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*Speaker: Honourable Derek Bennett, MHA*

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The House met at 10 a.m.

**SPEAKER (Bennett):** Order, please!

Admit strangers.

### Orders of the Day

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Thank you, Mr. Speaker.

Mr. Speaker, I call from the Order Paper, Order 6, Bill 20, An Act To Amend The Coat Of Arms Act.

**SPEAKER:** The hon. the Minister of Municipal and Provincial Affairs.

**K. HOWELL:** Thank you, Speaker.

Today, we are introducing for second reading proposed amendments to Schedule A of the *Coat of Arms Act*.

**SPEAKER:** You need to move and second it first.

**K. HOWELL:** Sorry.

I move, seconded by the Minister Responsible for Indigenous Affairs and Reconciliation, that Bill 20, An Act To Amend The Coat Of Arms Act, be now read a second time.

**S. CROCKER:** Mr. Speaker, if we could have a brief recess?

**SPEAKER:** This House will recess for a few minutes.

### Recess

**SPEAKER:** Are the House Leaders ready for take two?

The hon. the Government House Leader.

**S. CROCKER:** Thank you, Mr. Speaker.

As you just said take two. My apologies to the House this morning, in a little bit of a rush here this morning set us back a few minutes.

Mr. Speaker, I call from the Order Paper, Order 6, Bill 20, An Act To Amend The Coat of Arms Act.

**SPEAKER:** The hon. the Minister of Municipal and Provincial Affairs.

**K. HOWELL:** Speaker, I move, seconded by the Minister Responsible for Indigenous Affairs and Reconciliation, that Bill 20, An Act To Amend The Coat of Arms Act, now be read a second time.

**SPEAKER:** It is moved and seconded that Bill 20, An Act To Amend The Coat of Arms Act, be now read a second time.

Motion, second reading of a bill, “An Act To Amend The Coat of Arms Act.” (Bill 20)

**SPEAKER:** The hon. the Minister of Municipal and Provincial Affairs.

**K. HOWELL:** Thank you, Speaker.

Today, we’re introducing for second reading proposed amendments to Schedule A of the *Coat of Arms Act*. The proposed amendments seek to change the legal description of the *Coat of Arms Act* and to add Labrador to the name of the province and to replace the word “savages” with “Beothuk.”

I’d like to take a moment or two to provide some background and general information on the *Coat of Arms Act*.

The act sets out the legal description of Newfoundland and Labrador’s official coat of arms. It also contains the legal authority for the use of the emblem. Like many traditions and monuments throughout North America, the United Kingdom and European countries, it dates back hundreds of years and it is an expression of the views, the language and the culture of that time.

The written description of our province’s coat of arms reflects the original 1637 patent, which does not reference the Labrador portion of the province. This description also includes racist and colonial phrases. Phrases, Speaker, that are specifically derogatory to Indigenous peoples.

Needless to say, it is time that this legal description was changed and that is the purpose of the amendments that we are discussing today.

Actions that respect the culture and heritage of Indigenous peoples are an important step on the path to reconciliation. These proposed changes are part of the process of building an inclusive environment in the province. It's a step forward in ensuring that the coat of arms more accurately reflects the people and cultures of the province.

Changing the wording is also part of an ongoing review of cultural symbols, observances and monuments. Symbols, such as statues and monuments should better reflect the diversity, resilience and history of Indigenous peoples. The inter-departmental working group continues to look at all observances in our province to find a path forward on recommendations on how to best recognize and commemorate our history.

Speaker, as part of the review of the *Coat Of Arms Act* input was sought through an online questionnaire. In total, 201 submissions were received; 29 of those identified as being a member of an Indigenous community. Over 85 per cent of those identified individuals agreed with proposed wording changes. Overall, 83 per cent of the respondents agreed with the change.

Some respondents also expressed a desire for us to go further. Some have suggested that the emblem itself be changed. These steps that we're proposing today are very important and there is nothing to prevent us from looking at further changes in the future. We continue to consult with Indigenous leaders as we move forward.

Speaker, I look forward to hearing the views and any questions from my hon. colleagues on these proposed amendments. I'm certain we'll support the changes that will better reflect the culture and heritage of Indigenous peoples. We will work together to build on these changes and other actions to ensure an inclusive and respectful environment in the province.

Thank you.

**SPEAKER:** The hon. the Member for Cape St. Francis.

**J. WALL:** Thank you, Speaker.

It's always an honour to sit in this hon. House and represent the constituents of the beautiful District of Cape St. Francis. It's a privilege to speak to this particular piece of legislation this morning, Bill 20.

I'd like to thank the minister and the staff for the presentation this morning, and I look forward to the conversation as we move forward.

Speaker, our caucus welcomes this long-overdue change to modernize our coat of arms. From what I understand, this has been a recurring conversation over the years and I'm glad to see that it's finally to the floor of this hon. House.

Each and every one of us need to do more to reflect on our relationship with Indigenous people. This government has been slow with dealing with reconciliation, as evidenced by the long delay of the lack of apology for the Inuit for the residential schools, first promised in 2017. And I'd also like to mention that I note that the Innu feelings of betrayal of the secret rate mitigation talks which resulted in court action. This symbolism of change must be judged as the totality of the government's action.

Mr. Speaker, I look forward to asking questions further as we go through the process.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Labrador West.

**J. BROWN:** Thank you, Speaker.

This is a long time coming, as we even said in the presentation, especially the part "and Labrador." I'm sure the Member from Corner Brook can remember when he was there in Ottawa when we changed the Constitution to "and Labrador." As a province, we've been recognizing "and Labrador" even long before that and we're only getting around to now putting "and Labrador" in the *Coat of Arms Act*. I believe it was first brought up in the '90s to make sure that "and Labrador" was added to all

legislation and staff that officially dealt with government.

But I'm glad to see it there today. As a Labradorian, it's important that we, in Labrador, are also recognized for our contribution to this province and our distinct heritage and culture that make up Labrador. I'm sure most Members here, who have been there, can tell when you go to Labrador, you know you're in Labrador. I do welcome that and it just seems like a bit of a long time to wait until we get it.

Removing such derogatory language in this act, especially the description of the coat of arms, which is one of the official seals of this province, its official symbol and having derogatory language in its description is, one, not really a surprise, coming from colonialism and how things were, unfortunately, in the past. But it's great that we are going to delete that and put in a more correct and appropriate description that actually is more in kind.

But, at the same time, we also have to look at what other pieces of legislation, what other pieces of descriptions and stuff that do sit in the archives of this province that, you know, maybe they also need to be updated and changed. Maybe we can have a broader scope and look at where we can do better as a society, as a people, as a province, to better reflect the true aspects of what is this province.

I look forward to seeing what other things we can move forward with and start on the path of healing as a province. We do have a very large and distinct Indigenous population in this province so it's time to reflect those beautiful cultures that we do all share and we love.

I do support this and, obviously, I will support this as a great change. But, at the same time, let's all reflect on how we can do better, as a province, how we can change things and work towards a reconciliation and make sure that maybe there are other things that we could do that, you know, better reflect how we act and how we go forward.

We talk about systemic racism; we talk about other things that are prevalent. So let's all do better and let's all go forward mindful and thinking that when we do something, we have to

make sure that we're doing stuff from the best interests but also out of a place of kindness and out of a place of healing and reflection.

Thank you, Mr. Speaker.

**SPEAKER:** The hon. the Minister Responsible for Indigenous Affairs and Reconciliation, and Labrador Affairs.

**L. DEMPSTER:** Thank you, Mr. Speaker.

I'll take a couple of minutes to speak to Bill 20, amendments to the coat of arms. I will say that I enjoyed listening to my colleague from Labrador West; he made some good points. Labrador certainly is a unique place and it is a tremendous privilege to call that beautiful part of the province home for those of us born and raised there, I can tell you that.

The amendments to the coat of arms, as has already been said, really are about two things, Speaker. It is about adding Labrador to the description. We know that the *Coat of Arms Act* sets out the legal description of the Newfoundland and Labrador's official coat of arms and contains the legal authority for use of that emblem. It surprised me, too, that has been around since 1637, the patent, and we're just now adding Labrador. We've seen the call for Labrador to be added to the MUN act, for example, and there are other things that are unfolding.

We've been a long time working toward taking our rightful place, but I think – and my colleague is nodding; he understands. Some of us have spent years advocating on the ground for things and it is just coming to me now that he was on the western end and I was on the southern border when we flew the Labrador flag, and that was also a proud moment for us.

Also, Speaker, when I look up over where you're sitting this morning and I look at the coat of arms and then you read the description – such racist and colonial phrases that are attached with the coat of arms. Written in old English, I mean, it speaks to the savages and the attire for war when, really, what we have is two Beothuk people and they're basically in their ceremonial dress.

So it is long overdue that we're changing the language, and it is a part of a bigger picture. As a government, as the first minister in this province responsible for Indigenous Affairs and truth and reconciliation, it is both a privilege and also a weight that I feel with that. We've been taking a number of steps. First of all, to acknowledge the pain, the trauma, the harms of the past. We have to atone, but then people need to see action.

It was just last week in Corner Brook – the Premier and I, and a number of my ministerial colleagues were present, as well as the MHA for Corner Brook – we held a third annual Premier-Indigenous Leaders' Roundtable. Some very good, meaningful discussion.

Every week, the Premier and I meet with the Indigenous leaders in the province. Because how can we represent a people, how can we understand their unique history, their perspectives, how do we get to a place of advancing their interest if we don't have good, solid communications? That's what this regular dialogue has been about. Building on these relationships, developing a greater understanding and then moving forward on some of our shared action items.

We did have a great day in Corner Brook. I'll also add that, as a government, we recently declared September 30 as a Day for Truth and Reconciliation. I got to spend that, again, with my colleague from Corner Brook. We participated in some events by Qalipu First Nation. I was going to say it's a wonderful day. We don't say a holiday. It's a day of reflection. We encourage people to use the day to reflect, to learn, to educate, to maybe watch something about residential schooling, to take a walk, to read a book, to give some depth to their current understanding.

I was pleased to be a part of a government that took those first steps. Also, just mentioned here in the House this morning, Speaker, were the apologies for residential schools. This government did make a commitment to apologize. I was actually in Happy Valley-Goose Bay – testing my memory now – it might have been November '17, I'm not sure, when the prime minister came in and did the country's apology for residential schools. A very

emotional day; people that had had a very painful past, things suppressed for decades. There were supports around and it was a very emotional day.

We made the commitment and we are definitely following through on that commitment. As my colleague, the Minister of Health, sometimes says: A tiny thing got in the way. So we were moving forward on the apologies and then COVID hit and there was a mutual statement, a shared, joint statement that went out – some folks would recall – from Nunatsiavut Government in that case and this provincial government saying we will delay. We are now actively working, moving forward with the apologies. They're going to look a little bit different. We're working closely, so the wishes and the desires of Nunatsiavut, for example, may look a little bit different than what NunatuKavut Community Council would like. But make no mistake, I say to this hon. House, that we are honouring that commitment and it is very much an active file.

I don't think I need to keep speaking for the sake of speaking, other than to say I'm tremendously pleased to see these amendments come to the coat of arms. My colleague, the Minister of Municipal and Provincial Affairs, did a fantastic job. She's new in her role, but she's doing a great job.

**SOME HON. MEMBERS:** Hear, hear!

**L. DEMPSTER:** When she outlined that this is not maybe a be-all, end-all, this is a step and it doesn't mean that we're not going to make further changes down the road. However, in the consultation process we did receive feedback; 85 per cent were in support of changing the coat of arms.

In terms of action items, you know, this is just one step. Sometimes in here when we're bantering back and forth and we have lively spirited debate – and that is as it should be; that is democracy – we'll often hear why did it take so long and why are you only there now. We can't go back and change the past, but every day is a chance to make a new beginning. You've heard me say it here before in this House. One of the Indigenous leaders in our province said it a number of times: Never, in their history, have

they had an open door at the Premier's level like they have now. I believe that is where reconciliation starts.

Will we always get it right? No. Will there always be more to be done? Absolutely. Our Liberal caucus, as a part of giving depth to our understanding of our Indigenous peoples and their history in our province, we had a day of cultural sensitivity training. I had a number of colleagues sitting around me that were saying: I never knew that. I never knew. So it made you feel good that yes, this is worthwhile doing and we need to do more of it.

When we know better, Speaker, we do better. With that, I'm very happy to support the amendments to the coat of arms and I look forward to listening to continued discussion.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Lake Melville.

**P. TRIMPER:** Thank you, Speaker.

It's indeed an honour to represent a district in Labrador, Lake Melville, and to work with my colleagues from Labrador and across the province on such an important – maybe some would say small, but incredibly significant and incredibly representative of so much of the challenge that I think we face as representatives whether we're political leaders, Indigenous leaders, municipal leaders and so on to try to bring this province together.

As my colleague from Cartwright - L'Anse au Clair just said, in looking at the coat of arms over the top of your head, it's quite striking when you reflect back hundreds of years how attitudes and times have changed.

I just wanted to put out a few thoughts. This concept of adding "and Labrador" has been something I've noticed since I first arrived in the province back in 1987. I remember a reporter saying once: Premier and Ms. Peckford will be out of the province the next week touring Labrador. That was when it first struck me, and I said: Oh my gosh, we have a lot to overcome.

Here are just some of the things I think about a lot in my day-to-day routine. I like to get up early in the morning and listen to the radio, and it's really interesting to listen to, for example, the CBC broadcast out of Goose Bay, the *Labrador Morning*, versus the Morning Show here in St. John's. Both good-quality shows, but they start very differently.

Here in St. John's there's a preamble and then there's that beautiful song the "Ode to Newfoundland." It's very well done, they use a variety of performers and they sing those beautiful words. In Labrador – I'm looking at my colleague from Labrador West and others – we hear the "Ode to Labrador," and it's sung in Inuktitut, Innu-aimun and in English. Also a beautiful tune, completely different themes, nevertheless, still very reflective of the passion and the support for the land that they call home. I'll throw out that thought.

There's a friend of mine – I won't mention her name because she probably wouldn't appreciate that, but she will appreciate this comment. I'm aware of many who have tried to find ways, for example, to how can we combine a provincial theme. I was born in Nova Scotia. "Farewell to Nova Scotia" is that song that we developed, but Nova Scotia, with the exception of Cape Breton, is basically a contiguous piece of geography with lots of development. That's very different for Labrador and for Newfoundland. Two quite different histories, two quite different demographics, advancements in progress and infrastructure and so on, and you often see a lot of the themes that the four of us who represent Labrador will be talking about versus those here on the Island. Anyway, small moves like adding "and Labrador" are very, very, important.

I also just wanted to put out another comment and it's a personal experience. Back in the '90s and through into the early 2000s, I was working a lot in Russia and I convinced the community of Happy Valley-Goose Bay to twin with a community in northern Russia. At the time the mayor was a fine, fine elder, name of Harry Baikie. Harry was very well known in Labrador. He was just that solid-Labrador statesmen that we all recognize, the strong leadership who really think and then say something very wise.

Anyway, I said one time to Harry during this trip: Your Worship, have we ever thought about calling Happy Valley-Goose Bay – why don't we just officially move it to the term "Goose Bay"? A lot of people refer to the municipality of Happy Valley-Goose Bay; they call it Goose Bay.

He sat me down and gave me a very good, detailed explanation of how Happy Valley-Goose Bay came together. I don't want to belabour it in this Legislature, except to say that Happy Valley and Goose Bay were two separate communities who came together. The struggle that the folks who occupied the area called Happy Valley, they went through a lot. It was during the war and people came in from mostly coastal Labrador, some from Newfoundland, and the idea of "happy" was really an oxymoron because it was anything but happy. They had to live six miles from the base where they were working, while they were switching to a wage economy. They had to build a home and make sure that their family was actually in a safe, secure situation.

It was a struggle and those first few families are annually recognized for their contribution to establish a community against amazing hardships. He said: That's why we say Happy Valley-Goose Bay. As we say "Newfoundland and Labrador," it's reflecting the effort and the hardships of both pieces of geography. This is a huge piece of geography that we occupy in the Canadian Federation, and recognizing it in our coat of arms is so important.

In terms of the word "savages," it goes without saying; attitudes have shifted dramatically. I'm sure there are many other examples as we are doing with yourself, Speaker, in dropping the pronouns of Mr. and Mrs. I think it's just the whole realization of the steps that we can all do to accommodate and recognize the struggles that so many are dealing with and do what we can to support them.

If I can just throw this out, after we left here last night, I have this little – how could I say it? I'm a *Survivor* fan. I like watching this crazy TV show *Survivor*. I'm not sure why, but I think it's interesting to watch people under stress and how they make decisions. I was catching up on an episode last night when I should have probably

been sleeping. But I watched the episode last night – and if anyone's a fan you might know where I'm going. Jeff, who came out to the show, he has everybody gathered there and before he gets going with the show last night – I'm going to just bring up something here now – he said: What is the phrase always used to invite you all in for whenever there's a competition and so on? The phrase he always uses: Come on in, guys.

He asked them all: Do you find that acceptable? There was a woman who identified herself as a homosexual, others were different persuasions and so on and he said: Do you find this offensive? I thought, wow, this is interesting, the realization across the world, in so many walks of life, of the incorrect use of so many of these terms. Anyway, they decided to go and continue on with the phrase last night, but it was a good, healthy discussion that they were dealing with that, as we are dealing with here today.

I thank the government for making this move. I understand that there were efforts to try to fix this years ago. I'm not sure what the hesitation or delay was, but I'm very happy to see it here today.

Thank you very much.

**SPEAKER:** The hon. the Member for St. George's - Humber.

**S. REID:** Thank you, Mr. Speaker.

I just wanted to take a few minutes to speak on this bill, An Act to Amend the Coat of Arms Act, and to reflect on some points that I think are important here. I won't take my full time, I don't think.

It's important to look back, I guess, at the history of coat of arms, if we are to look at why this is important. Coat of arms have their origin in the Middle Ages when people would wear a tunic in battle and it would have a symbol of who they were, what family they were from. It would help identify people in a battle or after a battle, probably.

That's the origin of the coat of arms. From there, they sort of evolved into a symbol of a group of people, a family, a university or a group of

people, a guild of workers and things like that. Coat of arms became symbols of things, of groups of people and states adopted coat of arms as well to represent who they were and what they stood for.

That's a little bit of a quick history of coat of arms. Ours was established back in 1637 and, as others have said, a lot has changed in the world since then. I think it's good that we look at the words used to describe our coat of arms and how we look at them.

Some people may say: Okay, these are minor changes. But the words we use are important because it reflects and influences the way we think about things. That is why I think these changes, although they may be small, they have a big impact and they are important.

The district I represent has a high portion of Indigenous people, maybe one of the highest in the province. I've had an opportunity to sit down with some elders and with some young people as well to talk about, in particular, Mi'kmaq culture and the suppression of Mi'kmaq culture in our history as a province, and even before we were a province. I think it's important to realize that we have some hard truths, I think, to face as a people and as a province in terms of the way Indigenous people have been treated throughout our history and I think it's important to recognize these.

As I talk to some of the elders, they told me of a time when parents and grandparents would not talk in the Mi'kmaq language in front of their grandchildren or their children because they feared that there was such a stigma attached with being a Mi'kmaw that they feared it would impact their children if they went to school and spoke Mi'kmaq. So there was a severe suppression of culture and cultural practices in this province. That is part of our history and part of the truth that we have to recognize.

I think it has been encouraging the last few years in particular, I've seen a revival in Mi'kmaq culture in my district and other places in the province. For example, one of the cultural things in my district is the Flat Bay powwow, which is held each year in the summer. It's a great opportunity to learn more about Mi'kmaq culture. It's open to the general public to come. I

would encourage people who are interested in learning more about our Indigenous cultures to attend a powwow, either the one in Flat Bay or there's also one in Conne River. I just attended a couple of weeks ago a powwow that was held at Grenfell Campus in Corner Brook.

So there's been a rebirth in the Mi'kmaq culture, revival, people are learning the language and we're seeing a lot of activity in those regards. So that's good to see.

I think in conclusion I just want to say the things that we're doing, they are important. In terms of the symbols that we have in this province, it's important that we change the wording that we use, because it represents the way we think about issues and the way we think about culture and the way we are more inclusive. Because I think we can all learn a lot from each other, we can learn a lot from the Indigenous cultures in this province and I think we should be open to doing that. I think changing the language that we use is an important part of changing the way we think.

Thank you, Mr. Speaker. I look forward to voting in favour of this bill.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Mount Pearl - Southlands.

**P. LANE:** Thank you, Mr. Speaker.

I'm just going to take a couple of minutes now for Bill 20, more so just for the record for *Hansard*, I suppose. I'm sure everybody in the House of Assembly is going to support this bill. I can't imagine anybody who would not. I certainly will.

As has been said, there are only a couple of slight changes from the perspective of the bill itself and what's written here. But the meaning behind it is obviously huge.

As has been said, there are two aspects to this. One is to remove the term in the description of the Beothuk people, I guess, and arguably, Indigenous people in general that described them as savages, which we all, I'm sure, agree 100 per cent that that may have been the view



back in the 1600s or whenever this was established under colonial rule and so on. But it's certainly not reflective of any of the Members of this House of Assembly I'm sure and I believe society in general. It's unacceptable.

Newfoundland has certainly changed over the years, like everywhere I suppose, in terms of our culture, in terms of our attitudes, but even now, more so than ever before, people are more open about who they are as a person, about their sexuality, how they identify which is a good thing. We have people coming here from all over the country, all over the world, different cultures, different religious beliefs and customs and so on, and it's important that Newfoundland and Labrador – we do have a reputation, certainly across the country, for being a welcoming province, for being, generally, good people, always there to help. Certainly, we've seen that, we celebrate that through the efforts of 911 as an example, and the *Come From Away* productions that sort of celebrate who we are as a people, always out there to help others and so on.

It's important that throughout our province, throughout our communities and certainly here in this Legislature and certainly even when we look at things like our coat of arms that they are reflective of our values; that they are reflective of an attitude that we want to be the prevailing attitude here in Newfoundland and Labrador, that everybody is welcome; that we are totally inclusive to all; that we're welcoming to all; that everybody is valued; that everybody should be afforded the same level of dignity and respect and opportunity regardless of race or religion or sexual orientation and so on.

Removing what is, obviously, racist – I mean, there's no denying that – that word "savages" there in the description of our coat of arms is obviously the right thing to do. And as has been said, it's kind of amazing it took this long to get it done. I'm not being critical of this government, in terms of taking them so long; I just mean in the sense that it's amazing that it took us until 2021 for someone to finally look at that and say: My goodness, this is wrong; it needs to go. So it's obviously good that we're doing it now and, certainly, I'm glad to be able

to vote for this and be a part of removing that blight on our province, because that's what it is.

The other piece of this is to include Labrador under the name of the coat of arms because we are one province of course. I was a little confused in that I was of the impression – and someone, maybe the minister, can correct me on this one, and maybe my memory is not serving me properly. At one point in time – I think it was under Premier Williams; I wasn't here at the time – I thought we renamed the province "Newfoundland Labrador" and we took out the "and" part. Because I thought at the time there were people saying that Labrador is not an add-on; Labrador is just as equal as the Newfoundland piece. So I thought that the province was actually called Newfoundland Labrador, versus Newfoundland and Labrador.

I've heard people say "and Labrador," so I'm not sure why the word "and" is here in terms of the amendment and why we're not just adding "Labrador" as opposed to "and Labrador." If we removed it from the terms of the province, I don't why we would want to have the "and" here because the meaning is the same. If we're trying to establish the fact that we're all one province, we're all equal, Labrador is, indeed, not an add-on, or an afterthought or whatever you might want or someone could construe it as, that it's Newfoundland Labrador. So I just wanted to point that out. Maybe there's a reason why "and" has to be there, I don't know what it is, but I wanted to point that out.

Because obviously Labrador, as we know – and I hear this from people from Labrador all the time and I understand why they would feel that way. I mean, much of the benefits that we derive here in this province, like, as an example, when oil prices plummeted and the oil industry was in great distress, it was actually the mining industry that was really, you know, contributing in a huge way to our provincial coffers, to our economy and so on, and that continues to be the case. I'm sure my colleagues from Labrador would agree that Labrador has and will continue for a long time to contribute to our province, whether it be our hydro resources or whether it be our mining resources and so on. Also, even from the perspective of outfitters and stuff like, anyone who's into those types of things.

There's a lot of ways in which Labrador contributes to our provincial coffers, to our provincial economy, and it is important that we do everything that we can as a province and as a Legislature to try to close any divide that may be there in the minds of the people because, clearly, there are many people – that divide is still there in many ways. Many people I know in Labrador, it's a sensitive issue and I get it. I really do. We need to do whatever we can in this Legislature to promote the idea that we are, indeed, one province and that no one part of the province is any important or any less valued than any other part of the province.

Adding Labrador to our official coat of arms, I think, is a good step in promoting unity and so on. But, again, the only point I would make once again for the record is that I'm wondering about the "and Labrador" part. If there's a legitimate reason why it has to be that way, fine. If not, then I would certainly recommend an amendment – I'm not making an official amendment; maybe the government wants to make an amendment – to take out the "and," and just add "Labrador" as opposed to "and Labrador."

Thank you, Mr. Speaker.

**SPEAKER:** Any other speakers to the bill?

If the Minister of Municipal and Provincial Affairs speaks now, we will close debate.

The hon. the Minister of Municipal and Provincial Affairs.

**K. HOWELL:** Thank you, Speaker.

It's encouraging to hear people have the same perspective here. As often as we meet and how enjoyable it is when we don't always see eye-to-eye on some of our issues, it's very encouraging and it makes me very proud when we stand together on an issue and move forward. I think we can all agree wholeheartedly that this is good for our province.

**SOME HON. MEMBERS:** Hear, hear!

**K. HOWELL:** To your point there, to the Member for Mount Pearl - Southlands, I do have an answer for you. The province is actually

called Newfoundland and Labrador. The government was renamed Newfoundland and Labrador in the *Labrador Act* of 1964. Through a constitutional amendment in 2001, the province is named Newfoundland and Labrador. The "and" was actually removed from branding efforts. So much of the promotional materials and stuff like that removed the "and."

To that point, we do want to include Labrador and I think we all recognize the importance and the value added to our province. Most of the comments did add that and dictated how important it is to include that in part of our history and the contributions and uniqueness that the Labrador portion of our province brings –

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order, please!

It's getting hard to hear the speaker. Thank you.

**K. HOWELL:** – in the challenges that they face, their culture, their resources, their history, it certainly is a portion of our province that we must continue to support and identify.

I know a lot of the comments were about why it's taken us so long. I think, when we know better, we do better, to quote a lady that gave some training from First Light. As we move forward and recognize that these things have to happen, we take appropriate actions when we can. The journey of 100 miles begins with a single step, so here we are. As a government we're taking this first step forward, so we appreciate the support and agreement together.

I look forward to how we progress and how we move forward on the path to truth and reconciliation.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** Is the House ready for the question?

The motion is that Bill 20 now be read a second time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

**CLERK (Barnes):** A bill, An Act To Amend The Coat Of Arms Act. (Bill 20)

**SPEAKER:** This bill has now been read a second time.

When shall the bill be referred to a Committee of the Whole?

**S. CROCKER:** Now.

**SPEAKER:** Now.

On motion, a bill, "An Act To Amend The Coat Of Arms Act," read a second time, ordered referred to a Committee of the Whole House presently, by leave. (Bill 20)

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Speaker, I move, seconded by the hon. Minister of Municipal and Provincial Affairs, that this House resolve itself in a Committee of the Whole to consider Bill 20, An Act To Amend The Coat of Arms Act.

**SPEAKER:** It is moved and seconded that I do now leave the Chair for the House to resolve itself into a Committee of the Whole to consider the bill.

Is it the pleasure of the House to adopt them motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

On motion, that the House resolve itself into a Committee of the Whole, the Speaker left the Chair.

### Committee of the Whole

**CHAIR (Warr):** Order, please!

We are now considering Bill 20, An Act To Amend The Coat Of Arms Act.

A bill, "An Act To Amend The Coat Of Arms Act." (Bill 20)

**CLERK:** Clause 1.

**CHAIR:** Shall clause 1 carry?

The Chair recognizes the hon. Member for Cape St. Francis.

**J. WALL:** Thank you, Chair.

As I said, our caucus welcomes this change, but I do have some questions.

Can the minister outline the external consultations held, aside from the public online process, and what Indigenous groups were consulted?

**CHAIR:** The hon. the Minister of Municipal and Provincial Affairs.

**K. HOWELL:** To my understanding, the consultations went out online as you mentioned and everybody had equal opportunity to comment on that. I do know that letters of consultations were sent out to the leaders of the Indigenous groups. I don't know specifically which ones, but I can get that information for you.

**CHAIR:** The hon. the Member for Cape St. Francis.

**J. WALL:** Were community stakeholders in Labrador consulted, such as the Combined Councils?

**CHAIR:** The hon. the Minister of Municipal and Provincial Affairs.

**K. HOWELL:** To my knowledge, the letters went to the Indigenous leaders and their involvement. But, as I mentioned, the Combined Councils did have opportunity to contribute their

information or questions, concerns, via the online portal.

**CHAIR:** The hon. the Member for Cape St. Francis.

**J. WALL:** After speaking with my colleague from Bonavista who has informed me that there's a plaque on the courthouse in that town that includes references to savages, what will be the estimated cost to making these changes when we're looking at printing of papers, modification to plaques, uniforms, et cetera?

**CHAIR:** The hon. the Minister of Municipal and Provincial Affairs.

**K. HOWELL:** At this time, I don't have that information to provide to you, but I will get back to you with that information as it becomes available. I know that there are significant steps that are going to have to be taken. This is something that's been used in our history for a long time. So we're going to have to evaluate where it is, what it is and how we take it back.

**CHAIR:** The hon. the Member for Cape St. Francis.

**J. WALL:** Thank you.

Former Premier Ball announced a review of historic monuments and statues in June of 2020. Was this decision part of this particular process? If so, can you table that review?

**CHAIR:** The hon. the Minister of Municipal and Provincial Affairs.

**K. HOWELL:** The interdepartmental working group is reviewing all of the emblems, the statues and all the holidays or associations as we move forward. We're consulting heavily with the Department of Tourism, Culture, Arts and Recreation on that one.

If you need more information on that we can certainly give you what the interdepartmental working group has.

**CHAIR:** The hon. the Member for Cape St. Francis.

**J. WALL:** Thank you.

Can the minister explain – I know this is a necessary first step and we applaud the government for taking this but why is it taking so long? Why is it 2021?

**CHAIR:** The hon. the Minister of Municipal and Provincial Affairs.

**K. HOWELL:** I can't speak to that. I imagine that this is certainly something that has come up lately in our government that has become a priority. We have committed to truth and reconciliation moving forward and certainly put it top of mind so now there is a focus on it to move forward and certainly putting it on the forefront of everything that we do.

**CHAIR:** The hon. the Member for Cape St. Francis.

**J. WALL:** My last question, Chair.

Indigenous groups have also spoken out about the Corte-Real statue across the street from this very building as it being insulting. Is there any update on that?

**CHAIR:** The hon. the Minister of Municipal and Provincial Affairs.

**K. HOWELL:** I'll defer to my colleague here.

**CHAIR:** The hon. the Minister of Tourism, Culture, Arts and Recreation.

**S. CROCKER:** Thank you, Mr. Speaker.

In my role our department has been tasked to do a review of all observances and inventory in the province. We'll work, not only along with the Minister of Municipal and Provincial Affairs but, certainly, the Minister Responsible for Labrador Affairs, and Indigenous Affairs and Reconciliation in our entire inventory as we move forward.

It's my understanding the inventory has been completed and we'll work our way through that inventory.

**CHAIR:** Any further questions?

The hon. the Member for Labrador West.

**J. BROWN:** Thank you, Mr. Chair.

My question is: Are we doing a complete review of all current legislation that is currently active adding “and Labrador” to at this time?

**CHAIR:** The hon. the Minister of Municipal and Provincial Affairs.

**K. HOWELL:** To my knowledge that’s not something that we were focused on, at this point. We picked certain emblems and statues that we wanted to move forward with. But we’re on a path of reconciliation here so all these things have to be part of our consideration.

**CHAIR:** The hon. the Member for Labrador West.

**J. BROWN:** I’m good.

Thank you, Mr. Chair.

**CHAIR:** Thank you.

Shall the motion carry?

All those in favour, ‘aye.’

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, ‘nay.’

Carried.

On motion, clause 1 carried.

**CLERK:** Be it enacted by the Lieutenant-Governor and House of Assembly in Legislative session convened, as follows.

**CHAIR:** Shall the enacting clause carry?

All those in favour, ‘aye.’

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, ‘nay.’

Carried.

On motion, enacting clause carried.

**CLERK:** An Act To Amend The Coat of Arms Act.

**CHAIR:** Shall the title carry?

All those in favour, ‘aye.’

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, ‘nay.’

Carried.

On motion, title carried.

**CHAIR:** Shall I report the bill without amendment?

All those in favour, ‘aye.’

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, ‘nay.’

Carried.

Motion, the Committee report having passed the bill without amendment, carried.

**SPEAKER:** The hon. the Government House Leader.

I move that the Committee rise and report Bill 20.

**CHAIR:** The motion is that the Committee rise and report Bill 20.

Is the pleasure of the House to adopt the motion?

All those in favour, ‘aye.’

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, ‘nay.’

Carried.

On motion, that the Committee rise, report progress and ask leave to sit again, the Speaker returned to the Chair.

**SPEAKER (Bennett):** Order, please!

The hon. the Member for Baie Verte - Green Bay and Chair of the Committee of the Whole.

**B. WARR:** Speaker, the Committee of the Whole have considered the matters to them referred and have directed me to report Bill 20 without amendment.

**SPEAKER:** The Chair of the Committee of the Whole reports that the Committee have considered the matters to them referred and have directed him to report Bill 20 without amendment.

When shall the report be received?

**S. CROCKER:** Now.

**SPEAKER:** Now.

When shall the bill be read a third time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, report received and adopted. Bill ordered read a third time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Thank you very much, Mr. Speaker.

I move that this House do now recess.

**SPEAKER:** This House do recess until 2 p.m. this afternoon.

### Recess

The House resumed at 2 p.m.

**SPEAKER (Bennett):** Admit strangers.

Order, please!

The hon. the Member for St. John's Centre.

**J. DINN:** This is a moment.

My privilege concerns the lighting here, which is really making it difficult even to look to the

other side or to focus on work. It's three days now trying to adjust to it, and there's no adjustment to it. Even looking straight across, there's a glare coming at me, and I'm assuming that it's the same for a lot of other Members. When it comes to anyone who's light sensitive or prone to other headaches, migraines and so on and so forth, this is not making a conducive work environment.

Personally speaking, if there's a way, as a remedy, to dim the lights or to soften the effect or to reposition them so that they are actually downward, not an angle – because I would assume when it's on this side here, the angle is going this way, that's coming down this way and it's right in our line of sight.

I don't know who put them up there, but maybe they need to be brought back and repositioned or to scatter them in a place so that it's actually facing down and not on an angle.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** I thank the Member for the point of privilege. There is a process. We do ask that point of privilege does get brought before myself an hour or so before the House opens. But I will definitely take your concern under consideration.

If other Members have a similar concern, please drop me an email just to see if it's a general consensus among all Members, or if it's just Members with light –

**AN HON. MEMBER:** (Inaudible.)

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Thank you, Mr. Speaker.

I understand the process, but I would agree with the Member that there may be a remedy. I don't know if it's angle or if it's every second one or something just to try. I know from this vantage point, we can't read the clock on the other side even.

Thank you, Mr. Speaker.

**SPEAKER:** Thank you.

We will take that under advisement. We can look at different things with regard to dimming or potentially changing the angles.

Before we get started, I'd like to first of all recognize and congratulate the new interim Leader of the Third Party, the Member for St. John's Centre.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** Also, now the Third Party House Leader will be the Member for Labrador West.

Congratulations.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** Today we also have a new Page here, Emma McIsaac. Emma is from St. John's and is studying science at Memorial University.

Welcome, Emma.

**SOME HON. MEMBERS:** Hear, hear!

#### Statements by Members

**SPEAKER:** Today we will hear Members' statements from the hon. Members for the Districts of St. John's Centre, Topsail - Paradise, Placentia West - Bellevue, Torngat Mountains and Ferryland.

The hon. the Member for St. John's Centre.

**J. DINN:** Thank you, Mr. Speaker.

In 2002, members of Rotary St. John's East began a partnership with the teachers and staff of Bishop Abraham Elementary to enrich the lives of its 200 students and their families.

Rotary's Christmas hamper project provided full hampers – well beyond the turkey dinner – to 10 families most in need. This initiative transformed into Project 365 to provide food support to families year-round. Steve Wedgwood even visits with Santa each year with milk and cookies for all students.

The annual Slam Dunk Basketball Tournament, organized by the school and sponsored by Rotary, raises between \$5,000 and \$8,000

annually and is the largest fundraiser in the school.

Rotary International Global Grant and Rotary St. John's East installed a \$75,000 school playground dedicated to Rotary's past president, Brian Martin.

With the help of other community partners, Rotary Club essentially adopted Bishop Abraham Elementary and arranged for donations of SMART Boards, band equipment, a new piano and books for the school library, in addition to an annual payment to support curricular and extra-curricular activities.

I ask Members to join me in celebrating Bishop Abraham Elementary and St. John's East Rotary for their enduring partnership to offer more to students, from all walks of life, and their families.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Topsail - Paradise.

**P. DINN:** Thank you, Speaker.

I am honoured to congratulate two talented young musicians: Summer Bennett, 13, and Mackenzie Critch, 16, from the District of Topsail - Paradise who were first- and third-place winners at the Newfound Talent Contest at MusicNL. Talented musicians 19 and under from across the province performed at the event in front of a panel of three award-winning judges.

Aimed at being a catalyst for propelling the careers of young musicians in Newfoundland and Labrador, the purpose of the contest is to discover, develop, encourage and showcase young entertainers. The competition offers professional development prizes valued at over \$6,000 to aid talented young performers so they can take their song writing and performing skills to the next level.

One of the judges, Evelyn Jess, said: Watching these young performers felt like I was watching artists well-beyond their years. The superb talent in our province remains rich and vibrant and I

cannot wait to see how these brilliant musicians will excel in their future careers.

Speaker, I ask all hon. Members to join me in congratulating Summer and Mackenzie and wish them continued success in their music endeavors.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Placentia West - Bellevue.

**J. DWYER:** Thank you, Speaker.

I sit in this hon. Chamber today to show my appreciation for all candidates and their teams during the 2021 municipal elections.

As we all know in this Chamber, it takes a team to be elected; this is not a one-person job. I would like to extend my thank you to all the campaign teams whether it was knocking on doors or ensuring people get out to vote on the big day, you all played a vital role in this election.

I would also like to say thank you to the candidates who were unsuccessful in this previous election, it takes a tremendous amount of courage to step into the public eye. Continue to work hard for your communities and I hope to see your names back on the ballot in the next municipal election.

As for the newly elected and re-elected councillors and mayors in our beautiful District of Placentia West - Bellevue, I would like to share my sincere congratulations. I look forward to working with each and every one of you for the betterment of our towns during our time in office.

Thank you, Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Torngat Mountains.

**L. EVANS:** Thank you, Speaker.

Today, I pay tribute to Rutie Dicker of Nain, Nunatsiavut. Rutie is a soft-spoken role model

with a strong work ethic mirrored only by her compassion for others.

Rutie started working summers in the fish plant when she was 15 years old. During the winter months, she and her sister, Rosie, would find part-time jobs to earn extra money. Her next job was at the Nain clinic where she worked as a nursing assistant for five years. She often translated for those struggling with English but she also translated across the cultural barriers for the nursing staff, improving the level of health care in her community.

In 1995, she started work with the Labrador Inuit Association and continues her work with Nunatsiavut, 26 years later.

She has witnessed much change, not all of it for the better. Throughout her life, Rutie has quietly helped people. Rutie recently told me: When I see people struggling, to ease my mind, I try to help them in any way I can. That sums up Rutie Dicker.

Today, I want to recognize her exceptional attributes, her ability to lead by example. Rutie has suffered great loss. Earlier on, she lost two nieces and two nephews to suicide and then she lost several of her immediately family, most recently her grandson. Rutie speaks about her loss and its impact to her and her community. She recognizes the serious burden that comes with loss and trauma and the importance of dealing with it head on. Don't ignore your grief and loss because it just gets buried; that's what Rutie told me just recently.

Over her lifetime, she's always helped others: that makes her a good role model. She also advocates and practices self-help and healing when dealing with loss and trauma: that makes her a leader.

Please join me today in applauding Rutie Dicker for all she does to make our world a healthier place.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Ferryland.



**L. O'DRISCOLL:** Thank you, Speaker.

I wish to recognize Mr. Bill Guiney for his tremendous work in raising funds and awareness for mental health. Six years ago, Bill started a push-up challenge as a fundraiser for the Canadian Mental Health Association, NL chapter. This has now become an annual event.

The past summer, Mr. Guiney walked across Newfoundland to raise funds and awareness for mental health and incorporated his annual push-up challenge. He began his walk in Port aux Basques on July 20 and finished off on Signal Hill on August 20. He walked the Trans-Canada Highway until Route 90, then onto the Irish Loop from there he went to Signal Hill. Mr. Guiney walked a total of 1,059 kilometres and completed 10 push-ups for every kilometre, for a total of 10,590 push-ups.

Many people joined him from time to time to walk with him along the way. As they walked they talked, and each one of them, at one point or another, opened up and spoke about their own or a loved one's mental health crisis.

Mr. Speaker, I ask all my colleagues of this House to join me and congratulate Mr. Bill Guiney on his work in raising funds and awareness for mental health.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** Statements by Ministers.

**Statements by Ministers**

**SPEAKER:** The hon. the Minister of Environment and Climate Change.

**B. DAVIS:** Thank you, Speaker.

I'm pleased today to recognize October 18 to 24 as Waste Reduction Week in Newfoundland and Labrador.

The Multi-Materials Stewardship Board is celebrating Waste Reduction Week through a popular online composting workshops focused on continued composting through the fall and winter. They also have a digital public

awareness campaign aligned with theme days and Government House was lit blue and green on Monday past in recognition of this week.

This week and every week, we all need to take time to be environmental stewards and raise awareness about the importance of waste reduction.

The provincial government encourages individuals, businesses and schools throughout the province to celebrate Waste Reduction Week and discover alternate ways to advance waste reduction.

The MMSB's website contains valuable tips and resources that highlight waste reduction activities and information that the public can use to reduce waste in our province.

Speaker, we continue to work with the MMSB, regional service boards, businesses and communities to adopt modern waste management practices across the province, including increased waste diversion programs. We have many successful initiatives including extended producer responsibility programs and more to come.

This week, I encourage everyone to do something with friends and family to help reduce waste in our homes and communities. We call all do our part to reduce waste and protect our environment.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Torngat Mountains.

**L. EVANS:** Thank you, Speaker.

I join the minister to recognize October 18 to 24 as Waste Reduction Week in Newfoundland and Labrador. Waste Reduction Week in Canada is an important national campaign that helps build awareness around issues of sustainability and responsible consumption. It encourages choice for more environmentally responsible products and services and promotes actions that divert more waste from landfills, reducing air

pollution, water pollution and land pollution and conserves our natural resources.

We proudly acknowledge the many schools and businesses and communities that are leading the way in our province on reducing waste. Important leaders such as the community of Cape St. George on the Island's West Coast, their backyard composting program reduced waste tonnage in the community by almost over 50 per cent while also reducing local garbage fees in the process.

We are the solution to pollution. I ask all Newfoundlanders and Labradorians to do our part to help reduce waste in our schools, businesses and communities.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Leader of the Third Party.

**J. DINN:** It's going to take a while to get used to that one – interim.

I thank the minister for the advance copy of his statement. I join the minister in recognizing Waste Reduction Week and commend him on encouraging us to be environmental stewards and to do our best to reduce waste and protect the environment. However, if the provincial government is committed to environmental stewardship and to protecting the environment, then act immediately to stop the leaking of the Shoal Point oil wells rather than squabbling with its federal cousins over who is responsible.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Minister of Immigration, Population Growth and Skills.

**G. BYRNE:** Speaker, I'm energized to work with my Premier and my colleagues on a government-wide initiative to respond to our province's serious demographic challenges by encouraging new skills, new talents and new people to call Newfoundland and Labrador their home.

As we know, Speaker, we have our challenges. We have an aging population, we have a declining birth rate and we have a clear and present shortage of people to fill job vacancies which are found all over this province. Unanswered help wanted signs are all around us.

While we continue to invest over \$150 million annually to train and to upskill Newfoundlanders and Labradorians for the jobs of today and tomorrow, this will not solve our demographic reality.

To power up our immigration performance, a suite of initiatives has been launched that extends from promotion to positive resettlement and all of this is meant to reach our goal of receiving 5,100 newcomers a year by 2026. Speaker, immigration is finally getting the resources it needs and deserves. But it's smart public policy that is its strongest driving force.

In addition to opening up new immigration pathways, our government is working directly with employers that are facing skills and talent shortages. We're promoting more awareness of immigration sponsorship as a human resources option and we are working directly with international graduates of both MUN and CNA, as well as other newcomers whom Ottawa has granted open work permits to match them with eager employers.

Our Pathways Job Matching initiative has already proven to be welcomed new tool to advancing our immigration efforts.

Speaker, when we launched our Priority Skills pathway earlier this year, we knew it would be a valuable resource in attracting more health care professionals to our province. Newcomers will not only serve the health care needs of newcomers, they will help serve the health care needs of everyone in our province. This is a win, win, win proposition. Now, with our Job Matching initiative, the needs of our broader business community, our employers, will also be better met.

Speaker, we are a welcoming place in Newfoundland and Labrador and we shall continue to welcome newcomers to Newfoundland and Labrador today and in the future.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Grand Falls-Windsor - Buchans.

**C. TIBBS:** Thank you, Speaker.

I want to thank the minister for an advance copy of his statement.

Speaker, I join the minister in recognizing the need for enhanced immigration to our province and the tangible benefits that newcomers bring to the table.

Among the health care crisis in our province, we are also given a real demographic population crisis. As the Health Accord team has outlined, the monumental shift in our demographics and population as a result of the cod moratorium is still being felt today.

Investments to train and to upskill Newfoundlanders and Labradorians is certainly welcome news. Opening up new immigration pathways to newcomers is certainly welcome news as well. I look forward to hearing updates from the hon. Member on the success of these programs and of any potential to improve population growth right here in Newfoundland and Labrador.

Thank you, Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Leader of the Third Party.

**J. DINN:** Thank you, Mr. Speaker.

I thank the minister for an advance copy of his statement and I applaud any effort and investment to train and upskill Newfoundlanders and Labradorians and support any initiative to attract and retain newcomers to our province.

A key strategy – a retention strategy, of course – of newcomers and livyers alike will be to implement a minimum wage that is also a living wage; otherwise, we are importing workers who will have no choice but to accept poverty wages or move to other jurisdictions for a better standard of living.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** Further statements by ministers?

Oral Questions.

### Oral Questions

**SPEAKER:** The hon. the Leader of the Official Opposition.

**D. BRAZIL:** Thank you, Mr. Speaker.

People in our province experience the highest rate of mortality in Canada due to heart disease and stroke.

I ask the Premier: Since COVID started, how many people have died while awaiting cardiac surgery in our province?

**SPEAKER:** The hon. the Premier.

**PREMIER A. FUREY:** Thank you, Mr. Speaker.

I don't have that number off the top of my head. Certainly, we recognize that we spend the most per person for a province on a health care, more than any other jurisdiction. And we're not getting the results we need. So I share the theme of that question with the Member opposite. That's why we've recognized this is an incredible challenge, and it's a difficult one. There is no easy solution. That's why we created the Health Accord.

But every single Member here was elected not to fix the easy challenges, Mr. Speaker, but indeed to tackle the difficult ones. This is a difficult one that we can all tackle together through using the Health Accord NL to create the long-term, sustainable future that we know is needed for the people of Newfoundland and Labrador.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Leader of the Official Opposition.

**D. BRAZIL:** Thank you, Mr. Speaker.

My thoughts are with the families who've lost loved ones while waiting for critical, life-saving procedures like cardiac surgery.

I ask the Premier: How many people are waiting for cardiac surgery in this province today?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

We have made significant inroads in our cardiology program thanks to the provincial approach that Dr. Connors and his team at the Health Sciences Centre have taken. We have minimum wait times for inpatient cardiac cath of urgent nature, less than a day – maybe a day and a half. We have had periods over the summer where there have been no inpatients waiting for a cardiac cath. We are working downstream now to address the issue of wait times for cardiac surgery and we have a new cardiac surgeon – the first Inuk woman in the country to practise as a cardiac surgeon.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Leader of the Official Opposition.

**D. BRAZIL:** Thank you, Mr. Speaker.

We're hearing from people who are on a wait-list for cardiac services that they may have to wait six to 12 months for a priority cardiac procedure – a procedure that should be done in six weeks; this is simply not good enough.

I ask the Premier: What are you doing to address the crisis in cardiac wait times?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

We're working with Eastern Health, who delivers this service, to ensure wait times are minimized. We have streamlined the flow through investigations through the cardiac cath

lab and now, with the addition of new surgical resources, we are starting to address the backlog.

Whilst the Member opposite asked a question about mortality earlier on, what we do know is over COVID we have, unlike other jurisdictions, seen no excess mortality this year and last year with COVID compared to pre-COVID years, which I take as an encouraging sign, although we will get the data the Member asked for.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Leader of the Official Opposition.

**D. BRAZIL:** Thank you, Mr. Speaker.

I look forward to that data because that's not what we're hearing, unfortunately, for these families.

We're hearing that the wait-list for cardiac surgery could be approaching 200 people. What is more alarming is that the majority of these people are assessed at high priority and should be done within six weeks but, because of the backlog, will likely not get surgery until six to 12 months.

Premier, how is this acceptable?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

Once again, we have added new surgical resources. We have, as I say, Canada's first Inuk cardiac surgeon who is proving to be a huge asset to the backlog the Member opposite describes. In addition, we have a surgeon from Ottawa who comes out on a periodic basis every quarter to provide extra skills.

We are working our way through the list, Mr. Speaker. It did not get generated overnight; it will not be fixed overnight. The priorities on that list are reviewed on a daily basis.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Leader of the Official Opposition.

**D. BRAZIL:** Thank you, Mr. Speaker.

As I'm sure the Premier knows only too well that specialized surgical staff are crucial to heart operations. Some of these hard-to-recruit positions are facing critical shortages that may create further delays in wait times for cardiac surgeries.

I ask the Premier: What is government's plan to address the staff shortages, specifically the technicians who run heart and lung machines that are in critical short supply at Eastern Health?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

That is indeed a very topical question. As of, I think, four weeks ago, the cardiology program there is looking at using the perfusionist in a different way, in a way that matches current best practices. By doing so, we reckon we can increase our throughput using that new style of working by about 25 per cent. Again, that will help support the new cardiac surgeons and the extra surgical staff. We're on that one too, Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Leader of the Official Opposition.

**D. BRAZIL:** Thank you, Mr. Speaker.

It still indicates to me that people are in dire need now for interventions for heart surgery and it doesn't seem to be a plan that will adequately address that in the immediate future.

Yesterday, the Premier said, we need to be bold, be imaginative and create the system for the future of our province. Our Blue Book committed to develop a cardiac centre of excellence to make our province a leader in cardiac care.

I ask the Premier: Will you show leadership and commit to a cardiac centre of excellence so we can improve cardiac care in this province?

**SPEAKER:** The hon. the Premier.

**PREMIER A. FUREY:** Thank you, Mr. Speaker, and thank you for the question.

Certainly, for the hard-working women and men, the perfusionist, the nurses, the cardiac surgeons, the cardiac cath lab, I know them all well. They all work extremely hard. They are performing excellent care.

Can we always be better? Certainly, we can be better. Of course, the Health Sciences Centre, our cardiac program is a tertiary care centre for the rest of the province, so we'll continue to invest in it to ensure that we're leaders across the country, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Leader of the Official Opposition.

**D. BRAZIL:** Thank you, Mr. Speaker.

We all agree that we have some of the best health professionals who give 110 per cent every time, but we need a new creative, bold approach. The Premier is right, but he needs to take the leadership and start that immediately. We gave an alternative that is needed here.

Mr. Speaker, I first wish to commend our front-line health care workers and the department for its diligent work on vaccines and the rollout of the vaccine passport. The vaccine passport has nudged a number of individuals in our province to scheduling and receiving their vaccine, which is good news.

Our office, as I am sure others of the government side, have been receiving a large volume of correspondence from individuals that are not yet eligible for their second dose, or, for a multitude of reasons, need to consult with a physician first.

Due to the lack of physician access in our province and the timelines associated, I ask the Premier: Will he consider postponing the

requirement of presenting the vaccine passport until December 17, the same deadline which public servants are required to be vaccinated?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** The Member opposite raises some interesting points, Mr. Speaker. We are aware that there are some issues; I addressed those in the COVID media update approximately an hour and a half ago, nearly two hours ago.

Essentially, the issue of medical exemptions rests with the college, and we have a dialogue opened with them about the criteria around it.

The issue of wait times for cards and QR codes is being managed and we have put extra resources to it, but the bottom line is your vaccine record will act instead of, and is acceptable in place of, a QR code and they should have that as they get vaccinated.

Thank you, Mr. Speaker.

**SPEAKER:** The hon. the Leader of the Official Opposition.

**D. BRAZIL:** Thank you, Mr. Speaker.

It's fine to outline that, but the question is there are a number of people who took the initiative to get their first vaccine, but they're going to be penalized now while they're waiting for their second vaccine and not be able to be active in society in the same manner, while we have a deadline for civil servants for December 17.

We cannot understand why you would not extend that to December 17 to give everyone who already had their first vaccine an opportunity to be collectively healthy and engaged in our society.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

The vaccine was widely available in this province from June, if not May, of this year. There has been ample time to get that vaccine. We have encouraged, we have educated, we have cajoled, we've gone back and we have encouraged.

The facts of the case are, Mr. Speaker, this is sound public health and we may well be amongst the middle of the pack. We're not the first to do this, we're not the last to do this, but we have given ample warning and ample time and there are vacant appointments at vaccination clinics across the province. There's no excuse.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Stephenville - Port au Port.

**T. WAKEHAM:** Thank you, Speaker.

Now that the Minister of Finance has signalled a wage freeze for salary physicians' budget, I want to ask the minister: How do you expect to recruit and retain family physicians when they're the lowest paid in the country and you're going to have a wage freeze for them?

**SPEAKER:** The hon. the Minister of Finance and President of Treasury Board.

**S. COADY:** Thank you very much, Mr. Speaker.

As the Premier said earlier, we certainly value and appreciate the hard work of the many men and women in our health care that are health care professionals, and I include doctors, nurses, you know, pharmacists and perfusionists in that group. It's a pretty substantive amount of work they've been doing over the last number of years, Mr. Speaker.

I also want to say that a lot of the points that the Member opposite raises are part of the discussions that we are having with the NLMA.

On September 29, we laid before the Newfoundland and Labrador Medical Association proposals around the payment schedule, proposals around blended payment model, around family practice renewal funding, Mr. Speaker; all of that.

We urge the NLMA to come back to the table. They did pause discussions, Mr. Speaker, and suspend negotiations. We ask them to come back.

**SPEAKER:** The Member's time has expired.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Stephenville - Port au Port.

**T. WAKEHAM:** Thank you, Speaker.

When the current Minister of Health was the president of the NLMA, he lobbied hard for Atlantic parity for physicians in this province.

I ask the Minister of Finance: Do you agree with Atlantic parity for our physicians?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Mr. Speaker, I think I would go two routes for that questions. One is the pot of money that is allocated to physician services is \$500 million for 1,332 individuals. The quantum is not unreasonable. The way that money is allocated within that pot is as much down to the NLMA's internal processes as it is as far as government is concerned.

In actual fact, if you look at the weighted Maritime average for salaried family doctors, ours are above the weighted Maritime average.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Stephenville - Port au Port.

**T. WAKEHAM:** Speaker, the Canadian Institute for Health Information indicated that our family physicians were the lowest paid in the country; two-thirds of the physicians in our province are below the Atlantic average.

I want to ask the Minister of Finance or the Minister of Health: In 2002, the Minister of Health said the provincial government is far more interested in the short-term balance sheet than a long-term future of health care.

I ask the Minister of Finance: Are you putting a dollar value on health care in this province?

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

I would go back to the Premier's earlier comments, we have committed to a 10-year accord with Dr. Parfrey and Sister Elizabeth. That work is still in progress. That is not short-termism. In actual fact, that is bold and it spans multiple electoral cycles, Mr. Speaker.

This is the time where we need to make the system work, redesign it, renovate it, rebuild it so we get better health outcomes and not simply throw more money at it.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Stephenville - Port au Port.

**T. WAKEHAM:** Speaker, the Health Accord team have talked about a need for investment of dollars in health care. I'm not hearing that from the minister, who previously in the House said that health care should not be considered a cost, it should be considered a service. I couldn't agree more.

I ask the Minister of Finance: Are you prepared to make the investments in health care that are needed to ensure that 99,000 people in this province get access to a family physician?

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Minister of Finance and President of Treasury Board.

**S. COADY:** Thank you very much, Mr. Speaker.

These are important discussions, as the Premier and the Minister of Health has said. We want a long-term sustainable future for our health care.

We want to make sure that we're making the investments that we need to make. That's exactly what we are doing, Mr. Speaker.

I can say to the Member opposite that we have presented before the Newfoundland and Labrador Medical Association proposals on many of these very key issues, including payment schedule, leave benefits, rural retention, bonuses and the family practice renewal. All of those are before the NLMA.

We encourage the Newfoundland and Labrador Medical Association – who suspended negotiations, Mr. Speaker – to come back to the table so that we can bring forward more discussions on these very important points.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Harbour Main.

**H. CONWAY OTTENHEIMER:** In the Minister Responsible for Women and Gender Equality's mandate letter from the Premier, she was directed to work on the issue of in vitro fertilization in this province, as Newfoundland and Labrador is one of only two provinces that does not have access to a local clinic. It's been eight months since your government promised increased access during the election campaign.

I ask the Minister Responsible for Women and Gender Equality: Why has there been no action on this important issue?

**SPEAKER:** The hon. the Minister Responsible for Women and Gender Equality.

**P. PARSONS:** Thank you, Speaker, and thank you to the hon. Member for the question.

A very important topic, one that we're certainly passionate about on this side of the House. The Member is correct; it is certainly in my mandate letter to work with my colleague, the Minister of Health and Community Services.

As I said yesterday, I'm happy to say that we have committed to an entire review of the system and, currently, there is a program under

way to provide funding to eligible recipients who will have to travel out of province to receive this very valuable service.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Harbour Main.

**H. CONWAY OTTENHEIMER:** Mr. Speaker, work under way, under development – more rhetoric. It has been months since a funding package for in vitro fertilization travel was promised. Families cannot afford to play a waiting game.

I ask the Minister Responsible for Women and Gender Equality: When can families who rely on in vitro fertilization expect action from the government and not more rhetoric?

**SPEAKER:** The hon. the Minister Responsible for Women and Gender Equality.

**P. PARSONS:** Thank you, Speaker, and, again, I thank the hon. Member.

I agree; I think it's safe to say, as MHAs, we've probably all received calls from our constituents about this. I know I did on the campaign trail. As a matter of fact, just yesterday I've had several calls to my office, to the department of Women and Gender Equality.

But again, I want to reiterate our commitment. The Premier is very passionate about this. I certainly am as a woman and as the minister for this very proud office.

Again, it's important to get it right. Like I said, we care committed. Funding will be available to those who are eligible to receive the funding who will be travelling outside to get this service. Again, a full review has been committed of the entire service. We will certainly do everything we can within our fiscal reality.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!



**SPEAKER:** The hon. the Member for Conception Bay South.

**B. PETTEN:** Speaker, in September the minister was blaming annual leave for delays in opening of new long-term care facilities in Gander and Grand Falls-Windsor. Yesterday, the minister's story changed to blaming issues between the contractor and Transportation and Infrastructure.

So I ask the Minister of Transportation and Infrastructure: When are the doors finally going to open?

**SPEAKER:** The hon. the Minister of Transportation and Infrastructure.

**E. LOVELESS:** Thank you, Speaker.

I'm not pointing the fingers at anyone, but I'm disappointed on saying that the doors are not opened to these facilities. But deficiencies have been identified with the building, which is normal practice. I'm okay with saying that. We're dealing with that now instead of when bodies are in that building. We're doing due diligence. We have strong contracts with those companies, and that's a contribution to the *Public Procurement Act* that we have in place as well.

But I'll be holding the contractor's feet to the fire to get those deficiencies dealt with and get those people into those buildings, because that service is badly needed in Central Newfoundland and Labrador.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Conception Bay South.

**B. PETTEN:** Thank you, Speaker.

Speaker, the Premier's Green report recommended a moratorium on any new long-term care facilities in the province. Is this delayed with the opening of new facilities in Grand Falls-Windsor another initiative of the Premier's Green report?

**SPEAKER:** The hon. the Minister of Transportation and Infrastructure.

**E. LOVELESS:** The assertion there, Speaker, is that that is not the case, as the hon. Member mentions. But, as I said, in terms of those facilities, we've been in conversations with Central Health in terms of those two facilities. I am hoping that, in November, Central Health will be given a transitional time frame which people won't be moving into the facility but Central Health will have the opportunity to begin that transitional period.

We're hoping that's going to be in November. I'm looking forward to that and I'm sure the Members representing Central are looking forward to that announcement.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Topsail - Paradise.

**P. DINN:** Thank you, Speaker.

Last month, people of our province were made painfully aware of the heartbreaking situation regarding neonatal medevac flights in our province. Eastern Health has said that it's trying to recruit and train more teams to ensure that they have round-the-clock coverage.

I ask the minister: When was he made aware that the 24-hour neonatal medevac coverage was not available in this province?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

Over the last few years the neonatal transfer team, which is a highly skilled group, averaged six calls a year. That is difficult to maintain the skills that are required, and Eastern Health has endeavoured to try to work to supplement those.

The unfortunate incident in question with the neonatal transfer was a night when three neonatal transports were required within a 12-hour shift. Two were completed; the third received support from the neonatologist virtually at the Janeway to on-site medical practitioner.

We are working to try and fill that gap, but it's going to be very difficult.

Thank you, Mr. Speaker.

**SPEAKER:** The hon. the Member for Topsail - Paradise.

**P. DINN:** I ask the minister: Is there any process to inform the public when critical emergency services, like neonatal medevac coverage, are not available? If not, will he direct health authorities to issues advisories when situations like this occur?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Mr. Speaker, this is an anomaly. It relates to one very specialized, almost quaternary-level service. From our point of view, the emergency services in this province work very hard and provide complete 24-7 cover.

This was a transient, temporary issue and is not an institutionalized problem; however, this particular area will be difficult to cover and Eastern Health has contingency plans to do so. There will be coverage when needed. If you need help, call the ambulance. If you are a physician who needs a patient transferred, make the appropriate call, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Topsail - Paradise.

**P. DINN:** Thank you, Mr. Speaker.

I can tell you when you have a baby, many consider it a miracle; it's a joy. Of course the first hours, the first days, are very critical, especially if the child has issues. St. John's has only one children's hospital in our province and sick neonatal children are some of the most vulnerable people in our province.

I ask the minister: When will 24-hour medevac coverage be restored for sick children?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

To my knowledge, a team is available around the clock. If it's any different, I'll let the Member opposite know.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Bonavista.

**C. PARDY:** Thank you, Speaker.

The emergency room in Bonavista which services the town and local area, some 8,000-plus residents, are now without any doctors on call. This is the largest service population in a province to not have a doctor on call for its emergency room. To be blunt, staff and residents are scared.

I ask the minister: When will the Bonavista emergency room have doctors on call to support both patients and their fellow health care staff?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

Recruitment and retention has been a real issue for this province, particularly in rural areas, going back certainly before my arrival in this province – back to the '50s and '60s. As a consequence, that is where, on Monday, we announced some significant changes and some significant improvements.

In terms of 24-7 emergency care, there are facilities that have challenges with providing that continuity because of staffing shortages, currently. Absent recruitment and retention that fills that immediately there are other alternatives, particularly involving virtual care, which have been very successful.

We will work and continue to work through Eastern Health to fill those gaps.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Bonavista.

**C. PARDY:** Thank you, Speaker.

I only had hoped that those strategies would have started much, much sooner and we wouldn't find ourselves in the position we do.

The Bonavista hospital emergency room was primarily staffed by doctors recruited internationally, but with changes made by the College of Physicians and Surgeons time has now run out. Government knew well in advance that the College of Physicians were making these changes, but we are still in this unfortunate situation.

I ask the minister: What will be the permanent solution for the people of Bonavista?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Mr. Speaker, I have spoken with the outgoing registrar of the college on numerous occasions about the issues she and the college have imposed on international medical graduates. There is nothing I can do, directly. She has the authority and the college has the authority, in statute, to determine who is licensed in this province and who is not.

I can go back on the other question about recruitment and retention. It is really important that now we, collectively, as leaders in this Chamber, start to sell this province as a good place to live and a good place to work. It's becoming a challenge with some of the rhetoric from the other side, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Labrador West.

**J. BROWN:** Thank you, Speaker.

The people of Labrador have to live knowing that they will not receive the same level of health care as available on the Island. Medical travel is a fact of life in Labrador. Local

charities and crowd funding are used to cover failures in Public Health. However, if residents accept local help, MTAP is made harder to access. The form to apply for MTAP states: MTAP is a payer of last resort. They will not provide assistance to travellers who have received private donations or other forms of help.

I ask the minister: Why does the Department of Health direct and scrutinize charitable donations to a patient who is facing costs related to universal health care?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

MTAP is a universal program that is means tested, that is intended to defray costs of travel. It was never designed, in fact or in policy, to be a compensation scheme.

Having said that, we have recognized Labrador has its particular challenges. On April 1 of this year, after discussion with current and previous Labrador Members, we altered the transportation program to allow ease of access for people from Labrador recognizing they have to fly, recognizing some might wish to drive and avail of friends or family for accommodation and per diems. Those are innovative, new approaches to make life a little easier for those people who have to travel from the Big Land, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Labrador West.

**J. BROWN:** Thank you, Speaker.

"Courage, my friends 'tis not too late to build a better world." This is from the man who gave us universal health care, and we can do the same here: Create a better world.

This House voted last sitting, unanimously, in favour of striking a Committee on basic income to review and make recommendations on developing a BI pilot program and other poverty reduction initiatives. Initiatives researched by

the Committee could be instrumental in improving the lives and well-being of the residents of this province.

Will the Government House Leader honour the commitment and strike this Committee?

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Thank you very much, Mr. Speaker.

There are many Committees of this House, whether it's a Social Services Committee or other Committees and we strike Committees from time to time, Mr. Speaker. I've had a conversation with the new Leader of the Third Party and we'll continue to have those conversations as we go forward.

The thing we have to realize is we always had a Committee structure in this House, which always can be used. But I will have more conversations with the Member opposite on the opportunities we may have there around Committees.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Lake Melville.

**P. TRIMPER:** Speaker, when a doctor tells a patient in Labrador that it's urgent that they see a specialist or follow-up care in St. John's, for example, the patient should not have to go through yet another approval process.

Unfortunately, the current policy – this is post tweaks from April – in the Medical Transportation Assistance Program is that that same patient may now have to wait up to an additional 10 business days.

Minister, can we finally establish an efficient and compassionate means of supporting those who require financial assistance to access our health care system?

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

In terms of transportation assistance for anyone in the province, Labrador included, those people who are on income support with challenged means have access to a reimbursement or even a payment-in-advance program. We have on-call social workers, 24-7, who can arrange flights, transportation on their own authority without going any further.

If the Member opposite has had a specific instance where someone requires 10 days for that kind of referral, I need to know about it. I'd love to hear the details, along with consent, obviously, from the individual concerned and we'll look into it.

Thank you very much.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Lake Melville.

**P. TRIMPER:** Thank you, Minister.

It was last week and I'll send you the details.

Moving from health care to highways, I recently heard the minister indicate that he was moving away from the five-year roads plan to a multiple-year plan. While I'm confused by the statement, I do remain committed to securing a solution to fixing the deplorable state of highway 520 between North West River, Sheshatshiu and Happy Valley-Goose Bay. This highway has been identified as a priority and is not improving with age or extensive use.

Minister, can you please inform this House of your plan to fix this important highway?

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Minister of Transportation and Infrastructure.

**E. LOVELESS:** Thank you, Speaker.

In terms of the five-year roads plan, I did make reference to that in the last session of the House and said I'll be doing away with the five-year

roads plan and it will become a multi-year roads plan. I made a commitment to the Member at the time that I would be working with him to identify and deal with those issues that he had, like Route 520, which we made an attempt to do some work there and he's fully aware of that. I will continue to work with him to address those issues that he asked about today in the multi-year plan.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Lake Melville, time for a quick question, no preamble.

**P. TRIMPER:** Speaker, I'd like to see if I can get an update, please, from the minister responsible for dealing with the caribou poaching issue that has been going on in Southern Labrador.

Thank you very much.

**SPEAKER:** The hon. the Minister of Fisheries, Forestry and Agriculture, quick response.

**D. BRAGG:** I'm so excited, Mr. Speaker; I can't get the smile off my face.

The caribou is a major concern, not only in Labrador but also in this province. We're evaluating what's going on there. We're looking forward, Speaker, to meeting with the community leaders in Quebec. As everyone would know, COVID this year, just as we thought we were getting out of it, arranging meetings and getting back into it, we ran into problems where we couldn't sit down with face-to-face meetings.

We're looking forward to when the new federal minister responsible for wildlife gets sworn in, to meet with the new federal minister so we can talk about this, because this needs to be a national effort to control this. This cannot just be done provincially. We need the help of the federal members and our counterparts in Quebec as well, Mr. Speaker.

Thank you very much.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** Presenting Reports by Standing and Select Committees.

Tabling of Documents.

### Tabling of Documents

**SPEAKER:** The hon. the Minister of Digital Government and Service NL.

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order, please!

**S. STOODLEY:** In accordance with section 10 of the Engineers and Geoscientists Act, I hereby table the annual report of the Professional Engineers and Geoscientists of Newfoundland and Labrador on the operations carried out from January 1 to December 31, 2020.

In accordance with section 6 of the Embalmers and Funeral Directors Act, I hereby table the annual report for the Embalmers and Funeral Directors Board on the operations carried out from January 1 to December 31, 2020.

In accordance with section 9 of the *Chartered Professional Accountants and Public Accountants Act*, I hereby table the 2020 Annual Report and financial statements –

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order, please!

**S. STOODLEY:** – for the Chartered Professional Accountants of Newfoundland and Labrador for operations carried out from April 1, 2020, to March 31, 2021.

Thank you very much, Speaker.

**SPEAKER:** Any further tabling of documents?

Notices of Motion.

### Notices of Motion

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Thank you, Mr. Speaker.

I give notice that I will on tomorrow move a motion in accordance with Standing Order 11(1) that this House not adjourn at 5:30 o'clock on Thursday, October 21, 2021.

**SPEAKER:** Further notices of motion?

Answers to Question for which Notice has been Given.

Petitions.

### Petitions

**SPEAKER:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Thank you, Speaker.

The background to this petition is as follows: Route 10 on the Southern Avalon forms a large section of the Irish Loop. This is a significant piece of infrastructure and is the main highway along the Irish Loop. This highway plays a major role in residential and commercial growth of the region.

Therefore we petition the House of Assembly as follows: We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador that immediate brush cutting is required on Route 10, Southern Shore Highway, as large sections of brush along this highway is a significant safety hazard for the high volume of travelling motorist who travel this highway daily. This work is essential in the prevention of moose-vehicle accidents along Route 10.

Speaker, I drive this route – I'm going to say – weekly and going up and down my district from one end to the other is two and a half hours. Now, not all the district is in bad shape in regard to brush cutting, but there are sections when you go from outside of Tors Cove right to Trepassey, in the Town of Trepassey itself, that certainly needs to be done. You have brush that's growing in the roads. If you get in a certain section it's like the road is coming in on top of you with the brush.

It's not the only road in the province, I'm sure of that, but certainly this town, when I look at Trepassey, you're driving in the town and the

Department of Transportation is responsible for the upkeep of the roads and the brush cutting. The alders are growing out over the guardrails. You can't see the guardrails. You can't see the signs. Coming through the park in the La Manche park area there are sections there that the brush cutting needs to be done.

I'd love to have an update from the minister to when some of this is going to be done and when it's in his two-year plan.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Torngat Mountains.

**L. EVANS:** Thank you, Mr. Speaker.

We the undersigned residents of the Province of Newfoundland and Labrador bring to the attention of the House of Assembly the following:

WHEREAS according to the document *The Way Forward on Climate Change* the province is already experiencing the effects of climate change.

Newfoundland and Labrador joined the Pan-Canadian Framework on Clean Growth and Climate Change in 2016, but is not on track to meet the 2020 targets.

Financial costs resulting from climate change will unequally impact municipalities due to the responsibilities set out in the *Municipalities Act, 1999*.

THEREFORE your petitioners call upon the House of Assembly to urge the government to: one, declare a climate emergency; two, establish a task force on decreasing the effects of the climate crisis while building community resilience; and, third, consider climate in all policy and decision-making.

If tabled in the House of Assembly, this petition is a document of the House of Assembly and the name and address of every person who signs it will be available to the public.

Mr. Speaker, I have a little bit more than a minute to actually talk on this petition. We know now that climate change is real and that human activities are the main cause of climate change. I was just looking at an article in *Scientific American* and the title kind of caught my eye. It says “We Are Living in a Climate Emergency, and we’re Going to Say So.” And the subtitle was “It’s time to use a term that more than 13,000 scientists agree is needed.” We are living in a climate emergency and we’re going to say so.

The petitioners want to declare a climate emergency. So you have to wonder now, if you look at the media and you look at government decisions and responses to climate change, why are governments and nations so resistant to using the term climate emergency? I think it has a lot to do with the actual definition of emergency. An emergency is a serious situation that requires immediate action. When somebody calls 911 because they can’t breathe, that’s an emergency. When someone dials 911 because their house is on fire, that’s an emergency.

Looking at governments now, we need immediate action to start the process to stop and reverse climate change. If we don’t do that now and if we don’t respond as if it’s an emergency and declare a climate emergency, by the time the fire truck shows up, the house is going to be burnt down. By the time the ambulance shows up, the person is actually going to have stopped breathing and be dead.

Right now, we need to actually take action.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Minister of Environment and Climate Change.

**B. DAVIS:** Yes, thank you very much, Speaker.

I thank the hon. Member for the petition and I share her concern. Obviously, it’s an important topic, not just for us here in this House of Assembly but all of the future generations, not just in this province or Canada but right across the global community.

I know I don’t have much time left, and I know you’re going to cut me off –

**SPEAKER:** You’ve got 30 seconds. I’ll give you 30 seconds.

**B. DAVIS:** Thank you very much, Speaker.

We have started and completed some of the 45 items in our Climate Change Action Plan. I’ll have more opportunities. I look forward to the Member bringing forward a future petition so I can go through a little bit more of the detail so we can have a conversation on this. My door is always open for the Members, as they know.

**SOME HON. MEMBERS:** Hear, hear!

### Orders of the Day

#### Private Members’ Day

**SPEAKER:** This being Wednesday, I call upon the Member for Topsail - Paradise to introduce the resolution for today’s private Member’s motion.

**P. DINN:** Thank you, Speaker.

As I mentioned two days ago, this resolution is being seconded by the Member for Conception Bay East - Bell Island. So to move the following resolution:

WHEREAS the Parfrey/Davis Health Accord has described the health care situation in Newfoundland and Labrador today as a health crisis, and their assessment is justified: when some 99,000 Newfoundlanders and Labradorians do not have a family doctor; when emergency response personnel cannot respond to people in urgent need because of inadequate resources; when front-line health care professionals are overworked to the point of burnout; when health care professionals are leaving this province because the government does not address their concerns; and when the government has refused to enter into meaningful negotiations with the Newfoundland and Labrador Medical Association, whose contract expired more than four years ago, but is threatening to split the association instead of addressing the doctors’ core concerns, which are

fundamental to physician recruitment and retention.

THEREFORE BE IT RESOLVED that this hon. House urge the government to recognize that there is a health care crisis in Newfoundland and Labrador, and to immediately address this crisis with the urgency the circumstances warrant.

Mr. Speaker, I think this PMR is timely. In fact, I would say it's overdue, given the current lack of action on some very, very key issues.

Now, today I'm hoping, and I expect to hear some thoughtful and practical responses. But I also expect to hear some very sad commentaries on what the residents of our province are facing with regards to health care. I guarantee you – I would bet – that's it not just this side of the House that are receiving those calls and those emails. I'm not talking brief emails; I'm talking four and five pages from doctors, from paramedics and from mothers and fathers talking about kids, talking about their cancers, talking about their ailments and not able to get proper care. Nobody in this House is immune to those calls.

I can tell you since I took on this role as the shadow minister for Health – and we call ourselves shadow ministers, as opposed to critics. Yes, it's our role to criticize at times, but our main role is to hold government accountable. Each and every one of us in this House of Assembly were elected by the people of their districts to serve the people of their districts. I'm sure that's a role we all take very seriously and, in that role, dealing with our health crisis is a huge issue that we have to speak to.

So in my role as the shadow minister for Health and Community Services, I've taken it upon myself – and I suspect everyone has done so in their own roles – to reach out and sit with many of the associations, the agencies and the stakeholders that deal with health care in this province. It's only to sit down and talk; sit down and tell us what's happening from your point of view; tell us what some of your solutions are from your point of view. It's listening. You can hear the words, but unless you truly listen, that's what you have to be doing, and I sit down and listen.

I've met with the Medical Association, I've met with the nurses, I've met with the nurse practitioners, the paramedics and I'm meeting with a couple more groups along the way later this week, including the Health Accord, I might say. I've met with them many times, their town halls; I've attended those. But the common thread, or one of the common threads because there are a couple, one of the common threads throughout is the recognition that we have a health crisis, a health care crisis in the province.

Anyone you talk to when you're trying to solve a problem you first have to recognize you have a problem and then you have to recognize the severity of that problem. I feel like it's an intervention here, an intervention to try and get government to realize the crisis situation in health care here, the extent of the problem and to start acting upon it.

It is great to make some announcements of what we're going to do – we're going to do, we're going to do. You hear talk about short-term solutions, you hear talk about medium-term solutions and we hear talk about long-term solutions. But a key word in our resolution here is to "immediately address."

The Premier talked the other day – I think he used the words: we're ahead of the curve. I don't know what curve he's talking about. I don't know what curve he is talking about. We mentioned our health framework that we put out in 2015, how many of the items in that framework are things that this current government are starting to take on, which I'm glad they're doing that, because I'm not here for rhetoric, I'm here for action.

So it's great to hear that, but if you're aware of that – the response back from the Health Minister was, well, that came from a report that came out in 2011, which makes me ever more upset. If you're aware of that, if you're aware of these suggestions, and regardless to who put them out – the Premier talks about – I'll give you the quote: "I ask everyone to have the courage and the imagination to come up with solutions ...." That was yesterday, and he challenged everybody in this House again yesterday.



These solutions have been there since 2015 and before. Now we're talking about a recruitment and retention plan, when in 2015, in our plan, we talked about a recruitment and retention committee. Who cares where it came from – act.

We look at this resolution: when some 99,000 Newfoundlanders and Labradorians do not have a family doctor – 20 per cent of our population do not have access to a family doctor. That is huge. That needs to be addressed.

The minister mentioned when talking to the paramedics: I can't knit a paramedic. I can't knit a paramedic. Point taken, it takes 18 months to 24 months to train a paramedic. You can announce all the seats you want for nursing, for doctors, for Bachelor of Science: all good, but six years too late to deal with it now, to deal with an immediate crisis now.

When emergency response personnel cannot respond to people in urgent need because of inadequate resources – we have heard from many groups, I've heard from the paramedics, I've heard from nurses out in the Bonavista hospital telling me how people are triaged in the parking lot. How people are taken in on gurneys, are the hallway, being restrained, being medicated and being toileted in the hallways. I've been told by nurses how individuals have passed away in the hallways on those three-inch mattresses – that's their words. That's not mine.

I mean what do you tell people? Even today in Question Period when I talked about Labrador and the issues they face up there. Yes, unfortunate circumstances, and, yes, it's an anomaly, but it's life and death. It's life and death for people.

Just even something as simple as saying: We're going to have a system that will notify people when there's a red alert or when there are no ambulances available. To me, that's not a huge investment, if it's an investment at all, but it's common sense. As my father would say: common sense if not so common.

When the government has refused to enter into meaningful negotiations with the Newfoundland and Labrador Medical Association – I'm not involved in the negotiations there. There are teams in place for that. But when one party to

those negotiations has to pull away and do further consultation, because zero has been put on the table, and, again, I'm not involved in the negotiations but from what they've said, well, that's a concern. That's a concern to me.

When I look at the primary health care framework – just as an example of what we put forward back in 2015, it was a plan for 2015 to 2025, which is only four years away now; yet, we are over six years behind. We talked about fostering increased attachment to primary care teams, that's 2015. Does that sound familiar? It should because that's what's being announced now, six years later.

We also committed to exploring the social determinants of health. When the Health Accord came out – and I applaud Dr. Parfrey and Sister Elizabeth Davis, doing a fantastic job –

**SOME HON. MEMBERS:** Hear, hear!

**P. DINN:** – but it was mentioned in this House like social determinants of health was something brand new. We mentioned this back in 2015. So it's not. It's been there. We talked about ongoing collaboration, which was a huge term tossed about when we had a minority government here and I don't believe we saw anything near collaboration.

We talked about in 2015 in that framework – and look, I don't care who had put out the framework back in '15. My point is it was out there in 2015. We cannot be putting blinders on, saying it didn't exist. And as the Minister of Health said, apparently, there was a report in 2011 with this.

We also talked about implementing recruitment and retention initiatives. That's what we talked about then, and here we are talking about it again. Oh, we're going to start looking at that. It's going to take time. Recruitment takes time, especially when you're battling against many, many others who are looking for the same. It is across Canada, there's no doubt about it. So what do we do differently? What are we doing differently to recruit doctors and keep the doctors that are here, graduating from MUN, and to retain them?

I just looked at a quote here, a piece of data here, because it's been misconstrued. It's been said in this House by the minister how well we're doing on retaining MUN grads. This is Canadian Institute for Health Information: Retention of MUN med grads in Newfoundland and Labrador is the lowest of any province.

My Lord, when you look at headlines, one: "Despite a doctor shortage, this recent MUN grad won't yet practice family medicine in" Newfoundland and Labrador. "Shortage of Physicians 'Multi-Factorial,' says Dean of MUN Medicine."

Mr. Speaker, 99,000 people in the province don't have a family doctor. That's a poll that was done. Recruitment must be co-ordinated, Inkpen. That's a headline. "Family Doctor Fee for Service Model No Longer Viable, says Past NLMA President." That's a headline.

"Welcome to Newfoundland; good luck finding a doctor." That's a headline. Nova Scotia's Physician Recruitment Efforts to Further Challenges in NL, say NLMA." That's a headline. "The health minister says N.L. is 'blessed' with doctors. The medical association begs to differ." And I can on with the headlines.

I guarantee you, this has been around for a while. I know we're not ignoring it, but I'm hoping this Member's resolution will bring some good debate.

**SPEAKER:** Order, please!

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Minister of Children, Seniors and Social Development.

**J. ABBOTT:** Thank you, Speaker, and I look forward to participating in this debate this afternoon on the Member's motion.

The question is: Is there a health care crisis, as suggested by the Member opposite? I know both the Premier and the Minister of Health addressed that in Question Period earlier in the week. But in terms of this debate, do any of the clauses in the Member's resolution, in terms of calling our health care system is in a crisis, when you consider them either individually or collectively,

do they stand the test? I suggest that there's a high degree of hyperbole on the part of the Member and the Opposition.

The Member talked about holding the minister and the government accountable, and that's what I'd like to do with respect to his resolution. Let's start with the reference to the Parfrey and Davis Health Accord, which the Member suggests that they describe the health care situation in Newfoundland and Labrador today as a health crisis.

Well, in fact, when you talk to Sister Elizabeth and Dr. Pat Parfrey, they are participating in the Health Accord process to establish and ask us to imagine a health care system to better deliver services to meet the needs of the people across the province. They have a mandate to deliver a 10-year plan with short-, medium- and long-term goals for our system that better meets the needs of Newfoundlanders and Labradorians. They would not be and would not engage in such rhetoric. They are being proactive, they are being action-oriented, they are involving all stakeholders and they are communicating well what they're doing.

In addition, I think what is in the resolution is the antithesis of fomenting a crisis in our health care system in terms of what the accord is intended to do. They, like most Newfoundlanders and Labradorians, recognize the need to address the well-documented challenges facing our health care system to avoid the crisis in the future.

Secondly, you refer that their assessment is justified when some so-called 99,000 Newfoundlanders and Labradorians do not have a family doctor. Have you asked the question: What's the source of that number? Now, there's no doubt there are many of us without a family doctor. We know what's happened in recent periods, in the past year or two or three. We have increased retirements by family physicians. There's a change in practice patterns by our new and younger physicians, and there are a large number of people, tens of thousands, who have historically not availed of a family doctor or family practice, mainly younger men and women in good health. The actual gap is really less than 99,000, as suggested by the Member opposite.

I would refer you to some Statistics Canada data, which in says in 2019 – the report only came out last year – that the percentage of Canadians without a health care provider, at the Canadian average, was just under 17 per cent. In Newfoundland it was just under 12 per cent, much lower than all western provinces.

There has probably been some movement upwards over the past year or two in Newfoundland's number, but nowhere at the number of 99,000, no matter what way you do the math. If Newfoundland and Labrador has a crisis as suggested by the Member opposite, then so does every other province in this country, and we're not hearing that.

I also want to refer to, within that number, 47.4 per cent of Newfoundlanders and Labradorians felt, one, that they did not need a family physician or a family practitioner, but they usually had a place of care or they didn't try to find one. We have to put the data on access to family physicians in context. Something I've been aware of in my work over the years.

You also need to look at the source of that number when a particular professional organization is in current negotiations with the government and using whatever leverage it can to maximize its position with the public and putting pressure on the government.

I want to go to the next point when you refer to: when emergency response personnel cannot respond to people in urgent need because of inadequate resources. Now, I'm not aware of any reported cases where ER personnel cannot respond. There may be delays, but once they're documented, the department has responded to meet those needs. The Minister of Health referred to that in his announcement last week in responding to the situation on the Northeast Avalon, new resources were provided once there was a documented case to do so. If there was a crisis, there certainly doesn't prevail now.

I want to refer to: when front-line health care professionals are said to be overworked to the point of burnout. That is a concern of mine, if any of our health care workforce could or would be burnt out through their work. Now, given the responses required by COVID, we can readily accept some front-line staff, their managers and

others need to be assured that the necessary support services and human resource policies are in place and that we provide better management of our personnel so that we can achieve better health. That would not lead to a crisis in our system.

These resources are on their way – as, again, Dr. Haggie mentioned – with a plan to make sure we mitigate further human resource challenges. That's what it is. It's a current challenge faced by many employers across the province, and not solely the health care.

I want to refer to the clause when it says: when health care professionals are leaving this province because the government does not address their concerns. There has always been a movement of health care professionals within the province and across provinces, especially doctors between provinces. There is no acceleration in this labour movement in or out. There is no crisis when you think of that particular reality.

I also then want to refer to the clause: when the government has refused to enter into meaningful negotiations with the NLMA, whose contract expired four years ago, but is threatening to split the association instead of addressing the doctors' core concerns, which are fundamental to physician recruitment and retention. Members of the House think of it this way: Negotiations are in their first phase with government already tabling its proposals. Yet, the NLMA has yet to respond. They have chosen – for the short term anyway – to withdraw from those negotiations, which speaks more to their negotiation strategy than suggesting a crisis, just ask any labour negotiator in this province.

So, Speaker, I conclude by rejecting the original motion and propose an amendment as follows:

I move, seconded by the Member for Placentia - St. Mary's, that the private Member's resolution be amended by: deleting the words "Parfrey/Davis"; deleting the words "and their assessment is justified"; replacing the words "when some" with the words "according to the Newfoundland and Labrador Medical Association"; next, deleting the bullet "when emergency response personnel cannot respond to people in urgent need because of inadequate

resources”; next, by adding the word “and” immediately after the word “burnout”; deleting the bullet “when healthcare professionals are leaving this province because the government does not address their concerns, and”; –

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order, please!

**J. ABBOTT:** – and replacing the words “when the government has refused to enter into meaningful negotiations with the Newfoundland and Labrador Medical Association, whose contract expired more than four years ago, but is threatening to split the Association instead of addressing the doctors’ core concerns,” –

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order, please!

**J. ABBOTT:** – “which are fundamental to physician recruitment and retention” with “Government is engaged in negotiations with the Newfoundland and Labrador Medical Association;” replacing the words “that there is a healthcare crisis in Newfoundland and Labrador” with “some individuals in Newfoundland and Labrador are experiencing a health crisis”; and deleting the word “crisis” the last time it appears.

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order, please!

**J. ABBOTT:** The amended resolution would read as follows:

WHEREAS Health Accord NL has described the health care situation in Newfoundland and Labrador today as a “health crisis,” and according to the NLMA, 99,000 Newfoundlanders and Labradorians do not have a family doctor; front-line health care professionals are overworked to the point of burnout; and government is engaged in negotiations with the Newfoundland and Labrador Medical Association.

THEREFORE BE IT RESOLVED that this hon. House urge the government to recognize that some individuals in Newfoundland and Labrador

are experiencing a health care crisis and to immediately address this with the urgency the circumstances warrant.

Speaker, thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** This House will stand adjourned and review the proposed amendment.

### Recess

**SPEAKER:** Order, please!

Upon review of the amendment, I do rule that the amendment is in order.

The hon. the Minister of Children, Seniors and Social Development.

**J. ABBOTT:** Speaker, thank you.

I’m very heartened to hear the ruling because I think it speaks to, as I said, the hyperbole that was in the original motion that really is exaggerating and, I will say in many respects, scaring the population.

I think it works for all of us and certainly for the people we serve if we are seen working together to solve some critical challenges in our health care system. We need to work with the Medical Association. We have to work with the nurses and the nurses association and every other profession. But, more importantly, we need to make sure that the people we serve and the system that is there, designed to provide health care, is supported by this House, by the government, by the health authorities, by the health professionals and by the men and women, literally, working on the front lines.

So the Health Accord, under Dr. Parfrey and Sister Elizabeth Davis, is designed to do just that; it’s to make sure we can address the needs of the health care system, dealing with the social determinants of health, dealing with the acute care system, dealing with the delivery of primary health care services in a cohesive and comprehensive and planned way.

I spent many years with the Health Council of Canada looking at health care systems across the

world and across Canada. One of the things that I was able to bring to those discussions was that each province is unique in the challenges it faces, but, at the same time, we share many of those same challenges right across the country, whether it's the recruitment and retention of family physicians, the recruitment and retention of nurses and in a lot of dialogue between the provinces and the federal government, we're trying to solve those at a national level.

The recent federal election brought forward some of those issues and, certainly, we're expecting with the new federal government, under the Trudeau administration, that we will see more dollars coming to provinces to help them deliver the services that we need and to address some of those challenges.

We have, as the Minister of Health and Community Services has mentioned in the government's first mandate, looked at mental health and addictions, which I was quite familiar with in my previous role with the department, and we have come a long way in addressing the challenges there before it hit a crisis. We are going to do the same when it comes to the acute care system, but, more importantly, when it comes to community care, family practice and addressing the social determinants of health, which underlie the need for many of our health care services.

In my Department of Children, Seniors and Social Development and with the Housing Corporation we are going to be well positioned to address and deliver on those issues once the final plan is presented to government by Sister Elizabeth and Dr. Pat Parfrey.

I am encouraged by the direction that this government is taking, the leadership by the Premier and the Minister of Health and Community Services so that the word crisis gets removed from the vocabulary of this House and in this province.

I look forward to the rest of the debate and I pass it back, Speaker.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Stephenville - Port au Port.

**T. WAKEHAM:** Thank you, Speaker.

I'm a little disturbed by the comments from the Member for St. John's East - Quidi Vidi in the way he describes the facts that we have a shortage of family physicians in this province. Starting off by suggesting that the NLMA is being less than truthful with the numbers that they're putting out there, with the numbers of people in this province that do not have family physicians. I don't think that adds anything to this debate. If he wants to talk about rhetoric then that is pure and simply rhetoric.

**SOME HON. MEMBERS:** Hear, hear!

**T. WAKEHAM:** The other comment he made about the Health Accord – again, I'm a long ways away so maybe I didn't hear it correctly, but he seemed to imply that the Health Accord didn't call it a health crisis. Well, if you want to enter it into evidence or whatever you want to do here in the House, one of the slides from the recent deck that they presented certainly talked about and quoted on the top: health crisis. So that is right from the slide deck of the Health Accord team. If that's the case, they certainly acknowledged that we are in a health crisis. So let's get that out of the way.

Let's talk for a minute about what makes up a crisis or how it's defined. A crisis is sometimes defined as a difficult or dangerous situation that needs serious attention. Let's focus on those two words: difficult and dangerous.

I would argue that many people in this province, when it comes to health care, are in a difficult and dangerous situation, whether you want to put a number on it, but I will tell you it's not just in districts on this side of the House. Maybe it's not in the District of St. John's East - Quidi Vidi, but there are thousands of people in this province that do not have a family physician.

**SOME HON. MEMBERS:** Hear, hear!

**T. WAKEHAM:** They are in a difficult situation. There are thousands of people in this province who have been waiting months and sometimes years for a procedure to be done.

They are in a difficult and, in some cases, dangerous situation. So again, let's focus on them. Tell the people in my district, tell the person who is number 450 on the cardiac lab wait-list in outpatients that they're not in a difficult situation. Tell that to the individual in my district who's waited over a year to have cardiac surgery that he's not in a difficult or dangerous situation. In his mind, he's in very much a dangerous situation.

We should never undermine what people's thoughts are and how they feel about their own individual health situations, because we are here to help the people of Newfoundland and Labrador and that's what our message should be. That's what our focus should be. That's why it's very, very important that we talk about where to next.

The Health Accord is going to lay out a long-term vision for this province, including looking at the social determinants of health. One of those, as the Member for St. John's East - Quidi Vidi fully knows, is social housing. In my district alone, there are over 100 people on the wait-list for Newfoundland and Labrador Housing. I can only imagine how many across this province are waiting for social housing. If we're going to improve people's social determinants of health, we're going to have to invest and more investment in that.

Let's talk about the water. We've talked about water a lot in the last couple of days. Again, the minister talked about the improvements they've made; good stuff. But there are still lots more to be done – lots more to be done. In my district again, communities with no water, and I know of other districts around the province with no water. Again, a social determinant of health: access to good water.

There are lots of things that need to be done. But if I talk about the family physician situation, we've again talked about the need for community teams. We've talked about that. We promote that concept, but part of those community teams involve physicians. If our family physicians are not competitive with those in Atlantic Canada, then we have a challenge in maintaining and recruiting more. I would argue that.

So I want to ensure that when the negotiations – you're ongoing and dealing with the NLMA, don't pigeonhole yourself into a dollar value. Talk about the services that are needed in each region, in each district. Talk about how you need to fill those services. And then at the end of the day when you get that figured out, fund it. But don't start off by talking about what you're not going to do.

That is a fundamental, principal error that this government is making by talking to the NLMA and saying what they're not going to do. That is not the way to negotiate; that is not the way to help the crisis that we currently have in Newfoundland and Labrador; or it is not the way to solve a difficult or dangerous situation.

So again, those are things. Now, we also know that nurse practitioners are a very important part of a community team. In a lot of cases right now if we didn't have nurse practitioners in our province taking the place of GPs, especially in rural parts of the province, we'd be even in a worse bind. But those nurse practitioners, we've come a long way; I'll acknowledge that. But there needs to be more incentives.

How come a nurse practitioner – and I'll give an example of a lady in my district who called me up and said: I have to pay for health care now. And I said: What do you mean? She said: I now have to pay \$40 to see my nurse practitioner. I said: Why? Because I no longer have a family physician. I can't get an appointment to see a nurse practitioner in the clinic. Another lady called to say that the Bay St. George Medical Clinic operated by Western Health, that she called looking for an appointment with a nurse practitioner and they said: Unless you were a previous client of a doctor in that clinic, we're not going to take you.

So how do we fix that? We know that it's going to take time. But there are shorter term solutions. Maybe if the health authorities have a surplus in their salaried physician budgets because they no longer have salaried physicians and the shortage of them, maybe the nurse practitioners can bill the health authority instead of billing the patient.

I know we don't want to go down the road of a fee-for-service model because that's one of the things – and I don't disagree with government –

that they're trying to change. The NLMA want to change that model and how it's funded. The Minister of Finance has talked about all those initiatives. But again, boxing themselves in by saying that we're going to put a dollar value on it, before you even talk about the service needs. Again, that's somewhere we need to look at and we need to know how we're going to get there.

We've talked a lot about the college and the challenges with the new assessment program that's put in place. In some other provinces, they're actually supporting foreign-trained doctors to prepare for work in exchange for a return in service. We talked about a pilot project here. We need more than a pilot project. We need a project and a program that's going to continue to provide coverage for the people of Newfoundland and Labrador.

No matter what category of health care you want to talk about, we have people in difficult or dangerous situations. When a person with a heart attack in medevac cannot get flown out, is that not a dangerous situation? When a person requiring dialysis in Goose Bay is told, sorry, we're closed, is that not a dangerous situation? There are so many more examples.

When it comes to the whole Medical Transportation Assistance Program, and my colleague from Lab West talked about it again today, there have been improvements made. Let's acknowledge that. But there's so much more to be done, and I think it's high time that we stop putting a price tag on people's health and say: Once and for all, whether you live five miles or 500 miles from the tertiary care centre, if you need to get there, you won't have to worry about how you're going to get there or how much it's going to cost you; we got your back.

**SOME HON. MEMBERS:** Hear, hear!

**T. WAKEHAM:** Because we have your back on this side and we will have your back.

That's the kind of initiatives that can be undertaken immediately. Immediately, those changes can be made. So the whole bureaucracy of applying for approvals, filling out travel claims and all of that can be eliminated.

Let me tell you another story, while I have a few minutes, about a gentleman in Goose Bay when I was there. They didn't have any urologists in St. John's, a shortage of urologists in St. John's, so they allowed people to travel to Nova Scotia. So as a health authority we looked after everything and all their needs: We booked their flights, we booked their hotels, we gave them their money for their meals and they had the best services ever.

He came in one day looking to go back to Halifax again to see the urologists, but by this time they had recruited urologists in St. John's. All I could tell him was: Sorry, I can't help you; you have to go through MTAP.

Now, we're talking about services and delivery of services across the province. Those of us that live in rural Newfoundland and Labrador know we're not going to have everything in our communities, but we understand that if we have to travel, then government should be there to help us and to make sure we're able to get to those appointments on time. That's what health care should be about.

When it comes to a primary health care model, it's about the full team. So let's not leave anybody behind when it comes to the full team. Let's make sure that, at the end of the day, we have the right people in the right place, and that includes family physicians. It includes allowing nurse practitioners to maybe find a different way to practice independently so people in this province don't have to call up and pay \$40 to see a nurse practitioner because they no longer have access to a family physician.

I know exactly what they're talking about, Speaker, because my family has no family physician, and there are lots of us scattered throughout all of this province. I would argue on that side of the House, in those districts that you represent, there are lots of people that have no family physicians. Whether it's 90,000 or higher or lower, that's not the point. The point is there are a significant number of Newfoundlanders and Labradorians without a family doctor.

A crisis is defined as a difficult or dangerous situation that needs serious attention. We cannot wait for the Health Accord team to finish their work. The minister talks about short-term

solutions; we need more of them. We need simpler things that can be done immediately that can impact people's lives and open up services.

I have to ask the question: When did a telephone become virtual health care?

**SOME HON. MEMBERS:** Hear, hear!

**T. WAKEHAM:** I'd like to know when a telephone became virtual health care.

We understood during the midst of COVID that there was a need – and it has a place. But it should not be the thing that replaces the actual visitation to actually see a person in person. Whatever needs to happen to make that go back and fix in a way that makes it so that family physicians have a way of practicing that can work that allows people to be seen in person and spend the quality time with the people that need it, that have chronic disease because, right now, that's not happening.

I think there are solutions and I hope that government is going to sit down with the NLMA and find them. But, again, there are lots of people in difficult or dangerous situations in our province and if that's not a crisis then I don't know what is.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Placentia - St. Mary's.

**S. GAMBIN-WALSH:** Thank you, Speaker.

I graduated from the General Hospital School of Nursing in 1990. I worked primarily as a neonatal nurse but I also have experience in psychiatry, palliative and long-term care nursing. Often I get asked why I left the profession and would I go back. I left because I was injured and I would love to go back. There was never a day or night that I did not want to be a nurse. That, Speaker, is true for most nurses who work in this career.

The motto for nursing is: Every day is one more accomplishment. A bachelor's degree is now the minimum requirement for entering registered

nurses to work in Newfoundland and Labrador and master's degrees are becoming more common.

There are over 5,300 registered nurses and nurse practitioners in the province in all parts of the health care system. These nurses and nurse practitioners are represented by the Registered Nurses' Union. The RN Union of Newfoundland and Labrador is a strong, unified voice for our nurses. Today, nurse practitioners make up 3.5 per cent of the practicing registrants in Newfoundland and Labrador.

In '20-'21 licensure year, 222 College of Registered Nurses of Newfoundland and Labrador received a practicing nurse practitioner licence. This represents a 42.3 per cent increase in the number of nurse practitioners compared to five years ago.

Speaker, our government recognizes the vital role that nurses play in Newfoundland and Labrador health care. A lot has changed since I graduated in 1990; in fact, a lot has changed over the last 10 years. That is why after assuming the role of Premier of Newfoundland and Labrador, Dr. Furey appointed Health Accord NL.

Health Accord NL was created by our government to look at our current health care models and to reimagine the health care system to best deliver services so that we can better serve people in communities across this geographically challenged province. We are a province of many small rural communities with an aging population. The work of Health Accord NL includes consideration of how physicians and other health care professionals work together to meet the province's health care needs both in hospital and community settings.

We recognize that front-line health care workers need support in staffing so they are not working 24-hour shifts. We understand that we must ensure that health care professionals can work to their full scope of practice. Therefore, we must implement short- and medium-term initiatives to improve access to health care services in Newfoundland and Labrador, immediately, to build a foundation for Health Accord NL's recommendations. We must work to find ways to reduce health system costs while improving



services to meet the health needs of individuals, families and communities.

Speaker, we must continue expanding the number of primary health care teams throughout the province, improving the scope of practice for health care providers, increasing the number of nurse practitioners and licensed practical nurses to provide care in our communities and filling vacant positions in the regional health authorities.

On October 18, our government committed to strengthening the health care system. Our government knows and appreciates the dedication and hard work of our health professionals in this province. Doctors, nurses, paramedics, pharmacists, personal care attendants, social workers, psychologists and all of our health professionals rise to the occasion each and every day. Their care and compassion throughout the pandemic has been exceptional.

People in Newfoundland and Labrador, like people everywhere, want to lead healthy, productive lives knowing that access to appropriate quality health care is available to them when needed. We know we have challenges in our health care system. Some have been prevalent for some time and require significant change. Some are related to our aging population and how we live and still others have arisen from the pandemic.

We also know that none of us can tackle these challenges on our own. Rather, we need a collaborative approach to finding solutions that benefit us all.

Recruitment and retention of physicians and other health care professionals are ongoing issues for many jurisdictions, not only in Canada but around the world. The situation here in Newfoundland and Labrador is no different. We know team-based care is best for patients. Students are being trained to work in interdisciplinary teams. We know working in teams provides greater job satisfaction. We will ensure that health professionals who wish to work in teams have opportunities to do so.

The Minister of Health and Community Services recently announced our commitment for a request for proposals for development of a

health human resource plan. As our population ages and our demographics change, we need to provide the right care for residents in the right place at the right time by the most appropriate provider.

To assist in meeting this goal, we will be issuing a request for proposals for the development of a health human resource plan for the province. We will work with the Workforce Readiness Working Group of Health Accord NL and will be creating a stakeholder committee to provide input on the request for proposals. The successful proponent will be required to conduct extensive engagement with stakeholders.

Speaker, we recognize and have confirmed that we understand the need for more RNs, LPNs and PCAs in Newfoundland and Labrador. Our government has made a commitment to further increase the number of graduates from the licensed practical nursing programs by 40 per cent and the personal care attendant programs by 20 per cent.

In 2020, we increased seats in the licensed practical nursing program by approximately 90 per cent. We increased seats in the personal care attendant program by approximately 70 per cent. We commit to further increasing the number of graduates from our licensed practical nursing programs by 40 per cent and personal care programs by 20 per cent.

Our government is committed to increase the Bachelor of Science in nursing program seats by 25 per cent; offering of the Bachelor of Science in nursing program in Happy Valley-Goose Bay, Gander and Grand Falls-Windsor, beginning in September of 2022 through the implementation of a rural program with remote teaching.

Speaker, we have all experienced two very difficult years, and our government employees within the Department of Health and Community Services have been working around the clock to keep us safe. We all know that COVID-19 is real. We all know that it has taken immense resources to address it. Yet our government is working and has been working to address health care concerns in Newfoundland and Labrador.

My son, who is an individual with autism spectrum disorder and epilepsy, lost his family doctor in December 2020. And, yes, for me as his mother, this is a crisis. But we have found ways to address his needs and we will continue to work with the resources available to us such as 811 HealthLine, when needed, until we can get a new family doctor for him.

The provincial government's focus remains the continuous improvement of the health care system in conjunction with stakeholders that supports our health profession workforce and better health outcomes for the residents of Newfoundland and Labrador.

Speaker, as a past minister of WorkplaceNL, I had the honour of working with individuals who were front-line workers: RCMP officers, RNC officers, paramedics and firefighters who work day in and day out on the front lines, protecting and helping the residents of Newfoundland and Labrador. On December 4, 2018, I announced amendments to the *Workplace Health, Safety and Compensation Act* to include presumptive post-traumatic stress disorder coverage for all workers, which was effective July 1, 2019.

Our government understands the value of mental health supports. We are committed to mental health supports for paramedics. Our government understands the unique mental health challenges often experienced by our province's first responders and is committed to providing programs and services to help address these issues.

We currently have a suite of evidence-based e-mental health programs and services available free of charge across the province. DoorWays walk-in counselling clinics are available in over 60 locations province wide. The provincial Mental Health Crisis Line and the Provincial CHANNAL Warm Line are both available seven days a week.

However, aside from the current resources available, we have heard what paramedics have said about the need for customized mental health supports. To that end, we are working with Eastern Health, NAPE and other partners to find ways to tailor more dedicated supports to meet the needs of front-line paramedics and other front-line responders 24-7. This includes such

measures as an exploration of increased or modified services through the CHANNAL Warm Line.

Speaker, we have made significant investments in recent years to establish training programs for paramedics in this province. We recognize the recruitment and retention challenges that exist in paramedicine. Minister Haggie will be working with Minister Osborne, as the minister responsible for the College of the North Atlantic, to facilitate increasing the supply of primary care paramedic seats and/or offerings at the college. This will benefit both public and private ambulance operators in the province.

There's also been recognition of the value to health care delivery in urban and rural areas of the province through the expanded use of advanced care paramedics' level of care. A review has been conducted of the required allocation and training needs to perform such functions as assistance in emergency departments, non-urgent care in communities and a plan has been prepared. There are currently 63 annual training seats for primary care paramedics in the province; over four training sites. There are 24 advanced care paramedics in training at the College of the North Atlantic here in St. John's, and an extra 12 seats will be added.

Speaker, access and availability of physicians in our province are of utmost importance. All medical personnel, those who care for each and every one of us at our most vulnerable time when we are ill or injured, are of utmost importance. Our government recognize the need for improvements within the health care system province wide, our government established the Health Accord and our government is committed to the well-being and health of Newfoundlanders and Labradorians.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Terra Nova.

**L. PARROTT:** Thank you, Speaker.

Two years, I guess, we've been here now and I've never been so confused in all my life and I don't know what the difference is or the disconnect –

**AN HON. MEMBER:** (Inaudible.)

**L. PARROTT:** If you got something to say, say it out loud.

Either government doesn't get a call from their constituents, they don't hear from doctors, they don't hear from nurses, they don't hear from front-line health care workers or they don't listen to them. Because I can tell you, everyone on this side of the House are inundated with phone calls about doctor shortages, about nurses overworked, about red alerts, about ambulances not even being available – forget about red alerts; just not being there.

But we don't have a crisis. That's hyperbole according to the Member for St. John's East - Quidi Vidi. A crisis is a time of intense difficulty, trouble or danger. Now, you think about the people in our lives, our family members, our friends, our constituents, our co-workers and you tell me that that definition doesn't apply to what's happening in our health care system today. We are in a crisis. Make no mistake about it.

**SOME HON. MEMBERS:** Hear, hear!

**L. PARROTT:** More amusing, the Premier came in here yesterday and said he only ran because of the state of health care. Today, it's not a crisis. He ran because of the state of the health care; today, it's not broken. Makes no sense.

The Minister of Health said this morning he knew about doctor shortages here in the '50s and '60s, we were failing to recruit long before he got here. He got elected in 2015 and he bragged – he boasted today about the initiatives that he put in on October 18 – two days ago.

Where have you been for the last six years?

**SOME HON. MEMBERS:** Hear, hear!

**L. PARROTT:** If anyone thinks that this is new, they're wrong. So we can talk about

numbers coming from Stats Canada or whatever, but I'll put something in perspective here. These numbers may not be 100 per cent accurate but they're as close to accurate as we're going to get.

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order, please!

**L. PARROTT:** Well, listen, we just say it.

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order, please!

**L. PARROTT:** According to the NLMA there are 99,000 people without a doctor but none –

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order, please!

**L. PARROTT:** – in the District of Carbonear, not one.

**SPEAKER:** The hon. the Member for Terra Nova.

**L. PARROTT:** It's great to see that health care and people without doctors is funny. It's great to see that.

Newfoundland has 521,000 people, close to 100,000 without a family doctor, 19.2 per cent. Not the Member for St. John's East - Quidi Vidi, he quotes stuff in 2019. It's 2021. I lost seven doctors in my riding in the last 10 months, not one replaced. So tell me how accurate your numbers are, Sir? Not good.

Nova Scotia: 971,000 people; 70,000 without a doctor, 7.2 per cent. They have a crisis folks. We don't. Nineteen per cent versus 7 per cent; crisis versus no crisis. You tell me who's right and who's wrong.

On a daily basis I hear from doctors and nurses. We've talked to the NLMA. I've talked to the Newfoundland and Labrador health boards, several times, four times to be exact. Every time they've used the word crisis. It's in their slide deck. It's in the words they use. It's in their approach with their public consultations. It's in

everything they say, and they say they don't have a fix for the immediate crisis, they're looking for long-term solutions – long-term solutions not short term.

This PMR is about short-term solutions and guess what? They're not here. They're not here. When somebody broaches this subject, and it's been broached in this House several times over the last three or four years – two years for sure – about the shortage of doctors, physicians, specialists, nurses being overworked, all that stuff, the answer has always been the same. Not the case, our medical system is robust. We're positioned. We can look after this. We got things under control. Guess what? The only person who is saying that is our Minister of Health – the only one.

The NLMA says we're in a crisis. The nurses say we're in a crisis. The patients and the constituents that call me, that can't get a doctor, say we are in a crisis. The paramedics say we are in a crisis; not only the ones that work for government but the ones that work for private enterprise: they are in a crisis. They're overworked. They're underpaid. They're understaffed. They don't have a life. And guess what? You guys say we're not in a crisis. As a matter of fact, you put forward an amendment to say we're not in a crisis.

We are in a crisis, make no mistake about it. If you don't believe me, go out on the front steps and see the young girl she sits there every day with the mental health issues and have a conversation with her. If you don't believe her, go to the Waterford; go to the hospital in Clarendville. Better yet, go to Bonavista tomorrow and maybe get involved in an accident and go to the virtual ER that happened by accident. It didn't happen on purpose.

If this government was so big on virtual ERs, they should be boasting about that. Instead, it was hidden away. We got that from nurses that are afraid to go to work because there is not a doctor on call. Shameful. Absolutely shameful.

If it is such a good initiative, you'd be bragging about it. You wouldn't be trying to hide it away. So guess what? Bonavista is in a crisis. Clarendville is in a crisis. Gander is in a crisis. You're not hearing that, are you? Not a peep.

Grand Falls-Windsor: crisis. Bishop Falls: crisis. We're in a crisis folks and do you know what? Until we admit that and we address it, it is never, ever, ever going to go away.

We can talk about recruiting doctors, and I was happy to hear the Member for Gander say yesterday that we had to recruit the family unit. I've said for years, that's one of the things that we're missing out on. It's a big deal, but we're about six years too late – six years too late. October 18, 2021, look at what I just announced. Shameful.

What do we do in the interim? We sit back and we look for ways to avoid accepting what we've done wrong. I'm not saying that this happened in the last six years. It's happened over a long period of time. But guess what? You guys promised to fix it.

In six years you ask yourself this question: Are we better off right now than we were in 2015? I can tell you the answer. The answer is no. What's the one commonality? There is one commonality: we've had the same Minister of Health for all of those years and not one thing has changed. There has been lots of opportunity.

When we talk about crisis, you try and get blood work done. When we talk about crisis, you try and get an x-ray done. Everything is based on appointments and time out. You tell a person that has cancer that they can't go get a blood test done today. Do you think that doesn't create a larger crisis in their lives? Well, you're wrong, 100 per cent wrong.

At every turn I take, no matter where I am in this province, the number one thing I hear about is our health care situation. I hear about it from my friends that are doctors, I hear about it from my friends that are nurses and I hear about it from my friends that are sick. But I also hear about it from my constituents and I hear about it from complete strangers who look at me and say: Hey, aren't you the MHA? Yeah. How do I get a family doctor? How do I get a family doctor? If you don't think it's global, I tell you what now, my mom is up in Labrador. My dad passed away a year and a half ago and she wants to retire and move back to Newfoundland. Do you know why she's not coming? She can't get a doctor.

I've got people who've immigrated to this country, two, three years ago in my district, they cannot get a doctor, yet we're going to try and encourage people to come here. We're telling them come on, we're going to grow this economy. How are we going to grow an economy if we can't treat our ill? If we can't do the simplest thing that we promised people, how do we make things better?

Well, I can give you the first step, acknowledge that there's a problem, and that has not happened. Not for a second. It's like a turtle going back into its shell every time someone says it. We're right, you're wrong, there's nothing wrong, everything is good.

Anyhow, Mr. Speaker, I could go on and on and on. I'm going to defer to the Member for St. John's Centre.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Leader of the Third Party.

**J. DINN:** Thank you, Mr. Speaker.

Yesterday, I asked, as a condition of supporting the sugar tax, if the other side would support the re-establishment of the all-party committee on guaranteed basic income. I was told and I quote: To be blunt, we don't need your support. So you'll forgive me if I don't trust your rhetoric about how we need now to work together to somehow co-operate and need to be seen to be working together. I don't buy it.

**SOME HON. MEMBERS:** Hear, hear!

**J. DINN:** It's rhetoric.

This government has become more interested in deflection. Why else would you introduce last minute, stop-gap measures on the day the House of Assembly opened, introduced last minute, stop-gap measures? Why would you be so interested in changing the PMR of the Opposition so that it basically minimizes the crisis? It affects negotiations.

I can tell you right now, listening to the rhetoric about negotiations, I was the head of an association, of a union, and I can tell you when a

union walks out of negotiations it's not because it's a friendly pause, it's because they're getting nowhere. They've realized that, they're getting nowhere.

So the whole notion about negotiations and consultation has a very different meaning for government than it does for unions. I can tell you that right now.

This affects real people. I here have an email from a specialist who takes time to double as a family doctor – takes time as a specialist, a rheumatologist, because her patient doesn't have a family doctor. Crisis? Because there's more than one. A doctor who met with me when I was first elected, who was facing retirement and, rather than retire, tried to find a doctor to help her maintain the practice so that she could carry on, and could not find a doctor. Eventually, she was going to retire; advertised and could not get a doctor. Every patient there was without a family doctor at the end of that. She's gone; where are they?

I know in the months leading up to this sitting of this House of Assembly, I can tell you one thing, I had more calls from people looking for doctors. I turned to the Department of Health; directed to clinics that weren't even set up yet. So tell me that it's not a crisis. To minimize it, I think, is an injustice to those who are struggling both in the profession and those who are looking for it.

Yesterday, two questions I could not get a commitment from the Minister of Health or the Premier to follow the recommendations, to implement the recommendations of the Health Accord NL. That does not inspire confidence. It tells me that they're already preparing to walk away because it's going to cost too much to make the changes.

With that, Mr. Speaker, I just had to say that. I can tell you right now, if you're look for co-operation then you need to start coming up with something meaningful. Stopgap, last-minute Liberal measures are not going to cut it.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

It's great to hear the passion and enthusiasm from the other side. One of the reasons for the amendment was, in actual fact, the original motion was factually inaccurate and, as such, was not supportable. The issue about who refused to enter into meaningful negotiations, as the Member who just spoke recently pointed out, it was the NLMA who broke off negotiations. Our door remains always open.

To deal with the substance of the PMR, the spirit of it, we agree with. There is an issue, we have acknowledged it, we have recognized it and the issue about action and being timely is really crucial. It's unfortunate, so far, that the Opposition haven't recognized the activity that has gone on. We met with stakeholders, we have listened to them, we have responded to the paramedics and we have an excellent working relationship with the RNU. There was a plan outlined on Monday which does address short-term measures to deal with the issues around access to primary care.

There is a recruitment and retention piece. One of the challenges around recruitment and retention that it's actually getting worse with the rhetoric and media coverage. We're actually creating a self-fulfilling prophecy, Speaker. We have a crisis in those families who cannot access health care.

I'm not minimizing that at all. We have a situation, however, across the entire country where health care systems have been challenged beyond any predictable point by COVID. We see the similar sorts of debates in the legislature in Quebec yesterday. We have seen debates like this in New Brunswick. In PEI, yesterday the Opposition spent a lot of time discussing access to primary care for Islanders there. We are not alone.

But if we are ever to recruit our own graduates, keep our own talent, we have to change the channel. This House needs to lead by example. If we are not prepared to come up with solutions and this side of the House is – and we've seen

some of them. It is the beginning, not the end. If we are not collectively prepared to come up with solutions, our efforts are going to be diminished by perpetually having to counter misinformation in the public around the true state of the health care system and the opportunities to change it.

Recognizing the problem is part of it. We've done that. Acknowledging that there are solutions and committing to work towards them in a collaborative way is the only thing that will get us out of this. I've not heard that from the Members opposite. I have heard a lot of passion, a lot of heat, but no solution and no desire to come to the table.

A stark contrast, Speaker, a stark contrast –

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order, please!

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order!

**J. HAGGIE:** – to the approach of the unions. We have seen immense co-operation from the RNU, for which I thank them and welcome them regularly to the table. We have had significant collaboration, input and co-operation from NAPE and from the others of the health care workforce who represent workers.

We have actually, despite the rhetoric, a good working relationship with the Medical Association. Staff and myself meet with representatives on a regular basis outside of negotiations. The challenge that we have is that we are in –

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order, please!

**J. HAGGIE:** – collective bargaining – for want of a better term – with the Medical Association, and they have taken a breather to consult their membership on our offer. And I'm really delighted they have done that.

I am really keen for them to get back to the table, we have a lot of common ground for agreement and I think there is a great prospect

for movement. Again, I would encourage all Members of this House to recognize the problem but equally recognize that inflaming the situation with inappropriate comments and factually incorrect motions is not going to make the situation any better. Even if they don't come up with any solutions, the least that they can do is stop making it worse.

With that, Speaker, I'm going to close my comments.

Thank you very much.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Topsail - Paradise will now close debate.

**P. DINN:** Speaker, I don't know where to start here. I really don't. I think it's shocking. It's appalling. It's outrageous. It is insulting. Not to us, but to the people we represent. When we bring forward a private Member's resolution to have some discussion here and the Member for St. John's East - Quidi Vidi hijacks it and goes off with an amendment that takes valuable time away from us having a good discussion on the merits of the PMR.

**SOME HON. MEMBERS:** Oh, oh!

**P. DINN:** Mr. Speaker, again it is appalling that the Members across the way are chatting and laughing at a more serious situation here. That is appalling and that is shocking.

**SOME HON. MEMBERS:** Hear, hear!

**P. DINN:** You said you're going to listen; try it – try it. Because you're not listening to the members of society in this province who are in a crisis situation. Life and death for a lot of these people. I'm not here about rhetoric. I'm not here listening to the Health Minister talk about us not giving solutions. If he listened to my first talk on this, if you go back to *Hansard*, I offered solutions; I told you where to find solutions. So don't come here talking about rhetoric. We're here to do a job; we're here to work for the people of the province and make it a healthier place. We're not here to play politics.

**SOME HON. MEMBERS:** Hear, hear!

**P. DINN:** You know when we get into looking at this and saying take Parfrey and Davis out of it. Whether that makes a difference or not, I don't know, not an issue.

When the Member for St. John's East - Quidi Vidi says the so-called 99,000 people without a family doctor. That's offensive to the NLMA.

Then you're talking about meaningful negotiations. That's what you do, you start tossing barbs out. That's meaningful negotiations? That's going to help the negotiations?

To be splitting hairs and haul up another stat that says 13 per cent or 12 per cent. It's still 60,000 to 70,000 people without a family doctor. It doesn't matter how you roll it, it's all deflection.

I said in my opening piece about getting the blinders off. They're after putting on a blindfold. They're just not seeing it – not seeing it. It's ridiculous.

I'll go down through what they have here: deleting a bullet. Now, listen to this, deleting a bullet: when emergency response personnel cannot respond to people in urgent need because of inadequate resources. Delete it. They want that deleted.

Everybody in this House is aware of people who are in urgent need of help. I spoke to the Medical Association, the paramedics, the nurses, the nurse practitioners, everyone; everyone talks to inadequate resources. We hear it in this House.

We've talked about neonatal; lack of resources is the issue.

We've talked about the ambulances, and they've already acknowledged they're going to bring in three new ambulances. Is that spare ones or is it because of lack of resources?

Airlift out of Labrador, I don't know how to speak to that, but it's a lack of resources. I would go so far as to say lack of respect.

**SOME HON. MEMBERS:** Hear, hear!

**P. DINN:** Red alerts: How many times have we heard red alerts? Is that because we have an abundance of resources? No. That's because all the resources are taken up. Now, the Minister of Health might call it an anomaly or just, you know, an unfortunate incident. It's still a lack of resources.

Delete: when health care professionals are leaving this province because government does not address their concerns. They want that deleted. I already went through some headlines in the paper; young doctors leaving this province because they can't get their concerns addressed. They must be liars; they can't be telling the truth. Why would they leave the province if everything is hunky dory here?

**SOME HON. MEMBERS:** Hear, hear!

**P. DINN:** Why would they? Young professionals leaving the province because they don't have the supports here. And they want that deleted?

Is that a cover up? Is it deflection? Is it total ignorance to the facts? Are you not listening?

Then we look at, my Lord, getting rid of the word crisis. Replacing the words: that there is a health care crisis in Newfoundland and Labrador. They want that replaced with: some – some individuals in Newfoundland and Labrador are experiencing a health care crisis. Some is defined as a small amount or number of people.

Think about that, now, a small amount or number of people. Now, if I take the 12 per cent or 13 per cent the Member for St. John's East - Quidi Vidi used, that's still about 70,000 people, so small number.

We've heard questions today in the House on cardiac patients. We heard comments on ambulances. I know everybody on this side of the House is getting the calls. I'm getting the calls. They are very sad calls. I don't disagree that the health care system in this province needs work and it's a hard portfolio to carry. I don't disagree with any of that. But when you look at six years, eight years, whatever, it's time to act.

I applaud the Member for Placentia – let me get it right here. I got you on the list here somewhere.

**B. PETTEN:** Placentia - St. Mary's

**P. DINN:** Placentia - St. Mary's.

I thank you for your service as a nurse and all front-line workers. I don't think any of us have anything bad to say but the utmost respect for all our front-line workers and what they're doing, not an issue.

The Member gave a good overview of what's being done by government or what's there or what's been announced in the last few days. She mentioned the word commitment quite a bit. She mentioned the word recognize quite a bit. She also agreed that action – I believe her words were: we need to act immediately. Right now, we have commitments. There are things that we should have been doing yesterday, should have been doing six years ago. There are things that we need to act on immediately.

As I said in my preamble, this is not about taking credit for anything. That's what I said, you can go back and check *Hansard*. I'm not here for brownie points. I really believe we need to work collaboratively together. When I speak to the issues that we presented in our framework, I don't care who put it forward, but act on it. Take it and run with it, I don't care.

To say we haven't offered solutions. Now, where's the rhetoric? To say we haven't offered solutions. They're there. To say my door is open come on over.

I take my role as shadow critic for Health very seriously. I've gone out and met with many groups. I don't put words in their mouth, I sit down with them and I say: Tell me, what's your view of health care? Okay, tell me, what are some of the solutions? I'm not necessarily agreeing with them all. But if I'm going to do my job, I'm going to find out what everyone thinks and move forward. I've gotten a lot of good information over the last little while from all these groups.

We seem to be struggling on crisis. I believe we're in a crisis, I do. That's me. I think



recognizing that and recognizing the degree of that is what helps you come up with solutions and how immediate those solutions are.

I've learned in this House we all get passionate. As the Member for Gander said and acknowledged the passion that we get on speaking on this – and I'm sure every one of us are very passionate. I understand we get caught up in the game of the House, but I think this is too serious an issue.

I can't support the amendments here. I just think it's a plain, outright insult to the issues that we're trying to address here. Debating over whether some individuals or whether it's a crisis or whose figures we used. I just think unless government is hiding some exit survey on data in terms of who's leaving the province – I haven't seen it, and why they're leaving, and doctors.

The Minister of Health mentioned a little while back that there's no mechanism for attaching patients to family doctors. So we don't know who's attached and who isn't. That's not a criticism. I would take that as a fact. So we need to do work; we need to get a grip on what the true issue is.

I do understand from the Member for St. John's East - Quidi Vidi it's part of negotiations. I'm sure the NLMA – everyone puts out their least offer and you work towards it. I'm very familiar with negotiations. But I think if we go into everything confrontational, if we go into everything with rhetoric, if we go into everything not letting someone have one up on you, we're not going to solve anything. We're going to drag issues on longer than they should. Even if we say some individuals are experiencing a health crisis, that's a health crisis, regardless, for that individual. The calls I get, and I know our Members get, it's a crisis. It's terrible, some of the stories we hear.

I really hope to put this – well, it's not my PMR; it's our PMR. I support it. We support it. I was hoping it would generate little bit more discussion in terms of solutions and a way forward and being more collaborative. However, we took this detour. And that's all perfectly above board here. That's all above board. I can

appreciate everyone with their approach that they take to it.

I think, going forward, if anything now that's come out of this is you have to realize that we are, and I'm sure everyone in this House are –

**SPEAKER:** Order, please!

It's now 5 p.m. (Inaudible.)

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** Is it the pleasure of the House to adopt the amendment to the resolution?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

**SOME HON. MEMBERS:** Nay.

**SPEAKER:** Carried.

On motion, amendment carried.

**SPEAKER:** Is it the pleasure of the House to adopt the amended motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

**SOME HON. MEMBERS:** Nay.

**AN HON. MEMBER:** Division.

**SPEAKER:** Division has been called.

Call in the Members.

### Division

**SPEAKER:** Order, please!

Are the House Leaders ready?

Is it the pleasure of the House to adopt the amended resolution?

All those in favour, please rise.

**CLERK (Barnes):** Steve Crocker, Lisa Dempster, John Haggie, Gerry Byrne, Tom Osborne, Siobhan Coady, Pam Parsons, Sarah Stoodley, Andrew Parsons, John Hogan, Bernard Davis, Derrick Bragg, John Abbott, Brian Warr, Elvis Loveless, Krista Lynn Howell, Paul Pike, Scott Reid, Sherry Gambin-Walsh, Lucy Stoyles.

**SPEAKER:** All those against the motion, please rise.

**CLERK:** David Brazil, Barry Petten, Paul Dinn, Lela Evans, Tony Wakeham, Chris Tibbs, Craig Pardy, Helen Conway Ottenheimer, Lloyd Parrott, Joedy Wall, Pleaman Forsey, Loyola O'Driscoll, Jeff Dwyer, James Dinn, Jordan Brown, Eddie Joyce, Perry Trimper.

Speaker, the ayes: 20; the nays: 17.

**SPEAKER:** I declare the amended resolution carried.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** It be Wednesday, in accordance with Standing Order 9(3), this House do now adjourn until tomorrow, 1:30 p.m. in the afternoon.