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HANSARD

Tuesday, November 16, 2021 — 1:00 p.m.

Speaker: The Honourable Jeremy Harper

YUKON LEGISLATIVE ASSEMBLY

2021 Fall Sitting

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

CABINET MINISTERS

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

OFFICIAL OPPOSITION

Yukon Party

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

THIRD PARTY

New Democratic Party

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

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*Government House Leader: Hon. Tracy-Anne McPhee to November 4, 2021; Hon. John Streicker from November 5, 2021

**Yukon Legislative Assembly
Whitehorse, Yukon**

Tuesday, November 16, 2021 — 1:00 p.m.

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

Prayers

DAILY ROUTINE

Speaker: We will proceed with the Order Paper.
Introduction of visitors.
Tributes.

TRIBUTES

In recognition of International Day for Tolerance and Transgender Day of Remembrance

Hon. Ms. McLean: I rise on behalf of our Yukon Liberal government today to pay tribute to International Day for Tolerance and Transgender Day of Remembrance.

International Day for Tolerance began in 1995 when UNESCO's member states adopted a *Declaration of Principles on Tolerance*. Today is the day for fostering mutual understanding among people around the globe and here in Yukon. Tolerance is respect, acceptance, and appreciation of rich diversity of our world cultures, our forms of expression, and ways of being human. Unfortunately, we have seen what intolerance can do to our society, Mr. Speaker. Intolerance can lead and has led to violence.

As many of you know, Transgender Day of Remembrance is coming up later this week. It is a day when we honour, remember, and mourn transgender diverse people whom we have lost to anti-trans violence.

Transgender Day of Remembrance was started in 1999 by transgender advocate Gwendolyn Ann Smith as a vigil to honour the memory of Rita Hester, a transgender woman who was killed for simply being herself. The violence and intolerance that trans people face is pervasive in our culture. All of this violence is well known, deeply felt, and too often personally experienced by transgender people in our community. This is something that our trans children, friends, family, co-workers, and neighbours deal with regularly.

On this International Day of Tolerance and with Transgender Day of Remembrance advancing, there are other things to remember. Remember that the people most likely to be killed for being trans and who experience the most violence on all levels are trans women of colour. Trans solidarity means challenging our own internalized prejudice and unconscious bias. Remember that trans people deserve a community and a world in which they feel safe, respected, and honoured. Remember that trans rights are human rights. While we as a society are making great strides toward inclusion, there is still much work to be done in modernizing attitudes regarding trans and gender-diverse folks in our community.

There are several organizations that I would like to highlight today. These organizations are doing amazing work to break down stereotypes, take a stand, and reject transphobia.

All Genders Yukon Society has been providing access to mental health services for trans, two-spirit, and non-binary Yukoners as well as their network of loved ones. This work is vital in protecting mental wellness and strengthening the bond between our community members. Trans Resource Yukon is a webpage created by and for trans people to provide them with access to medical resources and information and to help them navigate the services available.

Queer Yukon has launched an initiative to provide trans or non-binary people access to gender gear, which would otherwise be difficult to come by. We are so proud of the partnership with Queer Yukon to establish the first Yukon Pride Centre. They recently welcomed community members and partners into the space to help design a welcoming, inclusive space that meets Yukoners' needs. The work of Queer Yukon Society has been a foundational support for the LGBTQ2S+ community in Yukon. Their work brings Yukoners together and honours and celebrates inclusivity and diversity.

We are lucky to live in a territory full of diversity. I am optimistic for the future — a future in which trans folks are free to be able to dress, speak, and behave how they want to, free from intolerance and violence. Progress is being made here in Yukon due in large part to these community organizations. They hold us to account and remind us that we must do better. It has been my honour and pleasure to work closely with many of the organizations during the development of the LGBTQ2S+ action plan.

In closing, today and every day, I challenge all members and all Yukoners to stand up against transphobia. I challenge you to continue learning more about LGBTQ2S+ issues and find new ways to be an ally in all spaces in which you can add your voice.

Applause

Mr. Istchenko: I rise on behalf of the Yukon Party Official Opposition to recognize today as International Day for Tolerance and Saturday, November 20 as the Transgender Day of Remembrance.

The declaration of principles on tolerance from UNESCO on November 16, 1995 states, "Peace, if it is not to fail, must be founded on the intellectual and moral solidarity of mankind." "Moral and intellectual solidarity" is not easy to define and even less so to achieve. The idea of achieving intellectual or moral solidarity or a truly united world seems far-fetched. The concept of global tolerance seems unreachable, just based on the amount of intolerance that we see. Tolerance, to many, comes naturally. Respect, acceptance, and appreciation are fundamental to self. Unfortunately, as easily as tolerance comes to many, intolerance comes easier to some.

Transgender Awareness Week is happening right now and takes place yearly from November 3 to 19. During this time, individuals, allies, and organizations work to spread awareness about the discrimination, prejudice, and violence faced by the transgender community. On Saturday, we observed the Transgender Day of Remembrance. In reality, this day should not exist. If tolerance was truly observed, it wouldn't. It is on

this day that we recognize and honour the two-spirited, transgender, and non-conforming individuals who have lost their lives to transphobic violence. We remember Rita Hester, whose death in 1998 sparked this legacy of remembrance and all those — too many more — who have lost their lives since.

We must continue to work on ourselves individually but also help guide others toward embracing tolerance, acceptance, and respect. This is where the concept of education comes in. In order to spread tolerance, we must spread knowledge of its importance. Our schools must continue to instill the importance of tolerance in our children, to continue building on the anti-bullying, harassment, and violence policies that exist, and to ensure that those policies are enforced and that every one of our children walks through the doors of their school to a safe, secure, and respectful environment.

So be kind, thoughtful, and respectful. Embrace differences and embrace education. Tolerance is not something to be celebrated once a year on a proclaimed day of awareness; it should be central in our lives as we live individually and as a society each day of the year.

Applause

Ms. Tredger: I rise today on behalf of the Yukon NDP to recognize the Transgender Day of Remembrance and to mourn the deaths of all of the transpeople who have been killed this year. We can talk about action, about what we are doing and failing to do, and we should talk about that. We should be talking about that all year long. But November 20 is a day of mourning, and today I simply want to mourn the lives that have been lost.

On Saturday, Queer Yukon is hosting a silent vigil at Rotary Park, and I hope that many of us will be there. The vigil is — and I quote: "... to commemorate and collectively mourn the loss of all Two-Spirit, Transgender, and Non-Binary people who have lost their lives to transphobic violence; the majority of which is faced by Indigenous, Black, & Latinx communities. Through this vigil we express love and respect for our Trans kin in the face of indifference and hatred."

Today and every day of the year, let us all find ways to express love and respect for the trans members of our community and to fight and end the indifference and hatred.

Applause

Speaker: Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Hon. Mr. Mostyn: I have for tabling a letter from the Yukon Chamber of Commerce in support of the proposed better buildings loans program.

I also have for tabling a letter from the Whitehorse Chamber of Commerce in support of the proposed better buildings loans program.

Hon. Mr. Pillai: Pursuant to section 16 of the *Liquor Act*, I have for tabling the Yukon Liquor Corporation 2021 annual report.

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

Are there any reports of committees?

Are there any petitions to be presented?

Are there any bills to be introduced?

Are there any notices of motions?

NOTICES OF MOTIONS

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

THAT this House urges the Government of Yukon to work with the State of Alaska to ensure that the funding in the US bipartisan infrastructure deal allocated for upgrades to the Alaska Highway and the Haines Road is made available for work in the 2022 construction season.

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

THAT this House urges the Government of Yukon to make available in Yukon non-mRNA COVID-19 vaccine options that have been approved by the Government of Canada.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to promptly begin work with the community of Destruction Bay as well as the Kluane First Nation toward reopening the volunteer fire department in Destruction Bay, Yukon.

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

THAT this House urges the Government of Yukon to provide adequate and consistent support to Yukoners on probation by facilitating that adult probation officers have more presence or live full time in rural Yukon communities.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to make COVID-19 vaccines available to inmates at the Whitehorse Correctional Centre by November 30, 2021.

Speaker: Is there a statement by a minister?

MINISTERIAL STATEMENT

Robert Service School

Hon. Ms. McLean: I rise today to share that work has begun on the addition of a four-classroom structure at the Robert Service School campus in Dawson City.

We are pleased to be working with the Government of Canada as part of the Investing in Canada infrastructure program as we create this new space for our children to learn and grow. In the summer of 2019, mould was discovered in portable classrooms on the site of the school. Following this discovery, planning for the decommission of the portable and the replacement of the learning space commenced, and classes were accommodated in the main building of Robert Service School. With the help and collaboration of the community

partners, the school was able to adjust and will continue to do so as construction is underway. This is a testament to the school and the community's adaptability and resilience while also navigating the pandemic.

As we discussed a path forward, the school council, school staff, the Dawson City community, and the Tr'ondëk Hwëch'in First Nation provided their vision for the new learning space.

With support of the Government of Canada through the Investing in Canada infrastructure program, we moved forward with the expansion plans for a new modernized learning environment. We are grateful to be able to benefit from the Investing in Canada infrastructure program, which helps address the challenges faced by communities throughout the country. We share the goal of building strong, dynamic, and inclusive communities, ensuring that families across Canada have access to modern, reliable services that help to improve quality of life.

On October 6, 2021, site excavation for the addition began by Wildstone Construction. This additional learning space will be an essential part of providing students and staff with the best possible environments to learn and grow. The new addition will be approximately 438 square metres, providing four classrooms and two staff offices along with two washroom facilities.

To inform decisions as we undergo construction, we will continue to work alongside our school council, staff, community, and the Tr'ondëk Hwëch'in First Nation. We are excited that this additional space will provide the school with more options for how to arrange and locate the programming for their students in ways that can maximize collaboration and effectiveness.

As we move closer to construction, we look forward to providing regular updates to keep Yukoners informed on our progress on this new school. We are committed to investing in our communities and supporting Yukoners to lead happy, healthy lives. This extension of the Robert Service School will ensure a modernized learning space and will support teachers, staff, and the community for years to come.

Mr. Kent: I am pleased to respond to this ministerial statement on the Robert Service School portables in Dawson City. However, I will note that the address given by the minister is substantially different from the copy that was provided to the Official Opposition this morning.

However, we are happy that the school community is getting the additional learning space that they need. What is curious for us is that the Liberals are now doing ministerial statements on their failed projects as well, and what is disappointing is how long it took us to get here and how much it is going to cost Yukoners.

The Yukon Party first raised Dawson parents' concerns about the old portables in 2017 when we were made aware of them at the Dawson City gold show. The government did nothing to move on this file for two years, until 2019 when they discovered mould in the existing portables that were scheduled to be renovated and they decided to demolish them instead. That year, it wasn't until the eleventh hour that they informed the school community and left them scrambling for space just

before the school year started. In fact, Mr. Speaker, access-to-information requests demonstrate that the Liberals were aware of the issue of mould in classrooms for months before telling parents.

This project will be so late by the time it is ready for occupancy that it will have been five years after this was first raised in the Legislative Assembly, although I am sure that the Deputy Premier will be relieved that it is being completed by a local contractor. After all, at the time, she claimed up and down in the 2018 Fall Sitting that there were no local suppliers of portables and that — and I quote: "Our subsequent investigation revealed that there are virtually no portables available in western Canada for purchase..." So, once again, it turns out that the Deputy Premier shared incorrect information with Yukoners.

Now we should talk about the ballooning budget for this project. What started out as a \$2.1-million project to upgrade the existing portables doubled to \$4 million in the spring budget, and now, just a few months later, we are being asked to add another \$2.4 million, which brings the cost to a whopping \$6.4 million. That's right, Mr. Speaker. The Liberals have mismanaged this project so badly that it is several years late and a breathtaking three times the original budget.

It is interesting that the minister is now referring to this project as an "extension" of the existing school when, in October 18 briefing documents from the Department of Education, it is still referred to as "modular classrooms" or "portables". Of course, this wouldn't be the first time that the current Minister of Education isn't up to speed on what is happening in her department.

So, I have some questions that I am hoping that the minister can address during her response today. How much did the portables recently installed at Golden Horn Elementary School and Selkirk Elementary School in Whitehorse cost? The previous minister spoke about a 10-year capital plan for schools and, of course, never delivered on that promise. So, will the current minister commit to completing and tabling that document?

This, to my knowledge, is the first recoverable school project funded by Canada. Are there other projects in Education being considered under this model, and if so, which ones?

We will look forward to discussing this and other education initiatives with the minister once Education is called for debate this fall.

Ms. White: When mould was discovered in the walls and ceilings of the old portables back in 2019, replacement was the obvious and only option. The Yukon NDP are pleased to know that some of the educational space needs of Dawson City are being addressed now, two years later, and five years after the concerns were first brought forward by parents.

There is so much going on in schools across the Yukon needing the attention of this government and this minister. Perhaps if the minister had made a statement about the successful recruitment of principals, teachers, or educational assistants, it would be worthy of a ministerial statement. We know that the Department of Education is failing our students

when there are ongoing staff shortages. Children with special needs are not getting the supports that they need. Children in classes with a revolving door of temporary teachers and fill-ins are not getting the education that is their right to receive. Teachers too are facing challenges — lack of leadership and vacant administration positions and a lack of support in the classroom when educational assistants are not available.

We have already asked teachers to pivot and adapt during COVID, and now they are dealing with COVID in their classroom, student absenteeism from parents keeping students home, and all of this piled on top of their regular duties. A ministerial statement about how this government is supporting teachers through this pandemic would be appropriate.

Or the minister could have made a statement addressing the very real and pressing issues facing two elementary schools right now. It seems like a missed opportunity to speak about the ongoing issues at Hidden Valley school, where the minister could share the outcome of last week's parent meeting and the department's path forward.

Or this could be an opportunity to speak and let this House know about the next steps at Jack Hulland Elementary School.

Again, Mr. Speaker, we are happy to hear of the changes underway at Robert Service School but feel that this was a lost opportunity to hear from the minister on more critical issues in the Department of Education.

Hon. Ms. McLean: I am happy to rise today to talk about this really good news story for the community of Dawson City and the new portable extension of the school that is being completed as we speak. The work has started. I think that this is a good news story for the community where those issues were identified some time ago. We have made the necessary steps and worked with our partners in Canada to ensure that this project goes forward. Again, there were a lot of challenges during the pandemic, for sure.

I think that I will go in a bit of different direction here since the members opposite have raised the overall education system. I am aware, absolutely, that our schools are under incredible stress at this time, not only through the pandemic, but through a decade and a half of lack of attention to our education system, which was — I will have to remind Yukoners — under the direct management of the Yukon Party. I am glad to see that the Yukon Party is now taking interest in education, but I want to talk a little bit more about the steps that we have taken as a government to address the very deep concerns that we all have with our education system.

We have been in receipt of a failing report card of the Yukon Party, which is the Auditor General report of 2019. We have taken active steps to ensure that our education system is turned in the right direction. We have done a review of inclusive and special education that gets to the heart of so many of the issues that we have in our territory and what we are experiencing in our schools. I am proud that we have taken many steps with all of our partners to ensure that this work is actioned, unlike previous Auditor General reports that sat on the shelf and had no action — no meaningful action — put to them.

Just last Friday, we attended an education summit that brought together educators and partners throughout the territory to chart out the next steps in ensuring that we are addressing the core issues within our school system. We left that session feeling motivated, and I want to thank all of the educators throughout the Yukon Territory for the incredible work that they are doing to support our students and learning in the Yukon, and I am happy to rise at any time to speak about education in our territory.

Speaker: This then brings us to Question Period

QUESTION PERIOD

Question re: COVID-19 vaccination requirement rollout

Mr. Hassard: We've been hearing from businesses, NGOs, and employees of the Yukon government about the impacts of the Liberals' planned vaccine mandate. It has become clear to everyone that this announcement was made without any details or implementation plan. We also know that this is going to disproportionately impact rural communities.

Let's take the community of Ross River, for example. We understand that, with the implementation of the vaccine mandate, the community will be left with no local emergency medical services, so what is the government doing to ensure that Ross River has adequate EMS coverage beyond November 30?

Hon. Mr. Mostyn: I am happy to talk about the supports that we are going to put in place in the face of the vaccine mandate that this government has put in place and supported, following many other jurisdictions in the country, to make sure that our civil servants and the people they serve are kept safe in the face of this ongoing pandemic.

Yes, we have heard that there could be some individuals who decide to not get vaccinated and who then would not be able to participate in emergency medical services on a volunteer basis in some of these communities. We have taken steps to address this. We are going to have extra cars placed in some locations so we can actually provide service to these communities. As far as Ross River goes, we put extra medevac services in place to ensure that the community has access to emergency medical services when required.

Mr. Hassard: Now, we know that the problems with this policy in Ross River aren't limited to EMS. There will also be considerable impacts to the school as well. The school is already short of teachers and has been without office administration staff for months. Now we will also be without any substitute teachers.

So, what is the government doing to ensure that the school can continue to functionally operate after November 30?

Hon. Mr. Mostyn: Well, it is becoming very clear on the floor of the Legislative Assembly today that the Official Opposition does not support the vaccine mandate. We know that. We are now getting concrete proof that this is the case. Perhaps they are trying to shore up support for the other conservative party that has now become available to voters in the territory.

Mr. Speaker, I will say this afternoon that, as far as the vaccine mandate goes, we are resolute in making sure that our civil servants and the other volunteers working for the Yukon government are vaccinated against COVID-19 to protect not only their fellow employees, but also the citizens of the territory whom they are serving, and we are going to make sure that we have the resources necessary.

We are all going to have to make sacrifices here. There could be staff shortages, and we will do our utmost to make sure that we continue to provide the services that Yukoners have come to depend on in the face of this vaccine mandate.

Mr. Hassard: Unfortunately, this isn't about the Official Opposition; this is about our communities in rural Yukon and about the safety and learning of those Yukoners. From my conversations with the First Nation and other members of the community, I understand that there will be an impact on home care as well. In fact, I have been told that there will be no one at all to provide home care services in the community of Ross River.

What is the government going to do to support those citizens in Ross River needing home care after November 30?

Hon. Ms. McPhee: I appreciate the approach by the opposition, but I think it's important that Yukoners know that the mandatory vaccine requirements here in the territory are one of the last to come in Canada. They are designed to protect Yukoners. They are designed to protect the public health and safety of Yukoners. We are working, and have always been working, following the advice of the acting chief medical officer of health and her recommendations now that mandatory vaccines have come into the Yukon to help limit the spread of COVID-19.

Mandatory vaccines will apply to all public servants, including teachers as well as those who work in hospitals, long-term care homes, medical clinics, and allied health care settings. That is the nature of the question before us now. I can indicate that we are working very closely with our partners and very closely with the communities that think that they might have difficulties and are attempting very carefully to make sure that there is appropriate coverage so that Yukon communities do not suffer through the choices of individuals. That vaccine mandate is critical to our health and safety.

Question re: COVID-19 rapid testing

Mr. Kent: We have asked the minister a number of questions about providing rapid tests for families with children in schools. The minister has explained that they are unwilling to do so. However, the numerous classroom closures that we have seen in Yukon schools are also affecting the teachers. The significant shortage of teachers and teachers on call has been exacerbated by losing teachers due to isolation requirements. This problem could be significantly reduced if rapid testing was made available for teachers.

So, will the government consider opening the eligibility for rapid testing at the COVID testing centre to teachers?

Hon. Ms. McLean: I will start the answer and potentially pivot to my colleague for further answers. I will start with the challenges that we are experiencing with teachers on

call and just the overall issues that we have had since the beginning of the school year.

As I have said, effective teachers are one of the most important factors in student success at school, and we work to attract and retain the best educators that we can. Again, I have been meeting with all school councils across the territory. I am very well aware and have my hands on the pulse of what is really happening in our schools and some of the challenges that folks have. I want to assure folks that we are working directly with each school community on the challenges that they may face. Again, I want to thank the administrators, educators, and staff who are working hard for the benefit of our students and all Yukoners.

We certainly have had challenges with teachers on call and ensuring that we have the right amount of resources in our schools. We have, right now — and this may have changed —

Speaker: Order, please.

Mr. Kent: I am not sure if the minister heard what the question was. I asked about rapid testing for teachers, and as a matter of fact, Mr. Speaker, the acting chief medical officer of health told the Whitehorse Elementary School Council last night that, in fact, teachers are eligible for rapid testing. He advised that any teacher who has any symptoms and wants to get tested to go to the COVID testing centre here in Whitehorse, identify to the staff there that they are a teacher, and then they will be eligible for the rapid testing that is available there. The only problem is that it is not only the minister who didn't know, which is common for this minister, but neither did the teachers. As far as we can tell, there has been no communication with teachers that they are indeed eligible for rapid testing. As of noon today, yukon.ca made no mention of this.

So, what is the government doing to make teachers aware that, apparently, they are eligible for rapid tests?

Hon. Ms. McPhee: It is clear that our Minister of Education is having a bit of difficulty hearing you through this process, so I'm happy to stand and take the opportunity to speak about a comprehensive testing strategy that we have here in the territory. It is also clear from the preamble to the question that the member opposite is aware of the answer to the question. It is very important that information was provided last night to parents and teachers through the Whitehorse Elementary School Council meeting. I can confirm that a comprehensive testing strategy will continue to be the foundation of our COVID-19 response as the pandemic evolves and changes almost on a daily basis.

We have indicated — I think I spoke about it yesterday and I know that the Minister of Education has recently — that rapid testing is available as recommended by the chief medical officer of health and their office. We will continue to abide by their recommendations to us. As noted last night to parents, it is available for teachers. I have spoken before about how rapid testing is in fact available when there is an outbreak to schools or to a class for the purpose of making sure that students are safe.

Mr. Kent: This is an extremely important policy decision that the government has made with respect to rapid testing. As I mentioned, the acting chief medical officer of

health told the Whitehorse Elementary School Council last night that in fact teachers are eligible for rapid testing. He advised any teacher to go to the COVID testing centre and they would be eligible to get a rapid test. As I mentioned, though, the only problem is that nobody knows about it. It is one of the best kept secrets in the Yukon. As far as we can tell, there has been no communication with teachers that they are eligible for rapid testing.

I will ask again: What is the government doing to make teachers aware that, apparently, they are eligible for rapid testing? As I said, yukon.ca makes no mention of this. I have not seen a press release, a Facebook graphic, or anything. What is the government doing to communicate this to our teachers?

Hon. Mr. Silver: We have been on our feet here in the Legislative Assembly a few times now saying that there is rapid testing available to all Yukoners. The way that the Yukon government uses that rapid testing is based on the recommendations from the chief medical officer of health.

I am going to say on the floor of the Legislative Assembly, without being there last night to hear what the acting chief medical officer of health said, that I would definitely agree that the best source of how we are doing with testing would come out of that office. I am glad to hear the opposition now finally agreeing with the chief medical officer of health, because we know that they pick and choose when they decide —

Some Hon. Member: (Inaudible)

Speaker: Order, please. The member has the floor.

Hon. Mr. Silver: Thank you very much, Mr. Speaker.

We know that the opposition picks and chooses when they decide that they are going to take those recommendations or not.

To clarify once again, as we have in the past, we do use rapid testing. The way that we use rapid testing is based upon the advice and recommendations from the chief medical officer of health. We try to make sure that we reduce the number of asymptomatic tests, and we also make sure that we use rapid testing to identify clusters and outbreaks — again, all from the recommendations of the chief medical officer.

Question re: Domestic violence support for women

Ms. Blake: The pandemic has seen domestic violence rates skyrocket. From mental health to housing costs, these added challenges can be dangerous to people facing domestic violence.

Across the Yukon, it's women's organizations that respond. They have been helping women and children in vulnerable situations for decades, but women's organizations are struggling too. Even before the pandemic, these essential workers have been chronically underfunded. The minister knows this. She has been told this over and over again directly by women's organizations, and the minister has done nothing.

Will the minister finally listen and increase core funding for women's organizations across the territory?

Hon. Ms. McLean: Thank you very much for the question and for raising this in the House. I absolutely hold up all of the work that our women's organizations do on behalf of Yukoners

each and every day and all equality-seeking groups in the territory.

I am aware that there are requests for women's organizations to increase their funding. I have worked alongside them in the recent months to meet and understand the issues and challenges that they may have, and I will continue to do that, as the minister responsible for women and gender equity. I have been committed to ending violence against women particularly for decades, and I will continue to work with our incredible organizations. I believe that the Minister of Health and Social Services can also elaborate on this answer in terms of funding that is being provided through her department. As well, I know that our department provides some of that funding to those organizations.

Ms. Blake: Mr. Speaker, I have heard from many women and women's shelter workers about major issues with the Yukon Housing Corporation wait-lists. When women reach the top of the list, they get to see the unit that they have been given beforehand. Sometimes that unit doesn't work for the size of their family or for their safety. Women's organizations have said that some women who turn down a unit get to keep their spot on the wait-list while others are kicked off of the list altogether. It is unfair and seems like random discrimination. This is not keeping women safe.

Can the minister explain why some women are kicked off of the list while others are allowed to keep their spot on the Yukon Housing Corporation wait-list?

Hon. Mr. Pillai: Mr. Speaker, to be fair to the people at Yukon Housing Corporation who work extremely hard, especially under the pressures that we have right now with a very large wait-list, I would say, look, until we can ground-truth all of those accusations that were just made — I think those were pretty strong words that were shared in the House. From my understanding — and we do get individuals who reach out to my office, and we then refer those to Yukon Housing Corporation — my experience has been that women fleeing violence — if we do find an appropriate housing option, we do give folks an opportunity to see that. It doesn't always work and, in some cases, we are in a position where we are going to under-house, but we think that, in many cases, it is better than being in a hotel room or another option.

I have not heard that people are kicked off of the list because they didn't accept a unit. We have certainly worked with individuals who want to be closer to grandparents or other supports, and we have worked through that. But again, I have not heard this — those are pretty strong accusations in the House today — not to say that maybe there isn't a case of this. You can always send folks to my office, but I will also respectfully investigate this with the president of the Yukon Housing Corporation.

But, again, that's not the way people operate at that corporation. They are there trying to help folks every single day.

Ms. Blake: Mr. Speaker, it's not just housing that women are struggling with. Across the Yukon, transportation is a huge barrier. When a woman tries to leave a domestic violence situation, she often has no options to turn to. Finding

a safe way to travel from a community to a shelter in Whitehorse is almost impossible. There are no public buses between communities, and many women don't have access to a car. Taxis are unreliable, extremely expensive, and often unsafe. We have been told this repeatedly by women's organizations.

Women facing domestic violence who live in communities are not getting the help that they need to leave. They are stuck in place.

Can the minister tell us what she expects women in communities without women's shelters to do when they need to travel to safety?

Hon. Ms. McPhee: Thank you to the member opposite for the question. It gives me an opportunity to speak on the floor of the Legislative Assembly about the very important services of Victim Services here in the territory. Victims of domestic violence — in fact, any violence across the Yukon — can access supports through Victim Services, transition homes, the RCMP, and other support agencies. Support can be accessed 24/7 from the transition homes in Dawson, Watson Lake, and Whitehorse and no matter where you are in the territory. These services are confidential and operated by trained staff who can support victims to navigate their safety along with that of their children and access to other services, including transportation if necessary. Victim Services can assist with safety planning, exploration of options, assistance to report to police, and access to other support services. These services are confidential and voluntary.

Victim Services is led by the victims. Victims of domestic violence may, in addition to what I have noted today, access legal advice through the independent legal advice program at Victim Services. Victim Services is there for one purpose and one purpose only, and that is to help victims in this territory.

Question re: Pedestrian-activated street lights in Watson Lake

Ms. McLeod: Earlier this year, the Yukon Legislative Assembly unanimously passed a motion that I put forward that urged the Minister of Highways and Public Works to install pedestrian-activated flashing lights at two crosswalks in my community of Watson Lake. The minister himself voted for it and, as I said, it passed unanimously. But in the legislative return dated October 21, the minister said — and I quote: "Based on engineering standards no new pedestrian lights are required at this time." Then yesterday in Committee, the minister said — and I will quote again: "... we are engaging with the community and we are in the process of initiating upgrades."

So, my question is simple: Is Watson Lake getting these pedestrian-activated street lights or not?

Hon. Mr. Clarke: Yes, coming back to the comments I made yesterday in Committee of the Whole, I can confirm that my advice is that — my department officials met with the Town of Watson Lake and they intended to meet with the RCMP and the Liard First Nation with respect to their priorities with respect to upgrades of the road infrastructure in and around

Watson Lake. I also met with the Town of Watson Lake within the last 10 days or so and received their input as well.

Yes, this is the process — to answer the member opposite's question — this is the process of consulting and initiating the upgrades.

The member opposite will have heard yesterday that, during the course of the summer, the department repainted the Watson Lake crosswalks to ensure that they were clearly visible to motorists. As well, the department met with ATCO, as part of a review of Watson Lake's overall lighting infrastructure. The department will be working with ATCO to further enhance street lighting on the Alaska Highway.

Ms. McLeod: So, we just want to make sure that we have this right. In the spring, the minister voted for my motion and the Legislative Assembly passed this motion. Then, in October, the minister wrote a legislative return saying that no new pedestrian lights are required at this time. Then, yesterday, the minister said that he was in the process of initiating the upgrades that he committed to in the motion.

My community would very much appreciate a clear answer on the record today as to when we might see this in future budgets.

Hon. Mr. Clarke: The Department of Highways and Public Works makes decisions on pedestrian safety based on a number of factors, including the criteria outlined in the Yukon street-lighting guidelines. Some of the considering factors are: traffic volume, roadway complexity, pedestrian volume, and collision history.

As the member opposite indicated, the preliminary assessment from the department assessed the need for pedestrian-activated crosswalks for this summer. Based on the engineering standards and the factors that I have outlined above with respect to traffic volume, roadway complexity, pedestrian volume, and collision history, the preliminary decision was that no pedestrian lights were required at the time.

However, we have had these ongoing meetings — as recently as yesterday — with the RCMP, with the Liard First Nation, and with the Town of Watson Lake council — and I met with them also within the last seven to 10 days — and we will receive feedback to confirm what the priorities are for Watson Lake.

Ms. McLeod: Quite frankly, that response was anything but clear. Watson Lake is looking for a clear answer on this. The minister voted for my motion this spring and it passed the House.

I know that the Liberals — especially the Deputy Premier — are developing a tendency to ignore motions in this House, but the least the minister can do today is provide a clear answer. When can the citizens of Watson Lake expect the minister to make good on his commitment when he voted for my motion this spring? When will Watson Lake get the pedestrian-activated crosswalks that the Liberals promised them?

Hon. Mr. Clarke: I would just repeat that the upgrade work has been initiated, the consultation has taken place, and some substantive work has also been engaged in this summer — specifically that the Watson Lake crosswalks were repainted to ensure that they were clearly visible to motorists.

The member opposite will know that the highway infrastructure in the entire Yukon is built to a certain standard; however — as I said — based on the new and ongoing consultation with the relevant stakeholders in the Town of Watson Lake, I will receive that information and make an assessment based on the receipt of that information. The safety of all Watson Lake residents is of paramount importance to this government and we will follow the science and the standards that are set out in the Yukon street-lighting guideline protocols.

Question re: Financial support for parent caregivers of children with disabilities

Mr. Hassard: On October 21 of this year, the Minister of Health and Social Services responded to a petition asking that the government expand the scope of children's disability services to include equal financial support for parents who are full-time caregivers to a child or children with a disability. In her response, the minister said — and I quote: “We recognize the need for equitable inclusion of parents as full-time caregivers and programs that support families with children who live with disabilities. Parents must be central to the scope of options available to them.”

Can the minister update the House as to if the government has expanded the scope of financial support for those who are full-time caregivers to a child or children with a disability?

Hon. Ms. McPhee: I appreciate the question from the member opposite. It was an important day — when we debated that particular motion, I know that family members were present. I can indicate that, following the debate on that motion and the acceptance of that motion, information was provided to the Department of Health and Social Services to expand those services to indicate that families caring for their children could be included in that requirement. That program is an important one for Yukon families here in the territory, including the opportunity for caregivers and respite caregivers to be compensated for caring for individuals who require it due to disabilities here — and families. I don't have an update, other than to appreciate the quote given by the member opposite about exactly what was said here in the Legislative Assembly. I stand by that commitment and I can determine where the department is with respect to the expansion of that program.

Mr. Hassard: The Member for Vuntut Gwitchin tabled the petition on May 31, 2021. That's just over five months ago. Mr. Speaker, we certainly were hoping that, during those five months, the government would have made progress on developing solutions to address the financial hardships that families are facing.

In her response, the minister highlighted that this request is identified in *Putting People First*. Given the rising cost of living and the financial impacts experienced by many Yukoners due to COVID, any actions that can be taken to reduce financial burdens on Yukoners should be prioritized.

After the petition was tabled during the Spring Sitting, can the minister tell this House what direction she gave to her department to assist the financial challenges faced by parents who are full-time caregivers to a child or children with a disability?

Hon. Ms. McPhee: It is my pleasure to be able to address this, as the member opposite has some of the implementation with respect to *Putting People First*. I think I have answered his second question in my first response. The commitment was made.

The quote was put into the record, into Hansard, again. I stand by that quote and that commitment and will determine where — remembering that the Department of Health and Social Services is, on a daily basis, dealing with a COVID-19 world pandemic and, in effect, a now-state of emergency. That does not, in any way, diminish the other work that the Health and Social Services department teams are doing to support Yukoners, but it is a reality that we are all facing.

The *Putting People First* report is a commitment that our government has made to the 76 recommendations in that report, and that has been formed through the mandate of an implementation committee to oversee the report and report twice annually on the progress. We are working on an implementation framework so that Yukoners can see how we are moving forward with the implementation of that important health initiative.

Mr. Hassard: It is positive to hear that department officials are working on a solution but, as I said, it has been five months since this petition was tabled and the rising cost of living in our territory is making it more difficult for families to make ends meet.

Can the minister commit to a timeline on this, and can the minister tell this House and Yukon parents who are full-time caregivers to a child or children with a disability on what date those additional financial supports will be available?

Hon. Ms. McPhee: Thank you very much, Mr. Speaker, for the opportunity to restate that my quote with respect to when this motion was debated is an important one. This initiative has been adopted by the Department of Health and Social Services and the financial support for the families should be and will be available as soon as possible.

Speaker: The time for Question Period has now elapsed.

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

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

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

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

Motion re appearance of witnesses**Committee of the Whole Motion No. 2**

Hon. Mr. Streicker: I move:

THAT from 3:30 p.m. until 5:30 p.m. on Tuesday, November 16, 2021, Al Lucier, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to answer questions related to the Yukon Hospital Corporation.

Deputy Chair: It has been moved by the Government House Leader:

THAT from 3:30 p.m. until 5:30 p.m. on Tuesday, November 16, 2021, Al Lucier, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to answer questions related to the Yukon Hospital Corporation.

Committee of the Whole Motion No. 2 agreed to

Deputy Chair: The matter now before the Committee is general debate on Vote 15, Department of Health and Social Services, in Bill No. 202, entitled *Second Appropriation Act 2021-22*.

Do members wish to take a brief recess?

All Hon. Members: Agreed.

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

Recess

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

Bill No. 202: Second Appropriation Act 2021-22 — continued

Deputy Chair: The matter now before the Committee is general debate on Vote 15, Department of Health and Social Services, in Bill No. 202, entitled *Second Appropriation Act 2021-22*.

Is there any general debate?

Department of Health and Social Services

Hon. Ms. McPhee: Thank you, Deputy Chair. With your permission, I will be standing for part of the address. I'm certainly not disrespectful to you when you are speaking. I will do my best to be up and down, but standing is a little bit easier — if I'm up. I will say it that way.

Thank you very much for the opportunity to address the Legislative Assembly today. I am here to speak about the supplementary budget for Health and Social Services for 2021-22. Before I begin, I would like to introduce the department folks who are here with me today. I am joined by Stephen Samis, who is the Deputy Minister of Health and Social Services, and Karen Chan, the assistant deputy minister of Corporate Services within the department. I thank them both for being here today and for the opportunity to have them with me. They, along with the entire department, have been

instrumental in ensuring that we have a budget here that supports all Yukoners. I want to thank them for their dedication and hard work in getting us to this part of the process.

In this budget, we are requesting a supplemental appropriation of \$22,764,000. This represents a 4.6-percent increase in the overall Health and Social Services budget. This additional funding is required not only for our pandemic response and our ongoing health system transformation, it is also needed for the legislated and required services that we provide to all Yukoners through the Department of Health and Social Services.

Approval of this funding will allow the Department of Health and Social Services to continue to provide essential health and social programs to Yukoners while continuing our response to the pandemic. As we all know, COVID-19 continues to have significant impacts on all Canadians and on all Yukoners. This has been a truly unprecedented time. I appreciate that this word has perhaps, on occasions prior to the last 20 months, been overused. I don't know that we can overuse it in the circumstances that we have all faced since the beginning of 2020.

Since the pandemic began in early 2020, keeping Yukoners safe has been our top priority. While we had cases starting in April 2020, the first significant wave of COVID-19 and a gamma variant hit the Yukon in June of this year, 2021.

We are now experiencing our second wave, and this one is fuelled by the delta variant. This is our most serious wave yet. Last week, the Yukon was seeing the highest COVID-19 infection rates of any jurisdiction in the country. I think that it's incredibly important that this sets the context for our conversations going forward with respect to this supplemental budget, but also with respect to all of the questions that we are faced with in this Legislative Assembly — members on both sides of the House — in trying to protect Yukoners. It is all of our responsibility to do so.

We currently have 164 active cases in the territory as of November 15. Actually, that number was probably adjusted this morning, so as of November 16, 2021.

Clearly, we need to take action to flatten this curve and to protect the health of Yukoners. On November 8, the Government of Yukon declared a state of emergency to allow for new temporary measures aimed at rapidly decreasing the transmission of COVID-19 and ensuring that the territory's health care capacity is not overwhelmed.

Ministerial orders under the *Civil Emergency Measures Act* came into effect on November 13, just two days ago. It is our hope that together these measures act as a circuit breaker that will greatly reduce our infection rates. As always, our pandemic response is guided by the advice of the acting chief medical officer of health. Our response is also guided by *Forging Ahead: The Yukon's Continuing Response to COVID-19*. The goals of this guiding document are to protect vulnerable populations and enhance the well-being of Yukoners. These goals are supported by six pillars that guide our ongoing response. These pillars are: supporting First Nation and community partnerships; vaccinations; testing and surveillance; surge capacity; social supports for vulnerable

people; and public health measures. Through the supplemental budget, we are asking for further resources to continue our efforts under each of these six pillars.

The total request for this supplemental budget for COVID-19 is \$10,674,000. This is in addition to the mains budget for COVID-19, which was \$14,299,000, for a total of \$24,973,000 to COVID response. The total recoveries related to COVID-19 identified in this supplementary budget are \$10,674,000. So, the total recoveries match the request in this supplementary budget. This is in addition to the mains budget of recoveries of \$5,534,000, for a total of \$16,208,000 in recoveries.

The proposed allocations related to the pillars for the supplemental budget are: \$1,500,000 for vaccinations; \$256,000 for social supports for vulnerable people; and \$8,918,000 for public health measures. Further to these efforts, we continue to support the Yukon Hospital Corporation's COVID-19-related financial needs. Within the COVID-19 allocation of \$24,973,000, the hospital allocation is \$4,363,000 for logistics, policy, infection control, screeners, emergency department, lab supports, and other efforts — all at the hospital.

In the months ahead, we must continue to provide a robust testing regime, vaccines for all who are eligible or want them, necessary social supports, and self-isolation options. Our territory-wide vaccination efforts continue to be our best defence. Evidence shows that raising our vaccination rates even by a single percentage point helps to reduce the risk of breakthrough cases for the fully vaccinated, as well as risk of community transmission. I continue to urge all Yukoners to get vaccinated. Every additional person who chooses to get a vaccination helps to protect us all. We are now providing booster vaccinations, and we expect to be providing vaccinations soon for children under 12.

For the Department of Health and Social Services, protecting and enhancing the well-being of Yukoners during a global pandemic has been both challenging and expensive, but thanks to the dedication and hard work of all of our front-line health and social support workers — from doctors and nurses to continuing care staff, personal support workers, mental wellness workers, NGOs, and cleaning staff — we have continued to offer the services and supports that our citizens rely upon.

Our vision of healthy, vibrant, sustainable communities continues even during the global pandemic. In addition to all of our efforts combatting this pandemic, which I will outline in a bit more detail, we have continued moving forward with *Putting People First — the final report of the comprehensive review of Yukon's health and social programs and services*.

While COVID-19 is testing our resilience, and I daresay our patience, we have accomplished a great deal and will continue to make progress.

For COVID-19 specifically, the department is requesting \$10,674,000. This includes a significant request of 87.3 FTEs, or full-time equivalents, to support our efforts. This is needed because, ultimately, this work is done by people, and we need people to continue with our response. It is the screeners, the nurses, the greeters, the social workers, the testers, the

immunizers, the rapid-response teams, and the public health experts across the territory who are keeping us safe.

Without the necessary health and social services professionals, we cannot meet the needs of Yukoners. Given the shortage of available human resources across the country, this is a challenge, but we will continue to work hard to attract and retain the required professionals.

These funds will be used in part to continue our ongoing efforts to provide the COVID-19 vaccine to all Yukoners who wish to receive it. We also expect that Health Canada will soon approve a vaccine for children between the ages of five and 11. We are ready to administer these vaccines when the time comes.

Funds will, of course, be used to support the acting chief medical officer of health in monitoring the environment, including assessing epidemiological models and providing recommendations to Yukoners, all of which are vital to combat this virus.

As mentioned, effective testing is also crucial to prevent community spread. We plan to continue operating the COVID-19 testing and assessment centre in Whitehorse, as well as our rapid-response teams in rural communities. In addition, we recently reopened our drive-through testing centre to support the current increased need. The human resources to meet these needs include nurse practitioners, nurses, administrative support, greeters, and cleaners.

Given the fact that influenza season is now upon us, vaccination is especially important at this time. Influenza and COVID-19 both cause serious respiratory illness. The combination of both diseases could be life-threatening, especially for vulnerable people. We are seeking funding to allow us to continue our COVID-19 vaccination clinics, which also administer flu shots here in Whitehorse. Community nursing will continue to hold COVID-19 vaccination clinics in communities across the territory. Funding will support the hiring of auxiliary-on-call nurses, greeters, cleaners, and administration staff to support these clinics. I would like to add here that we are so appreciative of our pharmacists who have offered — and will continue to offer — flu vaccines throughout the territory.

As I mentioned earlier, supports for vulnerable populations are a key pillar of our response. Our vulnerable populations include Yukoners living in our continuing care homes, people living with disabilities, those on social assistance, or those who are precariously housed or homeless. Due to the size of this population and the number of 24/7 facilities that the department manages, some of our additional funding continues to be spent on cleaning and screening to ensure that we comply with best practices and the recommended guidelines from the office of the acting chief medical officer of health.

Continuing Care has approximately 300 long-term care beds and more than 700 home care clients across the territory. The Whitehorse Emergency Shelter and its guests also continue to be greatly affected by the pandemic. We are mitigating the transmission among this vulnerable population through enhanced cleaning and infection control measures and the implementation of social distancing measures. For example, the

department continues to contract with local hotels to house clients who are unable to be accommodated at the shelter due to the physical distancing requirements.

In addition to responding to COVID-19, there is also an additional \$1,280,000 for social services supports. This includes \$650,000 for Connective, formerly known as the John Howard Society Pacific, to operate the Housing First residence on Wood Street. This residence provides housing for people who are experiencing homelessness and who may require support due to mental health or substance-use challenges.

Additionally, there are funds to meet increased demand for the Yukon seniors income supplement. It also includes funding for increases in individual respite agreements and for two additional full-time disability service social workers as a result of increased caseloads.

The pandemic has also had an impact on Canada's other ongoing public health crisis: opioid poisonings and deaths. As we all know, the Yukon has felt the impact of this other pandemic. Since 2016, there have been 47 deaths related to opioids, of which 33 deaths included fentanyl. This supplemental budget includes 3.5 full-time equivalents, or FTEs, and operational funds for the Whitehorse supervised consumption site, which has been open since September 29 of this year. This new initiative is about harm reduction, and we are confident that it will save lives.

To get our much-anticipated midwifery program up and running, we are seeking approximately \$672,000. This includes funding for equipment and the funds to hire two midwives and part-time support staff. This supplemental budget request includes significant funding that is recoverable from the Government of Canada. This is important information for Yukoners. For example, there is a \$2,438,000 adjustment to carry forward funds from the territorial health investment fund that was not spent last year. These funds support innovation and transformation, including implementing *Putting People First* initiatives, and are 100-percent recoverable from the Government of Canada.

There is also \$3,769,000 for 1Health, Yukon's new electronic health information system. Once fully implemented, the integrated health information system will connect health care settings across the Yukon. This will increase access to care and improve the delivery and coordination of care for Yukon patients. Of that amount, more than \$2,310,000 is fully recoverable from Canada Health Infoway. There is also a proposed increase of \$1,300,000 to support cultural events and activities for First Nation children in out-of-home care and cultural programming for their families. Of this proposed increase, \$1,200,000 is recoverable through Crown-Indigenous Relations and Northern Affairs Canada.

A significant component to our ask today is the addition of 97.8 FTEs, or full-time equivalents. The majority of these — 87.3 — are part of our COVID efforts; the remainder support our essential health and social services programs. I truly understand that this is a significant increase, but it is important to note that we cannot deliver services and supports to Yukoners without the people to do this work to provide these services. COVID-19 testing, vaccinating, rapid response,

screening, contact tracing, and support for Yukoners who are vulnerable all require our most precious commodity: human resources.

I want to note that the COVID-19 FTEs — or full-time equivalents — are all temporary at this time, as the department assesses the need for resources to manage the ongoing COVID-19 pandemic.

In conclusion, Deputy Chair, I would like to recognize that while we have a large budget, we spend our funds judiciously and are accountable to Yukoners and are always mindful that we are spending taxpayers' dollars to provide them service. I would like to thank all members of the public service who serve Yukoners through the Department of Health and Social Services with confidence and compassion. Everything that we do within the Department of Health and Social Services is done to maintain and improve the well-being of Yukoners.

I will be pleased to answer questions about this important work that is currently underway and the information that is contained in the supplementary budget for 2021-22. I appreciate the opportunity to address the Legislative Assembly.

Mr. Cathers: In rising to speak to this budget request as the Official Opposition critic for Health and Social Services, I do have questions about a number of areas, including the government's response to the pandemic. Because of the time we are at today, I am sure I am not going to get to most of my questions. I do want to begin by thanking people who are working hard in the pandemic response in the territory — whichever department or corporation they work for — as well as doctors and others who do not work directly for the government.

Before going into questions about the pandemic, I do want to begin with another important issue, which is Yukoners who do not have a family doctor. Thousands of Yukoners don't have a family doctor now. The minister herself has confirmed in the House this fall that 21 percent of Yukoners don't have a family doctor. The Liberal government at times seems interested in phasing out family medicine instead of recruiting doctors. They cancelled the position that was in charge of physician recruitment. We have called for them to reinstate it, but no action has been taken.

In contrast, the government — this year alone — in the minister's Department of Health and Social Services, has added 169.8 full-time equivalent positions. The minister just told us that she was adding 97.8 this fall. That is on top of the 72 that the minister told us that they were adding in the spring — which, for your reference, is found in Hansard on page 242 from May 26, 2021. They found the resources to add almost 170 new positions, but not one to help attract family doctors to the Yukon.

The website that used to be for physician recruitment has now been watered down to a generic health care page, with the first mention of physicians way down on the page after nurse practitioners, medical office assistants, and health care managers. In contrast to those positions that I just cited — as I'm looking at the website right now — on every one of them, they are highlighted and there's a link to click for more information. It is not until well down the page that there is any

mention of physicians. Nowhere is there anywhere to click for information.

So, it doesn't seem that this Liberal government is even going so far as to phone it in on physician recruitment. We see no evidence that they are doing more than paying lip service to this very important issue that is affecting over one fifth of Yukoners. So, on the issue of the physician recruitment position — I begin with a question for the minister about that part: Will they reinstate that position?

She found the resources to add just under 170 new other positions this year, but we see no action on this important role. The minister has talked a good line in claiming that they are collaborating and recruiting, but we have yet to see evidence of that. Can the minister provide any evidence of what — if anything — the government has done to continue physician recruitment at conventions, graduations, et cetera and to actually make a serious concerted effort to recruit family doctors to move to the Yukon and stay here?

Stepping back to when I was Minister of Health and Social Services — when I took on that role, we had a shortage of family physicians and we worked with the Yukon Medical Association as well as with the Yukon Registered Nurses Association and other stakeholders to establish the health human resources strategy that was intended to increase our access to family physicians and other health professions, and it was effective in doing that. It had several components, including the family physician incentive program for new graduates to recruit recently graduated family physicians who had graduated from a Canadian university to the Yukon by providing financial incentives in return for a five-year commitment to live in the territory and provide services.

Now, in checking out the Yukon Medical Association's website, there is mention of that program — though it's under a different name, it's the same program — but on the government website, nothing is easily found. I gave the example of the page that used to be yukonmd.ca that has been watered down to a generic health care page that buries any mention of physicians. In looking for information about the family physician incentive program on the government's website, nothing was easy to find. If that information is there, it is certainly well-buried. On yukon.ca — as if I were someone interested in moving to the territory — I tried searching for words such as “physician recruitment” and “physician incentives”, but the results that came up said nothing about it. Unless it's very well-buried in the list of unrelated pages that came up, the information does not seem to be there.

So, my question to the minister is: Is that program still in effect?

Does she even know? What about the preceptor support program? If those programs are available, what is the current amount of the incentives? When were the last new applications? When did the government last provide someone with support under these programs?

If the government and the minister are actually trying to encourage family doctors to move here, step one is to actually encourage them and make it easy for them to find information about incentives as well as actively take action to go out to other

parts of Canada and try to encourage family physicians to move here, as the government used to do.

In 2006 when I was Minister of Health and Social Services, we established the medical education bursary, which assists Yukon students who are receiving education at a Canadian institution as a physician. Fifteen years ago, when we launched it, the program provided \$10,000 per year per student in supports. In 2012, I believe it was, we increased that program to \$15,000. Now, according to the government's website this morning, we see that it has been cut to just \$5,000 per year, which is half of what it was 15 years ago. It is capped at providing support for just four years of medical school and a maximum amount, per Yukon student, of \$20,000, and it's capped at four students per year. That doesn't make sense. If family physician recruitment and training Yukoners in health professions is a priority, spending just \$20,000 per year on medical education bursaries, when over one-fifth of Yukoners don't have a family doctor — well, the minister and this government have their priorities wrong.

The Minister of Health and Social Services' department has a budget of almost half a billion dollars. In comparison, just \$20,000 a year — a maximum of \$20,000 a year — is being spent on assisting Yukoners who are trying to become trained as doctors. That doesn't make sense.

I would urge the minister, when she rises, to commit to increasing these bursaries, as well as to working with the Yukon Medical Association to look at what incentives and bursaries should be in place to attract family physicians to move here and to keep them here, as well as encouraging Yukoners who want to become educated as doctors.

As I noted, at the very least, it's an obvious step in the right direction that this program should not provide just half the support it did to Yukoners becoming educated as a family physician 15 years ago. Costs have gone up across the board. That includes the cost of tuition and going to medical school. If the government is actually serious about increasing the number of family physicians in the Yukon — and certainly one-fifth of Yukoners would like to see the government doing more to get family physicians here because they don't have one.

The government has significantly increased the resources for the department. I apologize that I misspoke earlier. I said that the minister's department has almost half a billion dollars. In fact, with the increases in this supplementary budget, the resources for the Department of Health and Social Services are over half a billion dollars, yet they are spending a measly \$20,000 on the medical education bursary program. Any of the other supports that may be there for government are certainly not well advertised. As another step, in addition to re-establishing the family physician recruitment position, the government could actually start taking action to promote the fact that we want family doctors to move here to the territory.

Switching gears, I would like to talk about immunization. We appreciate that people are working hard on the COVID immunization program. We are pleased that the government did take the step, as we called for, in providing third shots for COVID vaccinations — the booster shots — to Yukoners, which are now available for people aged 50 and up. We have

called for them and, again, I would reiterate the call to do as some other provinces such as British Columbia have done and announce the dates for when those shots will be available to Yukoners aged 18 and up. Health Canada, as the minister should know, has approved the use for ages 18 and up.

I do appreciate that staff are working very hard on the COVID immunization program and that there is only so much that they can do, but we are concerned that the government has suspended other important immunizations because of this reallocation of resources. Multiple parents and grandparents have contacted us with concerns about the suspension of childhood vaccinations. We have also heard from adults unable to get shots such as tetanus. Travel vaccinations are also impacted. In one case, while the information being provided to others may vary, I heard from one Yukoner who was told that the childhood vaccinations that were necessary would not be made available until January. That is concerning for parents.

There is a solution. We have heard from pharmacies that there is an interest in providing more of these vaccinations, including travel vaccinations.

We appreciate that the pharmacies are right now offering flu vaccinations and, of course, doing so quite well. So, why isn't the government working with pharmacies to have them step in while the government's resources are tied up, dealing with COVID vaccinations, and have pharmacies start making childhood vaccinations and travel vaccinations available to Yukoners? Again, recognizing that pharmacies are private businesses and might choose not to do so, but based on our conversations with them, they have indicated an interest in the travel immunizations in particular. I would anticipate that, if the government were to approach them about childhood immunizations, they would very likely also be willing to take up the slack in that area and provide this important service.

So, again, to the staff who are doing this service, I want to make it clear that we are certainly not criticizing them. We recognize that some of them are working flat out right now, but I am criticizing the decision by the minister and the government not to do more in this area. The suspension of these other immunization programs for children, as well as for travel and adult vaccinations for important shots such as tetanus, is a serious issue, and we would like to see the government actually do more in this area and work with pharmacies to make these shots available.

Will the minister agree to do that?

Hon. Ms. McPhee: I am pleased to be able to stand to speak about the topics introduced by the member opposite.

First of all, before I speak about the physician recruitment and retention plans and the work that is underway, I would like to say that our government considers the priority of recruitment of nurses and nurse practitioners and all health care professionals — but in particular nurses, nurse practitioners, and physicians — all to be of paramount importance.

I can address the concept of a physician recruitment position in particular as noted by the member opposite. I should be clear that the position was not cancelled. The person left the position quite abruptly and with not much notice.

As a result, an assessment has been ongoing with the Yukon Hospital Corporation and the Yukon Medical Association and other physicians about whether or not that physician recruitment position and re-staffing that position is the most effective way of moving forward with respect to the important issue of recruiting physicians here in the territory and retaining them once they are here.

We are working with the Yukon Medical Association on that topic. I should note that, of course, just at about that time when the person left that position, it was the beginning of the pandemic. Again, it's not noted as an excuse but as a reality in what have been shifting priorities and opportunities here in the territory when we are focused on keeping Yukoners safe.

For the past 20 months, for an example, one of the things that was noted by the member opposite is about going to conventions and trying to recruit doctors, nurses, and nurse practitioners through that process. Of course, for the most part, nobody has been going to conferences in the last 20 months. The ability to recruit and retain physicians, nurses, and nurse practitioners needs to be adjusted, quite frankly. We are working with our partners here, including the Yukon Hospital Corporation and the Yukon Medical Association, to make sure that the opportunities and the road that we go down will be the most effective in order to retain physicians.

We have provided financial funds to the Yukon Medical Association, and they reimburse for a variety of physician recruitment and relocation supports. That's an important factor in having doctors come here.

I'm going to get some additional information if it's at all possible. I will speak about the bursary in a moment.

I want to note that family physicians here in the territory recognize this also to be an important opportunity and an important priority for them. They work with the Yukon Hospital Corporation to provide physician support and physician authorities to operate here in the territory.

I have had many conversations with family physicians here in the territory, seeking their advice for solutions. I know that we can work together to make sure that those solutions are effective and we are working to determine how we can work together to provide further services to Yukoners.

I don't want to get into the details of the math, but the member opposite has noted that 72 FTEs were in the spring mains budget with respect to responding to COVID, and 87 are noted here. Certainly, some of those positions will be the same positions because they were temporary and these ones are temporary. So, without getting into adding the two numbers together, I can assure Yukoners that some of those positions will in fact be the same.

The *Putting People First* report, as noted, indicated that approximately 21 percent of Yukoners do not have access to a family physician. Our government is aware of some local physicians — one in particular — having closed their primary care practice and the importance of that role — that place for Yukoners to get service and the effect that this has on the rest of the practitioners.

The pandemic has significantly impacted our ability to recruit nurses, physicians, and other care providers and there is

currently a national and global shortage of health care workers. I will say that it is different, perhaps, from the one faced by the member opposite back in 2006, but we have continued to recruit through national and online forums and supplemented staff with agency nurses and out-of-territory resources. We certainly don't want to continue that indefinitely, and nor do the nurses, the nurse practitioners, and the physicians. They want to explore their options here in the north; they want to be able to come to work here and provide a life here for themselves.

In 2019, we started a "find a doctor" program and since that time have matched 1,048 Yukoners with a physician through that program. We have expanded access to virtual care alternatives and continue to explore those, to happen in the very near future. We have increased the number of resident pediatricians, psychiatrists, and surgeons.

As we implement *Putting People First*, we are working to hire additional nurse practitioners and we are meeting with the Yukon Medical Association to address that issue, as well as physician recruitment and retention.

We are also moving forward with the creation of a bilingual health centre, which will be open in early 2022. This primary health care setting in Whitehorse is expected to reduce some of the issues and pressures on the primary health care system.

I think that it is important to note that, according to the Canadian Institute for Health Information and the National Physician Database in Canada, there is an average of 173 resident physicians per 100,000 people in the fiscal year 2019-20. Comparatively, in the Yukon, we have 221 resident physicians per 100,000 people during that 2019-20 fiscal year. Of course, this is a statistic. We still know that about 2,000 Yukoners still do not have access to a primary health care physician. But there are — like all complex problems — a number of ways to address that. That is why I mentioned nurse practitioners and nursing, because there need to be additional ways of doing so. I will come to that in just a moment.

The Department of Health and Social Services has been exploring — in addition to the primary health care services that are provided across the territory, we have been exploring opportunities to contract nurse practitioners to serve some existing clinics. Additionally, work is underway to expand — as I said — our virtual physician services. The department has also been working to assess options for working with a professional recruiter — as I said earlier — to determine whether or not that is the best route for filling the physician recruitment position. Again, we will take advice from the medical professionals and those in the territory who can help us with that. That work is ongoing. This is a critical issue — individuals having primary health care and supporting our physicians, our nurses, and our nurse practitioners in the field are absolutely essential to providing good experiences, both for those professionals and for Yukoners.

I think I will stop there with respect to the response to that particular part of the question and move on to the issue of immunization.

As noted — with respect to the member opposite's question — the member opposite asked about childhood

vaccines, immunizations, travel, and tetanus. I think that there are a couple of important parts here to note. One is to note, certainly, the suggestion that we work with pharmacists to deliver some of these — that is in fact what's happening. Conversations are happening as we speak — well, perhaps not this afternoon, but as we speak — with pharmacists to determine their interest — as the member opposite noted, they are private businesses — but their interest in delivering some of these vaccines. They have certainly been supportive of delivering the flu vaccine and it has been an amazing partnership to do so. Pharmacists are not able to provide vaccines to children under the age of five, so some childhood vaccinations, of course, need to be delivered through the regular immunization programs. Right now, that is provided at the vaccination centre here in Whitehorse.

We have worked with the acting chief medical officer of health on a prioritization of vaccines and working with the pharmacists on what can be done with them — as I said, though, not for children under five. We did have to defer some childhood vaccines in the last number of months, but we are catching up when and where we can.

Tetanus shots are available in the emergency department if it is urgent for people when they are injured, or they can also be available by appointment at the Whitehorse Health Centre. The chief medical officer of health has given guidance on the delivery of vaccine services since early in the pandemic and vaccines have been prioritized based on that list. We are asking the acting chief medical officer of health to look at that list again now that we are entering — and they have been reviewing over the period of the pandemic, but we are asking for them to review it now to determine the priorities now as we go forward. Some vaccine requests have been available on request — like for someone who is travelling. Not that long ago, we had a case of someone who was moving out of the country and clearly needed to have certain vaccines to do that.

Sorry, I was talking about the CMOH providing their guidance, and we just had a new list delivered yesterday. I have not yet looked at it, but I'm happy to take a look at it and determine whether or not we could even table it here in the Legislative Assembly to provide that information to Yukoners.

I should also note that, in the category of individuals who require certain vaccines — and while they certainly haven't all been cancelled, there has been a prioritization — with the list from the acting chief medical officer of health and before that the chief medical officer of health — throughout the pandemic to determine what priorities could be given to those immunizations. We have been clearly making them available to people going on humanitarian efforts and those requiring special appointments for things like travel vaccines and — as I said — in the one case of someone moving away. We have been providing those through the vaccination clinic and Whitehorse Medical Services. I think I have noted this already — the CMOH has given guidance on prioritization of vaccines. I received the new list yesterday. I will review it with the department officials and the acting CMOH office and see if we can table it for individuals here in the House and also for the benefit of Yukoners.

Mr. Cathers: I would just note that — in the area of vaccinations — unless something has changed recently, appointments for vaccinations such as tetanus shots — actually, specifically tetanus shots — were not available by appointment at the Whitehorse Health Centre. I had a constituent who called and they were told that the program was not available because of the COVID response. For under the age of five, my understanding — from talking to health care professionals — is that it is possible for pharmacists to receive the appropriate training so that they can administer shots for children under the age of five. It was indicated to me that this is available through an online module. I would actually urge the minister to take a look at that.

I would note that — on the issue of physician recruitment — if you don't make physician recruitment a priority, Yukoners will continue to suffer the consequences. The government certainly does not seem to be trying very hard at all — and even the minister's remarks today seem to be pivoting to talking about nurses and nurse practitioners instead of recognizing the importance of recruiting family doctors. While those other professions are quite important of course, there is a need for family doctors. Over one fifth of Yukoners are without a family doctor.

I am going to move on to the area of hospital funding. As the minister knows, it has been chronically neglected under this Liberal government — including the fact that the Hospital Corporation literally entered a pandemic with the hospital being short millions of dollars of core funding for the 2019-20 fiscal year. That is not just me saying it — as the minister should know, the Hospital Corporation's own annual report for 2019-20 says it. On page 15 of that 2019-20 annual report, it shows that, for the fiscal year that ended as we were in a pandemic, the hospital was short \$3.9 million in funding. The hospital's 2020-21 annual report is now public and, once again, Deputy Chair, there is a multi-million-dollar deficit at the end of the year. I would encourage anyone who doubts that to look at the hospital's own annual report.

In their annual report for the fiscal year which ended in March of this year, we see that total expenses for the hospital are listed as \$103.6 million on pages 17 and 18 of the annual report, with revenue at only \$99.6 million. I am going to repeat that: \$103.6 million in actual expenses at the hospital and revenue of only \$99.6 million. That is another \$3.9-million funding shortfall for the hospital in another year that they were in a pandemic, and that is according to the hospital's own annual report — as well as, of course, reflected in their financial statements — both of which the minister herself tabled in the Legislative Assembly this fall. So, a \$3.9-million funding shortfall for the hospital — how does the minister consider this acceptable?

Last fall, one of the witnesses described the corporation's core budget as "approximately \$92 million". The transcript of that can be found in Hansard, November 19, 2020, on pages 1969 and 1970. According to the minister herself — this Sitting, on November 2 — she told us that there is \$85.761 million in the O&M budget for the hospital, in a supplementary budget. Deputy Chair, that is a \$6.2-million

drop from what the CEO of the Yukon Hospital Corporation described as the hospital's core budget last year when he appeared in this Assembly. We are in a pandemic. How does the minister consider this continued underfunding and continued neglect by this Liberal government for hospitals acceptable?

Again, the total expenses for the hospital in their annual report ending this March were \$103.6 million. They ended the year in the hole. This year, the minister is giving them only \$85.76 million in O&M. That is \$17.8 million less than their total actual expenses for last year. There is a bit of capital in that, but even comparing total funding in the supplementary to last year's actual, that is a \$10-million drop in hospital funding. How does the minister consider that acceptable?

Hon. Ms. McPhee: I look forward to providing the information about the Yukon Hospital Corporation's consolidated financial statements. I actually spoke to this earlier and will take just a moment to find my notes with respect to that.

The Yukon Hospital Corporation is a priority with respect to the Yukon government and the funds that are provided for its operation are absolutely critical to the operation of health care here in the territory. It's the place that individuals who are missing primary health care opportunities often go, as we know. We work closely with the Yukon Hospital Corporation to make sure that they are — sorry, I can't find the note on that page in the speech I just gave here in the Legislature; perhaps one of my colleagues can locate it for me. I did make reference to the Yukon Hospital Corporation's financial situation. We work closely with the Yukon Hospital Corporation to ensure that their budget reflects their expected needs for the year.

We meet with the Yukon Hospital Corporation regularly to assess their funding needs. The Yukon Hospital Corporation shows a deficiency of revenues over expenses of \$4 million. This deficiency, or this deficit, is a consolidated value and is made up of non-cash actuarial pension adjustment and increase in vaccine liability due to COVID-19 travel restrictions and a two-year non-cash depreciation of capital asset adjustments.

I am pleased to be able to speak about this information here in the Legislative Assembly because this is our supplemental budget debate. The hospital follows the Canadian public sector accounting standards and the Auditor General of Canada, and their records are audited by the Auditor General of Canada. The audited financial statements also indicate that the hospital had over \$2 million in cash at the end of the year. The supplemental estimates, the ones that we are discussing here — in the first supplementary estimates for 2021-22, we are providing the Yukon Hospital Corporation with \$85.8 million to meet their expenses. The amount of \$85.8 million is the revised estimate for 2021-22, which includes \$206,000 in additional funding to cover interest payments on the letter of credit to meet the Yukon Hospital Corporation's pension solvency needs.

Between the 2021-22 mains and the *Supplementary Estimates No. 1*, there is a total of \$4.4 million identified within the overall COVID-19 response budget for the Yukon Hospital Corporation. For the 2020-21 mains to the 2021-22 mains, there is an overall increase of five percent, or \$4.2 million, and this

includes an increase in core funding of four percent for growth and cost-of-living adjustments with respect to the Yukon Hospital Corporation.

I note the time, Deputy Chair, and I look forward to being able to continue giving information about the Yukon Hospital Corporation's funds, but I also note that we are about to have those individuals responsible for the Yukon Hospital Corporation here as witnesses. I look forward to the opportunity for individuals to ask them questions here in the Legislative Assembly. As such, I move that you report progress.

Deputy Chair: It has been moved by the member for Riverdale South that the Chair report progress.

Motion agreed to

Deputy Chair: Pursuant to Committee of the Whole Motion No. 2 adopted earlier today, Committee of the Whole will receive witnesses from the Yukon Hospital Corporation. In order to allow the witnesses to take their places in the Chamber, the Committee will now recess and reconvene at 3:30 p.m.

Recess

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

Appearance of witnesses

Deputy Chair: Pursuant to Committee of the Whole Motion No. 2 adopted on this day, Committee of the Whole will now receive witnesses from the Yukon Hospital Corporation.

I would ask all members to remember to refer their remarks through the Chair when addressing the witnesses. I would also like to ask the witnesses to refer their answers through the Chair when they are responding to members of the Committee. The Member for Riverdale South will introduce you as witnesses.

Witnesses introduced

Hon. Ms. McPhee: I would like all of my colleagues to welcome this afternoon the witnesses whom we have to present to the Legislative Assembly. They are: Al Lucier, the chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, who is the chief executive officer of the Yukon Hospital Corporation. I thank both of you for being here this afternoon, and I look forward to the questions by Members of the Legislative Assembly.

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

Mr. Lucier: Thank you, Deputy Chair. I would like to thank you, the Hon. Minister McPhee, Members of the Legislative Assembly, and all Yukoners for the opportunity to speak on behalf of Yukon's hospitals today. I will take only a few minutes to highlight some of our recent priorities.

My name is Allan Lucier, as the minister has alluded to, and I am honoured to be the chair of the Yukon Hospital Corporation. With me today is Jason Bilsky, the chief executive officer of the corporation. It is a privilege to work and represent a dedicated team that delivers safe and excellent care to

Yukoners 24/7. Our hospital's board of trustees includes representatives from across the territory, including Yukon First Nations, medical staff, the public service, and the public at large. We support and oversee the hospitals' skilled and diverse team of nearly 700 employees, a medical team of 100 physicians, and dozens of volunteers. These teams provide the very best acute hospital care while also delivering critical health services, like imaging and lab tests.

They are proud to be partners and allies with everyone who works in our health system. They are also committed to ensuring that you have the best care that you need and a positive and healthy hospital experience. The past 20 months and the pressures of the pandemic have made it clear that close collaboration in the delivery of health care is more important now than ever before. We can't succeed without working collaboratively to ensure that Yukoners are well cared for in hospital, at home, or elsewhere in the territory. Physicians, governments, First Nations, and community agencies are all vital and valued partners in the shared duty and journey to care for Yukoners.

The past year is one of unprecedented challenge and change for our territory, our hospitals, and our way of life, and tragically, we are not without loss. All Yukoners have been impacted by the pandemic, and some of our most vulnerable communities were hardest hit as traditional ways to gather and access supports have been changed or limited. Pandemic pressures have also intensified our efforts to be prepared for the potential sudden increases for the need of our hospital services in the case of a serious outbreak.

Our teams have shown incredible dedication and resilience during this period, and we know that this has been especially difficult and stressful for our health care workers. Our teams have risen to the challenge. We continue to adopt our policies, protocols, and the communications that we use to keep everyone safe and informed. We will continue to take every necessary step to ensure the safety of the patients, the people, and our communities.

We have worked closely with community, government, and health system partners to make sure that we have the information and the critical supplies and equipment that we need to safely provide for every Yukoner who needs it. Unlike other parts of our country, our hospitals have avoided wide-scale shutdowns of services, procedures, or tests.

On a people front, as northern, remote hospitals, we sometimes struggle to recruit and retain skilled staff that we need to sustain hospital care. We are all aware of this.

While we have made some success in adding and recruiting staff, making sure that our hospitals have the right staffing in place requires ongoing effort each and every day. This is especially the case when we are focused on specialized and technical positions.

On a patient front, after several years of being overcapacity, the last two successive years have seen lower levels of occupancy in our hospitals. These results are in large part due to a more effective relationship with our government partners to better manage patient flow, ensuring that people are in the appropriate setting at the appropriate time.

During the last 18 months of pandemic, we have seen ebbs and flows in people seeking hospital care. This might be attributable to people avoiding or waiting to access care.

While we anticipate that patient volumes will return to, or exceed, their previous pace, I would like to remind all Yukoners that our hospitals remain safe places to access care.

Despite our unprecedented year, we have —

Chair: Order, please. The time for opening remarks has now elapsed.

Before we begin questions, I would ask the witnesses to make sure that I call you before you start speaking. That is important for Hansard so they can keep an accurate record. Just get my attention and I will call your name. Also, please indicate when you are finished speaking so I can move on to the next person. It is trickier without the standing up and sitting down to indicate.

At this point, I will turn it over to the members for questions.

Mr. Cathers: Beginning my questions as the Official Opposition critic for Health and Social Services, I would like to begin by thanking Mr. Lucier and Mr. Bilsky for appearing here today. I would also like to acknowledge the former chair, Brian Gillen. I understand that the handover took place this summer. I would like to thank you gentlemen, as well as the board of trustees, for the work that you do on behalf of Yukoners. Please pass my thanks, as well, to the Yukon Hospital Corporation, the management team, as well as employees and medical staff for the work that all of you do to provide high quality hospital care and services to Yukoners when we need it.

Our health care system depends on the Yukon Hospital Corporation, and the work that you do is vitally important to the Yukon, and it was greatly emphasized during the pandemic as well. We know that meeting the health care needs of our territory is a challenge at the best of times, and the pandemic has placed substantial additional strain on hospitals. So too has the shortage of family physicians, as over 2,000 Yukoners are without a family doctor and have to rely on the emergency room when they need to see a physician.

The minister has told us that 21 percent of Yukoners don't have a family doctor, so my question for the witnesses is this: Of the visits to the emergency room by Yukoners within the last year, or the last number of months, are the witnesses able to tell us how many of those visits or what percentage of those visits could have been avoided if the patient had a family physician?

Mr. Bilsky: Let me start by saying that emergency department volumes have fluctuated due to the pandemic in 2019 and the year following. We saw a slight drop from an average of about 34,000 to 35,000 visits down to about 31,000 to 32,000 visits in 2020. Those volumes have since increased, closer to where they were the prior year.

This makes it difficult to judge or to assess the impact of the closure of the walk-in clinic. While the volumes have decreased with people selectively accessing the emergency department, the emergency department has been challenged by acuity, ongoing COVID-19 challenges, staffing challenges due to a national nursing shortage, and changes in how they

complete and document work through the 1Health going live. I must stress that any person who is feeling unwell and wishes to seek medical care should be able to seek care. In the absence of any other option, it is appropriate for those persons to be seen at the emergency department.

We estimate that roughly between five and 10 percent of emergency department visits could be supported in another care model. On average, the conditions best managed elsewhere over the last several months have been relatively stable — approximately four to five percent — although from July through to August, they rose approximately to six to eight percent. Again, those are patients who could better be seen elsewhere.

Mr. Cathers: I appreciate the answer. Last year, the CEO indicated that, during the pandemic, "... non-urgent medical imaging work wait times have suffered."

Could you please provide us with an update on those medical imaging wait times for non-urgent services, including what the current average wait time is for non-urgent medical imaging services by the main categories?

Mr. Bilsky: I think that it's important to say that impacts are continuously evolving due to COVID. Some are immediately apparent and some are not visible or are indirect.

We are continuing to ensure that all people have access to acute and ambulatory services when needed and in the safest way possible. We have been fairly fortunate to generally not have seen widespread shutdowns and have been able to maintain continuity of service, although patients have been impacted by COVID at Yukon hospitals. While most clinical areas continue to address any backlog that we have seen, there have been temporary deferrals of services in diagnostics and medical imaging.

I would like to say that resumption of — has been a dynamic process and is impacted by continuously addressing the current risk environment. I would like to say that most, if not all, medical imaging wait times — we have essentially established — or are meeting our current target wait times with the exception of the MRI. Reduction services saw a backlog in June and July.

This was compounded by the fact that we have only one permanent resource that operates the MRI. To supplement that, we have additional locum services that we use, but because of the pandemic and being over the summer, it has been very challenging to retain locum services. In doing so, it has been very difficult to maintain the wait times that we have.

In particular, with the MRI, the urgent wait times are being met. Semi-urgent wait times, which should be 30 days or less, are approximately 54 days, and we like to see non-urgent wait times at less than six months, but they are around an 18-month wait time.

We do have a plan in place to improve these wait times. It includes two things: One is continuing to look for temporary resources to address the backlog and, as well, planning for more permanent resources to run extended service hours for the MRI on a more sustainable basis.

Mr. Lucier: I think that it is important to also recognize that imaging is one of those elements within our hospitals that

continuously improves with technology. I think that three points need to be made with respect to that. There is a new A-arm that helps surgery teams better view, in more real time, clear images during more emergency situations within the surgery theatres that we have. The corporation has also added four new ultrasound machines and an additional ultrasound suite at the emergency department of Whitehorse General Hospital. This makes these exams more accessible for everyone and certainly more accessible to the emergency patients.

Finally, I think that it is important to acknowledge that, with the generosity of Run for Mom and the partnership with the Yukon Hospital Corporation, Whitehorse General Hospital has also acquired new mammography technology. This allows even earlier and more accurate detection of stage 1 breast cancer. I know that the member's question was about the wait times, but it is also about the quality and staying current with the technology.

Mr. Cathers: I appreciate the answers from both the witnesses. I do appreciate that new medical standards, as well as keeping pace with new technology, practice, and opportunities for improving both the equipment and the services — there is a major cost pressure, but also, of course, a good news story for Yukoners when those improvements can be made.

I would like to turn to the topic of funding. Last year, on the topic of funding, we heard from one of the witnesses that — and I quote: "... our hospitals must live within these constraints while still meeting significant growth pressures. I think that is where the challenge comes in, trying to meet the growth pressures on an ongoing basis." He then went on to note that "... each and every year, we do create what I would call a balanced budget, based on what we see as our allocation each and every year, going forward."

It was concerning to me that, in the annual report for the fiscal year ending March 2020-21, we see that the total expenses for the hospital are listed as \$103.6 million on pages 17 and 18 of the annual report, with revenue at only \$99.6 million. That certainly doesn't look like a balanced budget. It is a \$3.9-million funding shortfall and I am sure that this is causing a lot of internal pressures and challenges for hospital management.

So, I want to talk about some of those specific cost pressures. Last year, the witnesses outlined some of the major cost pressures and percentage increases in those areas — and I quote: "... in this past year, almost every ambulatory and inpatient service increased by greater than, say, three percent. Some of them are up to possibly 10 percent."

Can the witnesses please tell us about some of the significant cost pressures and increases in services that they saw, both in the last fiscal year as well as in the months of 2021? What are some of those notable cost drivers and what are some of the cost pressures that they will have to be dealing with in the remainder of the fiscal year?

Mr. Bilsky: First off, I would like to say that YHC continues to assess and work with government to live within the fiscal constraints — as we had stated last year — and we will continue to provide quality care. We continuously work

with government on a number of fronts and discussions, taking a collaborative approach system-wide to health delivery. This includes how we and our health system partners can be better aligned and integrated to serve the health needs of Yukoners. This means identifying and addressing priorities and providing safe and excellent hospital care to all Yukoners, recognizing that our hospitals must live within our fiscal constraints, yet still meeting significant growth pressures.

To address the specific question about the deficit noted in the 2020-21 fiscal year — as correctly stated, the deficit of \$3.9 million is due to basically non-cash accounting entries. \$1.8 million was related to non-cash actuarial-determined pension adjustments, while another over \$1 million is an increase in employee-related costs due to COVID-19 travel restrictions — again non-cash — and, lastly, depreciation entry to capital assets.

Specifically about some of the pressures that we see — and I will generalize some of these pressures — pressures continue on employee expenses due to recruitment and retention challenges. I don't think that it's any surprise to anybody in Canada that health care human resources are significantly strained. Retention and recruitment challenges are ever-present.

We also see complexity in volume increases in outpatient services, such as lab and medical imaging.

In addition to that, impacts on costs and revenues of the global pandemic have been very significant, and we continue to address these with government. Lastly, capital funding for general maintenance and replacement are other areas where we continuously see pressures.

Having said all this — as I said earlier, it's a continual process to work with government to make sure we identify priorities and make sure these are funded adequately.

Mr. Cathers: I do appreciate the answer. Hospital Corporation total expenses — as the witnesses know — were \$103.6 million last fiscal year. While some of that is of course capital, the overwhelming majority is O&M. Last year, the cost of compensation and benefits alone went up by \$5.2 million, according to page 6 of the Yukon Hospital Corporation financials. Costs are on the rise; total funding for this fiscal year, on the other hand, is down. It is a combined total of \$93.46 million in the supplementary budget, of which only \$85.7 million is O&M funding. The minister confirmed those numbers during Question Period on November 2.

Last fall, when the witnesses appeared here in the Assembly, one of them described the corporation's core budget as "approximately \$92 million". The transcript of that answer is on pages 169 and 170. That is clearly substantially more than the \$85.7 million in the O&M budget now. That certainly looks like a problem to me.

Can the witnesses tell us whether they have received confirmation that the government will be providing them with millions of dollars in additional funding this year to correct the shortfall, or is that something where discussions are ongoing or I would need to take that up with the minister herself?

Hon. Ms. McPhee: I have no objections to the questions that are being presented today. I just want to comment that I

don't think it's necessarily fair for members to ask these witnesses about something that might have been said — if it's a quote — to put that on the record — about what was said previously — is no issue, I think, but it's not fair to ask these witnesses to comment on something that was said previously. One of them was here and one of them wasn't, so I just want to be fair in that process.

Mr. Cathers: If I could just interject that, in quoting witnesses from last year — I am avoiding singling anyone out, but the witness who provided the answer last year is actually here today, so I don't think that it is an unfair question. I just would note that — as I did in my questions — if the witnesses can answer my question, that is appreciated. I am just concerned about that discrepancy between what was described in a core budget of approximately \$92 million last year and the numbers that I can see in the supplementary budget for this fall — and that the minister herself has confirmed — of \$85.761 million.

Mr. Bilsky: I am not sure if I can answer the question directly. I think it is something that we will have to continue to work on with government to address. What I can confirm is that the annual budget for fiscal year 2021-22 is \$98.2 million prior to factoring in COVID-19 impacts. This includes a three-percent increase in core funding, plus incremental funding for other increases in services and projects underway.

Mr. Cathers: I do appreciate the answer from the witness. In reply to questions that I asked last fall when the witnesses were here, this spring, the minister tabled a legislative return stating that employee costs at the Yukon Hospital Corporation had grown by 21.8 percent over a five-year period. That is over \$9 million or an average annual increase of over four percent per year. Can the witnesses please tell us how much the increase in employee costs over last year is expected to be for this fiscal year?

Mr. Bilsky: Employee expenses are expected to rise — sorry, I don't have the percentage, but it will equate to approximately 4.5 percent or \$2.9 million.

Mr. Cathers: I appreciate that information.

In the annual report for the last fiscal year, it says that patient volumes for chemotherapy are up 28 percent. Can the witnesses please tell us what the cost increase is as a result of that 28-percent increase in chemotherapy and how much the total cost of chemotherapy has increased in the last year?

Mr. Bilsky: I'll start off by saying that cancer treatment in the Yukon has evolved significantly over the past five years, and I think that the comments being referred to are over several years. Cancer care is now provided by a collaborative care team consisting of general practitioner oncologists, chemo nurses, pharmacy support, and cancer care, and it is all guided by a program — BCCA, or BC Cancer Agency. The complexity of chemo treatment — it is correct. It has increased over the last decade with treatments, and these treatments have had the ability to target specific cells, have less toxic effects, and have positive outcomes. These positive outcomes are earlier detection, better treatments, and longer life for treatments.

As was discussed, this complexity, earlier detection, and increased patient survival have resulted in a 26-percent increase

in visits and the doubling of treatment cost to more than \$2 million per year, but that is from the period of 2015-16 until today, so basically over a six-year period.

Mr. Cathers: I appreciate the answer. I was just relying on what was indicated on the hospital's report, which referred to year over year increases in patient volumes, and it indicated that there was an increase in chemotherapy of 28 percent in patient volumes as well as the other areas, such as medical rehabilitation therapies — nine percent — and diabetes education clinic — 20 percent. I do appreciate the information provided about those costs as well.

I want to move on to the issues of wait times. We heard last year when hospital witnesses appeared that the wait time to see a cardiologist was about five months with 74 people on the list. Can the witnesses please indicate what the current wait time is for this cardiac care and how many people are currently on the list?

Mr. Bilsky: The current wait time for a cardiologist, according to our records, as of September 2021, is approximately six months. I apologize that I don't have the total number of patients waiting for that at this point.

Mr. Cathers: If the witnesses would be able to provide that later, it would be much appreciated since it is an ongoing concern.

There were previously issues with spirometry not being available locally. I know that, in the past, this has been provided, if memory serves, at one point by the hospital and at one point by a private contractor. There was a gap in service, which I believe we discussed last fall when the witnesses appeared. Can the witnesses please indicate what the current status of that program is? If it is being provided, who is providing that service?

Mr. Bilsky: Spirometry is a program that hasn't been provided through the hospital system for a number of years. The issue with spirometry in the hospital setting is the ability to maintain the level of competency necessary for spirometry testing.

I could be corrected on this, but I believe that there is a contract now with an outside party. The contract between government and the outside party provides spirometry services.

Mr. Cathers: I appreciate the answer. We will raise that issue with the minister if that's something that the hospital is not providing itself.

I want to move on to another issue of wait times — cataract wait times. Those have been an issue, as the witnesses know, and one that, as members of the House will recall, we had pressed the government to address a few years ago. We are pleased that there were steps taken to address the wait times and provide that service in a more timely manner to Yukoners. We were pleased last year to hear about the reduction in wait times for cataract assessments and surgery and are pleased to see positive results on timely access to ophthalmology care, as mentioned in the hospital's annual report for the last fiscal year.

Last year, the CEO also talked about the need to create a long-term strategy to maintain that improvement in cataract wait times, indicating — and I quote: "If we don't create a strategy that maintains this, those wait times will increase right

back to where they were.” Can the witnesses please tell us what the current wait times are to see an ophthalmologist and how many people are on the wait-list to receive cataract surgery?

Mr. Lucier: I will start this one off. Certainly, wait times for all the services that are provided through the corporation here in Whitehorse, Dawson, and Watson Lake are important metrics for us to keep an eye on. We are happy, though, to report that we are currently on track and have planned for 450 procedures this year in the ophthalmology care area. This is despite the pressures that have been ongoing within the hospital setting of COVID-19. I will turn it over to Mr. Bilsky, who, I believe, can provide some of the wait-time metrics.

Mr. Bilsky: As noted by the chair, we had significantly reduced wait times in the 2018-to-2020 period — over a two-year period. There was a reduction from 37 months down to just six months. As was noted by the chair, we had committed to performing 450 cataract surgeries this year, which we are on track to do. That is in spite of any type of disruption we have seen from COVID.

Wait times for referral to assessment are four months, and wait times for surgery are 18 months. Having said that, urgent times are two to three months, semi-urgent are three to six months, and non-urgent can be up to 21 months from initial referral to surgery. Having said that, the wait times have slipped slightly, but definitely not back to where they were a couple of years ago, and we are committed to carrying on with an increased number of cataract surgeries on an annual basis. We will continue to work with government to make sure that those are funded.

Mr. Cathers: I do appreciate the answer. I would just ask as well, in that area — I understood that the program that had been committed to was time-limited previously. Has that been extended or is work underway to create that long-term program extension right now?

Mr. Bilsky: Yes, the initial program we looked at was a two-year program. As I said, 2018 to 2020. We extended that for another year to increase the number of cataract surgeries, and roughly speaking, we moved that from about 250 a year up to over 500, and then 450 a year.

At this point in time, we did make some assessments as to whether resident ophthalmologists would make feasible and reasonable sense in the territory. At this point, in collaboration with physicians through YMA and work with the Department of Health and Social Services, we determined that we will continue to see if we can increase the number of surgeries per year, as we have been looking at for the last three years.

Mr. Cathers: I do appreciate the answer. I am just trying to clarify: Did I understand correctly then that the program right now is currently just committed to the end of the year but discussions are aimed at extending that? Or did I misunderstand that reply?

Mr. Bilsky: Access to specialist services such as ophthalmology is overseen by a tripartite group of YMA, the Department of Health and Social Services, and the Yukon Hospital Corporation. Discussions are ongoing to make sure

that access to specialist services is maintained and wait times are addressed accordingly.

Mr. Cathers: I do appreciate the answer.

As the witnesses know, Whitehorse General Hospital was physically home to the majority of specialty services for Yukoners, but as witnesses told us when they appeared last year, the physical location is constrained. One of the quotes from comments from the witnesses last year was — and I quote: “... wait times for accessing specialties, basically for most specialties, are not where we would like them to be from a benchmark perspective.”

I recognize that, as we discussed last year, the services are provided by the hospital, but there are also other specialty services that the hospital is a physical space for, but the specialists themselves are under contract or another arrangement with the Yukon government. I recognize that distinction between the two, but also that most of the specialty services are operated out of the Whitehorse General Hospital itself.

Could the witnesses please tell us what the current situation is regarding wait times? Are we still in a situation where the wait times for accessing most specialties are not where the hospital would like to see them from a benchmark perspective? If that is the case, could you please describe whether steps are underway to expand the space for visiting specialists or to provide an alternate location to reduce wait times? Also, please update us on what the status is of any work that may be going on in that area.

Mr. Bilsky: Just to refresh, I think, everybody’s memory, YHC is part of a broader health system that supports access to specialty care and specialty services provided to Yukoners primarily through four means: resident specialists, such as OB/GYN, orthopaedic surgeons, general surgeons, psychiatrists, and pediatricians; visiting specialists, which were mentioned, primarily through the visiting specialist clinic located at Whitehorse General Hospital; virtually, so that would be things like telehealth; and lastly, medical travel — medevacs — so people having to leave the territory.

Increased and intentional coordination between these four methods is required to yield improvement. So, it is not just about increasing the space at WGH to be able to provide adequate access for Yukoners to specialty care; it is about creating timely, appropriate, and effective care in a fiscally responsible way.

As I mentioned earlier, collaboration is through the access to specialty care committee. This specialty care committee is a tripartite committee made up of members of YHC, Yukon Health and Social Services, and the YMA. It is a continuous conversation as to priorities and how to address these means — I would suggest that physical constraints at WGH continue to exist but are only one piece of the puzzle, as far as accessing specialists.

I think that I will stop there.

Mr. Cathers: I do appreciate the answer. I may have packed too many questions in there, but if we could go back to the question that I was asking about — are we still in a situation, much as we were last year, where wait times for most

specialties are not where the hospital would like to see them from a benchmark perspective?

Mr. Bilsky: Again, there is a multitude or an infinite number of specialties and subspecialties. We in the territory host, I believe, 12 different specialties. Yes, I would agree that we are constrained as far as the number of clinics that can be held, which in turn means that, in some circumstances with certain specialties, the wait times are above what we would consider to be acceptable.

Mr. Cathers: I appreciate the answer. Does the hospital have — or would this be something to ask the government for — information where we could potentially see basically a breakdown of where it is for those specialties — what the typical wait times are and how it compares to what the Canadian benchmarks would be?

Mr. Bilsky: Sorry, Deputy Chair, I missed the very first part of that question. Can he rephrase that?

Mr. Cathers: I will start again. The microphone may not have been on.

My question was just that, for those specialties that we are talking about — the list of roughly a dozen specialties that the witness was referring to — does the hospital have a list that we might be able to get just showing how those typical wait times compare to the national benchmarks, or is that something that would be maintained perhaps by the government instead of the hospital? If we could have information on the comparison of average wait times for Yukoners for those specialty services compared to the national benchmark of what is considered medically acceptable — or the “medical target” perhaps would be a better way to put it. Is that list something we could get a copy of?

Mr. Bilsky: I think that the only component that Yukon Hospital Corporation would be able to provide would be the specialties that we host and the known wait times for those specialties.

As I mentioned earlier, depending on urgency and triaging, certain individuals may be travelling south, so we don't actually see the whole picture that's available — meaning that we may not see somebody who requires a certain level of care being seen down south and travelling down south. I am unable to provide the entire picture. I can only provide wait times for our specific clinics that we host here.

Mr. Cathers: I do appreciate the answer. Yes, if you could provide that list, that would be much appreciated — whether now or later, depending on whether you have it with you or not. It would be much appreciated to receive the information about the ones you host.

I want to move on to the area of the operating room and the surgical services area. There was the addition of another orthopaedic surgeon. Of course, while we are happy to see more services and procedures in this area, we have also heard concerns from physicians that the problem is that the operating room and surgical services area was already under pressure from competing needs. As the witnesses will likely know, improvements to the surgical services area is also an issue that the Yukon Medical Association has raised in the past. I believe

they raised it with all political parties during the spring election, and that's a priority for them.

Our understanding is that, when the additional orthopaedic surgeon was added, rather than just being an expansion of services, it also did mean that some other procedures had to be displaced to accommodate those additional procedures because of the limited room in the operating room and surgical services area. Can the witnesses please tell us what is being done now about the issue of the operating room and surgical services area pressure, and what is the status of work or discussions about improvements to the surgical services area, including expanding the capacity of it?

Mr. Bilsky: I'll start a little bit with orthopaedic services and then transition into the operating room in general. Our goal is to provide comprehensive orthopaedic services, which minimizes travel for patients. Care is provided for patients with elective and emergency problems. This program was aimed to access care and decrease wait times for consults. On April 21, 2020 — it is correct that a new model was introduced to allow for three or more resident orthopaedic surgeons, increased capacity to support urgent emergency procedures, and increased capacity to support joint replacement surgeries. In order to meet expected wait times, targets for total hip and knee replacement — an additional 20 procedures per year have been added to a total combined of 100 joint replacements. I am pleased to say that, in November of this year, we will begin to offer hip replacements in-territory to avoid travel for those who would have otherwise had to travel.

The ongoing evaluation and implementation of the orthopaedic program is supported through a partnership between Yukon Hospital Corporation, Health and Social Services, and resident orthopaedic surgeons, and they meet regularly to review the goals and outcomes of the program. To my knowledge, the increase in services has not displaced other uses of the operating room.

Lastly, I will say about orthopaedics — a very important point to note — that following the introduction of the orthopaedic program in 2017-18, 495 urgent cases have been completed at Yukon Hospital Corporation that would have otherwise been seen outside of the territory through medevacs and medical travel.

In regard to the long-term operating room planning, we conducted long-term planning related to future needs of surgical services that began in 2018-19. It's a very large and complex project. It has a time horizon of five to seven years, and it requires comprehensive stakeholder involvement to ensure that it appropriately meets the needs of Yukoners, care providers, and funders. As I said, it has a very long time horizon, and it is meant to project further into the future. It is basically meeting two components: One is the needs of Yukoners going forward, increasing aging demographics, as well as quality of care standards — or the care standards within surgical services — making sure that we bring our operating rooms up from 20-some years ago to today's quality of standards, so it is not only predicated on the number of procedures that are flowing through, although that is part of the equation. Planning, including consideration of current rapidly

changing quality standards and projected future service demands — a detailed solution has not yet been determined and no commitment has been made, although short-term improvements have been made within the existing surgical services area to mitigate challenges that have been spoken about.

In 2019, we moved the preoperative clinic, OR booking, and surgical services entrance — modifications to better support patients and staff. We created a flexible OR suite to decant day procedures like scopes out of the main ORs, freeing up the main ORs for procedures that are being spoken about here. The scope reprocessing unit was developed adjacent to the flexible OR suite — again, to meet standards of medical device reprocessing, things like sterilization — and the introduction of a post-anesthesia care unit to improve the quality of patient care post-surgery.

In 2020, we completed more sterile storage for the OR surgical services area — again, providing medical reprocessing more room to efficiently reprocess and store supplies. In 2020-21, we added OR sterile storage — again, to specifically accommodate the service demands, in particular for the orthopaedic program — again, trying to make sure that we're keeping pace with what's necessary.

I guess, in summary, I would say that the orthopaedic program — as far as our assessment — continues to be accessed and will continue to grow. Right now, at this point in time, we are planning for a long-term horizon of OR redevelopment.

Mr. Cathers: I do appreciate the answer from the witness about that. I would like to move on to the issues of the SMU — the new secure medical unit that is in the process of being developed. According to the hospital's annual report, the capital build and project, including materials, equipment and technology, is an investment of nearly \$19 million. The new unit, according to the annual report, will be designed this fall, built through 2022, and is projected to be open and operational in the spring of 2023.

My question is about the progress of the project. Is the project still on those timelines that were indicated in the hospital's annual report for last year? Have there been changes to the timeline or any changes to the scope or the estimated cost at this point in time, including, of course, the date when the hospital is expecting that it will be operational?

Mr. Lucier: Thank you for the questions, Deputy Chair, and the interest in this unit. This unit is very important to Yukoners. There is a slight change in terms of the terminology with which the board and corporation are referencing this project. It is now termed in our books as the "short-stay psychiatric unit", as opposed to the SMU.

This will be developed above the shelled space that was part of the build when the emergency department was built. When that wing, or that area of the hospital, was built, the foresight was given to provide a second floor above the emergency department, including a shaft for elevator access for appropriate egress and regress of the facility. This has been shelled since that part of the hospital was opened, and the board was recently given a tour to see that facility.

I think that there are a couple of important points to point out here. Certainly, I have been involved with the CEO, as the board has been apprised on the ongoing developments of this, including the contract signing for some elements that are already underway in that respect. This new unit is going to give, I think, the greatest opportunity to show a great movement forward in indigenization for the corporation — something that the board and the corporation are very, very strong on their commitment to. This has included consultation and we will continue to include consultation with First Nations to ensure that the values, cultures, language, and ways of knowing, being, and doing are all integrated into the fabric of this new operation.

We believe that the commitment here represents the Yukon Hospital Corporation's ongoing commitment to healthy spaces, programs, and services for mental health in lockstep with the government's similar commitments to that. With respect to the specific timelines, I will turn it over to Mr. Bilsky, who will be able to provide that detail.

Mr. Bilsky: As the chair has alluded to, three specific streams of work — indigenization, program planning, and design and construction —

I will start off by basically summarizing. Yes, all components are on track as we had planned them. Indigenization is the opportunity for engagement with First Nations, and its timeline is basically from the current period until the end of the year, and we have laid out the opportunity on how engagement should occur, including steering team engagement.

The people and program stream — program review is basically from October of this year until the end of December, and operational readiness will occur from January to March, and that is well underway.

Lastly, as mentioned by the chair, the build stream — design and construction contracts have been signed, and those will continue through until the end of 2022. Construction is expected from essentially early in the new year of 2022 until February 2023, and we are expecting the first patient day in the spring of 2023.

Lastly, I would like to say that, as our chair has mentioned, I really appreciate the interest in this project. I would like to give special note to the Yukon Hospital Foundation that has established a new multi-year campaign to support this project and has set a target of raising \$1.5 million to support the project of improving the mental wellness environment at Whitehorse General Hospital, which is very important for us and very important for Yukoners.

Mr. Cathers: I appreciate the answers from the witnesses. At this point, with the project formerly called the "secure medical unit", are the witnesses able to indicate what the estimated increase in O&M costs will be once the hospital is then staffing and running that facility?

Mr. Bilsky: At this point, we are not exactly, or even approximately, able to say what the increased O&M costs will be, and that is because two elements that would really impact this are indigenization and program planning. Program planning is currently underway and is essentially there to determine what types of enhanced programming will be

available. That will obviously have an impact on the operating and maintenance costs of this unit.

Mr. Cathers: I would just ask if there is, at this point, a ballpark estimate of the O&M costs that they could provide, recognizing that it may be subject to refinement and potentially approval processes. The other question that I would just add regarding the secure medical unit is: Once the current space is vacated — once the development of the new secure medical unit is done — what is the plan for using this space that it currently occupies?

Mr. Bilsky: At this point, I think that it would be irresponsible for me to provide even an estimate. I say this because a significant amount of work has yet to be done as far as program planning and ensuring that the program and services that we collectively design meet Yukoners' needs. That will have a significant impact on the cost — it will determine the cost — so at this point, I couldn't provide an estimate.

On the second part of the question about the vacated space, it's a small wing. It was previously an inpatient wing at WGH. Based on our estimates of population growth and expansion necessary to meet that population growth and demographic changes in the Yukon, we are planning to revert that back into inpatient space again. It is approximately eight rooms. That will help to meet the needs for Yukoners going forward for the next five or possibly even 10 years as far as inpatient space.

Mr. Cathers: I do appreciate the answer, and I look forward to hearing cost estimates associated with the new facility as soon as the hospital is in a position to share those, recognizing the work that the witness just referred to.

I want to move on to the topic of vaccinations for COVID. I am pleased to see the indication in the hospital's annual report that, as of earlier this year, 95 percent of hospital staff are fully vaccinated. Can the witnesses indicate what the current vaccination status is of hospital staff and what they anticipate it being at the end of November? Finally, on that topic, what operational impacts are expected as a result of those employees who choose not to get fully vaccinated? Can the witnesses please talk about what is being done to mitigate any negative operational impacts?

Mr. Bilsky: First of all, I would like to say that, as a health care institution, it is our obligation to take all of the necessary steps to protect and keep safe the public and our staff. The public truly need to feel safe coming to our hospitals when they are in need, and this requires confidence that we are doing all we can to keep them safe. Unvaccinated staff and physicians pose a risk to patients, visitors, volunteers, other staff, and physicians, along with themselves. This risk is just one that we are not prepared to accept. Therefore, we must ensure that vaccination is a condition of employment and/or a condition of being in a privileged position. This is all about ensuring the continuity of services to the greatest possible extent and public confidence in our hospital systems.

As of the first round of vaccinations — meaning in the spring when we initially vaccinated our staff and physicians — we estimated that we achieved a vaccination rate of probably in excess of 95 percent of all staff and physicians. We did this successfully and thankfully through support from government

and the CMOH to institute a peer immunization program, which means that we were able to host our own clinic and vaccinate our people and to do it with the least amount of service disruption possible.

Mandatory vaccination is important to us. We are midstream in the process right now. We are expecting that, by the end of November, all of our staff in privileged positions would be fully vaccinated. At this point, we have assessed that we have about 14 people whom this impacts. Half of those people are permanent employees — either part time or full time. The other half are essentially casual or temporary employees. At this point, we're not expecting any service disruption or issues with continuity of service. The people who are impacted — a small handful of our employee base, staff, and team — are spread throughout the system.

Mr. Cathers: I do appreciate the answer. I'm pleased to hear about the progress in that area. We do recognize that patient safety must be the top priority.

I would also ask, then, when it comes to the issue of staff vaccination — we do have an issue, for those who were vaccinated early, of potentially waning immunity. My understanding — from what I've seen — is that, while booster shots are being made available to everyone 50 years old and up, it doesn't seem that the hospital or other health professionals have received that third booster option for everyone, regardless of age. Of course, that is in contrast to a number of other jurisdictions that have recognized that health care professionals are at a higher risk and have made those booster shots available to all health care workers, not just those over the age of 50, as in the Yukon.

The CEO made mention of "peer vaccination" — I believe that was the term that he used. Is that an option that is being looked at right now — rolling out the availability of booster shots for health care workers who are under the age of 50 and the option of the hospital to avoid the use of resources in the other clinics, which are somewhat strained, to potentially be administering those booster shots themselves?

Some Hon. Member: (Inaudible)

Deputy Chair's statement

Deputy Chair: This time is dedicated for questions to witnesses and so I will ask the witnesses to respond to the question. Unless the member is rising on a point of order, I will allow the opposition to continue their questions to the witnesses.

Hon. Ms. McPhee: I am sure that Mr. Bilsky can answer this, but it has certainly been the practice in the past that a minister could rise on a question that they have the answer to or that is of a political nature.

Deputy Chair: I will take a moment to confer.

Deputy Chair's statement

Deputy Chair: I will recognize the Member for Riverdale South and ask her to be brief in her remarks.

Hon. Ms. McPhee: Thank you, Deputy Chair. I am happy to do that.

It is an important issue being raised by the member opposite. It is something that the YHC and Health and Social Services have been conferring and working together on. Very recently, booster shots started yesterday at the Yukon Hospital Corporation for all front-line health care workers at the hospital, and I will let Mr. Bilsky address that. I can indicate that it expands to all front-line health care workers with the Department of Health and Social Services as well. It happens to be quite convenient at the hospital because they can administer the clinic, as can nursing stations — health care centres — across the territory, and that work is underway as we speak, precisely for the reason mentioned by the member opposite. Our health care workers were immunized quite early, and it is important that their rates of vaccination and their ability to fight — the Yukon opportunities for COVID-19 are critically important. So, as a result, that is already happening.

Mr. Bilsky: Without repeating too much of what was commented on by the minister, we are proud to say that we were able to quickly begin the administration of the booster shots for front-line health care workers. We are supporting not just those within WGH, but those outside of WGH, whether they be community nursing aspects or EMS, I believe, as well.

We believe that we can probably immunize all those who require booster shots — or the majority — this week. It is peer immunization. Why that is important to us is because we are able to achieve very high levels of vaccination, we believe. It minimizes the disruption caused, meaning that people in our organization are able to access the booster shots right within our facilities.

It also builds confidence within our workforce basically in terms of confidence in what we're doing and for morale. It is all geared toward making sure that we can continue to offer safe and excellent hospital care without service disruption because people are offline for various reasons related to COVID. I am very pleased with the support that we have had from the Department of Health and Social Services and the CMOH in this regard.

Mr. Cathers: I do appreciate the answer from the witnesses. I am very pleased to hear that the booster shots are already being provided there. It is a concern that I had heard from people who were affected by that.

Could you please indicate if the booster shots being provided are being made available as well to the physicians who are there? The CEO had indicated in earlier remarks — or perhaps it was the chair — that there are nearly 100 physicians who have hospital privileges. Are they also receiving booster shots? Are those booster shots then being made available to all staff of the hospitals or just those who are in front-line positions, recognizing, of course, that we are hoping that they are being made available to everyone who works there?

Mr. Bilsky: These are very important remarks — absolutely, this does include physicians as partners in our hospital teams. They are included in getting booster shots.

Yes, it includes all of our staff and all members of our team. We have asked that we prioritize front-line health care workers first, but when we say “prioritize”, we are talking about the first few days of this week versus the last few days of this

week. As I mentioned earlier, we are expecting that we can achieve, again, a very high level of vaccination rates just within this week.

Mr. Cathers: I do appreciate that answer. I would just ask, on the issue of the specific pressure that the people who have contracted COVID are putting on the hospital: Are the witnesses able to talk about how many COVID patients are currently in hospital and what those numbers have been recently, as well as how many of those are in the ICU and how many of the ICU beds are currently in use at the moment?

Mr. Bilsky: I will go back right to the beginning of COVID. For the first, I would say, year of COVID, we saw only a handful of COVID-positive patients within our system. By “handful”, I mean probably approximately 10 or fewer. During the first true outbreak in June of this year, there was a significant increase in the number of COVID-positive patients whom we saw in hospital. During that first outbreak, we probably saw, in the next few months after June, approximately 60 or so patients.

During that period, we saw spikes up to about eight patients, at any given time, admitted into hospital. Again, we are seeing a very similar spike or increase in the number over the past, I would say, couple of weeks. During that period of August through September and early October, we would average between zero and one or two COVID-positive patients admitted. As of today, or actually yesterday morning, we would see about nine COVID-positive patients admitted in hospital. It has been about that number for the last week or so.

Specific to the ICU — I think that was also part of the question — we have seen between two and four COVID-positive patients in the ICU. What occurs when we see three COVID-positive patients in the ICU due to it being an isolated negative pressure area, it becomes basically COVID only. That means that we see pressures on our critical care areas of the hospital — the emergency department and our ICU. It means that non-COVID ICU patients are then cared for in the emergency department, and/or, if necessary, they would have to be moved south to tertiary care centres.

Mr. Cathers: I do appreciate the answer, although the secondary impacts that the witness outlined are concerning for other patients.

My understanding is that there are still just four ICU beds in the Yukon. There was some talk of potentially expanding that. There was an indication, I believe, by the former chair last fall that there had been some consideration to expanding that, if necessary, due to a spike in cases on a temporary basis. Is that something that is being considered or something that is out there as a plan for emergency situations? If so, what would that involve and what would trigger that type of decision?

Mr. Bilsky: Yes, it is correct that we have four dedicated ICU beds that were initially built in conjunction with the new emergency department as one larger critical care area in its entirety.

We have detailed surge plans that account for situations like we are in today where we start seeing an increased number of COVID-positive patients. What would trigger the potential of a secondary ICU would be the situation that we are in today.

Unfortunately, because of the significant constraint that we have on human resources — and this is a national constraint that we have — we are unable to basically staff a secondary ICU at this point in time, and we discovered this early in the summer with the outbreak that happened in June.

Again, the human resources constraints that we are seeing most recently this year are extraordinary. That just means that we are unable to staff a secondary ICU with critical care unit nurses. What that means — as I already mentioned — is that all of our critical care unit resources are being deployed into the emergency department and into the current ICU. That is where, essentially, we care for patients who require intensive care right now.

Mr. Cathers: I do appreciate the answer. Certainly, that is concerning to hear. I appreciate the pressures that are on all of the staff in the system there.

I want to move on to the area of the OB/GYN program, which is hosted at the WGH campus. Are the witnesses able to tell us about the wait times and the current status of the program? We understand that one of the two OB/GYN doctors in the territory is on leave. Are the witnesses able to talk about what impact that has had on the program?

Mr. Bilsky: Just for clarification's sake, the OB/GYN clinic that is being referred to is actually an independent clinic. It is within the premises of Whitehorse General Hospital's campus, but it is a leased premises to a clinic, so I can't comment on anything to do with wait times or any clinic services that are provided within that.

What Whitehorse General Hospital requires as far as services is basically OB/GYN 24/7 on-call support. They are the most responsible physicians for patients being followed by an OB/GYN; they consult with specialists; they consult with or are specialists consulting with general practitioners on OB matters. They do emergency deliveries like C-sections, colpo clinics, urgent or emergent other care, and participate in a number of hospital committees.

At this point in time, I can't comment on things such as wait times for OB/GYN services, although I can say that recently one of the two permanent OB/GYN surgeons is currently on an unplanned and extended leave. I understand that it is challenging the program, for sure, and places a large burden on the single remaining OB/GYN. The government is aware of this, and they have quickly supported with locum resources to ensure that there is continuity of services. I also understand that it is extremely challenging to sustain the 24/7 coverage required with one person or possibly even two people.

Mr. Cathers: I do appreciate the answer. I would just like to move on to the issue of midwifery. How involved has the Yukon Hospital Corporation been in the work by government to establish midwifery as a regulated service in the territory and offer it? There have been some questions about the ability of midwives to get privileges, and I would just ask if the witnesses could provide us with an update and talk about both the opportunities and the challenges of integrating that valuable service in a way that it functions well within the hospital context, as well as, of course, ensuring a smooth transition if

there is a need for a home birth to end up moving to one of the hospitals due to an emergency situation.

Mr. Lucier: Thank you very much for the question. The board has been actively involved in this issue with the corporation and the executive there since early summer. The requirement of privileging is not that much different from privileging for any of the medical staff who require such a designation to operate within the hospital.

However, because it is a new service and a new function, it requires an adaptation or an amendment to the bylaws. The bylaws are the corporation's bylaws, and so we have been involved and received very good support from the corporation and the services that they have access to, as well as ongoing dialogue and discussion with the government.

So, we are at a place where those amendments have been presented. We have a bit of work yet to do to ensure that those amendments meet the requirements of privileging. At that point, the privileging of the midwives will be established for the hospital. I will turn it to Mr. Bilsky, who can provide any further and specific details.

Mr. Bilsky: Just to give maybe a little bit of added operational context, as was mentioned by our chair, midwives will be integrated into a team of professionals within YHC and will be privileged similar to physicians, nurse practitioners, and dentists. The operational context — midwives will interface with YHC through the use of outpatient lab, medical imaging, and outpatient and inpatient maternity care. Right now, the focus is on supporting midwives to use the outpatient services at YHC, such as lab, medical imaging, and maternity services, and then we are preparing for midwives to be a part of the team to provide inpatient maternity care and attend to births in the spring of 2022.

Mr. Cathers: I do appreciate the answer from the witnesses.

I will just move on to a question passed on to me by the Member for Copperbelt South. He had heard that there may be challenges around the supply of medical oxygen. I would just ask if that is indeed the case and, if so, if the witnesses could just talk about what the issue is and what is being done to ensure that this doesn't become a serious problem that impacts patient care.

Mr. Bilsky: This is another very important question and another very important area for the hospital. Early on in the life of this pandemic, it was really stressed that things like ventilators were important and whatnot, but I don't think it was recognized at that point in time that the true bottleneck is people to be able to actually operate them and the actual oxygen supply for things like ventilators and air volume — and just all oxygen that is available.

This is one of the services that, on an ongoing basis for the Yukon Hospital Corporation, is just one of those continuing services that just has to be there 100 percent of the time, 365 days of the year. To ensure that we mitigate the risk of running out of oxygen, we have several oxygen concentrators that we keep well maintained — service continuity plans for those. In addition to that, we maintain bottled oxygen to supplement in a few different forms and make sure that we have fairly regular

and open contact with the contractors who supply those — the bottled oxygen to supplement. We monitor oxygen usage, especially in peak times — it could be as much as every two hours — to understand how much is being used and when it's being used. We make sure that we have an adequate supply on hand.

At this point in time, I would say that we are in high oxygen usage right now. Just to give maybe a bit of context or a bit of understanding, the concentrators are working at peak capacity right now, but we still have multiple, multiple days of oxygen supply. We know how long the resupply period takes, so we always knock on wood that we can maintain that, but right now, we're monitoring it very closely and making sure that we have plans in place for continuity.

Mr. Cathers: I do appreciate the information from the witnesses. Just moving on to the issue of the IHealth platform, we are very pleased to see this going forward. It is something that we have been calling for, and I have been personally calling for it since the spring of 2017. I am pleased to see that it is going ahead. I also recognize that there are always challenges in implementing a system like this.

Can the witnesses please tell us what the status is of that system and how things are going in terms of both implementing it and getting everyone who needs to understand the system being used using it effectively and efficiently?

Mr. Lucier: I appreciate the question, and I appreciate the understanding of the complexities of technology and of change management, for sure. Those are key elements, I think, to moving this forward as there are a multitude of different users. The outcomes for each of those are equally as important but different in every respect.

IHealth is a single electronic record that is going to connect the territory's health providers and the information that they have together. Certainly, the board has been apprised of this.

The very first meeting that I attended this past summer had, in large part, a great degree of information shared on that. There has been a lot of catching up — I must admit — that I have had to do with respect to that.

I think that it's important that what we're trying to achieve here is the ability to exchange secure information between health care providers. It's a worthwhile investment, and work continues every day to ensure that the different constituencies that use this — and the information contained in it is maintained, coordinated, and provides Yukoners with the best possible outcome. For the specific details of some of the actions with respect to the partnership that the corporation has with Health and Social Services and the rollout of this, I will turn it to Mr. Bilsky.

Mr. Bilsky: As was mentioned, IHealth is a joint project. The Department of Health and Social Services, Yukon Hospital Corporation, and the YMA have partnered to provide Yukon with one integrated health information system.

I think — as people are aware — the Hospital Corporation has been using a system called Meditech that is far, far outdated — probably over 20 years old — and it requires a significant upgrade and update. This is being leveraged across the entire

health system to create one health information system, not just a hospital information system.

The specifics of where the project is at the moment — the hospital information system was the first “go live” area. It was quickly followed recently by some long-term care facilities. Again, it's a partnership among Health and Social Services, YHC, and YMA, so I can't speak on other components of the system and exactly where they are at.

As was mentioned by the chair, it has been challenging for all aspects of the system — all constituents of the system — not the least of whom are the physicians. As with any new system, there is a significant change in workflow that is involved. I would like to say that, right now, the hospital system is in a period of stabilization, meaning that we're working through any of the issues that we have to make sure that the system functions as intended for all constituents of the system and we will continue to apply the resources necessary to make sure that it does so.

Mr. Cathers: I do appreciate the answer. I would just ask as well — the witnesses, I'm sure, are well aware of the situation that happened in Newfoundland regarding their health system and the cyberattack that occurred.

I am guessing that there may be information that is not being shared with hospitals, just as the Government of Newfoundland and Labrador is not sharing it publicly. I would also be mindful, of course. I don't want to unintentionally, in asking questions about this, do anything to compromise the cybersecurity. Since it was the Meditech system being used as well in Newfoundland — I believe an older platform version, but I am not clear on which version they had — could the witnesses just talk for a moment about cybersecurity in general and what is being done to ensure that we have all of the necessary safeguards in place to prevent our system from ever being hit by a cyberattack such as happened to our fellow Canadians in Newfoundland and Labrador?

Mr. Lucier: Absolutely. I can't speak — and maybe Mr. Bilsky can speak to the specifics that have been shared with him around the situation in Newfoundland. But I can tell you that cybersecurity — because of the nature of how it can disrupt services, create unsafe situations, expose Yukoners' private information to nefarious uses — is a significant concern of the board. In fact, at the last board meeting, it was raised. A number of our systems are integrated systems with other elements of the health care service providers and the systems that we work as partners with, including Health and Social Services and the Government of Yukon.

Being able to be one step ahead of those who play in this field — and I use “play” as a bit of a colloquial term — is a difficult thing to be ahead of, but it is of utmost concern to our board. It has been expressed to the corporation. Through Mr. Bilsky, we have, in the event of a cyberattack, just recently reviewed the insurance policies related to it — not that this stops it, but it gives us a backstop to be able to make reparation if required.

The systems that we use, not just IHealth but all of them, are a critical access point to people's information. Maintaining

that criticality and the security around them is paramount and foremost in our minds.

With respect to the specifics of any information that Mr. Bilsky could share on the Newfoundland similarities or our circumstances, I will turn it over to him. Thank you very much for the question, Deputy Chair.

Mr. Bilsky: Another absolutely very important issue being raised — my empathy goes out to Newfoundland. I know the CEO well enough there, and nobody is immune from cyberattacks of any kind.

Having said that, Yukon hospitals, in conjunction with the Yukon government, use a cybersecurity framework. That framework is about risk management because, as I said, you are not immune. That risk management is about having the appropriate security protocols in place. It's about detection and monitoring, it's about reporting, and it's about continuity and resumption of service in the case that there is an attack and what you would do in those circumstances.

Specific to Meditech, one very important reason why Meditech was instituted and upgraded was to improve our security in the cyberworld significantly by bringing forward the technology from, as I said, over 20-year-old technology to today's technology. Again, it is an important step in improving cybersecurity for us.

Mr. Cathers: I do appreciate that answer. I am very pleased to hear that cybersecurity is an issue that is front and centre right now for the board, the CEO, and management as well. In recognition of the time we're at here and in the interest of respecting the practice of the House to turn it over to the Third Party critic for questions, I am just going to ask one last question. That is: How involved and informed has the hospital been in the government's plans to develop "Wellness Yukon" as they committed to in accepting the recommendations of *Putting People First*? We understand that they are creating a new model that would likely be a health authority. How involved and informed has the hospital been in that work?

With that, I will just conclude my questions and thank the witnesses as well for appearing here, for answering questions, and for the work that they and everyone at the Yukon Hospital Corporation do each and every day on behalf of Yukoners.

Mr. Lucier: Thank you very much, Deputy Chair, for the question. As with other questions, I will turn this over quickly to Mr. Bilsky for his perspective.

Putting People First is certainly a framework of an integrated network or a change in the approach of health services.

As I took this position over in June — having reviewed the report extensively — I noted that, if it was brought to full fruition — in whatever time frame that might be — there would be significant consequence for the Hospital Corporation, the act under which we work, the relationship of my position to the minister and my position to the CEO, and the existence of the board.

So, it was a question that I had for the minister in terms of this. Suffice it to say that the understanding of the board and my understanding is that the progress and the work toward this will include us, as it almost certainly has to in order to advance.

At this point, we have had early discussions, none of which have had any degree of specificity. We continue to work collectively — the board, the executive, my position, the minister, and the department — respecting the fact that the best way to deliver health care is through a collaborative means — a collaborative system where we at the Hospital Corporation and the hospitals of the Yukon provide that acute care, but not in absolute existence of every other element of that. When we understand that and we can share that, then we will have better services for all Yukoners.

I will turn it to Mr. Bilsky with respect to the corporation's work currently.

Mr. Bilsky: As everybody is aware, the report was released by the independent expert panel over a year ago, I believe. Prior to this, Yukon Hospital Corporation had a significant amount of contribution to it — basically as a stakeholder in the review process. Many of the themes, the changes, and the recommendations — such as health care system integration, improved patient-centeredness, enhanced community involvement, advancement of reconciliation of First Nation people, and development of a robust virtual/digital health environment — we also raised these and we supported many of these. A large number of these recommendations already happened to be areas of focus and work within Yukon hospitals.

So, as the chair has already mentioned, we will continue to work collaboratively with YG on health systems based on these recommendations.

Ms. Blake: I would like to start by thanking our witnesses for being here today. I appreciate that you are here, giving us your time to answer some questions. I would like to start with going back to the question about midwifery services in Yukon with granting hospital privileges. Is there any consideration to also grant hospital privileges to the midwives to practise within community hospitals, such as Watson Lake and Dawson City?

Mr. Bilsky: At this point, consideration is not given to midwives practising in community hospitals, other than the privileges they have been granted for community services. The issue with practising in community hospitals would be the lack of support facilities for urgent care for obstetrical services in the community hospitals. I believe, if I'm not mistaken, the regulations that are provided by government wouldn't allow for midwives to practise outside the radius of WGH.

Ms. Blake: In the annual report, it talks about the Dawson and Watson Lake hospitals and the services they offer, including 24/7 emergency, on-site imaging, and pharmacy services. What other services are available, and are there times when patients from communities are taken to either of these hospitals instead of being sent directly to Whitehorse to access services?

Mr. Bilsky: If I understand the question correctly, it is: What programs and services are being offered in Watson Lake Community Hospital?

I can speak specifically to the hospital services provided. Other than that, there are public health services as well as clinical and pharmacy services. They are provided in the

building but not by the Hospital Corporation. Programs and services in both community hospitals include 24/7 emergency care, in-patient and ambulatory care, X-rays, telehealth, laboratory services, First Nation health programs, and also visiting ultrasound on a rotating basis through the facilities.

Ms. Blake: I am also wondering if there is access for services with the community hospitals in Dawson and Watson Lake from the surrounding communities.

Mr. Bilsky: Yes. Access to services in our hospital system — and we consider it one system — is where the care is most appropriately provided. Access from communities can be provided in the community hospitals within that hub or catchment area and/or could be transferred to Whitehorse if necessary and possibly even tertiary care centres south if necessary.

Ms. Blake: In the chief of medical staff's report from last year, 2019-20, there were three full-time psychiatrists at WGH. Is this still the case?

Mr. Bilsky: Yes, other than that there were some issues with psychiatry — as we had met last year, there were issues with psychiatry. There are three full-time psychiatrists — possibly a fourth — but at least three full-time psychiatrists who are privileged in providing 24/7 on-call coverage at WGH at this point in time.

Ms. Blake: In regard to the psychiatrists who are at WGH, do patients still need a referral from a family doctor before they can be seen by one of these psychiatrists?

Mr. Bilsky: I can't speak when it comes to outside of hospital work that is being done, meaning clinic and referral patterns that happen there, but in general, yes, it would be common course and requirement for access to any specialist services that it is going to require a referral from a general practitioner.

Ms. Blake: I appreciate the answer and it is a question that I wanted to ask, because we have heard from citizens in Whitehorse who have gone to access mental health supports at the emergency department, and they were provided with a Canadian Mental Health Association phone number and told that they needed a referral from their family doctor, but they don't have family doctors. So, in that, I was wondering: What is the Yukon Hospital Corporation doing to support patients who don't have access to a family doctor?

Mr. Bilsky: Again, it's a very important issue — access to a family doctor and all that comes with it. As I had mentioned earlier, the best way to answer this question is that, if you need care of any kind, especially urgent care, Yukon Hospital Corporation will make sure that we provide that care. Again, regardless of the situation, if you need to enter the system through the emergency department and need care, we will attend to the care and make sure that it is appropriate to meet your needs. I believe that would include potential transition to support systems for mental health, whether they are in community or to psychiatrists as well.

Ms. Blake: In the past few days, we've been hearing about front-line workers facing increased rates of violence or abuse from patients and I was wondering if this is being experienced by staff working at Whitehorse General Hospital.

If they are facing higher rates of violence or abuse from patients, what forms of support do they have in place for support staff?

Mr. Bilsky: Yes, we are aware of increased tensions and potential of various forms of safety and violence issues, mostly predicated recently with COVID and the strains of COVID. There are two things that I would like to speak about here: One is a program of occupational health and safety, and two is our health care security officer program.

It is our intent with the occupational health and safety program to prevent workplace violence, injuries, and illness, and if incidents do occur, we ensure that there is a process to identify incidents and analyze and improve if necessary.

Speaking about the health care security officer program that was recently instituted — and again, this goes back to issues we had around mental wellness and psychiatry services — we engaged an Outside security firm which is an international leader in hospital and mental health services. After the review, we instituted certain changes to that program. It included the recommendation to develop a new health care security program that provides improved patient- and staff-focused training and programming. We previously had only three FTEs dedicated to our facilities and now we have over 11 health security officers offering two times, 24/7, 365 presence. This is predicated on a real focus and shift in perspective from building security to a people-focused security that includes training and knowledge on trauma-informed practices and Department of Education-escalation practices. In combination with those two, we hope to and will continue to be vigilant in making sure that violence isn't an issue for our people and that we have safe places for our people to work.

Mr. Lucier: I would just like to add — because this program is relatively new in the way that it is being used now — that, as many of you will know, I come from a security background and the approach that I am seeing utilized here is really first rate. We have had accounts given to us through the First Nation health council that upholds the fact that our folks who are being utilized in this way are absolutely using this people-focused approach, as opposed to an enforcement approach.

We have had accounts provided about their interaction with elders, with young people, and with people across the spectrum from the psychiatric areas to the emergency department. As this program continues to develop, it will continue to serve the needs of the corporation and the security of the staff but, most importantly, the interest of Yukoners. I am really quite proud to see this being developed in the way that it is with the support of the community, the folks who come to our hospitals, and the staff in the way that it is being done. Thank you very much for the question.

Ms. Blake: I appreciate the response. In referencing telehealth in the communities with the rising COVID cases in the territory, can I get more clarification on what telehealth services are offered to the communities from the hospital?

Mr. Bilsky: I don't have the specifics on the actual services provided but, where it is possible and we can provide any telehealth services in communities and elsewhere, we are

doing everything possible to facilitate telehealth communications.

Ms. Blake: With the recent widespread community transmission, does the hospital anticipate elective surgeries being delayed?

Mr. Bilsky: That is another important question. As I have mentioned probably several times and as our chair has mentioned, continuity of service is very important to us.

Our role and our objective is to ensure that we provide that service — that care — that is needed for both COVID and especially non-COVID patients so that issues don't become larger issues for people.

At this point in time, we have avoided widespread disruption of services, and we haven't had yet — for a long period of time — to discontinue elective surgeries. There have been short periods of time when elective surgeries have been discontinued, but right now we are maintaining the schedule as was initially intended.

This is monitored, I would say, weekly, if not daily, to make sure that we can provide the safe care that is necessary to all Yukoners. Probably the only disruption that we are seeing right now is to those who truly need ICU care post-surgery. That would be one disruption that we're seeing at the moment.

Ms. Blake: In the chief of medical staff's report from last year, it says that there are six nurse practitioners who have hospital privileges. In the list of what they could do in the hospital, it did not mention the emergency department. Does the Yukon Hospital Corporation support nurse practitioners working in the emergency department? If so, where are they and what are the plans to get them to lighten the load of private-practice doctors?

Mr. Bilsky: Options do exist for the inclusion of NPs within facilities as either privileged practitioners or as staff members or employees. Currently, the privileged NPs are engaged in the primary care model, which means that they are basically privileged practitioners and may attend to patients in hospital. Privileging provisions for NP care are made within the medical staff bylaws. They may become employees of the hospital base system with the appropriate skillset and job requirements, and we have hired NPs in the past — not specifically in the emergency department. The emergency department right now — most responsible practitioners are privileged physicians within the emergency department. Planning would be required to determine if nurse practitioners could be introduced into that care setting — into the critical care setting. My understanding right now is that — two things — it's generally outside of the scope of practice of nurse practitioners to provide that full scope of care within the emergency department, and it's also very difficult to find and recruit nurse practitioners with the appropriate skillset.

Ms. Blake: In reference to the new secure medical unit that is going to be in the process of being built — and I'm excited to hear that it is happening because I understand the constraints of the existing secure medical unit.

For folks listening online, I was just wondering if I could get clarification on what indigenization would mean for the folks listening?

Mr. Lucier: As Mr. Bilsky gets his notes, I just want to speak briefly to indigenization, not that it's a brief subject. Our current strategic plan that is coming to an end here this spring — when I came in and I looked at it, there was a gap. There are two ways to approach the priority of indigenization. Either you make it a priority or you expect it to be woven through the priorities. The latter, in my experience, has never really been brought fully to bear the inclusion, the involvement, and the decision-making of the elements of indigenization that are important.

In our territory, they are paramount for a number of different reasons. As we move forward — to be clear, the strategic plan is not the board's strategic plan. It is the strategic plan of the corporation for which the board will support and provide guidance and direction if required. It is our anticipation that the new strategic plan will have a pillar of priority firmly and solely dedicated to indigenization. This is a commitment of the board and is guided by our First Nation board members and First Nations Health Programs at the corporation — as well as inclusion of the Council of Yukon First Nations health commission — as well as, I believe, most recently in respect of the short-stay psychiatric unit, the executive director of the Council of Yukon First Nations has recently come on as a functional support and advisor to the development of that unit.

In terms of what that means, I think it means spaces that are appropriate. I think it means practices that are understanding of the cultural differences. It is care providers who understand those differences and take time to realize and practise in a way that is supportive and inclusive of First Nation ideals, culture, and beliefs. It is, as one of our board members says, the way of doing and the way of being that I think is so important. I think that this will wind its way through the way the space looks, the way the space is constructed, the programs that are delivered, and the type of people, quite frankly, who are hired to provide that. Those are all key elements.

Maybe Mr. Bilsky can speak to some of the specifics of that. Of course, we are still very much in the development of those areas, but I will turn it over to Mr. Bilsky, Deputy Chair.

Mr. Bilsky: I apologize. It took me a minute as I had to refer to a couple of places to make sure that I had a consolidated answer. Lo and behold, our chair was able to answer the entire question, essentially, from my perspective.

Indigenization, as far as we are concerned and as was stated, is what we are doing to make that unit — and essentially our organization — suit the local culture through the recognition and adoption of indigenous world views. This really does mean the transformation of the spaces, the services, the policies, the programs, and the inclusion of more indigenous people in our workforce, being more representative.

Specific to the SMU, all those things are encompassed and it is actually the way that we're approaching the project that is different from before as far as indigenization, including First Nation rights holders and helping to decide how and what all those services, programs, and spaces will look like and how we approach that project.

Ms. Blake: I appreciate the answer and clarification for those who are listening.

I just have one last question with regard to First Nation health programs in community hospitals. I was wondering if those programs are fully staffed in Watson Lake and Dawson City. How many patients do they provide support to?

With that, I would like to extend my thanks to all Yukon hospital staff who provide health care services for our territory.

Mr. Bilsky: Thank you for the question, Deputy Chair. Again, it is a very important topic.

First Nation health programming in communities is essentially coordinated and is part of the system of the First Nation health program, as a system in the territory, with all of the Yukon Hospital Corporation. There are two staffed positions or two positions within each facility — community service workers — and they provide the function of liaison and interface with all of the First Nation health program services, whether it be traditional medicine, traditional food, liaison work, spiritual interface and care, and a multitude of other areas that are involved in the First Nation health program. The position in Dawson City is currently occupied and staffed and is working very well with Tr'ondëk Hwëch' in First Nation.

The position in Watson Lake is currently vacant. It has been vacant since, I believe, the spring, and we are currently recruiting for a full-time permanent employee in that location. Again, our relationship with the Liard First Nation in Watson Lake is very important, so we are very eager and active in trying to recruit for that position.

Hon. Ms. McPhee: On behalf of Committee of the Whole, I would like to thank Al Lucier, who is the chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, who is the chief executive officer of the Yukon Hospital Corporation, for appearing today as witnesses. Your extensive knowledge has helped Yukoners understand more about the Yukon Hospital Corporation and the importance of the services provided there and at the community hospitals.

Thank you very much for being here today.

Witnesses excused

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

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

Motion agreed to

Speaker resumes the Chair

Speaker: I will now call the House to order.

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

Chair's report

Ms. Tredger: Mr. Speaker, Committee of the Whole has considered Bill No. 202, entitled *Second Appropriation Act 2021-22*, and directed me to report progress.

Also, pursuant to Committee of the Whole Motion No. 2 adopted earlier today, witnesses appeared before Committee of

the Whole to answer questions related to the Yukon Hospital Corporation.

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

Are you agreed?

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

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

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

Motion agreed to

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

The House adjourned at 5:26 p.m.

The following sessional paper was tabled November 16, 2021:

35-1-29

Yukon Liquor Corporation Annual report — April 1, 2020 to March 31, 2021 (Pillai)

The following documents were filed November 16, 2021:

35-1-19

Better Buildings Loan Program, letter re (dated November 6, 2021) from Denny Kobayashi, Executive Director, Yukon Chamber of Commerce, to Hon. Richard Mostyn, Minister of Community Services (Mostyn)

35-1-20

Government of Yukon Better Buildings Program Announcement, letter re (dated November 1, 2021) from Lars Hartling, Chair, Board of Directors, and Susan Guatto, Executive Director, Whitehorse Chamber of Commerce, to Hon. Richard Mostyn, Minister of Community Services (Mostyn)