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HANSARD

Monday, November 29, 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	Clondike	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
Monday, November 29, 2021 — 1:00 p.m.**

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

Prayers

Withdrawal of motions

Speaker: The Chair wishes to inform the House of changes made to the Order Paper. The following motions have not been placed on the Notice Paper as they are out of order: Motion No. 246, standing in the name of the Member for Lake Laberge, and Motion No. 253, standing in the name of the Member for Vuntut Gwitchin.

In addition, the following motion has been removed from the Order Paper as the action requested has been taken in whole or in part: Motion No. 221, standing in the name of the Leader of the Third Party.

DAILY ROUTINE

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

Introduction of visitors.

INTRODUCTION OF VISITORS

Hon. Mr. Clarke: I would like to take this opportunity to welcome to the gallery members from my crew at Highways and Public Works in both the IT department and for the tribute to road safety.

I have a list here, and I apologize in advance if it's incomplete. From the team that was involved with the implementation of the QR and PVC credentials project, I have Sean McLeish, Lyndsey Beal, Mark Burns, Greg Newby, Dave Rogers, and Lee O'Mara.

From the Highways and Public Works road crews, we have Kevin Boutilier, Greg Eikland, Kelly Dewdney, Mike Warren, and Ian Jim.

Applause

Speaker: Tributes.

TRIBUTES

In recognition of highways maintenance crews

Hon. Mr. Clarke: I stand in the House today to pay tribute to the road crews that keep our roads and highways in the best condition possible so that we can all arrive safely at our destination. Every season, these crews meet the increasing challenges of a changing climate. They do an amazing job at adapting to new weather conditions and changing seasonal patterns.

We know that climate change is happening faster in the north, and it's affecting how we travel. A great example of this was last winter. I am sure that we all remember the exceptional levels of snow.

We saw unprecedented road closures, particularly in the south Klondike Highway area. Members will know that the south Klondike was also closed again just this morning due to an avalanche, and road crews have since cleared and opened the road. There were many avalanches that closed the road throughout the past winter. This highway is a vital transportation corridor between Alaska and the Yukon. It also allows Yukoners to access a winter playground in the White Pass. Our road crews work around the clock to clear avalanches off the roads. This opened an essential travel route, but it also let Yukoners enjoy their favourite winter activities.

During the pandemic, Mr. Speaker, I think we have realized how truly important these recreational activities are for our well-being. I know that everyone who was able to access the White Pass last winter appreciates the road crews for all the work that they did.

Besides the changing climate, maintaining roads in the Yukon is unique in many ways. We have a vast territory and therefore a large road network. The team at Highways and Public Works maintains roughly 4,800 kilometres of roads across the territory. That is roughly the distance between Whitehorse and Vancouver and back again. This is no small feat. Not only do our roadways cover large distances, but our communities are spaced out over the Yukon. Besides Old Crow, our connection to our communities is our roadways.

During the winter, snow and ice can threaten to close these transportation corridors. Our number one priority during the long winter season is keeping these connections safe and open. It takes a certain type of person who is equipped for this type of job. Our winter road crews are made up of hard-working individuals who have a "get the job done" kind of mindset. These people get up in the dark, long before the rest of us, just to ensure that we can all make it to work safely. I would like to thank these road crews for their commitment to their jobs. They continue to step up to meet the challenges of maintaining our northern road network during the coldest months of the year.

Mr. Speaker, I would also like to take a moment to ask everyone else to help our winter road crews do their job by yielding to winter equipment and exercising extra caution on the roads. Remember that the posted speed limits are only for ideal conditions. If you are driving in a snowstorm or when the temperatures are fluctuating, please slow down. Take your time and drive carefully. It is not worth the risk of an accident.

Lastly, before you travel, check the new 511 Yukon mobile app or website to get the most up-to-date information on road conditions and closures.

Applause

Mr. Hassard: Mr. Speaker, it is a pleasure to rise today on behalf of the Yukon Party Official Opposition to recognize the importance of road safety across the territory.

For many, winter driving can be scary. The roads are icy and conditions are often less than ideal. Accidents can and do happen, even on the best kept roads. It is important that everyone does their part on our roads to keep our roads as safe as can be. Drive to conditions of the road, keep an eye out for

others who may need assistance, and keep your car in top winter driving condition.

As the minister said, the Yukon has thousands of kilometres of highway connecting our communities and allowing people to flow to and from the territory. Crews across the territory have no shortage of roads to keep cleared and sanded. They are out there every day — often all day and night during heavier snowfalls — and it is our hope that motorists keep the concept of “slow down, move over” in mind. Slow down and move over on the roads when you see vehicles on the side of the road with lights flashing. These vehicles could include emergency medical services, police, fire, plow trucks, tow trucks, and more.

Watch for trucks that are actively blading and sanding in the roadways. Be aware, pay attention to vehicle signage, and give them space. They are working and need room to do their jobs. Again, Mr. Speaker, I would like to recognize and thank those who work to keep our highways clear to ensure that residents, visitors, EMS, freight haulers, and others are all able to travel safely throughout the territory.

Applause

Ms. Tredger: I rise on behalf of the Yukon NDP to celebrate road safety.

On my way to work this morning, I thought about how lucky we are to have plowed roads to travel on, even during the snowy winter. Already today, thousands of people have made their way to school, to work, and to appointments, errands, and activities, and they did so safely thanks to the work of many folks behind the scenes.

The snowplow drivers, the highway maintenance staff, and even the people who took the time to shovel their sidewalks — thank you to the efforts of people across our territory because, thanks to them, people can travel through their day safely. On behalf of the Yukon NDP, thank you to all of you.

Applause

Speaker: Are there any documents for tabling?

TABLING RETURNS AND DOCUMENTS

Hon. Mr. Mostyn: I have for tabling a letter from the Yukon Residential Landlord Association.

I also have for tabling an e-mail from the president of Air North outlining concerns with proposed last-minute amendments to the Yukon Workers’ Compensation Health and Safety legislation currently before the House.

I also have for tabling an e-mail from the Yukon Chamber of Commerce expressing concerns with the last-minute amendments to the Yukon Workers’ Compensation Health and Safety legislation currently before the House.

I also have for tabling an e-mail from Carmacks Mayor Lee Bodie stating the municipality’s support for the changes to the *Assessment and Taxation Act* that would allow for the better building program to be developed.

Hon. Mr. Streicker: I have for tabling today a legislative return in response to questions from the Member for Takhini-Kopper King from October 21, 2021.

Mr. Dixon: I have for tabling the most recent position from the City of Whitehorse with regard to the better building program. It’s a letter addressed to the Minister of Community Services.

Ms. McLeod: I have for tabling a letter from the Town of Watson Lake expressing their concern with the better building program.

Ms. White: I have for tabling today two documents: one from the Village of Mayo asking that the municipal and taxation act amendments be postponed until the spring, and an e-mail from the Village of Teslin against the better building program as proposed.

Ms. Blake: I have for tabling a report from the chief coroner of the Yukon, dated November 29, 2021, announcing the current number of deaths from opioid overdoses.

Speaker: Petitions.

PETITIONS

Petition No. 7 — response

Hon. Ms. McPhee: I rise in response to Petition No. 7, tabled in the House on November 17, 2021. I would first like to offer my condolences — and all of our condolences — for those who are grieving the loss of a loved one. We know that many people in Mayo, and in fact across the Yukon, have felt the devastating effects that can result from substance use. I thank the supporters for bringing the petition forward. We recognize that this is a crisis for the citizens of Mayo and for all Yukoners. I appreciate the opportunity to respond to this urgent matter.

Many of these issues brought forward in this petition are seen beyond the community of Mayo. We must collectively work together to address mental health and substance use and law enforcement challenges across the territory. It is critical that we remember that we are all on the same side of this issue with the same goal, which is that Yukoners lead healthy, happy lives.

We are committed to ensuring that Yukoners have access to support where they are and when they need it. The wellness of Yukoners is the highest priority for our government. We have made concrete steps in this area, particularly as we continue to deal with the added stress of the COVID-19 pandemic; however, we must clearly work together to do more. Our Mental Wellness and Substance Use unit provides mental wellness and substance use counselling to Yukoners across the territory. This includes rapid-access counselling services available within 72 hours, five days a week. Again, we must make these services more responsive to Yukoners in need. We must make it easier for people to reach out for help.

Mental Wellness and Substance Use services are available in Mayo. A counsellor resides in the community and provides

mental wellness and substance use counselling as well as emotional support for residents. In addition, a child and youth counsellor from Dawson City travels to Mayo on a biweekly basis to provide services in the local school and community. There is a mental health nurse in Dawson City who is also able to serve the community of Mayo. The mental health nurse is available to provide supports, in coordination with a psychiatrist or other medical staff, for individuals impacted by complex mental health and substance use disorders.

Mental Wellness and Substance Use staff work closely with an opioid prevention coordinator in Whitehorse for the delivery of harm-reduction workshops and materials in Mayo and other communities. This includes take-home Naloxone kits for distribution in communities. Family and Children's Services is also available to respond if social work supports for children, youth, and their families are required.

We have made a commitment that a safe supply of opioids will be available to people with substance use disorders in an effort to address the opioid crisis in the territory — but one solution, Mr. Speaker.

The Yukon government provides funding to the Canadian Mental Health Association Yukon division and All Genders Yukon Society to facilitate counselling, group sessions, and other support services. Mental Wellness and Substance Use also offers services such as withdrawal management, and there is no wait-list for that at this time.

However, we recognize that the level of need is significant and that a coordinated, urgent response is required. We are always considering ways that we can enhance supports and services. Our partners across the territory, including First Nations, municipalities, NGOs, the RCMP, and people with lived experience, are critical partners in this response. We work with communities across the territory to understand their needs and how we can best provide support.

This petition is part of that important conversation. Consideration of a state of emergency is only an option if it would provide additional tools to protect Yukoners. This is a step that we must consider, together. There is no doubt that we are in a difficult place right now. Together we must actively work to address today's challenges and look toward the future. We must continue to improve our high-quality, accessible, and consistent care — just steps we have taken that need to continue. This needs to be a community response. What we are doing is not enough if it is not reaching the people who need it.

Our government is working with our partners in all government departments noted in the petition to hold a mental wellness summit where participants can identify meaningful solutions — including health, wellness, and law enforcement solutions — and a path forward together. This petition is from many community members who want to see changes for their community. This needs to be a multi-government approach. We look forward to working with the Town of Mayo, its citizens, and the Na-Cho Nyäk Dun First Nation as we go forward to address this important critical issue.

Speaker: Are there any petitions to be presented?
Are there any bills to be introduced?

Are there any notices of motions?

NOTICES OF MOTIONS

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

THAT this House urges the Government of Yukon to end evictions without cause.

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

THAT this House urges the Government of Yukon to adopt all 54 articles of the United Nations *Convention on the Rights of the Child*.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to make available a support person at vaccine clinics to help people obtain their vaccine credentials.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to apply for an exemption under the *Controlled Drug and Substances Act* to decriminalize personal use of all illegal drugs in the Yukon.

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

THAT this House urges the Government of Yukon to widely inform the public about availabilities of non-mRNA vaccines in the Yukon and the timeline to request appointments.

Speaker: Is there a statement by a minister?

MINISTERIAL STATEMENT COVID-19 vaccination verification

Hon. Mr. Clarke: This past fall, we knew that Yukoners would need a secure proof of vaccination. We worked quickly to develop a service where one could obtain the proof of vaccination credential online or on the phone. Not only that, but Highways and Public Works — and the Yukon — was one of the first jurisdictions to meet the federal standards for proof of vaccination credentials. This has been essential in allowing Yukoners to travel to other jurisdictions, internationally, and is now needed to access designated settings and services in the Yukon.

With the new vaccination requirements in the Yukon, the proof of vaccination credential will remain essential in our efforts to reduce the spread of COVID-19. Since the new requirements came into effect, we have asked designated establishments and services to visually verify the proof of vaccination credential. This meant looking at the proof of vaccination credential and photo ID to confirm that someone is fully vaccinated. We wanted to make this process easier and faster for Yukon establishments and services.

On November 24, we launched the Yukon vaccination verifier app. This app helps Yukon businesses and services check the vaccination status of their patrons. It is now freely available on both the Google Play store and Apple App Store for anyone to download. You will need an Internet connection

to download the app, but after it is downloaded, you can use the app without the Internet. By way of update from the department today, I am advised that the apps have been downloaded approximately just over 2,000 times, and currently we have just over 25,000 personal, discrete, unique vaccination credentials that have been downloaded.

This design was intentional to ensure that the remote areas of our territory with limited Internet connectivity would be able to use the app. The app will scan the QR codes located on any proof of vaccination credential that meets the federal standards. Currently, the majority of provinces and territories meet those standards.

When we start using any new form of technology, it brings up questions of privacy and security. I want to be clear with Yukoners that we designed both the proof of vaccination credential and the app to protect Yukoners' privacy. The app does not record, store, or report any data at all to the Yukon government or any third party. The QR code only contains the minimum amount of information needed, and this is the same information that is available visually. The proof of vaccination credential does not link to any other records.

These features will help keep Yukoners' personal information safe when using these services. We know that this will take some time to get used to, but we believe that the app will help make this transition easier. Moving forward, and as we learn to adapt to living with COVID-19, Highways and Public Works will continue to support the technology needed to forge ahead.

Mr. Hassard: We understand that the Yukon vaccine verifier was developed in concert with the Liberal government's new COVID-19 rules that took effect earlier this month, and I will note, Mr. Speaker, that the Yukon Party is happy to see the app now available as it will enable businesses and anyone who needs to check the verification status to do so with a touch of a few buttons and a quick scan.

The one question that I do have for the minister, Mr. Speaker, is what happens to those who do not have the proper identification to go along with proving that they are vaccinated. Of course, this scenario would mainly pertain to teenagers who do not yet have a driver's licence.

Again, I would just like to thank all of those who worked behind the scenes to get this app up and running.

Ms. White: The Yukon NDP is happy to respond to a November 23 press release letting Yukoners know that the new Yukon vaccination verifier app is now available for download. Thank you to all of those behind the scenes at Highways and Public Works. We recognize that you have done an incredible amount of work on a tight deadline, but what we would really like to know is what the Liberal government is doing to help folks without technology get copies of their vaccine status. I can assure the minister that accessing phone support is daunting for many, not to mention the need for a mailing address and more.

Will a station be set up at a central location, like the lobby of the convention centre, to help folks get physical copies of

what they need? If not, why not? What about Yukoners' ability to access non-mRNA vaccines? What is being done to advertise that both the Janssen and the Pfizer vaccine are available to those who are hesitant about Moderna? It is great that these alternatives are available, but having a small write-up buried in the yukon.ca website isn't enough. According to that website, these alternate vaccines are only available for two days in Whitehorse.

Now that the government has decided to offer alternate vaccine options, are there plans to continue offering them for a longer period of time?

Hon. Mr. Clarke: Briefly, on both of the queries made by both the Member for Pelly-Nisutlin and the Member for Takhini-Kopper King, yes, the process of facilitating and making it easier for those between the ages of 12 and 17 to receive their general identification is a process that we are engaging in between departments. There is more to come on that, but I have certainly been briefed on that, and I support the member opposite's submissions on that.

Of course, as well, we will make all efforts possible to ensure that a personal vaccine credential status can be accessed by all Yukoners who wish to receive it and we will facilitate that process, so I will take those comments back to my department.

Throughout the pandemic, we have seen a need to provide our citizens with e-services that address new and evolving issues related to COVID-19. Our information, communication, and technology team has been working behind the scenes to support our COVID-19 response every step of the way. I want to take a moment to thank them for their hard work and dedication. Since launching the secure proof of vaccination credential, now over 25,000 Yukoners have downloaded their credentials. For anyone who has not yet received their credentials, it is certainly not too late. It can be done at all times. Yukoners can request their proof of vaccination credential online at yukon.ca/vaccine-proof or by phone by calling 1-877-374-0425.

Mr. Speaker, it is great to see so many Yukoners doing their part to keep each other healthy and safe. As designated businesses and services begin to require proof of vaccination from their clients, I ask that we all be patient during this transition. It will take some time to get used to. The Yukon vaccine verifier app will help with that transition, and I encourage Yukoners and business owners to download the app for free today. Prior to the app being launched, we worked with businesses, organizations, and First Nations to help ensure that they knew how to use this new piece of technology.

Last week, our government also announced the vaccine verification rebate that provides Yukon businesses and organizations with a 50-percent rebate, up to \$500, toward the purchase of new equipment needed to use the app and check proof of vaccination credentials. We wanted to make sure that this transition was as seamless as possible, and we provided the proper training and support for Yukoners to feel comfortable while using this app.

At this time, as is the case in all Canadian jurisdictions, the app cannot scan international proof of vaccination credentials. In the meantime, if you do encounter an international proof of vaccination, you will need to visually verify it. Once an internationally recognized standard of vaccination credentials is in place, we will have the ability to make those updates to the app.

Once again, Mr. Speaker, I want to thank all Yukoners and Yukon businesses who are doing their best to follow the recommendations from the acting chief medical officer of health. Our government will continue to work with them to ensure that they have the tools that they need to operate their businesses safely, reduce the spread of COVID-19, and keep our communities healthy and safe.

Speaker: This then brings us to Question Period.

QUESTION PERIOD

Question re: Mining assessment process

Mr. Kent: So, on December 20, 2017, the Coffee mining project was submitted to YESAB for an environmental and socio-economic assessment. After almost four years in the process, the YESA board submitted their final screening report on October 12 of this year. Ever so briefly, there was light at the end of the tunnel. However, today, the project has unfortunately run into another government delay and has been referred back to YESAB by the federal decision bodies based on concerns that they have.

In January, the Premier got upset with the federal government and issued a public statement criticizing them when the Kudz Ze Kayah project was referred back by Canada.

What is the Premier's position on this project being referred back? Will he be issuing a statement condemning the federal government for the delays and uncertainty like he did before?

Hon. Mr. Silver: I will take issue with the preamble to the question. I don't necessarily agree with the emotional approach that the Yukon Party took on my correspondence with Ottawa. However, I will say that, when it comes to all of the regulatory processes when it comes to mining, the mineral and mining exploration industries remain of central importance to Yukon's economy, to our way of life, and to contributing significantly to the territory's economic performance throughout the pandemic as well. The Yukon was one of only two jurisdictions in Canada to experience GDP growth in 2020. That was largely thanks to the people in the mining industry.

We have been clear that the Government of Canada needs to take steps to streamline these processes going forward to ensure that the clarity is there and certainty for the mining industry. Those were my comments about another project in another time.

We are absolutely closely monitoring and participating in the Coffee Gold mine project as it continues through the executive committee screening under the *Yukon Environmental and Socio-economic Assessment Act*. We are encouraged that the executive committee issued a final screening report

recommending the project proceed subject to terms and conditions.

Mr. Kent: So, no statement from the Premier, then, on this project being referred back.

Part of the delays related to this project are related to the Yukon Resource Gateway project of which Canada is a major funder. This road project originally was tied to part of the Coffee mine, and as a result, Infrastructure Canada was a decision body. However, in 2019, the Yukon government changed the scope of Gateway and removed the Coffee mine access from these planned roads, but they forgot to tell Infrastructure Canada.

An October 8, 2021 letter from Infrastructure Canada to YESAB states that part of the federal government concern was — and I quote: “To date, the Yukon Government has not discussed with INFC the specifics of this contribution, including what aspects of these road projects are currently being considered by the Executive Committee to be part of the Project and its screening.”

Then, last week, Infrastructure Canada indicated that the Yukon government finally notified them that they are not involved in this project.

Does the government recognize that their failure to inform the feds of changes led to delays?

Speaker: Order, please.

Hon. Mr. Streicker: What I can say is that my very first meeting in Ottawa back in 2017 was to talk with the Infrastructure minister and to discuss Gateway. At that time, we talked about the importance of making sure that Gateway was divided up into individual projects and that, in each one, we would work with the affected First Nation to discuss, negotiate, and decide whether or not that project can and should move ahead.

I certainly did talk about Coffee at that time. We talked about many of the projects there. My understanding is that Infrastructure Canada has just written a letter saying that this is not of concern for them. I am happy to connect with Infrastructure Canada and work with my colleague, the Minister of Highways and Public Works, and make sure that information is flowing well. I can also state that I sat in a meeting — my very first meeting in Ottawa, and it was with the Infrastructure minister — and I did discuss all of the Gateway projects.

Mr. Kent: I thank the minister for those remarks; however, the facts of the matter are that, on October 8, 2021, Infrastructure Canada wrote YESAB to state that the Yukon government had not discussed with them the specifics of their contribution on the Coffee mine project with respect to Resource Gateway.

Last week, they indicated that the Yukon government has finally notified them that they are not involved in this project and they are not a decision body, so the communication challenges go on.

Both the Kudz Ze Kayah and the Coffee project have been hit with delay after delay in the assessment process, so what assurances can the Premier give to the proponent of the Coffee

project that all timelines as set out in YESAB will be adhered to through this latest government-imposed delay?

Hon. Mr. Silver: As the member opposite would know from his former role as Minister of Energy, Mines and Resources, clarification on recommendations in the screening report being put back into the executive committee is the place where those conversations can happen. The narrative that they are stringing together doesn't hold water, in my opinion. We are working with the government of the Tr'ondëk Hwëch'in, the Selkirk First Nation, White River First Nation, and the First Nation of Na-Cho Nyäk Dun.

Again, given Canada's decision to refer this back to the executive committee, which is not necessarily a remarkable consideration — it would be very much status quo for a government to do so, for clarifying questions. This would be the opportunity to answer and clarify those questions. We are closely monitoring and participating as it moves through the executive committee. Again, we will be very critical if this makes for unwanted or unnecessary delays because that is our commitment over here on the Yukon Liberal Party side of the Legislative Assembly. We will do everything that we can to make sure the process is streamlined and to work with YESAB and also the Water Board in those pursuits.

As we know, we have done that with the Water Board with a memorandum of understanding with the secretariat and the Water Board, making sure that folks know the procedures and all of the different responsibilities that come with those decisions. This will be no different; we will make sure that we continue to monitor the situation.

Question re: Mining assessment process

Mr. Hassard: BMC Minerals submitted their proposal for the Kudz Ze Kayah mine project on March 23, 2017. The executive committee of the Yukon Environmental and Socio-economic Assessment Board issued their final report and recommendation in October 2020, which was then referred back to YESAB in January 2021. We understand that the legislative deadline to issue a decision document was May 5, 2021. Today is November 29, and there has been no decision document issued. That would mean that the Yukon government and the Government of Canada are offside of the legal deadline.

Can the Premier confirm when the legal deadline for a decision document was and whether or not the decision document for this project will be completed within the legislative timeline?

Hon. Mr. Silver: Unfortunately, I have no new information for the member opposite from the last time that we were on our feet in the Legislative Assembly talking about BMC and the process here. We are considering the results, obviously, of the executive committee's referral conclusion and screening reports and are collaborating with the federal decision body on this project. There was an election in there, which didn't help with delays, but I would say that the delays were there even before the election. Getting ministers up and running as well further exacerbated the situation.

At the same time, we have been very vocal as to our continuing consultation when it comes to the Kaska First Nation on the Kudz Ze Kayah project in a meaningful way that meets our obligations and supports our commitment to stronger relationships with the First Nation. We were also very vocal in our concerns that the Yukon Environmental and Socio-economic Assessment Board's executive committee issued a referral conclusion stating that the four participating folks were deadlocked in the consideration — the reconsideration — or the screening report.

Again, we are continuing to support responsible mining resource development and maintaining commitments to make sure that the regulatory processes are as streamlined as possible.

Mr. Hassard: There were a lot of words there but nothing in terms of a response.

The latest correspondence related to the Kudz Ze Kayah project posted on the YESAB website states that the decision document was anticipated to be issued in October 2021. Again, that deadline has come and gone without a decision document being issued.

So, why hasn't the Yukon government lived up to its commitment made in the letter to have a decision document completed, and when do the Liberals expect a decision document to be issued?

Hon. Mr. Silver: I appreciate the question from the member opposite. It is true that, as a result of a deadlock, the executive committee concluded that the original screening report issued on October 21, 2020 stood as the considered recommendation.

Now, of course, we are not the only government in this process, Mr. Speaker, and we have been knocking at the door of the feds for a while on this one. Fisheries and Oceans Canada, Natural Resources Canada, and ourselves are the decision bodies and are required to consult with each other with a view to making those decision documents conform. We meet very regularly with the Northern Projects Management Office, which is coordinating on behalf of the federal decision bodies, to discuss any issues and concerns and to collaborate in reaching decisions. You have a plethora of ministers who have been working with the regulatory process, but also with the proponent and with the First Nations, to do what we can within our side of this responsibility to get to a decision as quickly as possible and also maintain the sanctity of our regulatory systems.

Mr. Hassard: I would hate to see if the Premier was taking his time. You know, in early 2017, the Liberals promised the mining industry that they would put in place a collaborative framework dealing with timelines and reassessments for mining projects. Of course, industry members took him at his word that he would actually do this, and, of course, we know that this is one of many promises that the Liberals have broken. Now we find out that they have not met their own legal timelines with respect to major mining projects.

So, why did the Liberals break their promise to the mining industry from five years ago to put in place a collaborative framework?

Hon. Mr. Silver: I will respectfully disagree with my colleague from across the way as far as what we have done to streamline and what we have done to work on both regulatory processes. It is interesting that we don't get a lot of questions from members opposite on the Water Board process, for example. You look back at the genesis of a lot of conversations coming from the MOU that we signed with the First Nations, based upon litigation from the previous government's perspective and approach when it comes to the mining industry, which was a complete and utter failure.

So, moving forward, we are meeting more regularly with the Water Board and with YESAB than comparatively. We are absolutely committed to making sure that these processes are streamlined, making sure also that we don't go away from our responsibilities to the environment, which is extremely important. These institutions are extremely important in the Yukon, a one-stop shop when it comes to the regulatory process. We need to make sure that we meet regularly with both the Water Board and the folks on the board for YESA to ensure that the processes are as streamlined as possible.

Question re: Opioid crisis

Ms. Blake: Today we learned that the Yukon's rate of opioid-related death has surpassed BC. It means that the Yukon is now the jurisdiction with the most opioid-related deaths per capita in Canada. This is not a record that any province or territory wants to hold. Opioid deaths now represent more than one in five deaths that are investigated by the coroner this year. The rate of opioid deaths is beyond alarming. There is only one word for it: a tragedy. The people of Mayo have sent us a plea for help but we know that every community in the Yukon is grappling with this.

When will the government declare a public health emergency in the Yukon to help fight this devastating opioid crisis?

Hon. Ms. McPhee: I appreciate the opportunity to rise again today to speak about the importance of the declarations and the recognition by all levels of government in this territory with respect to the crisis that we are facing involving opioids and the use of opioids here in the territory.

I actually very much respect the chief coroner of the Yukon Territory. We have worked closely together. I also appreciate her candid words in her release today. She speaks very candidly about how there is no part of society that is unaffected, certainly not in the Yukon Territory in a community this small. She speaks about how we are on a "frightening trajectory"; those are her words. She speaks about how this can be seen as nothing less than a medical crisis, all of which I agree with and our government agrees with. There are young people affected and others well into their 70s. She also indicates that we simply cannot continue to stigmatize this horrible process of addictions and the use of drugs here in the territory. I look forward to continuing my response.

Ms. Blake: This is a medical crisis. Too many Yukoners have died. This report says that numbers tragically increased over the past three months. We are on a frightening path.

The report also states — and I quote: "... we have seen the drug supply become more and more toxic and unstable."

Thanks to the confidence and supply agreement, the government has started to roll out a safe supply of opioids, but the safe supply hasn't made it to the communities. Yukon communities need this.

When the minister was asked last week about it, the response was a lot of words but no firm commitment. Will a safe supply of opioids be available in all Yukon communities by the end of this year?

Hon. Ms. McPhee: I think that it's incredibly important to continue this conversation that is sparked by the chief coroner's report today. We know that all of the deaths — 21 of them in this year, since January 1 — involved opioids in various forms of fentanyl and a large percentage also involved cocaine and also alcohol and benzodiazepines. These are involved in some of the fatalities.

What I think is incredibly important is that we get the message out that the drug supply here in the territory is more toxic, perhaps than ever. She notes also in her report that the use of naloxone kits is helpful but that many people are dying alone in their homes without the opportunity to use those kits or not knowing about or having them. The concern, of course, is that the kits are becoming less effective against the increasing toxicity of drugs.

If we have a message today to Yukoners, we must get the message out that there is an increasing toxicity in the drug supply here in the territory and that they must take care, and we must help in this process.

Ms. Blake: This situation is devastating and it has been going on since 2016. While the minister is convinced that the government's response is adequate, let me quote again from today's chief coroner's report: "These drugs are killing our children, our parents, our aunts and uncles, sisters, brothers, nieces and nephews, our grand children and yes, our grandparents ... These deaths are occurring in young people barely out of their teens and to those well into their 70s." This is not time for more excuses and empty responses. People are dying, often alone in their homes.

Will the minister deploy emergency resources in communities to help save lives?

Hon. Ms. McPhee: I want to be clear that I haven't said that the government's response is adequate; I have not said that. In fact, for five minutes in the response to the petition earlier today, I said that it is not adequate, that there is lots of opportunity for people to reach out for help, but that it doesn't matter if we're not reaching them where they are or if there isn't the opportunity for them to reach out for help when they need it in an emergency situation.

What I have said is that we must work together as communities. We must work together at all levels of government in order to address this situation.

We often get criticized that, as a government, we make decisions on behalf of communities and then that is a criticism, but when we commit to working together with communities at all levels of government to come up with meaningful solutions that mean something to communities, we get criticized for not

just deciding something on behalf of the community. We are not going to do that, Mr. Speaker. We are going to work with our communities. We are going to recognize that this is a crisis at all levels — law enforcement, health and social services, justice, community leaders, First Nation governments, and those who have lived experience. We are going to work on it together to try to address this critical situation.

Question re: Building renovation program

Ms. White: In 2019 during a throne speech, this government announced that municipal governments would be responsible for a residential and commercial retrofit program. Needless to say, municipal governments were surprised. Being told that loans would be collected through municipal local improvement charges left communities with many questions and fewer answers. Two years later, municipal officials are still in the exact same situation. They have many questions, few answers, and are getting tired of being told by the minister that it is now or never. Forcing municipalities into accepting a program that they have never seen is not an acceptable way to work with other levels of government.

Will the government commit to postponing amendments to the municipal and taxation acts until they have all municipalities onside?

Hon. Mr. Mostyn: I am happy to talk about this issue on the floor of the House this afternoon. We are in a climate emergency, Mr. Speaker. I have said this again and again. We have seen the effects of what is happening in our climate in Marsh Lake and BC and in other areas. We have committed to taking action on climate change in the face of the emergency. This enabling legislation is one of those actions.

I take exception to the preamble from the Leader of the Third Party. We are not forcing any municipality to sign on — absolutely not. This is enabling legislation that allows them to come on at their decision sometime in the future. All this does is that it gives us the ability to start designing a program that municipalities and I can then start working on, into the future. I have the support of some communities in the territory; I do not have the support of all communities at this point. I know that there are some reservations because there is some trepidation and some unanswered questions. I have said, in writing, that I am more than happy to work with municipalities on this issue over the coming winter to make sure that their questions are answered as we develop regulations together and develop a program together.

I stand by those commitments. I am hoping that this legislation passes the House tomorrow so that we can actually start to act on climate change and get our greenhouse gases down 12 kilotonnes by 2030.

Ms. White: It is interesting, because I would suggest that municipalities and their councillors and mayors getting phone calls on the weekend would say that it feels a lot like forcing the issue.

So, many — if not most — municipalities have already told the minister that they don't have staff capacity for such a big program, but the minister is not listening. This is the very same

minister who chose to table the legislation that would directly impact municipalities weeks ahead of municipal elections.

But he is also assuring them that, once the bill is passed, things will be different. The minister has committed that a joint committee would be struck this winter to develop terms of reference, and he has also directed municipalities — in the same breath — to provide names for this committee by the first week of December.

So, Mr. Speaker, will the minister commit to postpone the bill until the spring, still create this committee, work with municipalities, and then bring the bill back once all municipalities are onside?

Hon. Mr. Streicker: In 2019 before the throne speech was given, I met with communities. I sat down with them and we talked through — they asked to see whether we could use the Yukon Housing Corporation. We went off and did a bunch of work, and we came back and explained why that approach would not be as strong as working with municipalities.

We have been working with them for two years now and we will continue to work with them, but there are places that want to go right now: Marsh Lake, Carcross, Carmacks, Old Crow, Pelly, Haines Junction, and Beaver Creek. All of those communities would like to start. Let's start, and then we will work with all of the other municipalities and work with them to deal with this burden that is coming to them — about collecting the local improvement charges afterward and making sure that they are whole through that.

The process, as everyone can see, is through the Energy Solutions Centre. That is how we are going to do this work.

It's a good project. It's great for our communities. We are working with municipalities to get them there, too. In the meantime, we ask that the opposition not kill this bill for all those other communities.

Ms. White: I appreciate the minister's response, but it's important to note that a long list of those were unincorporated communities that the Yukon government is already responsible for.

By the letters tabled today, it seems that municipal governments aren't buying what the minister is desperately trying to sell. Neither the Yukon NDP nor municipalities are disputing the importance of retrofits. The Yukon NDP, however, has been clear that we won't support a bill that is essentially forcing municipalities into something that they have never agreed to.

Municipalities are simply asking that these amendments be held off until the spring, giving them time to get answers, working together, and seeing how to best implement this program for their communities. Both opposition parties have been vocal on this issue. The minister knows full well that, if we put it to a vote, the legislation most likely won't pass.

Why is he purposely torpedoing his own legislation? Is blaming opposition parties more important than creating good legislation and working with our municipal partners?

Hon. Mr. Mostyn: I really do have to take exception with the Leader of the Third Party's preamble again. I want to be perfectly clear: This legislation that we have before the House now is enabling legislation. The municipalities have

every opportunity to opt in to it at their leisure. There is no obligation. “Don’t pay a cent” event — that’s what this is. There is no obligation. It’s a “don’t pay a cent” event until they are more than ready to come on board of their own volition.

I have said in this House, under ATIPP and other things, that they are self-governing municipalities. They can do what they want. That is the same principle that I’m carrying forward here. They can come in. I have been working with them for the last several months. My colleague has been working with them for years. We are going to work through these issues, but the enabling legislation — which is critical to take action on climate change in all unincorporated municipalities, like my colleague has said this afternoon.

It is enabling legislation. In these times, Community Services will work with municipalities to make sure that they have their questions and their concerns answered and that they are made whole in the face of this program. But the enabling legislation comes first. Once I have permission in this House to build a program, I will do it. I am not putting a lot of time into a program before we have permission to proceed.

Question re: Whistle Bend school

Ms. Clarke: The Liberal government has mismanaged the construction of the delayed Whistle Bend school project. On November 21, 2019, the former Minister of Highways and Public Works stated that the Liberal government had budgeted \$32 million for the project. Then, on July 29 of this year, the Liberal government awarded a \$42.8-million contract for the delayed Whistle Bend elementary school. So, before construction even started, the school was already \$10 million overbudget.

Can the minister explain why the new Whistle Bend school is already \$10 million overbudget?

Hon. Mr. Clarke: Thank you for the opportunity to speak about the construction of the first elementary school to be built in the last 25 years, including 14 years of Yukon Party governance. Building a new school for the community of Whistle Bend is a high priority for the Yukon government. Highways and Public Works has worked with the Department of Education and the project advisory committee throughout the project to ensure that the school design incorporates important community elements.

Ketza Construction Corporation was awarded the design/build contract this summer and detailed design work has begun. Construction of this school is planned to be completed by the 2023-24 school year. As the member opposite indicated, there have been some cost pressures, and the member opposite has also heard that there are supply chain issues with respect to that and that there have been inflationary impacts of labour, lumber, structural steel, and other elements that were not necessarily to be anticipated when this project was being planned —

Speaker: Order, please.

Ms. Clarke: In November 2019, the former Minister of Highways and Public Works stated that the budget for the Whistle Bend school was \$32 million. The contract that was awarded for construction is \$42.8 million. So, before a single

shovel was in the ground, the project was massively overbudget.

I would like to move on to the major project delays related to this school. A confidential briefing note to the former minister that we received through access to information indicates that construction was originally scheduled to start in June 2021. However, a government press release from October 19, 2021 states that substantial construction will not start until spring next year. Can the minister tell us why this school is now delayed almost a year?

Hon. Mr. Clarke: Thank you for the question from the member opposite. Even under the member opposite’s scenario where construction was to commence in June 2021, ground was cleared by the fall of 2021. The work is commencing.

Sure, there’s a scenario where the member opposite is saying — so the bottom line is that there have not been significant delays on this project. The community of Whistle Bend — a growing, vibrant community and the fastest growing community in the Yukon right now — very much looks forward to having a state-of-the-art, energy-efficient, progressive school for its growing child-age population.

We know — and I’ve heard from the member opposite clearly in the Legislative Assembly from time to time — about the concern that Whistle Bend residents have with respect to traffic going in and out of Whistle Bend, which, of course, is significantly exacerbated by the fact that there isn’t currently either an elementary or high school in Whistle Bend.

So, there are good times ahead for the residents of Whistle Bend with this school.

Ms. Clarke: Thank you, Mr. Speaker. Good times ahead. Thank you.

The Whistle Bend school is another project mismanaged by the Liberals that will come in late and overbudget. The original budget was \$32 million. They blew that budget by over \$10 million. The original construction start date was June 2021. They blew that timeline by almost a year. During the spring election, the Liberal platform committed to — quote: “... establish a Whistle Bend School Council in spring 2021.”

However, last week, the Minister of Education issued a document stating that the school council will only be set up in the spring of 2022. Can the minister tell us why the Liberals have blown every single budget and missed every single timeline related to the Whistle Bend school?

Hon. Ms. McLean: I am happy to stand and talk about the Whistle Bend school, which is great news for Yukon. As the Minister of Highways and Public Works has pointed out, it’s the first new elementary school in decades. The Liberal Party is delivering on our commitments. The Yukon Party had their chance; they didn’t deliver this.

I want to be clear that this is a great news story for Yukoners. Education is vitally important to the well-being of our communities. Whistle Bend is a growing community. We are very proud. The Minister of Highways and Public Works and I attended, alongside Ketza and members of the Kwanlin Dün and Ta’an Kwäch’än, a blessing ceremony for this land site.

We have good intentions for our communities, and education is a very big part of that. We will be establishing a school council and an attendance area which will be established for the new Whistle Bend elementary school in preparation for the May 2022 school council elections. Once established, they will participate in the selection process for a principal and exercise the other duties of a school council.

Speaker: The time for Question Period has now elapsed.

Speaker's ruling

Speaker: Before proceeding to the Orders of the Day, the Chair will make a statement regarding a point of order raised by the Member for Lake Laberge during debate on Motion No. 236 on Wednesday, November 24, 2021.

After reviewing the Blues, the Chair finds that the statement made by the Premier included terms such as: "Yukoners know that the Yukon Party doesn't actually believe this..." and "Yukoners also know that the Yukon Party consistently spreads misinformation..."

This is tending toward accusing another member of uttering a deliberate falsehood. I would caution all members to temper their remarks so that it is always clear that they are not accusing members of uttering deliberate falsehoods — either directly or indirectly.

Thank you for your attention to this matter.

We will now proceed to Orders of the Day.

ORDERS OF THE DAY

GOVERNMENT BILLS

Bill No. 10: *Act to Amend the Territorial Court Judiciary Pension Plan Act (2021)* — Third Reading

Clerk: Third reading, Bill No. 10, standing in the name of the Hon. Ms. McPhee.

Hon. Ms. McPhee: Mr. Speaker, I move that Bill No. 10, entitled *Act to Amend the Territorial Court Judiciary Pension Plan Act (2021)*, be now read a third time and do pass.

Speaker: It has been moved by the Minister of Justice that Bill No. 10, entitled *Act to Amend the Territorial Court Judiciary Pension Plan Act (2021)*, be now read a third time and do pass.

Hon. Ms. McPhee: I thank the House for the discussion that we have had to date on Bill No. 10. As I have mentioned in previous remarks, the tabled amendments to the *Territorial Court Judiciary Pension Plan Act* satisfy the accepted recommendations of the 2016 Judicial Compensation Commission's final report. The proposed amendments to the *Territorial Court Judiciary Pension Plan Act* clarify and expand the scheme for how reductions are applied to pension benefit amounts in the event that a member elects an early commencement of pension benefits. They also clarify that a five-year guarantee applies to all pensions payable, including for joint and survivor pensions for a judge with a spouse. Lastly, they clarify that child benefits, in terms of pension

amounts, are payable under both the registered and supplemental pension plans by codifying the scheme for disbursement of pension amounts to judges' children.

These amendments ensure that the provisions governing the supplementary judicial pension plan are consistent with those of the judiciary registered pension plan and confirm that pension amounts are payable to the children of judges under both plans.

Mr. Speaker, I recommend that the members of this Legislative Assembly support the passing of the *Act to Amend the Territorial Court Judiciary Pension Plan Act (2021)*, also known as Bill No. 10, as a means to ensure that the accepted recommendations of the 2016 Judicial Compensation Commission are fully implemented.

Speaker: Are you prepared for the question?

Some Hon. Members: Division.

Division

Speaker: Division has been called.

Bells

Speaker: Mr. Clerk, please poll the House.

Hon. Mr. Silver: Agree.

Hon. Ms. McPhee: Agree.

Hon. Mr. Streicker: Agree.

Hon. Mr. Pillai: Agree.

Hon. Mr. Clarke: Agree.

Hon. Ms. McLean: Agree.

Hon. Mr. Mostyn: Agree.

Mr. Dixon: Agree.

Mr. Kent: Agree.

Ms. Clarke: Agree.

Mr. Cathers: Agree.

Ms. McLeod: Agree.

Ms. Van Bibber: Agree.

Mr. Hassard: Agree.

Mr. Istchenko: Agree.

Ms. White: Agree.

Ms. Blake: Agree.

Ms. Tredger: Agree.

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

Speaker: The yeas have it. I declare the motion carried.
Motion for third reading of Bill No. 10 agreed to

Speaker: I declare that Bill No. 10 has passed this House.

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

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

Motion agreed to

Speaker leaves the Chair

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

Motion re appearance of witnesses

Committee of the Whole Motion No. 5

Hon. Mr. Streicker: I move:

THAT from 3:30 p.m. until 5:30 p.m. on Monday, November 29, 2021, Dr. André Corriveau, Yukon's acting chief medical officer of health, and Dr. Jesse Kancir, medical officer of health, appear as witnesses before Committee of the Whole to answer questions relating to the COVID-19 pandemic.

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

THAT from 3:30 p.m. until 5:30 p.m. on Monday, November 29, 2021, Dr. André Corriveau, Yukon's acting chief medical officer of health, and Dr. Jesse Kancir, medical officer of health, appear as witnesses before Committee of the Whole to answer questions relating to the COVID-19 pandemic.

Motion agreed to

Chair: The matter before the Committee is continuing 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.

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

Recess

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

Bill No. 202: Second Appropriation Act 2021-22

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

Department of Health and Social Services — continued

Deputy Chair: Is there any further general debate?

Hon. Ms. McPhee: Deputy Chair, I am joined this afternoon by Deputy Minister Stephen Samis and Assistant Deputy Minister Karen Chan with the Department of Health and Social Services. I thank them very much for being here.

I have some remarks that I believe I had not completed when we were last here and I am very pleased to be able to take the opportunity to review some of the numbers in the supplemental budget in response to some of the questions that have been sent our way. Hopefully, they will provide more answers and ultimately help members opposite direct their questions.

Just as a review, the total operation and maintenance request in this supplemental budget is \$16.9 million. The total capital request is \$5.8 million. The operation and maintenance request from Health and Social Services is made up, really, of two main areas. They relate to supporting Yukoners in our various program areas and meeting COVID-19 and vaccination needs to support Yukoners. I have some more details with respect to those.

First, the highlights of various program changes, I think, are important for today's opportunity for debate. There is an increase of \$103,000 for an environmental health analyst to support the coordination and implementation of environmental health policy in support of *Our Clean Future*.

There is an increase of \$150,000 to support the Southern Lakes flood response.

There is an additional funding request of \$264,000 to support substance use and addictions for health promotion coordination, which has a full recovery available for it.

In the area of Family and Children's Services, there is an important increase to support cultural activities for children in out-of-home care. I noted that recently when we did a statement regarding additional services for children. This \$1.3-million increase is partially recoverable through our federal partners.

Health and Social Services is proposing to provide funding of \$650,000 to support individuals who live independently with supports through Housing First, which is exciting.

Yukon's seniors supplement is a demand-based program, and it requires an additional \$250,000 to operate.

There is also a request for \$300,000 to meet the needs of Yukoners with disabilities. This includes two staff members and increased funding to support the increased client demand and to provide better service to those folks.

Lastly, there is a \$515,000 request to support the implementation of the midwifery program.

There is also an increase of \$10.7 million in our COVID-19 response. It is important to note that we continue to be in a public health emergency and now in a state of emergency under the *Civil Emergency Measures Act*.

The surge, beginning in June 2021, along with the forecasted cost to the end of this fiscal year contributed to this increase. This includes an increase, as we have mentioned previously, of 87.3 FTEs. Some of the highlights include: \$8.9 million to support public health measures such as infection control, screening, and additional supports for the hospital; \$256,000 for social supports for vulnerable people; and \$1.5 million to support vacations and services for workers.

The FTEs include temporary staff to support the vaccine deployment, testing and surveillance, social supports, mental health supports, infection prevention, screening, and other services. In order to adequately support the COVID-19 response, Health and Social Services requires staff to respond and meet the needs of Yukoners. While we did temporarily bring people in from other jurisdictions during the summer to help with the outbreak, the increase of FTEs noted is for staff primarily from the Yukon.

There is a total capital increase of \$5.8 million. The highlights are: \$3.8 million is for IHealth, which is partially

recoverable; and there is \$1.7 million to finish the much-needed renovations at Copper Ridge Place. I want to just mention that the Copper Ridge refurbishment program was originally budgeted for one year, which was 2020-21, but it wasn't completed, so the project is expected to be finished in the 2021-22 fiscal year. The total cost of that project has not changed. I said that it is \$1.7 million, but it's \$1.668 million. Important changes also that I had the opportunity to speak about are to provide services to our seniors in long-term care.

I would just like to review the COVID response supplementary budget. The COVID-19 response — and this is the O&M budget — in the first supplementary budget for 2021-22 is \$25 million — just under that. This is an increase of \$10.7 million over the 2021-22 main estimates for COVID-19 response.

At the highest level for accounting purposes, these funds are grouped into three distinct areas. They cover personnel costs, some other costs, and government transfers. This funding supports both the vaccine rollout and the COVID-19 initiatives, which I think is incredibly important for Yukoners to understand. We have all taken the position — and by “all”, I am sure all members of this Legislative Assembly and Yukoners — that we have to respond in the best way possible. Vaccines are our best defence against COVID-19 and will likely remain that way for the foreseeable future, if not many years to come. We should spare no cost in making sure that we have those vaccines readily available for Yukoners and can provide them to them through the vaccine rollouts, both here in Whitehorse and through community health centres — incredibly important. One hundred percent of the \$10.7 million being asked for — for the COVID response in this supplementary budget — is recoverable from the federal government. This fully recoverable funding from the federal government is specific to providing support in the areas of continuing care, voluntary self-isolation, immunization partnerships, and data management.

For personnel costs, there is an increase of \$7.4 million to support staff working across the Yukon Territory and their COVID-19 response in areas such as: vaccinations, self-isolation facilities, infection prevention and control in long-term care homes, communications, information technology, and other front-line supports. We heard a little bit today in a ministerial statement about how important things like the development of the app are for businesses here in the territory, as well as the ability for individuals to download their own QR codes and support their ability to participate in functions and activities here in the territory in a way that is convenient for them.

For other COVID-19-related costs, there is an increase of \$3.3 million to continue managing COVID-19, including by providing self-isolation supports and services. Of course, those have all been provided to Yukoners free of cost to them — but certainly a cost to the government. That includes individuals who don't have other places in which they can self-isolate or their family circumstances are such that self-isolating in the home where they live is not possible — other family members

are affected or other folks who have to continue to go to work or to school — those kinds of things.

To be clear — and maybe it's coming again at Christmas or in the spring of this year — we provided service for a great number of university students who needed to come home during that time in which you needed to self-isolate for 14 days. They would come home, but it wouldn't be possible for them to go to their parent's home or to their family home or wherever they were living, and they spent two full weeks in self-isolation facilities. We were pleased to be able to provide that service for Yukoners. That costs money, and it was incredibly important that we provided that service and we will continue — hopefully not having to do 14 days of self-isolation again, but, of course, there are still individuals who must self-isolate if they test positive, and so we're continuing to provide that service in less volume at this point.

That \$3.3 million includes, as I've noted, the self-isolation supports, ensuring barrier-free access to COVID-19 vaccine in Whitehorse and in communities, maintaining infection prevention and control in long-term care homes and in hospitals, and managing data and communications.

The \$10.7 million, as I've noted, was recoverable. It allowed us to increase — supportive of the three pillars that are outlined in *Forging Ahead: The Yukon's Continuing Response to COVID-19*; that's our response document.

A total of \$8.9 million is under the public health measures pillar. This funding includes additional staff in Continuing Care to ensure health and safety of long-term care residents, visitors, and staff, as well as to maintain the self-isolation sites, as I've said.

And \$256,000 comes under the social supports for vulnerable people pillar from *Forging Ahead*. The social services pillar includes funding for support workers and social workers to provide enhanced support to Yukon's most vulnerable at the Whitehorse Emergency Shelter.

\$1.5 million is under the vaccination pillar, and this is funding for staff. It may seem obvious, but it may not be obvious to all Yukoners how complicated — and how dedicated the folks are who are working at the vaccination centre here in Whitehorse and actually in health centres across the territory and how this is, of course, in addition to their regular duties and in addition to the services that Health and Social Services provides otherwise.

The funding is for staff who are providing technical expertise for the ongoing maintenance of Yukon's vaccine booking system and who are working to develop Yukon's proof of vaccination credential or have done so to ensure that it aligns with federal requirements.

Additionally, the funding is being used for the call centre to address Yukoners' COVID- and vaccine-related questions and concerns. They continue to be coming in — a regular amount of calls. I truly want to note how important this is as a service for Yukoners. I think that there were some motions noted earlier today that asked about individuals and those who can't necessarily access a computer. This important telephone line allows individuals to have their questions answered, in addition to some of the alternative vaccines, for instance. We

have published a phone number where people can leave their name and number and someone will phone them back with an appointment and talk to them about the options. All of this is so incredibly important for Yukoners, because not everyone has access to a computer or to the Internet or the skills maybe to do that, but there are places to get help.

We have continued to publish this number and have individuals answer the calls to provide various kinds of information to Yukoners and answer all their questions. These are uncertain times, and it will continue to be that way, no matter how we manage to develop some tolerance for COVID-19 and for the changes that it has brought to our lives. I think that it will continue to be an uncertain time, and it will continue to be a time in which government and Members of the Legislative Assembly will need to respond to their constituents in a way that is meaningful.

I think that the last comments that I would like to make — I remember that there were some questions regarding the Yukon Hospital Corporation and requests for information from members opposite. It might be helpful for Yukoners to know that the Yukon hospital services' O&M budget in the first supplementary budget for 2021-22 is \$85.8 million. This is an increase of \$206,000 over the 2021-22 main estimates. The increase of \$206,000 to the Yukon Hospital Corporation is to cover the interest payments on a letter of credit used by the Yukon Hospital Corporation to meet its pension solvency needs. Our government recognizes the importance of that and the opportunity to assist them through that payment. I note that there will no doubt be some more questions regarding the Yukon Hospital Corporation. Of course, they were here answering questions for members, so I appreciate the opportunity to review those few things before I answer more questions.

Mr. Dixon: Thank you to the minister for her comments there and for welcoming her officials. I have a few fairly brief questions that I would like to ask of the minister with regards to the implementation of *Putting People First*. Obviously, one of the issues that we hear a lot about as MLAs relates to when Yukoners are required to travel outside the territory for medical reasons. I noticed some commitments made in *Putting People First* to that end.

I will start with the establishment of a single unit responsible for case management, implementing decisions on medevac or commercial flights, decisions on escorts liaising with home and out-of-territory clinicians, medical facilities, hotels, and people's families. That was the commitment in *Putting People First*, and I was wondering if the minister could provide us a brief update on where we're at with the establishment of a single unit.

Hon. Ms. McPhee: Thank you for the question. The government has expanded the in-territory programs to ensure that more Yukoners can access care closer to home. This is medical travel and care coordination. When Yukoners need to travel outside of their home community to receive medical services, the travel for medical treatment program is available.

As part of the implementation of *Putting People First*, as noted in the question, the report — as informed by medical

travel — a program review. We have already doubled the medical travel subsidy and will be indexing it to inflation starting in 2022. We introduced a subsidy for patients and for escorts — that was not available before — on the first day of travel — it used to be the second day, so that has increased as well — and clarified the medical escort policy.

We removed restrictions about medical travel destinations. It used to be primarily Vancouver. Now I think that it's Edmonton, and Calgary is available as an option. There may be treatment that is either more convenient for people to have in those locations or the medical decisions might clarify where somebody should go for the special treatment.

We have introduced drop boxes to submit medical travel forms and receipts in both Whitehorse General Hospital and at the airport, which is more convenient for individuals. Those documents are collected there, rather than having to mail them in, scan them, and send them in or drop them off at the medical travel office. We are connecting Yukoners to person-centred medical travel through the creation of a care and coordination medical travel unit to provide wraparound supports to medical travellers, including those who receive coverage through the non-insured health benefits, which is through Canada.

I can also indicate the importance of this particular coordination unit. We all have anecdotal stories or know individuals who have come to us with concerns. In drastic cases, we might have someone who went somewhere for medical travel and is then released from the hospital on a weekend and not able to connect to medical travel folks to get their flight back. We have all heard horror stories like that. We've had people who may not have the funds to be staying in a location other than that or for some reason the medical travel return wasn't coordinated. That can happen on a more regular basis than we like, so the care and coordination medical travel unit focus will be to provide wraparound supports to medical travellers. We have designed this to address those concerns.

This unit will deliver more coordinated care services to Yukoners and identify and address gaps, such as the example that I have just given, for both in-territory and out-of-territory discharge processes. This is probably not the only issue but is probably the primary one.

Staff have been hired for this unit, and it is forming. We removed the names of specific cities in the regulations so that patients can go to more than one hospital. I mentioned Vancouver, Edmonton, and Calgary, but in the event that the medical treatment that someone needs is at a different location, they are not being hampered by the wording of the regulation.

We are planning to be part of a new project this spring that will work with the British Columbia health authorities on improved transitions of care for Yukoners returning from medical travel who are in British Columbia, and that is an incredibly important option and development, I would say.

Work is also underway to increase the use of virtual care alternatives to conduct research into how to address travel-related barriers for lower income Yukoners, to evaluate the medevac program, and to study the feasibility of establishing medical travel residences in Whitehorse and perhaps other cities.

To continue delivering medical travel enhancements, the rural zone subsidy for residents of the Whitehorse periphery — so, zones 1 and 2 have been developed around the City of Whitehorse — has been discontinued, as per the recommendation in *Putting People First*. But, as we further implement the *Putting People First* report, medical travel recommendations that we are continuing to consult on with our partners — our Yukon First Nation governments and Yukoners who have previously accessed the program — this includes exploring options for delivering a safe and alternative driving service to support Yukoners to travel to Whitehorse to access care, because that is not something that is always available to people. For those who might be listening and who are wondering about this work — and the continued work that will be done in relation to *Putting People First*, the recommendation about medical travel, and the improvement of the subsidies and other services — I am happy to report that this has begun and, I would say, is well down that road — is recommendation 8.4 in *Putting People First*.

Mr. Dixon: I appreciate the minister's answers there. There was a lot of information. I would like to just parse into a bit of it. She noted that the — and I stand to be corrected on the name of the unit, but I believe I heard “care and coordination unit” as the unit that I was referencing. I believe that the minister indicated that it is “forming”.

Can I just ask what status it is at today? Is it going to be established completely within the year, or where are we approximately with the establishment of that unit?

Hon. Ms. McPhee: I appreciate the re-forming of the question because I didn't specifically note that in the last answer. The medical travel care and coordination unit will consist of four people.

Two of those individuals have already been hired. The others we are planning to hire early in the new year, and then the unit will be complete and starting their work.

Mr. Dixon: I appreciate the minister's clarity on that. I would note that it is very positive to see the development of that unit.

The minister also referenced the recommendation in *Putting People First* to review the medical travel regulations. She did indicate that this had been done, I believe. I just wanted to ask if she could clarify if the regulations have already been amended, and if so, which cities were added to that? With that, I will let her answer.

Hon. Ms. McPhee: The regulations have been amended with respect to the changes that I have noted regarding medical travel. I can also indicate that the cities have been removed from the regulations so that the regulation isn't hampered by maybe an opportunity for someone to go to a city that wouldn't be named.

Mr. Dixon: I appreciate the answer from the minister — very helpful.

The minister also referenced a program that sounded like a partnership with the Government of British Columbia. She referenced a British Columbia program to address medical travellers from the Yukon who had travelled to BC. Could I ask the minister to explain that a little bit more and give us a bit of

a sense of what that looks like? In particular, I am wondering if it relates to the other recommendation in *Putting People First*, which was to create residences in Whitehorse and Vancouver to reduce the need for hotel accommodations for medical travellers. Perhaps she can explain that a little bit more.

Hon. Ms. McPhee: This is a new development in that we were approached quite recently by the British Columbia government. The information I have so far is that it is a newly funded program through the federal government and that British Columbia has reached out to determine if we could work together. The project is not likely to start before the spring of 2022, but the focus will be on improving transitions for Yukoners who are coming out of care who have gone to British Columbia, had care in their medical system, and then are transitioning out of that system and returning back from British Columbia to the Yukon.

It is quite separate from the reference in *Putting People First* to residences for folks to stay in, which, of course, is another really important part, not only for the Yukon government and the costs associated with individuals to stay when they are receiving medical care in another jurisdiction, but that it also includes the care when folks travel to Whitehorse for that kind of service.

I will just note that, in relation to some residences that Yukon Housing Corporation did some initial investigation on — and that work is ongoing — in relation to the recommendation in *Putting People First* that deals with that, but that is different from the project in British Columbia.

I will note lastly that the project with British Columbia is a really important one for the new medical travel care and coordination unit to focus on. I think the timing will align well when they come up to speed and when there is an opportunity to work with BC.

Mr. Dixon: I thank the minister for that answer. It sounds like this relatively new development is something that we will probably learn about more as the months carry on and as the implementation of the new unit becomes established.

The minister, however, did indicate that the program that she was talking about there was not in direct relation to the recommendation in *Putting People First*, which reads as follows: “Create residences in Whitehorse and Vancouver to reduce the need for hotel accommodations for medical travellers...” It goes on after that.

Can the minister provide us an update on where that particular recommendation is, and what work has been done to date to look at the development of residences, both in Whitehorse and Vancouver?

Hon. Ms. McPhee: Thanks for the question. I think 2.6, involving the exploration of residences in both Whitehorse and Vancouver, is an exciting opportunity. As the member opposite will know, it's certainly an exciting opportunity for the Department of Health and Social Services, and government-wide, to have some perhaps more predictable costs in relation to this.

In *Putting People First*, they speak about some predictability of costs for medical travel, but also some opportunity for Yukoners to have a safe, known place and not

have the uncertainty of whether you're going to stay in a hotel or what that hotel will be or if you can find a place or the stress of all of that. We know that is an important part of medical travel. We know that the new unit will focus on helping folks with those wraparound services as well.

As I've noted, there has been some early work by Yukon Housing with respect to considering a Whitehorse location. I know that HPW has been having some early conversations with Health and Social Services and Yukon Housing to determine how we can meet this recommendation. I also know that there is some exploration with other partners. I have had conversations with some Yukon First Nation leaders who are interested in this concept for providing this kind of service, whether that would be broader or more specific to their First Nation. It is still early days for those kinds of conversations, but there are exciting opportunities all around.

Mr. Dixon: I appreciate that, and I appreciate the minister's answer.

I can understand that Yukon Housing would be the logical body to look at the purchase of a property, or a creation of a residence, here in Whitehorse, but I'm not sure that Yukon Housing is able to reach beyond the territory's borders. I was wondering if the minister could give some indication of what work has been done to look beyond and in particular at the Vancouver residence, given that was the specific city that was referenced in 2.6.

Hon. Ms. McPhee: Sorry, we have certainly not gone down the road of considering real estate or even conceptually determining: Is Vancouver the right place? It likely is; that is the recommendation. We certainly have most of our medical travel go to British Columbia, but there are other places in British Columbia now that provide medical services, as well as Vancouver, whether that is Victoria or other smaller centres.

I can indicate that there have been very early conversations. Yukon Housing is the focus for Whitehorse in order to meet that recommendation from *Putting People First*, and the broader conversations will have to also take place. We are focusing on having the unit stand up. We have made early success on medical travel achievements and changes — positive changes — based on the changes to regulations so far, and this will be the next step in determining how to implement what has been recommended.

The note I have is something that I wasn't aware of, and it is great to know this, because this is really an exercise in looking down the road. I think that it is important that we know the lay of the land. The note I have is that there is information that St. Paul's Hospital — and the member opposite may be aware of this — is planning to move in a number of years to another part of Vancouver. We will, of course, work with Highways and Public Works on a possible Vancouver site residence, but the vast majority — I wouldn't say vast majority — but lots of Yukoners go to St. Paul's. It is the cardiac centre for the western part of Canada — it is critical — and Yukoners have amazing service at St. Paul's. If St. Paul's were going to move locations, it would obviously inform where we might be looking to have a residence. Of course, it should be near the hospital.

I also am well aware, although it has been a few years, that the BC Children's Hospital is a critical location for individuals who travel from here for children's care. I know how successful and great a service is provided by the Ronald McDonald House for families near the BC Children's Hospital, but we will need to consider all of those things: the locations of where Yukoners get their care and those places that will be convenient for Yukoners to stay.

Lastly, I should mention the incredible service that Yukoners get from the BC Cancer Clinic, which, of course, is close to Vancouver General — whether there would need to be one conveniently located residence or some smaller places for individuals to stay or how many rooms or a small residence and how many people could stay there or whether people would have to be otherwise in hotels and those kinds of things. It is sort of right-sizing all of that. They are all important conversations — none of the details of which we have met yet.

Mr. Dixon: Just so I am clear, are we thinking that we wouldn't take any action until the new St. Paul's Hospital is open? I understand that it could be as early as 2026, but obviously that is a number of years away. I just want to double-check. Is the minister contemplating the purchase of a unit of buildings or a number of units in a building? Or would they be looking at something different — maybe buying the rights to a certain number of hotel rooms or something like that or partnering with an NGO that may offer those services otherwise? What are the options that are being looked at right now?

Hon. Ms. McPhee: I would certainly hope that we can move before the St. Paul's move, but it is certainly something that needs to be taken into account. If all of a sudden St. Paul's was out near UBC or something, then we would need to make sure that there was some consideration of that. Even though the move won't likely happen, the location for St. Paul's will likely be chosen before then — none of which is to say that we are hanging our hats on that only. I don't have any information about whether it would be purchased, leased, a block of hotel rooms — those kinds of things. It might be an evolution that starts with one and moves into another. I would say that all options are on the table. We are looking for great ideas to respond to to make sure that Yukoners are feeling safe, at home, and comfortable when they have to travel for medical services.

Mr. Dixon: I appreciate that. The reason I am asking is that the recommendation in *Putting People First* sort of stood out to me and a few others just because it sort of contemplates the Yukon government owning an asset outside of the territory. I think that this is relatively unusual for a government to do. I was just wondering what sort of considerations were being looked at to allow for that, because it would be unusual for the government to own a piece of real estate or a building outside the territory. That's what I was asking. It sounds like the minister hasn't arrived at a conclusion there.

Perhaps she could tell us if there have been any meetings to date or any sort of discussions with different groups in the Vancouver area that may offer this type of housing already and whether or not she or the department has had any meetings to that end.

Hon. Ms. McPhee: Good questions, all of them — I now have more information about St. Paul's moving. I clearly need to read more Vancouver newspapers — information that St. Paul's, at least initially, is looking to move near what's known as Science World in Vancouver — or the former Olympic Village. I think that there is some property being looked at there. That will be an important piece of information as they make those determinations.

All options are open with respect to how we might go down this road. I think that the exploration of partnerships in this work is incredibly important, whether that would be a private industry partner, First Nation governments, or other partners who might be interested in this project as well. It's not completely unheard of, although the Yukon government doesn't own too many assets outside of the territory. The Northwest Territories does either own or lease a residence in Edmonton for their citizens, and I think that Nunavut has something. Again, we will be exploring how they developed this and how they went down that road — whether, as I said, it was incremental or some other version. Sorry, Nunavut has a relationship and some places for people to stay in Ottawa.

Mr. Dixon: I appreciate the minister's answer. The last piece that I wanted to touch on was her comment from a few responses ago where she said that she had several conversations with a number of First Nation leaders about the possibility of establishing a First Nation-specific program or First Nation-specific unit. I just wanted to know if she could explain that a little bit more.

Would that be a specific residence that would be geared towards First Nation citizens specifically or a partnership with a First Nation government to pursue some sort of accommodations outside of the territory?

Hon. Ms. McPhee: I realize that I didn't answer the member opposite's question earlier about whether we have been having sort of formal meetings about this. I have not been involved in any formal meetings where this was the topic or an agenda item. I know that the deputy has not either, but *Putting People First* has been out for over a year now. I won't speak for Yukon First Nations or their development corporations, but there have been long conversations — even before *Putting People First* — about having some sort of place for folks to stay — just conversations around the concept of: What if, in Whitehorse, we had a place for people to stay so they wouldn't all have to be in hotels? — and those kinds of very general conversations.

I know that there have been those expressions over the years. I wouldn't say that they are in response to this particular recommendation, but we are excited to go down that road. All options are open.

Mr. Cathers: In the limited time that we have left, I am just going to briefly touch on a couple of topics.

The first is that, as the minister knows, I wrote to her on October 21 in support of a constituent being able to access the Pfizer vaccine and also suggesting that this may be made available to every Yukoner who wished to have that opportunity. Unfortunately, there seems to have been a real lack of urgency in the minister's response to me. It took over a

month for the response. I received that response, then, at 2:47 p.m. on Friday. I will table it once I have finished referring to it.

The response thanked me for my letter sent on October 21 and then went on to basically deny the request, stating that “The Moderna vaccine is safe and effective and at this time, the only option for adults in the Yukon. I do however, recommend you let your constituent know to contact their Health Care Provider who will then contact our Immunizations Program to discuss how and if it is possible to proceed with an alternative mRNA COVID-19 vaccine like Pfizer-BioNTech Comirnaty.”

Then strangely, about three hours later, the Department of Health and Social Services posted the opposite of what the minister had indicated on Facebook, indicating — and I will quote from this post, which is still on the department's Facebook page: “A limited supply of Janssen (Johnson & Johnson) vaccine is available for people seeking an alternative to mRNA vaccines.

“Additionally, the Pfizer vaccine was initially available to those aged 12-17. This vaccine is now being offered to adults 18 and older in order to provide an alternative to Moderna.” Then it goes on to talk about vaccine availability.

So, Deputy Chair, it seems rather strange that the minister, while promoting that Yukoners should get vaccines, takes over a month to respond to a request for a Yukoner who wanted to receive the Pfizer vaccine, then basically almost declines the offer, indicating that the individual would need to consult with their health provider and try to get an exemption instead of simply having Pfizer made available to them on request. Then, three hours and two minutes later, the minister's department says that vaccines are being made available widely and — of the Pfizer — to anyone who wishes it, as well as the Janssen, which has commonly been referred to in media as “Johnson & Johnson”. So, it really does raise the question of whether the minister is unaware of what her department is doing in this area and, if not, why she would respond in the way she did.

Deputy Chair, I understand that, in keeping with the practice of the need for sanitization, et cetera, to allow the witnesses to arrive who are coming here at 3:30 p.m., seeing the time, I remove that you report progress.

Deputy Chair: It is moved by the Member for Lake Laberge that the Chair report progress.

Motion agreed to

Deputy Chair: Pursuant to Committee of the Whole Motion No. 5 adopted earlier today, Committee of the Whole will receive witnesses from the office of the chief medical officer of health.

In order to allow the witnesses time to take their place in the Chamber, the Committee will now recess and reconvene at 3:30 p.m.

Recess

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

Appearance of witnesses

Chair: Pursuant to Committee of the Whole Motion No. 5 adopted on this day, Committee of the Whole will now receive witnesses from the office of the chief medical officer of health.

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

Member for Riverdale South, I believe that you will introduce the witnesses.

Witnesses introduced

Hon. Ms. McPhee: Thank you, Madam Chair. I would like to welcome the witnesses who are appearing today before our Committee of the Whole. They are Dr. André Corriveau, the acting chief medical officer of health, and Dr. Jesse Kancir, the medical officer of health. Thank you both for being here today. Welcome to the Legislative Assembly, and I know that my colleagues will have many interesting questions for you.

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

Dr. Corriveau: Thank you, minister, Members of the Legislative Assembly, and all Yukoners for the opportunity to speak today about the work of the office of the chief medical officer of health, in particular in relation to COVID-19.

I look forward to answering questions about our office's approach to public health, COVID-19 and its variants, COVID-19 vaccinations, the spread of COVID-19 in recent weeks, and expectations for the weeks ahead, as well as the impacts of recent circuit-breaker public health measures.

The chief medical officer of health is appointed by the Commissioner in Executive Council and is directly accountable to the minister and the deputy minister. The chief medical officer of health's duties are established under the *Public Health and Safety Act* and include monitoring, investigating, responding to, and preventing the transmission of a communicable disease.

The *Public Health and Safety Act* also provides the chief medical officer of health with certain duties and responsibilities, including the authority to designate and revoke the designation of a communicable disease and the ability to declare a public health emergency. This was last done in relation to COVID-19 on March 18, 2020.

Following the declaration of a public health emergency, the chief medical officer of health also has the power to compel a person to provide information needed to exercise his or her duties; order a person to suspend sales, distribution, or relocation of medication, supplies, and equipment that may be required; enter a place or vehicle to determine the health of a person or peoples, which includes by examining a person and directing them to undergo testing; direct the disinfection of a place or a vehicle; and to detain, appropriately isolate, and hospitalize a person, if necessary, until the communicable disease threat is no longer a concern.

Over the past summer, the Yukon experienced its first official wave of COVID-19. In early November, we began to

experience the Yukon's second significant wave, which has been largely driven by the Delta variant that had already affected most other provinces and territories earlier in the summer and early fall.

Our office's response to the November 2 wave of COVID-19 has been evidence-based and science-informed and draws upon the knowledge, expertise, and experience of professionals, experts, academic research, and medical officers of health from across Canada and the world.

In particular, I would like to mention that this office works very closely with the BC Centre for Disease Control, which is also, for us, a source of significant expertise and support.

We are observing signs that the circuit-breaker measures that were introduced on November 13 are having an impact, as the daily increase in cases starts to decline in Whitehorse and in the communities. While this is a positive sign, it is important that we do not let our guard down.

The number of active cases in the Yukon, as of this morning, was 69, which remains high, and it continues to have an impact on our fragile health care system, although it's important to note that the most severe outcomes this time around were mitigated by the relatively high immunization rates that had already been achieved in the Yukon prior to the start of this wave.

Although the weeks leading up to the end-of-the-year holiday season remain a high-risk period, we have seen that public health measures and COVID-19 vaccinations are an effective tool at our disposal to limit the spread of disease, reduce the severity of disease, and keep our communities safe.

We know that all Yukoners, including children, have experienced disruptions due to COVID-19 and its unintended impacts, such as on mental health, education, physical activity, social lives, and overall health. Vaccinations help to alleviate these disruptions.

The arrival of a safe and effective COVID-19 vaccine for children five to 11 is a significant milestone in the ongoing response to COVID-19 and a welcome development, as we enter this holiday season. It will no doubt contribute to added protection for all Yukoners.

In the weeks and months ahead, and as we continue to learn how to live with COVID-19, we know there will be challenges. Everyone is concerned about the emergency —

Chair: Order. Sorry, your five minutes have come.

Mr. Cathers: Thank you, Madam Chair, and I would like to thank the witnesses for appearing here today.

I would like to start by asking about the pediatric vaccine. I know it was welcome news for a lot of parents that the pediatric vaccine was granted approval in Canada, and many parents have already begun booking appointments. However, we anticipate that there could be some increased hesitancy when it comes to vaccinating young children. As the doctors will likely be aware, polling done at a national level does indicate that is the case, at least generally within Canada.

My question is: What steps are being taken to provide information and resources to answer questions that parents might have and to provide them with the appropriate

information regarding the pediatric vaccine's safety and efficacy?

Dr. Corriveau: Yes, thank you, Madam Chair, for the question. I think that this is a very important point. As a matter of fact, in our recommendations to the department and the minister with regard to implementing the vaccine for ages five to 11, we wanted to make sure that they would use a very separate stream where there is more time allocated to answer questions from parents. There is only general information available through the website. There are many associations, like the Canadian Paediatric Society, that have produced information, materials, and questions and answers. We also understand that it will be important to provide additional opportunities and a slower pace so that the appointments are scheduled at larger intervals to take that last opportunity to answer questions from parents and put the children at ease to receive their vaccine.

Mr. Cathers: My next question is: We noticed that there is a discrepancy between Transport Canada's proof of vaccination requirements for travel and the plans here in the Yukon. For Transport Canada, the proof of vaccination requirement starts at 12 years old plus four months. Here in the Yukon, the requirement starts right here at 12 years. The additional four months would allow a 12-year-old to get both shots, plus the two weeks post-final shot for being considered to be fully immune, without having to miss out on things like sports or public facilities. This is a request that has come forward from parents.

Will the office of the chief medical officer of health consider revising the advice for the proof of vaccination from the current 12 years old to 12 years old plus four months?

Dr. Corriveau: Yes, thank you for the question. This issue was flagged to my attention, actually — yes, it has been at least a couple of weeks now. We are onto this. There will be some adjustments made so that there will be no disruptions for kids, in terms of activities and other features. It is going to be addressed.

Mr. Cathers: Thank you, I appreciate that answer and the information.

With regard to the state of emergency, we understand that the government's most recent declaration of a state of emergency was based on the advice from the acting chief medical officer of health. At that time, we had seen a surge of new cases, especially in Whitehorse, with at the highest, seeing, I believe it was, 80 new cases over a three-day period. Dr. Elliott, as acting chief medical officer of health, had indicated she was hopeful that the state of emergency would end on December 3. As Dr. Corriveau noted, we have seen the number of new cases drop significantly since the introduction of the state of emergency, so I would just ask for an update at this point from the acting chief medical officer of health. Do you believe that we are on track for the Yukon to lift the state of emergency on December 3, as was hoped? What level of new cases would you like to be seeing to allow that to happen, and are there other metrics that you would be looking to, as well, in considering whether to recommend lifting the state of emergency or extending it?

Dr. Corriveau: In terms of the metrics, we are obviously looking at the number of new cases, but I think the most important thing for the territory, given the fragility of our health care system, is what the impact will be in terms of the demand on services, whether it's at the hospital or in the health centres. We know that the holiday season is also a high-risk period because of the level of interactions between people, the increase in travel, and the fact that many of our health care facilities would be operating with minimal staff because of holidays and other things.

We are taking all of these into consideration, and my recommendations have been put forward, and they will be reviewed, and decisions will be made. As I said in my introductory statement, I think the Yukon was in a good place when the wave hit, because we had already achieved some higher levels of immunization than other jurisdictions. Being able to now introduce vaccines to five- to 11-year-olds is going to put us in an even better place in the coming weeks, but we still have a period where things will be fragile, so I think we are going to have to act with some degree of caution, in terms of how we relax things.

Mr. Cathers: I do appreciate the answer from Dr. Corriveau. The witness made reference to having provided recommendations to government regarding that. Can you provide us with any information and elaborate on what the key elements of those recommendations would be?

Dr. Corriveau: I would submit that my recommendations go to the minister, to whom I am accountable. I would rely on the minister to decide when and what she will be sharing in terms of those recommendations.

Mr. Cathers: I do appreciate that Dr. Corriveau is limited in what he can share without permission from the minister. I would just put the request in to the minister that, in the interest of information sharing, we would like to see what those recommendations contain. It is difficult for us, as the Official Opposition, to be fully informed if we don't see the details of the recommendations coming from the office of the chief medical officer of health or even the key details thereof.

I am going to move on to another area, recognizing that the witnesses are limited in what they are allowed to provide us. Is it the advice of the office of the chief medical officer of health that the vaccine mandate and vaccine verification system, referred to by many as the "vaccine passport system", be something that is intended to be permanent throughout the period of the pandemic, or would this be lifted at some point in the future as some provinces have announced?

Dr. Corriveau: Yes, Madam Chair. I think that we are all hoping that it is going to be a temporary measure. I think that it is too early to tell. We are just hearing right now about a new variant, the Omicron variant, that is just starting to circulate around the world. This virus still has a lot of surprises, but we are all hoping that this will be a temporary part of our human history with Canada — or within the Yukon — in terms of the vaccine mandates in particular and proof of vaccination, but I am certainly not in a position right now to give you a timeline or even a guesstimate of when that might occur.

Mr. Cathers: I do appreciate the response. I would ask two questions. One is whether the acting chief medical officer of health anticipates that verification for the receipt of the booster shot will be required at some point, and the second question is regarding boosters for people under the age of 50, outside the identified categories such as health care workers and those with immune conditions requiring it.

As the doctors will both be aware, I'm sure, there are some Canadian jurisdictions that have either made booster shots available to those aged 18 and up now or have announced a timeline for that. Could you just elaborate on your thoughts both about the potential for requiring verification for the booster at some point and the availability of booster shots for people under the age of 50?

Dr. Corriveau: So, Madam Chair, I'll respond to the second question first. With regard to the availability of booster shots, I think that the scientific consensus now is that waning immunity from the initial two doses is a reality. It starts to manifest itself, generally speaking, after six months, although it looks like younger people and people who have received the vaccine at a longer interval may maintain the neutralizing antibodies for a longer period of time. I think that everybody is going to require a booster shot in the near future. We also have to prioritize with regard to people who still require a first and second dose and people at high risk whose booster was more urgent. This is how the Yukon has proceeded, along with others. Based on capacity, I would expect that, soon after children have received their initial vaccination, there will be a greater availability and we would be able to open access to the booster shot to everybody over the age of 18.

Mr. Cathers: Now, my next question for the witnesses is — there are a number of notable differences between the Yukon and other jurisdictions with regard to the vaccination verification system. The government, as well as the acting CMOH, has indicated that largely the list in the Yukon is based on British Columbia's list of places. There are, however, some differences between them that have been brought to our attention by Yukoners. This includes churches, hair salons, and barbershops.

In the list of designated settings, BC does not require, according to my understanding, proof of vaccination to go into a hair salon or a barbershop, but this is required in the Yukon. Additionally, a number of local churches have written a joint letter asking about in-person faith gatherings. It appears that the Yukon is an outlier in not allowing in-person worship for people without requiring them to provide proof of vaccination.

From reading BC's list, it appears that there is a limit on the size of certain organized events, such as funerals, but that worship services are classified as an essential service. We have heard a lot of questions from Yukoners concerned about those differences between our rules and British Columbia's. While we do understand that there might be reasons behind the Yukon-specific considerations, since the list is largely based on British Columbia's, we do wonder why churches, hair salons, and barber shops are being dealt with differently here than in BC. I would just ask if the witnesses could just elaborate on those differences between the Yukon's rules and British

Columbia's in particular and also indicate whether they are in the process of reconsidering that to potentially change that to align with British Columbia's rules around those places.

Dr. Corriveau: This is a very good question. We would like to say that those extra-stringent measures were put in place as part of the circuit-breaker measures that we imposed as of November 13 until December 3. The thinking was that we needed to stop transmission by all possible means by not making exemptions, but these are the types of measures that are to be considered for relaxation after the circuit-breaker period is over, so those things are certainly on the table.

Mr. Cathers: I do thank Dr. Corriveau for that indication. As I am sure he is aware, for some people of faith — of course, for Jewish people, Hanukkah has just begun, and Christmas is a very important time of year for people who are of the Christian faith. I would just hope that this would be given consideration as well when that is being considered.

I want to move on to the topic of schools. Like many Yukoners and Canadians, we have been watching the development of scientific information and the discussion about COVID develop. One of the biggest changes has been the understanding of how a virus travels. Of course, in the beginning, there was the indication that it was thought to be largely due to droplet transmission instead of aerosol transmission. Now the information is increasingly indicating that aerosol spread is occurring and that increased attention is needed to proper ventilation systems.

So, I would ask what advice the office of the chief medical officer of health has provided to the Department of Education about ventilation systems in schools. Does the acting CMOH feel that what is in place now is adequate? We understand that some classrooms in some schools have HEPA filters, but they don't seem to be everywhere, and we have heard concerns expressed about the ventilation systems.

Dr. Corriveau: I would like to ask my colleague, Dr. Kancir, to respond to this question since he has been more involved in the school setting than I have since I have been here, only two weeks ago.

Dr. Kancir: Prior to the beginning of the school year, the consideration about how COVID might travel in classrooms was a question that we explored with the Department of Education, and my understanding is that the Department of Education undertook some work to increase ventilation in classrooms with this in mind. I think that one of the best indications about risk in the classroom is what we see with disease transmission right now, in that it is essentially non-existent. We are not seeing the spread of COVID-19 in classrooms right now, which would tell me that the measures that we have in class and the measures that we have increased, including the mask mandate, seem to be protecting children from transmission in classrooms right now.

Mr. Cathers: I do appreciate the answer from Dr. Kancir. He touched on, in his response, another thing that we do get a lot of questions from parents about, and that is about mask use in classrooms. The younger the students, the more difficult it has been to enforce mask use, and we have also heard from a number of parents who are quite upset about the rule.

I do understand that the intention, of course, is to protect public health, but can either of the witnesses talk about their advice with regard to mask use in school, and at what point will the CMOH look to be advising that this measure could be removed and/or modified, particularly as it pertains to younger children?

Dr. Kancir: The recommendation for mask use in classrooms is something that we introduced this past month with the increase in cases in classrooms. Certainly, our hope is that, as we see an increase in uptake of vaccines, masks will change as those vaccine rates increase. Exactly when that will happen, time will tell, but we know that mask use is a very effective way to protect children in classrooms and in schools. So, for the time being, it is an effective measure to protect the children.

Mr. Cathers: We have noticed that the advice provided to parents, when there is a confirmed case in a school or an exposure in a classroom setting, has changed over time.

I have copies of letters here from Yukon Communicable Disease Control sent to parents, guardians, and staff of, in both cases, École Whitehorse Elementary School.

On November 17, a letter was sent to parents that advised, and I quote: “All others not fully immunized are recommended to self-isolate until November 19th, inclusive, and self-monitor for symptoms through November 23rd.”

Then on November 20, a letter sent to parents indicated, and I quote: “All others not fully immunized or who have not recovered from lab-confirmed COVID-19 infection in the past 90 days are recommended to self-isolate until November 27th, inclusive, and self-monitor for symptoms through December 1st.”

The notable change between those, of course, is that the second letter did not make any mention of someone who had previously contracted COVID-19, and the second one made reference to a lab-confirmed COVID-19 infection in the past 90 days being a reason why someone would not need to self-isolate.

Can the witnesses provide us any information about this change? It appears that, at some point, the department was providing advice for people who were recently infected but have now recovered. Is this due to natural immunity, and why has the change occurred in the advice between these two letters within a fairly short period of time?

Dr. Kancir: The difference in the letters was an exercise we took with YCDC to clarify some of our recommendations to parents and to teachers in the letter. That was a bundle of changes that we included. There were a few wording changes that we thought would be helpful to parents and to teachers to better understand guidance. That piece of advice specifically has always been how we practise our recommended changes. It is just now included in the letter.

Mr. Cathers: I do appreciate that information. I am going to move on at this point to some other questions related to the vaccine mandate. We have seen a variety of measures taken around the country to address circumstances in each jurisdiction. For instance, several jurisdictions have announced a mandate that applied broadly either to government employees

or, in the case of Québec, announcing it for some in the health sector that they then backed away from.

As noted, some jurisdictions have backed away from imposing the mandate on certain professions after announcing it. Others have gotten creative with accommodations. In the Northwest Territories, they have provided some alternatives for employees other than proof of vaccination. According to an article from, I believe it was, Cabin Radio in the NWT, the Finance minister, who is responsible for human resources, said that being overly strict with the policy they had originally announced would have left some communities without enough workers. My understanding is that the NWT is allowing staff to have either proof of vaccination or submit to mandatory wearing of personal protective equipment and testing.

I would just also note that — actually, I’ll just wrap up there and just ask if the witnesses could indicate whether they are considering modifying the Yukon’s vaccine mandate — recommending modifying, I should say, the Yukon’s vaccine mandate — to make it more similar to that of jurisdictions such as the Northwest Territories.

Dr. Corriveau: Well, I’ll try to answer in the more generic way. I think it’s important to highlight that the office makes recommendations, and certainly in terms of a vaccine mandate, the maximum efficiencies or the effectiveness of that mandate is greater if the lesser number of exemptions are made. So, this is the thrust of our recommendation. Of course, it was done through Dr. Elliot, and I wasn’t here, but I still understand the principle.

Then the government receives those recommendations, and they make the final decision on whether they’re going to exempt this or that group or provide accommodations or even, like you said in Québec, where they decided to go back. So, it’s not the final decision of our office, but the recommendation, or the thrust of the recommendation, is to make the government aware — “Here’s our recommendation, and we recommend that you make the least possible exemptions.” That would be what we would recommend or how I would formulate it.

Mr. Cathers: I do appreciate the answer.

We have also heard concerns from employees of the Yukon government that the new policy applies to those who are either in a position where they could work at home and may have been doing so during the early stages of the pandemic or, in some cases, are actually already working at home now who are wondering why there would not be consideration of an exemption for them, if they choose not to get vaccinated and were able to continue working at home. It would just seem, at face value, that the risk of there being transmission is dramatically reduced if somebody is actually not in the office.

Could either of the witnesses provide any thoughts around this issue and whether there should be consideration of an exemption in such circumstances and, if not, why not?

Dr. Corriveau: I am sort of forced to fall back on my earlier response in the sense that our advice would be — the more exemptions that are allowed, the less effective the mandate becomes and more difficult to enforce. People who may work from home may have to go to work from time to

time, so anyway, that's probably the best answer I can give you in this Chamber.

Mr. Cathers: I do appreciate the answer, and I recognize that, as we heard before, the witnesses are also somewhat limited in not being able to share with us the details of the recommendations or the rationale for their — again, to the political leadership and government, we would again reiterate our request that recommendations from the office of the chief medical officer of health be made public in the interest of allowing members of the Official Opposition, members of the Third Party, and all Yukoners to just understand where those recommendations come from.

Talking again on the issue of the vaccine mandate, as we briefly discussed with the briefing of the acting chief medical officer of health earlier this month, an issue with any policy, including this vaccine mandate policy, is the question of what unintended consequences result from the policy.

The intent of the vaccine mandate is to encourage vaccination and reduce the risk of serious illness or death from COVID-19, as well as preventing our health care system from being overwhelmed as a result, but stepping beyond the intent, the reality is that some people will choose not to be vaccinated. Whether they're making that decision on the basis of good information or not, it is the reality that some, if forced to choose between vaccination and leave without pay from their job, will choose the second option and will effectively be losing their jobs.

With that, I trust that the witnesses will agree that there is a likelihood for some unintended negative consequences from this policy, including an increase in stress, other mental health problems, substance abuse, and potentially an increase in domestic violence. Can they talk about that for a moment? Did the modelling used in making the recommendation consider these unintended consequences? If so, are they able to indicate what the predicted impact of those secondary unintended consequences might be here?

Dr. Corriveau: Yes, thank you for the question, Madam Chair. I haven't seen any modelling. I think that it is a very important consideration. There is the technical, scientific advice that I have mentioned a couple of times, where the highest possible level of immunization that we can achieve is the way forward to protect Yukoners and get us out of this pandemic phase. At some point, there are other considerations that need to be factored in. At what point do we say that we have done enough or that we have achieved the goal and there is a diminishing return in continuing to push?

We talked earlier about the fact that none of us want these mandates to be permanent and that they be maintained for as short a time as possible. We know for a fact that — I was working in Alberta when they started their Delta wave in the middle of August, and immunization rates were barely at 66 percent. There was a big jump. It had a big impact to be able to say — even with a government that had said: "We will never do this" — ended up where it made a big difference, I think, for the province. They are one of the provinces now that has achieved higher rates of immunization.

These are the proper issues that need to be debated in this kind of a forum. They are not just technical and scientific, so I think that this is the right place to discuss it.

Mr. Cathers: I thank Dr. Corriveau for that answer. I do appreciate the challenge in this situation and note as well that I don't profess to have a clear picture of what those secondary impacts will look like. It is concerning for me, though, that when people who contact our office have decided that they're not going to get vaccinated, no matter what government says — I am concerned about the mental health of some of the people who have contacted us and concerned about where that may lead.

So, I would just flag that area to the office of the CMOH, as well as to government, and encourage them to look into that matter and to give it appropriate consideration because it is a concern, especially since December, as you know, statistically tends to have an increase in issues around depression and mental health issues, et cetera, and it is a difficult time of year for some folks. I would appreciate the consideration of government on that issue.

I want to move on to another matter here. Based on the briefing that we had earlier this month with Dr. Corriveau, we understand that, in recommending the reintroduction of the state of emergency and the other measures that Dr. Corriveau has referred to as the "circuit breaker", modelling was done that predicted an increase in COVID cases if those measures weren't taken. Now, we have not actually seen that. At the time of the briefing, Dr. Corriveau had indicated that he did have that information but wasn't sure at that point if he was able to share that modelling with us.

Again, I recognize that, for sharing some recommendations and information, the acting chief medical officer of health does require permission from the minister on that. Are you in a position at this point where you can share with us some of the modelling that was done that led up to the recommendation of the circuit-breaker measures?

Dr. Corriveau: I don't remember my exact words when we had that other briefing, but I think that my view is that it is more appropriate for the member to request it directly from the minister than from me. That would be my perspective on this.

Mr. Cathers: I do appreciate that. I am not trying to put you in a difficult position, Dr. Corriveau. I'm just asking for information. So, let the record show for the minister that we would like to see that information and, again, that we believe, in fact, that the government sharing recommendations and information from the office of the chief medical officer of health is important, not only in the interest of public transparency and ensuring that all Members of the Legislative Assembly are well-informed, as well as Yukon citizens, but, in fact, one of the best solutions, in my view, to people lacking confidence in a government's decisions is to provide them with the information of what those decisions are based upon to provide them with the data so that they can consider it themselves and better understand it themselves.

I recognize that the witnesses aren't going to be able to give me a different answer to that, but we would appreciate it if

the minister would agree to release that information, which, so far, they have not seen fit to do.

Moving to my next question for the witnesses, we have had people contact us with questions about how the vaccine passport system is being dealt with here and how that compares to what some western European countries are doing. I don't profess to be an expert on everything that is being done in Europe regarding the COVID response, but from reading media stories about it, as well as information from Yukoners who have contacted us, we understand that some European countries are allowing people who have had COVID to be considered as having natural immunity for a specified period of time afterwards. There was some indication in the letter that I referred to earlier — or more specifically, I should say, the November 20, 2021 letter from Yukon Communicable Disease Control to parents, guardians, and staff at École Whitehorse Elementary School indicated, as I quoted earlier, that all others not fully immunized or who have not recovered from lab-confirmed COVID-19 infection in the past 90 days are recommended to self-isolate.

There was some reference in the November 20 letter to “90 days”; it appears to be a reference, to some degree, to natural immunity post-infection. We understand that some European countries are allowing people who have had a COVID infection and have had that confirmed to be considered as having natural immunity for a specified period of time afterward. The witnesses could correct me if I'm mistaken on any of that, but it is my understanding that it is up to six months in some cases.

The question we have had from a number of people is just about the difference in how it is being handled here versus there. My question for the witnesses is: Could they explain why it is being dealt with differently here than in some western European countries regarding that specific issue?

Dr. Corriveau: Thank you for the question. It is a fact that re-infections are unusual within the first six months of having had infection. I haven't been part of those discussions here in the Yukon, but I know that, in the provinces where I have worked over the past several months, one of the considerations was the logistics and capacity of collecting that information and verifying it. There were many other considerations. The other consideration that is important is that people who have had COVID and get vaccinated get very high levels of protective immunity, so that's another factor that was taken into account. As far as I recall, every other province and territory has followed the same path. Yukon is no different from the other jurisdictions in this country.

Mr. Cathers: I do appreciate that information and would just flag for the attention of both the acting CMOH and the office as well as to government that this is a question that we do hear regularly from people. If the issues do relate to logistics capacity and the ability to verify versus the issue of actual immune protection, I would just suggest that consideration be given to whether it's possible to move to a situation where they are able to consider measures of that type. Again, I am just noting that this is something that comes up regularly from Yukoners.

I want to move on to the issue of Omicron, which has just been designated as a variant of concern. We have seen a number of countries, including Canada, announce new measures out of concern for the potential of this new variant. Can the witnesses please talk about what is currently known about Omicron, what isn't known, and what's being done here?

Dr. Corriveau: Actually, that was the one paragraph that I had left to read in my opening statement. I think that everyone is concerned about the fact that this new variant has been detected and seems to have already spread to many parts of the world before it was even detected.

We don't know enough right now to pass judgment about whether or not we should worry about it, whether it spreads more easily or not, or whether it causes more severe disease or not.

Actually, some indications are that it's a milder form of the virus, which would follow from the basic knowledge that we have of evolutionary biology with other viruses where they tend to get milder over time. If they can spread under the radar, in a sense, it gives them an advantage. It may not be because they spread more easily but just the fact that they spread.

At this point, it's just a note of caution for all of us. We can't let our guard down. Canada and other countries were burned in the first wave by not taking some measures early enough to slow down the spread. I think the measures that are being taken right now are more precautionary than based on some specific knowledge about the severity or the real risk associated with this virus. We don't even know to what extent our current vaccines protect or not against this variant. But I can tell you for a fact that we're in a lot better position than we were in January 2020 when the original strain arrived and we didn't have any capacity to produce vaccines.

Now we have capacity around the world to produce vaccine quickly. We are told that, especially with the mRNA technology, we could produce a new vaccine within a three-month period, which is quite different from what the situation was. Even though the media likes to highlight all the uncertainties, I think at this point that we want to avoid worrying people or panicking people. I think that we are in a good position. We have the surveillance systems in place, and the labs are able to analyze this virus as it arrives, which we didn't have before.

I think that the next month is going to be very important around the world as we pool our analysis and watch how things evolve. That's probably an added reason why we want to proceed cautiously in terms of removing all of our public health measures too quickly while this situation is being sorted out.

Mr. Cathers: I do appreciate the answer regarding that. I do find it also somewhat notable that, with the restrictions that have been announced by Canada and a number of other countries to deal with Omicron being identified as a variant of concern, it is somewhat notable to me, having been Minister of Health and Social Services back when work was being led by the federal government on pandemic preparedness, that some of the work, including a two-day conference in Toronto that we attended, included active discussion about the potential need to shut down flights from other countries where variants were

identified, and that struck me as notably different in Canada's response at the start of the pandemic compared to what had been planned back around 2007 and 2008. I do appreciate the indication as well that Omicron is not necessarily more serious but simply unknown at this point.

I want to move on to another area. I have a couple of questions about the process when changes are being made to public health rules, including when recommendations are provided by the office of the chief medical officer of health to government. My first question is just: What involvement of other parts of the system happens in the lead-up to those recommendations? Is there consultation done with hospitals, with medical clinics, with continuing care facilities, nurses' stations, as well as with First Nations who deliver health care services? Are they informed when changes to the recommendations are being contemplated? Are they involved in the development of that? How does that process work?

Dr. Corriveau: Madam Chair, I am a relative newcomer to the work of the department here, but I can tell you that I have just basically inherited Dr. Elliott's calendar and there are weekly calls with medical leaders and with chiefs and communities. Dr. Kancir is also taking regular — so, part of those discussions is to hear the concerns and take those into account as we develop and prioritize our work and recommendations. That is the best answer that I can provide right now because all I am saying is that my days include those regular opportunities to liaise with stakeholders across the board.

Mr. Cathers: I do appreciate that Dr. Corriveau is stepping into this role. I guess that it is somewhat like stepping onto a moving treadmill as you arrive and try to get up to speed immediately while dealing with all of the ordinary pressures of the day.

So, just to confirm, then — is the indication that there would be weekly calls with medical leaders, but they are not really formally involved in the actual development of recommendations — they wouldn't see draft copies, which wouldn't be shared, for example, with the Yukon Medical Association, medical clinics, hospitals, continuing care, or nurses' stations, et cetera?

Dr. Corriveau: Yes, Madam Chair, we wouldn't be sharing draft recommendations, but we certainly would be talking about the direction and what we're thinking about or even just getting their opinion about what they are seeing on the ground or what their concerns would be so that we can then take that into account.

Mr. Cathers: I do appreciate the answer. As it pertains to municipalities and unincorporated communities, what would the process be for either involving them or notifying them of changes when those changes are being made?

Dr. Corriveau: With regard to municipal governments, I just remember being in one meeting with business leaders. That was called by the minister and I was invited as a guest to participate in those consultations or discussions around the planned circuit breaker. It wasn't my lead, but I was certainly willing — and I think that Dr. Elliott or Dr. Kancir and I have always made ourselves available to any of the government

members who want us to participate with the stakeholders that they are accountable to or working with.

Mr. Cathers: I do appreciate the answer. I want to move on to the issue of vaccine options and information about them. I am not perfectly clear on where the line is between what the department would be doing under the direction of the minister and senior officials versus the office of the chief medical officer of health, but we have had concerns expressed to us for a while from Yukoners who had wanted to get access to a vaccine other than Moderna for adults — whether it be a preference for taking the Pfizer vaccine or a preference for taking either AstraZeneca or Janssen, which is commonly referred to in the media as "Johnson & Johnson". I would just ask the witnesses if they could talk about the role of the office in making recommendations around the availability of those vaccinations and whether they would agree with what we have heard — largely messaging from Health Canada and other public health officials that the best vaccine is the one in your arm.

Dr. Corriveau: Madam Chair, of course, we receive information from the National Advisory Committee based on the approval of the vaccines and the effectiveness and safety data that has been reviewed by Health Canada. Then it goes into considerations around logistics — which ones can we actually get? So, for example, Canada was slated initially to receive the Janssen vaccine — Johnson & Johnson — and then the manufacturing plant in the US had problems and we couldn't get any. We learned over time and going back to my work in the NWT and in Alberta — by June, the superiority of the mRNA vaccines in terms of effectiveness and safety was so great that most provinces decided not to order any more AstraZeneca at the time. Johnson & Johnson was just not available in Canada until very recently. There was a request, I think, initially made by Alberta and BC. Canada, through some negotiations, was able to get 20,000 doses for the whole country. It's not like we decide which vaccines are going to be offered. We all know that Pfizer and Moderna had production difficulties at the beginning, and sometimes we could only get one or just the other. That was the one that was being offered. This is how it has gone pretty much from the get-go.

As medical officers, we would recommend — and I would still do that — the mRNA vaccine over any other one, because their safety profile is greater and their effectiveness is greater as well both in terms of length of protection and the level of protection from those vaccines.

Whether we are able to offer choice or not depends on availability and our ability to distribute it and not to waste vaccines. That is really more of a departmental function and the logistics of what we're able or not able to do.

Mr. Cathers: I do appreciate the answer. I would just ask if the witnesses happen to have at their fingertips the data around comparing the level of protection and length of protection of the vaccines available to put on the record. There is a lot of information that people do hear out there. If you happen to have that information near, if you could provide it. If I'm putting you on the spot and you don't have those numbers right at your fingertips, then I would just ask if you could

potentially provide that to the minister and ask the minister to provide that information at a later date.

Dr. Corriveau: Madam Chair, I'm just going to go from memory in terms of the latest figures I recall seeing, but we can certainly provide the most up-to-date data in this regard.

As of still recently, the mRNA vaccine — we're still providing against severe disease well into the 90-percent range in terms of protection, while the AstraZeneca and Janssen type, which are the same platform, really — the AstraZeneca and Johnson & Johnson are the same platform, the same way as the Pfizer and Moderna are and mRNA. We're closer to 80 percent in terms of protection against severe disease and quite lower in terms of infection. The side effect profile is higher, even though they're still rare. Those vaccines were associated with the blood clot problem and other still rare side effects but nonetheless more serious than mRNA have shown to provide. So, I would still recommend mRNA over any other vaccine that is currently available. There are going to be more vaccines coming up the line later on but probably not until the spring.

Mr. Cathers: Thank you, Dr. Corriveau, for that information. I do appreciate that.

One other question that we've heard from a number of people is just information about case severity here in the Yukon during the outbreak.

I may be putting the question the wrong way, but I am just wondering what information you can provide about the severity of the cases and how that compares in vaccinated versus unvaccinated, as well as, during the outbreak, what it looked like as far as hospitalizations.

Dr. Corriveau: Madam Chair, the difference between the level of protection between vaccinated and unvaccinated varies according to age and also whether someone has an at-risk condition — advanced age or diabetes. There are some diseases that put people at higher risk or that are immunocompromising illnesses. In a young, middle-aged adult, the difference is still about 40:1 in terms of having a severe infection if you are vaccinated or you are not. It goes all the way down to those who have other factors involved. It may go down to five or six — the range is 1:5 or 1:6. So, there is a difference, but the benefit is always there and quite significant.

Mr. Cathers: I just wanted to make sure that I understood that statistic properly. Dr. Corriveau, were you indicating — with 40:1 — that, for younger adults, you are 40 times more likely to be hospitalized or have a severe illness if you are unvaccinated than vaccinated?

Dr. Corriveau: That is correct, Madam Chair.

Mr. Cathers: I do appreciate the answers to my questions. I could go on here for much longer. There are many questions that we have had, of course, from people and we have provided them directly to the minister in past briefings. However, due to the time that we are at here, I will just thank the witnesses for appearing here today, and thank you and all of your staff for the work that you have been doing throughout the pandemic. I know that it is stressful and difficult at times for people involved, and I just want to, on behalf of the Official Opposition, acknowledge everyone in your offices as well as who have helped out with the Yukon government's response to

COVID-19, including the vaccination clinics, and for the work that they have done.

Again, thank you for answering my questions, and I will turn the floor over to the Third Party so that they can ask questions in the limited time that we have available here today.

Ms. White: I thank my colleague and welcome the witnesses. I apologize for the odd behaviour as I turn my back while speaking directly to you.

Just to get started, understanding that vaccinations will be available for children ages five to 11 and currently are available for those from 12 to 17 and knowing that the vaccine mandate is in place, some of the concerns that I have are for children in families where the decision has been made not to be vaccinated. Knowing a 12-year-old child can't necessarily make their own appointment to go to the vaccination clinic to be vaccinated, the idea that a child should be prevented from participating in extracurricular activities like sport — it is worrisome, to be honest.

I know that if I look at the age of consent for sexual activity in the Yukon, it's 16 years old. If I look at the *Care Consent Act* for health, it's 19 years old. How do we reconcile it for children? Will the vaccine mandate extend to children ages five to 11? How do we reconcile for children now between the ages of 12 and 17 whose families may have made decisions that they are not able to influence?

Dr. Corriveau: The comments of the member are very close to my own thoughts about this issue. It's one of the issues that we want to make sure will be considered as we review the end of the circuit breaker.

Ms. White: I do thank the doctor for that answer. I appreciate that it is being thought about. I am not surprised to hear that, but I am grateful to hear that.

It is a bit challenging to have two acting chief medical officers of health here because some of the questions that we have predate you. It's challenging to figure out where that information can be shared. I don't want to put anyone on the spot, but I'm going to ask some questions that you may not have the answer to.

I would like to know when the recommendation was made — or did the office of the CMOH make a recommendation — to drop the *Civil Emergency Measures Act* in August of this year?

Dr. Corriveau: The answer is: I don't know.

Ms. White: I will just get it out there on record, then.

One of the stark differences between Yukon and the rest of Canada is that, at one point in time, Yukon and Manitoba were the only two jurisdictions in Canada without a mask mandate in public. Then Manitoba changed, and Yukon was on its own.

Is the CMOH office able to mandate large-scale mask wearing without the *Civil Emergencies Measures Act*?

Dr. Corriveau: My understanding is that the office would be the one making recommendations, as was done recently. To put it as a mandate, it has to be an order that is issued under those measures. We would still recommend wearing a mask, but it wouldn't be mandatory unless there was an order that would empower that to be mandated to everybody or in certain settings.

Ms. White: I thank the witness for that. I guess the challenge is looking out across Canada. There was the requirement for people to wear masks in public, but here it was strongly recommended. I'm just trying to figure out whether or not the office of the CMOH here is able to make those requirements without the CEMA, so I will leave that and move on.

Understanding that the Omicron variant was just recently recognized in a more global way, are we testing for that new variant now in Yukon? At this point in time, have we seen that variant yet?

Dr. Corriveau: The specific identification of the Omicron variant requires technology that is only available in some provincial labs and at the National Microbiology Laboratory in Ottawa. We rely on the support of the BC Centre for Disease Control in that regard. They are just tooling up right now. Even they have to rely on some support from the National Microbiology Laboratory, but the technology is there, like I said earlier. I think that we will be able to identify it very quickly. Québec and Ontario were able to identify it right away. It is just a matter of screening the samples.

We were on the call on Sunday with the other chief medical officers, and most of the labs were basically screening for the Delta variant, which was the only one around. Now what they are doing is that they are doing the screening for Delta and then, if it doesn't score for Delta, they go to the gene sequencing, which takes a little bit of time to get it done, but it identifies it quickly. So, we will find out, but over the weekend, the Public Health Agency was providing information on recent travellers from the countries that were identified as at risk, and we didn't get any notification. So, at this point, that was the group that was being focused on.

Ms. White: I appreciate that answer from the witness. I can look back to my own time here — in 2020 when we started seeing the headlines coming out of China at the time and how quickly it spread globally. One of the reasons why I am asking about the Omicron now is to get a better idea. Had you asked any of us in January 2020 if we would be here now, near the end of 2021, I would like to think that the answer would have been no. If I looked back to SARS and Canada's experience, it was drastically different than the COVID one. I do appreciate that we wait for the BC Centre for Disease Control; that makes a lot of sense.

My colleague touched on the non-mRNA vaccines. Madam Chair, one of the reasons why I just want to go back to this is that it seems to me that, in this time of division, as many options as possible just makes sense. So, we have the vaccine mandate, we know that the federal government has approved both the Pfizer and the Johnson & Johnson, and it seems to me that making those options available is important. I do appreciate, from your perspective of medicine, that you are saying that Moderna makes more sense; I appreciate that. But, for people who are vaccine hesitant, it would seem to me that being able to make a choice that both answers the federal government's requirement for vaccination and their own ability to make that decision is important. One of the challenges is that, right now on the yukon.ca website, it says that those are

available for the next two days — so, today and tomorrow. Is there any intention of the CMOH office directing that those be available on a longer term basis?

Dr. Corriveau: The best answer that I can provide is that it's not just about recommending this vaccine or that vaccine, but it's whether or not we are able to procure it, whether or not it's even available for sale — and through the federal government, which controls all of the purchase and distribution of vaccines. If we can't procure it in a secure way, then, even if access is technically possible, it doesn't mean that it's always feasible to implement it or make it available in an equitable way.

Ms. White: I do appreciate that answer.

I know that, back in early 2020 when the development of vaccines was happening, one of the concerns, of course, in the north was storage. What are the storage requirements, for example, for the Janssen or the Pfizer? Then, just for all of the vaccines, what's the shelf life? Does it vary greatly between different vaccinations, or is there a kind of middle of the road? You talked about the ability of getting them and procuring them, which makes sense, but what are the storage requirements and what's the shelf life on those?

Dr. Kancir: Admittedly, I don't have the information handy to tell you exactly what the exact shelf life is. I can say that one of the considerations early on was storage requirements for the vaccines. We certainly have seen some changes in that. I can mention that the pediatric vaccines have had some changes in some of the buffer solutions to change some of that. So, there have been some improvements in it, but to comment on what exactly the exact shelf life is and what the storage requirements are — I don't know that.

Dr. Corriveau: Of course, the shelf life depends on when it was produced at the plant and where it was stored before and for how long. So, it can vary even for the same product depending on which batch we have received. But there have been certainly a lot of improvements. Initially in the territories, the choice for the Moderna was based primarily on the fact that it was the one that could be shipped the most easily to remote communities.

Even though the others were approved, we didn't have a lot of choice. Those working in Nunavut, which I was at the time, or in the Yukon — so it kind of guided and directed our path this way, so it's not just about saying, "We recommend this vaccine or that vaccine", but it's which we can get. Now we know a lot more, and the companies have learned a lot more too, so they have allowed — and their licenses now permit — a longer shelf life in the fridge, compared to being kept frozen, and how long you thaw it before using — so, things are evolving to this day. Even the pediatric vaccines by Pfizer, which used to have more stringent shipping requirements, are allowing this vaccine to be kept in the fridge a lot longer than even the adult version.

Ms. White: I thank the witnesses for that. Science is a fascinating thing. I know that one of the discussions at the time when we were looking at the vaccine here was the extreme cold storage, so whatever the temperature of the freezer had to be, I

know that, at the time, the Department of Environment had one, but that was definitely one of the considerations.

During the briefing that we had on the phone about 10 days ago, we asked about vaccine mandates for early childhood professionals. At the time, Dr. Corriveau, you responded that the recommendation was that folks who work with vulnerable segments of the population should be vaccinated, so I asked you then and I'm going to ask you again now: Are young children considered a vulnerable population?

Dr. Corriveau: No, actually, because of their age, unless they are in a special high-risk group for medical reasons, young children are not considered a high-risk population, so that's why they are not included.

Ms. White: Then I guess the next question is: If a child is in a full-time early childhood education program, and a child who is five is in kindergarten, why does one child get the protection of having vaccinated teachers and one does not?

Dr. Corriveau: Well, I am not sure about the distinction, but children have a very low incidence of severe illness. Actually, the risk is greater for the staff who are adults than for the children themselves in that age group. I am not sure what other considerations were taken into account when the decision was made for that cut-off.

Ms. White: I thank the witness for that.

During briefings with officials, sometimes that happens with them as well. The answer is maybe not from your office, and that's okay as well.

One of the things that I think was really fascinating was during the school council meeting with École Whitehorse Elementary School. That was the first time many heard that educators had access to rapid testing, so I was hoping that the witnesses could walk us through how that works for educators. I will start with that.

Dr. Kancir: The process we are talking about is a process that happens at the COVID Testing and Assessment Centre — CTAC — in Whitehorse. When someone shows up for testing, the team there is screening for a few groups of people who would get access to a rapid test. The consideration is there: When I use the term “rapid test”, it is for a very fast turnaround that we could do at our hospital. It is really focused on maintaining capacity of some essential services. Historically, we have done that for health care staff and physicians, trying to maintain our ERs, nurses who are working in the hospital, and ad hoc cases as they come through.

As our cases started to increase in the territory, the decision was also made to include teachers and teaching staff. That is something that, instead of it being something that is done on an ad hoc basis with consultation directly to our office, it was something that would be done as part of their screening process. Someone who would fit that category would show up, be asked if they worked in one of these settings and in one of these roles, and then would get access to that rapid test.

When I use the term “rapid test”, it might be a bit different from what everyone might use when they refer to a “rapid test”. This is a test for a symptomatic individual who is showing up for those guidelines that are not screening, so that distinction is

important. Again, it is done at the point of testing through CTAC.

Ms. White: I mean, I think it is a good tool, now that the Yukon Teachers' Association and others know.

There has been a lot of talk in the territory about rapid testing, and I will go with the witness' definition of “rapid testing”. I am going to use my own family as an example, just to highlight some of the concerns.

So, my younger sister has three children: 14, eight, and six. The eight-year-old and six-year-old share a bedroom. They live in a very small house. The eight-year-old has now been off two different times from school. His classroom has been shut down due to a COVID exposure notice. My sister now no longer has access to any paid sick leave because she has gone above and beyond now those 10 days. How does the office of the CMOH reconcile notifications going out to parents saying that children need to self-isolate for a number of days from an entire classroom — how does the office look at those, and how can we best support families as they're grappling with these?

In the example of my own family, the two younger children share a bedroom. The youngest child has gone to school throughout the entire time. The middle child has now missed, I guess, about a month for two separate exposure notices. So, how do we reconcile self-isolating parts of families, but the rest can go about their regular business?

Dr. Kancir: This is a very good question and one that we often get about our recommendations to students in a classroom, what it means for a household, and what it means largely for the families in the territory. I think one thing that is important to clarify is that, when we give a direction to a classroom for a classroom exposure contact, the advice is to isolate to prevent the further spread of COVID in the community. It doesn't mean that they are a case. If someone were a case, we would be giving isolation directions to everyone in that household to isolate. Contacts who have household members, those household members are contacts of a contact. That is an extension of risk. We don't actually believe that group has been exposed to COVID, but we are asking the contact to isolate.

Again, if there was a case, we would ask them to isolate, so sometimes the direction to a household may seem like it's very different: Why are we asking some households to isolate and others not to? Again, the distinction is whether it is a case or a contact.

In regard to the pressures it puts on households, I will say that it is very difficult. One of the things that we are hopeful for is that everyone in the territory, especially those with children, will see the difference that we have experienced in our high schools and our elementary schools. We look at our high schools, and students have been able to get vaccinated who are over 12, and the cases that we have in high school are vastly different, compared to elementary school. I think our case notifications are something like 10:1, in terms of the difference, so it is a reminder to all of us that, as the vaccine becomes more available in the territory, the burden to families can really be alleviated if people start to access that vaccination. So, we're

hopeful that that experience will be incredibly different in early 2022, as that vaccine starts to roll out in Yukon.

Ms. White: I do thank the witness for that clarification. At this point in time, how many — I'm not even sure how to ask the question: if I should say, "How many classrooms have been shut down?" or if I should say, "How many..." — maybe I'll just try that way. How many classrooms have been shut down at this point in time? So, if I say "classrooms", I mean per case. So, if a school has a notification, and the classroom is shut for two weeks, how many of those have happened since September of this year when school started?

Dr. Kancir: In terms of a global number, I actually don't have that information available. I can say that, as of this morning, we had 17 active exposure notices in the territory, and so those would be classrooms where, if people were not fully vaccinated, we would be asking them to isolate. That has been a steady decrease over the past few weeks. Again, currently it's 17 active, and we have no outbreaks, which means that there has been no evidence of transmission within that classroom.

Ms. White: I thank the witness for that.

So, with those 17 current classroom notifications, how long is that classroom closed for?

Dr. Kancir: It completely depends on the risk assessment. So, every case in a classroom goes through an investigation with YCDC, and the questions are asked: "What was the symptom onset for this case? How long has this person potentially been infected and how long, depending on their exposures in the classroom, does that classroom need to be out of class?" So, it is a tailored response to each case. It may be up to 10 days, but oftentimes, we find that people are being found, and they may have been in school for a few days, and so that's a shortened period. But as of right now, the recommendation would be 10 days, based from symptom onset, and then again, it is tailored to the individual case.

Ms. White: I'm just going to keep thanking the witness for the answers.

With the understanding that there is up to 10 days that a classroom can be closed, is there no other way to manage? For example, all the children and the teacher being tested? Negative tests, you can go back to school, or one test and then a test in two days? I guess this is one of the questions and why families keep on asking about rapid testing. I understand that it's a little less invasive, but has there ever been a look or a conversation around minimizing those closures? Again, the disruption — a parent or a caregiver is home, what that looks like. Have there been those discussions internally?

Dr. Kancir: There have been questions around the testing strategy for schools. I think that one of the things that we have had to balance has been the value of the different tests that we would be putting out in terms of — how accurate would a test be if it was done on an asymptomatic student versus a symptomatic student? So, the balance of that information — looking at what the risk is that we might be missing something, what the potential risk is that the test itself is giving us a false negative or a false positive has been balanced. The discussions have happened.

I think that one of the other considerations has been that, when we have been at the peak of our testing with schools, would we have the capacity to actually be testing the number of students in classrooms who would have had exposure notices, and would that potentially be edging out people who needed to have a test because they were symptomatic? On balance, the best approach for the territory was to recommend the isolation period. It has been successful. I would say that the vast majority of our cases have been single cases in classrooms, so we have been able to contain spread — through what we have seen and what we have been doing in-territory — and again, the recommendation from the office has been to maintain the testing strategy that we currently have.

Ms. White: How often do the tests that you just referenced — so, probably the rapid tests — give false negatives? Is there a percentage where a test would give a false negative and where the person would actually test positive if tested again?

Dr. Corriveau: Madam Chair, I don't have the exact number. It is just that, with the rapid antigen tests, the sensitivity is quite poor, so they tend to get better as you get closer to the time where you become infectious because you need a certain load of virus to be able to detect it. They are not that good in the asymptomatic situations. They are actually better — unless you do them serially, because you can test right now and then become infectious six hours later or even four hours later, so that is why they are viewed, generally speaking, as not that helpful to manage, except in specific circumstances.

Ms. White: One of the challenges — or maybe the recognition that I have learned in the last 20 months — is the importance of communication and clearly communicating. Dr. Corriveau, I brought this up when we were getting the briefing, but I am going to spend just a bit more time, because we have a little bit more time with you than previously.

This has to do, unfortunately, with the deaths that we have had due to COVID. One of the reasons I want to bring this up is that, right now, a lot of what we may be facing here — and your office is definitely facing — is, I would almost say, the battle of the miscommunication or the misinformation and trying to combat that with the facts and what is happening. One of the challenges is the information available prior and the information that is currently available.

Bear with me as I am just going to lay it out a little bit. I have excerpts from the first 11 deaths that we had in the territory due to COVID.

Number one, it came out in a statement that it was in Watson Lake, and Hanley said that the individual was older and had significant underlying medical conditions. He said that the person died unexpectedly but peacefully.

Number two, the Whitehorse resident was linked to a previous case and was unvaccinated.

Three, the Whitehorse resident was linked to a previous case and unvaccinated.

Four, no details were given.

Five, Hanley said that the person died on Wednesday night in hospital. He also said the deceased person was not vaccinated — an unfortunate fact.

Six, in a statement, condolences were offered to the family: “We must also use these hard experiences to reinforce the importance of vaccination as a life saving measure in our fight against COVID-19.”

Number seven, again, the person died in hospital on Wednesday night. He said that an unfortunate fact was that this person was not immunized.

Number eight, in this individual’s case, they were unvaccinated and had pre-existing conditions.

Number nine, none of the people who have died in the Yukon were fully vaccinated.

So, we have those as the beginning communication.

Another example is number 11. The acting chief medical officer of health — yourself — said in a news release that the territory would not be releasing any additional information about the death. We saw that for number 12 as well. Partially, the reason why I am asking why we have changed the way in which we are communicating it is because it is fuelling the mistrust. I can tell you that I have been contacted and that I have been told that this person was double vaccinated or that person was vaccinated, and the reason why I don’t think it’s good for the community is because I think that it’s also important where you said that a person in their 40s and in good health who was vaccinated had a 1:40 chance of requiring hospitalization.

But the truth of the matter is that there is also the flipside that sometimes something happens. When was the decision made to change how we were reporting that? Why have we gone from a few details that don’t indicate the person individually to no details?

Dr. Corriveau: I have to apologize if I created that misconception. My response initially when it was my first news conference — and I responded in the way that I would have responded personally everywhere else I’ve worked, not realizing that the detail had been provided before. So, it’s not like a change of policy as much as the fact that I personally didn’t feel comfortable to release personal information on individuals. I’m certainly willing to provide it in the aggregate. I’m comfortable to say that we’ve had 13 deaths and, as far as I know, two were immunized and 10 were not, but that’s how far I personally feel comfortable in providing levels of detail. The risk remains greater for unimmunized people, and the fact that our data and the data from every other jurisdiction that I know of shows that, even among the fully vaccinated, they tend to have a lot of other conditions that make it likely that the vaccination was less impactful for them. I told you earlier that the differential goes down in terms of vaccinated and non-vaccinated depending on age and on the other risk factors that the person may have that diminishes the impact — although there is always a difference. There is always a difference, but the margin of difference decreases depending on age and other risk factors.

Ms. White: I do really appreciate that answer. I guess that these days, when people are using every piece of information or non-information to fuel the arguments, you just walked into something that was different from what had been done before and I do appreciate your answer here.

I will urge the folks who help you with communications to recognize that — well, I don’t even know how to address those in a different way because, right now, that divide is strong in the Yukon, especially with tomorrow being November 30 and December 1 being the day after.

Just to go back to that, one thing that I think has been really important, even from my own learning or understanding of the virus, is that, even when vaccinated, we have the ability to transmit the virus. I think that going back to folks and information and non-information about fuelling hesitancy is that there are some people in the non-vaccine camp who strongly say that even people who are vaccinated are transmitting. How would the two of you in your roles respond to that? How would you share the information or how would you urge someone to be vaccinated when they are using the argument that, even if you are vaccinated, you can still transmit the disease?

Dr. Corriveau: This is a very good question. I think that it is important that we communicate effectively in this regard. Certainly, at the beginning — before the arrival of the Delta variant, in particular — we had some strong hopes that not only would this vaccine prevent serious disease, but it might also prevent infection altogether. We are seeing that this is not always the case.

I think that the big difference is that, first of all, the breakthrough infections occur in very specific circumstances. Usually, it is because you are exposed to a very high viral load within your household. Most of those cases occur in areas where there is somebody with an active disease and you are spending a lot of time with that person. You are either taking care of them in the household or you are a parent and you’re taking care of a sick child all day and all night for several days, so there’s the possibility of a breakthrough infection. It’s harder to get it, first of all, if you are vaccinated, and you won’t be sick as long because your immune system is already primed, so you will respond quicker. It is like you have some defense. It’s like you are trying to start a fire with wet wood versus dry wood. So, if the heat is high enough, you can still get the wet piece of wood to fire, but it takes longer, and it won’t burn as easily and as long. So, the same way, if you are immunized, you are going to — yes, you can transmit briefly, while your immune system kicks in, but we know that people who are vaccinated don’t get sick as long, and they don’t get as sick, either. So, that is still, for me, the point that we have to hammer on and keep insisting on, that the data still shows a very high level of effectiveness, especially with the mRNA vaccines, against severe infection and it shortens the duration so that if people are wearing a mask and other precautions, they won’t be spreading it easily to others — as easily as somebody who gets sicker longer. That is the best I can give you right now.

Ms. White: I think that comparing it to firewood in this jurisdiction was a clever comparison, because we all understand that, so I do appreciate that.

Interestingly enough, when the previous chief medical officer of health appeared in the gallery as a witness last December, I actually didn’t ask a single question about COVID, because they had already all been asked. In the last

couple of minutes, I just have a couple of questions that are non-COVID-related but are very much under the guise, in my mind, of the responsibilities of the chief medical officer of health and that office, as far as public health.

So, the Yukon Medical Association recently passed several important resolutions, and so, I wanted to know if the CMOH has been active in support of files like safe supply and supervised consumption in the past and if there will be any points coming out about the recent announcements across the country about the need to decriminalize personal use of illicit drugs and, especially in our case in the territory, the creation of a managed alcohol program and then making available alternative opioid therapies in communities.

Chair: I encourage the witnesses not to answer the question because it is beyond the scope of the questions to be asked, which are related to the COVID-19 pandemic.

Ms. White: I guess I didn't get the memo that it was solely COVID questions today. I will put the buzz out, though, to the office that those are important points that will be coming up in the future.

With that, Madam Chair, I believe — I'm just going to check to see if there are any more questions, but I believe that is it for me today. I want to thank the witnesses. Of course, your offices, as we've heard from my colleague — I recognize the amount of work and the pressure that you all face, and I do appreciate it. Thank you for appearing today.

Chair: Are there any further questions for the witnesses?

Mr. Cathers: Since there is a bit of time remaining, I will just ask a few other questions of the witnesses while they're here.

I just want to return to the issue of the booster shots for people under the age of 50. If I understood correctly when the witnesses answered earlier, my understanding was that those would likely not be flowing out for people below the age of 50 other than in specified groups, such as the health care sector and the immunocompromised, until after the childhood vaccination campaigns are complete — if the witnesses could just either confirm or correct that.

Also, would it be possible to indicate, for people aged 18-plus — like in that age group of between 18 and 50 — when witnesses anticipate that likely booster shots would begin happening?

Also, related to that, would that likely occur all at the same time or in a phased approach? What I mean with that is would you envision that would likely be a decision to move from 50 and up being the category to 18 and up being the category, or would that age range drop to something in between 18 and 50 and then move to 18 being the lowest age at a later date?

Dr. Corriveau: These considerations are still under discussion. It's really an operational issue. We have established the priority, which was initially the first and second dose in adults and then boosters for people over 50, health care workers, and now we're moving to the five to 11, so it's really as soon as possible and consulting with front-line and others, as well as supply chain — so, this is still under consideration; I can't give the timing.

Mr. Cathers: I do appreciate that the witness is indicating that they are not in a position to give timing. Of course, it is something where, as soon as either the office of the chief medical officer of health or the government are able to provide that information, that is something that is a topic of active interest for Yukoners.

I would just ask, with the rollout of both the booster shots for those who are now eligible and for the childhood vaccinations for those in the five-to-11 age group, if the witnesses could talk for a moment about what is being done in terms of making that available within communities outside Whitehorse, of course. In case the witnesses aren't familiar with the reference, it's communities in rural Yukon. What steps are being taken, and what steps are anticipated being taken next to make those shots available in rural Yukon?

Dr. Corriveau: We received the childhood vaccine late last week and, of course, there was preliminary work done to make sure that the vaccination community — nurses and others — were trained to provide it. Like we indicated earlier, there are special considerations and a special approach with young children. We need to have our staff prepared, so that training was done.

The product is a little bit different. Then it's basically making sure that the supplies are distributed and having the online booking system. I am not sure if it's only for Whitehorse or if it applies elsewhere. I am not familiar with the setup, but the health centres will move as quickly as they can. I also know that some additional staff have been procured to support this vaccine drive.

Mr. Cathers: Thank you. I do appreciate the answer.

I would also appreciate — we understand that the vaccination efforts, both in Whitehorse and in rural Yukon, do place a significant strain on the capacity of the system to respond to it. We had heard concerns at one point that this was resulting in an impact on other vaccination campaigns such as childhood vaccinations and travel vaccinations. Is it still impacting those services as a result of having to direct those toward the COVID vaccination campaigns? If that is the case, are you able to predict when there might be the resumption to more normal availability of those other vaccinations?

Dr. Corriveau: I will respond to the best of my ability. I know for a fact that our access to travel vaccines has been impacted. That remains the case as far as I know. With regard to child vaccinations — the core primary series for babies — there might be slight delays in giving some of the boosters, but from a medical public health perspective, it is still quite acceptable. I think every jurisdiction in Canada has suffered some setbacks in the school-based programs, but to be honest, I am not up to date on the situation in the Yukon with regard to the school programs. I can assure you that I have insisted since I have arrived that the core vaccines for infants and children are still a top priority above anything else.

Mr. Cathers: I appreciate that information from Dr. Corriveau, as well as the indication that you have emphasized the importance of those childhood vaccinations as well.

I do appreciate the witnesses appearing here this afternoon and answering questions from me as well as from the Third Party. It went a little quicker with some of them than I anticipated, but I do appreciate the information provided.

I would, again, conclude by thanking you for the work you are doing and noting that, while I do understand and appreciate that it's not up to the acting chief medical officer of health to make that information available to us, I would just reiterate the request to government, as Dr. Corriveau indicated we should do. We do believe that providing the recommendations of the chief medical officer of health, or the acting CMOH, to all Members of the Legislative Assembly and to the public would assist with helping Yukoners be better informed and helping members of the Assembly be better prepared to ask questions on behalf of constituents, as well as share information with constituents. As the Leader of the Third Party made reference to, there is a lot of information — both accurate and not — floating out there right now, and I believe that one of the best solutions that government can provide in response to that is sunlight — making that information available publicly.

With that, I will conclude my questions and, again, thank both doctors for appearing here today.

Chair: Are there any further questions for the witnesses?

Hon. Ms. McPhee: Madam Chair, I don't have a question; I just want to thank Dr. Corriveau and Dr. Kancir for being here today and for providing all this information to Members of the Legislative Assembly and to Yukoners through this opportunity this afternoon. Thank you so much.

Chair: Thank you. The witnesses are now excused.

Witnesses excused

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

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

Motion agreed to

Speaker resumes the Chair

Speaker: I will now call the House to order.

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

Chair's report

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

Also, pursuant to Committee of the Whole Motion No. 5 adopted earlier today, witnesses appeared before Committee of the Whole to answer questions related to the COVID-19 pandemic.

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

Are you agreed?

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

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

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

Motion agreed to

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

The House adjourned at 5:25 p.m.

The following legislative return was tabled November 29, 2021:

35-1-17

Response to oral question from Ms. White re: mining project oversight — Alexco (Streicker)

The following documents were filed November 29, 2021:

35-1-30

Potential removal of the landlord's right to issue 2- and 3-month notices to vacate, letter re (dated November 25, 2021) from Shannon Teja, President, Yukon Residential Landlord Association, to Hon. Richard Mostyn, Minister of Community Services (Mostyn)

35-1-31

Energy Retrofit Loan Program / Better Buildings Program, letter re (dated October 6, 2021) from Dan Curtis, Mayor, City of Whitehorse, to Hon. Richard Mostyn, Minister of Community Services (Dixon)

35-1-32

Better Buildings Program, letter re (dated November 25, 2021) from Mayor and Council, Town of Watson Lake, to Hon. Richard Mostyn, Minister of Community Services (McLeod)

35-1-33

Proposed changes to the *Municipal Act* and *Taxation and Assessment Act*, letter re (dated November 25, 2021) from Trevor Ellis, Mayor, Village of Mayo, to Hon. Richard Mostyn, Minister of Community Services (White)

35-1-34

Proposed changes to the *Municipal Act* and *Taxation and Assessment Act*, letter re (dated November 12, 2021) from Gord Curran, Mayor, Village of Teslin, to Kate White, Leader of the Third Party (White)

35-1-35

Adult access to Pfizer-BioNTech's Comirnaty COVID-19 Vaccine, letter re (dated November 26, 2021) from Hon. Tracy-Anne McPhee, Minister of Health and Social Services, to Brad Cathers, Member for Lake Laberge (Cathers)