, as government moves toward building the health authority, it is important that we also build that foundation. If we in the territory want the health authority to be successful, it must be done in a way that includes Yukon health care workers and all Yukoners, and to truly do this well, we must put people first, and that must include those who work within the system and those who will access the system. Good relationships must be the grounding foundation for this transformation. If we do not prioritize this, then we are missing a huge opportunity to improve our health care system and we are putting our health care system at risk.

So, again, I thank the minister for recognizing the gap and for all those who are going to help fill that gap and to build that foundation. The Yukon government, as the employer, needs to work with their staff, who will be foundational in making this transformation successful — not just now but as we go forward. They must work alongside and with affected unions and staff as partners in this transformation to ensure that their concerns are heard and their questions are answered so that they feel trusted and supported as we move forward.

Again, we truly want to see the success of a health authority, of true system transformation, because we really believe that this has the opportunity to improve the lives of all Yukoners. No matter where we come from, what we look like, or how we present, it can make it better for all of us.

So, when the minister talks about this legislation being the steel girders of the health authority, we cannot forget the need to also build a strong foundation. Good relationships with all involved are the foundation of that success, and this health authority must be built on those strong foundations. I thank the minister for her willingness to tackle those challenges, and I thank the team who will be doing the work, because they are going to be really busy for the next month.

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

Does any other member wish to be heard?

**Hon. Ms. McPhee:** Thank you very much, Mr. Speaker, and I want to thank our guests for their patience. I know that those benches aren't terribly comfortable, and they have been there for hours.

This work is all about relationships, and I appreciate the comments by the Leader of the Third Party. There is no one who knows better about the importance of relationships than health care providers. Their work is all about relationships. I want to thank the Leader of the Third Party for not only hearing the people who came to her but for taking the next step and asking how we could address their concerns — asking me, speaking to the Premier on a regular basis, and asking our team, who was more than happy to come together and answer their questions.

I am sad to say, particularly around this legislation, that I've never once been asked to have a meeting with a member of the Yukon Party. I've been here over seven years — never once. I appreciate that perhaps they don't, by virtue of some of their comments in this House, respect my work, but there are other people who could meet with them. I am sad to say that, because I think that they have a responsibility here.

Thank you very much to my colleagues who have spoken today — the Minister of Finance, the Minister responsible for the Women and Gender Equity Directorate, and the Premier. Thank you to the Member for Vuntut Gwitchin and the Leader of the Third Party for your comments. In particular, the Member for Vuntut Gwitchin's comments describe exactly why we are doing this work — exactly why.

Unfortunately, Mr. Speaker, members of the Yukon Party who spoke to this bill just continued to spread misinformation about really important health care issues, about the Yukon Hospital Corporation, and about our engagement in this process and this bill. They do that, I believe, for their own political purposes, and unfortunately, they never fail to disappoint.

The Leader of the Third Party has noted that, following our discussion, we have set another 20 public opportunities — online and otherwise — for people to have their questions answered. I will speak a little bit more about engagement in a second.

Mr. Speaker, change is scary. It is really scary. The Yukon Party have the market cornered on fanning the flames of fear. I am never sure why —

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

### Point of order

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

**Mr. Cathers:** Mr. Speaker, a moment ago, the Minister of Health and Social Services appeared to be contravening Standing Order 19(h), charging another member with uttering a deliberate falsehood, in her references to comments from members of this side who were, in fact, quoting the budget. Now the member just used terminology that has been ruled out of order in the past. Accusing other members of fanning the flames of fear or fearmongering has, to my recollection, been ruled out of order a number of times in this Assembly, and I would ask you to remind her of the rulings. I would hope you would direct her to retract that comment.

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

**Hon. Mr. Streicker:** Mr. Speaker, so Standing Order 19(h) does talk about charging another member with uttering a deliberate falsehood. That is not what the Minister of Health and Social Services just did. The minister talked about information that was incorrect and misleading but did not talk about lies from the Yukon Party, and the Minister of Health and Social Services did talk about the issue of fear but did not use the word “fearmongering” at all.

### Speaker's ruling

**Speaker:** There is no point of order.

I would ask members to temper their remarks.

**Hon. Ms. McPhee:** Mr. Speaker, I was saying that change is scary and that providing information to individuals through this Legislative Assembly that may be of concern to them, causing fear, or causing concerns for them is, in my estimation, not productive. I am never sure why the Yukon Party thinks that this is their job, but they appear to, and I ask them to put as much effort into understanding this bill and what it means so that Yukoners will be better off.

Transforming Yukon's health care system is not an easy task. To do so, we must break it down into phases. Recommendations from *Putting People First* that can be done already have been done; many more are underway. Recommendation 1.2 tells us to build a health authority. To achieve this transformation, we need to do so in phases.

Phase 1, of course, was extensive consultation. Consultation in various forms has been done and has been a priority since 2022. I will table a list of those consultations, which is some 17 pages, Mr. Speaker. The Yukon Party would have received that information at their briefing with the Health Transformation Advisory Committee, and I'm very happy to hear that they are having such a meeting later this week. To be clear, the Health Transformation Advisory Committee reached out to both opposition parties to offer their presentation, their briefing, and question-and-answer opportunities. The Third Party replied immediately and, as noted by the Leader of the Third Party when she spoke, they have had such a meeting, which they found to be productive and useful.

The Third Party has also reached out on other occasions for meetings — some of which have been described here — and

they have requested additional information, which we have been very pleased to provide to them. Their interest and active knowledge in gathering of this information is truly much appreciated not only by the individuals who have worked so desperately hard on this but by the people who have come to them and asked for help.

My colleague the Minister of Finance and the Minister of the Public Service Commission spoke eloquently on the issue of pay, benefits, and pension, despite the fact that it seems to have been deliberately misunderstood to date. The issue regarding pay, benefits, and pension benefits — I am very pleased to answer the questions that I anticipate will come in Committee, but more than a week ago, I wrote to the Leader of the Yukon Party and enclosed an opinion editorial that I wrote and that was published in the *Whitehorse Star* on March 15. It was clear and unequivocal and it was a public statement that the pay, benefits, and pensions of employees will be protected. That will happen because it is the law, Mr. Speaker, but it will also happen because we respect and support the health care professionals and the staff who will be the backbone of any health authority and will continue to provide the care that they do, which is stellar, to Yukoners.

I haven't alluded to anything — the conversation on the other side is to diminish the commitment that we have made, and that is not fair. I haven't alluded to anything. I made clear statements to the effect — as have other ministers here in the Legislature and outside of the Legislature. So, it is not exactly accurate when the Leader of the Official Opposition says that I have not been clear about the pay, benefits, and pension benefits. Perhaps he hasn't read his mail.

Mr. Speaker, we agree with all of the challenges and the concerns that have been spoken about here today about the current health care system. I think that everyone who has spoken about the backbone of our current health care system — and the positive parts of that are all related to people, all related to the care that individuals get in this territory, and are all related to the values, care, and respect that Yukoners have — and, in particular, our health care workers have — for our system. Do we want improvements? Yes, we all want improvements and we are all working toward that together.

Those descriptions of challenges accurately describe why we have taken this work on and why it is so important. Phase 1 was the consultation to date. The commitment is absolutely clear that it will continue and that we will take the steps in the event that the *Health Authority Act* passes to build that structure. To build that structure, we need every single person and their input in order to do so.

Phase 2 is this enabling foundational legislation that is here before this Legislature. That is phase 2 of this journey.

Mr. Speaker, we must have the structure that is contemplated by Bill No. 38 in order to engage in the implementation discussions that are of such concern to the Leader of the Yukon Party and to the Member for Lake Laberge. We agree completely that those discussions are incredibly important. Those conversations — many, many of them — have taken place to date. We must work together when

we have a foundational structure upon which to work. Bill No. 38 brings us that foundational structure.

Further engagement with health care professionals, unions, pension experts, Yukon First Nations, and, most importantly, health employees is our commitment here and it has been our commitment at every engagement process that has taken place since 2022 and it will continue. As I said earlier, it takes incredible courage to do this work. We have been sent here to do exactly this kind of work. We have been instructed by Yukoners to do this kind of work. We have been sent here — every member of this Legislative Assembly — to do this work together. I urge strong debate. I look forward to it. The team is ready to answer every possible question. Then I urge support for this critical step to transform Yukon's health care system.

Thank you for the opportunity to speak to this today.

**Speaker:** 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. Pillai:** Agree.

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

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

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

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

**Hon. Mr. Silver:** 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:** Agreed.

**MLA Tredger:** Agreed.

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

**Speaker:** The yeas have it.

I declare the motion carried.

*Motion for second reading of Bill No. 38 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):** Committee of the Whole now come to order.

The matter before the Committee is continuing general debate on Vote 55, Department of Highways and Public Works, in Bill No. 212, entitled *Third Appropriation Act 2023-24*.

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. 212: *Third Appropriation Act 2023-24* — continued

**Chair:** The matter before the Committee is continuing general debate on Vote 55, Department of Highways and Public Works, in Bill No. 212, entitled *Third Appropriation Act 2023-24*.

#### Department of Highways and Public Works — continued

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

**Hon. Mr. Clarke:** Madam Chair, thank you for the opportunity to continue with debate in Committee of the Whole for the supplementary budget for Highways and Public Works. To my immediate right, I have Deputy Minister Catherine Harwood, and to her right, we have Assistant Deputy Minister Richard Gorczyca.

I believe that I do have a bit of time remaining; however, in the interest of getting to questions, I will sit down and look forward to ongoing debate.

**MLA Tredger:** Madam Chair, I had said last time that I would save my questions for the mains, but since we're here, I am going to ask some more and take this opportunity. I really appreciate the officials being here to help answer those questions and the time of the minister.

I wanted to follow up on a legislative return from April 27, 2023, so just about a year ago. I had asked what, to date, the greenhouse gas reduction from Government of Yukon's building portfolio had been. The legislative return was that, in 2020, the greenhouse gas emissions from buildings were 21 percent higher when compared with 2010 levels. I am wondering if the minister can give me an update on the building portfolio for Highways and Public Works' greenhouse gas emissions as of perhaps 2022.

**Hon. Mr. Clarke:** Madam Chair, I think that the short answer for the Member for Whitehorse Centre is that we will endeavour to provide a similar legislative return with the updated data as soon as we are able to get it. The longer answer which I can provide — perhaps in a later answer — is that I did provide information with respect to the various building retrofit projects that have been completed. I believe I can provide an update as to whether or not there have been any further — and

also the various other big projects with respect to improving the energy efficiency and building envelopes.

To answer the member opposite's direct question, the department and I will provide a legislative return with respect to the greenhouse gas emissions for the portfolio of buildings as soon as possible. Like I said, the longer answer is that I do have information with respect to the ongoing great efforts that are being done to retrofit the buildings in Highways and Public Works' building portfolio.

The member opposite will have heard last year that they have been prioritized, I believe, all the way down to — I would have to check my notes, but it's like 150 or 200 buildings. But certainly, the department has identified the best 30 or 40 or 50 candidates. I did provide the Legislature with a list of the completed 20 or 25 projects.

Like I said, in a future answer, I can certainly provide that, but that is the short answer.

**MLA Tredger:** I thank the minister. I actually appreciate the short answer. That's really helpful. I will ask again in the mains. That might be another good time to get that information.

The legislative return talked about it being 21 percent higher than 2010 levels, and then it says that while these numbers may look concerning, it was expected and already modelled into the department's plan. I am wondering when those models show that we should be decreasing below 2010 levels as opposed to it being over 2010 levels.

I just want to add that, in response to the minister's comment about the many projects that have been happening, I really appreciate all those projects that have been happening and the all the people working on them. There are some great projects. What I am trying to understand is whether the rate at which we are doing those projects is fast enough to meet our goals.

**Hon. Mr. Clarke:** We will include that sort of prognostication or that prediction within that legislative return as well.

I know that the Highways and Public Works *Our Clean Future* acceleration team provides those graphs and that sort of data as to what the most significant bang for buck is, whether it is for biomass systems like the heat purchase agreement that we have with the Teslin Tlingit Council for the school in Teslin, the possible addition of district biomass heating in Haines Junction, the expansion of the biomass at the Whitehorse Correctional Centre, or the really significant project of completely rebuilding the roof of the entire Yukon University campus. That's a three-year project. That's happening. The member opposite as well has heard about the project of the skylight at the justice building in addition to all the other retrofits.

As I said, the legislative return can also contain where we believe the path is, and I have seen the path with respect to greenhouse gas emissions for the entire portfolio of YG buildings and can provide that to the member opposite.

**MLA Tredger:** Madam Chair, thank you to the minister for that. Next, I want to talk a little bit about the *Our Clean Future* annual report for 2022. If people are wondering why we

are talking about 2022 in 2024, it's because the report on 2022 didn't come out until December 2023 — so since the last Sitting — and that is something that I will take up with the Minister of Environment when we get to that portfolio. In the meantime, I would like to ask about some of the updates.

I would like to start by talking about T13. The goal is to develop Yukon-specific design guidance and a plan for active transportation facilities by 2024 to guide investment in active transportation infrastructure into corridors near communities. Then under the progress — like the status of that item — it is listed as “not started yet”. I actually asked about this in the fall, in November 2023, and the minister said that there were already policies in place that were being followed. I am trying to understand what has and hasn't happened with regard to Yukon-specific design guidance. I assume that would look like a guidance document that could be used, but I'm hoping that the minister can clarify that for me.

**Hon. Mr. Clarke:** Madam Chair, with respect to *Our Clean Future* action item T13, the department is working on a tender in March 2024 to develop Yukon-specific guidelines to align the department's planning and design of active transportation facilities with national best practices. The work is expected to be completed by March 2025. HPW continues to plan active transportation improvements for implementation as parts of future capital projects for highways, and perhaps specifically, investing in active infrastructure is an *Our Clean Future* commitment.

As indicated, promoting active transportation is important, as it not only helps support healthy living but also moves us toward a cleaner and more sustainable future for the Yukon. The department published a tender on March 22 to develop Yukon-specific guidelines to align the department's planning and design of active transportation facilities with national best practices. This work is expected to be completed by March 2025, which I indicated.

Highways and Public Works is also actively incorporating active transportation options into our highway infrastructure projects wherever possible. In January of 2024, two push-button pedestrian crossings were activated along the Alaska Highway at Birch and 17<sup>th</sup> Avenue in Porter Creek in order to increase safety for active transportation commuters.

In July 2023, the department completed construction of a paved multi-use trail between Lodestar Lane and the intersection of Robert Service Way on the Alaska Highway. I have travelled on that path a number of times, and it creates a continuous path, certainly, along the top of the Alaska Highway in Whitehorse. We are planning on extending this active transportation trail from the Robert Service Way intersection to Philmar RV Park as the reconstruction of this section of the Alaska Highway occurs.

The department is also in the process of developing options to enhance the safety of active transportation on the Klondike Highway's Takhini River bridge. \$8.5 million is budgeted for upgrades to the existing bridge, of which the Government of Yukon will receive approximately \$6 million in federal funding through the Canada Active Transportation Fund. We are looking into options for these upgrades, which could include

adding a sidewalk to the bridge and the necessary modifications to improve the structure and increase the bridge's lifespan.

Another example of where we have incorporated active transportation into a project is the Nisutlin Bay bridge replacement project, which will include a pedestrian walkway across the bridge and a trail underneath the bridge that will provide all-season access.

Active transportation planning is incorporated into how we design and construct new buildings. For example, the new Whistle Bend school will have a widened sidewalk to accommodate children riding bikes in front of the school, and the trails behind the school will be integrated into the Whistle Bend trail system to allow students to commute to school.

Construction of a new staff parking area behind Selkirk Elementary School in Riverdale started last summer. The design has allowed for the addition of a trail alongside the parking lot to connect with the City of Whitehorse's active transportation plan. We are working closely with the City of Whitehorse on these projects and are committed to incorporating active transportation options as much as possible.

The Government of Yukon, along with the City of Whitehorse, is participating as a stakeholder in a community-led study that will assess the feasibility of two active transportation underpasses beneath the Alaska Highway within Whitehorse. The study is being funded by the Government of Canada. The Government of Yukon has also partnered with the City of Whitehorse on a Hamilton Boulevard and Alaska Highway/Two Mile Hill intersection project and Range Road combined intersection upgrades. I think that the acronym is HART. This joint initiative, which is currently in the public engagement phase, will focus on developing designs to improve the Hamilton Boulevard and Alaska Highway/Two Mile Hill intersection and the Range Road/Two Mile Hill intersection, with an emphasis on making travel more efficient for all transportation modes.

Just a quick shout-out to Watson Lake as well. We are also making pedestrian improvements in Watson Lake. The safety improvements include: the addition of street lights along the Robert Campbell Highway, which was completed in November 2023; the planned upgrade of two existing pedestrian crossings, with pedestrian-activated flashing beacons along the Alaska Highway in 2024; and four new pedestrian crosswalks along the Alaska and Robert Campbell highways in 2024. There is \$1.5 million budgeted for the Watson Lake pedestrian safety improvements, and approximately \$1.1 million is funded through Canada's active transportation fund.

Finally, Highways and Public Works has been working with Community Services and Environment to develop a collaborative structure to work seamlessly together on active transportation initiatives. This initiative was developed from a recognition that multiple departments have a role to play in advancing active transportation initiatives. Our goals are to enable continuous and seamless working relationships across relevant departments in order to support active transportation initiatives and to make it easier for communities to access support for their active transportation priorities.

As a recent example, Highways and Public Works is providing active transportation options for staff in communities, including awarding a new vehicle purchase by providing an e-bike for the Department of Health and Social Services' home care programming in Old Crow in agreement with the staff.

Just briefly before I sit down, I would also note that the rebate program for e-bikes in the Yukon has exceeded, in my view, all expectations. I believe that the numbers that were provided by the Minister of Energy, Mines and Resources is approximately 1,100 — plus or minus — rebates provided.

You can't say that is necessarily offsetting a car, but even if it is offsetting the equivalent of a quarter of a car or even half a car over the course of a year, that's a significant development.

Perhaps, like I said, I think that program has exceeded expectations, and I certainly commend all Yukoners who might be listening this afternoon for their enthusiasm with respect to adopting an e-bike lifestyle. Certainly, in Riverdale, I see the cargo bikes with moms and dads having one and sometimes two children on the back of those bikes, whirring along, suitable for light grocery errands and going to whatever — I guess you could go to soccer games, to Shipyards Park — wherever. It just seems like there is enthusiasm for that, and I certainly commend Yukoners, and I would encourage people to consider, where able, to adopt that e-bike lifestyle when possible.

**MLA Tredger:** I am going to jump around a little bit in this 2022 *Our Clean Future* report to try to get to as much as I can. Under Appendix D, it talks about new *Our Clean Future* actions, and one of them is T31, which is: "Initiate a set of pilot projects by 2025 to test the use of renewable fuels for transportation, electricity generation, and heating in private and Government of Yukon assets."

I have a couple of questions about that. I am wondering if the minister can provide me an update on where that is at. I think that is a fantastic thing to do. I think renewable fuels have a lot of potential carbon savings for us, and it seems to me that a really great way to trial them out is in Government of Yukon things where we have the capacity to do that.

I am also wondering why the deadline is 2025, because it seems to me that is something we could get going on pretty quickly. I know that "2025" usually gets interpreted to mean the very end of 2025, which is almost two years away. I am wondering why that couldn't happen faster or what the rationale for the 2025 deadline is.

**Hon. Mr. Clarke:** I will provide a brief answer now. Certainly, there can be follow-up with EMR or HPW in the mains. I don't disagree with the premise of the member opposite with respect to that being a significant innovation.

Renewable fuels may well be a low-carbon alternative to fossil fuels. These products are derived from organic waste, crops, wood, and algae.

Highways and Public Works and EMR are working on identifying potential supply chains in the Yukon. We hope to test these innovative diesel alternatives in Highways and Public Works buildings and vehicles to see how they perform in a northern climate. Having listened to the Minister of Energy, Mines and Resources and our officials on this topic — I think

we have shared this in the House as well — supply chain and supply issues will be an issue, but we are certainly working — and I don't disagree with the member opposite that this is a promising area that could potentially result in not an immaterial portion of the greenhouse gas reductions between now and 2030.

Like I said, hopefully EMR or HPW in the mains can provide some additional detail, but those are the high-level issues. This is a file that is being actively worked on.

**MLA Tredger:** Okay, I will come back to that in the mains.

Also, under Appendix D is T34, which is: "By 2025, undertake a climate adaptation study to understand the risks imposed on the Yukon's aviation infrastructure, operations, and maintenance from climate change." What struck me about that is that there is currently quite a bit of work happening at the airport. I felt concerned about the idea of the work happening at the airport and then a study happening in 2025 to find out if there were risks.

Is that work being harmonized at all? Is there any thought to doing that study in time to inform the decisions being made now or the construction being done now? I wonder if the minister could speak to that.

**Hon. Mr. Clarke:** I will be relatively brief and potentially could expand in the mains as well, but the short answer is yes. Currently, we are connecting climate risk assessments of all major transportation and building infrastructure projects over \$10 million. Under OCF actions T28 and H15, unlike the Yukon-wide climate risk assessments, it looks broadly at the climate hazards to the territory. These project-level assessments influence the design of new infrastructure so they can better withstand climate hazards over the next several decades. Climate risk assessments consider the potential damage, how likely it is to occur, and what options exist to mitigate the threat.

The department has completed climate risk assessments for the following eight major construction projects since 2019: the Dempster fibre line, Carmacks bypass, north Klondike Highway reconstruction, the Whitehorse airport airside improvements, Alaska Highway safety improvements through Whitehorse, the Takhini thaw slump, the Dawson City Yukon River crossing, and the new school at Burwash, Kêts'ádañ Kù. The assessments were conducted during the design stage of these projects, helping the department predict climate change impacts to inform decisions.

I just have a specific example with respect to the airport. Some of the activities that will improve greater resiliency at the Erik Nielsen Whitehorse International Airport include: preparation for the main runway construction, including airfield drainage improvements; water and sanitary line extensions; and, of course, because we are concerned with the City of Whitehorse with respect to drainage, there will be the installation of a new storm drainage system as well. The bottom line is — a significant project, which I could go into in significant detail with respect to this right now, but I'm just checking now for some notes about the drainage design at the airport.

Long-term forecasts are predicting increased precipitation and potentially higher drainage flow rates in the coming years due to climate change. The department is planning to upgrade surface water drainage infrastructure as part of the main runway replacement and to make further improvements to drainage at the airport for the long term. As I indicated in my previous comments, we will work closely with the City of Whitehorse on these plans and will continue to collaborate on these issues.

Of course, slope instability on the escarpment adjacent to the Erik Nielsen Whitehorse International Airport caused a large slide that closed Robert Service Way for a month in the spring of 2022 and again in the spring of 2023. The City of Whitehorse continues to monitor the stability of their land in the area and respond as required as they are planning for longer term mitigation.

**MLA Tredger:** I am just trying to understand T34. If the climate adaptation and greenhouse gas mitigation study has already been done for the airport work, what is T34 adding when it says: "... undertake a climate adaptation study to understand the risks imposed on the Yukon's aviation infrastructure..."? Is it referring to aviation infrastructure other than the Whitehorse airport? Is that the new part, or is there something else new that is going to happen?

**Hon. Mr. Clarke:** I am advised that it references the entire aviation infrastructure throughout the territory, which, to your point, I think would include the building infrastructure as well. I can certainly get more information on that specific question as it pertains to aviation infrastructure.

**MLA Tredger:** Madam Chair, I thank the minister for that. Yes, I'm just trying to understand that so I understand what to follow up on and what to look for to see the progress on that item. It sounds like it's looking for aviation infrastructure outside of Whitehorse or in addition to the Whitehorse airport.

I also wanted to ask about L15; this is in Appendix A of *Our Clean Future*. I'm just going to jump back to Appendix A for a minute. I apologize for jumping around. So, L15 is: "Develop and implement a framework to incorporate greenhouse gas emissions and climate risk into government infrastructure investments in 2024." It is listed as "In progress". What I find confusing about this item is that there is already that commitment for projects over \$10 million. So, is this saying that all infrastructure projects, no matter how small, are now going to receive an adaptation and climate change — let me read the wording exactly — "greenhouse gas emissions and climate risk assessment"? I wonder if the minister can tell me a bit about what that framework looks like, where it is in the stage of development, and how it will be applied.

**Hon. Mr. Clarke:** Madam Chair, Highways and Public Works is working to incorporate climate risk modelling into its climate planning processes, which I sort of outlined today already, but in any event, informing investment decisions when making those decisions will allow the Yukon government to make more informed choices related to its capital investments.

The impacts of climate change are evident in the north, whether it be wildfires, flooding, landslides, increased precipitation, permafrost thaw, or avalanches. The Yukon is

changing quickly, and we need to be prepared for more changes to come. It is important that the infrastructure we build today will withstand the climate impacts of tomorrow. To support our understanding of how climate change is impacting our infrastructure, the Government of Yukon completed its first territory-wide climate risk and resilience assessment.

*Assessing Climate Change: Risk and Resilience in the Yukon*, the report from the assessment, was released in September 2022 and can be found at [www.yukon.ca](http://www.yukon.ca). The Yukon-wide climate risk assessment has three main objectives: to build an understanding of climate resilience across the territory, highlight the priorities of reducing risk, and identify the factors that contribute to resilience. This report outlines the impact of climate change that pose the highest risk to Yukoners and will be a key resource for the government to assess, adjust, and accelerate climate actions under *Our Clean Future*.

I think I said already in this Spring Sitting that there are certainly unexpected circumstances that the Department of Highways and Public Works, EMR, and Community Services try to assess. I will be relatively brief here, but the permafrost slump in the Takhini River valley ultimately posed I guess what we would say is an existential threat to the Alaska Highway in a faster manner than was anticipated. That's part of the climate resilience or climate risk assessment that is occurring. In consequence of that, you had a \$4 million contract in the summer of 2023 that had to be accelerated so that you could maintain the highway between Whitehorse and Haines Junction.

Also, the climate resilience analyses are important in the work that is being done between Carmacks and Dawson City. Ultimately, Highways and Public Works contractors and the Yukon government will be rehabilitating a great deal of the highway infrastructure there by having bigger culverts to account for greater precipitation and raising the roadbed itself. I know that the MLAs in this Chamber have travelled on this highway and know that the roadbeds have been raised significantly so that they are not coming in contact with the discontinuous permafrost.

The resilience and risk assessment is occurring on, I would likely say, a daily basis at Highways and Public Works. I can go on, because obviously you also had the flooding at Clear Creek and you had the slides near the Dempster Cut-off. You had the Dempster Highway completely cut off a few times through flooding as well. Variable temperatures and more extreme weather events are impacting the territory and are causing budgetary impacts as well.

*Our Clean Future* or the climate resilience elements of *Our Clean Future* are a daily challenge and a daily riddle — but a daily challenge for the Department of Highways and Public Works. I could go on, but I won't.

**MLA Tredger:** Madam Chair, I am not questioning the importance of climate risk assessments and I am not even questioning whether they are happening. I am trying to understand what L15 in the plan is. It is listed as "in progress", but the minister gave a bunch of examples of things that have already happened. So, what is left to do on this? Is there a framework? It specifically says that there is supposed to be a

framework that is implemented. Is there a framework that the department has that they are using, or is that still being developed? I am hoping that the minister can really speak to that rather than the broader need for climate risk assessments.

**Hon. Mr. Clarke:** I have just received some additional information from Highways and Public Works officials and I see that L15 is to develop and implement a framework to incorporate greenhouse gas emissions and climate risk in the government infrastructure investments in 2024. I am advised that the implementation framework is being developed and it is anticipated that it will be in place in 2024 in addition to, as I said, all the day-to-day, week-to-week, month-to-month good work that is happening across various Highways and Public Works departments and the work that HPW already has done with respect to the prioritization of the retrofits of the various buildings and the various other innovations with respect to solar, wind, hydro backup, battery backup, and biomass. I certainly look forward to going into these further in the mains debate.

**MLA Tredger:** Thank you to the minister for that. I think I will save the questions about what that implementation framework looks like for the next Sitting when it has probably been developed and is on its way to being implemented. I look forward to learning more about it then.

My last question for today and for the supplementary is: I had asked previously about the greenhouse gas emissions for the building portfolio of Highways and Public Works. I also wanted to ask about it for the Transportation side of Highways and Public Works, so all of the vehicles and all of the other pieces of Highways and Public Works that create greenhouse gas emissions. I am assuming that the minister doesn't have it here, so I guess I'm asking if — unless he does have it here — he can have it for the mains and I will ask again at that time so that we can talk about the building portfolio and the transportation portfolio of Highways and Public Works when it comes to greenhouse gas emissions.

I look forward to discussing that more in the main budget, and for now, I will say thank you very much to the officials as well as all the officials listening in on the phone and helping from behind the scenes. I appreciate your time today.

**Hon. Mr. Clarke:** Thank you for the questions from the member opposite this afternoon. We will certainly make best efforts to provide a summary of the fleet vehicle performance. What I do see from time to time in the reports is the progress in energy efficiency, and the progress in energy efficiency is a bit of a proxy for emissions. So, yes, we will make best efforts — whether that occurs during the course of mains debate or as soon as possible — all I can say is that Highways and Public Works and I will make best efforts with respect to the overall performance of the fleet vehicles in the Yukon government.

**Mr. Hassard:** Madam Chair, I would like to thank the officials for being here to assist the minister again today.

Just before our time runs out, I just want to ask the minister some questions around drivers' licences and, in particular, class 3 and class 1 licences. I know that this is a subject that we have discussed on more than one occasion. We talked about the local

bus companies not being able to get licences for their drivers due to lack of driver training.

It appeared that the government was hiring a few more driver trainers so that they were hoping to clear up some of that backlog, but my understanding is that we are still in a similar situation, so maybe if the minister could just provide a little bit of information on where we are and where we are going.

Maybe while the minister is looking, we might as well — seeing the time, I move that you report progress.

**Chair:** It has been moved by the Member for Pelly-Nisutlin that the Chair report progress.

*Motion agreed to*

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

**Chair:** It has been moved by the Member for Mount Lorne-Southern Lakes that the Speaker do now resume the Chair.

*Motion agreed to*

*Speaker resumes the Chair*

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

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

#### **Chair's report**

**Ms. Blake:** Mr. Speaker, Committee of the Whole has considered Bill No. 212, entitled *Third Appropriation Act 2023-24*, and directed me to report progress.

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

Are you agreed?

**Some Hon. Members:** Agreed.

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

**Hon. Mr. Streicker:** Mr. Speaker, 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 5:28 p.m.*

#### **The following documents were filed March 26, 2024:**

35-1-180

Support for the establishment of Shāw Kwā'a/Health and Wellness Yukon/Santé et mieux-être Yukon via the proposed *Health Authority Act*, letter re (dated March 21, 2024) from Peter Johnston, Grand Chief, Council of Yukon First Nations, to Hon. Tracy-Anne McPhee, Minister of Health and Social Services (McPhee)

35-1-181

Shāw Kwä'ą/Health and Wellness Yukon/Santé et mieux-être Yukon, letter re (dated March 22, 2024) from Alex Kmet, President, Yukon Medical Association, to Hon. Tracy-Anne McPhee, Minister of Health and Social Services (McPhee)

35-1-182

Support for the establishment of Shāw Kwä'ą/Health and Wellness Yukon/Santé et mieux-être Yukon via the proposed *Health Authority Act*, letter re (dated March 18, 2024) from Allan Lucier, Board Chair, and Jason Bilsky, CEO, Yukon Hospital Corporation, to Hon. Ms. McPhee, Minister of Health and Social Services (McPhee)

35-1-183

Support for the establishment of Shāw Kwä'ą/Health and Wellness Yukon/Santé et mieux-être Yukon via the proposed *Health Authority Act*, letter re (dated March 22, 2024) from Chief Nicole Tom, Little Salmon Carmacks First Nation, to Hon. Tracy-Anne McPhee, Minister of Health and Social Services (McPhee)

35-1-184

Support for the establishment of Shāw Kwä'ą/Health and Wellness Yukon/Santé et mieux-être Yukon via the proposed *Health Authority Act*, letter re (dated March 20, 2024) from Chief Barb Joe, Champagne and Aishihik First Nations, to Hon. Tracy-Anne McPhee, Minister of Health and Social Services (McPhee)

35-1-185

Support for the establishment of Shāw Kwä'ą/Health and Wellness Yukon/Santé et mieux-être Yukon via the proposed *Health Authority Act*, letter re (dated March 20, 2024) from Chief Pauline Frost, Vuntut Gwitchin First Nation, to Hon. Tracy-Anne McPhee, Minister of Health and Social Services (McPhee)

35-1-186

Nursing bonuses and nursing wage grid system, letter re (dated March 20, 2024) from a collective of allied health professionals, leaders, and voters to Hon. Tracy-Anne McPhee, Minister of Health and Social Services (White)