



# Yukon Legislative Assembly

---

Number 223

1<sup>st</sup> Session

35<sup>th</sup> Legislature

---

## HANSARD

Thursday, November 21, 2024 — 1:00 p.m.

Speaker: The Honourable Jeremy Harper

# YUKON LEGISLATIVE ASSEMBLY

## 2024 Fall Sitting

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

### CABINET MINISTERS

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

### OFFICIAL OPPOSITION

#### Yukon Party

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

### THIRD PARTY

#### New Democratic Party

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

### LEGISLATIVE STAFF

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

**Yukon Legislative Assembly  
Whitehorse, Yukon  
Thursday, November 21, 2024 — 1:00 p.m.**

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

*Prayers*

**Withdrawal of motions**

**Speaker:** The Chair wishes to inform the House of a change made to the Order Paper. The following motion has been removed from the Order Paper, as it is outdated: Motion No. 1120, standing in the name of the Government House Leader.

**DAILY ROUTINE**

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

**INTRODUCTION OF VISITORS**

**Speaker:** Introduction of visitors.  
*Visitors introduced*

**Speaker:** Are there any tributes?

**TRIBUTES**

**In recognition of National Addictions Awareness Week**

**Hon. Ms. McPhee:** Mr. Speaker, it is my honour to stand today on behalf of the Yukon Liberal government to mark National Addictions Awareness Week, observed from November 24 to 30, 2024. This year's theme, "Forging Connections", reflects the importance of collaboration and compassion in addressing substance use challenges and supporting individuals, families, and communities.

The Department of Health and Social Services' mental wellness and substance use services are interconnected across the territory to ensure that Yukoners receive the support they need. These services provide users with person-centred care through a trauma-informed and harm-reduction lens.

Just some of the mental wellness and substance use services include: intensive treatment services, opioid treatment services, psychiatric outreach program, the Referred Care Clinic, the supervised consumption site, withdrawal management, and much, much more.

I would like to highlight two critical mobile outreach services that are making a profound impact in downtown Whitehorse: Blood Ties Four Directions' outreach van and the Council of Yukon First Nations' Moccasin mobile outreach services.

For over 30 years, Blood Ties Four Directions has been a strong partner and has brought expertise in harm reduction, offering education, support, and services to Yukoners affected by substance use-related health challenges. The outreach van operated by Blood Ties provides critical resources directly to street-involved individuals, addressing their immediate health,

safety, and social needs. Operating most nights from 5:30 to 9:30 p.m., the van distributes harm-reduction supplies, including naloxone kits, winter clothing, snacks, and harm-reduction education. It also serves as a compassionate and non-judgmental space for supportive listening and referrals to additional services.

In partnership with Health and Social Services, the Council of Yukon First Nations launched the Moccasin mobile outreach van service earlier this year. This initiative reflects a commitment to cultural safety, providing after-hours and weekend support to vulnerable individuals in the downtown core. In addition to tangible resources, it offers emotional and cultural connections, creating a safe and supportive space for Yukon First Nations and Indigenous peoples. Both the outreach van and the Moccasin mobile outreach are prime examples of how collaboration and culturally informed approaches can address substance use challenges and enhance community safety.

All of these services are shining examples of meeting people where they are, offering life-saving support, and reducing harm in the community.

Mr. Speaker, as we observe National Addictions Awareness Week, let us honour these organizations and all the staff and volunteers who dedicate themselves to this vital work in our community. Their supports embody the spirit of forging connections, reminding us of the power of compassion and collaboration in building safer and healthier communities.

*Applause*

**Mr. Cathers:** Mr. Speaker, I rise today on behalf of the Yukon Party Official Opposition to recognize National Addictions Awareness Week, which raises the awareness of the harms of addiction to alcohol and drugs and provides the opportunity to talk about avenues for prevention and treatment.

Acknowledgement of an issue such as addiction is a key step in recovery. Helping people by providing support, listening, and offering assistance is something that anyone can do for your friends, family members, or neighbours.

Governments and NGOs offer programming and services, and those who work in the field of treatment services provide a lifeline to people with addictions. Unfortunately, we've seen a major increase in the need for addictions treatment services in the Yukon.

Addictions treatment and aftercare are important, and Yukoners have long felt the pressures of wait-lists and limited options for services, especially in rural communities. We believe that the number one goal of any substance use health emergency strategy should be helping people to break free from their addictions and live healthy lives. We continue to call on the government to do more and to expand addictions treatment.

In closing, thank you to all of those who are working to provide addictions treatment services to Yukoners. Your compassion and support go a long way to help people who are seeking to overcome their addictions — and their families.

*Applause*

**Ms. Blake:** Mr. Speaker, I rise on behalf of the Yukon NDP to pay tribute to National Addictions Awareness Week. This is the time to shine the light on the strength, resilience, and courage of those affected by addiction. It is a week to honour the journeys of recovery, to support those still struggling, and to educate ourselves on the complexities of addiction. As we continue to lose community members because of the unregulated and volatile drug supply, the importance of forging connections becomes even more apparent.

Addiction touches the lives of many, often weaving through families, communities, and generations. Yet amid the challenges, there is always hope. Recovery is possible, and healing is a path that begins with understanding, compassion, and the willingness to walk alongside those in need.

This week reminds us of the power of community, connection, and support. Whether it is through professional treatment, peer support, or the love of family and friends, no one should have to face addiction alone. Together, we can reduce stigma, provide resources, and celebrate every step forward, no matter how small. We are all too aware that the efforts of harm-reduction organizations across this country are being threatened. Governments are closing supervised consumption sites and banning the funding of harm-reduction equipment.

The Yukon NDP will not let the same happen in the Yukon. To those who are in recovery, we see your strength. To those still struggling, we believe in your ability to heal. To family and friends impacted, your unwavering support makes all the difference. And to those working in prevention, treatment, and advocacy, thank you for your dedication to creating healthier futures while shaping systems to be more welcoming and inclusive for those living with the disease of addiction.

Let this week be a call to action and a celebration of resilience. Addiction does not define a person; hope, love, and recovery do.

Mahsi' cho.

*Applause*

### **In recognition of the Share the Spirit campaign**

**Hon. Mr. Mostyn:** Mr. Speaker, today I would like to encourage all Yukoners to share the spirit as we enter the holiday season.

Christmas is more than a day on a calendar; it's an opportunity to gather with family and share the warmth of the season with our neighbours. Sometimes in an indifferent world, the Christmas season reminds us that compassion and concern for others is often the greatest gift that we can give. It is also an opportunity to express in real terms something we know year-round: that all Yukoners are connected.

For several years, the Whitehorse Firefighters Charitable Society and Northwestel have helped us demonstrate our care for others. Their Share the Spirit campaign ensures that everyone who needs the reminder that we are all one big territorial family has a gift under the tree and a Christmas meal on the table. Every year, hundreds of families and children in nearly all communities are supported by Northwestel and the

firefighters. They work year-round to raise funds for Share the Spirit, but they still rely on the generosity of Yukoners.

As we approach the festive season, I encourage every Yukoner who can to think about giving back to their fellow community members. Share the Spirit offers several ways to help families have a wonderful holiday. You can make a monetary donation, you can sponsor a family and be provided with the Christmas wish list of a Yukon child, or you can volunteer your time. You can find out more information at [sharethespirit.ca](http://sharethespirit.ca).

Thank you to everyone who brightens the holidays for their neighbours. Thank you also to Northwestel for their support of the Share the Spirit campaign, and a huge thank you to the Whitehorse Firefighters Charitable Society. We are grateful for those people who have committed to serving the community even after their shift ends.

Have a safe and happy holiday, everyone.

*Applause*

**Ms. Van Bibber:** Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to pay tribute to the Whitehorse Firefighters Charitable Society and their annual Share the Spirit campaign.

In 1997, an idea hatched and Adopt a Family was born and nurtured by the new managers of the Taku Hotel's Discovery Bar, Ed and Donna Isaak. They saw a need and wanted to help a few families over Christmas.

Ed and Donna started with a goal of \$3,500 to bring Christmas to seven families. It was a success. They wanted to do more, but the need was great. Eventually, in 2004, the Whitehorse Kinsmen and later the Kinettes operated the campaign now called "Share the Spirit". In 2015, the Whitehorse Firefighters Charitable Society stepped up and took it under their wing.

I love their page that says, "After the fire is out it's in our nature to care", and care they do. This year, they have reported that they are able to help 565 families. To adopt or sponsor a family, names must be referred through a government office or social agency, such as a church, school, RCMP, EMS, local fire departments, and so on — all confidential. To allow shopping time, a timeline for applications for assistance must be in by December 7, and if the 565 has not been reached by then, December 9 is the final.

There are many ways to get involved with Share the Spirit — being a sponsor or a donation of gifts. Remember that cash is always welcome. There is also a need for extra hands for gift-wrapping and delivery. Keep an eye out for the sign-up page and please consider helping this holiday season. Even an hour of time or providing an unwrapped gift will be stupendous.

I heard the interview with Nicholas O'Carroll this morning on the radio and I know that Elf Central will be in the old lounge of the 202 hotel. This space will soon be bustling with busy elves getting ready for Santa Clause to deliver food hampers and gifts to all communities.

By the way, Share the Spirit is the largest geographic Christmas support by one organization in Canada — for every Yukon community. We give our sincere thanks to the original organizers, Ed and Donna Isaac, and now the Whitehorse Firefighters Charitable Society for their compassion and caring for all of our Yukon families. This is truly a charity of worth.

Thank you to all who put so much time and effort into volunteering year after year. What a better way to fall asleep than knowing that you made Christmas day for some Yukon children and their families a whole lot brighter.

*Applause*

**Ms. White:** Mr. Speaker, I rise on behalf of the Yukon NDP to celebrate the efforts of the Whitehorse Firefighters Charitable Society all year-round, but today we rejoice in their Share the Spirit campaign.

This year, Share the Spirit elves anticipate bringing holiday cheer to nearly 600 families in 16 Yukon communities. This gift of love is monumental and these actions will change lives. So, even if you feel more like a grinch than a resident of Whoville, I believe that we all have a role we can play. There are many ways for those of us who don't have a direct line to the North Pole to help. You could register as a sponsor or a Santa-in-training and get matched with a family. You will get to shop from a child's wish list. Trust me, a wish list is much easier than trying to guess what a stellar human many want for the holidays.

This is all organized by elves who are experts in making lists and checking them twice. These gifts are then delivered to Elf Central by December 12 to ensure Christmas delivery. Soon enough, when Elf Central is ready to open its doors, you can even be a volunteer gift-wrapper.

While the hard-working elves who at times may be disguised as firefighters fundraise all year-round, they need a little extra holiday cheer to help them make Christmas dreams come true. So, whether Santa or the grinch, there is plenty of space for you in Share the Spirit. Any donation big or small will be used to make holiday dreams come true.

I want to take a minute to especially thank the Whitehorse Firefighters Charitable Society for their support of the Yukon-to-Ukraine campaign. By giving people a place to be able to donate and receive tax receipts, it has been huge for that fundraising campaign.

Thanks to all of you who do the work in the holidays and thanks to all of you who continue to support the Ukraine, and happy holidays.

*Applause*

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

## TABLING RETURNS AND DOCUMENTS

**Hon. Ms. McPhee:** Mr. Speaker, I have for tabling the *2023 Yukon Health Status Report*, which is tabled pursuant to section 6(1) of the *Health Act*.

I also have for tabling, Mr. Speaker, the *Yukon Hospitals Year in Review 2023-2024* and the consolidated financial

statements, which are tabled pursuant to section 13(3) of the *Hospital Act*.

**Hon. Mr. Pillai:** Mr. Speaker, I have for tabling the Yukon Lottery Commission annual report for 2023-24.

I also have for tabling *Fiscal Accountability by the Letters: The Report Card for Canada's Senior Governments, 2024*, in which the Yukon received an A-minus, the highest grade in the country.

**Hon. Mr. Clarke:** Mr. Speaker, I have for tabling a letter from the national president of MADD Canada.

**Hon. Ms. McLean:** Mr. Speaker, pursuant to section 4(11) of the *Child Care Act*, I have for tabling the Yukon Child Care Board's annual report for 2023-24.

Also, pursuant to section 15(3) of the *Yukon Advisory Council on Women's Issues Act*, I have for tabling the Minister's Advisory Council on Women and Gender Equity's annual report for 2023-24.

Pursuant to section 5(h) of the *Education Act*, I have for tabling the Department of Education's annual report for 2023-24.

Further, I have a legislative return for questions arising on November 13, 2024 in Committee of the Whole.

I have another legislative return for questions arising on October 30, 2024 in Committee of the Whole.

**Hon. Mr. Mostyn:** I have for tabling this afternoon letters of support for a new Takhini Elementary School from Sport Yukon and from Softball Yukon.

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

THAT this House supports the Government of Yukon in developing a new fertility and surrogacy tax credit in addition to the medical travel coverage for fertility and surrogacy treatments.

I also give notice of the following motion:

THAT this House urges all Members of the Yukon Legislative Assembly to visit the Jim Smith Building warming centre.

**Hon. Mr. Pillai:** I rise to give notice of the following motion:

THAT this House encourages Canada Post to continue to implement their strategic plan, *A Stronger Canada – Delivered*, that looks to boost capacity across the country and support small businesses to better serve their customers.

I also give notice of the following motion:

THAT this House congratulates the Government of Yukon for receiving the highest grade in Canada for fiscal transparency in the C.D. Howe Institute's annual report entitled *Fiscal Accountability by the Letters: The Report Card for Canada's Senior Governments, 2024*.

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

THAT this House congratulates Allan Nixon, newly elected Yukon Chamber of Mines president, and thanks Loralee Johnstone for her many years of leadership as the former president.

I also give notice of the following motion:

THAT this House urges the Official Opposition to request the Conservative Party of Canada to release a plan to fight climate change.

**Hon. Ms. McLean:** I rise to give notice of the following motion:

THAT this House supports the Government of Yukon's efforts to improve early learning and childcare across the territory through the:

- (1) investment in universal childcare that saves families up to \$700 per child per month;
- (2) modernization of the Yukon *Child Care Act*; and
- (3) launch of a new early learning and childcare infrastructure fund.

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

THAT this House congratulates the Ukrainian Canadian Association of the Yukon, including their members and supporters, for their recent initiative to ship eight full suitcases of winter gear, medicine, and humanitarian supplies from Yukoners to individuals in Chortkiv, Ukraine; and

THAT this House also congratulates the Social Justice Club at F.H. Collins Secondary School, which held a bake sale in order to provide a full suitcase of warm clothing and medicine for the Ukrainian Canadian Association of the Yukon's recent initiative for Chortkiv.

I also give notice of the following motion:

THAT this House stands and mourns with Ukrainians, Ukrainian Canadians, and others of Ukrainian descent throughout the world during National Holodomor Awareness Week, which takes place from November 18 to 24, 2024, in commemorating the 91<sup>st</sup> anniversary of the Holodomor.

I also give notice of the following motion:

THAT this House stands in pride in recognizing the substantial efforts in conservation in the Yukon with a total of 21.1 percent of Yukon being protected, positioning the Yukon as Canada's jurisdiction with the most conserved area as reported in the Canadian Protected and Conserved Areas Database.

I also give notice of the following motion:

THAT this House stands with all Yukoners and victims of motor vehicle accidents caused by drunk drivers in contrast to all members of the Official Opposition, who opposed the new and comprehensive measures in the *Traffic Safety Act* that address drunk driving in the territory.

I also give notice of the following motion:

THAT this House condemns the mass atrocities committed against civilians within the context of the catastrophic Sudanese civil war.

Finally, I also give notice of the following motion:

THAT this House supports the call for the federal opposition leader to obtain a security clearance so that he can fully partake in briefings that relate to national security and specifically Arctic security.

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

THAT this House urges the Official Opposition to request that the Leader of the Conservative Party of Canada reconsider his plan to cut the housing accelerator fund and the Canadian housing infrastructure fund that will see hundreds of affordable homes built in communities across the Yukon over the next three years and support over 1,000 homes over the next decade.

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

THAT this House urges the Government of Yukon and the Yukon Energy Corporation to work with all stakeholders, including the City of Whitehorse, Whitehorse Fire Department, and the Association of Yukon Fire Chiefs, to:

- (1) develop a fire suppression plan for the grid-scale battery project on Robert Service Way; and
- (2) provide all necessary resources to pay for specialized training and equipment for all first responders who are required to respond to a fire at the grid-scale battery project before it begins operation.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to include funding in the 2025-26 capital budget to initiate construction of a multi-use paved trail in the Alaska Highway corridor from the Carcross Cut-off to Robert Service Way.

**Ms. Van Bibber:** Mr. Speaker, I rise to give notice to the following motion:

THAT this House congratulates Whitehorse-based Laser Wolf Films on the showing of its short film *Datrin* at the Grauman's Chinese Theatre in Hollywood this evening as part of the LA Skins Native American film festival.

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

This then brings us to Question Period.

**QUESTION PERIOD****Question re: Economic outlook**

**Mr. Dixon:** Mr. Speaker, throughout this Fall Sitting, the Liberal government has continued to demonstrate how out of touch they are with what is going on in Yukon's economy. Every week, Liberal ministers had new words to describe how great they thought the economy was doing. Some weeks it was "raging"; other weeks it was "booming", but each and every time they said something like that, Mr. Speaker, they distanced themselves further from the facts and what many Yukoners are seeing and feeling on the ground.

In fact, the Department of Finance is expecting a 2.3-percent contraction in our economy this year and the removal of Eagle Gold to leave a \$1.5-billion hole in our economy over the next five years. Our economy, Mr. Speaker, isn't raging or booming; it is shrinking, and many Yukon businesses are struggling to get by.

How have the Liberals become so out of touch with what is happening in our economy?

**Hon. Mr. Pillai:** Mr. Speaker, I do appreciate the opportunity to come and speak to this today. I think that we've been very realistic when we look at the economy. We know that — and I have said it publicly — there is a tenderness going into the last quarter of this year and we see the choppy waters, but also, I think it's incredibly important to look at the fundamentals.

The Leader of the Official Opposition has stood up and has talked about recession. I would like to understand — maybe on question 2 — what particular data he looked at when he made that assumption, because when I look at the data that's used, other than GDP, to define what a recession is, our numbers are all going in a different direction.

When we look at the numbers of investment in real estate, they're very significant. If you look at this September over last September on the value of building permits, you have an 800-percent increase. We see inflation this quarter again going down, while in other western provinces it continues to go up. We see the best employment numbers in Canada when you look at participation of workforce as well as when you look at the unemployment rate.

So, we understand that there are challenges out there. That's why I have sat down with CEOs of the biggest companies in the Yukon just in the last number of weeks.

I look forward to questions 2 and 3.

**Mr. Dixon:** Mr. Speaker, the data that I'm referring to is the fiscal and economic outlook that his Minister of Finance tabled just a few weeks ago.

The challenges faced by the mining industry under this Liberal government are well known, but it isn't just those businesses that are facing dark days.

Just over a few weeks ago, over 50 Yukon businesses in the food and beverage sector sounded the alarm. After being repeatedly left in the lurch by a checked-out minister, they resorted to signing a petition. It stated that they had suffered multiple years of an extremely difficult economic climate and that they needed help. In other words, Mr. Speaker, they were directly contradicting the Liberals' claims that the economy

was "booming" or "raging" or any of the words that the Premier's colleagues have used.

The reality is that Yukoners and Yukon businesses are struggling to keep the lights on. So, why has the Yukon government spent the past two months telling them that everything is fine?

**Hon. Mr. Pillai:** Mr. Speaker, I'm happy to talk about hospitality as well.

I think what's out of touch is that the leader of the opposition has focused on just one particular area of small business when it comes to hospitality that sells alcohol and has really championed that. There are a number of businesses that don't sell alcohol. There are a number of retail operations as well that have needed help.

That's why we were the first movers in this country to ensure that there was paid sick leave and that it was paid for by the Yukon government. We saw, in the first year, significant uptake, and now we have seen really incredible uptake in this program.

We heard from hospitality that they wanted to make sure that they could provide some of the same benefits that other organizations in this territory can offer. We saw the Canadian Federation of Independent Business, which the opposition loves to quote, come out and commend us on being first movers in this country.

Of course, the other thing that we would love to do to support these businesses is to reduce the small business tax, but that is impossible because we actually eliminated it while we were in government, which is much different from what was happening to small business under the Yukon Party.

**Mr. Dixon:** Mr. Speaker, the fact remains that those businesses felt so ignored by this government that they had to sign a petition. One of the Yukon economy's saving graces has been the constant stream of federal money that is injected into the territory. But earlier this Sitting, we learned that our public finances are a mess. According to the Public Accounts, the fiscal health of our territory has never been weaker: Spending is growing by more than double our revenues, borrowing is through the roof, and the Liberals are telling us that they want to borrow even more and have asked Trudeau to up our limit even further. For the first time ever, we have a net debt. That means that for every man, woman, and child, we have a net debt of over \$4,000.

So, Mr. Speaker, when will this Liberal government pull their head out of the sand and realize that they have put our economy and our public finances in a deep hole?

**Hon. Mr. Pillai:** Mr. Speaker, I urge Yukoners to look at some of the things that we shared today — where we have the best grade in the country by the C.D. Howe Institute when it comes to our fiscal transparency. I would offer them that information versus hearing from the Leader of the Official Opposition who, while that individual was in the seat of Economic Development, drove us into actually the last time we were in recession. I'll have to just leave it at that.

**Question re: Crime in Yukon**

**Ms. Van Bibber:** Mr. Speaker, throughout this Sitting of the Legislature, we have been raising the concern that we have heard from so many Yukoners about the massive crime wave that has been seen sweeping across the Yukon. From downtown Whitehorse to the communities, it seems like crime in the Yukon has never been worse. It's hurting businesses and hurting our communities.

Does the Liberal government think that they are doing enough to tackle the wave of crime that has swept our territory?

**Hon. Ms. McPhee:** I am extremely proud, Mr. Speaker, of the work that is being done in relation to combating crime here in the territory. We have the M Division of the RCMP, second to none in their devotion to this territory. I spoke this morning, in fact, with the deputy commissioner of the RCMP and he had glowing reports about the work that is done here and about the relationship with our government.

Our goal is to help build healthy and thriving Yukon communities. To be clear, we work with our key partners. We are investing in our community's safety. Our downtown Whitehorse safety response action plan is just one example.

We are updating legislation and we are responding to what we hear from Yukoners. According to Statistics Canada, while the Yukon's 2023 crime rate increased three percent compared to the revised 2022 crime rate, the 2023 crime rate was 4.7 percent lower than the crime rate back in 2014.

So, I think that we need to make sure that we are looking at accurate statistics and, most importantly, that we are listening to Yukoners and their experiences and responding as we can to make a safer community.

**Ms. Van Bibber:** Here in Whitehorse, it has become so bad that it's starting to hurt our economy. Earlier this fall, the Whitehorse Chamber of Commerce said in a public presentation that — and I quote: “The business community wishes to stress that this issue is of the utmost importance. It is affecting their very ability to stay in business.”

Does the Liberal government really think that it's doing enough to stop this surge in crime that is hurting so many Yukon businesses?

**Hon. Ms. McPhee:** Mr. Speaker, in every jurisdiction in the world, crime rates rise and fall over time. Over the past decade, we have seen crime rise and now fall in our communities. Notably, the Yukon has also experienced fewer per capita violent *Criminal Code* violations and fewer per capita crime rates than the national average.

It is important to listen to Yukoners' experiences. The statistics are only one way in which we should be responding. I note that, keeping those in mind, it is important to highlight the incredible work that is being done by local organizations, by our non-governmental organizations, and by businesses and citizens in this city and other communities across the territory — also the work of the RCMP and the communities' opportunities to engage with the RCMP to address crime and the root causes of crime, which are not even slightly reflected in these statistics.

We spoke quite at length yesterday debating a motion about root causes of crime. Our government is focused on providing services and supports for individuals, on providing a renewed look at repeat offenders and a renewed look at bail, and on working to make sure that crime rates are not just statistics.

**Ms. Van Bibber:** There is a growing sense among businesses and the general public that our justice system isn't working. We continue to hear from Yukoners who feel that the system isn't keeping our communities safe and isn't delivering justice to victims of crime.

This is how the Whitehorse Chamber put it to the public presentation — quote: “We are now seeing regular armed robberies in this community. This has left many business owners feeling helpless, as there is minimal legal recourse available to them.” They went on to say — quote: “Where is the justice system? Where is the law and order that we expect our governments to provide?”

So, after eight years of Liberal governments in Ottawa and Whitehorse, does the Premier think our justice system is working well?

**Hon. Mr. Pillai:** Mr. Speaker, I think we had a great debate yesterday. I had an opportunity to table a letter that was signed by all premiers in this country focusing on areas where we can always improve.

But I think that this set of questions was picked; we're in the last day of this Sitting. These are priority questions for the Yukon Party and for Yukoners, as the opposition has just said to me. So, today, really, when you think about the Whitehorse chamber and what they have called out for — I know what I can see today. In this budget is a funded program with the Whitehorse chamber based on what the needs of businesses are and based on what they're asking for. I think that the important thing today is to know if the Official Opposition will stand up with the business sector and will stand up for what Yukoners want and will support that program, or will they shirk that responsibility? That's really what Yukoners will be watching today.

**Question re: Government relationships**

**Ms. White:** Mr. Speaker, relationships can be hard and it takes two to tango, but this Liberal government keeps on stepping on everyone's toes.

So, the Minister of the Public Service Commission was spectacularly out of step this fall when he used the government's emergency broadcast system to pit parents against Yukon educators. When the teachers' union warned that current wages and slim training opportunities jeopardized the Yukon's public education system, he spun around and said that teachers were — and I quote: fiscally irresponsible.

Then the health minister was clearly so out of sync with the Yukon Employees' Union and the Professional Institute of the Public Service of Canada that both unions had to leave the Health Human Resources Steering Committee. The Minister of Energy, Mines and Resources simply refused to dance when the Tr'ondëk Hwëch'in, Little Salmon Carmacks, White River, Carcross/Tagish, and the Na-Cho Nyäk Dun First Nations



called for a public inquiry into the Eagle Gold mine disaster. The only constant partner in this bad choreography is the Yukon Liberals.

So, why can't the government stop stepping on everyone's toes?

**Hon. Mr. Streicker:** Mr. Speaker, first of all, the Government of Yukon recognizes and respects the hard work, expertise, and devotion of our education professionals. We are committed to securing a renewed collective agreement that is fair, balanced, and fiscally responsible and that supports ongoing efforts to attract and retain highly qualified educators in the Yukon.

Just today, I offered to give an update on the situation at Victoria Gold and the opposition parties said no. They said that, no, they didn't want to hear that. We could have talked about the independent review board; we could have discussed how these professionals are working to resolve the question of what caused the failure at the Eagle Gold mine site — incredibly important.

**Ms. White:** Mr. Speaker, this government respects teachers so much that they call them — quote: fiscally irresponsible.

On at least three occasions this fall, this government has had to backtrack when it was called out by partners for misquotes, false attributions, and embellishments. First, the Minister of Health and Social Services claimed that surgical services had increased capacity when, in fact, they had not and was called out by surgeons. Then the Premier falsely declared that doctors supported a P3 model like the NWT's Stanton hospital and had to be corrected by the Yukon Medical Association. Finally, the Education minister falsely said that the Takhini Neighbourhood Association supported her decision to relocate École Whitehorse Elementary School.

So, this government appears to be waltzing through insincere consultation after insincere consultation and then making up whatever it thinks that will make them look good, despite the facts.

Why would anyone want to collaborate with the Liberals when their partners tell the government one thing and the government tells Yukoners something completely different?

**Hon. Mr. Pillai:** Mr. Speaker, when we talk about collaboration and who would want to collaborate, I think that there have been a number of initiatives — some that we have announced today — that we have collaborated with the NDP on. We have done that for the last two years. I think that most of the time, those initiatives — at least in this last CASA — have been, I think, championed over here. I think that, at the same time, the Leader of the NDP has gotten up and celebrated those initiatives.

So, when you look at the groundwork of the many things that have been accomplished over the last number of years, I think that it was done through partnership, and I think that it was done based on a shared set of agreed priorities. If that is what the Leader of the Third Party is getting at, I think that it is important to look at the public statements and work based on what CASA has brought to Yukoners. I think that would be a fair statement.

**Ms. White:** Mr. Speaker, working with the Yukon NDP benefits the government, but what about educators, health care workers, and Yukon First Nation governments?

So, let's talk about how the Premier tried to use chapter 22 of the *Umbrella Final Agreement* to justify the privatization of health care. That was a convenient tactic, but his recent enthusiasm for the UFA falls flat when you consider how often and widely his government ignores parts of the UFA that aren't so convenient. Chapters 11, 12, 14, and 18 contain provisions about land use planning, water management, development assessment, and non-renewable resources. This government has completely disregarded these chapters.

The Na-Cho Nyäk Dun, the Tr'ondëk Hwëch'in, and Little Salmon Carmacks First Nations have all publicly called out the Liberals this year for this government's many failures to abide by the UFA. Failures to listen and failures to act — yet another way that this government fails to build genuine relationships.

Given the Premier's sudden devotion to chapter 22 of the UFA, can Yukon First Nations now expect that this Liberal government will take meaningful steps to fully support the implementation of chapters 11, 12 —

**Speaker:** Order, please.

**Hon. Mr. Pillai:** What I will do is that I will get up tomorrow morning and I will go to the Yukon Forum. I think it's our 24<sup>th</sup> or 25<sup>th</sup> Yukon Forum after there being no Yukon Forums. Tomorrow, we will focus on looking back to what was accomplished in the last meeting. Yukon First Nations will bring forward the focus, priorities, and chapters that they believe that we should be working on. We will sit down and, through our 18 working groups, continue to move forward the implementation of the UFA and self-government agreements. We will then define what Yukon Days will look like. We will make sure that the priorities that are tabled by Yukon First Nations are taken into account as we set up our meeting schedule. I will note that now other provinces and territories are emulating just that model of how reconciliation should work and how you should engage with federal leaders.

In the afternoon, we will be focusing on public safety. I know that there will be good conversations.

The conversations are not always smooth; the conversations do get heated, but that's because they are real conversations. Those are conversations that are moving items ahead. So, I know that when you are here in the House and it's the last day and you want to cast rocks and throw a narrative, you can. But at the end of the day tomorrow, we will sit down in a respectful way and continue our work with First Nation governments from across —

**Speaker:** Order, please.

#### **Question re: Health care services**

**Mr. Cathers:** After years of the territorial Liberal government starving our hospitals and health system of needed investments, this year has been a tipping point. Over the course of the past months, we have seen well-respected doctors and surgeons sounding the alarm about the serious crisis in our health care system.

A CBC headline in August summed it up: “Yukon Medical Association says the territory is in a health-care crisis. President decries access to family doctors, inadequate infrastructure and long waits”.

Mr. Speaker, thousands of Yukoners don’t have a family doctor. Our hospitals are underfunded and overcrowded and hundreds of Yukoners are suffering on long wait-lists. After eight years of this Liberal government, Yukoners know where to place the blame.

Does the minister of health recognize what a dire state the Yukon’s health care system is in now?

**Hon. Ms. McPhee:** Mr. Speaker, I appreciate the opportunity to stand to speak to comments made in this question.

It’s important that we make sure that Yukoners hear our thanks to our partners, thanks to our front-line workers, and thanks to the hard-working individuals who work every day to provide amazing service to Yukoners in our health care system. Our government has been dedicated to engaging with all Yukoners — Yukoners who receive the services and Yukoners who provide the services. We have worked to develop strategies and plans. We have made those public documents so that we can be held accountable to Yukon citizens, which is our job here.

I appreciate the earlier comments about relationships, but this government has worked to build those relationships. The plan of engaging with Yukoners and front-line workers, developing strategies, making those public documents, and then being held accountable has never been something that the Government of Yukon has done before. We have many, many examples of those: the *Aging in Place Action Plan*; the *Substance Use Health Emergency Strategy*; the *Health Human Resources Strategy*, which was created, by the way, with unions; and many, many more.

The opportunity for us to build relationships to provide better health care and better services to Yukoners is critical.

**Mr. Cathers:** And yet the health care crisis continues to get worse.

After eight years of this Liberal government, the Yukon’s health care system is in a state of crisis. What is worse is that the Liberals continue to deny it and make incorrect claims about the state of things. At multiple points over the past months, health care workers have had to publicly correct this minister of health. Earlier this fall, doctors had to correct the minister’s announcement about surgical services. Here is what one doctor told the *Yukon News* — quote: “Were they so desperate for a good news story that they embellished it a little bit? I don’t know. Maybe it wasn’t intentional, but yeah, factually, it’s incorrect.”

Mr. Speaker, why have the Liberals let things get so bad in our health care system that they are resorting to denying the facts and making up stories that are factually incorrect?

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

### Point of order

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

**Hon. Mr. Streicker:** Mr. Speaker, I just heard the member opposite use the phrase “making up stories”. Under our Standing Orders, 19(h) refers to it as a “falsehood”.

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

**Mr. Cathers:** On the point of order, I don’t believe the minister is correct. I did not make a direct accusation to another member of uttering a deliberate falsehood.

### Speaker’s ruling

**Speaker:** There is no point of order. Temperatures are getting kind of high here; please civilize your comments.

Member for Lake Laberge, you have 14 seconds left.

**Mr. Cathers:** Mr. Speaker, I had actually concluded my remarks. I will turn it over to the minister.

**Hon. Mr. Pillai:** I think there is just one big question for the Member for Lake Laberge. We have heard most of the time, when the Member for Lake Laberge has gotten up to talk about health care — which has been a lot over the fall — it has really been about an interest in increased funding for health care. It has been about investment in health care. We haven’t heard a lot of solutions. We know that there are things now such as the surgical options that certainly weren’t offered when he had the helm.

We know that we are not seeing the governance challenges as they were when the Member for Lake Laberge was in charge, but what we do know is that there is an opportunity today to stand up and invest in our health care system and to invest in Yukoners. The real question will be: Will the Member for Lake Laberge support those investments today for Yukoners? I think that is what Yukoners will be watching.

**Mr. Cathers:** Mr. Speaker, in fact, the government has heard solutions not only from us but from Yukon doctors and other health professionals, but they ignore them. The Yukon’s health care system is in a state of crisis. There are thousands of Yukoners who don’t have a family doctor. Our health care infrastructure has been neglected and chronically underfunded by this out-of-touch Liberal government. They failed to expand the Whitehorse hospital after ignoring a project request from Yukon hospitals for six years. There are hundreds of Yukoners suffering on growing wait-lists for surgery.

Mr. Speaker, how can Yukoners look at the record of this out-of-touch Liberal government on health care and think that it is anything less than a complete disaster?

**Hon. Mr. Pillai:** Mr. Speaker, I think having the board CEO move on, the board governance essentially be removed or to resign — maybe the Member for Lake Laberge can tell me what happened in those days when he was in charge — but I know it was I think under the same term — a “complete disaster” would be a good term for it.

It is interesting — that third question. In the start of the third question he used the words “chronically underfunded”. That is the perspective of the Member for Lake Laberge. We continue to invest a record investment in health care.

I didn’t hear after — I was hoping to hear if he would support the investments in health care. He feels it is

underfunded. Today, he has an opportunity here on behalf of Yukoners to just say “I agree”. That’s all he has to say. And if he says that, then we are going to see money that he will support, and the people of the riding of Lake Laberge will know if he is not just talking but if he is walking. We will all be watching.

**Question re: Yukon Association of Education Professionals collective agreement bargaining**

**Mr. Kent:** Mr. Speaker, we began this Fall Sitting with a deadlock in negotiations between the Yukon Liberals and the Yukon Association of Education Professionals, or YAEP. We are ending this Sitting almost two months later with that same deadlock in place. If upcoming conciliation talks fail, we could be headed for job action.

In a press release issued in early October, the YAEP said that 95 percent of its members voted in favour of job action for the first time in a quarter of a century.

Can the minister tell us why there has been no sense of urgency from the Liberals in the last two months to get back to the table and reach a deal to avoid strike action?

**Hon. Mr. Streicker:** Mr. Speaker, the conciliation process for this negotiation is set out in the *Education Labour Relations Act*, which outlines the steps and timelines for working toward achieving a negotiated agreement. The conciliation board is made up of three members, one nominated by each party and a third nominated as chair by the two members. The conciliation board is to assist both parties in reaching a final negotiated agreement. It is my understanding that conciliation — there were two options — and it was the Yukon Association of Education Professionals who opted for the conciliation path. We are supportive and keen to work with them.

Again, I will say that we recognize and respect the hard work, expertise, and devotion of our amazing education professionals. We thank them for all the work that they do in shaping the lives of our young Yukoners and we really appreciate the work that they are doing.

**Mr. Kent:** Mr. Speaker, at the beginning of this Sitting, the Minister of the Public Service Commission told us that he wouldn’t negotiate on the floor of this House, but then he accused the union of being misleading. He then laid out the bargaining position of the YAEP and is quoted in an October 9, 2024 *Yukon News* article saying — quote: “This is not fiscally responsible, and it is not consistent with other settlement patterns in Canada.” He then took the step of preparing a public statement and using an education e-mail list for all parents to send out his version of events. This has led to a deteriorating relationship between this Liberal government and Yukon educators.

What steps has the Minister of the Public Service Commission taken in the past two months to repair the damage that he has done, or has he completely checked out?

**Hon. Mr. Streicker:** Mr. Speaker, I have stood up and said that we respect the work of our teachers. You know, the criticism that is being levelled by the members opposite is being levelled toward a teacher. We all come to this House with some

background and some profession behind us, and in this case, the person they are referring to and saying that he doesn’t support teaching is someone whose whole life and career went toward teaching.

I as a Yukoner can say that I have the utmost respect for my colleague the Member for the Klondike, and I think that he has always cared about teaching, and I know that he takes that into his heart as he leads the Public Service Commission.

**Mr. Kent:** Mr. Speaker, my questions were directed to the Minister of the Public Service Commission, and if he respects teachers, he is has a very funny way of showing it.

Many of our students have fallen behind academically and socially as a result of the pandemic. Any prolonged job action by our educators is the last thing that they need at this time. We are having difficulty filling staff vacancies as it is, and competition for teachers is ramping up as we experience a nation-wide shortage.

The YAEP president said earlier this fall — quote: “... right now, if you are a young teacher coming to the Yukon, it doesn’t make financial sense...” Mr. Speaker, what is the government doing to address the concerns expressed by Yukon teachers that it doesn’t make financial sense for new teachers to come to the Yukon?

**Hon. Mr. Pillai:** Mr. Speaker, I know that when you look at our current compensation, I think we have the third highest wages in the country when it comes to the education system. Now we are again going through the conciliation process. Both parties, I believe — no matter how it’s characterized here by the member opposite — are going to go to the table and go through a process that is defined in a very respectful way to come up with appropriate compensation focus for Yukon teachers.

I think we have shown that over and over again in our time in government in all negotiations. At times, yes, they can get heated, but in every case, we have always made sure that we have a collective agreement in place and we always make sure that we are respecting and honouring the folks in all public service who do that work, and we are going to continue to do that. We are focused on making sure there is an agreement in place. We highly respect the work of our teachers.

I am happy to continue to meet new young teachers who are coming to the Yukon more this year who have made decisions — or they were teaching here and they reached out to their friends from other education programs across the country and have convinced them to come to the Yukon. I think, if you look at what has happened in our growth, it has caused challenges, but look, this is a place, as we all know, that people want to come to. They know that our system is a strong system; it’s innovative —

**Speaker:** Order, please.

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

## ORDERS OF THE DAY

### GOVERNMENT MOTIONS

#### Motion No. 1121

**Clerk:** Motion No. 1121, standing in the name of the Hon. Mr. Streicker.

**Speaker:** It has been moved by the Government House Leader:

THAT the Yukon Legislative Assembly, pursuant to subsection 12(1) of the *Elections Act*, recommends that the Commissioner in Executive Council appoint Maxwell Harvey as the Chief Electoral Officer of Yukon effective November 22, 2024 for a term as stipulated in subsection 12(2) of the *Elections Act*.

*Motion No. 1121 agreed to*

#### Motion No. 1130

**Clerk:** Motion No. 1130, standing in the name of the Hon. Ms. McPhee.

**Speaker:** It has been moved by the Minister of Justice:

THAT the Yukon Legislative Assembly, pursuant to section 17(1) of the *Human Rights Act*, does reappoint Michael Dougherty to the Yukon Human Rights Commission for a term of three years effective December 11, 2024; and

THAT the Yukon Legislative Assembly, pursuant to section 17(1) of the *Human Rights Act*, does appoint Helena Tlen to the Yukon Human Rights Commission for a term of three years effective November 30, 2024.

**Hon. Ms. McPhee:** The Yukon Human Rights Commission consists of five members. Two of the current members' terms are expiring. These vacancies were advertised and a few applications were received. One of the current members whose term is expiring did reapply.

The all-party Standing Committee on Appointments to Major Government Boards and Committees reviewed all applications and recommended the reappointment of Michael Dougherty and the appointment of Helena Tlen to the Human Rights Commission.

Michael Dougherty has served two terms on the Human Rights Commission and has gained valuable experience in the work of this board. Michael's dedication and experience are valued, and I thank him for his work to date and commitment to continued service.

Helena Tlen is a member of the Kluane First Nation and a Yukon lawyer. Helena has worked in the private sector across many areas in the Yukon. She brings a wealth of knowledge and education that can be an asset to the work of the board and I thank her for her interest in this work.

I would like to thank all those who put their names forward to serve on the commission. I would also like thank the Standing Committee on Appointments to Major Government Boards and Committees for their recommendations and careful consideration of the applicants. Mr. Speaker, I urge all members of this House to support this motion and to support the Human Rights Commission through this motion.

*Motion No. 1130 agreed to*

#### Motion No. 1131

**Clerk:** Motion No. 1131, standing in the name of the Hon. Ms. McPhee.

**Speaker:** It has been moved by the Minister of Justice:

THAT the Yukon Legislative Assembly, pursuant to section 22(2) of the *Human Rights Act*, does reappoint Judith Hartling, Julie Jai, and Vincent Laroche to the Yukon Human Rights Panel of Adjudicators for a term of three years effective November 30, 2024.

**Hon. Ms. McPhee:** The Yukon Human Rights Panel of Adjudicators is currently made up of six members of our Yukon community. The current term of three members will expire on November 29, 2024. These positions, again, were advertised and all applicants were reviewed by the all-party Standing Committee on Appointments to Major Government Boards and Committees. All three of the current members whose terms are expiring did reapply and were considered by the standing committee.

The committee recommended that Judith Hartling, Julie Jai, and Vincent Laroche all be reappointed as members of the Yukon Human Rights Panel of Adjudicators. All three of these individuals have served as members on the Human Rights Panel of Adjudicators for two terms each and bring knowledge and experience in the work that is required for this adjudicative board. I thank each of them for their continued commitment.

I would like to take the opportunity to thank all members of this panel for their hard work and continued dedication to Yukoners. I would also like to thank those who put their names forward to serve on the panel of adjudicators. Lastly, I would like to thank the Standing Committee on Appointments to Major Government Boards and Committees for their deliberations and recommendations.

Mr. Speaker, I ask members of this House to support this motion to reappoint Judith Hartling, Julie Jai, and Vincent Laroche to the Yukon Human Rights Panel of Adjudicators.

*Motion No. 1131 agreed to*

#### Motion No. 1132

**Clerk:** Motion No. 1132, standing in the name of the Hon. Ms. McPhee.

**Speaker:** It has been moved by the Minister of Justice:

THAT the Yukon Legislative Assembly, pursuant to section 22(2.01) of the *Human Rights Act*, does designate Judith Hartling as Yukon Human Rights Panel of Adjudicators chief adjudicator and Julie Jai as Yukon Human Rights Panel of Adjudicators deputy chief adjudicator for a term of three years effective November 30, 2024.

**Hon. Ms. McPhee:** Mr. Speaker, the Yukon Human Rights Panel of Adjudicators is currently made up of six members of our Yukon community, one of whom is designated to be the chief adjudicator and one of whom is designated to be the deputy chief adjudicator. Judith Hartling is designated by way of this motion to continue as the chief adjudicator and Julie Jai is designated to continue as deputy chief adjudicator. Both Judith and Julie are dedicated members of the Yukon's legal

community and are very dedicated to their roles on the Human Rights Panel of Adjudicators.

I ask all members of this House to support this motion to designate the chief adjudicator and the deputy chief adjudicator for this panel of adjudicators.

*Motion No. 1132 agreed to*

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

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

*Motion agreed to*

*Speaker leaves the Chair*

## COMMITTEE OF THE WHOLE

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

The matter now before the Committee is continuing general debate on Vote 15, Department of Health and Social Services, in Bill No. 215, entitled *Second Appropriation Act 2024-25*.

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. 215: Second Appropriation Act 2024-25 — continued**

**Chair:** The matter now before the Committee is continuing general debate on Vote 15, Department of Health and Social Services, in Bill No. 215, entitled *Second Appropriation Act 2024-25*.

#### **Department of Health and Social Services — continued**

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

**Hon. Ms. McPhee:** Madam Chair, I note that a number of questions were asked by the Member for Lake Laberge at the end of our conversation last time we were here. I am keen to answer as many of those as possible.

I was asked about EMS community responders. Coverage in the Yukon communities fluctuates based on volunteer participation and availability and is achieved when there are two personnel available to respond. Marsh Lake is supported by two EMS stations in community and Whitehorse operations; Tagish is supported by Carcross and Whitehorse operations. As of August 2024, EMS coverage is supported by the following number of responders in each community: Beaver Creek has six community responders; Carcross has 10 community responders; Carmacks has 11; Dawson City has nine community responders, two full-time responders and four

auxiliary-on-call employees; Destruction Bay has 11 community responders; Faro has six community responders; Haines Junction has 16; Marsh Lake has 10 community responders — one is onboarding, and they are supported by Whitehorse; Mayo has six community responders; Pelly Crossing has eight community responders and one is onboarding; Ross River has seven community responders; Tagish has four community responders and they are supported by Carcross as well; Teslin has 12 community responders; Watson Lake has four community responders, four full-time individuals and three auxiliary-on-call employees, and one is onboarding to join the team; Whitehorse has 22 full-time community responders, three part-time, 14 auxiliary-on-call, and six casual employees.

There are four paramedics supporting the Whitehorse Emergency Shelter at 405 Alexander, and two of them are part of a paramedic response unit. We are proud of that partnership with Connective and the Council of Yukon First Nations. As of August 24, there were 30 staff supporting air ambulance services, including 14 full-time individuals, five term positions, four full-time float positions, and seven auxiliary-on-call personnel.

EMS in Old Crow do not have full-time operations in the community. Residents are encouraged to seek medical support from the health centre as needed, and in case of emergency, they are to call 911. EMS supports in Old Crow via air ambulance request — the response time is approximately two hours, of course, depending on availability of aircraft and the emergency that is being responded to. During emergency circumstances, Emergency Medical Services can station a paramedic if requested. As of November 19, 2024, EMS has responded to 41 calls from the community of Old Crow this calendar year.

I was also asked about a health authority update. I think I will be able to provide that — I know I will be able to provide that, if necessary, as part of a legislative return. I certainly am interested in making sure that we answer these questions that are brought here, but a number of the questions and the answers that I have will not be permitted in the time that I have right now, although, hopefully, I will get to some others.

I will note that the Department of Health and Social Services processed a total of 11,048 subsidy form applications in 2023-24, which is a substantial increase over the 2021-22 fiscal year wherein 8,163 subsidy forms were processed with respect to medical travel.

I note that likewise out-of-territory medical travel cases have increased from the fiscal year 2021-22, when there were 2,671 cases, to 3,838 cases in 2023-24 fiscal year. This has resulted in an increase of scheduled flights booked by the program from 7,523 in 2021-22 to more than 13,700 in 2023-24.

In 2021-22, both in- and out-of-territory medical travel subsidy costs totalled \$3.2 million. In 2022-23, these costs amounted to \$4.5 million. We support necessary medical travel for individuals who need care that is not otherwise available in a home community, whether that be a smaller community in the territory — and they travel to Whitehorse or travel out of

Whitehorse and out of the territory for care outside of the territory.

The department did stay within the overall vote in the 2023-24 budget despite additional pressures related to medical travel. In 2024-25, the supplementary budget medical travel subsidy has been allocated to be \$6.4 million for operation and maintenance costs and is reflective of year-over-year growth in demand alongside the addition of new and expanded coverage of the program. So, that's incredibly important to understand with respect to not only the forecasting of what might be happening but making sure that this service is available for Yukoners.

I will lastly end this by saying that medical travel is a really important opportunity for Yukoners. I know that we are used to it here and that we have expectations of being supported by medical travel, but it is not very common in Canada. I know of many, many cases where individuals have to travel on their own to get medical care in places other than where they live. It is an important opportunity for Yukoners, and we maintain it and forecast for it to increase.

**Mr. Cathers:** I would appreciate it if the minister could provide more details regarding the health authority and the status of it. She had indicated that she might do that via a legislative return, but, of course, legislative returns only come when the House is sitting, and I would certainly hope that we could get an update sooner than March. I would appreciate it if she could either provide that information today or soon thereafter via letter.

Again, the question that I had asked fundamentally was for an update on the status of this project in the spring. The government had budgeted \$9.5 million for the creation of this new silo of bureaucracy referred to as the "health authority" and the hiring of 28.5 full-time-equivalent positions for it. Some of those I believe had been hired at the tail-end of the previous fiscal year, but the overall increase I understood to be 28.5 FTEs. The minister had also confirmed in the spring that not a single one of those 28.5 new positions was for a front-line health professional.

Among those positions, we understood that they would include a CEO being paid a CEO salary. I had asked about the pay scale for the new CEO and whether that individual had been hired and if the minister could indicate how many of those 28.5 new full-time-equivalent positions had been hired and again to confirm if anything had changed since the spring and if any of these new positions are actually health care professionals.

**Hon. Ms. McPhee:** Thank you for a moment to gather some of the information here about the health authority update that has been asked about.

In the spring of 2024, the Department of Health and Social Services did pass — and the Legislature passed — the Yukon's *Health Authority Act*, and the health authority will serve as a foundational health service provider and contributor to the overall health systems transformation.

It is important to note for Yukoners that we are only the second last jurisdiction in Canada to not have a health authority for the purposes of having an independent organization to make decisions and to run parts of Health and Social Services. It is

incredibly important that we work to transform our health system, based on *Putting People First* and the consultation that took place there.

The health authority is one way in which the health system is being transitioned or transformed or, more importantly, improved for Yukoners. The health authority development will focus on including cultural safety; it will work to support front-line workers; and it will work to provide wraparound care for individual patients. It will work, also, to make sure that there is access to care for individuals, and it will focus on patient-centred care, but not forgetting the experience of front-line care providers and the importance of their experiences and the support that those experiences have for our health system.

The Indigenous name for Yukon's health authority is Shāw Kwā'ą, and that means "All is well; all is good" in Southern Tutchone. We are continuing the process of developing Shāw Kwā'ą and Health and Wellness Yukon as a centrepiece of Yukon's Health and Social Services system transformation, but it is not the only part of that work.

The initiative for Shāw Kwā'ą will take significant engagement, consultation, and collaborative effort. It will require several years' worth of work to make sure that the health authority can be set up properly. It is a complex initiative, and we're going to take time to do it right. We are working with our partners, in particular, the Yukon Medical Association, the nurses association, the unions who are involved in supporting their workers, and the Hospital Corporation as well.

The Department of Health and Social Services has been working with First Nation partners through the Health Transformation Advisory Committee to develop an implementation plan for how the health authority will roll out. It includes governance mechanisms and board criteria that are outlined in the *Health Authority Act*. There is clear information in the *Health Authority Act* for transitional provisions for the health authority to come into being and also provisions in that act for those transitional provisions to become permanent.

This spring as part of the 2024-25 main estimates, there was an increase of 22.5 full-time positions for the purposes of supporting the *Putting People First* implementation, the health system transformation, and the health authority as well as the development and the implementation of the *Health Human Resources Strategy* and Cultural Safety branch. All of those positions continue to be temporary in nature. We expect that the transformation will take, as I have said, several years, but ultimately, those individuals will likely move on to other jobs either in this system in the process or return to jobs that they have within government in other places.

I was also asked about the hiring of the executive team or a CEO for the health authority. That has not yet commenced. We are a bit of a ways from that being the steps to be taken. We are certainly working to consider the composition of a board to make sure that we are making a move to understand how the transformation to a health authority would be as smooth as possible. We are working with the board members of the Yukon Hospital Corporation as well to make sure that their experience in running a hospital corporation is taken into account. We

work closely with them as partners to make sure that we learn from that. There are also opportunities to learn from other health authorities across the country, because they have already transitioned into this.

Of the 22.5 positions that I have noted as term positions, they are not front-line positions. They are filled by individuals who perhaps already worked for government, already worked for Health and Social Services, and have moved to take on this work as part of their role. But at the same time that this is happening, there are many other front-line positions that are being filled by Health and Social Services. I will give just one example.

For instance, in the first supplementary estimates for 2024-25, there is a full-time-equivalent increase of 28.8 individuals to work at Continuing Care in the expanse of the continuing care facilities and the services that are provided by Continuing Care. There are many other examples that I don't have at my fingertips today. I know that we have hired many nurses into full-time positions at the Hospital Corporation. I know that we have opened the walk-in clinic that has nurse practitioners, doctors, nurses, and other allied health professionals. I know that we have supported the increase in staff, for instance, at the Constellation clinic. I know that the midwifery clinic now has a full complement of midwives to provide that kind of service and their additional allied health professionals who support them. Those are just a few examples of where health care professionals who work on the front line are available and being hired to support Yukoners.

### Request for Acting Chair of Committee of the Whole

**Chair:** At this time, I will ask for a volunteer so that I can participate in debate.

*Member for Takhini-Kopper King rises*

**Acting Chair (Ms. White):** Member for Lake Laberge.

**Mr. Cathers:** Madam Acting Chair, unfortunately what has happened — as the minister was talking about health system transformation, unfortunately, there has already been a health system transformation under the Liberal government. It has turned into a crisis situation.

As I noted earlier today in Question Period, it's not just ourselves saying it; it is a number of well-respected local doctors who have gone public to express their serious concerns about the situation.

This didn't happen overnight. We're now in a situation where, as doctors have pointed out to me — and I appreciate them flagging the data from the Canadian Institute for Health Information to me. According to the recent report from CIHI, as it's commonly referred to, the physicians per 100,000 population went across the country from 2023 — that came out shows how the Yukon is positioned relative to other jurisdictions. Unfortunately, we have the third lowest number of doctors per 100,000 population in the entire country. Only the other two territories are in a worse situation. Compared to the national average, which is 243 doctors per 100,000 people, the Yukon has only 205.

That compares to other jurisdictions that are doing substantially better. BC, for example, just to the south of us, has 272 doctors per 100,000 population.

So, we are not doing well in this area. There are a number of factors that led to this, as the minister knows. The Liberal government chose to cancel the existence of a physician recruitment position, and it was only after being embarrassed into stepping forward that they agreed to fund half of the Yukon Medical Association's physician recruitment position.

I would ask the minister to provide us with an update on whether they are continuing to fund half of that position at the YMA, or are there additional steps being taken with the Yukon Medical Association to support recruitment? Is the government supporting the request from the Yukon Medical Association to move forward with the establishment of a rural family medicine program here, similar to that run in Yellowknife, to help support the training of doctors here in the territory? If so, what timelines can we expect?

Another factor that led up to this problem was that the government was for quite some time, as the minister will recall, delinquent in paying doctors — especially locums — for their services, with some owed tens of thousands of dollars for months of services dating back past 90 days. The minister had, at one point when we discussed this previously, indicated that the amount that was owed was into the millions. I understood, from the last time that we discussed this, that they had improved the situation and were paying in a more timely manner.

Could the minister tell me the current status of that and whether the government has any bills to physicians for fee-for-service that are outstanding beyond 90 days and, if so, what the balance of that is currently?

As well, we had previously urged the government to consider, as several provinces have, to take steps to speed up the licensing for foreign-trained doctors, nurses, and other health professionals and pointed to the success of jurisdictions such as Nova Scotia in moving first with their decision to allow US board-certified doctors and surgeons to practise in Nova Scotia without delay. They further expanded that to cover doctors from the United Kingdom, Australia, and New Zealand.

The government, in response to our pressure, indicated that they had signed an MOU with the Province of Nova Scotia to help learn from them about how to do this; however, the photo opportunity was quite some time ago. What we haven't heard is any update or any sign of action there, so could the minister provide us with an update on what, if anything, the government is doing in that area related to speeding up the processing of doctors in particular? How many doctors, if any, have come into the territory and been licensed as a result of their agreement with Nova Scotia?

I understand that they recently did take some steps around changing the licensing related to nurses. There was, of course, legislation last fall, which we supported, that set out the framework that could allow the faster licensing of foreign-trained nurses. Can the minister provide us with an update on that as well?

**Hon. Ms. McPhee:** I appreciate the questions. I count six full questions in that one opportunity for the member to

stand. I will give as much information as I possibly can in my time limit, but if we want to break them down — I don't want to be accused of not answering questions because there are six or seven or eight or nine in a pile, but I am happy to provide all the information that I can.

Back in the spring of 2023, we expanded the Find a Primary Care Provider program to include nurse practitioners. In September of this year, a total of 2,069 individuals have been matched to a primary care provider through the program that we have in Health and Social Services. There are 3,916 people waiting to be matched, which represents approximately 12 percent of the Yukon population.

I note from the annual report from the CIHI that the population growth in the Yukon is the fastest in Canada, so some of that is individuals who are moving here or the population is growing and individuals unfortunately are not yet matched. The population of the territory has increased 30 percent since 2010, and this is the fastest population growth across Canada, with the national population increasing no more than 20 percent during the same time period. So, an important factor for how we can continue to provide health care.

There are currently two providers — a nurse practitioner and a physician — enrolled with the Find a Primary Care Provider program, and the program does not allow for duplicate applications, because your health care card number is what is used, but I do expect that we need to continue to do some work to make sure that the list is accurate, because some individuals are matched that we are not aware of. They are either matched through a clinic where they are on a waiting list or sometimes they are matched in other ways, so we have to continue to make sure that is an accurate representation of this program.

Individuals who apply and are accepted at the Centre de Santé Constellation Health Centre will have their names removed from the Find a Primary Care Provider list — really important. I know of several people, even personally, in our circles who have been matched to a care provider through the work of Constellation, and they are very pleased and happy, and Constellation staff are able to do that.

As of November 2024, the Yukon has not experienced any emergency room closures and has not seen any reports of emergency medical services off-load delays. We are very proud that communities have access to itinerant physicians through community health centres. Residents in Dawson City, Watson Lake, and Haines Junction are supported by resident physicians. Primary health care needs of rural residents are met through community health centres. It is very important that they are continuing to work to support Yukoners.

I have been asked about the rural family medicine residency program. We're aware that, in our work with the Yukon Medical Association, they passed a significant resolution at their annual meeting on November 1, of which I was a guest. We had an opportunity to work together.

We have worked also to understand the work to be done in the future to support a rural family medicine residency program here in the territory. Development will be in the upcoming fiscal budget. We appreciate that the YMA's resolution

recognizes the importance of this kind of a program and that it will be an asset to the territory, and we agree.

To date, the Yukon government has provided the Yukon Medical Association with \$25,000 over the last couple of fiscal years to explore the viability of establishing such a medical residency program. Of course, that would have to be developed with the doctors and the members of the YMA.

We're working with the YMA to explore programs and options identified, similar perhaps to the program in the Northwest Territories, but again, this is about building relationships, and we work to do that with our educational partners in medical schools across the country — quite likely to be in the west — so that we can provide services and spaces for doctors to do their medical residency programs. We have to work to determine the costs.

These collaborative efforts with the Yukon Medical Association support the achievement of action number 5.5 of the *Health Human Resources Strategy*, which explicitly calls for the development of such a program.

I do appreciate that the approach taken by the member opposite is that none of this work would be done but for the urging of the Yukon Party. I trust that Yukoners will understand that this work is ongoing — that we have lots of places where recognition of something like this residency program is already in something like our *Health Human Resources Strategy* and that we work closely with partners to develop these things.

I appreciate the support from the Yukon Party with respect to many of these initiatives, and I certainly hope that they will vote for the budget today as a way in which they can show their support.

I have been asked about ensuring that physicians — the ways in which claims and billings are done. Ensuring that they are paid within the appropriate time frame is a priority for our government and for the physician community. We have worked closely with them over the last two years to make sure that this is something that is not an issue. Physician claims are now being paid in under 60 days for the fee-for-service and 30 days for invoices, with the medical association stating that this is no longer a matter of concern for its members.

I could go on, but I will try to get to some additional information with respect to the letter of intent with the Nova Scotia government. On July 26, 2023, our government signed a letter of intent with the Government of Nova Scotia to work collaboratively on health human resources. Nova Scotia has adopted innovative strategies to create new opportunities to address recruitment and retention. Officials from both jurisdictions had developed a comprehensive set of issues and have partnered to share information on several of the topics that are of interest. Collaboration continues at the working level.

I think that I am out of time. I appreciate this opportunity.

**Mr. Cathers:** While I do thank the government for developing a new *Health Human Resources Strategy*, I do have to remind the minister that we literally called for that for years before they actually took that step. Still, there remains the outstanding question of the fact that the unions left the steering committee and what the government is doing to re-engage them in that and to try to bring them back to the table.



I would also note — I appreciate that I did group a number of questions together. As I have noted before, the minister does tend to use her full time in responding, so that leaves me grouping some together as a result. What I didn't hear from the minister when she spoke about the agreement with Nova Scotia is: What progress has been made in terms of allowing for the licensing or recognition of licenses of foreign-trained doctors specifically from the United States, United Kingdom, Australia, and New Zealand?

I would appreciate it if she could provide that information, and would note that this may be a time where there is interest of some doctors from the United States in considering a move north of the border, including perhaps to the Yukon. So, it is a timely time to take action in that area, and I would appreciate it if she could provide an update there.

I also want to note — just returning quickly to one question about the health authority: Could the minister provide us with the expected timeline for when the government envisions the new CEO for the health authority being hired? I would also like to ask about continuing care and what the plan is in that area — specifically, first of all, for Watson Lake and whether the government is willing to act in terms of ensuring that the continuing care beds there are used for more than just a temporary bridge on the way to a continuing care facility in Whitehorse. Will the government consider developing a continuing care facility in Watson Lake, and will the minister visit Watson Lake as requested by my colleague the Member for Watson Lake on multiple occasions, including a petition that she tabled with signatures from constituents?

As well, in the area of continuing care, I would like to ask about the situation in Whitehorse. We saw the problematic situation this summer of people being moved from the Thomson Centre to create space for more hospital beds as well as renovations being made at Whistle Bend, which caused disruption to the palliative care unit, both of which were criticized. We recognized — as I have in several public comments on it — that the government was somewhat desperate for options, but what this is the result of is that, in eight-plus years in government, we have not seen this government move toward developing a new continuing care facility in Watson Lake or either developing the second phase of Whistle Bend Place in Whitehorse or perhaps, if they don't wish to develop that — and we know that they had criticized that planned second phase before — then we should be seeing the government taking action on developing a plan for another continuing care facility in Whitehorse, because the handful of beds created through the investments this year will not take very long to be full.

It is getting to a situation where it becomes critical and the wait-list for continuing care will create cascading other effects, including, as we saw before at the hospital, that it can be expected that an increasing number of hospital beds, which are already in short supply, will be taken up with patients who would be better off in a continuing care facility.

Again, my question there is: Is the government prepared to move forward with developing a continuing care facility in Watson Lake? What is the government's plan in Whitehorse for

continuing care beds? Are they going to develop the second phase of Whistle Bend Place or pursue another alternative? I would appreciate it if the minister could provide us with information on that.

I would also note that if the minister is going to point to the overall health care infrastructure review that they are doing, that ignores the fact that, while a broad look at health care infrastructure may perhaps be useful to the government, it doesn't take away from the fact that it's clear that we need more continuing care beds. That either has to be met in Whitehorse through development of the second phase of Whistle Bend Place or some alternative facility so that overall work should not be used as an excuse to delay that specific planning for the continuing care beds that we are going to need quite soon.

**Hon. Ms. McPhee:** I will again do my best to get through the many questions that are here. Some will just involve a quick comment, because I won't be able to have a full amount of time.

Let me just note with respect to the Health Human Resources Steering Committee and the comment that the union has withdrawn from the work there — certainly, that is their prerogative. The Yukon Employees' Union and the Professional Institute of the Public Service of Canada are valued members of the Health Human Resources Steering Committee. We are reaching out to determine how they might come to the table to continue to implement the *Health Human Resources Strategy* that they helped to write, so I look forward to that being done and the response that they might bring to us. We certainly will do everything possible to have them return to the table as the valued representative of their members. Of course, their members are also the employees of the Department of Health and Social Services and the employees of the Hospital Corporation, so we have joint interest in making sure that their employees are properly involved and engaged in the process.

With respect to the Nova Scotia programs, we are starting to work here in the Yukon with our regulator, the Yukon Medical Council, and continue to work on how that licensing will work in relation to Nova Scotia. I don't have numbers, for instance, on how many American doctors might have joined the licensing or the number of physicians who practise in Nova Scotia. I don't know what the impact of that will be, and I don't have information that is up to date with respect to how many doctors might have come from the UK or from Australia. New Zealand is mentioned.

But I can tell you that we do continue to work with Nova Scotia pursuant to the MOU that was written with them, pursuant to the ideas that they have, pursuant to our focus on health human resources and expanding our number of physicians here in the territory.

I was asked about the new CEO of a health authority. The hiring of a chief executive officer, as contemplated by the *Health Authority Act*, is a board decision — a new board that will be constituted under the *Health Authority Act* either on a temporary basis or on a full-time, permanent basis. They will make a decision regarding the CEO.

The first step that we anticipate would be the development of criteria and skillsets and then determining what members of our community fit the needs of that health authority board. That will be the first step and then they will make decisions regarding other employees. It's not something that we are working on at the moment.

With respect to continuing care, I was asked about Watson Lake — let's talk about Watson Lake first — and the Watson Lake long-term care beds. Let me say that they are being used. The two beds in Watson Lake are being used for continuing care. They are not a temporary situation, but they are based on patient needs — so individual patients who might want to stay there. Others want to stay there temporarily and be moved to Whistle Bend or to one of our other long-term care facilities. We are working with patients based on patient need.

I don't hesitate, actually, to point out that, back in March 2023, I wrote a letter to the MLA for Watson Lake regarding a response that she made in this Legislative Assembly to a ministerial statement that I gave in which she said that, in fact, the community of Watson Lake didn't want those two beds. The two beds in Watson Lake are an interim measure. They are an opportunity so that we can provide long-term care or alternative types of care or respite types of care in that community to individuals who want to stay there. It is not the answer to whether or not there will be a long-term care facility ultimately built in Watson Lake; that is a determination that has to be done.

I am sorry that the member opposite won't like this, but with respect to assessing the infrastructure of the health system here in the territory — and that's all the infrastructure — we have to look at community health centres, we have to look at the hospital capacities, we have to look at long-term care facilities, we have to look at all the clinics that are available, and we have to look at, in partnership with the Yukon Medical Association, how we are delivering those services. This is the transformation of the health care system, and the assessment of the infrastructure is absolutely a critical part of that.

We must have all of the information about how it is, what the needs are for the health system infrastructure, and then we must prioritize what those needs are and how we can best serve Yukoners. That was what was done when individuals were moved from the Thomson Centre to Whistle Bend for long-term care.

And let me just say that, while that did occur quite quickly to provide additional hospital capacity in the Thomson Centre — which is attached to the hospital, right next door to the hospital — that was a good decision with respect to expanding bed capacity here in the territory. It was innovative; it was a way in which we could have hospital beds expand at the Whitehorse General Hospital without waiting for a several-years-long infrastructure build to add rooms.

Now, when that occurred, individuals were moved to those new locations with the staff who were assisting them — with their own health care providers — and those health care providers helped those individuals pack and helped them move their things — their personal items. These are homes for people. These long-term care — long-term care is a home for an

individual, and those moves to the new Whistle Bend — or to the new rooms at Whistle Bend were initially something — for instance, there was a complaint, and then ultimately, we offered that person to move back, and they said no; they liked their new position. I went to Whistle Bend. I met with many of the residents there who moved there as a result of the Thomson Centre bed capacity expansion, and they were extremely pleased with their options and their opportunity to have a new home there.

I don't have time to address the issues with Wind River, but I assure the members of this House and Yukoners that long-term care is a priority for us and health infrastructure is a priority.

**Mr. Cathers:** Unfortunately, the government's record suggests otherwise. The surgical services renewal project — which the minister confirmed the other day includes an expansion of bed capacity in addition to roughly doubling the surgical services area at Whitehorse General Hospital — is something that, during the 2021 election, the Yukon Medical Association referred to as an "urgent need". It's now three years later — flashing forward to the start of the next fiscal year, by that point, it would be four years since they called it an "urgent need", and the government has left the project sitting on a shelf for the last six years and has failed to take action.

Regardless of their broader health system infrastructure review, it does not change the fact that moving forward with the surgical services modernization project — that the YMA called an "urgent need" in 2021 — requires updating the costs in the costing level design and moving forward with the next steps in terms of the detailed design and construction plans.

So, again, I would urge the minister to recognize that what was an urgent need in April 2021 is an even more urgent need today. That was — I was referring to quotes from the then-president of the Yukon Medical Association from a CBC article which I believe was dated April 5, 2021.

Moving forward to comments from a number of doctors here this summer, we heard the Yukon Medical Association and individual physicians sounding the alarm bell over the situation. To quote from the statement made by the Yukon Medical Association in an article entitled "Hospital needs more beds, surgical capacity: YMA" that was dated July 19, 2024, the Yukon Medical Association said — quote: "Based on the above statistics, the capacity for surgical services and the total number of inpatient beds needs to grow in order to keep up with both the historical and projected growth in demand for services..."

So, I would begin with my first question, which is asking the minister to commit that, in the upcoming budget or prior to it, the government will actually include funding to move forward with the detailed work on the surgical services project at Whitehorse General Hospital.

I would also just briefly circle back to the numbers around family doctors and note that, according to a CBC article dated October 25 entitled "Most Canadians have a health-care provider but could be waiting weeks to see them, report suggests" — and that article is about the CIHI numbers to which I was referring earlier. That article says — quote: "Most

Canadian adults, 83 per cent, say they have access to a regular family doctor or nurse practitioner, according to a new report.”

That same article shows a table of the percentage of people who have a family doctor in each jurisdiction, and in comparison to that number of 83 percent of Canadians who have a family doctor or nurse practitioner, it says that, in the Yukon, only 63.9 percent of Yukoners have a family doctor. So, that is a very concerning and alarming number.

Again, we continue to urge the government to take more action on this, including speeding up the licensing of foreign-trained doctors from the United States, United Kingdom, Australia, and New Zealand, much as Nova Scotia did.

I would also mention that the minister, if I heard her correctly, indicated that my colleague the Member for Watson Lake had said that the community of Watson Lake didn't want those continuing care beds. I would remind the minister that is not the case. My colleague has been very clear in pushing for continuing care beds and a continuing care facility in Watson Lake, and it was the minister who indicated that she had somehow come to the conclusion that the community didn't want those beds but then failed to provide any evidence to back up that claim.

As I noted, the expression of interest that the government has put forward does seem like an excuse to delay action on specific projects such as the next continuing care facility or expansion of Whistle Bend Place. It also seems like a delay to rag the puck and avoid moving forward on the surgical services renewal project, which, in April 2021, the Yukon Medical Association referred to as an “urgent need,” and we saw several doctors over the past years coming out to express concern about how dire the situation is and sound the alarm bell. It is not just us calling this project an urgent need; it is Yukon doctors. I would urge the minister to stop delaying it and move forward with it as quickly as possible.

I will give the minister an opportunity to answer those questions here before I move on to my next one.

**Hon. Ms. McPhee:** I apologize, as these won't necessarily be in the order that they were asked, but I would like to get the information on the record and answer the questions of the member opposite.

The information that we have with respect to the CIHI report and the stat that is available to us and to the public is that they report that 78 percent of Yukoners reported having access to a regular health care provider. I will also note that, with respect to surgical services and the call in 2021 by the doctors and others who are concerned about infrastructure, including our government, regarding surgical services and hospital care, all of which has to be taken into account as a full hospital — the picture is reviewed. The new surgical services wing — or “tower” as it is sometimes called — at the Whitehorse General Hospital was identified by Yukon Hospital Corporation as a priority for development after an emergency department renewal and after the new mental wellness unit. I say we are on track with respect to that. Both of those things — the emergency department expansion has been completed; the new mental wellness unit is being completed. We did hope that it would be ready in November, but I know that we spoke recently

and the Premier spoke about some supply chain issues with doors in particular and perhaps some windows which are being delayed. We expect that work will be completed early in the new year for a spring opening. We look very much forward to that opportunity.

What I can also indicate is that there have been a number of improvements, again, despite contrary notations and facts being put forward in the Legislative Assembly, including in Question Period today.

Short-term improvements at the Whitehorse General Hospital have been made within the existing surgical areas to mitigate challenges, including improvements to a flexible OR suite to help move day procedures such as endoscopies out of the main ORs. There has been a scope reprocessing unit developed, which is adjacent to the flexible OR suite — again, helping to move some procedures out of the main operating rooms. There has been the introduction of a post-anaesthesia care unit and trained post-anaesthesia staff to work to improve the quality of patient care after their surgery. We have worked to improve patient access and flow. This is, of course, the Yukon Hospital Corporation, not me and not the Department of Health and Social Services, but we have certainly supported this work. There is improved patient access and flow through the patient registration and preoperative clinic and outpatient clinics — like the cast clinic and minor procedures being co-located in a surgical services hub.

Work is ongoing with the orthopaedic group to determine how to best support the staff and patients given the rising demand of orthopaedic surgeries. This includes investment in increasing the number of total knee and total hip replacement surgeries completed each year. Strategies to support staff recruitment and retention include efforts made to recruit, retain, and develop operating room registered nurses from within and through a mentorship program. These efforts have been successful. Currently, there is one vacant nursing position within the entire surgical services group. We hope to fill that vacancy.

There have been interim plans implemented to better support the service and the staff through extension of resourced surgical hours. The staff are regularly scheduled later in the day, which decreases the use of some overtime resources and the risk of staff burnout — paying attention to what staff need in this process. Surgical hours have recently been expanded along with surgical staff increases to stabilize the operations of the operating room and reduce pressures on staff. The number of surgical cases completed each year increased by 55 percent between 2017-18 and 2023-24.

We absolutely recognize that there is outstanding work to be completed, as laid out in the report from surgical services — and as happening with conversations that we are having with surgical staff and with surgeons at the hospital and through the YMA to support the work that we need to do to make sure that we are working together to improve services for Yukoners.

There are modern design and safety standards and additional in-patient beds that have to be considered, and we continue to work collaboratively with the Yukon Hospital Corporation and the Yukon Medical Association on innovative

ways to respond to pressures in the system and incrementally expand surgical services capacity. It does not do anyone any good to say that we need a surgical tower, we need another operating room, we need so many beds to support that, and we need to wait for four, six, or eight years for that to be completed. We absolutely must respond to the needs of Yukoners now and we are doing that through the work of the Hospital Corporation and the Yukon Medical Association to look at innovative ways — like many that I have just described — for how we can improve the services that we currently have as we work to make sure that there is growth in the facility.

I also wanted to draw attention to the work that has already been done to enhance health care infrastructure across the territory: of course, the new Old Crow health and wellness centre; the walk-in clinic; the Constellation clinic; and the midwifery clinic. We have also leveraged and optimized existing spaces such as the managed alcohol program, and it's now open and working. It will hopefully make sure that there is less pressure on the Whitehorse General Hospital. There are 10 new acute beds accessible at the Whitehorse General Hospital and 12 long-term care beds that were developed back in July 2024.

To say that the work is not happening with respect to our approach to improving health care is simply not the case. To say that there is anything being ignored by the Department of Health and Social Services, by the Yukon Medical Association, and later by the Yukon Hospital Corporation is exactly not true, Madam Acting Chair. I note lastly that in March 2023, in Hansard — and I can get a page number, which I don't seem to have, but I can provide it — the Member for Watson Lake indicated — and I'm reading — quote: "I would like to remind the minister that I hosted a consultation just last year with Watson Lake residents about a long-term care facility in the community, and Watson Lake residents were clear: Seniors in town want to be in the lead and supported by their government." The community indicated that they did not want those hospital beds to be used.

I can finish the quote.

**Acting Chair:** Do members wish to take a brief recess?

**All Hon. Members:** Agreed.

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

*Recess*

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

The matter before the Committee is continuing general debate of Vote 15, Department of Health and Social Services, in Bill No. 215, entitled *Second Appropriation Act 2024-25*.

Is there any further general debate?

**Mr. Cathers:** Madam Acting Chair, I will begin with a question while the minister prepares to answer the questions.

I am going to start with one. First of all, I would note that the minister made the attempt to claim that we were suggesting that someone other than the government was responsible for the delay in the surgical services renewal project. The minister

knows very well that I am not blaming anyone other than the Liberal government for the delay of the surgical services renewal project, and certainly the YMA and the Hospital Corporation have both worked to advance this project. So, for the minister to suggest that I was in any way, shape, or form blaming them for the delay is quite laughable, actually. It is quite clear that the Yukon Medical Association and a number of well-respected doctors and surgeons are quite frustrated with the government's failure to act on the surgical services renewal project, which they have literally been sitting on for six years now.

Three and a half years ago in April 2021, during the election, the Yukon Medical Association referred to that project as an "urgent need". So, flash forward to three and a half years later and unfortunately there has been no sign of government action on this project and only excuses about it.

I am going to move on to the topic of orthopaedic surgeons. As the minister knows, earlier this year, the resident orthopaedic surgeons stopped taking on urgent referrals.

In the spring, the minister indicated that the MOU provided for only 100 total joint procedures to be done at Whitehorse General Hospital in a year. Can the minister indicate if they have increased that number from the 100 that it was at in the spring? What happens to people who need that surgery and are unable to get into the local orthopaedic program? What happens to people who are already on the wait-list for that procedure? If the government is flying people out of the territory who are in need of orthopaedic surgery, can the minister tell us whether those who are on the wait-list prior to the announcement by the surgeons are given priority over people who are referred after that timeline? How was that addressed?

I will just touch briefly on another topic related to a letter sent to the Premier in July 2024 — July 10, to be specific — from the chair of The Nelson Project. It was also sent to the Minister of Health and Social Services, the Minister of Community Services, and the Minister of Education. The letter began: "Dear Premier, I am writing to request an urgent meeting with you..." The chair went on in his letter to describe The Nelson Project — quote: "I am Chair of The Nelson Project. We are Yukon's only organization dedicated to supporting at-risk men." The letter again went on before closing to make another urgent request, saying specifically: "We respectfully ask to meet with you urgently."

Could the minister indicate if she has met with The Nelson Project or responded to their letter? Is she aware whether or not the Premier has met with them or responded to that letter that, in July, the authors referred to as urgent?

**Hon. Ms. McPhee:** I should note that the member opposite and all of their colleagues are entitled to their opinion about surgical services and what attention we are paying. I can assure Yukoners that we are paying absolute attention to the needs at Whitehorse General Hospital, to the needs of Yukoners, and, in particular, to needs of expansion of infrastructure, but what the member opposite continues to keep leaving out of the conversation of what was called for in 2021 is that we were in the middle of a world pandemic at the time, and quite frankly, it took energy and resources — particularly

front-line resources — of medical professionals at the hospital and in other places to respond to that pandemic and to the period of time that was more than two years of attention with respect to the priorities that were set at the hospital.

We have a good working relationship with the doctors. We have a good working relationship with the Yukon Medical Association and with the Hospital Corporation, and we will work together to improve surgical services.

The Yukon is currently supported by two resident orthopaedic surgeons in addition to coverage provided by locums. We are working with the Hospital Corporation and the resident orthopaedic surgeons to explore opportunities to ensure the stability of the program in the future. I have certainly spoken to them about a third resident orthopaedic surgeon.

In 2022-23, a total of 104 joint replacement surgeries were completed in-territory. In 2022-23, there were 28 joint replacements completed out-of-territory, and this compares to 71 joint replacement surgeries completed out-of-territory back in 2018-19.

So, the trend is going in the right direction. We hope to do more surgeries here and fewer surgeries Outside, but we are directed and decisions are made based on medical need. That's how the assessments are done: prioritizing them by medical professionals and by surgeons — orthopaedic surgeons.

Yukon hospitals have met and exceeded the service levels agreed to in the memorandum of understanding. It includes 100 total joint replacement procedures. Back in 2023-24, a total of 107 total joint procedures were completed — 55 total knee replacements and 42 total hip replacements. The memorandum of understanding includes 480 total orthopaedic surgical procedures of all types. In 2023-24, a total of 568 orthopaedic procedures were completed.

In 2023-24, there were 2,918 cast clinic visits, which are supported by the orthopaedic surgeons and which was more than any other year prior of the program running, since 2017. In 2022-23, a total of 2,480 visits to the cast clinic were supported. As of October 31, 2024, there were 209 individuals on the wait-list for total knee replacement and 65 on the wait-list for total hip replacement. I spoke about those numbers — I think it was only yesterday. Maybe it was when I was here discussing this budget previously. In addition to scheduled orthopaedic surgeries, they also provide urgent and emergency consultation and surgeries. The orthopaedic surgeons are dedicated to this program, and we are dedicated to supporting them.

The orthopaedics program is seeing an increased demand for urgent and emergency surgeries, supported by the fact that the population is growing and that there are more activities where people are either injured or in an accident which require the orthopaedic surgeons to be the urgent- and emergent-response providers. This means that available surgical time for orthopaedics is increasingly being used to support non-planned surgeries. That is an important factor for Yukoners to understand.

The total joint replacement wait times requested for surgery, until surgery is completed, are 18 months for total knee replacement surgery and 12 months for total hip replacement

surgery. What I can also indicate is that work is ongoing with the orthopaedic group to determine how to best support the staff and the patients given the rising demand for orthopaedic surgery. This includes investment in increasing the total number of knee and total number of hip replacement surgeries that are completed each year.

What I can also note with respect to The Nelson Project is that staff at the Department of Health and Social Services have met with the chair of The Nelson Project quite recently — I don't know whether or not the Premier has ever met with this individual; I can find out, but I know that the Minister of Energy, Mines and Resources has met with that individual as well. We are certainly interested in having further conversations. I can tell you, Madam Acting Chair, that the Deputy Minister of Health and Social Services met very recently with this person to have the conversation that they had requested and that the conversation will make a determination about what is being asked for and what can be supported. We partnered with The Nelson Project, which supports at-risk Indigenous and non-Indigenous men across the territory, for a three-day cultural learning camp back in December — from December 13 to 15 in 2023. In August 2024, Mental Wellness and Substance Use services' child, youth, and family treatment team hosted a family camp called "Strengthening Family Connection". That was supported with approximately \$80,000 from Health and Social Services. We continue to work on supporting land-based healing initiatives and having conversations with the chair of that project.

**Mr. Cathers:** I would just correct myself regarding The Nelson Project. I said that it was copied to the Minister of Community Services; it was the Minister of Energy, Mines and Resources who was the second person whom it was copied to. I was thinking of him in his former role in that area. I would look forward to hearing when the minister is able to provide us with a further update on what the government may be doing with regard to The Nelson Project and their position on it.

I'm going to move on; since time is growing short, I do want to move on to a few other issues. One is about addictions treatment and the wait-list for it. Could the minister indicate whether there is a wait-list right now and what that wait-list is for alcohol and drug treatment services for adults and youth at Sarah Steele? Has there been a wait-list for detox services — and the number of people who have been turned away this year due to lack of capacity there? I note that, in one of the reviews done related to the shelter at 405 Alexander — one of those reports, as the minister knows, indicated that a significant percentage — I believe that it was 25 percent — of the clients who were interviewed had indicated that they had been turned away from alcohol and drug treatment services, mostly from detox, before.

I would also ask a question about support for people with type 1 diabetes. That is a disease that requires endocrinologist support, yet our understanding is that there isn't currently an adult endocrinologist here available in the territory. Could the minister indicate: Is the government going to take steps to provide that service to adults in the territory? Secondly, related to support for people with type 1 diabetes, we understand that,

in February of 2024, numerous patients living with type 1 diabetes found out that their insulin was no longer going to be available at their pharmacy. It is important to note that this is required as a life-sustaining drug. The information, we understand, was not provided through doctor-to-patient discussions or through a letter from the government but instead to a patient when they went to pick up their insulin. We have heard concerns about that lack of notice. The decision to replace prescribed insulin with a biosimilar insulin was done, as we understand it, as a directive from Insured Health to pharmacists and was not done through any communication with physicians or their doctors.

We have also heard the concern that people with type 1 diabetes are upset with the fact that it was done in the middle of the development of a type 1 diabetes strategy without communication with the Yukon T1D Support Network. They wrote a public letter using very strong language in describing this process. I would ask: What has been done since then to respond to the concerns about replacing insulin with biosimilars and the damage that government has done to the relationship with people with diabetes and their families? If the minister could provide an update on that.

Also, I will squeeze in one last question, since the minister does tend to use the fully allotted time. With regard to the Find a Family Doctor program, could the minister indicate how that list is prioritized and how many people are currently on the list?

Actually, I will add just one small question related to — if individuals have lost their family doctor and then apply to that program, are they given any priority on that wait-list, or are they put at the end of it?

**Hon. Ms. McPhee:** Madam Acting Chair, I have some information regarding addictions treatment, which is the first question, and wait times.

Mental Wellness and Substance Use services provides access to care in many, many ways. First of all, there is the withdrawal management program. Those are services that are operated on a drop-in, first-come, first-served basis. Clients wanting access to withdrawal management services can be admitted immediately or typically within 24 to 48 hours if all the beds are occupied when someone comes at that time. Individuals wishing to access withdrawal management services but who live outside of Whitehorse can call to reserve a bed before they travel from their home community. Withdrawal management services are the services that are provided at Sarah Steele.

There is also access to psychiatric services through Mental Wellness and Substance Use services. There is an approximately one- to three-week wait time depending on the urgency of the matter. The average wait time provided by the Summit Health professionals is approximately 13 months, but we hope that will change with the integration of them into the Mental Wellness and Substance Use services — the locations where individuals can access those services. More urgent consultations certainly can be triaged earlier. There are community hubs where, at this time, there is no wait-list for mental wellness services for either the adult or child or youth

clients in Pelly Crossing, Faro, Ross River, or Carmacks, as clients can access virtual rapid-access counselling.

I will move on from that. Just to be clear, the Sarah Steele withdrawal management services are first-come, first-served, but individuals are supported if they are not able to get there immediately; they are supported in other ways. Then, as soon as a bed is available, they are able to enter that program.

The withdrawal management services are a 24/7 medically supported program that provides a safe place for people to withdraw from substance use, and there are 14 beds available for adults and four beds available for youth. Services include medical assistance with withdrawal from substances, psychoeducational programming, and referral to ongoing treatment, counselling, and social work supports, therapeutic groups, and other support services.

When a request is delayed, staff work with an individual to build a safety plan and to connect them to other supports and resources, such as 405 Alexander or perhaps the hospital or other support in the community. Withdrawal management staff can also refer individuals to the Referred Care Clinic and to the opioid treatment services that are available through that program.

We have implemented phlebotomy and IV therapy in our withdrawal management services, which has reduced hospital transfers and improved patient care. We have increased our aftercare programs and options to include the alumni group twice weekly as well as a weekly drop-in for art therapy. It is so important to provide aftercare as well.

Mental Wellness and Substance Use services has partnered with the local Indigenous-led recovery program to offer programming up to three times weekly for clients wishing to maintain sobriety, and withdrawal management and treatment services have added a traditional foods program as part of our efforts to develop more culturally accessible programming.

I note that, with respect to the next question, which is about the type 1 diabetes strategy and services provided to individuals with type 1 diabetes, the Department of Health and Social Services and Education are working with the T1D Support Network to develop and implement a territory-wide type 1 diabetes strategy. That work has been ongoing.

The action plan addresses areas such as: accessing health technologies; person-centred responsive and timely care; education and awareness; and data collection and system improvement. We recognize that the type 1 diabetes strategy has been in development for some time and we are not waiting to implement supports.

Building on the success of the pilot project, with the T1D Support Network, our government became the first in Canada to provide continuous glucose monitors for all individuals with type 1 diabetes and to offer funding for those with type 1 diabetes over the age of 18 to cover their choice of glucose monitoring device.

We are involved in a working group that includes the Yukon Hospital Corporation and the T1D Support Network that will review several areas of concern, including discharge planning and potential for outreach and support for Yukoners with type 1 diabetes — either those trying to manage type 1

diabetes or those who are newly diagnosed. Support is appropriate and necessary, and the T1D Support Network has been a wonderful advocate.

We are working with the Department of Education to ensure that we are providing necessary support for type 1 diabetes in Yukon schools, including the adoption and implementation of type 1 diabetes policies. We are working to review work with the Chronic Conditions Support Program to focus on supporting type 1 diabetes at various points in an individual's life.

Insured Health Services is completing work on reviewing the Yukon Drug Formulary to ensure that people with type 1 diabetes have access to appropriate insulin and associated technologies in a timely way through the chronic disease and disability benefits program and pharmacare extended program. We must recognize that work on providing care to individuals with diabetes — type 1 or type 2 diabetes — is changing quickly. The drugs are being developed. Programs and services are being developed for care, and we must be able to pivot to make sure that we are providing the most up-to-date opportunities for patients.

The communication team at Health and Social Services has also begun developing materials to work on messaging for Yukoners for a type 1 diabetes education and awareness campaign to share signs and symptoms of both types of the disease and to make sure that individuals know what services are available.

**Mr. Cathers:** Again, I am going to group together a number of questions here in the interest of getting them in before handing the floor over to the Member for Vuntut Gwitchin, who also wants to ask questions.

First of all, last November, the hospital CEO told us that the wait time for mammography screening was expected to grow to 35 months as a result of the cost containment measures that were imposed to deal with the hospital's deficit due to the continued chronic underfunding by this Liberal government.

From the information shared with us last November, we understand that Whitehorse General Hospital has the capacity to do 120 mammography exams per week. Can the minister tell us how many are currently being done per week? If it is not 120, will they look at increasing the number being performed? Could she confirm what the current wait-list is right now for mammography?

As well, another issue that has come up regarding the hospital from a number of people — including qualified health professionals such as nurses interested in working there — is that, as of the last I heard, the hospital still has a COVID-19 vaccination mandate in place. That seems somewhat unusual and in contrast to other jurisdictions, including BC, which, according to the website of the Government of British Columbia right now, confirms that they no longer have a vaccination mandate for health care workers and that was done some months ago. Does the hospital still have such a vaccination mandate, and if so, will they consider removing it to reflect what British Columbia and other provinces are doing?

Additionally, we saw cuts and caps last winter so that the hospital could stay within its inadequate budget. Can the

minister tell us: Will there be cuts and caps to surgeries and tests this winter or not?

Finally on my list of hospital questions, while there is typically a surgical slowdown around Christmas, the Yukon Medical Association and physicians were quite clear that the surgical slowdown around Christmas last year was much longer than normal — as in weeks longer than normal — and had a negative impact on patients. Could the minister tell us: How long is the surgical slowdown at Christmas going to be this year at the hospital?

**Hon. Ms. McPhee:** I note that I did not have time to answer the question about the Find a Primary Care Provider program. I think that a question before the last set of questions was regarding the individuals on the wait-list and whether or not individuals — I think this is what the question was, so please correct me if I'm wrong — who had a family care provider but then lost them were being prioritized on the list. The answer to that is no. The list is dealt with first come, first served, but also, individuals could come off the list if, as I said earlier, they are on a wait-list at a different clinic and then were given a primary health care provider through that process.

What I can also note is that, according to the most recent Canadian Institute for Health Information survey, 78 percent of Yukoners reported having access to a regular health care provider in 2023. The Canadian average is, in fact, 83 percent, so, of course, we want more and more Yukoners to have access to primary health care providers and we're working to make sure that is the case. I also note that we are pleased, through all of the work being done — clinic openings, emergency room staff improvements here and at the Hospital Corporation, here at Health and Social Services, and hospital care at the Whitehorse General Hospital — that, as of November 1, 2024, the Yukon has not experienced any emergency room closures and has not seen reports of emergency medical services off-load delays.

I have been asked about mammography. The Hospital Corporation provides both diagnostic and screening mammography services. The Hospital Corporation follows national guidelines for breast cancer screening. I have some numbers but perhaps not the numbers that the member is asking about. During the 2022-23 fiscal year, Yukon hospitals completed 3,512 mammograms. During the 2023-24 fiscal year, Yukon hospitals completed 2,400 mammograms — so, in 2023-24, a significant increase. For the fiscal year of 2024-25, the Hospital Corporation is projecting to complete 4,500 mammograms, with 2,448 mammograms already completed between April 1, 2024 and October 31, 2024. This represents nearly a doubling of mammograms compared to two years ago. Diagnostic mammograms aim to be completed within seven days of referral and are being completed within that target. Annual and high-risk screening mammograms — of course, a different category — aim to be completed every 12 months and, as of October 31, 2024, annual and high-risk screening mammograms are being completed within 14 months. Routine screening mammograms aim to be completed every 24 months and, as of October 31, 2024, routine screening mammograms are being completed within 27 months.

I have been asked also about a vaccine mandate at the Whitehorse General Hospital. That is a decision for the hospital. I do not have any information about whether there is or is not a vaccine mandate still in place for COVID-19 at the hospital. That is a decision of that employer and, of course, they do provide front-line medical services and — a question that might be asked of them. I do not have that information.

I have also been asked about surgical services slowdowns. First of all, I want to challenge the fact that the surgical slowdown around the holidays last year was much longer than — I would have to look at Hansard to know the word that was used, but the indication was that it was much longer than usual and I recall it being a number of days longer than usual, but we can find that number.

Recognizing the hard work of the hospital staff in supporting Yukoners' access to surgical care, the hospital endeavours to strike a balance between access to care and ensuring that staff have the time to rest and recharge — particularly around the holidays when the surgical slowdown happens as a result, also, of individuals having other priorities.

Planned surgical slowdowns are a part of regular hospital operations and happen throughout the year and during the holiday season, spring break, and summer so that we can support staff in their balance of life. The planned slowdowns for the past fiscal year were December 18, 2023 to January 5, 2024. There was also a brief period of time — some three days in March and some 10 days in July. During the annual summer slowdown, new positions were added to support the extension of surgical hours, including full-time nurses, medical device reprocessing technicians, and additional help with operating room booking and registration.

The hospital continues to provide urgent care surgeries and some planned surgeries during these periods. The intention is that there will be a slowdown to support surgeons having some time off and support staff having some slowdown time around the holidays of this year. I do not have the dates with me in this note, but it is something that we can look into providing.

**Ms. Blake:** I welcome the officials and thank them for being here. The first question I have — I was just looking through the Child and Youth Advocate Office's 2023-24 annual report, and under their advocacy issues, they indicate that they had 72 advocacy issues for Family and Children's Services, also highlighting transitional services and the family resource unit. It also indicates that there were 17 advocacy issues for Mental Wellness and Substance Use services, so I am just curious if the department is working with the Child and Youth Advocate Office to see what those issues are or were and if there is any work being done to streamline these services to make them more accessible and supportive for children and youth in the territory.

**Hon. Ms. McPhee:** Thank you very much for the question. The Department of Health and Social Services works regularly with the Child and Youth Advocate. I am not surprised at all that many of her cases indicate in her annual report that she works or has advocacy issues that involve the Department of Health and Social Services, which, of course, provides extensive services to children — particularly through

Family and Children's Services and particularly if a child is in care or in extended family care, and the opportunity for advocacy issues would be on a case-by-case basis. So, it is not surprising. In fact, a big portion of her mandate involves making sure that the services that are provided to children throughout the government or throughout the community are tailored and supportive of the children's needs. I can also indicate that the main government department that provides services to children would be Health and Social Services, so I am not at all surprised that this is the case.

We work regularly with the Child and Youth Advocate. We work to cooperate on each and every matter that she brings forward to us, primarily on a case-by-case basis. There is staff at the Department of Health and Social Services who have regular meetings with the Child and Youth Advocate and her staff.

We certainly appreciate the work of her office and the work of her dedicated team in supporting children. We also appreciate the work of the dedicated Family and Children's Services staff to support children and families in the Yukon Territory. Our government does, of course, recognize that child welfare reform is a leading priority for all governments throughout the territory. We have worked extensively with Yukon First Nation governments to adopt the new *Child and Family Services Act*, which puts the cooperation with First Nations at the centre of decisions and the needs of children at the centre of decisions. It requires, in law, that government and child and family services organizations cooperate and make sure that First Nations are informed if a child is going to come into care or even if a child is going to require some services from the department. We work to ensure that children are protected from harm and receive the care that is essential for their well-being.

We work closely with all levels of government, Yukon First Nations, the Council of Yukon First Nations, and non-governmental organizations to improve child welfare services for families and children in the territory. We have entrenched those requirements in law. I am so proud of the work that was done in relation to that piece of legislation. I have had the honour in this Legislative Assembly to introduce many pieces of legislation and to debate them and to seek them to be passed on the basis that they will improve the lives of Yukoners and improve service for Yukoners.

I do appreciate that, as the Minister of Justice and as the Attorney General, I cannot and should not have favourites, but the *Child and Family Services Act* I think is a truly innovative piece of legislation.

In order to answer the question as clearly as possible, we are involved in many cases from the Child and Youth Advocate. Her advocacy almost always involves something to do with the Department of Health and Social Services and the services that are being provided. They sometimes involve a school or another service that might be provided to children, but, for instance, as one example, a case that she may have representing or advocating on behalf of a child or youth might involve something like medical travel or social work services that a child or family is receiving. I won't speak more about



specific situations, but we always work collaboratively to make sure that children are at the centre of those decisions, that children are at the centre of resolving issues if there are any, and that we make sure that advocacy brought forward by the Child and Youth Advocate is respected. We work to resolve those problems.

**Ms. Blake:** I thank the minister for her response to that question.

The statistics provided in the annual report caught my attention. I have previously worked with the Child and Youth Advocate Office and I am familiar with their mandate and the processes that they follow when advocacy issues come in. My concern is that there are 72 cases — advocacy issues — with Family and Children’s Services and, in brackets, it indicates transitional services in the family resources unit. My concern is: What are the actual issues with transitional services that these children or youth are experiencing? Because transitional supports are an important mechanism for children or youth exiting the services of Family and Children’s Services. Also, mental wellness is an important support system for children and youth in the territory and there are 17 advocacy issues that have been indicated in their annual report.

I was looking through the Health and Social Services supplementary information, and on page 4, under “Child placement services with adoption services”, it indicates that the number of adoptive homes in rural communities for the 2024-25 estimate is one, and there are no homes awaiting a home study.

So, I’m just curious: What work is being done by the department with rural communities for adoptive homes and for foster homes in the communities? Because one of the mandates with Family and Children’s Services, when it comes to working with First Nation children and families across our territory, is to ensure that the child stays in the community when there are protection concerns that arise.

So, if there is a lack of homes in the communities, then how are we working toward keeping our children and youth in their home communities when they are in those situations?

That’s my question on the homes that are available for children and youth in the communities when it comes to child protection matters.

**Hon. Ms. McPhee:** Thank you very much for the question. We certainly agree that more homes are needed, particularly in rural communities across the territory, to provide temporary care, like a foster — temporary care for a few days, temporary care, like a foster home, which could be short or longer term, and then ultimately adoptive homes. We are currently running a campaign to make sure that individual Yukoners are asked about becoming family care homes. That campaign is territory-wide. We look forward to increasing those numbers. There are also community workers who are attached to those communities who work to identify potential homes and placements for individual children. I think that statistic, which has been quoted as part of this question, doesn’t necessarily take into account — maybe I should say it this way: We work very hard to make sure that children stay in their home communities.

One of the primary ways in which that occurs is through the new legislation governing child protection and making sure that First Nation governments and communities are well-entrenched in the conversation when a child might need out-of-home care.

What I can also indicate is that the use of extended family care agreements is really important. The barriers — some previous barriers have been removed to make sure that the use of extended family care agreements is easier. We are always looking to make sure that a child can stay with a relative, someone — an auntie — someone they know near the family so that they can have connections, even if it’s required for them to stay out of the family home for what is hopefully just a short period of time.

But extended family care agreements are being used and I think are providing successful opportunities for children to be very close to home. So, that is one way in which that is also being focused on. The number of children placed in 24/7 resourced homes has unfortunately increased. As of August 31, 2024, there were 190 children in out-of-home care, with 96 children in the care of the director and 94 children in extended family care. So, those numbers are not something that we want to continue. We want children to be able to stay at home safely, but the numbers also reflect the idea that only half — approximately half — of those children are in the care of the director and approximately half are in the care of close family members and people who are stepping up to care for them.

The number of children in out-of-home care — 190 — far exceeds the number of caregivers that we have at the moment who are available to meet the needs of these children.

That’s what this question is about, and we certainly recognize that to be a problem.

The Government of Yukon’s transitional support services or group homes were at 147-percent capacity, which was approximately 30 bedrooms and proper spaces available for children, but there were 44 children. So, Family and Children’s Services is actively recruiting community caregivers and extended families to increase placement options for children in out-of-home care, as I have said. Family and Children’s Services continues to explore options with families, with Yukon First Nations, to connect children with their communities and their cultures.

If placement resources have been exhausted and there are unexpected placement pressures, such as requiring emergency placement due to the lack of extended family caregivers or community caregivers available, young children may be placed in specific group homes that are tailored to meet their needs, but that’s the last resort. We work very hard to meet the needs of a child and make sure that they are the priority.

The transitional support services staffing model requires at least two workers in each group home for 24/7 care and a caseworker and a supervisor from 9:00 a.m. to 5:00 p.m. Monday to Friday and an on-call supervisor available during after hours. So, there is support for staff, and there is support for children; the model is designed to do that.

I will sit down so that the member opposite may have additional questions.

**Ms. Blake:** I thank the minister for her response to that question. I'm just curious: What are the current staffing numbers within Family and Children's Services for rural communities?

**Hon. Ms. McPhee:** The member opposite might have another question while we look for that number. I wouldn't want us to sit here waiting in case they have another question, but we can look for that number. The question is: What is the current staff complement at Family and Children's Services for rural children?

**Ms. Blake:** I ask that question because I recently travelled to a small community out of Whitehorse to meet with a family, and one of the questions they asked is about access to Family and Children's Services throughout the holidays if there is an emergency, especially if they are in a community where they don't have a full-time social worker. So, in the upcoming holidays for communities who have a visiting social worker, what is the plan if a crisis arises for families in those communities?

**Hon. Ms. McPhee:** Thank you for the question. I have some numbers which hopefully will provide some information to the member opposite. We have 21 social workers dedicated to children and family services across Whitehorse and for territory support.

I can indicate that we have a note that the holidays are currently fully staffed for social workers and support staff — understanding that issues arise in the communities and other places. There are additional support workers and itinerant staff available to support. Individuals can go to their health centre or call the intake line and seek a support worker through Health and Social Services' Family and Children's Services.

I can also indicate that there is a staffing note with respect to the current social workers that involves details. In August 2024, approximately 39 percent of social worker positions were filled and recruitment efforts are ongoing. I certainly think that this is not a number that we are happy with, but we are prioritizing high-risk child protection referrals when a child is in immediate risk of harm, along with high-risk families and children and youth in out-of-home care. Those become the priorities.

The Yukon First Nations and the Council of Yukon First Nations have expressed concerns in the First Nations health and social development commission. That's a commission that meets regularly and deals with all issues regarding health. It has been a topic of conversation for us all there. They have concerns that not all children, youth, and families are receiving the services that they are entitled to. We are working with them to provide culturally relevant primary and secondary prevention programs but not to provide protection services at this time — not through that commission.

But I note that child protection supervisors have taken on additional cases to support front-line child protection social workers. As I noted earlier in one of my answers, there is a group of individuals around a social worker, particularly around Family and Children's Services' social workers and front-line workers, including other additional colleagues, to support them — and supervisors, as I have noted — to make

sure that they have support with respect to any particular matter that will arise. We have staffed six of the 10 new child protection social worker assistant positions that have been created to support social workers with administrative duties. So, we're working to make sure that staff have a full complement. Staff retention has been difficult and vacancy numbers are higher than we would like. We want to support, of course, individuals who work in this area, but it's very difficult work and often individuals want a temporary leave. I think that the member opposite knows how difficult some of that work is having done perhaps some of it related to child protection services and with the Child and Youth Advocate in the past.

I will take my seat, Madam Acting Chair, and see if there are any more questions.

**Ms. Blake:** I guess my last question would be: With the training program that is currently being offered by the Council of Yukon First Nations for the diploma program — I believe that it's an Indigenous training program — is there work being done with the department so that those participating in the program could be exposed to some of the work that is done by Family and Children's Services to possibly attract the participants to maybe work for Family and Children's Services in the future?

**Hon. Ms. McPhee:** Yes, in partnership with the Council of Yukon First Nations and the Yukon University — which is one of the points that I wanted to make earlier — where, of course —

### Termination of Sitting as per Standing Order 76(1)

**Acting Chair:** Order, please.

The time has reached 5:00 p.m. on this, the 28<sup>th</sup> sitting day of the 2024 Fall Sitting.

Standing Order 76(1) states, "On the sitting day that the Assembly has reached the maximum number of sitting days allocated for that Sitting pursuant to Standing Order 75, the Chair of the Committee of the Whole, if the Assembly is in Committee of the Whole at the time, shall interrupt proceedings at 5:00 p.m. and, with respect to each appropriation bill that the Government House Leader directs to be called, shall:

"(a) put the question on any amendment then before the Committee;

"(b) put the question, without debate or amendment, on a motion moved by a Minister that the bill, including all clauses, schedules, title and preamble, be deemed to be read and carried;

"(c) put the question on a motion moved by a Minister that the bill be reported to the Assembly; and

"(d) when all bills have been dealt with, recall the Speaker to the Chair to report on the proceedings of the Committee."

Pursuant to Standing Order 76, it is the duty of the Chair to now conduct the business of Committee of the Whole in the manner directed by Standing Order 76(1). The Chair will now ask the Government House Leader to indicate whether the appropriation bill now before Committee of the Whole should be called.

**Hon. Mr. Streicker:** Madam Acting Chair, the government directs that Bill No. 215, entitled *Second Appropriation Act 2024-25*, be called at this time.

**Bill No. 215: Second Appropriation Act 2024-25 — continued**

**Acting Chair:** The Committee will now deal with Bill No. 2015, entitled *Second Appropriation Act 2024-25*.

The Chair will now recognize the Member for Klondike for the purpose of moving a motion pursuant to Standing Order 76(1)(b).

**Hon. Mr. Silver:** Madam Acting Chair, I move that all clauses, schedules, the preamble, and title of Bill No. 215, entitled *Second Appropriation Act 2024-25*, be deemed to be read and carried.

**Acting Chair:** It has been moved by the Member for Klondike that all clauses, schedules, the preamble, and title of Bill No. 215, entitled *Second Appropriation Act 2024-25*, be deemed to be read and carried.

As no debate or amendment is permitted, I shall now put the question.

Are you agreed?

**Some Hon. Members:** Count.

**Count**

**Acting Chair:** A count has been called.

*Bells*

**Acting Chair:** Order please.

All those in favour, please rise.

*Members rise*

**Acting Chair:** All those opposed, please rise.

*Members rise*

**Acting Chair:** The results are nine yea, eight nay.

I declare the motion carried.

*Motion agreed to*

*On Operation and Maintenance Expenditures*

*Total Operation and Maintenance Expenditures in the amount of \$150,088,000 agreed to*

*On Capital Expenditures*

*Total Capital Expenditures underexpenditure in the amount of \$299,000 agreed to*

*Total Expenditures in the amount of \$149,789,000 agreed to*

*Clauses 1 and 2 agreed to*

*Schedules A and B agreed to*

*Preamble agreed to*

*Title agreed to*

**Hon. Mr. Silver:** Madam Acting Chair, I move that you report Bill No. 215, entitled *Second Appropriation Act 2024-25*, without amendment.

**Acting Chair:** It has been moved by the Member for Klondike that the Chair report Bill No. 215, entitled *Second Appropriation Act 2024-25*, without amendment.

As no debate or amendment is permitted, I shall now put the question. Are you agreed?

**Some Hon. Members:** Count.

**Count**

**Acting Chair:** A count has been called.

*Bells*

**Acting Chair:** Order, please.

All those in favour, please rise.

*Members rise*

**Acting Chair:** All those opposed, please rise.

*Members rise*

The results are nine yea, eight nay.

I declare the motion carried.

*Motion agreed to*

**Acting Chair:** As the government bill identified by the Government House Leader has now been decided upon, it is my duty to rise a second time and report to the House.

*Speaker resumes the Chair*

**Termination of Sitting as per Standing Order 76(2)**

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

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

**Chair's report**

**Ms. White:** Mr. Speaker, Committee of the Whole has considered Bill No. 215, entitled *Second Appropriation Act 2024-25*, and directed me to report the bill without amendment.

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

Are you agreed?

**Some Hon. Members:** Agreed.

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

Standing Order 76(2)(d) states, "On the sitting day that the Assembly has reached the maximum number of sitting days allocated for that Sitting, pursuant to Standing Order 75, the Speaker of the Assembly, when recalled to the Chair after the House has been in Committee of the Whole, shall:

"(d) with respect to each appropriation bill standing on the Order Paper for Third Reading and designated to be called by the Government House Leader,

"(i) receive a motion for Third Reading and passage of the bill, and

"(ii) put the question, without debate or amendment, on that motion."

I shall therefore ask the Government House Leader to indicate whether the appropriation bill now standing on the Order Paper for third reading should be called.

**Hon. Mr. Streicker:** Mr. Speaker, the government directs that Bill No. 215, entitled *Second Appropriation Act 2024-25*, be called at this time.

**Bill No. 215: Second Appropriation Act 2024-25 —  
Third Reading**

**Clerk:** Third Reading, Bill No. 215, standing in the name of the Hon. Mr. Silver.

**Hon. Mr. Silver:** Mr. Speaker, I move that Bill No. 215, entitled *Second Appropriation Act 2024-25*, be now read a third time and do pass.

**Speaker:** It has been moved by the Minister of Finance that Bill No. 215, entitled *Second Appropriation Act 2024-25*, be now read a third time and do pass.

As no debate or amendment is permitted, I shall now put the question to the House. Are you agreed?

**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:** Disagree

**Mr. Kent:** Disagree

**Ms. Clarke:** Disagree.

**Mr. Cathers:** Disagree.

**Ms. McLeod:** Disagree.

**Ms. Van Bibber:** Disagree.

**Mr. Hassard:** Disagree.

**Mr. Istchenko:** Disagree.

**Ms. White:** Agree.

**Ms. Blake:** Agree.

**MLA Tredger:** Agree.

**Clerk:** Mr. Speaker, the results are 10 yeas, eight nays.

**Speaker:** The yeas have it.

I declare the motion carried.

*Motion for third reading of Bill No. 215 agreed to*

**Speaker:** I declare that Bill No. 215 has passed this House.

We are now prepared to receive the Commissioner of the Yukon, in her capacity as Lieutenant Governor, to grant assent to bills which have passed this House.

*Commissioner Webber enters the Chamber accompanied by her Aide-de-Camp*

**ASSENT TO BILLS**

**Commissioner:** Please be seated.

**Speaker:** Madam Commissioner, the Assembly has, at its present session, passed certain bills to which, in the name

and on behalf of the Assembly, I respectfully request your assent.

**Clerk:** *Act to amend the Business Corporations Act (2024); Electoral District Boundaries Act; Second Appropriation Act 2024-25.*

**Commissioner:** I hereby assent to the bills as enumerated by the Clerk.

Thank you very much.

I just have a couple of words that I would like to say.

So, dear Members of the Legislative Assembly, I just, as I said, would like to say a few words because it's the end of this Sitting. I would like to thank you for all of the work that you have done during this session and this Fall Sitting. I hope you all are now able to spend some time to relax with your family and friends over the next few weeks and over the holiday season.

I would like to invite you to come to the Christmas open house that will be held on Saturday, December 14. I've commissioned a piece of artwork made by a local young Indigenous artist that will be unveiled before the open house is opened, and the theme is "Reconciliation". It will be on permanent display in the Taylor House.

My office is also preparing for my Commissioner's Levee on Saturday, January 5, 2025, so maybe mark it on your calendar and make it a date. It's my favourite way to start off the new year. As in past years, I will be presenting the Order of Yukon inductees, and this year, some King Charles III coronation medals will be included in the levee as well.

Unfortunately, I will not be presenting the bravery award or the volunteer service award, as we have not had any nominations for either of those.

I would ask that, in 2025, you help me to spread the word about these Commissioner's Awards, because I know and you know that there are many deserving Yukoners out there who just need somebody to nominate them. We are going to improve the application form.

In 2025 as well, I will be working with the Yukon Story Laureate, John Firth, on an exhibition on reconciliation, which will be displayed on the second floor. Once this project is completed, I will invite you to take a tour of the display.

It has been my pleasure to be part of the 2024 Fall Sitting, and I thank you again, and I am wishing you all the very best over the holiday season and the new year.

Thank you very much.

*Commissioner leaves the Chamber*

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

Before I adjourn the Fall Sitting of the Yukon Legislative Assembly, I have a few brief comments. I would like to extend thanks on behalf of myself, as Speaker, the Deputy Speaker, the Deputy Chair of Committee of the Whole, and on behalf of all Members of the Legislative Assembly to Clerk Dan Cable; Deputy Clerk Allison Lloyd; director of Administration, Finance and Systems, Justin Gorczyca; operations manager, Warren Pearson; finance and operations clerk, Lyndsey Amundson; as well as Sergeant-at-Arms Karina Watson; and

Deputy Sergeant-at-Arms Joe Mewett, who all provided invaluable support to MLAs and their staff. Thanks too to the pages for their indispensable services.

As well, I would also like to take the opportunity to show appreciation for Jada Micku, who has been operating the console this Sitting, and all of the skilled team of Hansard led by Deana Lemke. I would also like to thank our video crew: Chris Rodgers, Charles Hegsted, and Dan Little. I commend all the hard-working civil servants who deliver service to Yukoners and support to us in our work in this Chamber.

I wish Members of the Legislative Assembly all the best for the coming holiday season, including good times with family and friends in the great Yukon outdoors.

Thank you very much.

As the House has, pursuant to Standing Order 75(4), reached the maximum number of sitting days permitted for this Fall Sitting and has completed consideration of the designated legislation, it is the duty of the Chair to declare that this House now stands adjourned.

*The House adjourned at 5:22 p.m.*

**The following sessional papers were tabled November 21, 2024:**

35-1-187

*2023 Yukon Health Status Report (McPhee)*

35-1-188

*Yukon Hospitals Year in Review 2023-2024 and Yukon Hospital Corporation Consolidated Financial Statements March 31, 2024 (McPhee)*

35-1-189

*Yukon Child Care Board 2023/24 Annual Report (McLean)*

35-1-190

*Minister's Advisory Council on Women and Gender Equity Annual Report 2023-2024 (McLean)*

35-1-191

*Department of Education 2023-24 Annual Report (McLean)*

**The following legislative returns were tabled November 21, 2024:**

35-1-160

Response to matter outstanding from discussion with Mr. Kent related to general debate on Vote 3, Education, in Bill No. 215, *Second Appropriation Act 2024-25* — École Whitehorse Elementary School replacement project phases (McLean)

35-1-161

Response to matter outstanding from discussion with Mr. Kent related to general debate on Vote 3, Education, in Bill No. 215, *Second Appropriation Act 2024-25* — home-schooled students (McLean)

**The following documents were filed November 21, 2024:**

35-1-292

*2023-24 Yukon Lottery Commission Annual Report (Pillai)*

35-1-293

Bill No. 44, *Traffic Safety Act*, letter re (dated November 18, 2024) from Tanya Hansen Pratt, National President, MADD Canada, to Hon. Nils Clarke, Minister of Highways and Public Works (Clarke, N.)

35-1-294

Takhini neighbourhood site option for new École Whitehorse Elementary School, letter re (dated November 5, 2024) from Stacy Lewis, President, and Tracey Bilsky, Executive Director, Sport Yukon, to Hon. Jeanie McLean, Minister of Education, Hon. Nils Clarke, Minister of Highways and Public Works, and Hon. Richard Mostyn, Minister of Community Services (Mostyn)

35-1-295

Support for EWES Relocation Project and “On The Field” Site, letter re (dated November 21, 2024) from Sarah Walz, Executive Director, Softball Yukon, to Hon. Jeanie McLean, Minister of Education, Hon. Richard Mostyn, Minister of Community Services, and Hon. Nils Clarke, Minister of Highways and Public Works (Mostyn)