



# Yukon Legislative Assembly

---

Number 40

1<sup>st</sup> Session

35<sup>th</sup> Legislature

---

## HANSARD

Tuesday, November 30, 2021 — 1:00 p.m.

Speaker: The Honourable Jeremy Harper

# YUKON LEGISLATIVE ASSEMBLY

## 2021 Fall Sitting

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

### CABINET MINISTERS

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

### OFFICIAL OPPOSITION

#### Yukon Party

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

### THIRD PARTY

#### New Democratic Party

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

### LEGISLATIVE STAFF

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

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

**Yukon Legislative Assembly  
Whitehorse, Yukon  
Tuesday, November 30, 2021 — 1:00 p.m.**

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

*Prayers*

## DAILY ROUTINE

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

## INTRODUCTION OF VISITORS

**Hon. Mr. Pillai:** I ask the Legislative Assembly — in inviting some guests who are here for the 40<sup>th</sup> anniversary of the Yukon permanent art collection tribute today — with us are Laurel Parry, who was our former manager of arts at the Department of Tourism and Culture, and Jan Ogilvy, Laurel's mom, and renowned Yukoner Emma Barr, also a 2021 Yukon permanent art collection art acquisition artist, are here today. Can we give them a hand, please?

*Applause*

**Speaker:** Are there any tributes?

## TRIBUTES

### In recognition of COVID-19 vaccination teams

**Hon. Ms. McPhee:** Mr. Speaker, I rise today on behalf of the Yukon Liberal government to ask my colleagues to join me today in recognizing the tremendous efforts of the many Yukoners working in our vaccine clinics, community health centres, and in case and contact management.

To begin, I want to thank our nurses and vaccine delivery teams. Over the past 10 months, these people have demonstrated their strong and consistent leadership, flexibility, professionalism, patience, and compassion. From the start of the pandemic, the community nursing team has supported Yukoners and has worked tirelessly to keep us all safe. This team is led by Sheila Thompson, director of Community Nursing, and Jane Boutette, assistant director of Community Nursing. The Yukon owes these two dedicated nursing professionals, and all of the nurses and staff on their team, our deepest gratitude.

I also want to recognize our nurses in charge and their teams at our community health centres across the territory. They are truly local heroes.

At the Yukon immunization program, Marija Pavkovic and her team provide invaluable policy training resources to support vaccine rollout, and they also procure the vaccine supply for the territory.

I would also like to recognize Brenda Dedon, manager of Public Health Programs, and everyone at the Whitehorse Health Centre.

Also at the Whitehorse vaccine clinic is John Coyne, manager of emergency surge response and infection control.

John and his team support the overall operation of the vaccine clinic, as well as rural mobilization logistics — not an easy job.

Our staff at the chronic conditions support program have also reprofiled and adapted their work to support our vaccine efforts. At last count, our vaccination teams have provided more than 75,000 doses to Yukoners. This is an incredible number, and their work is not over yet. While vaccinating Yukoners is a central part of our pandemic response, COVID-19 testing and case and contact management are equally crucial.

I want to acknowledge the hard work and dedication of Lori Strudwick, Jan McFadzen, and Griffin Brunger at the Yukon Centre for Disease Control. They have led a resilient team that has rapidly adjusted staffing levels to meet the demand, which has doubled during each wave of COVID-19.

I also want to recognize Orlea Rollins and the team at the COVID testing and assessment centre, Warren Pearson at the drive-through and rapid response teams, and Benton Foster, acting director of Community Health programs, who is responsible for the YCDC, the Yukon immunization program and testing operations.

All of the people I have named today, and the hundreds whom I have not, continue to demonstrate their passion, perseverance, and dedication. I want all of them to know that everyone in this House and all Yukoners recognize how much they have done for us all. Thank you, Mr. Speaker.

*Applause*

**Mr. Cathers:** I rise today on behalf of the Yukon Party Official Opposition to recognize and thank all of the health care professionals and those behind the scenes who have worked throughout the pandemic vaccination campaigns to ensure that Yukoners have access to first, second, and now, in some cases, third vaccinations.

We have seen immunization teams stationed here in Whitehorse and others travelling throughout the Yukon to put on vaccination clinics in all communities. As I mentioned, of course, there are others behind the scene supporting those on the front line and helping to make the system work from both the procurement of the vaccine to booking of the appointments and to management of the overall campaign. With the vaccination campaign for five- to 11-year-olds just ramping up, I'm sure that they will continue to be busy throughout the Christmas season.

As the Omicron variant has now been declared a variant of concern, it is notable that both the United States CDC and the United Kingdom's Joint Committee on Vaccination and Immunisation are recommending that everyone 18-plus receive a third dose as a booster shot. Health Canada has also approved the use of both Moderna and Pfizer booster shots for people 18-plus, and some Canadian jurisdictions are already making that available.

We recognize the limited capacity here and that it is dedicated to vaccinations for children and others right now, but we also do take this opportunity to urge the government to make booster shots available to Yukoners 18 years and up as soon as possible.

The work of health professionals running our vaccination clinics will be key to that work. Again, I would like to recognize, in addition to those on the front lines, those behind the scenes, and all of them play an integral part of making it happen.

Thank you again to all of you and know that the important work that you are doing is appreciated, and I would like to close by thanking all of our health care professionals for the work they do — before the pandemic and during it. I know that it has placed additional strain on you and your families during the pandemic.

Thank you again on behalf of the Yukon Party Official Opposition.

*Applause*

**Ms. White:** I am pleased to stand on behalf of the Yukon NDP to thank and celebrate the vaccine clinic workers and those across the Yukon on the front lines of the COVID-19 pandemic. No one would have ever anticipated that we would still be deep into this pandemic close to 21 months later. When I think about the things that stand out throughout these many months, I think about those on the front lines of this pandemic — those incredible folks across the territory who haven't wavered in their support of communities and who have never stopped working to protect Yukoners.

From the office of the chief medical officer of health and staff to a myriad of medical professionals — the people providing the screening, the vaccinations, the tracing, the testing, the cleaning staff, and others — Yukoners offer you our thanks. From exhaustion and stress to injuries caused by thousands of repetitive motions, we know the impact that this has had on so many of these workers. We are proud and thankful for that well-oiled machine that greets us at the convention centre in Whitehorse. I am certain that it is equally well-oiled in every community where vaccine teams continue to travel and offer their support.

Thank you to all of those working to take care of us. I still think that Dr. Bonnie Henry's advice is the best: Be kind, be calm, be safe.

*Applause*

### **In recognition of Yukon permanent art collection**

**Hon. Mr. Pillai:** I rise on behalf of the Yukon Liberal government to pay tribute to the 40<sup>th</sup> anniversary of the Yukon permanent art collection, with a special shout-out to Garnet and Tamika if you are listening.

In 1981, a passionate group of Yukoners known then as the "friends of the gallery" and today as the "friends of the permanent art collection" saw the need to preserve, honour, and share the exceptional artwork being produced here in the territory. The group's first two acquisitions on behalf of Yukoners were by Lilius Farley and Ted Harrison, both cherished mentors and early champions of the concept of a permanent government collection. The collection has since grown to over 500 works by over 275 artists. Works can be found in over 30 locations throughout the Yukon and in special curated exhibitions and loans to other institutions.

The Yukon permanent art collection serves as a record of visual arts development in the Yukon and tells many stories. The styles and subject matters are as wide-ranging as Yukon experiences, cultures, and landscapes. They reflect connections to the land and place across time and seasons and over generations of artists, some from the same families.

The artwork also reveals the rich, creative environment that the Yukon offers. Whether it's through painting, photography, sculpture, textile, installation, and more, the collection is reflective of artists and regions across the territory. Great care has been taken to ensure a strong survey of First Nation traditional and contemporary art and fine craft, such as sewing, beading, carving, weaving, and regalia.

As a result, works from world-renowned artists such as Ted Harrison, A.Y. Jackson, and Edward Burtynsky are in great company with beloved elder artists and knowledge-keepers such as Annie Smith, Pearl Keenan, Marge Jackson, Fanny Charlie, Mary de Guerre, and Kitty Smith.

To mark the 40<sup>th</sup> anniversary of the Yukon permanent art collection, a retrospective exhibition opens next week at the Yukon Arts Centre, entitled *Collective Memory*. The exhibition features an extensive collection of works from the past four decades highlighting the collection's depth and diversity. I invite all Yukoners to visit the show and immerse themselves in the richness of Yukon art and artists. Digital content will also roll out, with much of the collection available for viewing online at foypac.ca.

I want to thank all artists across the Yukon for sharing your talent and voices and enriching our lives. Your work encapsulates the experiences of the Yukon and inspires new generations of Yukon artists. I also want to acknowledge the founders, curators, board members, and the many patrons and community partners over the past 40 years who have been instrumental in the success of the collection. This expansive and creative record offers us a meaningful opportunity to discover, witness, engage, and reflect.

*Applause*

**Ms. Van Bibber:** I rise today on behalf of the Yukon Party Official Opposition to pay tribute to the 40<sup>th</sup> anniversary of the Yukon permanent art collection.

We are so blessed in Yukon to have many visual artists who are willing to showcase their work. I am thankful that we have a group, Friends of the Yukon Permanent Art Collection, that actively encourages everyone to be engaged and involved. These friends are a charitable, non-profit group that encourages all visual artists to submit their artwork to be considered to be selected for the collection. Donations are also reviewed under the same process and will be regarded for inclusion as well.

As was mentioned, the collection has over 500 pieces and continues to be a growing concern — amazing works of art that portray the legacy of our time and talent through the decades.

Speaking of "permanent", we still need a permanent home for the whole collection so that it can give the artists another venue to be recognized and for the program to become better known and also so that it can be appreciated by all who visit. Think about schools and university classes, visitors and art

classes who would all benefit by seeing all the works under one roof as opposed to being stored away or in various locations.

Many artists have successfully completed the eight-month foundation year at the Yukon School of Visual Arts, or SOVA, in Dawson City. This is equivalent to the first year of a bachelor of fine arts, a BFA. A student that can then transfer to another school to begin their second year.

If you have not done so, please check out the website of the art collection and see the variety. It's thought-provoking, traditional, and there are so many types of art that are to be treasured. Also check out the details for the next intake of art. The 2021 call-in is on January 31, 2022. Please get your application and photos to the panel for consideration. Perhaps you will become part of the permanent art collection for generations of Yukoners to enjoy.

*Applause*

**Ms. Blake:** I rise on behalf of the NDP to pay tribute to the Yukon permanent art collection. For 40 years, the Yukon permanent art collection has been developing and growing year after year to honour artists from Yukon's artistic community. The permanent art collection encompasses art from hundreds of Yukon artists, including our young and emerging artists from across the territory. Each piece of art within the permanent art collection forever captures elements of Yukon's history and identity, cultural legacy, landscape, children and families, communities, and celebrations.

The captions of the Yukon are wrapped in vibrant colours of paint strokes and portraits, perfectly stitched in beads, wrapped in hide, and fine lines etched in carvings and weaving. Each piece of art tells a story and reminds us that there are many ways to view and interpret the world around us while sparking a variety of conversations.

Art has the spell to take to you to a special moment in time as it stirs a memory or a moment that you unknowingly keep tucked away in memory. I had the opportunity to tour the permanent art collection this past summer with the incredible staff who are so passionate about their work. This was evident in the stories that they shared about how their work takes them on a journey as they oversee artwork within government buildings across the city, deciding what art pieces are exhibited from the collection to complement each unique space.

At the end of my tour, I was provided an opportunity to view Gwitchin artwork. I watched with curiosity as a big white box was selected off the shelf. The lid was removed from the box, and the smell of home-tanned hide quickly filled the air. A visual display of an intricate stitching of beads began to show itself. In the box was a pair of slippers beaded by Vuntut Gwitchin's respected elder, the late Fanny Charlie.

As we looked at the slippers, I visualized Fanny's hard-working hands, her gentle smile, and all of the many homemade products that she had created over the years for her many grandchildren and great-grandchildren. What began 40 years ago with art shows in a small meeting room in the old public library has grown to be a true Yukon treasure.

*Applause*

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

## TABLING RETURNS AND DOCUMENTS

**Hon. Mr. Streicker:** I have for tabling today a report from Efficiency Canada, which is the scorecard for the Yukon on our efficiency work.

I also have for tabling today a news release from Yukon Energy on their 2021 rate change that was put out today.

**Ms. White:** Today I have for tabling two documents inviting folks to join the Premier and three of his Cabinet ministers to a political fundraiser in Vancouver on December 18.

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

## PETITIONS

### Petition No. 8

**Ms. Tredger:** I have for tabling the following petition that reads:

THAT the Yukon is in a housing crisis

THAT tenants in the Yukon have little to no protection from evictions

THAT limited vacancy and unaffordable market rates leave Yukoners who rent and prospective renters in a precarious situation

THAT landlords in the Yukon are currently allowed to evict tenants without cause under the current legislation

THEREFORE, the undersigned ask the Yukon Legislative Assembly to urge the Government of Yukon to issue an Order in Council which would temporarily prevent evictions *without* provision of cause until such time as the Residential Landlord and Tenant Act can be reviewed.

I would note that this petition has over 160 signatures as well as over 300 signatures online.

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

## NOTICES OF MOTIONS

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

THAT this House urges the Premier to contact the Deputy Prime Minister of Canada to discuss challenges in permitting delays associated with mining projects in Yukon, as created by the Yukon and federal governments.

I also give notice of the following motion:

THAT this House urges the Minister of Energy, Mines and Resources to table the annual Yukon Minerals Advisory Board report before the end of 2021 Fall Sitting.

I also give notice of the following motion:

THAT this House urges the Minister of Highways and Public Works to provide an update on the installation of turning

lights at the junction of Robert Service Way and the Alaska Highway before the end of the 2021 Fall Sitting.

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

THAT this House urges the Government of Yukon to respond to all written questions tabled during the 2021 Spring Sitting prior to the adjournment of the 2021 Fall Sitting of the Yukon Legislative Assembly.

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

THAT this House urges the Minister of Highways and Public Works to improve safety in the area near the intersection of the Mayo Road and the Alaska Highway, including installing a larger “Keep right except to pass” sign, a larger stop sign, and signs explaining the intended traffic pattern.

I also give notice of the following motion:

THAT this House urges the chair of the Standing Committee on Rules, Elections and Privileges to call for debate Motion respecting Committee Reports No. 1 prior to the end of the 2021 Fall Sitting.

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

THAT this House urges the Minister of Highways and Public Works to provide the information regarding the Nisutlin Bay bridge that was promised during Committee of the Whole earlier in this current Sitting.

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

THAT this House urges the Government of Yukon to advance health system transformation by working with the Yukon Medical Association to create the position of Yukon territorial medical director.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to follow the recommendations of the Yukon Medical Association and other community organizations by implementing a managed alcohol program for vulnerable Yukoners with severe alcohol use disorders.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to respect Yukon Medical Association’s recommendations and follow the government’s own 2018 opioid action plan by making opioid agonist therapies available in Yukon communities.

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

THAT this House urges the Government of Yukon to introduce amendments to the *Elections Act* that ban financial and in-kind donations to Yukon political parties from corporations, labour unions, and any other source than individuals residing in the Yukon.

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

## MINISTERIAL STATEMENT

### Yukon electricity rates

**Hon. Mr. Streicker:** We know that electricity bills make a big difference in the lives of Yukoners and Yukon businesses. This morning, Yukon Energy put out a news release regarding upcoming electricity rates, and I would like to update Yukoners on what this will mean for them.

In November 2020, the Yukon Energy Corporation filed an application with the Yukon Utilities Board to increase its electricity rate. This was due to two major challenges that the Yukon Energy Corporation faced: continuing growth and demand for electricity in the territory and the Yukon’s aging electrical system.

First, the continuing increase in peak demands for electricity grew by 17 percent between 2018 and 2020, and it is expected to rise another 40 percent by 2030.

Second, parts of the Yukon’s electrical system are now over 60 years old and need repairs and upgrades in order to support the expected growth and pressure on our electrical system. Upgrades to our electrical system are needed over time, and these upgrades are paid for through our rates.

Yukoners depend on electricity to power and heat their homes. So, one of the things that the Yukon Energy Corporation is doing to ensure that rate increase impacts are softened for Yukoners is timing them to align with other charges being removed. This will effectively keep our bills the same.

For example, the first stage of Yukon Energy’s 2021 rate increase was applied to electricity bills on July 1, 2021. On the same day, other charges came off of our electricity bills. The net impact of that change was near zero. The average residential electricity bill stayed the same while bills for typical business customers went down slightly.

The second stage of the rate increase will be applied tomorrow. At the same time, Yukon Energy’s 2017-18 general rate application true-up will be removed. The net impact of this change is again expected to be zero for residential and business customers and thus no change to what we pay for electricity after December 1.

This careful approach that Yukon Energy is taking provides Yukoners with bill stability and has kept electricity rates in the Yukon the lowest in the north.

This is a win-win for Yukoners. There are no additional increases to electric bills, and we will now benefit from critical investments being made into our electrical system. We will continue to work alongside the Yukon Energy Corporation to ensure that we are making these investments into our electrical system that will support the growing demand for electricity in the Yukon while ensuring that power for Yukon remains at an affordable price.

**Mr. Hassard:** As temperatures hover between minus 20 and minus 30 degrees in many parts of the territory, and as we head into the darkest days of the year, Yukoners will be

interested to know what is happening with their electrical rates this winter. It is important to note that if it were not for this rate application, Yukoners' power rates would actually be going down this year. So, to be clear, in actuality, our energy bills would have gone down this year were it not for this rate application to keep them as high as they are.

To quote from the Yukon Energy website about what drives power rates: "Renting diesel generators each winter to protect Yukoners from prolonged power outages in case one of our large hydro units or transmission lines break has also contributed to higher annual operating costs."

So, can the minister update us on how many diesel generators will be rented this winter? As you know, Mr. Speaker, the Liberal government spent nearly \$600,000 consulting on a new permanent LNG plant, which they pulled the plug on in 2019. A significant amount of the cost associated with this planning all occurred under the Liberals, which eventually will be included in another rate hike.

Yukoners know that we need dependable backup in case of a major malfunction at one of our hydro stations. We are already at an energy cliff here in the territory. That is why it was short-sighted for the Liberals to abandon the plans for a new LNG generation facility. According to transcripts from the Yukon Utilities Board hearing on this rate hike from September 29, if the Liberals had not pulled the plug on this new LNG facility, the territory would be on track to have it constructed by 2023. Instead, we are stuck renting diesel generators until 2028 or 2029. Even then, the Liberals have not offered a realistic plan to actually end their addiction to rented diesels.

While the new LNG facility would have allowed the territory to phase off of rented diesels in less than two years from now, the Liberal plan unfortunately keeps us on them for potentially another decade. This is certainly unfortunate for the environment of the Yukon.

Further, as you know, Mr. Speaker, with rented diesels, at the end of the day, Yukoners are just shipping money south and none of the assets or benefits stay here in the Yukon.

I do have a question for the minister about his comments on small, modular nuclear reactors this morning, though. Can the minister elaborate a bit more on the feasibility of these in the Yukon? What would be the estimated cost for the territory, and when does he anticipate making a decision on nuclear power here in the territory?

Finally, when does the minister anticipate going forward for another rate hike?

**Ms. Tredger:** The Yukon NDP are happy to hear that Yukoners' electricity bills will not be going up. The minister has talked about Yukoners needing bill stability and we agree, but it is more than stability — Yukoners need affordability. This does not only apply to electrical bills. Yukoners face many rising costs — Internet and housing, to name a few. We urge the government to find solutions that will keep all aspects of living in the Yukon affordable for everyone.

Today's announcement also speaks to the climate crisis that we are facing. We are in a time when the electrical system

plays a key role in reducing our greenhouse gas emissions. Demand is going up and our infrastructure is aging. These are not problems that we can expect ratepayers to bear alone. It is the government's responsibility to create climate solutions for our territory, and it is the government's responsibility to make sure that all Yukoners have access to clean, affordable, and reliable energy.

It is not an easy task to keep costs low at the same time as making the investments needed to see us through a climate crisis. It will take political will and creativity to make it happen. We look forward to being part of the solution.

**Hon. Mr. Streicker:** Mr. Speaker, first of all, I will respond to the Official Opposition. When the member stood up and he talked about how they are recommending that we build an LNG plant — that is liquified natural gas — just a reminder that it is a fossil fuel. Diesel is a fossil fuel; these are fossil fuels. We need to move off of fossil fuels. No, we don't want to build another plant. Yes, we are renting diesels because it won't commit us to them for the long term. That is great; that is smart.

In fact, the Yukon Energy president, Mr. Andrew Hall, was here as a witness and he said that the levelized cost of capacity — and I quote: "So, if you look at the cost of renting — the numbers that we presented in the battery hearing, when there was full transparency on those different options compared — the cost of rental was \$211 per kilowatt year. That's the metric that gets used. The cost of the most recent diesel plant analysis that we did, which was a 12.5-megawatt facility, ended up at \$212 per kilowatt year." So, it's a mistake to build a fossil fuel plant. I will keep saying it. I am happy to rise and keep saying it.

By the way, the plant — the increase to our electricity rates is here because the Yukon Party didn't bring in rate increases since 2013. When the minister landed — the previous Minister of Energy, Mines and Resources — he saw that there was a credit card bill racked up, including the LNG plant which didn't go to rates, so it did have to go to rates. That's when rates jumped. Today, rates are staying the same.

The Member for Porter Creek North, when she stood up on a ministerial statement last month, said that it's going to go up 11.5 percent here under us. No, it's zero percent. That's what it is today. I am very happy for Yukoners.

We think that it is wrong to hold off putting out rates, which the Yukon Party ran on, saying that they were not going to do that because they want to hold off. Then it's a big shock. No, we don't want to shock the system. It is a mistake.

By the way, what I can say is that we're going forward with a grid-scale battery, which we are investing in, so that the ratepayer doesn't have to pay as much. That grid-scale battery will take away from diesels having to deal with the peaks, and it will remove the need for four diesels. It is a great news story today for Yukoners. We are very excited to see that our rates are staying the same while we invest in the future of our electrical, renewable infrastructure here for the territory.

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

## QUESTION PERIOD

### Question re: COVID-19 vaccination requirement rollout

**Mr. Dixon:** Today is the last day before the Liberals' vaccine mandate and verification system comes into force. By today, government employees will have to sign an attestation form declaring their vaccination status. If they haven't received a first dose by today, they will be put on leave without pay. Given that the deadline is just a few hours away, I expect that the government should have a good idea of how many staff this will impact.

Based on the attestation forms to date and the information received so far, can the minister tell us how many staff this will affect?

**Hon. Mr. Streicker:** The deadline is midnight tonight. I encourage all public service employees to please fill out their attestation.

The numbers that I heard, as of this morning, were that 91 percent of our employees had filled out their attestations. We have been getting numbers in every day, so I'm sure that there will be more today. I will be able to give a final number sometime tomorrow.

I note that there are a handful of employees — 30 or 35 — who have applied for exemptions, so we will need to work through those. So, I'm unable to give a final answer for the member at the moment, but I can say that, of course, the majority of Yukon public servants have filled out their attestation as of first thing this morning.

**Mr. Dixon:** I appreciate the minister committing to get us an answer by tomorrow. I would note that, based on what he said so far, nine percent of the workforce of the Yukon government has yet to do a form, and that's a fairly large number.

This reduction of employees will affect government services. We have heard of impacts on the availability of highway truck drivers who keep our roads safe and of community-specific concerns, like the impact on a community like Ross River that has a lower than average vaccination rate.

We have heard that, in Ross River starting tomorrow, the community could be underserved for EMS, fire protection, home care, and in their school.

Can the minister tell us what plans are in place across the Yukon and government-wide to reduce the impacts of service reductions that will come about as a result of this policy?

**Hon. Mr. Streicker:** Again, I note that employees have until the end of the day today to complete their attestation for their first dose or to submit an exemption request. I encourage those who have not yet attested to their vaccine status to do so as soon as possible. We continue to encourage all of our public servants to get vaccinated, and those who haven't attested or received their first dose by the deadline will have the opportunity to do so and return to the workplace after tomorrow.

I can say that there is a business continuity plan at work across each and every department. The Public Service Commission works with each of those departments to talk through where pressures are noted. This is not that different, in

a sense, from when we first hit the pandemic and we lost some public servants, both in terms of work from home and of health. We have some experience at this now.

I know that the public service has been working with — I think we would have to talk to each individual department to discuss how those strategies are in place, but my understanding is that they have been working on them. We will adjust, as necessary, to support all of our communities.

**Mr. Dixon:** One specific concern that we have raised with the vaccination verification system is that it is unfairly rigid for kids who are just turning 12. The regulation that was published this morning reads that a child turning 12 will be unable to play organized sports until they get two doses of the vaccine, plus two weeks. This means that, for any child having their 12<sup>th</sup> birthday in the next few months, they will be unable to play organized sports for 10 weeks after their birthday.

Both the Minister of Education and the CMOH yesterday have committed to adjusting the regulation to fix this; however, as of now, the regulation that was signed just yesterday and published this morning has not yet been fixed.

Will the government commit to fixing this discrepancy immediately so that any child who turns 12 tomorrow or beyond will not be unfairly punished?

**Hon. Ms. McPhee:** I am pleased to rise to answer this question today.

The Transport Canada provisions are for travel here in Canada with respect to the application to 12-year-olds, which includes the concept that 12-year-olds plus a four-month period of time after their birthday is permissible so that they can have the time to achieve and receive vaccines during that period of time, and they are not exempt from travel.

It is the same concept that we will adopt here in the territory so that 12-year-olds, plus four months following their birthday, will have the opportunity to get their vaccine at that time, but they will not be prohibited from those activities during that period of time.

### Question re: Midwifery legislation

**Ms. Clarke:** The International Confederation of Midwives is an international body representing midwives across 124 countries. Yesterday, this international body criticized the Yukon Liberal government for their handling of midwifery regulations. The Liberals created a gap in women's health care services when they brought in midwifery regulations. Now, for the first time in decades, there is not a single practising midwife in the Yukon.

Will the Liberals admit that they bungled this policy, and will they immediately make changes so that women can have access to midwives again?

**Hon. Ms. McPhee:** It won't surprise the member opposite that I will not agree with her and I will not concede that we bungled anything. Quite frankly, 14 years of a Yukon Party government did not deal with the midwifery issue and did not even lift a pen to make this a reality for Yukon families.

Health and Social Services continues to work actively with local and national experts, health system professionals, and Yukon First Nation partners to develop Yukon's midwifery



program and to support its integration into our health care system.

Every jurisdiction in Canada had the requirement to introduce regulations and then create a short gap for the opportunity for their programs to be developed, including the staffing and hiring of midwives with appropriate and professional skills to serve the community. That is what we are doing here in the Yukon Territory as well.

Two interim midwife consultants were hired back in November 2020 to provide necessary expertise and to develop and integrate Yukon's midwifery program. I look forward to providing more information about this important program at the next question.

**Ms. Clarke:** The Liberal government dropped the ball on midwifery regulations and they now have the distinction of being criticized by the international body that represents midwives. To quote from the International Confederation of Midwives speaking about the Yukon — and I quote: "... this is a tragic gap that should have been strategically avoided in Yukon.

"Midwives' education & training is paramount, but nothing should interfere with women's access to care."

So, will the Liberals immediately close this gap?

**Hon. Ms. McPhee:** I suppose the short answer to that question is yes. The Yukon government is working with our midwifery consultants who were hired here to help us develop and implement this program. They are both registered midwives — or at the time were both registered midwives and were providing midwifery integration expertise into implementation and budget planning, as well as the development of a changed management plan, a clinic establishment plan, and other key priority actions.

The Yukon Hospital Corporation is working with us as we develop a variety of policies, as are they, to incorporate midwives into the practice at the hospital here in the territory. They are amending the medical staffing bylaws to incorporate midwives and to ensure that midwives are able to work to the full scope of their practice as primary health care providers for their maternity clients. In addition, we have a midwife integration committee, chaired by Health and Social Services, in support of the integration of midwifery services in the community setting. The committee includes a number of representatives that I will be happy to tell you about in a moment.

#### **Question re: Political party fundraising**

**Ms. White:** According to the Yukon lobbyist registry — and I quote: "Lobbying is when a person or organization communicates with a public office holder, either directly or by means of grassroots communication, for the purpose of attempting to influence the outcome of a government decision." This includes in-person meetings and formal or informal encounters.

On December 18, the Premier will sell access to himself and part of his Cabinet at a private, ticketed event at a Vancouver Canucks game. Mr. Speaker, will the Premier ensure that all attendees are registered with the government

lobbyist registry, or does he believe that fundraisers with corporate representatives do not count as lobbying?

**Hon. Mr. Silver:** What I am very excited about is that this government knew that it was very important to create the lobbyist registry. We did that. We encourage anybody whom we speak to, if they are going to lobby any government official, to register. The onus, as the members opposite know, is on the individuals, the businesses, and the lobby groups to do so. We absolutely encourage any business organization that has face time with ministers to register as lobbyists. We will always encourage those folks to make sure that they know what the rules are and follow those rules.

**Ms. White:** It is interesting because in 2014, the Premier was very critical of the Yukon Party harbour cruise, but I guess it's okay if it's the Liberals and it's a hockey game.

Admirably, neither the Premier nor any of his ministers have filed a travel expense since the pandemic began. They haven't travelled to any conferences or meetings outside the Yukon, and none of them have travelled to the COP 26 or anywhere else in the interest of Yukoners for almost two years. It has been 635 days since the last time a Yukon minister travelled to advance Yukon's interests, but now, right when the new Omicron variant is entering Canada, the Premier and three of his ministers are travelling for a political fundraiser. This appears as a classic case of "Do as I say and not as I do".

Does the Premier think that a large gathering in Vancouver to fundraise for his political party is a good reason to travel right now?

**Hon. Mr. Silver:** Mr. Speaker, with all due respect to the member opposite, she is incorrect. There has been travel by our ministers.

I also want to let people know that, as we travel, we will be absolutely safe; we will be respectful in travelling into jurisdictions, recognizing and understanding other jurisdictions' rules and procedures when it comes to fighting COVID. We all, on this side of the Legislative Assembly, have shown our proof of vaccination. We are all vaccinated and ready to go. Again, we will make sure that, as we travel, we will travel respectfully.

**Ms. White:** Mr. Speaker, I do appreciate that the Premier hasn't touched his Vancouver Canucks game or the fundraiser happening on December 18.

We know that the Premier has been hosting these types of events for years — events where the Premier and his ministers can rub shoulders with mining executives and other special interest groups. The Premier recently said in this House that he intends to keep hosting exclusive and unreported meetings outside of the Yukon. Yukoners are questioning how many private, unreported, and unregistered meetings the Premier and his ministers have been having with mining executives since they first exploited this loophole in 2016. The reason, Mr. Speaker, is because it's the real question: Was the decision to exclude the mining industry from emissions targets made at one of these political fundraising events?

**Hon. Mr. Silver:** Mr. Speaker, it is very interesting that, when the federal union fundraising dried up in NDP land, all of

a sudden they had a greater interest in all of the other fundraising.

Mr. Speaker, here is the importance of a lobbyist registry. The previous government did not have one in place; we did. We put that in place to make sure that Yukoners knew who was meeting whom and that registration is now up and available and ready. It is something that the other party would not commit to. We did.

Again, when it comes to our fundraising efforts, we are not piggybacking off of other trips where we are supposed to be responsible for things, like Roundup, as the previous government did, and then basically say that you can't meet with the minister unless you are on our yacht. We will be heading down on our own, paying for our own tickets, and doing our own political party fundraising.

**Question re: Erik Nielsen Whitehorse International Airport reopening of international travel**

**Ms. Van Bibber:** Mr. Speaker, on November 2, Canada announced that 10 additional airports would be permitted to allow flights carrying international passengers. The press release indicates that consideration would be given to adding additional airports and will involve discussions with territorial governments. Following up, the minister indicated that he was unaware of any discussions with Canada about our international airport. Is he able to tell us now if there have been any discussions between the Yukon and Canada about Whitehorse welcoming international travellers?

**Hon. Mr. Clarke:** Thank you, Mr. Speaker, and thank you for the question. After the Member for Porter Creek North asked me that question a few weeks ago, I went to my officials at Highways and Public Works and asked them about this. Discussions are ongoing with the federal government and Transport Canada. I have a good working relationship with newly reappointed Minister Alghabra. After the session finishes, I will certainly have a meeting with him in his new mandate.

As I said a number of weeks ago, Whitehorse was not on the first list — well, there were the major hubs. There were four major international hubs and then it expanded to another four to six hubs. It is certainly expected — and we see no particular reason why Whitehorse will not be included as a destination for international flights in advance of the spring and early summer of 2022 in time to accommodate any international flights that may occur. We certainly look forward to welcoming Condor back — and any other European air travel providers that may be coming. The Minister of Tourism and Culture is doing yeoman's work on that file.

**Ms. Van Bibber:** In mentioning Condor, they are currently advertising direct flights to Whitehorse beginning in May. Transport Canada has indicated that they are implementing safety and screening measures at airports that would welcome international passengers.

So, since Condor is already booking flights to come to the Yukon, can the minister tell us if our airport will be ready to accept these passengers come May?

**Hon. Mr. Pillai:** I thank the Member for Porter Creek North for just identifying — yes, our department has been in contact with Condor. Again, their impact is so significant to the Yukon. The travellers who come from German-speaking Europe, of course, are the biggest spenders of all tourists who come to the Yukon. We have continued to be in contact. I believe that the Yukon also, within that working group with the Canada Border Services Agency, has been identifying not only the issue of ensuring that our airport is ready, but also, I am working with my colleague from Highways and Public Works around the fact that we want to ensure that we can expedite the processes at our land borders, as well, going into the spring of this year.

Of course, this is a live subject for anybody who had an opportunity to watch the national news today and the discussions that are happening. Certainly, we are watching even our first tier 1 airports — how they are dealing with international travel and how testing protocols are being used.

Again, we will continue to update the House, but we feel very good about this spring and summer and our international travel coming back.

**Question re: Forestry industry**

**Ms. McLeod:** During the 2016 election, the Yukon Liberal Party committed to developing a forestry plan for southeast Yukon. As far as we can tell, there has been no action taken on this commitment.

Can the minister tell us what plans are in place to encourage the development of a healthy forest industry in southeast Yukon?

**Hon. Mr. Streicker:** Just a couple of days ago when I rose in this House, I talked about Quill Creek. In my remarks that day, I talked about having raised this question for the Yukon Forum. I have also put in calls and have had conversations with the Kwanlin Dün First Nation and the Carcross/Tagish First Nation. I know that we have signed off on the *Whitehorse and Southern Lakes Forest Resources Management Plan*. I will be sure to get more information for the member opposite.

**Question re: Economic development fund**

**Ms. Van Bibber:** A number of Yukon businesses have raised concerns about the new economic development fund and how it has interfered in the normal competition of the marketplace. While we are supportive of funding programs that enhance or stimulate economic opportunities in our economy, we are concerned by the issues that we have seen with this new fund. Businesses should not have to compete against other businesses that are unfairly supported with taxpayer funding.

Can the minister agree to review the policies of the new economic development fund to ensure that government does not unduly interfere in the marketplace and create unfair advantages for some local businesses over others?

**Hon. Mr. Pillai:** I am happy to rise today to talk about our economic development fund. First of all, of course, this was driven by the private sector. We went out to a consultation on how we could improve our programs. We went out to chambers

across the Yukon as well, to the business community, and their response was that they wanted us to make sure that our processes could not just cover some of our standard O&M pieces, but also that we would be able to inject into capital sometimes.

There has been an overwhelming response to the fund — the first one. We thought that we were very transparent.

We rolled out all of the successful applicants. Certainly, there has been some concern — I would say minimal. We have heard from the business sector. I have reached out to the department and asked them to ensure that our processes going forward take into consideration that we are very clear that we are not adding any supports unfairly to one part of a sector that already has competitors in that sector.

Again, we raised this as soon as it was rolled out. I think that we can do better, but I think that we're on the right track and we're on the track that the business sector asked us to be on.

### Question re: Youth Panel on Climate Change recommendations

**Ms. Tredger:** With flooding, mudslides, and entire roadways breaking off from coast to coast, the climate crisis is on everyone's mind. Looking at what our neighbours down south are going through, lots of Yukoners are feeling the urgency of the climate crisis. Young Yukoners especially are feeling anxiety, anger, and grief. Just weeks ago, the Youth Panel on Climate Change released a report that summed it up. It's because of government inaction that we have ended up here, and it is government inaction that is going to make things worse.

If the minister truly believes that this is a crisis, will he commit in this House to implementing every recommendation from the Yukon Youth Panel on Climate Change?

**Hon. Mr. Streicker:** Again, I would like to thank the Youth Panel on Climate Change for their incredible diligence. I had the opportunity to go and speak at F.H. Collins school the other day. I think that it was a couple of classes; there were 30 or so students in the room. One of them happened to be the co-chair of the Youth Panel on Climate Change. I was there to talk about climate change and the urgency of the issue and how important it was that we move ahead on addressing climate change, both in terms of reducing our emissions and shifting our energy economy, which we have set at 45 percent to 2030 as our target, and also adapting and making sure that we reduce the risks to Yukoners in the face of a changing climate.

What we've said — and I think that this was even a suggestion by the Third Party — that we make sure to put a climate lens on all things that we do. I have heard the Minister of Highways and Public Works in Committee of the Whole stand up and talk about the importance of that climate change lens, and we will, of course, also put that same climate change lens on the suggestions from the Youth Panel on Climate Change and will prioritize those recommendations that they have given us, which will help us to address the climate crisis first and foremost.

So, again, thank you so much to that panel — really terrific work that they did. I'm looking forward to working —

**Speaker:** Order, please.

**Ms. Tredger:** The minister loves to thank the Yukon youth panel, but now we have to actually implement the recommendations. I worry that the minister doesn't understand that it is his government that has to act on climate change, not youth.

On CBC, the Minister of Environment even encouraged Yukon youths to — and I quote — “nag” their parents about climate change. So, in the same vein, here I am nagging the ministers. What will it take for the minister to actually implement all of the youth panel's recommendations?

**Hon. Mr. Streicker:** I think I stood up earlier today and talked about Yukon Energy and our work on renewables. I said that, no, we disagree with the Official Opposition's position on building another liquefied natural gas plant or a diesel plant. We think that it is the wrong direction to go. We are investing. I talked about grid-scale battery. We could talk about Haeckel Hill wind, and we could talk about the Dawson solar project or the Old Crow solar project. These are all things that we're investing in.

I sat down earlier this morning and got a report from the Minister of Environment on the actions and our follow-up on *Our Clean Future*. We are taking this seriously. We are working diligently. This is the right thing to do.

I have just stood up and said that we will prioritize those recommendations from the youth panel that focus on the solutions to climate change. So, I think that this is a great place to work and start. That's what I said to the youth when we sat down and met with them; that's what I said to them when I met with them the other day in F.H. Collins school. That's what I'm saying here in the Legislature. I agree with the member opposite that we need to prioritize because this is an emergency.

**Ms. Tredger:** It is not surprising that the minister won't fully accept the Yukon youth panel's recommendations because the youth panel recommended prohibiting corporate donations to political parties. One youth even said — quote: “The idea that a mining company can give money to a government and then the government is expected to regulate that company doesn't make sense to me.”

The conflict is obvious when mining is given special treatment with intensity-based targets instead of overall reductions like every other industry. It is hard to believe that the thousands of dollars in donations that the Liberal Party is getting from mining companies is not influencing their decisions on climate change.

Why did the minister decide to give his party's biggest funders a free pass on emissions targets?

**Hon. Mr. Streicker:** I will share that, back when I was not a member of this Legislative Assembly — in fact, when I had affiliations with other political parties — I was asked by the then-government of the day to come in and give them a critique on their climate change strategy.

The first thing that I pointed out to them was that they had nothing on transportation, which dealt with 50 percent of the

emissions, and then I pointed out to them the problem with mining, because it is sometimes a lot of mining and sometimes not a lot of mining. In fact, if we put in place those targets that the member across is asking for, I could end up in the perverse situation where we would not clean up Faro. So, sorry, no — I think that it is important.

I had that idea long before I ever ran for this House with the Liberals, so it is actually based on the science, as I understand it, and, Mr. Speaker, what I heard the youth say is that we should be careful about union donations as well. I will happily talk about that all day long, so I think that it is important that we look at those things, but I am pointing out, here in the Legislature, that it is not the influence. The issue here is dealing with an industry that will be critical to the solution and that also has times when there is a lot of activity and some when there is not.

**Question re: COVID-19 vaccination requirement rollout**

**Mr. Hassard:** So, we have heard today that the vaccine mandate is going to cost the government approximately nine percent of its employees. I asked the question last week and I will ask it again, Mr. Speaker: What is the government going to be doing regarding the loss of employees or the loss of EMS in Ross River?

**Hon. Mr. Mostyn:** I am happy to be on my feet this afternoon to talk about EMS in Yukon communities. We have, in the face of the vaccine mandate, taken precautions to make sure that our communities have coverage during the coming days. One of those things is that we have added a medevac flight so that people in Ross River can be assured that they can get medical attention, should they need it, if there is a problem in Ross River.

The other thing that I have said publicly is that I have every faith that the people — the volunteers who have dedicated their lives for their community for so long — would step up and actually get the vaccine, and I am quite heartened to see that it is actually happening, Mr. Speaker. So, we will see how this plays out in the next 24 hours.

**Mr. Hassard:** I am sorry to tell the minister that medevac planes are not going to be the answer if someone has a medical emergency in Ross River and there are no EMS workers.

Another question that I asked last week was about home care workers. We note that, as of tomorrow, there will be no home care workers in the community of Ross River. The question for the government is: What will they be doing for those citizens of Ross River who depend on home care?

**Hon. Ms. McPhee:** I am almost positive that I heard the Minister responsible for the Public Service Commission mention earlier today in response to a very similar question about how each department has a work plan going forward. I think that it is absolutely critical that we are prepared, as jurisdictions across Canada have had to be, for the implications of the vaccine mandate. I think that we also have to remember that the implications of not having a vaccine mandate also mean

that we have a reduced workforce and that there are challenges there as well.

I heard the minister note that each department has a plan going forward. We will work with employees as we know where and if — I emphasize “if” — there are going to be shortages. We will work with departments and the workers there to provide the services that our communities need.

**Mr. Hassard:** It’s not a question of “if”; it’s a definite.

The minister talked about each department having a work plan. It would have been nice if the minister had been prepared and actually shared that plan about what is going to happen regarding home care for the citizens of Ross River, but apparently she is not as prepared as she claims everyone else is.

My question, Mr. Speaker, is for the Premier. I would like to know if he has talked to Chief Jack Caesar about how this mandate is going to affect the community of Ross River moving forward.

**Hon. Mr. Silver:** Yes, I have talked with the Chief of the Ross River Dena Council.

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

## ORDERS OF THE DAY

### GOVERNMENT MOTIONS

#### Motion No. 243

**Clerk:** Motion No. 243, standing in the name of the Hon. Ms. McPhee.

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

THAT the Yukon Legislative Assembly, pursuant to subsection 22(2.01) of the *Human Rights Act*, does designate Judy Hartling as Chief Adjudicator of the Yukon Human Rights Panel of Adjudicators for a term of three years, effective immediately; and

THAT the Yukon Legislative Assembly, pursuant to subsection 22(2.01) of the Yukon *Human Rights Act*, does designate Julie Jai as Deputy Chief Adjudicator of the Yukon Human Rights Panel of Adjudicators for a term of three years, effective immediately.

**Hon. Ms. McPhee:** Mr. Speaker, the Yukon Human Rights Panel of Adjudicators consists of 10 members of our Yukon community, one of whom is designated as chief adjudicator and one as deputy chief adjudicator. The term of the previous sitting chief adjudicator expired in May of this year. Judy Hartling, previously the deputy chief adjudicator, has been the acting chief adjudicator since that time and will be now designated upon the passing of this motion as the chief adjudicator. Julie Jai is currently a member of the Yukon Human Rights Panel of Adjudicators and, following the passage of this motion, will be designated as deputy chief adjudicator. Both Judy Hartling and Julie Jai are dedicated members of our legal and broader Yukon community. They are both excellent leaders and dedicated to their roles on the Yukon Human Rights Panel of Adjudicators.

I would like to take the opportunity to thank the former chair of the adjudication panel, and I urge that all members of this House support this motion and the designations of the chief adjudicator and the deputy chief adjudicator to the human rights panel.

**Mr. Kent:** Thank you very much, Mr. Speaker, and we thank the Minister of Justice for bringing forward not only this motion but also Motions No. 244 and 245 that we will be discussing with respect to appointments to the Yukon Human Rights Panel of Adjudicators as well as the Yukon Human Rights Commission. These names went through the Standing Committee on Appointments to Major Boards and Committees, on which the Member for Porter Creek North and I are the two members of the Official Opposition. I would like to thank colleagues on that committee because we reached consensus on the names that are being put forward today. I would like to congratulate all of those who are coming into their new roles, thank those who are no longer continuing, and thank everyone who put their name forward for consideration for these opportunities on these two important boards.

**Ms. Blake:** The Yukon NDP are pleased to support these motions appointing the chief adjudicator and deputy chief adjudicator.

I want to thank Judy Hartling and Julie Jai for accepting these important roles and duties with the Yukon Human Rights Panel of Adjudicators.

**Speaker:** Are you prepared for the question?

*Motion No. 243 agreed to*

#### **Motion No. 244**

**Clerk:** Motion No. 244, standing in the name of the Hon. Ms. McPhee.

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

THAT the Yukon Legislative Assembly, pursuant to subsection 17(1) of the *Human Rights Act*, does appoint Samantha Dawson and Rosemary Rowlands to the Yukon Human Rights Commission for a three-year term, effective immediately; and

THAT the Yukon Legislative Assembly, pursuant to subsection 17(1) of the *Human Rights Act*, does appoint Keely Bass and reappoint Michael Dougherty to the Yukon Human Rights Commission for a three-year term, effective December 11, 2021.

**Hon. Ms. McPhee:** The Human Rights Commission consists of five members. Two are current vacancies there, and there are two member positions that are set to expire on December 10, 2021, so these motions have been brought forward today to deal with those vacancies.

The vacancies were advertised, and members whose terms were ending were notified. The all-party Standing Committee on Appointments to Major Government Boards and Committees, as my colleague has said, reviewed all of the applications that were received and recommended that

Samantha Dawson, Rosemary Rowlands, and Keely Bass be appointed to the commission and that Michael Dougherty be reappointed to the commission.

Each of the recommended new applicants bring a variety of skills and experience to the panel. I look forward to them being appointed at the passing of this motion and having them bring their expertise to that work.

Samantha Dawson has extensive experience working in the area of aboriginal law and previously served as the northern representative on the Native Women's Association of Canada. Ms. Dawson is the recipient of the Helen Bassett commemorative award for her commitment to improving the status of indigenous women and youth in Canada politically, culturally, and economically.

Rosemary Rowlands has experience in northern indigenous justice and as a Yukon Justice of the Peace and a member of the Yukon Judicial Council.

Keely Bass has experience in inclusion and diversity across many different sectors, both private and public, in British Columbia and the Yukon as well as internationally, and brings a detail-oriented approach to the commission.

Michael Dougherty is currently a member of the Yukon Human Rights Commission and brings a wealth of experience from previously serving on the Yukon Human Rights Panel of Adjudicators and the Ta'an Kwäch'än First Nation Judicial Council. Michael continues to be very involved in the community, including with the social justice committee at Sacred Heart and the Yukon Anti-Poverty Coalition and Yukon Cares.

I would like to thank all of those who have put their names forward to serve on the commission. I would also like to thank the Standing Committee on Appointments to Major Government Boards and Committees for their recommendations and careful consideration of all applicants. I urge all members of the House to support this motion and the appointments of Samantha Dawson, Rosemary Rowlands, and Keely Bass and the reappointment of Mr. Dougherty to the Yukon Human Rights Commission.

**Ms. Blake:** The Yukon NDP are pleased to support these motions appointing these Yukoners to the Yukon Human Rights Commission. We want to thank these individuals for agreeing to serve in these important positions.

Also, a thank you to Michael Dougherty for agreeing to his reappointment and for his previous work on the commission.

**Speaker:** Are you prepared for the question?

*Motion No. 244 agreed to*

#### **Motion No. 245**

**Clerk:** Motion No. 245, standing in the name of the Hon. Ms. McPhee.

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

THAT the Yukon Legislative Assembly, pursuant to subsection 22(2) of the *Human Rights Act*, does reappoint Vincent Larochelle to the Yukon Human Rights Panel of Adjudicators for a term of three years, effective immediately.

**Hon. Ms. McPhee:** I have noted that the Yukon Human Rights Panel of Adjudicators is comprised of 10 persons — members of our Yukon community. I have also noted that the all-party Standing Committee on Appointments to Major Government Boards and Committees reviewed applications that were brought forward after advertising this year for a vacancy. The committee has recommended that Vincent Larochelle be appointed as a member of the Yukon Human Rights Panel of Adjudicators. Mr. Larochelle brings experience and will continue to be an asset on the panel of adjudicators.

I would like to take the opportunity once again to thank all of those who put their names forward, as there were many qualified and outstanding candidates. Thank you to the standing committee for taking the time to make this recommendation, and I urge all members to support this motion.

**Ms. Blake:** The Yukon NDP are pleased to support this motion reappointing Vincent Larochelle to the Yukon Human Rights Panel of Adjudicators. Thank you for your previous work and for the work ahead.

**Speaker:** Are you prepared for the question?  
*Motion No. 245 agreed to*

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

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

*Motion agreed to*

*Speaker leaves the Chair*

## COMMITTEE OF THE WHOLE

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

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* — continued

**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*.

Is there any general debate?

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

**Mr. Cathers:** Deputy Chair, as members will recall, when we finished off debate yesterday, during the very brief amount of time that I had yesterday on the floor, I raised the fact that I had, as the Minister of Health and Social Services will recall, written to her in October regarding the desire of a constituent of mine to receive access to the Pfizer vaccine. We had unfortunately seen the situation where the minister took over a month to reply. Again, just to recap, I wrote to her on October 21 in support of a constituent being able to access the Pfizer vaccine and also suggesting that it be made available to any other Yukoners who wish to have the opportunity.

Unfortunately, the minister showed a real lack of urgency in her reply, getting back to me only at 2:47 p.m. last Friday. The response 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, as I noted, strangely, about three hours later, the Department of Health and Social Services contradicted the minister on Facebook with a post that indicated that they were making vaccine alternatives available to Yukoners, including both the Pfizer vaccine and the Janssen vaccine, commonly referred in the media as “Johnson & Johnson”.

We do support the government making vaccine alternatives to Moderna available. Whether it be a non-mRNA alternative, such as the Janssen vaccine, or the Pfizer vaccine, it is important, in our view, when Yukoners are being strongly encouraged to get vaccinated against COVID, to make options available, because some people do have concerns with specific vaccines. In the interest of increasing those vaccination rates, it does make sense to provide those alternatives.

We are pleased that the government has finally relented on this issue and agreed to allow Yukoners to access Pfizer, or the Johnson & Johnson, vaccine, but as we have touched on — and the Third Party has also noted — the communication about this by government has been exceptionally bad. Whether it was the minister and the department contradicting each other within just hours last Friday or the fact that, while the government has announced many things through press releases and press conferences pertaining to COVID, at this point, the announcement of the vaccine alternatives being made available seems to have largely been on social media. We have noted, as well, that media reporters have also noted the poor rollout of the information about this.

Knowing that — based on the information made available last Friday by the Department of Health and Social Services in a Facebook post at 5:49 p.m. — alternatives were being made available in Whitehorse yesterday and today, that doesn’t provide a lot of clarity about future opportunities for accessing these vaccine alternatives.

I would ask three questions: One, are there additional dates when these vaccine alternatives will be made available within the Whitehorse area, and what will those dates be, or when will they be announced? The second question is: What about the availability in rural Yukon of vaccine alternatives? And the third question is: Why did the minister seem so badly disconnected from her department on Friday that she told me one thing early in the afternoon, which was affectively no to the request I had made over a month ago, and the department did the opposite three hours and two minutes later?

I am also going to just touch on a few other areas, recognizing that the minister has a tendency to get up and use the full allowable time, whether or not she is providing any useful information during that time period.

I'm just going to recap a couple of other issues before going on to questions prompted by yesterday. I would note as well — and I will be returning to this later — that over one-fifth of Yukoners are without a family doctor. We have the issue of the continued chronic underfunding of our hospitals — according to their own annual report from the Yukon Hospital Corporation — two years in a row, in a pandemic, with expenses millions higher than revenue.

We also heard, on November 16 when the witnesses appeared from the Hospital Corporation — on page 901 of Hansard from November 16, one of the witnesses noted what the hospital's actual budget was for this year. The witness said — and I quote: "What I can confirm is that the annual budget for fiscal year 2021-22 is \$98.2 million prior to factoring in COVID-19 impacts."

However, as we have heard repeatedly from the minister in the Legislative Assembly, including yesterday, the operation and maintenance amount in the revised budget before this Assembly is just \$85.76 million. There is a big difference between that \$98.2 million that the hospital indicated is their budget for this need and their budgetary requirement for this year and the \$85.7 million in O&M, which, even once you factor in the additional capital amount that's included in this budget, is still millions short of that \$98.2 million that the hospital told us they needed.

Yukoners, even those who are not intimately familiar with reading public accounts and balance sheets, can look at the annual reports of the Hospital Corporation for the last two years and see very clearly that expenses were millions higher than revenues, and this is, of course, in a pandemic. That is not sustainable; it leads to other issues, such as wait times and other areas.

We have also seen the report that came from the Canadian Medical Association this morning talking about the impacts of the COVID-19 pandemic in Canada in non-COVID areas, including — I believe the number that they cited was an estimated 4,000 deaths in Canada as a result of the pandemic but of people who did not have COVID. That is due to areas such as interventions not happening as quickly as necessary in emergency situations, and they cited issues around diagnoses not happening for conditions where an intervention would have been possible if there had been early diagnosis, but as a result

of the system becoming overwhelmed, there were these cascading impacts across it.

I just want to move to what we heard yesterday during the appearance of the acting chief medical officer of health and his assistant. At the time, I had asked the acting chief medical officer of health about the modelling that they used in making recommendations to government and also about their recommendations to government. As I noted yesterday on page 1103, during the briefing we had earlier this month — quote: "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."

Yesterday I asked — and I quote: "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?"

The doctor indicated in reply — and I quote: "... my view is that it is more appropriate for the member to request it directly from the minister than from me."

I went on at several other periods throughout the appearance of witnesses yesterday to ask about these recommendations, and again, we heard repeatedly from the acting chief medical officer of health that it was quite clear that he didn't have a problem providing those recommendations that he had made to government, to us, but did not feel that it was within his role or his authority to do it — that it was better asked of the minister.

Returning to comments from yesterday, Dr. Corriveau, the acting chief medical officer of health, indicated that additional recommendations had been made. He said — and I quote: "... my recommendations have been put forward, and they will be reviewed, and decisions will be made." That was on page 1100 from the Blues.

I then asked the witness — and I quote: "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 then replied — and I quote: "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."

All of this leads up to the key question. The minister has received recommendations from the acting chief medical officer of health recently, as well as leading up to the government's decision to implement the circuit breaker. We don't know what those recommendations are. It is quite clear that the acting chief medical officer of health had no problem providing that information to members and did not suggest that there was any reason, such as privacy or any other matter, that would prevent him from releasing it. The only thing that

prevents him from releasing it is the minister, and he was quite clear in indicating that his recommendations go to the minister, and it was up to the minister to decide whether to release them or not.

So, the question, again: We have asked for — and the Third Party has asked for — in the past, the recommendations from the chief medical officer of health to be made public. Will the minister agree to do that and, if not, why not?

**Hon. Ms. McPhee:** I clearly understand the criticism that I'm giving answers that are too long. I haven't really had that be a problem before. I'm happy to shorten them up, but when I get on my feet, there are a number of them before me and, rather than sort of three or four separate questions, these are all together. So, I'm going to take the time needed to answer those and, I guess, live with the criticism. Despite the fact that the member opposite doesn't think that I'm giving answers, I truly am, and I know that Yukoners believe that I am.

The situation about the availability of Pfizer for adults and — let me just say it this way: The Janssen/Johnson & Johnson one-dose vaccine is an important opportunity for Yukoners. We have worked with our health system partners here in the territory and across the country to ensure appropriate access to vaccines, and we have done that throughout the pandemic.

The addition of the Moderna, or the SPIKEVAX vaccine, the Pfizer, and the Johnson & Johnson COVID-19 vaccines are now available as alternate vaccine options for individuals over the age of 18 here in the territory.

I should note that how this came about — the member opposite should actually know, as he has been a Cabinet minister in the past — and maybe not based on the realities of COVID, but these decisions and these opportunities happen in real time.

We found out late last week that we were going to be receiving copies of the Johnson & Johnson vaccine, and ultimately the second important step was that Health Canada was in fact approving them for use in adults. All of that happened very quickly. I think that we only have about 100 doses.

One of the ways in which we communicate to Yukoners, which was the priority when this information came available, was to inform Yukoners that the opportunity was available and that, in particular, they might want to be considering what they might want to do over the weekend. Social media is one of the ways that we do inform Yukoners. That was the priority.

The letter that I wrote — first of all, I don't see it as inconsistent that I wrote to the member opposite with information for his constituent. It does, in fact, say that it wasn't available at the time that it was written and probably was signed a day or so before it was sent to the member opposite. Is that the criticism now? That I signed it on Thursday, perhaps, and it went to him on Friday? I think that Yukoners will think this is a bit ridiculous. The important thing is that the letter is not inconsistent. I indicated in the letter that the individual should contact their medical provider of service and ask them about alternative vaccines. They would have known, or would have been able to ascertain through the new information, that they could possibly have access to that, depending on their needs.

Communication occurs in real time. We have said it many times here. The consideration of what Yukoners might want to do over the weekend was an important one. Making it available over two days immediately was an option because, for people who have been thinking about this, we wanted to make sure that we did it quickly. We also wanted to make sure that it was available for those people who might want to have that as an alternative prior to the end of November so that they might take this vaccine instead of choosing not to go to a workplace or go to a restaurant or whatever might be the issue.

The question that I have been asked — will there be additional dates? Possibly, if there is vaccine available. Absolutely, if all 100 doses are used yesterday and today, then it won't be at the moment, but we will try to obtain more, knowing that there are some Yukoners who prefer that vaccine. There will be some availability in rural settings. Again, if the individuals go to their health centre and request it — and we can get it there as part of a vaccine clinic that is going to be there or get it to their health centre — that could be available. It is certainly not a “no”.

The comments about disconnected or unconnected — or whatever it is that the member opposite thinks that I do in this role — I will just ignore those.

I can confirm that we did only receive 100 doses in a shipment that came very late this month and that we can obtain more.

Just a reminder to all Yukoners, although I know that people are driven by different decisions in their lives, yesterday the acting chief medical officer of health indicated that the mRNA vaccines are preferable to those, if you can take them, which is, I think, a very important piece of information.

I have emphasized that the dates of November 29 and 30 were to allow Yukoners who chose these vaccines over others to obtain them prior to the deadline of a vaccine mandate. These vaccines came recently to our possession here in the territory, and we wanted to make them available prior to the mandate and make them available to all Yukon employees and others who may choose that. I think that I have said that as well.

With respect to the questions about the hospital budget, I think that the short answer is that the \$93 million and change includes the capital expenditures with respect to the O&M and the capital. In addition to the operating and the capital budgets for the hospital, there is \$4.4 million in addition to that for COVID funding, and the hospital and Health and Social Services have indicated — I don't want to try to recall all of the things that the witnesses said when they were here, but the hospital has in the past indicated that Health and Social Services has met all of their requested hospital needs. That question wasn't directly asked, if I recall correctly, when they were here. That is all I will say about that at the moment.

What I can indicate with respect to the modelling is — and there were questions around that. First of all, I need to correct something, Deputy Chair. Certainly, the acting chief medical officer of health said that the question should be directed to me as to whether or not recommendations would be released, or modelling could be released, to members of the opposition. What he did not say — and it has been unfairly characterized



by the member opposite — is that the minister is keeping that information from being released. Certainly, I haven't been asked for it, but I am happy to deal with that issue, and I am very pleased to have had the acting chief medical officer of health here, as well as the medical officer of health here, to answer questions for the members opposite and for all Yukoners. I think that it was a great opportunity.

We do continue to work closely with the office of the chief medical officer of health. Maybe it isn't redundant to say — we have always said the same thing — that we follow the chief medical officer's recommendations, that the decisions guided through COVID-19 here in the last 20 months, soon to be 21 months, have been guided by the recommendations made by the chief medical officer of health and that they have always come to the government with respect to that relationship and the information comes to us for the purposes of making decisions.

The office of the chief medical officer of health continues to work closely, of course, with our department and public health experts here in the territory and across Canada to develop evidence-based responses to the spread and control of COVID-19.

I don't think that the member opposite is alleging that these decisions have been made without evidence or without epidemiology or without modelling. Maybe that is what he is saying.

One of the components used, Deputy Chair, to inform our response is the epidemiology of COVID-19, which provides evidence related to patterns and cases, spreads of disease, effectiveness of measures, and risk factors. This includes, but isn't limited to, looking at demographics, locations of outbreaks in other jurisdictions, the prevalence of COVID-19 variants, and the effects of easing public health measures. Epidemiology and technical reports are prepared daily and reviewed by the office of the chief medical officer of health to inform advice and recommendations.

I don't want to be understood to be saying that we receive recommendations daily; we certainly do not. That is the work that is done daily by the office of the chief medical officer of health.

Based on review of the epidemiology and modelling scenarios for the Yukon and the knowledge of our territorial health system and capacity, the office of the chief medical officer of health makes recommendations meant to ensure the health and safety of Yukoners.

I don't have any issue with the concepts of the modelling or some of that information. I will speak to the chief medical officer of health and the acting chief medical officer of health. I understand that Dr. Elliot has returned to work today, so that will be a decision that she and her team make with respect to the information that they have provided, as well as the recommendations, and take that into consideration in responding to the question by the member opposite.

Modelling has been done and was done to inform the recommendations — I am going to be quite emphatic to say all the recommendations that have ever come forward from the acting or the chief medical officer of health — and they'll

continue to do that by monitoring the epidemiology and doing modelling so that we can understand our path forward.

**Mr. Cathers:** I want to start, first of all, with the issue of access to vaccine alternatives. Although the minister spent most of her time talking about access to the Janssen vaccine, I would remind her that the letter I wrote her in October, at the same time as the government was urging people to get immunized as quickly as possible, was about allowing Yukoners to access the Pfizer vaccine. The minister, at that point — the person I wrote on behalf of was being told potentially to ask their health care provider and maybe they might get access to it but had not been successful with that.

The request that I made was simply to allow that person and other Yukoners the ability to access the Pfizer vaccine, which I remind the minister was not just recently approved by Health Canada — it was approved by Health Canada late last year and has been used widely across the country and around the globe in adults. The minister sent back a response over a month later dismissing my request, and then, three hours later, her department contradicted her and made the vaccine available to Yukon adults, while also announcing the Janssen vaccine.

I will just, before moving on to the many other topics I do have on my list, point out that the minister suggested that maybe she had signed the letter on Thursday or sometime before, but the date on the letter — which I did table previously, so I won't table it again — was November 26. The date was Friday, the same day the letter was sent, and that same day, the department said the opposite of what the minister did. It does suggest a disconnect and raise serious questions about whether the minister is on top of her files.

We have also heard the minister rise in Question Period, on two separate days, to challenge the Leader of the Official Opposition and me when we pointed out that, according to the government's own numbers, including a letter that the minister signed, over one-fifth of Yukoners don't have a family doctor. The number they have cited is 21 percent, and the minister bizarrely chose to challenge whether 21 percent was over one-fifth of Yukoners.

For those people, whether it is vaccine alternatives or anything else, suggesting that they contact their medical provider when they don't have one is not, with all due respect, a very good solution. We have again seen a lack of action by the minister on actually doing anything to get more family doctors to move to the Yukon. Unfortunately, the talking points are not a substitute for action.

The minister then went on to suggest that she hadn't heard a request before for the recommendations of the chief medical officer of health to be made public. We have made that request multiple times in this House and outside of it. The Third Party has also indicated their support for making those recommendations public, so it suggests a selective memory, at best, for the minister to claim that she wasn't aware of that request.

When the government refuses to release the actual recommendations made by the chief medical officer of health, or the acting CMOH, we don't know what is in those recommendations. We only have the minister's and the

Premier's word about it, but we don't actually see those recommendations. The government should not have anything to hide here. All we are asking, in the interest of public transparency, is that they release all recommendations of the acting CMOH, or the chief medical officer of health, publicly so that Yukoners can see the rationale. What the minister doesn't seem to get is that with unprecedented restrictions and rules should come increased information-sharing, not less.

As we get as far into the pandemic as we are, many Yukoners, along with other Canadians, are becoming frustrated with rules and restrictions when they don't understand the rationale behind them and, in some cases, don't agree with them. One of the best steps that government can do in responding to that is give people the information. Let them understand the data and the rationale upon which decisions are based. In the absence of that, it simply leads to and increases a lack of trust in government and undermines confidence.

Before I miss doing so, I want to again just briefly jump to the hospital funding and point out that the additional money of \$4.4 million that the minister cited for the Yukon Hospital Corporation clearly does not just add onto the amount that is in there in the budget, because — again, I will quote what the witnesses from the hospital told us on November 16 of this year on page 901 of Hansard — and I quote: “What I can confirm is that the annual budget for fiscal year 2021-22 is \$98.2 million prior to factoring COVID-19 impacts.”

The minister is clearly again continuing this government's record of underfunding the Yukon Hospital Corporation and doing so during a pandemic and doing so at a time when over one-fifth of Yukoners are forced to go the hospital if they need to see a doctor, because of the shortage in family doctors here.

I do want to note, as well, that when we talk about more than a fifth of Yukoners not having a family doctor, that is thousands of people. The minister also claimed in this House that we were doing better than the rest of Canada in terms of physicians per population, but that has been shown to be inaccurate. I have tabled in this House a copy of the report from the Canadian Institute for Health Information which shows that, under the Liberal government's watch, the number of physicians per 100,000 population increased in all but one jurisdiction, and that jurisdiction was the Yukon. The Yukon was the only jurisdiction to get worse in terms of physicians per population in the entire country.

While the minister has cited other numbers from *Putting People First*, I would point out that we have heard from members of the Yukon's physician community that not only are those numbers incorrectly cited and inaccurate in *Putting People First*, the Yukon Medical Association has told the government that repeatedly, and the government chooses to keep citing numbers that they have been told by Yukon physicians, and the YMA, are not accurate. The Canadian Institute for Health Information document, as I noted and have tabled in this House, is very clear about the fact that, between 2015 and 2019, there was only one jurisdiction in the entire country to get worse in terms of physicians per population, and that was the Yukon under this Liberal government.

From the narrative of the minister that we have heard in this House, it seemed at times that they are more interested in phasing out family medicine than recruiting doctors. Don't get me wrong: We support more integration and collaboration with expanding the use of other health professions within the system, but there is still a need for family doctors. We see no evidence that the Liberals and this minister are doing more than paying lip service to this important issue.

It's easy to see this issue as not being a crisis if you have a family doctor, but unlike the minister, one-fifth of Yukoners are in a position where they don't.

Deputy Chair, again, we see no evidence of paying more than lip service to the important issue. When we have asked the minister if she can point to a single thing that she has done to encourage more family physicians to move to the Yukon, one of her talking points has been that she had a phone call with the president of the Canadian Medical Association. While it is good that she is talking to the president of the Canadian Medical Association, that in itself is not an accomplishment nor much of an action.

The minister has also talked in this House about a budgeted amount for programs which, as she knows, seems to be just a list of programs started under the Yukon Party, and she has failed to provide a breakdown, despite us requesting it.

The facts are, in terms of areas such as support for students, that the medical education bursary to help Yukon students become educated as a doctor was \$10,000 per student 15 years ago, when I announced it, and now it has been cut to half of that at \$5,000. The government has also reduced the amount that is available for the nursing education bursary by half and the health profession education bursary by half. It is certainly not sending the message that they are serious about supporting Yukon students in becoming educated in health professions. Costs have gone up across the board over the last 15 years. To suggest that it is adequate to provide Yukoners taking health education with half of the amount they got 15 years ago is, quite frankly, laughable, but this is a very serious matter for every Yukoner who does not have access to the health care that they need when they need it.

The minister has told the House, as well, that they spend \$89,000 a year on bursary programs. Comparatively, the government spent, I believe it was, \$120,000 in Dawson spraying water in the air hoping for ice, literally. And, of course, they spent \$1.9 million on the digital monster signs over the highway that many Yukoners would rather see gone.

If you asked any one of the thousands of Yukoners without a family doctor whether they would rather that the government had spent that money on encouraging more doctors to move to the Yukon, what do you think they would say?

This government is clearly out of touch with the needs of Yukoners, and I would ask whether the minister has had a chance to read the Canadian Institute for Health Information report that she repeatedly refers to incorrectly which shows that Yukon is the only jurisdiction that has gotten worse in the country in physicians per population, and will she agree to start taking action?

Can she actually provide us with specifics on anything that this government is doing to actually encourage more family physicians to move to the territory?

My next question on that topic would be about the government's record to date. When was the last time a family doctor moved to the Yukon and started practising here? How many have moved here since 2016 under the Liberals' watch?

**Hon. Ms. McPhee:** I'm just going to comment on the inappropriate method of debate here. I have no difficulty answering questions — none whatsoever. References to my personal life or my personal health care are so completely inappropriate that it doesn't even bear comment, except to say that. I will put that on the record. Twenty minutes of insults followed by one question is not really my idea of a great debate, but if that's what the member opposite wants to do with his time, then that's fine. I'm sure that Yukoners will make that decision for themselves.

I'm happy to answer the questions that were actually asked — I think were asked — in that preamble.

There is no question that *Putting People First* makes references to 21 percent of Yukoners who don't have access to a physician. Apparently, those figures are okay in the *Putting People First* report and are relied on consistently by the member opposite or his party, but the Canadian Institute of Health Information figure, he says, is incorrect and those are clearly things that are wrong. So, you can't pick and choose.

The *Putting People First* report was done by experts in the field. I assure you that their figures have been relied on by this government, and rightly so.

We have an issue with doctors and physicians. It is incredibly important that we address that and we are doing so in many ways. Again, I have said this over and over here in the House. The member opposite is asking me to list, yet again, some of the activities that are taking place with respect to how we are dealing with that — remembering, of course, all Yukoners, that doctors are independent business people here in the territory. We are working closely with the Yukon Medical Association and other organizations so that we can address what is a national shortage of doctors here in the territory and across the country. Medical professionals are incredibly important. We have seen, during the COVID-19 pandemic, no less than the exacerbated concern and exacerbated reliance that we have on front-line medical professionals of all kinds, not just doctors.

In 2019, our government collaborated with the Yukon Medical Association to launch the "find a doctor" program. This is one piece of evidence of something concrete that we have done to match over 1,000 Yukoners with medical doctors. Is that enough? No. Do we have more to do? Absolutely. To date, over 30 percent of the individuals who have enrolled in the program have received a match. Based on the current wait-list, approximately 5.7 percent of Yukoners have enrolled in the program.

It's clear that the lack of adequate access to primary care providers is a long-standing challenge and has been made more difficult due to COVID-19 and the national and global shortage

of health care providers. Connecting Yukoners to a primary care provider is a priority.

*Putting People First* is a focus, and the adoption of the recommendations in *Putting People First* is an opportunity for us, as an entire community, to report, expand, and create access to culturally safe person- and family-centred care. That is the goal of *Putting People First*.

Our government has already taken a number of actions to address this important issue while continuing to work with our health system partners to provide better service and move forward with further short-, medium-, and long-term strategies and solutions.

Health care recruitment and retention strategies represent one part of our overall work to support Yukoners to lead healthy and happy lives. Our government has expanded the scope of practice for pharmacists. We have improved access to preventive treatments. We have increased the number of in-territory specialist service providers. In September, we introduced a nurse practitioner to serve Old Crow and Carmacks. We have enhanced funding for prenatal nutrition programming, and we are moving forward with regulated and funded midwifery services.

In 2021-22, we have budgeted \$4.52 million for the Yukon Medical Association to administer 14 physician recruitment and retention initiatives, including their medical student bursary program, the preceptor support program, and the locum support fund. By comparison — the member opposite loves to compare; it's not my favourite thing, but I think it is important information for Yukoners — in 2014-15, Health and Social Services had budgeted \$2.36 million to the Yukon Medical Association for their recruitment and retention initiatives, including the medical student bursary.

I'm not going to comment on the phone call comment. We are working with the Canadian Medical Association and we are working with the Yukon Medical Association on behalf of Yukoners. The members opposite can spin a narrative however they like about how that isn't enough, but Yukoners know that we have their interests in mind, that *Putting People First* is a pathway forward, and that the opportunity for us to work together with our partners will be the way in which we can solve this situation.

The population of the territory is, of course, growing rapidly, and unfortunately the number of new physicians wanting to come to the Yukon has not yet kept pace, but we have an amazing group of medical professionals here in the territory who provide front-line care, who provide services at clinics, who provide the opportunities for Yukoners to have health care and who are dedicated, I know, to making sure that Yukoners have the care that they need and are working together with us going forward.

I have a note that we have two new physicians who have moved to the Yukon so far in 2021. I think that was one of the questions.

I think that the member opposite is misunderstanding my comment about the hospital funding. What I said was that the approximately \$93 million noted includes capital and O&M, and in addition to that, there is \$4.4 million for COVID funding.

I didn't include it; I didn't add 86 and 4 and get to 93. It's capital and O&M equalling approximately \$93 million and \$4.4 million in addition to that.

Maybe this is the more important part. The last quarterly variance figure reported from the Yukon Hospital Corporation to Health and Social Services was \$96 million. To date, we have committed to all of the funds that they have asked for. The repeated comments that the Hospital Corporation is not being properly funded is a disservice to Yukoners. They are not the actual facts of the situation, and it is a disservice to Yukoners. Fortunately, I have the opportunity today to hopefully speak directly to them and say that the Hospital Corporation request of \$96 million for this fiscal year has been met and will be met by this government and by the Department of Health and Social Services in this government because we know how critically important the services provided by the Yukon Hospital Corporation are at all times, but particularly now in relation to dealing with a world pandemic.

We work very closely with Yukon Hospital Corporation and have always ensured that they are fully funded. I don't think that it's of service today for me to go through a listing of figures. That is complicated for people to read, but the information that we have — and the information that is important for Yukoners to know — is that the request from the Yukon Hospital Corporation has, over the last five years, been met with annual increases to include the operating funds that they require.

I hope that I have addressed each of the questions that were put forward.

**Mr. Cathers:** No matter how the minister tries to spin it — and try she has — the Yukon Hospital Corporation's annual report, which any Yukoner can read for themselves online — or tabled by the minister in this House — shows clearly that, for the last two years, expenses were higher than revenues by millions of dollars. The Hospital Corporation witnesses, when they appeared earlier this month, indicated that "The annual budget for fiscal year 2021-22 is \$98.2 million prior to factoring in COVID-19 impacts." That is a quote right there from page 901 of Hansard.

The minister just stood and told us that the number they needed was less. The total numbers she cites are less than that. The minister likes to argue that black is white and dismiss any criticism or questions she doesn't like as effectively fake news, but the facts are quite clear.

I'm going to move on to other areas here, including pointing out that the minister didn't answer how many family doctors have moved here since 2016. Of course, that is also in comparison to how many have left the territory. The "find a doctor" program doesn't help Yukoners if there are no doctors taking patients. We don't disagree with this program, of course, but it's not really of much use if there aren't doctors taking patients. Again, we still have yet to hear a breakdown from the minister on the actual program there and what they are doing.

I will move on to some other areas, just in the interest of time and the long list of questions that I do have to ask. I would ask the minister what, if anything, they have done as far as trying to get a family doctor to move to Haines Junction, which

has been a long-standing request of that community. I know my colleague, the Member for Kluane, has raised that with the minister before.

I am going to move on to the area of vaccinations. We have heard concerns from constituents, and I raised this previously with the minister: The impact of the COVID-19 vaccine campaigns resulted in — and we do appreciate that the staff are very busy — a cancellation or the suspension of a number of childhood vaccination programs, as well as adult vaccines, such as tetanus and travel vaccinations. We know that there was an interest by pharmacists in working with the government to provide those services. We also know that the pharmacists have had a very frustrating relationship with this minister and this government, including an August 17, 2021 letter that the minister will no doubt have seen, since it was addressed to her. The letter is from the Yukon Pharmacists Association: "We are writing to express our shock and disappointment..."

The letter then goes on to recap some of the things that had been committed to. It goes on. Later in the letter, it references that pharmacy owners negotiated in good faith. It refers to the Yukon government's action — quote: "This is bargaining in bad faith on the part of Yukon Government and is not acceptable."

I will touch on a number of the issues that are noted in this letter. It includes travel vaccinations. Issues include: "Timely and smooth transition for any future publicly funded vaccines" and it is noted as "In progress". "Introduction of a biosimilar process" — these are under the column that indicates whether the proposed change that was agreed to was honoured or not, and the lists that say "Yes", they were honoured, is a lot smaller than the lists that say "No". "Introduction of a biosimilar policy" — no, that was not addressed; "Change to on-line carrier" says "In progress"; "Collaboration regarding additional professional services" — no, it was not honoured; "Medication assessment — discussion to begin January 2021" is noted to be "In progress"; "Transfer of travel vaccines to pharmacy" — no — and it notes that a meeting took place in May of 2021, but there was no further follow-up after that meeting; "IHS will adopt the NIHB supply and OTC price list as of April 1" — no; "New markup in dispensing fee" — no.

It also, later on in the letter, notes the challenge to pharmacies that, based on government operating off the manufacturers' list price instead of the actual acquisition cost, for some medications, pharmacies actually lose money, which, of course, is a disincentive to them actually providing those services.

Now, it is not my intent to advocate or negotiate for the Yukon Pharmacists Association, but it is my intention to note that the things that they indicate that government agreed to — unless the minister is accusing the signatories to this letter of saying something that is not true — they have indicated that government agreed to take certain actions and then failed to follow through, and they used the term "bad faith".

It is important at any time, but no less so in a pandemic, for the government to have a positive and constructive working relationship with health professions and the professional associations. Especially since, in terms of vaccines for both

children and adults that could be made available through pharmacists, which currently government has suspended due to government resources being focused on the COVID vaccine rollout — the fact that the government has such a troubled relationship with Yukon pharmacists at this point is a missed opportunity to do better in terms of the rollout of things including travel vaccines, children's vaccines, and other matters.

So, I would ask the minister if she could provide an update on that and explain why the government has not done a better job of working with Yukon pharmacists. We have heard from a number of people — including my colleague, the Member for Porter Creek Centre, who raised it with me and others — about constituents contacting them, as I have had, with concerns about childhood vaccinations being delayed as a result of government's resources being fully involved in dealing with COVID.

Deputy Chair, I would also note that we heard earlier today the government cite the number of nine percent of government employees who have not submitted a vaccine attestation. While it is possible that more will file that today, as with the numbers provided by the minister's colleague, there is the potential that up to nine percent of Yukon government employees are going to be placed on leave without pay due to the government's vaccination policy. The question would be: What are the impacts going to be on areas such as community nursing? What will the impact be on areas such as EMS, fire, and RCMP not only directly but also if road maintenance suffers as a result? A final question for the minister on that note is whether any other jurisdiction has this broad a vaccine mandate for employers, NGOs, and contractors.

Actually, I will add one more, Deputy Chair, which is just the fact that, in debate with the appearance of the witnesses yesterday — the acting chief medical officer of health and the other public health doctor who appeared here — we did ask the question about whether they had looked at issues such as the unintended negative consequences of a policy. I am just trying to find the actual reference to that. We discussed yesterday, on page 1103 of Hansard, the possibility of "... unintended negative consequences from this policy, including an increase in stress, other mental health problems, substance abuse, and potentially an increase in domestic violence." I asked if they could talk about that for a moment and asked, "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?"

There was an indication that they did not have that information. I would ask if the government has done any modelling assessment of the impact of those unintended consequences, as well as, of course, as I mentioned previously, what the operational impact will be in rural communities in particular but also in Whitehorse.

**Hon. Ms. McPhee:** Deputy Chair, I appreciate the question about the pharmacists and our relationship with them. Here in the territory, it is an incredibly important part of providing medical care and an important part of medical care

for Yukoners. The effect that pharmacists have in our daily lives is absolutely crucial, not only as individuals who present medication when needed, but the advice that they provide overall to Yukoners with respect to medical care generally is so important.

The pharmacists regulation came into effect on August 1, 2019. It provides an expansion in the range of services that Yukoners can receive from pharmacists. Pharmacists can adapt or extend existing prescriptions under certain circumstances and access and use lab results related to prescriptions and administer injections and vaccines in some cases, which is a great change in scope of practice that benefits all Yukoners.

We have agreed on a compensation model with Yukon pharmacies to compensate pharmacists for the delivery of these services and we're committed to continuing to work with pharmacists to streamline services and to do better for Yukoners.

Pharmacists have worked, and it's important to note, alongside community nursing staff to deliver the COVID vaccine, both in Whitehorse and in communities. Since the notation of the letter made by the member opposite, we have ironed out a number of things with the Yukon pharmacists.

There was certainly a difference of opinion at the time about interpretation and application of the way in which pharmacists and the Yukon government were relating to one another. The Department of Health and Social Services officials meet regularly with pharmacists and their association. The medication assessment is complete and in place to the satisfaction of Yukon pharmacists. We have resolved with the Yukon pharmacists the issue of the markup, and conversations about travel vaccines are underway with them. We are very pleased with the partnerships with the Yukon pharmacies and pharmacists in relation to providing the flu vaccines to Yukoners, which is important. We have managed to put in appointments for flu vaccines at various pharmacies in the territory into the CANImmunize system so that Yukoners can book online, for their convenience. I know that there are a number of pharmacies in the territory that have walk-in services for those kinds of things, and the one thing I should clarify is that pharmacists are not permitted to vaccinate children under the age of five, so that would not be an option for them, or to provide flu vaccines for that group of children.

I can also indicate that — to return to one of the questions that I had previously — from 2016-20 — and I have said this before in this House in relation to the number of physicians; I think that was the question earlier — that they increased between 2016-20 from 78 residents to 95, which includes resident physicians and specialist physicians. Resident physicians alone increased from 68 to 75 in 2016. I think that's important.

I should take the opportunity to return to one of the quotations made earlier from the Canadian Institute for Health Information document and in relation to the figure that is in *Putting People First*. The full extent of that quote indicates — then there's a footnote to that quote actually, the one that the member opposite keeps speaking about, and it's an important

piece of information that the footnote to that quote doesn't include — the figures with respect to the Yukon do not include locums and they should, and the number in *Putting People First* remains to be correct in that, per capita, we have a lot of physicians — more physicians than some jurisdictions and most jurisdictions in Canada. I think that is the end of that.

I apologize. There was a question in the middle with respect to vaccines. I am afraid that I wasn't able to hear what the question was. Then the last question was regarding unintended consequences of these policies.

I don't really want to guess, but I think the other question was about whether or not the broad mandate here in the Yukon is similar to that in other jurisdictions. In fact, it is with relation to employees and individuals who perform work at workplaces or worksites on behalf of government. If I have misunderstood that, I am happy to return, if there is another question.

The third question was whether or not the unintended consequences of these policies had been considered with respect to the mental health stresses and others. What I can say is that, every day, with respect to every decision, we turn our minds to the unintended consequences — or sometimes the intended consequences — but we are clearly evaluating these decisions in a very serious light. None of them are made lightly, and none of them — do we even want to make them, frankly. Yukoners need to be protected. We are making these decisions based on the information we are provided by the medical officers of health, by the epidemiology, by assessment and the modelling from across Canada and up in our little corner of the world. We make those decisions with all of the consequences, intended and otherwise, in mind every day, in relation to the primary requirement of those decisions, which is to protect the health and safety of Yukoners.

I should just return to the issue of pharmacists, in case the member opposite had some more questions. We also completed work on the medical assessments, which help people review their medications and determine any concerns. We did that work with the pharmacists, and we also resolved an over-the-counter dispensing fee with pharmacists, all of which were part of the outstanding matters in the summer of 2021. I am happy to say that those are primarily resolved now. As I've said, the travel vaccines are still an ongoing conversation, but I think the most important thing is to know that we have a relationship that is open and a partnership that allows us to talk and resolve these issues. To do otherwise would not be in the best interest of Yukoners.

**Mr. Dixon:** The minister's last answer is a perfect lead into my question now. I have just received some questions from some allied health professionals — some folks who work in allied health — who had some questions about the *Public Health and Safety Act* regulation, or OIC, that came out with regard to the vaccine mandate. They had some fairly pointed questions. I will lead right to those: When the government first announced the vaccine mandate several weeks ago, they indicated that it would apply to all those who work in hospitals, long-term care homes, medical clinics, and allied health care settings. We have since learned that allied health care settings

include pharmacists, optometrists, physiotherapists, and a number of others.

Those business owners who work in private practice in allied health have been under the impression, up until the publishing of this regulation, that they were subject to this vaccine mandate as well; however, the OIC that has been passed so far makes no mention of allied health care professionals, so the call I just had from the owner of an allied health care business was about whether or not this applies to their business starting tomorrow. They have been under the impression, up until recently, that it did, so they've been preparing their employees to go on leave without pay if they aren't vaccinated; however, they are concerned now that, because they appear to be excluded from the regulation, they don't have the legal backing to take the employment law action of putting their employees on leave without pay.

The question is fairly simple: Does the vaccine mandate apply to allied health care settings? If so, where in the regulation can the minister point to us that it applies? What response does she have to the queries from those working in private practice in allied health about whether or not this applies to them?

**Hon. Ms. McPhee:** The OIC that was passed last night and published last night does not, quite correctly, as mentioned by the member opposite, deal with allied health professionals. There is a document before Cabinet for a Cabinet meeting that will take place tonight that does deal with allied health professionals and the details with respect to how that regulation will apply to them.

I can also advise that the Department of Health and Social Services met last Friday with a large group of allied health professionals who were all invited to have an information session with respect to the OIC, or the regulation, that is coming that will apply to them as a result of the information that they had previously about how they would be included. That conversation last Friday was for the purposes of discussing the vaccine mandate and how it would apply to them, and that conversation took place, as I said, a few days ago, in order to provide the most up-to-date information possible.

I can't say more about the details of the regulation. I don't have it with me, but it will apply going forward.

**Mr. Dixon:** Just so I'm clear, there will be a subsequent regulation, it has yet to be passed, Cabinet will determine the details of that sometime later tonight, and it will come into effect a few hours after that at midnight — is that correct?

**Hon. Ms. McPhee:** Yes.

**Mr. Dixon:** So, can the minister provide us a list of what is included in allied health care settings that this will apply to come midnight tonight?

**Hon. Ms. McPhee:** Sorry. Thank you. I think the member opposite maybe didn't have a chance to hear me. I said I don't have a copy of that with me. Besides, it wouldn't be appropriate to speak about it until the details of Cabinet and the conversation there.

However, what I can say is that the application, or the information that was provided at last week's meeting by the Department of Health and Social Services, would not have been

a list of the details, but it certainly would have been the concept that the vaccine mandate will apply to allied health professionals in their working situation.

As the member opposite mentioned in his letter, they have been getting ready for this. They have been preparing for the fact that their employees will be affected. I'm told it was a very good question-and-answer opportunity for them, and they had their concerns addressed there. The vaccine mandate will, in fact, apply to those kinds of businesses for the purposes of protecting the health and safety of Yukoners. There are businesses where individuals are in close contact with other individuals, and the concept of having those individuals vaccinated is an important one.

The list of allied health professionals has been identified by the acting chief medical officer of health for Cabinet consideration and that will be part of the regulation coming forward.

**Mr. Dixon:** So, the minister was able to convene a meeting of allied health care professionals, but she is not able to tell me the list of who attended that meeting or which professions it includes. That seems a bit odd to me.

At that meeting, did she communicate or did her department communicate to those folks that the regulation bringing into effect the vaccine mandate for this sector would be delayed until mere hours before it is intended to come into effect? Was it communicated to them that there would be one regulation under the *Public Health and Safety Act* that was put out this morning and that another one will be coming after that? Because the folks I spoke to certainly didn't know that and were certainly surprised to hear that the regulation that came out very recently did not include them and that they would be covered by a separate, subsequent regulation that would come into effect mere hours before the deadline.

**Hon. Ms. McPhee:** Let us be clear. I didn't say that I was at the meeting; I said that officials from the Department of Health and Social Services held the meeting. So, no, I didn't say anything to allied health professionals because I wasn't there.

However, the officials who were there had a question-and-answer session where they answered questions of allied health professionals — business owners — about the fact that there would be a regulation that would be coming into place at midnight on November 30 that would affect them. Whether that is done a few hours before that — mere hours, as noted by the member opposite — I don't think that probably concerns them. The fact that the regulation and the fact that these restrictions — this vaccine mandate — will apply to them is something that they have known for a number of weeks now. They have certainly had access to officials at the Department of Health and Social Services to provide them with details on how that might be affecting their business and, more importantly perhaps, with how their businesses might benefit from the economic program that has been put in place with respect to having the opportunity to have some funding to assist with the app, or devices for the app, to have their businesses be able to check people's vaccine status and other supports that are in place. Economic

Development has also been reaching out to local businesses to help with answering their questions.

**Mr. Dixon:** My question was: Was it communicated to the allied health professionals that there would be a subsequent regulation that would apply specifically to them? When the folks whom I have spoken to saw this regulation come out and noticed that they were not included, they became worried that they had either been forgotten or ignored by the government. My question is simple: Was it communicated to them that there would be a subsequent regulation specific to them coming out late in the evening before this comes into effect?

**Hon. Ms. McPhee:** One thing that I can assure you is that the extremely hard-working professionals at the Department of Justice who are drafting these regulations would not have forgotten about the instructions that they have received from government based on the recommendations of the chief medical officer of health. I appreciate that this is sort of a flippant remark, but it's insulting to them and I don't think that it's fair. They would not have been forgotten. They were advised that there would be a regulation. I was not at the meeting, so I couldn't say whether or not they were advised that there would be two regulations to deal with the details of the vaccine mandate. What I can say is that they were told that there would be a regulation and that it would be in place before November 30. They were discussing the details of what that might mean for them, and they have been advised of that information for a number of weeks now.

**Mr. Dixon:** Can the minister tell us who was at the meeting and which businesses and fields were represented? Of course, if they were at this meeting, it's surely not a secret which sectors this applies to. Can the minister just simply provide us with a list of who this is going to apply to in advance of the regulation coming into force later tonight? As we all know, the deadline is midnight tonight.

**Hon. Ms. McPhee:** I can provide you with the list of businesses that were represented at the meeting. It won't be right now, but I am happy to provide that to the members opposite.

I have already noted in one of my responses that a list of allied health professionals who will be affected by this regulation has been identified and listed by the acting chief medical officer of health, and that will be before Cabinet in the consideration. Whom it is applying to will be clearly defined in the regulation.

**Mr. Dixon:** So, the minister knows whom this is going to apply to, but she is not able to tell us now. Can the minister commit to telling us whom this is going to apply to before midnight?

**Hon. Ms. McPhee:** I was asked whether or not I could give you a list of who was at the meeting. What I said was that I would be happy to give you a list of who was at the meeting. I just can't provide it right off the top of my head, but I will have department officials supply a list of who was participating at the meeting.

I have also said that there is a specified list of allied health professionals — not specific businesses — to whom this will apply and will be included in the regulation. It will be clear.

**Mr. Dixon:** My simple question — I apologize if there was some miscommunication — was: Which professions will be covered under allied health care, and can the minister offer some glimpse into what that list is going to look like?

**Hon. Ms. McPhee:** The list of allied health professionals to which the regulation, should it be adopted by Cabinet, will apply will be: optometrists, chiropractors, dentists, dental hygienists, dental therapists, physiotherapists, midwives, acupuncturists, audiologists, denturists, dieticians, massage therapists, naturopathic doctors, occupational therapists, podiatrists, psychologists, respiratory therapists, social workers, speech language pathologists, therapists, and counsellors.

**Mr. Dixon:** Does the minister appreciate that leaving this to the last minute like this makes it very difficult for these businesses, considering the fact that they have to — before the end of the work day today — let employees know that they won't be able to come to work tomorrow or they will be able to come to work tomorrow? If they make that decision to let them know that they can't come to work tomorrow, and they don't have the legal backing of the regulation, it puts them in a precarious legal situation. At least that is the opinion of some of the business owners whom I have spoken to who have had advice from their lawyers about the fact that they can't tell someone that they are going on leave without pay unless there is a law or regulation in place that says that they must.

As of now, as the minister has admitted, there is no law or regulation that says that they must. So, it puts these businesses in a very difficult position because the government left this to the very last minute. It almost cannot be more last minute than it is now. It is about 3:57 p.m., so the work day ends for a lot of these professionals within about an hour or two, and they will have to let their employees know by then whether or not they are coming to work tomorrow.

That is something that I think the government should have prepared for a little bit better — that they could have had this ready to go much sooner than they have, because the regulation that was released this morning does not include them, so there was natural confusion, I think, among businesses who felt that they had been forgotten in this regulation. Now, after the fact, after receiving criticism, the minister is committing to pass a regulation by midnight tonight or sometime late in the evening, and that will, of course, leave very little time for these business owners to notify their employees by 7:00 a.m. or 8:00 a.m. tomorrow when they are supposed to show up at work.

I'll leave it at that, Deputy Chair. I am sure that we will probably be breaking here soon. Let me just express my concern about the timing here and a lack of communication with these businesses. The fact that they are calling the Legislature now, calling the minister's office, and not getting any answers is a disturbing indictment of the lack of communication that the government has had on this particular file.

**Hon. Ms. McPhee:** It won't surprise the member opposite that I don't agree with all of his concerns. I certainly wish that we could magically have drafted a very detailed and specific regulation like the one that was published last night —

some 18 pages, but I don't recall the exact number — and it is obviously detailed and very specific to help Yukoners understand this vaccine mandate and how it's going to move forward.

There are 24 hours in a day, and that's all I'm going to say about that, other than to herald the absolutely amazing work of the Department of Justice and the other departments that have worked with the Department of Justice to bring forward this important aspect of the law.

Let's be clear. More than a number of weeks ago, allied health professionals were aware that this was going to apply to them. It is not like the member opposite is alleging or insinuating, that allied health professional business owners will not know the details or would not have known details about this until today.

They were told; there was reach-out to them. There were opportunities for them to have their questions answered. They were advised that they would need to have a policy, but that it is up to them as the employer to determine if there are going to be any repercussions. The law will not enforce repercussions on behalf of those allied business owners. The idea is that we should have the application of the vaccine mandate to those employers, to those businesses, because it is an opportunity for Yukoners to be protected, for the health and safety of Yukoners to be protected, in relation to allied health professionals who provide a number of services to Yukoners often in very close quarters, or in close proximity to those individuals, and that Yukoners deserve to have the security and the confidence that those services are being provided to them under the restrictions of a regulation, which has been well-advised — those businesses have been well-advised that this regulation was coming. Do I wish it was sooner? Absolutely. Do we all wish it was sooner? Absolutely. But every effort has been made in the meantime to answer those questions of those businesses and the opportunity for them to be made well aware of the fact that much of this will lie in their hands.

**Deputy Chair:** Is it the wish of the members to take a brief recess?

**All Hon. Members:** Agreed.

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

*Recess*

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

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

Is there any further general debate?

**Ms. Blake:** I would like to thank the officials for being here today.

Last week, a report card on child and family poverty in Canada was released. On the one hand, it noted that Yukon's rate of child poverty in Canada is below the national poverty rate, but it still sits at over 11 percent. The most worrying part



for Yukon children in this report is that the rate of poverty in 2019 started creeping up, one of only four provinces or territories to see an increase in their child poverty rates.

The questions I have are: How many children under the age of 18 are included in the number of clients receiving Yukon government social assistance? Has the minister read this report? What action is the minister taking to address the rising number of children in poverty? Has the department done any research on increasing social assistance rates?

**Hon. Ms. McPhee:** Thank you for the question. Before I start, I just want to fix something that should have been done earlier. I wanted to welcome back assistant deputy minister Karen Chan and Deputy Minister Stephen Samis from the Department of Health and Social Services who are assisting me here today and assisting all of us with the answers that are being sought. I was remiss when I first took the floor in not welcoming them back and thanking them for their contribution today. Thank you for that opportunity.

I can say to the member opposite that this is an incredibly important question. I was surprised that it hadn't come sooner because I was aware of the report. I have not had the opportunity to read the report, but I will do so. It is a future topic for my meetings with the Department of Health and Social Services. Year over year, we are seeing increases in our social assistance caseloads here in the territory that are in line with Yukon's population growth. That also takes into account that there are some seasonal fluctuations. We sometimes have more individuals seeking assistance in the summer when travellers come and those sorts of things.

As a result of the COVID-19 pandemic, 2020 was of course an unusual year. Caseload numbers and program costs both slightly decreased in November and December 2020 and have remained relatively stable in early 2021. We continue to collect data and monitor the caseload numbers and costs to better understand trends. Yukon's social assistance benefit rates are among the highest in the country. Our earned income exemptions which support people who are re-entering the workforce are also greater than many other jurisdictions. Yukon's rates are indexed to inflation with rate increases of 1.9 percent in November 2019 and 1.6 percent in November 2020.

Yukon is unique compared with other jurisdictions in the country in that our front-line social assistance staff are social workers, which I think is incredibly important, not just because my sister is a social worker — not here, but she is a social worker, and we often have the social worker versus lawyer conversations at our family dinner table — but I digress.

Social workers work directly with clients to provide both short-term, stabilizing, and longer term case planning supports, which I personally feel are incredibly important — the idea of some wraparound services to support individuals who are both clients of the service at the time, but often wanting to change their lives in a way that we can support.

As of May 2021, the monthly benefit rate for a one-person household in Whitehorse can be up to approximately \$1,474. A person with a disability who receives the Yukon supplementary allowance and is eligible for schedule B benefits or specific

benefits could receive up to \$1,833 a month, and the monthly benefit rate for a family of four with two children under the age of 14, living in Whitehorse, can be up to approximately \$3,100 a month. The Yukon has higher benefit rates in communities outside of Whitehorse to account for the higher cost of living that happens there. I do not have the answer to — maybe I do; just a moment — the number of children who are in families who are receiving social assistance, but we can obtain that number, and I can provide it; I don't have it today.

I think that those are the answers to the three questions, including that I have not completed the report but will do so and will have this on a topic of agenda with the deputy minister and I as we — I was going to say “resume more regular meetings”, but we have the opportunity to see each other, I would say, daily or more than once a day often — but it will be a priority for us, the report having come out, and we need to analyze it to determine what it means for Yukon children.

**Ms. Blake:** I thank the minister for her response. The next set of questions that I have are in regard to our children who are connected with the Family and Children's Services branch. The questions I have are about keeping our children in the communities in mind with these questions, because our children in communities have, I guess, lower options for foster homes or short-term placements in communities.

So, the questions I have are: How many children are residing in extended family care agreements? What supports do families receive from the department to support the child or children? How often is the social worker in contact with families who are in an extended family care agreement, and what are the plans to increase the availability of foster homes in communities so that children do not have to leave their home community for care?

**Hon. Ms. McPhee:** That is an important question for Yukon families, and I will try to provide as much information as I have. I don't think I have the specific number of how many children are subject to extended family care agreements, but let me see if I can answer the rest of those questions.

Our interests are always to keep children in their home or with their family of origin, if it is at all possible. That is why extended family care agreements are so incredibly important. It keeps a child close to their family or often in their family of origin but have other caregivers be responsible for them.

The note that I have is that, as of August 21, there are 130 children who are under extended family care agreements here in the territory. We work very closely with families for the purposes of keeping children there.

The additional question the member opposite may have is that there are, again, as of August, 78 children in the care of the director. Seventy-eight is too many, but that is an extremely reduced number of what has been in the past.

Partly that is as a result of the interest in using extended family care agreements and other options and supports for families — supports for families of origin — so children can stay there and have certain supports without having to become subject to an order or be in the care of the director or even subject to extended family care agreements, although there are great opportunities in extended family care agreements for

support for families of origin or parents — caregivers — of children.

We have gone from over 300 children in the care of the director back in 2015-16 to 78 this year, so that is progress. Under the *Child and Family Services Act*, when a child can't remain at home or safely in their home and they need out-of-home care, the first choice is to place them with an extended family member to enable closer connections to family, community, and culture. Of course, extended family care agreements are also a benefit because children can often remain in their home community.

Part of the questions being asked are about foster families and foster homes, and of course, those are an extension of care in the community, if they can be found and if they can provide service and care to a child, but extended family care agreements almost always allow a child to be close to their community — and even if it's in a neighboring community, certainly close to their family.

Extended family care agreements provide resources and supports that allow children to be placed with their extended family while the protection concerns are addressed, which is always key, of course. In addition to supporting children and youth through extended family care agreements, we also enter into a number of agreements with youth, with support services for youth who are between the ages of 16 and 19.

I know the department is very proud of transitional support service agreements with young adults aged 19 to 24 and family support agreements. The reason I emphasize this is because I know it was a key factor of interest for the former minister, and the idea of transitioning — which wasn't the case — we've all heard horror stories of a child who is in care but comes to the age of 18 or 19 and then there was no transitional care, and that was certainly not acceptable. Sending these young people out into the world with the supports that they need between the ages of 19 and 24 can make all the difference in the world to how they will ultimately make their way in the world.

As of June 2021, there were, as I've said — sorry, in August, 78 children in care on either continuing or temporary or interim care orders or voluntary care agreements. I know that the member opposite knows the distinctions between those, based on her former work, but there are different categories of care, all to support a child. Of those, I'm going to say approximately 15 are living in group care.

We work with Yukon First Nations and the Council of Yukon First Nations to develop caregiver strategy and to recruit, retain, support, and train extended family caregivers and foster caregivers who are providing for children. I think that's an important development over the last number of years. The use of the extended family care agreements continues to increase. I'm pleased by that.

I think the member opposite's question is an important one, and I think she will likely be pleased that, because of the reasons we have said, children can sometimes, and almost always, stay in their home community, if that's available.

Of the 141 children supported in extended care — I have some numbers from June, but now it's August, so the numbers are down to 130. So, of the 130 children supported in extended

family care agreements, about 65 percent identified as Yukon First Nations. Of the extended family caregivers, 67 percent identified as a Yukon First Nation.

I should also speak just briefly about — we're continuing to operate, and I'm going to say this incorrectly, but it's the Nts' äw Chua transitional support program. This is back to youth, and we have seen youth settle into the program and prepare for and embark on the next stages of their lives. With support from dedicated staff and the appropriate program offerings, these young people are able to navigate life just a bit easier. I'm very pleased to draw attention to that program, because I know it is so incredibly important for young people who have been subject to being in care.

We're also working with the Council of Yukon First Nations and Yukon First Nations on family reunification efforts for children who are in care.

I can indicate that one of the issues that has been brought to my attention — having worked in the area of child protection in the past, I am very interested in this — is the idea of transitioning children when they are in foster care, or even when they are in extended family home care, back to their family of origin or to their parents. Those transitions have to be respectful of the child and have to have the child at the centre of those decisions so that they are done in a timely way, in a way that supports the child becoming familiar with the other home again, and in a way that transitions and takes into account the cultural and emotional aspect of having maybe stayed in a foster home for a long time and then going home to a different place to live. Those are really important things to take into account. It is one of the things that I have been speaking to the department about, wanting to know more about how we can do that better and provide training to social workers and foster families about it.

We are doing a review of caregiver supports, and we will be developing an action plan on supports after the review is done.

We also are working on — maybe this is the next question — a review of the *Child and Family Services Act* with our partners, First Nation governments, CYFN, and others to take into account the recommendations that came from a review with respect to that piece of legislation and to embed in it more culturally appropriate concepts. There are opportunities to make sure that there is a recognition and a focus that this is a system that is unfortunately in some situations necessary, but that it must be child-centred and child-focused. I am going to stop there.

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

The Child and Youth Advocate office highlighted gaps in access to mental health supports for children and youth across the Yukon. What is the department doing to close these gaps, and how many full-time youth counsellors are there in the Yukon?

I understand that this might be a Department of Education question, but my other question is: Do any of the Yukon schools employ full-time mental health counsellors on-site? If so, how many, and if not, why not?

**Hon. Ms. McPhee:** I am afraid that I don't have those numbers with me. I think that we should calculate the number of social workers who are focused on child protection and family care in Whitehorse but as well as in the communities, and we can provide that number for you. I am afraid that I don't have it just now.

I can say that we have 102 mental wellness workers across the territory, but some of those would be focused on services for children and others would not, so we can get the breakdown for you.

As part of the last question, I wanted to also indicate that, in the current budget, we have put \$1.3 million to support cultural events and activities for First Nation children who are in out-of-home care and cultural programming for those families — so, to keep them connected to their culture — and activities for them to learn about their culture and to continue to be embedded in their culture as much as possible. That is focused on children who are in out-of-home care, so anyone who would be in extended family care agreements or in a foster home or any in the care of the director. That is being administered with the Council of Yukon First Nations — so, an important new program to help kids be connected to their culture.

**Ms. Blake:** I just have a follow-up question in regard to the \$1.3 million for cultural events. Is that amount recoverable, refunded, or recovered through the federal government?

**Hon. Ms. McPhee:** Of the \$1.3 million that has been assigned for this program this year, \$1.2 million is recoverable from Canada, and the additional \$100,000 comes from Yukon.

**Ms. Blake:** The *Putting People First* report came out in May of last year. When will we see an implementation plan and timeline of how this government is planning to adopt all of the recommendations in the *Putting People First* report, which the previous Minister of Health and Social Services accepted in full when the report was tabled last summer?

In the *Putting People First* report, it was recommended that we replace the Yukon Hospital Corporation with "Wellness Yukon", a health authority.

Can the minister tell us what is happening with that recommendation, and when will those recommendations be implemented?

**Hon. Ms. McPhee:** Thank you for the question. The *Putting People First* report is, as I've said before, the pathway forward for Yukon's health system and how we are going to become a system that is people-centred — hence the title. A comprehensive review of the health and social services system included significant engagement between the independent panel experts and Yukon First Nation governments, stakeholders, and health and social care providers and Yukoners.

Our government has committed, as the question said, to the 76 recommendations in the report. We have formed an implementation committee to oversee the report and will twice annually report publicly about the recommendations and how they are being implemented.

We are working on the implementation framework, and reporting will be shared with the implementation committee.

The framework will support communications on the project in the months to come. We are committed to continued discussion, engagement, and partnerships because that is the only way that we will get a better system.

It will include NGOs, allied health professionals, health care providers, and physicians in communities and First Nation governments and Yukoners.

We are already working on 30 of the recommendations in the report. To date, we've implemented 11 of the recommendations. Some of these include: affordable childcare, which was, of course, an enormous project; transferring the Child Care Services unit to the Department of Education from the Department of Health and Social Services; medical travel enhancements that I got to speak about previously in this debate; establishing a care coordination and medical travel unit; adding more nurse practitioners — we have, I think the number I got earlier was 21 nurse practitioners in the territory; and expanding access to immunizations and preventive treatments.

Those are some of the 11 that we have already implemented. There are 30 being worked on. We will continue to collaborate with partners.

A new director of transformation, innovation, and *Putting People First* was hired in July in the department because this is going to be a situation that requires, really, not just change management within the Department of Health and Social Services and the concepts there, but also change management for Yukoners and how they are going to interact with our health care system. There will be some bumps along the road, I guess, as people will get used to this and as we go down the path of implementing those.

We know that there is a better, more productive, more people-centred process at the end of that road. We know that this has worked in other places — in southwest Alaska. We know that parts of it have been successful in other places. There was careful deliberation when determining that a jurisdiction and a population of our size could benefit from this kind of advancement in health care.

We know, as members of a community, that we need to do health care better and that it needs to be more predictable for government costs, it needs to be more people-centred, it needs to provide better services to Yukoners, and it needs to provide those services across the territory.

I think that I said 21 nurse practitioners, and I should have said 12 — sorry. That's a disappointing change today, but unfortunately, I just got the number mixed up. So, 12 nurse practitioners — and there had only been one or two previously.

The important part of that question is: What is happening with the health authority? In the report, the expert panel recommended that we establish something they call "Wellness Yukon", which is a new arm's-length agency that will be a creature of statute, so a statutory agency that would deliver a range of health and social services and contract with NGOs and other service providers to deliver services here in the territory. In response to the *Putting People First* recommendation, and part of our commitment to that, is that we are working with policy options to establish a health authority in the Yukon. I have had some conversations and meetings with the member

opposite where we are following along closely with this, but as we move forward, we are committed to working collaboratively with, of course, Yukon First Nation government stakeholders and Yukoners to develop and implement a health authority.

Part of our conversations have been that the establishment of a health authority is foundational to many of the recommendations in *Putting People First*, so a health authority will be the vehicle or means by which some of the other recommendations are implemented or actually adopted. The first step in that process is to draft legislation, so engagement and consultation with respect to what that legislation should look like and cross-jurisdictional scans as to how health authorities are structured and the statutes that structure them in other places in Canada. We can learn from other places that have health authorities and then, as we always do, make it a Yukon story and determine how those structures will fit here and operate best here in the territory to give the best service possible to Yukoners.

I should say it this way: That work is beginning and is underway. We certainly don't have anything like a draft piece of legislation yet. We anticipate that it will be a while before that is the case, but it doesn't mean it's not being deliberately worked on right now, because it is. At this point, Yukon and Nunavut are the only two jurisdictions that don't currently have a health authority. Some have one, and some have many more than one. A place like British Columbia, I think, has several health authorities — seven. We can learn from that and how they divide that, but certainly there are other places that only have one, and we can learn from them as well, but the first step is drafting legislation.

**Ms. Blake:** The next question I have is in regard to seniors' income. If you are receiving the federal guaranteed income supplement, you are eligible for the Yukon seniors' income supplement. Eligibility for various services, like the seniors' supplement, is dependent on folks having the guaranteed income supplement. Unfortunately, when folks accepted the CERB funding, the federal government clawed back on the guaranteed income supplement, since CERB is counted as income, but there are a lot of services in Yukon that are only offered to Yukoners who are on the guaranteed income supplement.

Are Yukoners who lose access to the guaranteed income supplement going to lose access to Yukon services like the seniors' supplement in Yukon as well, and what is the department doing to ensure that this does not happen?

**Hon. Ms. McPhee:** Thank you for the question.

There has been an ongoing conversation between the ministers responsible for social services across the country, as well as their officials, with the federal government that it was not appropriate for the CERB to be a reason for adjustments to be made to guaranteed income supplements. You are correct that this was, in fact, the case. I think that CERB has sort of morphed now into something similar but not quite the same, but nonetheless, what I should say is that has been a topic of conversation by the ministers responsible, and the deputy ministers, that it was not appropriate for Canada to do that and

that it should be reinstated in some fashion. Those conversations are continuing.

What I can indicate, as an aside, is that, very early on when CERB first came out, we dealt with it quickly — at the time, it was through Justice, working with the Department of Health and Social Services — to make sure that social assistance was not reduced by the amount of the CERB.

We worked closely with the Council of Yukon First Nations, and within the Department of Health and Social Services, to make sure that was not going to be an effect of the CERB on social services. We're well aware of the devastating impact this one benefit could have if it sort of knocks the other one out of operation. That said, there are ongoing conversations with the federal government. I can indicate that. Recognizing that happened at the federal level, Yukon has not reduced any services for individuals, and it won't. If you needed to be getting the guaranteed income supplement to have access to certain other benefits or programs, that sort of thing, the Yukon will continue to support those programs or services, even if you are not getting the guaranteed income supplement.

To clarify, I was forgetting the name, but CERB is now called the "Canada recovery benefit", and it acts more like employment insurance by the federal government than like the CERB program that was in place last year.

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

We are aware that Kwanlin Dün First Nation is planning a residential managed alcohol program within their community. Will this government be providing a managed alcohol program in the territory as well?

**Hon. Ms. McPhee:** The managed alcohol program being started and implemented by Kwanlin Dün First Nation is remarkable and certainly something that is a positive step for that community.

We support a managed alcohol program. We support the concept of a managed alcohol program, going forward. We will work with the Kwanlin Dün First Nation to see how the implementation of their program goes and learn what we can from that. We have opened the safe consumption site, which has been a priority this year — as the member opposite and the Deputy Chair know — and the resources, the staffing, and the location, et cetera, that have had to go into that in quite short order has, to be frank, drawn some of our capacity to look at other opportunities for these kinds of services, but I know that Kwanlin Dün First Nation, having gone down this road first, will teach us a lot and that we will work with them closely, recognizing the need for something similar, to see if we can't evolve some of our programs and some of our services into something that would look like that in the future.

So, yes, supportive — no concrete plans right now to open such a facility or program.

**Ms. Blake:** In regard to Alcohol and Drug Services in Yukon, I believe it was last year when COVID first hit that we had a high number of folks in the community on a wait-list to access treatment services at mental wellness here in Whitehorse. I'm wondering: What is the wait-list to access the residential addictions treatment at Mental Wellness and Substance Use Services? Has the department been sending

Yukoners to programs outside the Yukon for treatment? If so, how many have been sent out? What are the wait times like for youth to access treatment? What is the average length of stay for youth at the treatment centre here in Whitehorse?

**Hon. Ms. McPhee:** The wait time just now for the residential treatment services is 35 days. I should note that the capacity of the facility has been reduced slightly during this circuit-breaker period of time with the COVID response, but also there were a couple of COVID cases — individuals who were being served in that facility and were required to be separated from other people — so there was a bit of a reduction in the number of people who could go there. But, that said, it is about 35 days for adults, and that is an adult facility, of course. We do, on occasion, send individuals Outside for treatment. Sometimes it is specialized treatment or complex special needs that are required for the treatment.

I am quite aware that First Nation governments often send and pay for their individual citizens to access programs that are outside of the Yukon Territory, so that is one option. I am also being told that there is currently no wait time for youth to have those services. I think that those were all the questions.

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

In reference to detox services, I am wondering if there are any plans underway to increase the number of beds that are available at the detox centre here in Whitehorse.

**Hon. Ms. McPhee:** The Sarah Steele Building, constructed where it is and the block and configuration as it is, does not have any space for expansion. I also understand that this is not permissible in that zoning for it to go a floor higher, all of which is to say that there are lots of reasons why this residential treatment style is successful, but there are lots of reasons why maybe it isn't as successful as it should be. Exploration is happening about a land-based healing program that would be quite similar to the treatment services that are provided there but obviously with the additional piece of land-based focus. The very early information that I have seen about it is that it would be outside of the City of Whitehorse so that there would be an opportunity for people to stay there and to have the benefits of being out on the land and being outside of an urban centre. That would certainly benefit people who are not used to living in Whitehorse, for instance, and maybe even come to Whitehorse for that kind of treatment. That is not always the most beneficial to them either — being close to downtown or close to other distractions.

We continue to work with YCDC to determine the bed availability at Sarah Steele, given the COVID situation. It is changing day to day. I am going to guess that we are not up to full capacity at the moment and that we need to determine that this will happen as somebody recovers.

On average, we send 10 to 12 people for alcohol and drug treatment services outside of the territory in a year, so that might help with some of the information that I gave before. Lastly, I would just like to say that, within withdrawal management services, there are currently 11 out of 14 beds in use for adults and four beds in use for youth, so that is the difference in the wait times. The number of beds in use were adjusted to maintain physical distancing and allow for clients

in self-isolation to access safe withdrawal, and it is incredibly important to not delay those services.

**Ms. Blake:** I'm going to jump on over to safe supply. Since safe supply of opioids was rolled out, can the minister tell me how many physicians have prescribed a safe supply for a patient? How many Yukoners have accessed safe supply? What work has been done with front-line NGOs to make sure that their vulnerable clients are aware of safe supply and how to access it? Who is currently able to provide safe supply in communities? Which communities are they? Has anyone been prescribed safe supply outside of the Whitehorse-based Referred Care Clinic?

**Hon. Ms. McPhee:** It's important for Yukoners to know that the current ability to provide safe supply here in the territory is as it is in many places in Canada. It is a medically prescribed safe supply of opioids, or opioid-like drugs, to help address the opioid crisis and to help an individual address their needs or interest in not using opioids any longer.

We are expanding access to that medically prescribed safe supply here in the territory and have taken steps to do so. We are currently providing medical education for physician prescribers who work in the opioid treatment services program to expand their familiarization and comfort level with prescribing.

In order for there to be safe supply, doctors must prescribe it, and they need to have training in familiarizing themselves with that kind of treatment.

Also, to further expand, we are working with an addictions medicine specialist in British Columbia to develop clinical training and prescribing guidelines for physicians in the Yukon. With the ongoing clinical training, support, and consultation, the opioid treatment services may now access safe supply through a program at the Referred Care Clinic. That is on a case-by-case basis, so, unfortunately, we would not be able to say — we would not even have data on how many prescriptions would have been issued because that is between a doctor and their patient, but we do have ability at the Referred Care Clinic to add patients every week. We can get some information. We are sort of seeing how it goes for the first month or two, and I will be asking for information as to whether or not the patient load has increased. We can find out about that.

The reason that I have spent so much time on this concept of "prescribed" is that the issue about having a safe supply available in communities involves two things: It involves a medical practitioner who will prescribe for someone in the community; and they have the ability to obtain those drugs or those prescriptions in the community. Obviously, Watson Lake and Dawson might be a little easier than some other places, but when there is a physician travelling to the other folks — or a nurse practitioner can be in touch with the Referred Care Clinic doctors to determine how to best provide that service to somebody who might not be in Whitehorse. These kinds of prescriptions are quite specialized and specific, and sometimes the program involves, for instance, an individual picking them up every day, or a little bit more than that, at a pharmacy. So, having that in a community — for example, in Carmacks or Pelly Crossing — is very, very difficult, but there is support for

individuals who want to have this kind of service, and we can connect them to the Referred Care Clinic or medical practitioners or nurse practitioners who meet them where they are. There will need to be individual situations, I think, where accommodations will have to be made for people to have this kind of access to the specialized care that is not necessarily in Whitehorse.

Our program has been going on for a while. The expansion of that is in its infancy, and we must make sure that we do it well here in the territory, in Whitehorse, and then work to expand. That certainly does not mean that somebody who is interested in this kind of treatment and can come to Whitehorse has to delay in any way.

**Ms. Blake:** I thank the minister for her response to my questions.

One of the concerns I have is regarding access to travel with the vaccine mandate in effect. My concern is with our citizens who reside in the communities, and they don't have their first or second vaccines. I am wondering if there are any plans in place with the department for citizens who are medevaced from the community to Whitehorse, or outside the territory, and they are not vaccinated. My concern is the support they may need to come back home if they are unable to go on the flight to come back home or if they are being medevaced to Whitehorse from the south. What supports are in place to ensure our Yukoners are able to make it back to their home communities?

**Hon. Ms. McPhee:** That is an excellent question. It is something that has been recognized by the Department of Health and Social Services and other of my colleagues' departments that work with the federal regulations involving air travel, which is what they are.

Currently, nobody who is a medevac patient needs to be vaccinated. I know that is not your question. If somebody was medevaced from a community, could they go back home on a scheduled flight without being vaccinated? Currently, yes is the answer to that. They can board a plane, if their status is unvaccinated, in that circumstance. All three territories are united on this issue and have been speaking to the federal government about some sort of exemption, if you will, or some sort of way in which we can take into account how individuals travel around the north, which is not the same as they do in southern jurisdictions.

It is a federal government requirement for air travel, at this time. They have extended the deadline, which was November 30, which is today. They have extended the deadline, and we continue to work with them to make sure that there is an adjustment for Yukon, NWT, and Nunavut travellers who have to fly between communities in some places in Canada — the member's home community. Of course, that is an issue here in the Yukon, but in other places in the north, there is more air travel that is required between towns and between communities. As a result, it is an issue for all three territories. It is on the table with the federal ministers, and right now, accommodations are being made.

**Ms. Blake:** I just have one more final question, which is with regard to counselling support for the communities

throughout the holiday season. Considering that we are going into December, and considering that January is often a time when we see that a lot of our citizens have difficulties with depression and such, I was wondering what the counselling schedule looks like for our communities. With reference to my home community of Old Crow, we do have a designated counsellor who was hired and is located here in Whitehorse.

Do the counsellors have visiting schedules to the communities throughout the holidays? If not, what are the plans in place to ensure that Yukoners have access to counselling support throughout the holidays?

**Hon. Ms. McPhee:** I am going to just return to the concept of medical travel for a second, with respect to vaccinations. There has been a recognition, I think, in our conversations with the federal government, and certainly among the territories, that this would extend. The example that we just spoke about is somebody coming from, let's just say Old Crow, to Whitehorse on a medevac and then wanting to return on the scheduled flight home and whether they would be prohibited, and the answer to that is no.

In addition to that, I should have added this idea of having Yukoners travel outside of the territory for medical treatment that is necessary. The position that we have taken with the federal government — and they have adopted at the time — is that access to that kind of medical care is not something you need to worry about if you were in Edmonton or Calgary, but it is something that you need to worry about if you live in the Yukon or one of the other three territories.

Yukoners — let's just talk about Yukoners — are allowed to travel Outside for medical appointments, and that will be maintained at this point, even if they're not vaccinated. I hope that adds a little bit.

We do have Mental Wellness and Substance Use counsellors who will cover the holidays. I don't think the question is if it would be someone travelling on Christmas Day, or that sort of thing, but the manager for Mental Wellness and Substance Use for the communities will reach out to communities soon, in the next number of weeks before the holidays, to provide coverage and see what kind of schedule is necessary over the holidays, because the member opposite brings a good point. It's not something we haven't thought about, in particular in the COVID situation, because there are people — and ultimately, there are people who are isolated from family or friends, whether because they are ill or because of another situation, and we want to make sure that's not contributing to the concern that might occur at what is often a joyous time of year, but not for everyone. We recognize that it is sometimes an issue for individuals who sometimes need more services during that period of time than others. That is the way it is going to be managed right now.

There will be coverage, and there are counsellors in First Nation communities and others in a number of locations, of course, in Dawson, Mayo, Old Crow — as noted, there is a dedicated community counsellor who visits biweekly or by phone. Community support will be available, as needed, outside of a regular schedule.

We are keenly aware that this is often a difficult time for people, and we need to make sure that we have the coverage that we can, that supports Yukoners.

**Mr. Cathers:** I would just like to return to some questions related to mental health. The report that was recently released by the Canadian Medical Association entitled *A struggling system: Understanding the health care impacts of the pandemic* does shine a light on some of the impacts across the health system in Canada. While the numbers themselves, of course, are focused on a national level, they do include issues that are very relevant here in the territory, including that the report notes a 70-percent increase in opioid-related deaths from 2019 to 2020.

It cites a 68-percent to 94-percent increase in in-person visits for chronic disease care between April 2019 and April 2020, and most notably, it talks about the fact that they identified 4,000 deaths, in addition to what is the normal, that were not due to people being infected with COVID-19, but according to the report, they believe are attributable to it through matters such as delays in diagnosis for cancer care.

It talks about the delays in people seeking care, the delays in receiving care, the impact on chronic disease management, as it mentions the fact that, particularly for Canadians over 65 years of age, roughly 73 percent of those over 65 live with at least one chronic disease. Managing chronic disease often requires frequent use of health care services, including visits with specialists, and during the pandemic, chronic disease management may have been more difficult because of health service closures, the diversion of health care resources to COVID-19 care, and patients' fear of interacting with the health system because of potential exposure to the virus. With chronic disease assessments, it also cites a number of — as of January 2021, compared to 2019 levels, the number of in-person visits being 60-percent below for patients with hypertensive heart disease and 87-percent below for patients with diabetes, compared to previous times.

Those were some of the most notable and concerning aspects of it. We have also heard clearly from Yukoners, from the medical community, and from the Yukon Hospital Corporation during their recent appearance that there are a number of areas where, even before the pandemic, the Yukon had longer wait times than the national standard of what is considered medically acceptable for most of the roughly 13 specialties hosted at Whitehorse General Hospital. We know that there were issues around cardiac wait times at the time, so I am going to put in a few questions related to that.

I would ask the minister if she could provide us with an update on the current wait times for cardiac care, which has been an issue. Also, what do wait times or access to services look like for cancer care, for MRIs, and for other areas within the 13 specialties hosted at Whitehorse General Hospital? As well, I would ask about whether the spirometry service, which had been suspended here in the territory, is now being provided and, if so, how that is structured. Based on the indication that we have heard that the cataract surgery and ophthalmology plan that was in place was time-limited and is coming up toward its end, I would ask the minister about the status of work to renew

that. We certainly hope that it continues to be a focus because of its importance to Yukoners.

Returning specifically to the mental health aspect of this, we know that, even pre-pandemic, there were issues with mental health needs not being adequately met in the territory. We know as well — and it's cited in the Canadian Medical Association's report that they released — that there has been an increase in mental health issues, including anxiety and depression related to the pandemic. This includes anxiety levels increasing — 24 percent of Canadians experiencing anxiety as of June 2021 — and the percentage of Canadians reporting high levels of depression increasing to 15 percent. Self-reported levels of anxiety and depression peaked at 27 percent and 17 percent respectively.

One of the key reasons that I'm raising this now is that it is known that December, while a very joyful month for some people — and I am fortunate to include myself in that category — is also statistically a very difficult time of year for many people. This increase in depression is related to a number of factors — it being the shortest time of the year and stresses related to December that some people feel. It was concerning even pre-pandemic. When you add the pandemic to it and the noted increase in stress levels and depression levels that have been reported by the Canadian Medical Association, among others, it becomes more concerning.

Then, coupled with the government's vaccine mandate and the poor rollout of the communication of it — including, as my colleague, the Leader of the Official Opposition, noted earlier during debate with the minister — for employers and employees in allied health care, they are expecting a regulation later today that takes effect at midnight, but those people don't actually know what the rules are for their sector tomorrow. That would be stressful for anyone. The Yukon — as the minister will likely be aware, in terms of the vaccine mandate in comparison to other Canadian jurisdictions — has one of the broadest mandates with the fewest exceptions. Looking at our fellow territories, the Northwest Territories has more exemptions, and Nunavut is more focused on health care. The numbers, as of earlier today, were concerning in terms of what we heard from the minister's colleague that, as of this morning, there were still nine percent of Yukon government employees who had not confirmed that they were vaccinated. Presumably, some would confirm that today, but based on the most recently available data provided by her colleague, it might be up to nine percent of government employees who would be taking leave without pay at the start of what is, for many, a difficult month of the year.

Again, as I noted earlier, one question that the minister didn't provide an answer to is what work the government had done, if anything, to look at and assess what the likely increase would be in the unintended negative consequences of the vaccine mandate, such as increase in stress, mental health problems, and associated issues such as increased substance abuse and the consequences thereof, as well as the likelihood of increased domestic violence.

It is worth noting, as well, that the report of the Canadian Medical Association to which I was referring, *A struggling*

system — *Understanding the health care impacts of the pandemic*, cites a number of other concerning factors including a decrease in cancer screenings and an increase in food insecurity of 39 percent, and all of these factors are concerning.

There is also a reference to an increase of 28 percent in children calling the Kids Help Phone for calls about physical abuse and isolation — a 48-percent increase. All of these social determinants of health, as noted in the Canadian Medical Association's report, contribute to overall health. Stress brought on by the pandemic, the closure of public health services, schools, and isolation as a result of physical distancing measures have all had a negative impact on the social determinants of health, as it says on page 8 of the report.

Again, my question would be for the minister: What is the government's estimate of or the likely impact on Yukon government employees and others who are affected by this? In the short time remaining before the end of the day, not knowing how much time that we are going to get to debate this department as this Sitting comes to a close, I would also ask the minister what the impact has been on the testing for other diseases, such as TB and STDs, at Yukon Communicable Disease Control as a result of their resources being understandably very focused on the pandemic.

What steps is government taking to resume childhood vaccination programs, which were suspended, as well as other vaccination programs?

Last but not least, why, despite Health Canada recommending that the SHINGRIX shingles vaccine be made available to people aged 50 and up, is the government only choosing a higher age category?

Seeing the time, Deputy Chair, I move that you report progress.

**Deputy Chair:** It has been moved by the Member for Lake Laberge that the Chair report progress.

*Motion agreed to*

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

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

*Motion agreed to*

*Speaker resumes the Chair*

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

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

### Chair's report

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

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

Are you agreed?

**Some Hon. Members:** Agreed.

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

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

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

*Motion agreed to*

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

*The House adjourned at 5:29 p.m.*