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Speaker: Honourable Perry Trimper, MHA

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The House met at 1:30 p.m.

MR. SPEAKER (Trimper): Order, please!

Admit strangers.

Interesting – I was going to welcome some folks to the public gallery but I don't see them.

AN HON. MEMBER: Admit strangers.

MR. SPEAKER: We have admitted strangers.

Well, let me announce them so that when they show up we'll be sure to recognize them. Hopefully, in the public gallery today, we will be welcoming Helen Sinclair, Skye Taylor and Mojca Bas from the Association of Early Childhood Educators of Newfoundland and Labrador. As well, we hope to see Valerie Collins and Jennifer Newman from Family and Child Care Connections. They are all joining us today for a Ministerial Statement.

So when we get that Ministerial Statement, we'll have an extra round of applause.

Statements by Members

MR. SPEAKER: For Members' statements today, we will hear from the Members for the Districts of Ferryland; Conception Bay South; Fogo Island - Cape Freels; St. John's Centre; Baie Verte - Green Bay.

The hon. the Member for Ferryland.

MR. HUTCHINGS: Mr. Speaker –

SOME HON. MEMBERS: Hear, hear!

MR. HUTCHINGS: It's great to be here.

Mr. Speaker, on Saturday, November 17, I had the pleasure of attending the annual dinner for the Trepassey Volunteer Fire Department and recognize their continued commitment and volunteerism to the people of the region.

At this event, I was honoured to present service awards to two outstanding volunteers. Gerard Ryan has served for 30 years as a firefighter with the department and giving unselfishly to his community and residents.

Ken Molloy has served for an amazing 45 years with the fire department. He has volunteered his time and experience, and has given back to his community by providing protection and securing the well-being of residents when called to do so.

The hours that each firefighter volunteers gives peace of mind to the residents of the region and ensures they have someone to rely on in the event of a fire or of any type emergency. I want to also recognize the partners, spouses and family members for all those that serve with the Trepassey Volunteer Fire Department for their continued support.

Mr. Speaker, I ask all Members of this House to join me in congratulating Gerard Ryan and Ken Molloy for their many years of service, and all the members who have served in the past and serve today.

Thank you very much.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Thank you very much.

The hon. the Member for the District of Conception Bay South.

MR. PETTEN: Thank you, Mr. Speaker.

This past Saturday, I had a very enjoyable evening attending the Royal Canadian Legion, Branch 50, 48th anniversary Veterans Dinner and Dance in Kelligrews.

On the heels of Remembrance Day, it was nice to attend this celebration and recognize Legion Branch 50 and what they do to support veterans and their families. The work they have done and continue to do in our community in educating our youth and helping us all remember and respect the sacrifices of those before us is immeasurable.

There were several awards presented on Saturday, and a special recognition Lifetime Member Award was presented to Mr. Gerry Kelly. He is 85 years young and was a member of the Queen's Own Rifles Military. He has

chaired the Poppy Campaign for Branch 50 this year and, as a matter of fact, for many, many years prior. Mr. Kelly is also a Life Member of Hockey NL and, as a matter of fact, attended this year's meeting in Gander.

Mr. Speaker, I ask all hon. Members to join me in congratulating the Royal Canadian Legion, Branch 50, of Kelligrews on their 48th anniversary and wish them all the best in their future efforts to assist the veterans and people of Conception Bay South.

Thank you.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for the District of Fogo Island - Cape Freels.

SOME HON. MEMBERS: Hear, hear!

MR. BRAGG: Mr. Speaker, I rise today to recognize over 400 dedicated volunteers who are on call 24/7, serving over 40 communities within my district.

This strong group of volunteers are our neighbours, friends and our family members. Because of their efforts, we have 20 volunteer fire departments stretching from Tilting all the way to Hare Bay. They give us comfort on wicked windy nights when everyone else is tucked in.

I recognize the challenge of being a volunteer firefighter in my rural district, where most emergency response calls involve family members and friends. Our first responders are the backbone of our communities. They go above and beyond to serve.

It's the time of the year where most departments host their annual banquets. On Saturday, I attended the 40th anniversary of the Seldom Fire Department.

I want to take this time to thank each and every firefighter in my district of Fogo Island - Cape

Freels. Thank you for the service you provide and the comfort you bring to our communities. As a lady from home once said, "On a wonderful bad night, I'm glad you guys are there."

I ask all Members to join me in applauding these dedicated volunteers.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for the District of St. John's Centre.

MS. ROGERS: Thank you, Mr. Speaker.

How do you sum up a person's life in one minute? Mary Gillingham, of Froude Avenue community, died yesterday morning at the age of 96, a tiny feisty woman with a huge presence, definitely the matriarch of the family. Mary lived with her sisters Bertha, who passed away last year at 83 and her 91-year-old sister Hannah for over 50 years.

The sisters came from a hard-working family who moved to town from Whitbourne area, then called the Moorlands. Not able to read and write, Mary left school early to help the family. She did odd jobs in service, taking care of others, and made a solemn promise to her mother on her deathbed that she would take care of her sisters.

The Gillingham sisters were a team so interdependent they finished each other's sentences. Everyone in Froude Avenue knew them. Their lives mirrored a certain time in the history of old St. John's that is gone. It has been a joy to have known Mary. She will be missed by her community, her sister Hannah, her home care team and cats Fluffy and Tippy.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for the District of Baie Verte - Green Bay.

MR. WARR: Mr. Speaker, a simple definition of leadership is the art of motivating a group of people to act towards achieving a common goal. He or she is the person in a group that possesses the combination of personality and leadership skills that makes others want to follow.

Anaconda Mining Vice-President, Allan Cramm, a fourth generation miner, is a shining example of what I just described. He is an innovative leader and an out-of-the-box thinker who has been at the forefront of the growth and development of Anaconda.

His leadership has taken pioneering ideas such as selling the waste rock from the gold mining operation as a construction aggregate product. It's these ideas that have Allan's co-workers witnessing how one person's ingenuity can effect positive change.

His leadership has seen so many young workers return to the Baie Verte Peninsula and has found ways of challenging them to grow the local economy. Mentors like Allan Cramm are critical to advancing the mining industry in Newfoundland and Labrador.

Allan was recently recognized as an honorary member in the organization of Professional Engineers and Geoscientists of Newfoundland and Labrador.

I invite all my hon. colleagues to join me in congratulating Allan Cramm on this well-deserved recognition.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Statements by Ministers.

Statements by Ministers

MR. SPEAKER: The hon. the Minister of Justice and Public Safety.

MR. A. PARSONS: Mr. Speaker, I rise in this hon. House today to recognize November 18 to the 25 as Restorative Justice Week. Tomorrow, with our community stakeholders, we will proclaim this week, showing our continued support for this growing movement.

I am also pleased to be bringing greetings tomorrow night at a panel discussion at 7 p.m. at The Lantern in St. John's. Organized by Relationships First: Restorative Justice in Education Consortium, the panel will explore the role of restorative justice in supporting healthy communities.

Mr. Speaker, restorative justice focuses on addressing the harm caused by crime, while holding the offender responsible for his or her actions. It provides an opportunity for the parties directly affected – victim, offender and community – to identify and address their needs in the aftermath of a crime. It is a philosophy that believes in the necessity of maintaining relationships.

This government strongly believes in restorative justice and recognizes that we need to find innovative ways to address the number of people incarcerated. Just last week at the Federal, Provincial and Territorial meetings of Justice and Public Safety Ministers here in St. John's, my counterparts and I committed to increase the use of restorative justice, acknowledging the critical role restorative justice can play at all stages in the justice system.

The Department of Justice and Public Safety is exploring initiatives like electronic monitoring, bail supervision and adult diversion programs, as well as looking at options to expand the Family Violence Intervention Court. And, we will soon have very much more to say about the Drug Treatment Court.

Mr. Speaker, I ask all hon. Members to join me in acknowledging Restorative Justice Week, and I look forward to continuing the efforts to address access issues and improve interactions within the justice system.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: I applaud the minister's statement and thank him for an advance copy.

I'm pleased to hear the minister acknowledge the need to do more; to promote the application of restorative justice principles, which do not diminish people's responsibility for the crimes they commit, but address the needs of victims and the community and rehabilitate those responsible so they can better integrate back into the community when they have served their penalties.

When we hear of crimes alleged committed by people who are known to the police or have breached an undertaking, we realize more needs to be done to restore and rehabilitate people before they return to the community, for their sakes and public safety.

I hope the minister's plans to do more for people who are incarcerated include action on a new corrections facility, better care for mental health and addictions, and a public inquiry into deaths at our correctional facilities. This has to include real action on electronic monitoring, bail supervision, adult diversion, expansion of the Family Violence Intervention Court and the long-awaited Drug Treatment Court.

Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MS. ROGERS: Thank you, Mr. Speaker.

And thank you to all those folks involved in the restorative justice movement who have educated both government and the public about restorative justice and have lobbied this government long and hard to incorporate restorative justice into our justice system.

It is interesting that government is now considering electronic monitoring, bail supervision, adult diversion and expansion of the Family Violence Intervention Court, all programs that were in effect years ago. It is time to relaunch them, and bravo to all those involved.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Before I recognize the minister, I would like to recognize five visitors in our public gallery. We have joining us today for this Ministerial Statement, Ms. Helen Sinclair, Skye Taylor and Mojca Bas from the Association of Early Childhood Educators of Newfoundland and Labrador, as well as Valerie Collins and Jennifer Newman from Family and Child Care Connections. They're all joining us for a statement.

Welcome to you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Minister of Education and Early Childhood Development.

MR. HAWKINS: Thank you, Mr. Speaker.

I rise today in this hon. House to recognize November 20 as National Child Day, a celebration of children's rights.

The Members of this House of Assembly are wearing blue ribbons today to recognize National Child Day, which commemorates Canada's adoption of two documents focused on children's right: the United Nations Declaration of the Rights of the Child and the United Nations Convention on the Rights of the Child.

National Child Day demonstrates our commitment to ensuring all children are treated with dignity and respect. This commitment includes the opportunity for children to have a voice, to be protected from harm, to be provided with their basic needs, and to have opportunity to reach their full potential.

Mr. Speaker, this past Friday I had the opportunity to tour the new Pumpkin House Child Care Centre in Happy Valley-Goose Bay, scheduled to open in spring of 2019. With a contribution of more than \$905,000, through the Child Care Capacity Initiative, the new 93-space child care centre will mean greater child care capacity in the community.

As a government, we recognize that child care plays a vital role in the healthy development of children and the well-being of families throughout Newfoundland and Labrador. We remain committed to enhancing access to

quality, affordable, early learning and child care opportunities through *The Way Forward* and the Education Action Plan.

In December of 2017, our government and the federal government signed a three-year bilateral agreement on early learning and child care that allocated just over \$22 million over three years to Newfoundland and Labrador for early learning and child care investments. This funding is assisting the development and implementation of innovative approaches to address early learning and child care challenges through subsidies, grants, bursaries and professional learning opportunities. In addition, as of April 2018, the additional 180 space target for the Operating Grant Program was achieved.

Mr. Speaker, I ask children, parents, early childhood educators, teachers and Members to join with me in celebrating National Child Day. Working together, we can ensure that we are acting in the best interests of the child while ensuring that children have the right to primary consideration in all economic, social and political decisions that impact upon them.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Conception Bay East - Bell Island.

MR. BRAZIL: Thank you, Mr. Speaker.

I thank the minister for an advance copy of his statement. When Canada ratified the United Nations Convention on the Rights of the Child in 1991, our country made a commitment to ensure that all children are treated with dignity and respect. This commitment includes the opportunity for children to have a voice, be protected from harm, be provided with their basic needs, and every opportunity to reach their full potential.

National Child Day is the celebration of children as active participants in their own lives, in communities and as active citizens who can and should have meaningful contribution in the decision-making process. Our children are our future.

As Members of this hon. House, we have a duty to defend and protect our society, not only for the present but for our children and their future. The Official Opposition stands with the minister and the government in encouraging the public to celebrate National Child Day.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's East - Quidi Vidi.

MS. MICHAEL: Thank you very much, Mr. Speaker.

I, too, thank the minister for the advance copy of his statement. National Child Day underscores Canada's adoption of the UN recognition of children's rights, including the right for all children to achieve their potential.

It's nice to hear the minister say government is committed to enhancing access to quality, affordable child care, but this won't happen for every child without a fully funded and regulated public child care system available to all children who need it. It won't happen until quality child care is affordable for all parents currently challenged by the cost of this essential service.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you.

Further statements by ministers?

Oral Questions.

Oral Questions

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

MR. CROSBIE: Mr. Speaker, when asked in this House, following the breach of Husky's ice management plan, the minister said there was a huge penalty to Husky by having to stop production.

Is the Premier concerned that his minister's opinion, that no penalty was needed, may bias the C-NLOPB in this current oil spill?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

First of all, I want to congratulate and thank the minister for the work that she's done with her staff in the last few days.

SOME HON. MEMBERS: Hear, hear!

PREMIER BALL: Mr. Speaker, what has happened on Thursday of last week with this recent oil spill is certainly something that is a priority and a concern for all of us to deal with.

Mr. Speaker, I take this opportunity to point out the role of the chief safety officer. There's been some confusion about the role that that person would play. Coming in 29(b), the recommendation from Justice Wells back a few years ago, that is an independent officer. The position and the statements, and the position that officer takes is not influenced by the board and it's not influenced by the conservation officer.

So there's a fair amount of autonomy that's there independent, even though they share the same office, its location, but his views and comments are independent of that of the board.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: Mr. Speaker, to the best of my knowledge, the safety officer does not impose penalties, the board does.

C-NLOPB regulates our offshore industry on behalf of the provincial and federal governments. Given this, has the Premier reached out to his federal counterparts to discuss the issue?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: First of all, Mr. Speaker, there's an investigation that's ongoing. Coming from that investigation there will be a number of recommendations, we would anticipate.

The minister said quite clearly yesterday its position of this government. When the

recommendations are back we will do whatever it takes to make sure that offshore safety, first and foremost, is a priority of this government.

At the time of implementation of Recommendation 29(b), it was Justice Wells himself who said that he was pleased and felt that 29(b), that recommendation, could actually do the service that's required based on the recommendations that he had made in the inquiry that he presided over.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: To the Premier, when Husky failed to follow its ice management plan the province lost revenue through oil royalties. Now Husky's oil spill has caused all four fields to shut down production and a further loss to our royalty revenue.

I ask the Premier: Will you recommend to the C-NLOPB that Husky pay for its oil spill and replace the lost revenue to the province?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

Well, the Leader of the Opposition, I'm really pleased with the fact that he's asking questions about what happened on Thursday. Yesterday, that wasn't his approach. Today, we're very pleased to be able to stand here, because it is a concern for all of us. But I will tell you, Mr. Speaker, the number one concern for this government is not the loss of revenue, it's the safety of our workers offshore.

SOME HON. MEMBERS: Hear, hear!

PREMIER BALL: Mr. Speaker, I would also say to the Leader of the Opposition, that the revenue is not lost at this point. The oil is still there, Mr. Speaker, but we're going to focus on the investigation. We're asking the C-NLOPB, which regulates on behalf of the province and the federal government, to get the investigation started. Coming out of that will be recommendations, Mr. Speaker, and we will all learn from this recent spill.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: Mr. Speaker, we on this side operate as a closely-knit team, a concept maybe foreign to the other side.

Because of the oil spill, all four facilities shut down.

I ask the minister: What is the financial impact of the shutdowns of the four facilities on the Treasury?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

Well, I'm not going to let the Leader of the Opposition talk about a closely-knit team. This is a government that's working on behalf of the province, working on behalf of Newfoundlanders and Labradorians.

Speaking of a closely-knit team, if he was so close, why did your president resign last week?

SOME HON. MEMBERS: Hear, hear!

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

Order, please!

MR. CROSBIE: Not everybody, Mr. Speaker, is a team player.

SOME HON. MEMBERS: Hear, hear!

MR. CROSBIE: When that arises, action gets taken.

When the SeaRose was shut down because of failure to follow its ice management plan, the minister would not tell us what the impact was on the Treasury. This province is now losing revenue through no fault of Newfoundlanders and Labradorians.

So I ask the minister: Who will pay?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

Well, I can tell you one thing, before anyone pays we're going to make sure that safety is a priority. That is our focus right now.

I'd like to remind the Leader of the Opposition, that oil is not gone. That oil will be there and pumped at a later date but only extracted from the ground at that resource when it's safe to do so, Mr. Speaker. We have concerns about what happened last week. That's the reason why the investigation will be done.

Speaking of a close-knit team, you talked about how close you are, how come you weren't in communications with your president? Because I was actually in my district last week and he said that your administration or your caucus wasn't going in the direction that he thought you would.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Order, please!

The hon. the Opposition House Leader.

MR. HUTCHINGS: Thank you, Mr. Speaker.

Mr. Speaker, all four oil production facilities were shut down because of the oil spill recently spoken to. Hebron has since returned to production, is our understanding.

Can the minister provide an update on Hibernia and the Terra Nova FPSO?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you, Mr. Speaker.

Again, I will emphasize safety and environmental protection is the focus and the paramount focus of this government. And I'll say that is what we've been focused on the last number of days since last Wednesday when we knew the storm was coming.

Mr. Speaker, Hebron has resumed production. The other installations will resume production when it's safe and when they are ready to do so.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Opposition House Leader.

MR. HUTCHINGS: Thank you, Mr. Speaker.

I wonder if the minister could advise us: Have ROVs now examined all the subsea infrastructure of both of the FPSO vessels?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you for the question.

The remote operating vehicle spent yesterday looking at the flow line for the SeaRose, the Husky FPSO. That was the priority, to look at the flow line to ensure there was no further leak, and I can confirm that was what the remote operating vehicle did find, was that it was what they call a batch spill, an instantaneous spill that occurred because of a faulty – because of a weak link on the flow line, which is there as a safety issue around ice management.

Thank you.

MR. SPEAKER: Thank you.

The hon. the Opposition House Leader.

MR. HUTCHINGS: Thank you very much, Mr. Speaker.

Recognizing the type of weather we had and the reference was it was some of the worst weather on the planet at the time: Does the minister think it's appropriate for the Terra Nova FPSO to be examined as well in regard to flow lines to ensure that the safety, both from an environmental and worker protection safety, should be completed and completed immediately?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you very much for the question.

I will say this; there is a safety and environmental protection plan that must be

followed by all operators. There is a chief conservation officer, as well as a chief safety officer, Mr. Speaker. They will make the determinations as to what is required to ensure the safe and environmental protection of our environment.

Thank you.

MR. SPEAKER: The hon. the Opposition House Leader.

MR. HUTCHINGS: Thank you, Mr. Speaker.

A lot of questions in the last couple of days about an oil production facility and when it's shut down because of an oil spill.

I ask the minister: Can she inform the public today, what steps need to be taken to be completed for production to resume after that shutdown?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you, Mr. Speaker.

As I indicated yesterday, we do have a chief conservation officer, we do have a chief safety officer with C-NLOPB that is there; very important positions to ensure the safety and environmental protection.

They monitor with the operators, obviously, the safe and environmental protection of the offshore. There is a plan in place that is part of the operating licence of the operator. So in order to be able to have a good operating licence, you have to have this plan in place. The plan is the responsibility of the operator, in conjunction with the C-NLOPB, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Opposition House Leader.

MR. HUTCHINGS: Thank you, Mr. Speaker.

So I'll ask the minister: The operating plan for the licensed operator, was that followed in the last number of days?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you, Mr. Speaker.

That is indeed what is under investigation, whether the protocols in place were followed and whether they're adequate for future. We will take the information that the investigation is going to present to us, Mr. Speaker, and determine. If protocols weren't followed, I'm sure there will be reaction by the C-NLOPB to Husky. If they were followed – what more must we do to ensure the safe and environmental protection of our offshore?

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Opposition House Leader.

MR. HUTCHINGS: Thank you, Mr. Speaker.

I understand what the minister is saying from the long-term, to make sure there are amendments made, but the concern now is the immediate and these wells functioning out there today.

So any activity that caused this spill, what immediate action is going to be taken today to ensure it doesn't happen tomorrow, next week or next month when we have similar weather conditions? What are you going to do to ensure the safety of the workers and the environment today?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you, Mr. Speaker.

An excellent question. We're going to, as this government has been doing, continue to monitor what's been happening with C-NLOPB; ensure that the processes that are in place for the safety and protection of our environment are there.

We're going to make sure the chief safety officer continues to have paramountcy over decisions that are made in our offshore. We're going to ensure that the chief conservation officer is protecting our environment. We hold them to account. They will continue to be held to account. We will make sure that if the

protocols were not followed, then they must be followed, and if the protocols were followed, that better protocols are in place so this doesn't happen again.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Opposition House Leader.

MR. HUTCHINGS: I agree fully with the minister, Mr. Speaker, but if the protocols weren't followed, we need to act today to make sure what happened in the past number of days doesn't happen tomorrow, next week or next month.

The CEO of the C-NLOPB says it is the responsibility of operators to shut in and restart when it's safe to do so, and that permission is not needed from the C-NLOPB to restart operations.

So I ask the minister: Will she advocate through the province's representative to give the C-NLOPB additional overnight so that companies will have to receive permission in order to resume production in similar situations?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Mr. Speaker, over the last number of days the chief conservation officer or the chief safety officer, the CEO of C-NLOPB, myself as minister, and I know federally, have been engaged. We are making sure that everything that must be done in our offshore for safety and environmental protection is being done.

I know the chief conservation officer and the chief safety officer have been in constant contact with operators around the world. Operators do have the safety and environmental protection plans. If there's something new or better that we can do to ensure that nothing happens in our offshore, we'll continue to do so, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Opposition House Leader.

MR. HUTCHINGS: Thank you, Mr. Speaker.

Yesterday, I asked the minister if she would indicate to find out if SeaRose had a controlled or an emergency shut in.

Minister, have you determined what happened in regard to stop production, whether it was immediate or whether it was planned?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you, Mr. Speaker.

Here's what I understand about the SeaRose. It was taken as a precautionary measure. The shut in was taken as a precautionary measure following the safety and protocols that are required. It was a precautionary measure that was taken based on the sea state at the time.

I can inform the House that the Terra Nova was already shut in because of a planned maintenance. Hibernia didn't need to shut in based on its plan. It did shut in on Friday because of an issue with something offshore on one of their lifeboats, and that Hebron was shut in due to the weather.

Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MR. PETTEN: Thank you, Mr. Speaker.

According to Husky, 11 oiled seabirds were found up until Monday evening.

I ask the Minister of Environment: Can the minister provide an update on the impact to sea life?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you very much, Mr. Speaker.

As we've been saying over the last two days, immediately upon this oil spill, vessels were

dispatched with personnel onboard, mostly from Eastern Canada Response Corporation. They have independent observers as well. The Coast Guard is involved, Canadian Wildlife is involved, and Environment Canada is involved. There have been 11 seabirds. I understand that several of them have been taken for cleaning to the response centre here.

We'll continue to monitor this, Mr. Speaker. We'll continue to do what we can to ensure the protection of the environment and the protection of wildlife.

Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MR. PETTEN: Thank you, Mr. Speaker.

I ask the Minister of Environment: What action is your department taking to monitor the impact of the spill? What interactions have you had with Environment Canada and other involved federal agencies?

MR. SPEAKER: The hon. the Minister of Municipal Affairs and Environment.

SOME HON. MEMBERS: Hear, hear!

MR. LETTO: Thank you, Mr. Speaker.

Well, as the Member should know, the offshore is the responsibility of the C-NLOPB and we do the onshore environmental activities. Nevertheless, we are deeply involved in this particular incident. We're certainly not neglecting our duties.

We are monitoring it very closely with both the C-NLOPB and the Natural Resources department, as well as Environment Canada, and we are taking precautions as well. We are monitoring the effects that this may have on wildlife, and as the Minister of Natural Resources already said, we are aware of 11 seabirds that were affected by this and action is being taken to rectify the matter.

Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MR. PETTEN: Thank you, Mr. Speaker.

I thank the minister for that response, but what precisely – what federal agencies have you spoken to? You say Environment Canada. What specific federal agencies have you spoken to?

MR. SPEAKER: The hon. the Minister of Municipal Affairs and Environment.

MR. LETTO: Thank you, Mr. Speaker.

And just to add on to the previous question; we also have flown seven surveillance flights around the area to make sure there is no other damage being done and that the environment is under control. As I said, Mr. Speaker, we are conversing mostly with the C-NLOPB and being kept in the loop by Natural Resources, who are dealing with Environment Canada and the other agencies. So we're taking our direction from them, as the offshore is their responsibility, but we are there anytime they need us to provide any information that they may require.

Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MR. PETTEN: Thank you, Mr. Speaker.

Minister, have you directly had any involvement with the federal agency, the federal department of environment? You, yourself, as minister.

MR. SPEAKER: The hon. the Minister of Municipal Affairs and Environment.

MR. LETTO: Mr. Speaker, as I've said, this matter is being directed from the Department of Natural Resources. I myself, as minister, have not had any direct contact with the minister of Environment Canada, but I'm sure that C-NLOPB and the Minister of Natural Resources is doing that. It's their responsibility. But as I said, Mr. Speaker, we are there if they need us

and we will provide any assistance that may be required of us.

Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MR. PETTEN: Thank you, Mr. Speaker.

The Minister of Natural Resources has said that the oil sheen has dissipated, which is impacted by the temperature, tides and other water conditions.

I ask the Minister of Environment: How does dissipation of the oil impact the cleanup efforts?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you, Mr. Speaker.

I have indicated that the sheen is no longer being seen as of yesterday's reports from the flights that are going over. There are over six vessels in the area considering and monitoring wildlife and sea life, Mr. Speaker.

If the oil has dissipated and has evaporated, there will be no cleanup effort, except for the wildlife, but we're continuing to monitor. We're continuing to send out flights. Mr. Speaker, it's very important to us, environmental protection is, and we want to make sure we're doing everything that can be done to ensure the cleanup is there.

SOME HON. MEMBERS: Hear, hear!

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

MR. PETTEN: Thank you, Mr. Speaker.

Minister, how can oil be cleaned up if it cannot be seen? What percentage of oil is expected to be cleaned up?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you, Mr. Speaker.

I think I just answered that question, but let me try again.

Several flights, over seven flights have been out there monitoring the sheen, the spill itself; the 250 cubic metres that have been spilled. We have multiple vessels patrolling offshore, looking for sea birds and other mammals, to ensure we're doing everything we can as a province, as C-NLOPB, to ensure that we have the safety and protection of our offshore. We'll continue to do that. Efforts are continuing. Things are still happening today, Mr. Speaker. We are on this situation, have been really since last week when the weather set in.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for the District of Cape St. Francis.

MR. K. PARSONS: Thank you very much, Mr. Speaker.

The offshore of our province provides for our oil industry as well as our fishing industry.

I ask the Minister of Environment. What does a spill like this mean to those who fish on the Grand Banks?

MR. SPEAKER: The hon. the Minister of Fisheries and Land Resources.

MR. BYRNE: Mr. Speaker, I think the hon. minister has indicated to this House on multiple occasions that the situation continues to be monitored. What we do know is there is a very, very strong scientific program that is in place by our offshore operators to ensure that the integrity of the marine environment is checked and rechecked.

Part of that integrity process includes sampling of fish, both benthic and sub-benthic. So we'll find out the answers to that when those tests occur, but that is part of the standard protocol that exists in our offshore and we're very, very pleased that it does exist.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for the District of Cape St. Francis.

MR. K. PARSONS: Thank you very much, Mr. Speaker.

What effect will spills like these have on our offshore and inshore fish stocks?

MR. SPEAKER: The hon. the Minister of Fisheries and Land Resources.

MR. BYRNE: I would suspect, Mr. Speaker, the hon. Member alludes to a hypothetical question. Of course, until we find out the exact scope and duration of the spill itself, we won't be able to answer that question.

So for the information of the House, I'm sure that in the coming days, weeks, if you were to re-ask that question, we may have better information at that point in time.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Opposition House Leader.

MR. HUTCHINGS: Thank you, Mr. Speaker.

We've heard from the 120 workers from Astaldi who have not received their payroll payments and now feeling like, as they have said, feeling turned into pawns. These workers advised us that Nalcor has all the information required to complete the payroll.

I ask the minister. How come these employees have not received their pay?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

As we know, within recent days there was a court injunction that was put in place by Astaldi. So this has really prevented the flow of money that would've happened yesterday, as Nalcor filed to have this appeal of this court injunction overturned. That did not happen.

So my understanding now, as early as next Tuesday, there will be an arbitration that would allow for some of the transfer of these funds. So we are working with Nalcor, as the minister is.

We're concerned about this as well, those 120 managers now that find themselves waiting for the salaries and pay for the days that they have worked. But really, this is caught up in the legal proceedings right now because of the court injunction put in place by Astaldi.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Opposition House Leader.

MR. HUTCHINGS: Thank you, Mr. Speaker.

So my understanding is the court injunction now freezes the bonds and securities that would've allowed payment to these workers.

So I ask the Premier or the minister: Why wasn't action taken prior to this to meet the needs of the Astaldi employees?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

I think, as the Member opposite would know, there were some difficulties around getting information, access to the information of those people that, obviously, rightfully deserve to be paid for the work they have done. So this information wasn't forthcoming. Then it got tied up in the legalities of what is happening now with the injunction that was put in place and remains in place now.

Hopefully, next week, when the arbitration takes place – we want to get those workers paid as well. They deserve to be paid for the hours they have worked, Mr. Speaker, and I know the officials at Nalcor feel the same way. But right now we're back and forth with this legal proceedings that are happening, and we'll see what happens next Tuesday.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Opposition House Leader.

MR. HUTCHINGS: Mr. Speaker, our understanding is Pennecon has now been brought into Muskrat Falls to mitigate costs and schedule risk in light of Astaldi's shutdown.

I ask the minister: Have you asked Pennecon to give priority to individuals, unionized and non-unionized, who lost their jobs because of the Astaldi shutdown?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you, Mr. Speaker, a very important question.

Pennecon has been given a limited notice to proceed, really to re-engage and to determine how to really re-engage in this project. Of course, all the requirements that were in place prior to will remain with Pennecon; but, as I say, the contract has not yet been let. It is a limited contract to proceed so that we can mobilize workers.

Thank you.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Opposition House Leader.

MR. HUTCHINGS: Thank you, Mr. Speaker.

Last week, the minister indicated that the removal of Astaldi had no impact on the project timeline because Astaldi's work was 95 per cent complete. Now Pennecon is being brought in to access timelines and work to be completed for the situation.

So I ask the minister: Has anything changed from her previous answer last week to what we're hearing today?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: No, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Opposition House Leader.

MR. HUTCHINGS: So, last week the minister said there was no interruption in the timeline, yet Pennecon is in assessing the timeline.

So, is Pennecon in doing work that doesn't need to be done, or why are they there if there's no timeline to be reviewed or determination made?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you, Mr. Speaker.

I just answered that question. Pennecon has been given a limited contract to proceed. They're looking to mobilize. So there is work that has to be completed; 95 per cent complete and there still is 5 per cent outstanding. The timelines have not been affected; the flow of work continues. We still anticipate the end of 2019, early into 2020, full power, and that is continuing.

We do have other contractors on site, Mr. Speaker, doing their work. Pennecon has been given that limited contract, that temporary contract, so that they can start mobilizing workers so that we can complete the rest of the Astaldi work.

Thank you.

MR. SPEAKER: Thank you.

The hon. the Leader of the Third Party.

MS. ROGERS: Thank you, Mr. Speaker.

The C-NLOPB was created in 1986 – 30 years ago. Since then, the industry has changed. There have been expansions, moving into deeper water and further offshore, and climate change has meant more frequent and severe storms. We are now much more experienced and knowledgeable in this industry.

I ask the Premier: Will he commit to working with the federal government to revisit and modernize the C-NLOPB to ensure it is given the proper legislative tools to deal with the changing dynamic of our offshore oil industry?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

First and foremost, the safety of our offshore workers is always the top priority, as the minister just mentioned so many times today.

I think the Member opposite is going back to recommendation of the Wells inquiry back a few years ago, 29b and, even then, Justice Wells said that he was actually pleased with the decision. He felt that 29b could actually do what was required.

But we understand, too, that things do change. We understand that, so there will be an investigation that will be done now on the recent events, Mr. Speaker. And when we get those recommendations, we will work with all the federal government and the industry of course but, more importantly, our offshore workers and make sure that that environment continues to be safe.

SOME HON. MEMBERS: Hear, hear!

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

MS. ROGERS: Mr. Speaker.

Yesterday, the minister said our province was a leader in the offshore oil industry, and that safety and environmental protection are paramount. She also said, today, that if there is anything new or better that could be done, that we would do them.

I ask the minister, once again: If she believes this, in the light of this serious environmental incident that we've just experienced, will she work the federal government to establish an independent offshore safety authority, similar to the gold standards set by Norway and Australia?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Mr. Speaker, first and foremost, probably once again just to remind them of the role that chief safety officer does at C-NLOPB right now. That individual, that office right now has the authority – any decisions that are made by that person, that person first and

foremost makes the final decision on the operational plans on our offshore.

The C-NLOPB board themselves cannot overrule the decision of the chief safety officer. The environmental officer has no impact, cannot overrule, so the chief safety officer, as it exists right now, has the independent authority to make the final decision on what is required.

Justice Wells had said that he felt that 29b was in place and could do the work that needed to be done. But, Mr. Speaker, if there's any way that we need, based on the recommendations, to strengthen the safety of our offshore, we are more than willing to work on this. But let's get the investigation done first.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's East - Quidi Vidi.

MS. MICHAEL: Thank you very much, Mr. Speaker.

The investigation of Husky's 2017 iceberg incident took 10 months, only then, at the end of the investigation, did we learn the full story.

So, I ask the Premier: Will he assure this House that he will push that the investigation that's going to take place will have timely interim updates that will provide answers along the way about this latest incident?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Mr. Speaker, I think that's a fair question but we got to let the investigation – what's important is we get it done right. But we'll always continue, as a government, to support and reinforce that safety is paramount. We've said that time and time again and that will continue.

I know the minister, I know ourselves, our office have been working very closely with C-NLOPB on this looking for answers. We, too, are concerned, as people all across this province are concerned for the offshore safety, not just the environment but, first and foremost, the safety of our workers, Mr. Speaker. We will take

whatever measures are required that can be done to make sure they are protected.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's East - Quidi Vidi.

MS. MICHAEL: Thank you very much, Mr. Speaker.

The penalties levied on Husky by the C-NLOPB regarding its iceberg incident apparently had no effect. Husky took another gamble and lost.

I ask the Premier: What corrective measures is his government going to apply this time?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you, Mr. Speaker.

An investigation has to ensue. We do not know at this point what has occurred. We do know that there was a problem with one section of the flow line, Mr. Speaker, that incurred here. So, there will be an investigation and if Husky has indeed done something that is not part of their protocol, if there was something they should have done and they did not do, we'll hold them to account, Mr. Speaker.

If there's something that we as a government, or as the industry itself, C-NLOPB, should have done, we'll hold that to account as well. I will say this to the questions that are there. In the *Advance 2030* it talks about reviewing and modernizing governance structures. We will do so in the best interests of the people of this province.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Time for Oral Questions has ended.

Presenting Reports by Standing and Select Committees.

Tabling of Documents.

Notices of Motion.

Answers to Questions for which Notice has been Given.

Petitions.

Petitions

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

MR. HUTCHINGS: Thank you, Mr. Speaker.

I'm glad to rise today to present a petition on behalf of constituents of mine related to an application that was made for a Crown land grant for 46 hectares of property off the Old Witless Bay Line just off Route 10 and extending to the water's edge of the large body of water known in the region as Gull Pond.

THEREFORE we petition the hon. House of Assembly as follows:

We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to immediately suspend a Crown land application for 46 hectares of land adjacent to the Old Witless Bay Line until the residents of the region and concerned citizens have the ability to express any concern and have questions answered related to the environment, watershed, Butter Pot to Witless Bay environs, development and control regulations, deforestation, possible flooding, private road management effects and destruction of hunting and recreational land.

Mr. Speaker, last Sunday afternoon, I had a meeting with about 40 residents and concerned citizens from this area who just recently became aware that an application had been in for a vast piece of property – 46 hectares. My understanding is because it was under 50, there was no requirement for public consultation or public notice.

So with this information becoming available to the people in the area and the concerns being expressed, this is the reason for the petition. To ask the department to put the brakes on this so that people can have their questions answered, there can be discussions about the process and

there can certainly be public engagement and discussion where all parties and persons with concerns can be heard. There can be disclosure of full information for the intent for what this would mean for this particular area, that for the most part over the past number of years because of the environ regulations development has been frozen. There are homes there that have been built in past years, but new development is not allowed. So there are a lot of questions in regard to this actual application, and we certainly ask the minister and government to take a look at this and to hear from those concerns before any direction or any further consideration is given to this application.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you.

The hon. the Minister of Fisheries and Land Resources for a response, please.

MR. BYRNE: Thank you very much, Mr. Speaker.

I do sincerely appreciate the hon. Member bringing this petition forward for discussion and for consideration by the House. He touches upon some key issues. One, of course, is the promotion of agriculture is vitally important and sensitive for our province. We as a province have directed that we will initiate a program to double our food production in Newfoundland and Labrador.

As the hon. Member is aware, we only produce 10 per cent of the food we consume. We import 90 per cent of our food stocks. This is a situation that has to be dealt with, and this government is taking action on that.

We also recognize there are huge opportunities above and beyond providing food security. There are opportunities of expanding our economy, doubling our employment in the agrifoods sector, making sure that we are ready and able to meet the challenges of the future. This government is taking agriculture very, very seriously.

The hon. Member raises a point, however, that this has to be in balance with other competing needs. I put this as a moment of notice by the

Progressive Conservative Party of Newfoundland and Labrador, that they are taking this with great concern.

We experienced just a few short weeks ago, a situation where a family farm on the West Coast, the Aucoin family farm was met with almost universal support, near universal support for that farm to continue. People understand the value of farms.

What I can assure the hon. Member, however, this is simply an application, and a review is underway at this very moment.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MR. LANE: Thank you, Mr. Speaker.

At a time when the people of Newfoundland and Labrador are dealing with high levels of taxation, increased unemployment rates, increased food bank usage, increased bankruptcies, many are being forced to choose between food, heat and medications.

Newfoundland Power and Newfoundland and Labrador Hydro are continuing to seek numerous power rate increases through the Public Utilities Board. Once the Muskrat Falls Project comes online, these rates are predicted to further increase significantly to unmanageable levels for the average citizen of our province. While government has indicated they are working with Nalcor to mitigate rates, they provided no detailed plan as to how they intend to do so.

Therefore, we petition the House of Assembly as follows: To urge the Government of Newfoundland and Labrador to publicly provide all of the potential options for rate mitigation and develop a comprehensive detailed plan to deal with current and impending power rate increases. This plan is to be provided to the public as soon as possible to allow for scrutiny, feedback and potential suggestions for improvement.

Mr. Speaker, I've presented this petition many times and I will continue to do so on behalf of the people who ask that I do.

Today, I have approximately 450 signatures. These are all coming from the Conception Bay North area, Bay Roberts, Bareneed, Coley's Point, Upper Island Cove, Shearstown, and Clarke's Beach and so on. Mr. Speaker, 450 concerned citizens as it relates to where power rates are going in this province.

As is indicated, as I've indicated numerous times, this is not about blaming anybody about how we got here at this point in time. That's why we have a Muskrat Falls Inquiry; but, at the end of the day, people are very, very concerned about – if you ask the average person, what is your biggest concern? I would suggest that a high percentage of those people would talk about the concern they have with where power bills are going to go.

I appreciate the fact that the minister and the Premier and the government has said they're working on it. And I hope they are working on it, but, at the end of the day, people are still concerned and they want to see some sort of a detailed plan as to exactly how government intends to mitigate against rising electricity rates.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you.

The hon. the Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Mr. Speaker.

The background to this petition is as follows:

WHEREAS the Bay d'Espoir Highway and its branch roads, Routes 360, 361, 362, 363, 364, 365 have been overcome with very dangerous roadside alder growth; and

WHEREAS the Coast of Bays region is a very busy area with a high volume of industrial traffic for aquaculture, the fishery and hydroelectricity; and

WHEREAS the region has a transient workforce that requires workers to travel the highway at early morning hours and late at night, often in foggy, dangerous weather conditions with no cell coverage; and

WHEREAS there have been weekly incidents of moose accidents in the region this year, some very serious, and daily near misses; and

WHEREAS all residents are very concerned and worried to drive the highway due to a fear of a moose accident; and

WHEREAS every effort should and must be made to protect the safety of residents and reduce unnecessary road hazards for travellers.

Mr. Speaker, today's petition is 10 pages long from the community of Hermitage-Sandyville. There is a clear message that every community in the Coast of Bays region is sending to the Liberal government through these petitions that they're feeling very neglected when it comes to brush clearing.

The area has not seen any significant investment in the last three years in this regard, and it's our lives that are at stake. So we're going to continue to raise this petition, and hopefully one day the minister will stand to respond and tell us that brush clearing is forthcoming.

I read an article within the last day or two talking about how the department is open to more fencing across the Island. I would say that brush clearing would be far cheaper, and lives are at stake. This needs to be done before a fatality occurs, Mr. Speaker.

So I present to you this 10-page petition. I have many more to come until such time as we receive word that there will be brush clearing funding coming forward for the people of Fortune Bay - Cape La Hune and that our lives do matter.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Thank you.

The hon. the Minister of Transportation and Works for a response, please.

MR. CROCKER: Thank you very much, Mr. Speaker.

Mr. Speaker, every life of every Newfoundlander and Labradorian matters.

Mr. Speaker, this year we were able to do 367 hectares of brush cutting. Obviously, that doesn't get us near the 10,000 kilometres of road in this province.

It's interesting that the Member opposite gets up, and last week her leader was asking questions about moose fencing, something that's in my mandate letter and something that we're seriously looking at. But, I guess, Mr. Speaker, her tightly knit team is not that tight, because last week the leader of her party was asking for more moose fencing. Now, today, she's saying we don't want more moose fencing. So, Mr. Speaker, maybe they should get on the same page.

Mr. Speaker, the reality here is over the years there's been about \$2 million each year provided for brush cutting. We are seeing a trend in the right direction on our province's highways when it comes to moose-vehicle accidents. In doing work with groups like SOPAC, it's very important. We provided a grant last year to SOPAC and we'll continue to do so in the future for awareness.

And, the hon. Member is correct; brush is one of the main areas I think that we can focus on, but the reality is there are 10,000 kilometres of highways in our province. It's very challenging. Driver awareness and driver abilities around this is very important, but we will continue to go forward with our brush-cutting program.

Thank you very much, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Further petitions?

The hon. the Member for Conception Bay South.

MR. PETTEN: Thank you, Mr. Speaker.

To the hon. House of Assembly of the Province of Newfoundland and Labrador in Parliament assembled, the petition of the undersigned residents of Newfoundland and Labrador humbly sheweth:

WHEREAS many students within our province depend on school busing for transportation to and from school each day; and

WHEREAS there are many parents of school aged children throughout the province who live inside the Eastern School Districts 1.6 kilometre zone, and therefore do not qualify for busing; and

WHEREAS policy cannot override the safety of our children;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government to eliminate the 1.6 km policy for all elementary schools in the province and in junior and senior high schools where safety is a primary concern.

And as in duty bound your petitioners will ever pray.

Mr. Speaker, as I've said many times, this is a petition that I will be presenting as often as I can. It's a very important issue to parents in my district, and I know parents in the districts surrounding me, and all sides of this House, Mr. Speaker. The safety of our children is a huge issue and it's something that can't be ignored.

As a matter of fact, there's a group – they originated in my district, constituents of mine, but they broadly reached out to whoever, right across the province, it's called against the 1.6 kilometre policy. It's a Facebook group, and they're doing 30 days of change. They're doing videos every day, interviewing parents and addressing their concerns, fears and issues.

Every individual issue, even though it's similar and may be safety oriented, every individual's concern is different and brings a different level. So I want to just give them a plug because this group of parents need to be commended, because they're doing it for the right reasons. It's not political. It's truly for the safety of their children. Any Member in the House, if you can't

support that – I mean really, that's what it's all about. It's for the safety of their children.

I just want to highlight something. I think the last time I got up and done a petition the Minister of Education went back in time again in the past. You can do that every time on every issue, Mr. Speaker. I live in the present. I was elected in 2015. I've advocated since my election and I'll continue to advocate, and that's the way I think we all should portray it.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MR. PETTEN: And even if you were in the past, he wants to go back further than that. People change, things change and society changes. It's never a bad thing to change your mind and look at something for the right reasons.

These parents are advocating for the right reasons. I know I am, and I know my colleagues are, supporting these parents and doing what's right, and we call upon government to seriously consider this petition. It's a very serious safety issue and it's something that should be addressed now, Mr. Speaker. It's not about playing politics, it's doing what's right for the children of our province.

Thank you very much.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Minister of Education and Early Childhood Development for a response, please.

MR. HAWKINS: Thank you, Mr. Speaker.

I'll contend that it is politics. Again, I'd like to know – I asked a question the other day to the hon. Members opposite. What do you want to do, remove the 1.6 kilometres? Does that mean for every 50 feet you pick up a student? Is that what you mean?

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MR. HAWKINS: Pardon?

MR. SPEAKER: Order, please!

Order, please!

MR. HAWKINS: If you remove 1.6, what does removing 1.6 mean? What does it mean? Does it mean every child that's in this province has to be picked up at their driveway? Does it mean that every child in this province has to be picked up 50 feet away from school?

If not, Mr. Speaker, if we're removing 1.6, we're saying to a certain area of the province, well, your safety, your child is important, but out to another district, well, it's not important for you, so you shouldn't have – you need to have 1.6 out there.

So, Mr. Speaker, there's a whole series of issues that need to be discussed, and that's why this government put in a courtesy stop. We are reviewing the courtesy stop. We're seeing how effective it is. It's a review of that.

We have not closed the door to anything; however, Mr. Speaker, to get up and play politics with this is somewhat unfair because the safety of our children is so important to the entire Province of Newfoundland and Labrador.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MR. A. PARSONS: Thank you, Mr. Speaker.

We'll call Orders of the Day.

MR. SPEAKER: Orders of the Day.

Orders of the Day

MR. A. PARSONS: Mr. Speaker, I'd like to call from the Order Paper, Order 2, third reading of Bill 33.

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

MR. A. PARSONS: Mr. Speaker, I move, seconded by the Minister of Health and Community Services, that Bill 33, An Act To Amend The Public Sector Compensation Transparency Act, be now read a third time.

MR. SPEAKER: It is moved and seconded that the said bill be now read a third time.

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

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

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

The motion is carried.

CLERK (Barnes): A bill, An Act To Amend The Public Sector Compensation Transparency Act. (Bill 33)

MR. SPEAKER: This bill has now been read a third time and it is ordered that the bill do pass and its title be as on the Order Paper.

On motion, a bill, "An Act To Amend The Public Sector Compensation Transparency Act," read a third time, ordered passed and its title be as on the Order Paper. (Bill 33)

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

MR. A. PARSONS: Mr. Speaker, I call Order 3, third reading of Bill 38.

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

MR. A. PARSONS: Mr. Speaker, I move, seconded by the Minister of Health and Community Services, that Bill 38, An Act Respecting The Reporting Requirements Of Public Bodies, be now read a third time.

MR. SPEAKER: It is moved and seconded that the said bill be now read a third time.

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

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

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

The motion is carried.

CLERK: A bill, An Act Respecting The Reporting Requirements Of Public Bodies. (Bill 38)

MR. SPEAKER: This bill has now been read a third time and it is ordered that the bill do pass and its title be as on the Order Paper.

On motion, a bill, "An Act Respecting The Reporting Requirements Of Public Bodies," read a third time, ordered passed and its title be as on the Order Paper. (Bill 38)

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

MR. A. PARSONS: Mr. Speaker, I call Order 6, second reading of Bill 37.

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

MR. HAGGIE: Thank you very much, Mr. Speaker.

I'm pleased to rise in this House to open the debate on Bill 37, An Act Respecting The Protection And Promotion Of Public Health.

I would like to move, seconded by the Government House Leader, that Bill 37, An Act Respecting The Protection And Promotion Of Public Health, be now read a second time.

MR. SPEAKER: It is moved and seconded that Bill 37, An Act Respecting The Protection And Promotion Of Public Health, be now read a second time.

Motion, second reading of a bill, "An Act Respecting The Protection And Promotion Of Public Health." (Bill 37)

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

MR. HAGGIE: Thank you very much, Mr. Speaker.

I, too, am tripping over myself in my enthusiasm for this piece of legislation.

I have been accused by some of my colleagues of using superlatives and hyperbole when we come to discussing this bill, but it is simply a landmark piece of legislation. It will replace outdated legislation and it's going to build a framework for the future of public health in this province.

There will be plenty of meat to go through in the clauses, clause by clause during Committee. Basically, the bill was developed by taking best approaches, concepts and language from other more recent public health legislation across Canada and around the world.

I would argue that by presenting this bill and adopting it, we have moved from the back of the pack in Canada to leapfrogging over everyone else to having a piece of legislation that will stand out as a beacon from the East Coast of what public health can be. We've also done it with evidence informed through best literature and public health, and also by listening to folk in our communities at home.

The bill is designed, essentially, to modernize public health legislation across the province. This fulfills a commitment from the Speech from the Throne to introduce a legislative foundation, which we would then use to drive improvements across public health programs. The aim of that, in turn, would be to improve the health of our communities and the health of our population.

The bill effectively will repeal the communicable diseases, which was originally passed in its current form in 1970. So it's nigh half a century old. It will also repeal certain sections of the *Health and Community Services Act*. The reason for that is that latter act contains instruction and regulation relating to issues and program areas that are outside the scope of public health. So we've left that act intact. It deals with things like development in restricted

areas, long-term care services and the information sharing agreements we have between health and the Centre for Health Information.

Public health, actually, for the benefit of the House, is distinct from clinical services but it's a very important, I would argue, foundational part of the overall health system. It focuses on the health of population. It's designed to prevent disease, promote wellness and protect the health of the population.

The essential day-to-day work of public health professionals essentially goes unnoticed, as many potential issues are actually contained or averted. It's things that never make it to the public gaze. Public health only becomes visible when something really goes wrong, and that's when preventative measures are not sufficient or we have an outbreak of a communicable disease.

Everyone's familiar with the emergence of SARS some years ago, everyone's also familiar with Ebola, which has cycled round again because of the persecution, basically, in the Congo of public health workers. And that really has the potential for a worldwide health emergency. A Canadian example that everyone will recall was the enteric disease outbreak in Walkerton which resulted in some deaths.

At home, we have and are continuing to deal with an outbreak of tuberculosis and we share jurisdiction for managing that with the Nunatsiavut Government and the federal Government of Canada. So we're working through those processes actively in this province as we speak.

A strong public health system has a significant impact on our economy. It supports a healthy workforce. It helps ensure continued capacity in our acute care services by so doing. It then builds on that to improve the overall health of the population and, thus, ultimately reduces the need for health care, either directly or by mitigating the effects of diseases in the long term.

In our province, public health is a shared responsibility. We share it between the federal government and the provincial governments, Health Canada, the Public Health Agency of

Canada, and the Canadian Food Inspection Agency all work together to produce a series of programs that look at public health research and surveillance, develop programs on pan-Canadian disease, because while we are an island, we have a mainland component, and these diseases are not respecters of lines on a map.

It also talks at the federal and provincial level about controlling the entry of disease into the country. The federal *Quarantine Act* has a role here and it coordinates the roles in those areas where there is an outbreak that crosses provincial boundaries. It also deals, as people here, I'm sure, are well aware, with the issue of food product recalls.

Public health is also a shared issue at the provincial level. The Department of Health and Community Services is responsible for the development of the legislation, hence I'm standing here as minister responsible. It's also responsible for policy and programs, it coordinates public health emergency responses, it manages our provincial vaccine supply and it collects and monitors communicable disease level data at the provincial level.

However, our department works very closely with the Department of Children, Seniors and Social Development and Service NL. CSSD is responsible for the development and implementation of healthy active living programs and initiatives, while Service NL deals with public health inspection and enforcement through its environmental health officers.

In addition, the Department of Fisheries and Land Resources is responsible for controlling diseases of animal origin which can have an impact on human health. The chief veterinarians are responsible for both aquaculture and animal health. They maintain close working relationship with our chief medical officer of health in that regard.

If we think even more broadly about the health of our population – and we have been doing – we could say that every provincial department has an impact and shares in the responsibility for public health. This is why I'm particularly pleased with the piece in this bill which addresses the social determinants of health through a Health-in-All-Policies approach.

I'm going to go into a little bit more about the nuances of the case behind this bill, the reasons for its existence and I'm just going to provide a little bit of history, because I'm that kind of guy. Firstly, the first board of health was appointed in Newfoundland and Labrador – we have a long history, it goes back to 1832, to deal with public health in Newfoundland –

MR. CROCKER: (Inaudible.)

MR. HAGGIE: Thank you very much, Minister Crocker.

AN HON. MEMBER: No names.

MR. HAGGIE: No names.

And in 1833, we had our first *Public Health Act*. I consider myself reprimanded.

The first smallpox vaccine in North America was actually given in this province in Trinity in 1877 and, three years later, smallpox vaccination was compulsory in Newfoundland. We had a diphtheria outbreak in 1893 and it was the first time diphtheria antitoxin was ever used in the province.

We had our first medical officer of health in 1892. The Cottage Hospital system, when it was established in the 1930s, also had a responsibility for public health. It was one, at the time, of the finest examples of government funding hospital and medical care plans in North America.

Over the years in public health, we've seen many significant successes. We've had a significant reduction in smoking rates, for example, and exposure to second-hand smoke with legislation that came out in the late 1990s.

We have doubled, over recent years, breastfeeding initiation rates in this province. We have reduced significantly motor vehicle-related injuries by using public health measures such as seat belts, car seats and booster seats. We have the lowest reported rates of food-borne illness and we actually lead the country in childhood vaccination rates.

AN HON. MEMBER: That's all them home-grown vegetables.

MR. HAGGIE: Yes, that's right.

However, much of our public health legislation is based on the *Communicable Diseases Act* and the *Health and Community Services Act*. They address, primarily, issues around communicable diseases, sanitation and hygiene, but they don't talk about what has now become part of public health's core mandate, which is the delivery of public health programs essential to what are now regarded as the five pillars of public health. It was very much an issue around communicable diseases.

One of the things that happened really was that because of that kind of sidelining of communicable diseases – and it happened because of other developments, vaccination and antibiotics – everybody tended to sideline communicable diseases thinking, well, that issue is dealt with. Public health, as a discipline in this country, suffered because of that, and it suffered grievously. And we came into office, having inherited a system that had basically decayed to the point where public health consisted of environmental health officers in Service NL, and a random scattering of part-time medical officers of health who had very little authority and very little place in the health system.

But the national Advisory Committee on Population Health recommended that public health be viewed through a different lens, and it talked about five core functions. It talked about health surveillance, so that looks at disease monitoring and trends and injury, and using that information in a meaningful way. It talked about population health assessment, and that increases our understanding of health of populations, what factors underlie the health of populations and create risk. So that leads to better services and better planning and healthy public policies.

It talks about disease and injury prevention, those actions aimed at eradicating, eliminating or minimizing disease or disability. Or if none of these are feasible, slowing down and mitigating the disease. So we look at things like vaccinations for preventable childhood illnesses, to reduce morbidity and mortality from measles, rubella, diphtheria. Without giving my age away, I saw the effects of polio first-hand in children who had been born and succumbed to

the illness shortly before the introduction of the vaccine in 1954.

We've introduced screening for blood-borne infections, and that has produced significant improvements in this area. The association also spoke to health promotion, which is a function focusing on enabling and encouraging people to increase control over their own health. We've talked in this House before about how health care has to be a partnership, it has to be everybody accepting they had responsibility for certain areas within health, and accepting that people had a degree of autonomy, and with that went a degree of responsibility for their own health.

So healthy eating, smoking cessation, exercise, using sensible measures like wearing a bicycle helmet, like using seat belts, and even by extension, not drinking and driving. I was fortunate enough to participate in what one could regard as an unfortunately necessary event, which was MADD's provincial campaign launched last week in Gander.

It also talks about health protection. That's the assurance of safe food and water, a regulatory approach around communicable and infectious diseases, environmental threats and emergency preparedness. It would provide advice to regulators, restaurant inspections, child care facility inspections, water treatment and monitoring. So you can see that this spans a whole range of government departments, not just Health and Community Services.

Our current legislation has been static. It really hasn't kept pace with our population health approach. The last revisions to the 1970 act were made in the mid-1990s. So that's why the bill formally recognizes and enshrines these core public health functions and creates a foundation to build on each.

Public health approaches consider actions that can improve the health of a population as a whole rather than focusing on individuals. I think that's worth emphasizing, because it is the difference between the responsibility of an individual practitioner, say, a GP or a specialist, who has a responsibility to do the best for the individual in front of them at that time; whereas public health looks at the population or groups

of the population as a whole. It describes coordinated approaches to health inequities.

We're seeing public health impacts already with things like climate change. We're seeing movement of diseases that we haven't previously seen here, either Vector-borne diseases, such as Lyme disease, Zika, West Nile and Zoonotic diseases, as diseases like rabies that occur in animals and could be passed to humans, may actually start to migrate into areas where they hadn't traditionally been seen as the climate adapts.

I mentioned Lyme disease; it's a tick-borne disease, so it doesn't go from human to human. It needs a little insect to do that for you. It sucks blood from an infected host and then basically poops the virus out onto your skin. So when you scratch it you infect yourself. It's spread very rapidly. It spreads very rapidly and it's coming up in the Maritimes and the East Coast. It is something that has not been encountered here in numbers and now we need to educate physicians about it.

We are living in a world with SARS and Ebola. You are one plane flight away from a significant public health problem, and we need legislation that can adapt to and deal with that. We saw the challenges around getting a coordinated response. The Ebola crisis, when I was on kind of the other side of the fence as chief of staff in Gander, where we are the major alternate for transatlantic flights.

Again, more recently and more sadly, since 9-11 we've seen bioterrorism. The white powder that comes in the mail could be anything, and it has been Anthrax in certain jurisdictions. So we need a system that is cognizant of that and can react to it.

We also should remember that the diseases that we regard as managed problems, the old diseases are coming back. We've seen tuberculosis come round yet again. We have seen syphilis spike in the Avalon, and we have issues with gonorrhoea and drug-resistant gonorrhoea across the province coming back in numbers which we have not seen in recent years. They require new approaches and health promotion approaches to help deal with them. There is no single, magic bullet but there are coordinated

approaches through legislation and a framework like this that can be used.

We have a significant IV drug use problem. So we're going to see an upsurge in hepatitis C and we're going to see potential increase in HIV. That's the intercept there on mental health and addictions with traditional public health.

Our public health system was established to deal with communicable diseases, but one of the biggest health challenges globally on a public health scale are actually what are now called non-NCDs, non-communicable diseases. I would suggest that our biggest problem from a public health point of view falls in that category, particularly with type 1 diabetes; 11 per cent of our population are recognized as having some form of diabetes currently.

Heart disease and cancer can be viewed in that same light. And, indeed, public health approach with smoking has seen dramatic reductions over time. We, in this province, are unfortunate in that we have some of the highest prevalence rates of these illnesses in Canada, and it's a major public health issue which is left completely unaddressed. We have tools in our toolbox that we are not using. This bill addresses that.

To be effective and responsive, though, this kind of legislation needs to clearly identify who has authority for what and who is responsible to whom. Unlike other jurisdictions, our current legislation doesn't clearly establish powers, duties and functions for anybody, basically. It doesn't clearly identify who has the power to issue orders and how to manage emerging communicable diseases threat.

The current act does provide authority to order individuals to be detained or investigated, or even to be quarantined. The problem with that is they were written in the '70s and you could – essentially, the *Canadian Charter of Rights and Freedoms* does not permit those measures to be used. These are autocratic, they belong to a different era and they predate the patriation of the Constitution. So we're actually at risk currently, significant legal risk as a provincial government from a challenge to any one of these orders that would try to be used to curtail or deal with a public health issue.

Modern public health legislation should establish authority to address and control hazards which would affect the general public. The *Health And Community Services Act* and the old *Communicable Diseases Act* do not define health hazards. They are for limited authority for public health officials to even consider them, unless it's specifically related to specified areas of jurisdiction. So, for example, communicable diseases, sanitation and public pools. We don't have anyone in the province who has the authority to declare a location, an event or activity a health hazard outside a food premises or a personal service establishment. We've no ability to control that, not at all.

So, in summary, those are the problems. Those are the lack of structure which leaves us exposed. So what have we done about it? How have we ended up here today? Well, the end of last year and the beginning of this year, a lot of work had already been done through internal officials and consultations at an early stage with the Newfoundland and Labrador Public Health Association, but in 2018 we started going out face to face with internal and external stakeholders in a more formal way. We had a public forum with the RHAs and other partners and then we had several public engagement sessions. In the background, as it were, but concurrent with that, we had an online survey with EngageNL.

So we looked for issues that people would identify and also potential solutions. We have taken all of that, and particularly the dialogue with the Public Health Association, and we fed it into the bill.

So what is the bill, in broad-brush terms? Basically, it fills all those gaps, but it does it in a thought-out, rigorous framework, which highlights the five core principles of public health I've alluded to. They are laid out in Part I, which lays out the purpose of the act, and highlights those five key areas: health promotion; protection of individuals; healthy environment; measures for monitoring and surveillance – the goal is to improve the health of the population and vulnerable groups – and it also addresses health equity.

It's very similar to legislation in other Canadian jurisdictions. As I say, we've used those,

shamelessly, and I believe we've leapfrogged over them. It also lines up with commitments that we made in *The Way Forward*, and that were in my mandate letters, both in 2015 and subsequent revision. And I just take a highlight and delve down to illustrate, from section 6, which talks about our Health-in-All-Policies approach.

This is a really modern, cutting-edge public health tool, and it has gained recognition because of the fact that it recognizes things, outside of traditional health, that determine health – the so-called social determinates of health. It looks at the obligation of government, as a whole, to have a mechanism to look at things like health through the lens of education, and vice versa, or employment and housing through the lens of health impact.

It solidifies this commitment and makes it a part of that. The Department of Health has to have a role in it. It doesn't necessarily have to own it. It could live with any other government department, or even with the Executive Council. But there's an obligation there for Health and its minister to have sight into it.

We are only the second province in Canada, after Quebec, that's put this out there. This is an example, however, that does come from other jurisdictions. The Antipodes of New Zealand, particularly, has this enshrined in legislation, and I think some of the Australian states do, too.

It also, in Part II, clearly outlines who's responsible for what. So the powers and responsibility of the minister are outlined. The chief medical officer of health is outlined, the RMOH, who are the regional officers of health, and the environmental health officers, insofar, as their duties are impacted by this act. Those environmental health officers live with, as it were, and are employed by Service NL.

In line with other provinces the minister, with the advice of the CMOH, actually has to prepare, every five years, a public health plan that lays out the goals and objectives to be met during that period. It requires the chief medical officer to actually monitor those things and report back for a report for the Lieutenant-Governor in Council every five years saying

how we got on with the minister's plan. So, there's accountability.

These three areas, in addition to the ministerial powers to establish standards for core programs, actually then start to focus very much on public health and coordinating things towards a common goal.

The minister can also, with advice from the experts, establish standards and qualifications for public health personnel. It would include a wide variety of personnel; obviously the medical officers of health. It would also refer to public health nurses, health promotion consultants, parent and child health co-ordinators, communicable diseases control nurse, EHOs in as far as it relates to health and public health managers.

So, we look to training, education and competency and that ability is enshrined in the act and will be fleshed out in regulations. It also looks at public health laboratories and to give direction as to the nature and extent of their services.

For those who may not be aware, our Newfoundland and Labrador public health and microbiology lab is located within Eastern Health. It's a province-wide resource and it looks at diagnostics, support and surveillance, and is very active, for example, in the coming flu season.

Because, however, we have this lab, it has a record for doing rapid detection very well. It's another of those little things that we, as Newfoundlanders and Labradorians, are very bad at, which is telling everybody else what we actually do quite well. So, E. coli outbreak that was related to romaine lettuce was first detected here and we triggered the national process with a recall.

This bill recognizes the role and also enshrines a relationship, a responsibility, authority and accountability between the minister's office and the lab.

It recognizes also then that the chief medical officer has to perform his or her duties with a degree of independence and impartiality to protect and promote the health. We've seen too

recently and too often, unfortunately, a sad scenario, the most vivid one in my mind was the public abuse by then mayor of Toronto, Mr. Ford, of the medical officer of health for Toronto; totally unwarranted, totally bullied and harassed. That should not and cannot be accepted as a reasonable way of doing business because public health decision making has to have more to do with scientific evidence than political pressure.

That is why the role and responsibilities of the CMOH are boxed in to some extent and protected from interference on the whim of whichever minister might have indigestion that day. It does not excuse the minister, however, from making public health decisions. It anticipates that a sensible minister would actually have to listen to a qualified chief medical officer of health.

Of the 53 pages or whatever of this act, slightly more than 20 deals with one essential principle, and that's the balance between the individual's rights and freedoms under the Charter and the duty to protect the population health by building in some appropriate procedures.

A person with a communicable disease who is spreading the infection and who will not follow medical advice is a significant public health risk. That has to be managed. So these 20, 22 pages go into some considerable detail to take the Charter of Rights and Freedoms and the constitutional law, as we understand it through justice and through our counsel, and to provide those protections for an individual who may be subject to one of these orders.

So while in an emergency, a medical officer of health can issue an order for compliance with recommendations and if that's ignored, then that can be taken as far as the Supreme Court. There are checks and balances so there are appeal matters. Our current public health legislation is actually silent on what those checks and balances are and simply because of that will not pass constitutional muster.

Talking of balances again, our current public health legislation is silent on the collection and use of personal health information. I mean, in 1970 the idea of an Electronic Health Record

was something from Mr. Spock and *Star Trek* with his little scanner.

Part III of the bill goes into some considerable detail under which circumstances information can be gathered and shared and the responsibility of who gets to do what with this. Conscious of those sensitivities, OIPC, the Office of the Privacy Commissioner, was engaged in the drafting and it was agreed with his office that this bill will further support the *Personal Health Information Act*.

So the way around that in the short term is for the CMOH to be designated as a custodian under that act and have all the duties and responsibilities that would accrue to an individual like that. It will, as part of the quinquennial review of PHIA – which I think is on the legislative agenda for our next mandate in 2019 – after the election we will come back and we will amend PHIA and we will put in there specific provisions about CMOH.

Part IV talks about non-communicable diseases, and I referenced that in my preamble. Essentially, in discussions with the CMOH, an NCD can be designated under the act in regulation. This section actually has potential for doing some really significant transformative things around our Chronic Disease Management Strategy. We have had considerable discussion around this and it will formally recognize non-communicable diseases as a public health issue rather than simply an acute or community care issue.

It also speaks of a code of practice in relation to issues around non-communicable diseases or a health hazard. This is a term that's more often used in occupational health and safety circles, but has moved into the public health arena and relates to a guidance document on how health and hazard issues can be mitigated through this act. It may relate to an industry, it could relate to a community, it could relate to residents, and would be used to reduce or mitigate occurrence of non-communicable diseases.

So we could use this provision to tackle issues around trans fats, if that was felt to be appropriate, lead paint, playground safety. What would happen to make this operational is that during the crafting of regulations industry would

be consulted about a consultation mechanism that would then be embedded in the code of practice regulations. So not only would the code of practice have an obligation for the department or for government to consult with affected individuals, how that should be looked at and how that would look would also be addressed as part of the consultation in drafting the code regulations themselves.

Part V goes back to public health surveillance. This is around the authority of a regional medical officer of health or a designate to an inspector, to do the older style communicable disease stuff in terms of investigating the occurrences of injury or illness that are a risk and reportable events. It states a duty to report by health care professionals and environmental health officers where they become aware of an occurrence or a suspected occurrence of a disease.

It enshrines an onus of reportability. We've done that with a whole variety of things, or it has been done in the past with certain categories of injury. For example, gunshot wounds have to be reported, knife injuries have to be reported, this kind of thing. And this duty to report further bolsters the role of public health officials and public health physicians in advising government how to proceed; will, under regulation, identify those who have a duty to report health hazards or zoonotic diseases, those that we could get from animals. So that would be a discussion to be had with FLR, with chief vets for aquaculture, and for the province.

I think we recently remembered in this House, during the commemoration and honouring of those who served in the First World War, what gets forgotten is in the immediate aftermath of all those soldiers coming home, the Spanish Flu of 1918 and '19 infected half a billion people worldwide; 500 million people. At the time, the population of the planet was maybe a fifth of what it is today. It had an appalling effect on our population, and it wiped out Indigenous communities in Okak and Hebron, up in the Big Land.

So large-scale, public pandemics, health emergencies still need to be recognized, and Part VI of the bill does this. It talks about public health emergencies, and these are situations

where extraordinary or unusual measures are required. It's time limited, it's subject to legislative mandatory review. There is an extension period possible, and these powers really give the chief medical officer of health considerable scope in acting promptly to protect populations.

We can, under this legislation, under the regulations, we could authorize voluntary mass immunization programs as a priority. We can divert resources to do that. We could establish lists of individuals, or classes of individuals, to be given priority for immunization. For example, health care providers, or for drugs or medical supplies and equipment. We could make orders restricting travel. We can do some of this already under older legislation, but, again, it's not done in a way that's constitutionally sound.

So the bill recognizes that link between public health and the *Emergency Services Act*. So where there is a conflict between the powers under the *Public Health Act* and the *Emergency Services Act*, the *Emergency Services Act* will take paramount. It will take priority.

Part VII looks at emerging challenges. It establishes duties and responsibilities for orders where really prompt, almost compulsory action is necessary, and there may be little time to debate some issues. We can, through a regional medical officer of health, make a communicable disease order where there's a risk of an outbreak. We could isolate areas or groups of individuals. We can, under the act, require an individual to submit to an examination. These are not new, but the terms of safeguards around there and the ability to appeal to the Supreme Court are enshrined in a way that is constitutionally responsible; unlike the existing legislation, which actually predates the Charter anyway.

Environmental health officers or regional medical officers of health can also now deal with health hazards. So if they're made aware of some issue – I refer to the bioterrorism white package – they can make on-the-spot orders to have it seized, dealt with in a certain way, disinfected. They can close the premises until it's managed and they can specify monitoring processes.

Part VII also is this big chunk which has a lot of words around how to protect the individual's rights. I'm sure at some point someone will pick a hypothesis where one end or the other of the spectrum is approached. At some point there is always going to be a soft and grey area in the middle to balance safety of the people, in general, against rights of the individual in particular. That is the beauty of the Canadian system in that there is a legal route where the courts can hone that down and find it, and it lays out processes for the protection of the public while these individuals still have rights to go to court, if need be, to maintain their rights.

If someone would be subjected to an order by an EHO or a medical officer of health, they can appeal that within 30 days. The chief medical officer would be required to review and respond within 30 days, so there are time limits. The more severe curtailment of freedom, apprehension or treatment orders would be issued under the authority of the Supreme Court. There's a section in there about telewarrants, but it's also the right of appeal to the Court of Appeal. So, it's not without its checks and balances.

We've modernized the powers of inspectors in Parts VIII and IX, including maintaining the primacy of a private dwelling as someone's castle. You can't just walk in there unless you have a warrant from a judge, and that requires just cause. So, you just can't go barging into people's houses.

Part IX establishes authority for LGIC and the Minister of Health to make regulations in a number of areas around the five core functions. That authority does run out into all five core functions, but it is done in a consistent and cohesive way so it makes for a framework.

Finally, like all good legislation, the bill establishes a mandatory review of the new act and the regulations in five years. It also recognizes now that we have precedents from the *Labrador Inuit Land Claims Agreement Act* where there may be inconsistencies because Nunatsiavut has the right to make its own legislation in this area and where this conflicts with LILCA, LILCA prevails.

So just to wrap it up – I'm sorry I can't take my full hour; I've been told that maybe that wouldn't be wise. I get a bit evangelical about this. I have to say, I have been fortunate to have some excellent input on this and I think this is a huge step forward, taking us from the bottom of the pile in public health from a legislative framework to putting us right at the top where we should be.

As a bit of i-dotting and t-crossing, I'm pleased to also inform the House that Dr. Claudia Sarbu, who has been our interim medical officer of health, is now our permanent chief medical officer of health.

SOME HON. MEMBERS: Hear, hear!

MR. HAGGIE: She is almost ecstatic when she looks at this bill. The grin on her face since the Government House Leader went through first reading with this has to be seen to be believed. It's long overdue. It really is long overdue, but it's a further evidence of my commitment, our commitment, to the health of the people of this province. And I would really ask for support of all Members of the House and I look forward to the Committee stage on this.

Thank you very much, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER (Warr): I recognize the hon. the Member for Conception Bay East - Bell Island.

MR. BRAZIL: Thank you, Mr. Speaker.

It is indeed an honour to stand in this House again and have a discussion and debate and speak to a very important piece of legislation. It's very intense by its nature. It's very intense by the size itself. It's very intense in what we're hoping will be achieved here when it comes to health safety in our society. I will start off, as I normally do, noting how I'm going to end, and that's going to be that I will be supporting this piece of legislation.

SOME HON. MEMBERS: Hear, hear!

MR. BRAZIL: But I say that with some reservation, because I still will have a number of

questions in Committee, relevant to some of the issues around the regulatory process and some of the operational policies that'll be part and parcel of it.

I do, and I have to get it out in front, with no disrespect to the minister or his staff, but particularly no disrespect to his staff, the size of this bill, for it to be given to us in such short notice to really get to the crux of what it's all about – and that's no disrespect to the minister's ability to be able to explain what it means. Particularly, we had a great briefing yesterday, went double what would normally be the time frames for it, by very competent staff, which included the now permanent chief medical officer who outlined exactly what the intent would be of this.

Very easily, I was bought into how we see this as a benefit and a necessity of modernizing exactly the pieces of legislation that we've had over the last number of decades to ensure that we, on a go-forward basis, have a better system in play, have legislation that protects both the citizens of Newfoundland and Labrador and anywhere, anybody who comes here, or Newfoundlanders and Labradorians who travel abroad and on their return from a safe point of view; but also those who may find themselves, unfortunately, inflicted by a certain particular disease or an ailment that is seen or acknowledged or diagnosed as being something that has to be dealt with differently than you would in your normal process of going to your GP and waiting for your interventions.

So the piece of legislation I wholeheartedly support that we've moved it to the next level, that we've modernized it, that there's been a fairly intense review of it by very competent people within the department and, my understanding, within the regional health authorities – and we'll get a better understanding later on of any other entities that may have been engaged here.

It's a unique piece of legislation when you talk about dealing with health because people just see health in isolation to what we do from the delivery of the service and that. But this also looks at legal issues here, and it looks at the bigger, broader picture here because you're dealing with freedoms on both sides. You're

dealing with the freedoms of our society in a general context, in a larger context, their safety, their health and their well-being; but you're also, at the same time, having to be cognizant of particular individuals whose rights, privileges and freedoms may be infringed because of something that has to be done.

So you're talking about a balance. You have to find that balance to ensure that society is protected at the forefront but, at the same time, individuals are not wrongfully put in a situation that may be harmful to them physically, mentally, socially; while, at the same time, also being cognizant of how you would deal with those who find themselves in a particular situation from a health point of view that may warrant actions that may be taken under this new act.

I'm just going to quote on the press release that the minister put out today. "The new Act introduced today will modernize public health in Newfoundland and Labrador. It will make our legislation among the best in the country. We will be only the second province in Canada to include a Health-in-All-Policies approach in public health legislation, putting us at the forefront of public health innovation. Legislation supporting the health and well-being of our population will positively impact the province's economic potential and sustainability, and make an important contribution overall to economic progress."

I think it's a great sentence. I think it's obtainable. I think this piece of legislation is a step in the right direction to get to where we're going, and it does outline the fact about protection and the delivery of a health mechanism that ensures that we can move forward in every aspect of our life. Sustainability is around economic viability, it's about social viability and being able to have those safeguards to do that.

I will caution that the discussion will have to be around particular regulations because the old cliché in life, the devil is in the details, is important here. We need to be able to know that the time frames outlined here – and I say the time frames based on the parts. Normally, I would call them sections, but there are 65 parts to this piece of legislation, which is not the norm

in any piece of legislation we have. But I can see why, because it's such an important piece of legislation that we need to make sure that we cover off every section, or every part of the legislation that will have an impact on people's lives and be ready for the unknown.

What I'm hoping when the regulations come out, it's not only that we're dealing with situations that we've seen ourselves face in the past or at the present, but things that we could foresee in the future. There are going to be diseases, there are going to be situations, there are going to be scenarios where society may be put in harm's way that things we haven't planned for but we need to be able to have a mechanism that the response time and the resources and the mechanisms are at our fingertips; there's no delay, there's no second guessing. There's no questioning whether or not who has the authority to do what.

So I think it's very important that we get to this point, and that's what I liked about this piece of legislation. Again, I'll reiterate this for the last time. I would have liked to have had, and I think my colleagues also from the Third Party and the independents, would have liked to have had more time to really go through it to get a better understanding of definitions, what that entails, particularly when we get to Committee so we could get clarification.

It's not that we're setting out in any way, shape or form discredit what's being done, but we would like to know in a bit more detail, an opportunity to talk to some other stakeholders and to talk to those in the field who have had a particular experience in this or have been included in it. Anyway, I put that out there only because if the people of the audience are watching when we get into Committee, if there's a multitude of questions that haven't already been answered through our debate, then obviously that'll be dragged out, and it's not dragged out for the sake of playing politics. It will be because for clarification, and I'm hopeful we'll get that as we go through that process.

I do want to note again, this piece of legislation will take us to the next level. I do like the fact that we're no longer trying to catch up with other provinces. We've done that over the times, but what we've done is move beyond that. I

know the minister noted this, and so did the officials, that we've looked at other jurisdictions in Canada but sometimes you want to be a trendsetter and you want to lead. And because we're a unique entity, we're an Island to ourselves with a vast population, an Island that's separated. Then we have Labrador in itself, and we have some other unique situations there with the Aboriginal communities that we're dealing with. We need to be cognizant of how we provide the proper services there.

The fact that I know officials looked to other jurisdictions outside of North America, and I know some of them they looked at they thought would mimic how we do things here. The geographic and the social and some of the health concerns or issues we've had over the years has been South Australia. I could take that because it's a modern country. There's a kinship there between countries like us, coming from Commonwealth backgrounds, that there would be a similarity in how we would approach stuff.

So I give credit that they based that on data and information, and policy and practices that have already been tried and tested and successful as part of that. So we look at that and we look at the importance of what we're going to be doing as we modernize this whole process, but I also want to note, for people who may be listening here, that while we're modernizing a new health approach here under legislation, the key components here are what the act is all about.

I'm just going to take people through them again in case they weren't listening when the minister talked about most of those. "Promote the health and well-being of individuals and communities." I mean, that's a fairly standard thing.

I think any health professional sets out, as their main objective in life, to be able to do that. We as a society, and I know we as Members of the House of Assembly, we set that out. We don't do it in a way where – or we don't, as I say, get on the front lines and do that, but that's what this act does here. It gives a little bit more meat to roles and responsibilities, particularly around this piece of legislation, so that the well-being of individuals and communities, particularly in extreme, adverse situations. And that's what we're talking about here when it comes to this.

Adverse situations; when there's a situation, be it an outbreak of a disease or potential outbreak. If there's a situation that may be adverse to a particular group or a part of our society or geographic area, that the bill itself outlines in a very explicit way, in a very structured way and a very time-effective way on how that can be addressed.

So that's what part of that whole thing about having, as one of the key components of the act, health and well-being of individuals and communities, because in some cases it may be a whole community. The community here may represent all of Newfoundland and Labrador. From an individual point of view, it could be a particular situation that an individual finds themselves in with a particular diagnosis of a disease, or a particular situation they found themselves in because of travel or something they had come in contact with.

On the other side of it, it's also talking about when issues like that come to the forefront and it's been determined or assessed that somebody may be at risk, you want to also protect their rights, because maybe it isn't. Maybe it's a misdiagnosis. Maybe it's eight of nine criteria meet that person, but the ninth one is not there and the other eight were relevant to something else in that person's life. So you don't want them to be, for example, quarantined if that became one of the issues. You don't want a certain intervention with that individual if it's not known that's exactly what needs to be done.

So there's a structure outlined in here that gives the health authorities, particularly at different levels, if it's going to be the chief medical officer or one of the regional medical officers or one of the health inspectors, depending on when they assess what needs to be done, who has the authority to make those decisions and what that includes. What other health professionals are included in that process.

So there are a number of things outlined there that before this afternoon, I'll go through some of them to explain, clarify or put my version on it. Then, hopefully, if it's not exactly accurate, then in Committee we can get a better clarification to exactly what is intended in the act itself.

Again, I want to note, and the minister did note this, too. Some of it will be flushed out over the next number of months when we come around outlining the regulatory process. This will be enacted, I believe it is July 1. So we've got seven months to really get this right. I think we've got the proper legislation right, in a sense of the headings, the parts, the structure and the information.

The regulatory process and the integral part of the implementation of that policy and those practices are – something is going to have to be flushed out. And that's better done when you deal with the multitude of thousands of health professionals and other agencies and individuals who will be part and parcel of ensuring that the piece of legislation we're putting forward is going to meet the needs of the individuals in our province and the province as a whole, and address the particular issue here that we're talking about.

“Protect individuals and communities from risks to the health of the population.” Again, we're talking on a global issue and a global perspective in Newfoundland and Labrador to be able to react in a very expedient manner to protect our society before it gets to a point where there's an outbreak of something that's devastating, and we've known we've had it.

The minister mentioned about SARS and the impact it had on people. We've heard about what happened in Walkerton, but we don't have to go too far. We know what happened with our Aboriginal colleagues in Labrador only a number of decades ago and the devastating effect that had on them with the Spanish flu. So we need to have a mechanism at play that includes all players, from geographic backgrounds, to cultural backgrounds, to the importance of how we deliver services and these type of things.

So there's an importance here to ensure we get it right. We have one opportunity to do this now, because we have the legislation that outlines the particular processes. We need to make sure the right groups are contacted so at the end of the day we can actually put the regulatory process in place that efficiently addresses their particular needs.

“Prevent disease, injury and disability.” Because it’s not just specifically noted on a disease. That’s the bigger picture here on preventing long-term effects or death to people from a disease point of view, but it’s also about injury and disabilities. There are a number of other particular situations we may find ourselves in. It could be exposure to toxins, for example. It could be living in an environment where there’s an asbestos issue that hasn’t been addressed. It could be in an area where, from a hygiene point of view, there are animal issues that are causing potential health risks for people. So, there are all kinds of mechanisms here to ensure that we’re taking care of the individuals or the community itself.

“Provide a healthy environment for individuals and communities.” Through the legislation that’s here, there are proactive approaches to ensure that you look at things before they happen. If somebody is building a new building or somebody is tearing down an old building, or somebody is putting something in play or changing something that exists, that the community itself would have the ability to have input and, through this process here, the health professionals would have an ability to say no, stop, we need to move back; we need to engage these other agencies. It’s not isolated to the Department of Health. They have the ultimate authority, the minister, the chief medical officer, the regional medical officers, the inspectors have a high level of authority to act immediately.

But there are other line departments that would have to be involved in this on a daily basis, depending on the scenario. It could be Service NL, for example; it could be Natural Resources; and it could be Education and Early Childhood Development, depending on what the particular issue is. That’s one of the things – I will continue to reiterate this. What I read into it is the potential of foreseeing what may happen as we look and as we engage more people about what potentially could be coming.

One of the fortunate things in Newfoundland and Labrador, which used to be more relevant a few decades ago, we were always on the timeline, the backend of things happening here that were negative. If it was diseases, if it was particular negative trends, if it was challenges that weren’t necessarily what would be in the

best interest of our society, it was always a few years late before it got here. But now, we’re in a global world, people come very quickly, things happen immediately, so we don’t have that buffer anymore. If we have legislation that ensures the process that we’re using on our day-to-day issue to deal with the immediate thing, the health risk, that people have that ability to be analyzing what could be coming, what they’re afraid may be the next challenge, what may be a way to prevent something, we don’t have to react in a reaction point of view, we can be proactive.

So there are ways of being able to do that. Some of the things I liked about reading that, and even in the briefing from the officials themselves who had talked about some of the things that they envisioned would be positive stages down the road, the next five, 10 or 15 years which included – what I like here – six to seven months that we have before the regulatory process has to be put in play to make this law enacted.

While you don’t want to delay anything, because it’s important, I think we’ve got enough of a safeguard there that if we do run into that scenario in the next number of months, it can be enacted fairly quickly. But if we get this, this will be our operational process for the next number of decades. Because, as the minister noted, something that was developed in the ’70s changed, to a certain degree, but not dramatically in the ’90s. From the ’90s to now, time moved probably three times quicker than it would have from the ’70s to the ’90s. So we have to be ready for how we make those changes be efficient and be relevant. And that’s what I liked about that.

“Provide measures for the early detection and management of risks to the health of the population, including monitoring of disease or health condition of significance.” Meaning you’re going to prioritize exactly things. We already know there are dozens, if not hundreds of particular large-scale risks that we face every day. They may have to do with diseases that can be transferred from animals to humans. It could be from fruits and vegetables that are imported here. It could be from toxins. It could be from whatever it is.

We already know – there’s already a list out there that on a daily basis we’re monitoring and we’re trying to come up with an approach or we already have developed a mechanism for treatment, a mechanism for identifying what are the key identifiers to determine that this is exactly what we have to address in an individual if we’re going to do treatments, versus it being a hit-and-miss type of thing and trial by error.

So we’ve moved beyond that, but again it talks about here of looking at particular conditions that may change. We’re in a different world with the offshore exploration. That may mean we’re using techniques or we’re using chemicals that are different than we would have ever have faced before. So we need to be aware of what impact that has. Our health, society itself, what does that mean for individuals when it comes to the well-being? So you need to be able to look at some of those key components.

“Improve the health of the population and of vulnerable groups.” Because you want to be cognizant of the fact if we’re talking about seniors and seniors are more susceptible to, obviously, different levels of disease, which we know from an immune point of view that it does have that impact. You need to be able to ensure that you identify what those things are and you come up with a mechanism that works.

So in here we have at least the mechanism to have more open discussion and more components of how you move it. The gist of it – and I won’t diminish anything – is about large-scale issues. But on large-scale issues to prevent those or better deal with them, you have to deal with the immediate things that are also in an everyday society, which is again identifying particular groups. If it’s a geographic group, if it’s a group that comes from a different background, genetic background, then you want to be able to identify how you best prevent major health issues with that particular group.

So, there are things here that I like where they segregate that. Very often, we use the word “segregation” or we assess segregation as being a negative thing but, in some things, when you’re dealing with health, it’s a good thing because you need groups to be broken down on their particular need or their particular

vulnerabilities, and that’s what it comes down to here.

If there’s a group that’s vulnerable, if it’s premature children, if it’s young kids, if it’s elderly, if it’s people who already have certain ailments, you want to be understandably ready to be able to address those –

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MR. BRAZIL: If it’s people who travel all over the world who may be more vulnerable or more open to being in jurisdictions that don’t have the same safeguards that we may have in our health environment, so you want to be cognizant of those.

Also, “promote health equity within the population by addressing the social determinants of health.” We talk about that every day. We’ve had many debates here about legislation and programs and services about how do you ensure good health for everybody and equitable health, and that’s what it becomes here.

You want to do that by looking at the social determinants. What are the needs, as a society, that we need to put in place? That might mean that not every community is going to have a clinic where they can go get tested but, within a range, there’s an area where there’s a lab to get blood tested. There’s an area where there’s X-ray so you can get that; you’re not restricted by not being able to get it. There’s a geographic area where there are certain specialists or there are certain treatment processes, be it chemotherapy or radiation, or whatever it may be, or access to certain things that are part and parcel of providing good health.

So these are the key things that are in this act. As we’ve gone through it – and it’s not saying that the previous act didn’t address those. It did, but it addressed them in a less modern use of inclusion, of technology, of the skill set we already have, of the mechanisms we know and of the practices that we’ve learned from other jurisdictions and that we’ve done here internally, so that’s part of where we’ve come to get to this point.

It talks about some of the definitions here, communicable diseases: an infectious disease transferable as from person to person, or direct contact with an affected individual or the individual's discharge, or by indirect means. That's one of the key things that we're trying to do now. It's about health prevention of a major catastrophe here or major impact on large-scale members of our society, or even individuals as part of that.

Non-communicable diseases, also known as chronic diseases, are the results of a combination of genetic, psychological, environmental and behavioural factors. The main types are cardiovascular disease, heart attacks and strokes, cancer, chronic respiratory diseases and diabetes.

So, obviously, this act will also give the ability to address certain things because we have a different environment here. We have a different social environment also when it comes to how we interact from a physical point of view to our eating habits to our drinking habits, to all the things that have an impact on your well-being and your holistic health. So this outlines these type of things, right.

Zoonotic diseases are caused by infections that are shared between animals and people. Lyme disease, for example, we all know the impact that can have and what it has had on people in Newfoundland and Labrador. We've had deaths because of it. I know we dismiss it as, nah, that can't happen, but we have a vast background of animals in our wild, and domesticated, in different farming areas, in our wildlife, in our hunting processes and that, that at the end of the day, if we're not cognizant that the diseases can be transferable from an animal who may have it.

We talk about everyday there are alerts about coyotes or rabbits or fox that may have rabies and to stay away. There are times that there are bounties because this is a danger to our society. So we need to be cognizant of that, and that gives the ability there to be able to react and act in a much more fluent process. So these are things here, having the act out there, regardless of the main key point that we have a structure in place that will work better, is the fact that now it'll become public knowledge.

Over the next number of months there'll be more engagement out there. People will become aware of some of the things they may have forgotten or taken for granted and not realize we're very susceptible to major negative impacts when it comes to our health environment here, and this could be another one related to transfer of diseases from animals to humans.

Social determinants of health; the economic and social conditions that influence individuals and groups, differences in health status found in one's living and working conditions, such as the distribution of income, wealth, influence and power, rather than an individual's risk factors such as behavioural risk factors or genetics that influence the risk of a disease or vulnerability to disease or injury.

Again, it talks about our lifestyle and it talks about what's acceptable in society. We talk about educating – I used to be president of the Boys and Girls Clubs of Newfoundland and Labrador, and at one point we brought in – drink machines are gone, candy machines are gone. It had to be healthy food in Boys and Girls Clubs, because we knew what trans fats were doing. We knew what obesity was doing for juvenile diabetes. We knew the impact it was having with inactivity. So simple things like that when you look at the economic and social conditions.

Now, did we know a kid who can get 75 cents because a tin of soft drink is cheaper than an orange juice? No doubt, but there are ways of doing that. And we were fortunate enough to be able to contract, partner with the private sector, who are public there but want to be good citizens. It's a good marketing tool.

At the time I didn't realize Coca-Cola – who we had put on a pedestal as being one of our key enemies because of the drinks and the sugar content and the caffeine and all that – have a variety of products they serve us that are much more healthier. So we worked a deal with them as a sponsorship where now we would have machines in our Boys and Girls Clubs, for example, that would have healthy drinks. Then we had other ones that would have healthy snacks, and we adopted a new philosophy around that. The old cliché, where there's a will there's a way. When there's a will to keep

people healthier and safer, and who more than wanting to keep your young people?

Society will always find a way to do it, and the corporate world are smart enough to know: you know what, if we keep them healthy now we're going to have a customer for life longer and longer. They may have to diversity their product lines, and that's fine. There's nothing wrong with being able to develop partnerships, even with people you thought were enemies in the past, but, you see, the fact that they have an ability to offer something that's positive and get you to the stage of being able to achieve what you set out to do.

So there are particular things there that made sense, and I think that's where we're moving as a society. What I like about looking at the bill, and if you read it, if you ever get the chance to go through it, there are so many components of it. A lot of it is left to interpretation. That's where the regulatory process will come in and the regulations, but each one of the headings talks about the positive approach to better health.

The interpretation there, if I'm in a not-for-profit group, or if I'm with a health authority, or if I'm with a private clinic, I can interpret that using that piece of legislation, I can improve people's lives by getting the supports that are necessary. So it moves towards a number of things that the minister had talked about when he went through different components here of what things meant; you know, roles and responsibilities. I'll talk a little about some of those a little bit later, but I want to get to the crux of the intent here.

I don't want people to think that because a bill came in quickly and it's so large that there's something hidden in there – and there may be. If there is it wasn't intentional from my assessment of it, and I spent a fair bit of time in the last 10 or 12 hours trying to get my head around exactly, was there something there that needed to be explained a little bit more. And there's some clarification that we'll have from the minister.

The minister did outline, particularly, the crux of what this is about, but also some of the particular roles and responsibilities within it; without being able to go through them all,

because it would take hours to go through each one of the sections and outline exactly what each means. But when you look at certain things here, you can get the understanding of where it starts and where it ends, how that section then filters into the next one and how that starts and ends, and how they all move in a continuum that at the end of it we have a better piece of legislation that addresses the particular needs of everybody here.

One of the other key purposes: "Health in All Policies was a term first used in Europe during the Finnish presidency of the European Union in 2006, with the aim of collaborating in cross sectors to achieve common goals." So what this does here is open up the ability for health authorities, the department, all those who are engaged in health to reach out to other people who may not have normally been considered or saw their role as being very important when it came to engaging better health, and particularly if it came to health safety.

As I mentioned earlier, when you talk about Service NL, you may be talking about the Department of Fisheries and Oceans, for example, federally; you could be talking to the department of agriculture provincially; you could be talking to the veterinarian office within the provincial government. So there are a number of agencies here, or boards or commissions, or line department who would have a stake in this.

So adopting similar to what the Europeans were doing, a similar concept, or outlining it at least, outlines that other groups may themselves want to take a role in how we provide better health care. It's a very easy way of being able to do that by making sure all the players are at the table.

Also, when I went through it here, it's a strategy to include health conditions in policy making across different sectors that influence us such as transportation, agriculture, land; all these things that I just mentioned. Standard ones that people wouldn't think of.

If you want to have good health, do you know where you need to start? With education. What do we have in education? A captive audience. We have our young people. We have committed

educators who want to do nothing more than ensure those students that they have are well educated, they're well versed in society's needs and they're particularly ready to go out in the world in a healthy environment to be able to achieve the best they can.

We have that ability to do that here because we have a piece of legislation now that opens it up. And not only opens it up, but it also says we're taking away some restrictions we had before because the norm was it was a protective that health did health, education did education, transportation did transportation only, but there's a collaborative approach here now and it gives that opportunity to develop partnerships.

Some partnerships might mean there is a two-day partnership on a workshop. Some might be there is a two-year partnership. Some might be they're a partnership for life, but they're all part and parcel of what we offer to people here. That continuum about healthy societies, healthy environments and healthy individuals are the key messages we're trying to send here.

It reaffirms public health's essential role in addressing policy and structural factors affecting health. It has been promoted as an opportunity for the public health sector to engage a broader array of partners. That's what I just talked about here. One of the key philosophies here is that there are people within the health care profession themselves who haven't been engaged in the way that they probably should have been, because they're segregated in different ways.

Earlier I meant segregation sometimes is good to be able to address it. Now I'm saying, internally, we can eliminate some of the segregation and get everybody on the same page to be able to have their input, to do their part. And some of it might be an everyday input into it. Some other ones it may be once a month, once a year; it could be once in a review of the policy. So we have that ability to do that through this process here.

Roles and responsibilities – and I'll say this tongue in cheek, but the last couple of pieces of legislation that the minister brought in, myself and him had a little banter about his role and his responsibilities, or his ability to make holistic

decisions. Now, don't get me wrong. They would be based on information given by health authorities, health professionals and those in the thing, but in this particular case – and we just bantered back and forth at the time about clarification and sometimes there's too much power or influence given to one individual or one title.

But, in this case, the minister has an extreme amount of control or influence – control is not the right thing – influence on making the right decisions. But there's a holistic approach here and there's a team approach. The provincial chief medical officer has the ability to make decisions directly in a timely fashion to improve things. The regional health authority chief medical officers have that ability to do it.

So it's one of the times where I see – and the minister hasn't added, from my interpretation, new powers that didn't exist. What it's done is that they're across the board now that there would be no gap in an ability to react to a particular issue in a timely fashion, and that the system is there, and that the minister, which it's about health and it's the ministry of health, has to have certain authorities, if not total authorities to be able to direct how things go.

In this case, it is the provincial chief medical officer who is a specialist in that field who would take it on as their responsibility – and the individual who is here now, a very competent individual with a background who could then work with the regional health authorities and their medical officers to ensure that we have a timely fashion, that we assess things on the right modum, that we don't do a knee-jerk reaction, because these are people who have the professional knowledge to be able to ensure everybody's protected – the individual or society as a whole.

So we talked about that also instituting a provincial health plan, which, I think, is a great idea. It's been done over the years in different mannerisms and different labeling. But I think we're at a point now with our ability to use social media and our ability for so many other groups that exist, who may be not-for-profits, who may be charitable organizations, but also have a role and a responsibly, and have experience in providing proper health to people.

You look across from Stella Burry, for example, to Thrive, St. John's and you look at groups like Boys & Girls Clubs, who would have never thought would be at that level, who do as much in social recreation, or do equal into health education as they do in social recreation. So that tells you how our society has changed, and how everybody sees their role as being a holistic approach to providing the services that people need, so that they're healthier, they're better, they're more engaged, they're more productive citizens. So that works in a way that I think is very positive.

Monitoring and evaluating public health programs and services – it's a living entity. It changes based on need, it changes based on how we address particular issues, it changes on society's wants and needs, but it particularly, in this case, would change based on if we identify a particular issue, and be it, if it may be an immediate crisis, that we have the ability to address that.

So, the minister having – and the department, particularly – it's not only the minister, but the department there, and particularly the chief medical officer also, and the officials, have the ability to be able to react to those things, and put these things in play, the health plan that we need. So, there are some positive things here.

The chief medical officer and the responsibility that they would have particularly here – what I like about it is it's defined, so we know. Who is it we have to go to if there's a particular issue? Who do we know is going to make the decisions? And how do we know that they're competent to do it? Because we know who they are. We know their titles; we know what they work at; we know, on a daily basis, what they're monitoring.

So, it gives you a bit more confidence that the continuum would be put in play in such a way that it's expedited to the best knowledge and ability that's possible, and that knowledge and ability is by the best people we have available. So there's no off-the-wall decision making. It's based on their knowledge, their experience and their ability to enact the best services that are necessary here.

Exercise powers and perform duties independently and impartially – that's what I liked, in the conversation we had in our briefing yesterday, that you could see this position, and regardless of the individual – and the individual in it now, you can tell, from her background, that is independent, very knowledgeable, but the fact that they have that ability that they can act. If other members in the medical profession, if the minister is not available, is out of town, this person is the person on a daily basis who is dealing with that particular, the general health, and would intervene there. So having these things spelled out is reassuring that we know that we're in a good place.

That they're employed by the department – you want to have it, because that's where our health plan is, it's where everything is coordinated from there to the health authorities. This is where the specialities are. This is where you can also call upon other jurisdictions if all of a sudden there's something you haven't faced before to get their input and their knowledge and maybe share resources depending what the scenario is as part of that.

Oversee provincial responses to public health incidents including emergencies – as we talked about, the whole intent of this, you know, the major gist of it is about that; having a mechanism and reassurance that in a case of an emergency, and having to deal with public health incidents that we have a response and a mechanism and a process and legislation that protects everybody involved. That there are no delays and that there is a process for putting in play the plans that we need.

I also note the other authorities that are involved here. I say this, why this is important, so people would know this is just not at the whim of one individual or what happens if that individual is not available or this process that there's a whole mechanism, at certain levels, there are things that are being monitored. That is not just well, this person is in St. John's. They may not know what's happening in Labrador. They may not know what's happening on the South Coast. They may not know what's happening on the North Coast. So, you want to be able to make sure that there's a mechanism.

We also have regional medical officers of health, and they're employed by the regional health authorities and they follow the direction of the chief medical officer. They know they have the same authority within their region and they would know exactly what it is that the legislation outlines and their responsibility with addressing particular issues that may come to the forefront when it is addressing health concerns, be it public health immediate needs or emergency needs.

There's a three-tiered system just automatically that ensures the whole Province of Newfoundland and Labrador is covered in a case that there is an emergency or particular intervention on public health that we have that mechanism.

We also have environmental health officers and they're employed through Service NL. They consult with the chief medical officer of health and the regional medical officers of health. These would be the foot soldiers, as I put it. These would be the people who would go in and inspect certain things because they would have the training in particular areas. If it may be around certain diseases, it could be around toxins. These would be people who would know what agencies that they need to call in at a given time to do an assessment and then they would look at that and, through their inspections, they would do the referrals to the health inspectors themselves too.

This is another mechanism where we have another realm where there are a number of players in play who, for something to be enacted, they all must be comfortable that this is indeed an issue, or aware. Again, you want to make sure this is not a knee-jerk reaction that you jeopardize people's safety, or community safety, by doing something that hasn't been acknowledged is a reality.

When you start going through these mechanisms, you start seeing – if all these players, when they're doing their thing, and the thing about this, it can be done in a very timely fashion once we know what the regulations are and the responsibilities based on that. But the mechanism outlined here in this piece of legislation, in my opinion, gives us that. Now, in six months I may have a different story. I would

hope not, and I'm fairly confident we won't because of the individuals involved here, that this will be farmed out. It'll be designed in such a manner that everybody would know the roles and responsibility, the regulatory processes and how that can be enacted in the most timely fashion to ensure the health safety for everybody here.

We then have: Health Promotion and Disease and Injury Prevention. In this case here, the minister may prescribe a disease as a non-communicable disease; chronic diseases; the minister may issue a code of practice. So we're talking about things that would be noted here to outline exactly how things can be done and the education process we would want to use to ensure that we develop the partnerships necessary, that the mechanisms are in play, that the resources are there.

There's still a question around – and we'll have that discussion when we get to Committee – about what additional resources may be here. I know it's very easy for all of us to say we spend \$3.3 billion in health care, isn't that enough money? Well, it may be. And people might say, well, maybe you can shift resources around – but maybe you can't. That's a decision that'll have to be looked at as you reassess everything.

Do you change roles and responsibilities? Maybe that works. Do we take a different approach to what we're doing? If developing our partnerships makes it more fluent and more efficient, well then maybe we can do this; change our legislation, enact the processes we want without it being a financial burden and with the confidence that those who are providing the services have the resources and the training necessary. So there are ways of doing this. We've got ways of using technology that we've never even imagined in the past to address particular issues like this.

We also want to look at the least intrusive means to ensure health of the population at large. Orders to detain an individual that could be carrying Ebola, for example. You want to be able to minimize the impact it's going to have on somebody because you want to make sure that it's so less intrusive.

It could be somebody who came back from another country and they may show some of the signs of having that particular disease. So then you're putting them in quarantine or isolation away from their family, or you're isolating their whole family, or you're quarantining their home or a particular area. So you want to be able to make sure that at the end of the day you'd make it less intrusive. You want to be able to make sure that all the mechanisms are in play, that what you're doing is indeed something that would protect the rest of society and that particular individual. You want to look at the mechanism you have.

We've had some discussions around the impact it would have on a particular individual. There may be some debate on how you would approach that, depending on – in the regulatory process how that would play out. But if you're talking with somebody who may be diagnosed with a particular disease when they're giving blood at a hospital, do you call them in while they're there and tell them, this is what you have, you're going to be isolated right away. That could be by a technician telling them or it could be by the nurse.

What impact does that have on their mental health? What impact does that have on their social health? Do you find a mechanism in play that our health professionals in all of these institutions have the ability to be able to do the immediate counselling? Because you may have to put somebody in isolation right away. You may have to tell them they have to change something dramatically in their lifestyle from that moment on, whatever it may be, and you want to be able to also not have such a negative impact on them that now that adversely has another impact on their health outside of whatever it is you've diagnosed that they have.

So there's a process here of making sure that it's less intrusive, while never forgetting the key objective here is our safety, the health and safety of our society as a whole, but every individual in that society has rights and freedoms that you don't want to be too intrusive on. You do know at the end of the day if there's a particular issue there are going to have to be restrictions on that individual in dealing with how you're going to address that situation and the impact it may have.

We talk about the *Personal Health Information Act*; we've talked about that. There has always been some conversations about the information you can share on an individual. Well, this legislation, from my perspective, talks about and outlines the health professionals in the system who all have the responsibility of keeping your health information private. It's to be shared with those individuals who are in the health profession who are trying to address a particular ailment of an individual or prevent something on a larger scale from happening that would have an adverse effect on our society.

Here you're talking about authorizing the collection, the use and disclosure of personal health information. You want to minimize the impact that has and who it has to be shared with, while at the same time realizing information in particular situations here, particularly if there are severe emergency situations, it may have to be shared with more than the norm that would be the normal process in health interventions. But you want to do it in such a way that you have safeguards in play that that information is kept. For two reasons: the protection of that individual, but also you don't want to have a scare tactic going in our society.

If somebody all of a sudden hears or finds out that there may be a particular issue or disease or ailment or impact on a particular neighborhood or community or a family, you don't want that adverse issue, because now you've got to deal with two issues. You have to deal with the interventions but you also have to deal with now, how do you maintain civil order with people? How do you keep people into the regular routine until there has to be an intervention for some reason if it's determined they were exposed to something? So you want to have all these types of things that are important.

We talk about health protection here, the protection itself. And that's the whole crux of what we're discussing here. We talk about communicable diseases and health hazard orders. So you have the ability here now. This is what we're getting to. The whole discussion I've had here was about the framework of what this is about, but it comes to the fact that now you can make that order.

The minister, the chief medical officer, the regional medical officers can make those orders in areas after doing pure investigative processes, doing their due diligence to ensure that what we're going to do is the last resort and as part of that, but they do have the authority to do that and they should have that, because their ultimate goal is protection of our society and individuals. They have that ability to do that.

To apply for a court order for apprehension and or treatment – because, unfortunately, in some circumstances, depending on people's status, people's state, mental state, whatever it may be, their adversity to something, their acceptance, their protest with society, they may not want to adhere to what is the proper treatment for dealing with whatever situation they may have. We may have to impose, through the courts, an apprehension process. That would include just what I talked about.

It's not isolated to just the Department of Health. You got the Department of Justice, you got our police forces and you got our court systems. So you may have to in some cases, and no doubt – unfortunately, we will have to do that down the road because certain behaviours or certain circumstances people either don't accept, don't care or their mental stability dictates they don't understand what's happening in certain circumstances of what has to be done.

We need to have that mechanism in play that protects the rights and freedoms but at the same time gives society an ability to protect itself, and that's one of the ones here. You need to have the ability to conduct inspections on premises, because if there's a fear or a potential understanding that there may be something that's a threat to society or individuals, you want to be able to bring in the authorities, the inspectors, the proper individuals, the trained individuals to go in to a property or to a vehicle or whatever it may be to ensure that. So you need to be able to have the authority to do that.

This act gives the authority on that call to be able to do that through the legal process, to declare public health emergencies. You need to be able to do that, because at the end of the day somebody needs to be able to make the call. We do it in other line – municipalities have RCMPs,

RNCs states of emergencies, depending on the situation in a scenario and these type of things.

We need to be able to do that from a health point of view, and you need to have an authority that can do that in a timely fashion. This legislation gives that ability, either to the minister to declare emergencies or advise the chief medical officer for health for a 14-day period. They may be extended based on the circumstances.

So the thing about this is, in this case, if there's a declaration of a health emergency, that it doesn't stay forever and a day. That it's reviewed.

Within 14 days there would have to be another assessment and then another decision on whether or not we have a process in play that is going to address this, or we need to extend it, or we're going to draw back to a certain degree, or it's going to be isolated to particular regions, or whatever it may be. That there is a process in the legislation that actually will protect every part of it, yet give the authority the responsibility and the rights to be able to do what, after research and their specialty and their professionalism, the decision that would be in the best interest of everybody.

Authorize the use of special measures, and special measures could mean we're going to demolish a building because that building has a potential for an adverse effect medically, health-wise on a neighbourhood, on society. I use asbestos, for example, as one potential example that could be in a particular building if there are people in it. It could be something else that's adverse. It could've been toxins in a certain area. So the authority is there, for special measures to be invoked, to do that.

Obviously, regulatory processes, we'll talk about who's responsible for the expense relevant to that. When we get into the regulatory processes there, that'll be fleshed out to know if it's something that was caused by a particular individual or a company, then what are they responsible for versus the taxpayers? If it's something that's been out of nobody else's control other than society in general, well then obviously we as a society and as a government, you have to pick up the cost of protecting our society.

Mandatory reports to the House of Assembly within six months. One of the key things when we got into it and when I saw that, that I sort of said, you know what, this takes us in the right direction. Because if something happens and the minister or the chief medical officer for health makes an emergency call on a particular issue, within six months the House of Assembly – we represent the people of Newfoundland and Labrador – would have a report that would outline how we got to that point.

What were the causes? What was the inspections that would identify that? The information relevant, how the authority dealt with it. What are the present and future risks assessed in that? What have we learned from it? What are the mitigating circumstances or interventions that are necessary to ensure it doesn't happen again or we're better prepared for it? What do we learn from that?

The House of Assembly being able to have that open discussion and the debate is only good. Talk about open and transparent, to me it's an extremely positive way of ensuring that everybody who has any stake in this has an ability to have input, to make sure what was done was done in the right manner and what we learned from it we build upon and we make it either more secure and more productive, or we find ways to eliminate whatever that particular emergency was.

When that was discussed I sat back and said, you know what, maybe this becomes the trend on everything else that is of major significance in this province that we do, that it would come back to the House of Assembly. And there are a multitude of other things that I won't get in and discuss other line entities out there that should come to the House of Assembly for debate, but this is about health and health and safety right now. We'll have a time to have that chat down the road over the next sittings of the House of Assembly.

It also talks about here, I like to think about surveillance and population health assessments. The authority to investigate illnesses, injury or death related to a risk to health of the population. So it now defines. The health authorities always had that ability, but having the definition that clearly outlines the roles and

responsibility you have, and the mechanisms they can use.

So this is about if there's an injury or a death or an illness, that there's an investigative process that can be put in play. There's a protocol that can be immediately done so there are no delays and it's not after the fact. We've always heard somebody should have done this right away and you'd have a better understanding of what caused it or how it could be prevented. In this case, the ability is there right away to make that call, to be able to do things that are in the best interests of that particular situation or individuals that are involved.

Duty to report communicable diseases, zoonotic diseases and health hazards. So we have the ability here through reporting that now would be public knowledge of stuff that the general public probably wouldn't have known about. If you weren't particularly connected to a particular part of the health profession, or in some other entity, Justice or whoever else may be engaged through the Service NL inspectors, you wouldn't be aware of it. But now with social media and our ability to put out information, people will become more educated, more aware.

Who are the best people to be able to tell us and identify what might be potential risk? The people who live it every day. The people in our communities. The people who now understand what I saw two weeks ago that didn't seem to be an issue then, two weeks later is a major health issue. If I had known then what I know now, that wouldn't be a major health issue because I could have identified here are the five protocols, or here are the five indicators that this could be a risk.

It could be an ammonia leak at an arena, for example. Things like this that once this information gets out there, people become more educated. It's a very easy way for people themselves to become self-identifying, policing, and I say that in a very positive way. People then would be able to say, do you know what? I see this as a risk. I went into a building that I didn't realize asbestos was exposed, but now I do. Kids play there every day, for example; or seniors, it's a seniors home.

So there are ways here under this process that would give our society, people in our society an opportunity to have input and to do their part, because it's impossible – no other level of bureaucracy are you to be able to do the be all and end all for everybody. You need supports and you need help. What better way than to have our citizens be educated around those.

A requirement is that the minister develop a five-year public health plan. I like that also, because as we start this process – and I mentioned it right at the beginning of this – our society changes on a daily basis, but particularly on a five-year. One time it was generational, now it's on a five-year plan –

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MR. BRAZIL: – that's maximum. In five years trends change, needs change, priorities change. So having a five-year public health plan is a very positive thing.

There's a five-year road maintenance plan which is good, because people don't understand me. Again, I won't discuss that but the concept is great and I like it. A five-year health plan, the same concept. Again, these are trends that I see in this that shouldn't just be confined to one or two departments. I think they can be the norm across how we activate and how we operate in the House of Assembly, or in government.

It doesn't make any difference what government is in, what party. It's the operational process. I think it's very positive, and this is another – now we've got two. Maybe next year we'll have three or four, maybe we'll have 10, maybe there are 25 five-year plans, and as you develop them maybe there's a connection between them all. You save resources and you have a fluent process there.

Also, the mandate of the chief medical officer for health to provide a regular population health status report. So we would have that. The question I'll have when we talk about the regulatory thing: Is that a report to the minister, is it to the department, is it to the House of Assembly, is it to the general public? I'd like to know. I think it's a fair question that I'll ask.

I would hope it's to the House of Assembly or to the general public as the Auditor General does. I think it's a positive. You're talking about your findings. You're talking about your challenges and your risks, but you're also talking about going forward on how you're going to address some of these things. So I see that as a positive.

I note my time is getting down –

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MR. BRAZIL: – and it's perfect timing on the issues I made, but there's one other one before I summarize everything –

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MR. BRAZIL: – the ability to identify the needs of the civic populations and to prevent chronic diseases and injuries. Because, as we talked about, we have a unique society here. We have a cross-section of different population areas, from an immigration thing to our Aboriginal communities, to people who come from isolated remote communities. We have different lifestyles. So we need to be able to do a population-oriented health needs assessment based on those particular challenges, and to be able to do that and then have that encompassed in our five-year health plan.

You can't just have a plan without having all the data and all the information you need. So this gives the ability in this piece of legislation to be able to tie all the things together. There are all dots out there, now you can put them all in a straight line so at the end of it we have better health for the people of Newfoundland and Labrador.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

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

MR. A. PARSONS: To those Members suggesting leave, I say be careful what you wish for.

I would move, Mr. Speaker, that we adjourn debate on Bill 37.

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

MR. A. PARSONS: Thank you, Mr. Speaker.

I call from the Order Paper, Motion 2. I move, pursuant to Standing Order 11(1), that this House not adjourn at 5:30 p.m. today.

MR. SPEAKER: The motion is that the House do not adjourn at 5:30 p.m. today.

All those in favour of the motion?

SOME HON. MEMBERS: Aye.

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

Carried.

The hon. the Government House Leader.

MR. A. PARSONS: Yes, Mr. Speaker.

I call from the Order Paper, Order 6, second reading of Bill 37.

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

MR. FINN: Thank you, Mr. Speaker.

It's certainly great to stand today and offer some thoughts on Bill 37, An Act Respecting the Protection and Promotion of Public Health.

Considering the Member for Gander, my hon. colleague, the Minister of Health and Community Services, and the Opposition Health critic, the Member for Conception Bay East - Bell Island, I'm not sure if there's much I can add, Mr. Speaker. The minister was very thorough in his delivery, and I understand we'll hear from all sides of the House.

To the Member for Conception Bay East - Bell Island, thank you very much. It sounds like

you're very much in favour of this bill.

Considering the bill is about the promotion of public health, I certainly heard that you were in great favour of promoting public health to all and, in particular, promoting this important piece of legislation.

Mr. Speaker, I'm just going to take a few moments, I won't belabour it. There are certainly a few very important things in this bill. It was great to have attended the announcement here at the lunch hour in the Media Centre where the minister gave an overview to the media, and public as well.

Mr. Speaker, this bill has been a while in the making, to say the least. This was some sentiments that were certainly echoed by the minister, and in particular, his staff. I've had the great pleasure, as being recently appointed the parliamentary secretary to the Minister of Health, in the Department of Health and Community Services, to meet with his staff and to go over some deliberations about some of the important work and some of the length of time it has taken them to get here where we are with this legislation today.

Mr. Speaker, a couple of key aspects to the bill is around promoting health and well-being. We're talking about protecting individuals and communities from public health risks, preventing disease, preventing injury and disability. We're talking about providing healthy environments for individuals and communities. We're talking about implementing measures for early detection and management of risk to the health and of the health of our population.

We're talking about the monitoring of diseases and other significant conditions. We're talking about improving health to vulnerable groups, and this is around the social detriments of health. We're also talking about promoting health equality by addressing the social detriments of health.

Mr. Speaker, one of the key things, and this was noted, is around the Health-in-All-Policies. Health-in-All-Policies is something our government has been quite vocal about and something we're going to keep a lens on with respect to all legislation. But with this bill, essentially Health-in-All-Policies is now

enshrined in legislation. This certainly makes it a mandatory component when we're talking about reviewing legislation.

The Health-in-All-Policies unit that was recently – and it was established by the Executive Council, I understand has currently been deployed to support the Department of Education and Early Childhood Development and the Minister of Education. In particular, the Health-in-All-Policies unit there is looking at some of the ways around supporting the implementation and the recommendations and the focus that was on *The Premier's Task Force on Implementing Educational Outcomes: Now is the Time*. It's certainly great to see the approach there.

One of the most important pieces, and both the minister and the Member for Conception Bay East - Bell Island pointed to, was around the importance in this bill around what we're doing about communicable diseases. The minister referenced a number of communicable diseases and how things evolve over time. There was specific reference to tuberculosis, Ebola. One can only go back a number of years and we look at the SARS outbreak, amongst other things.

The *Communicable Diseases Act*, the communicable disease services act – sorry, the *Health and Community Services Act* and the *Communicable Diseases Act* is very old legislation. The *Communicable Diseases Act* certainly predates me. The minister said it predates the Charter of Rights and Freedoms. I think it was somewhere in the early 1970s when this act was out there, and it's so much out of date.

I'm just going to give you a couple of examples as to what our current *Communicable Diseases Act* and some of the provisions in there. Currently, right now, for example, there is a duty, it states, for hotel-keepers to notify the medical officer of health when they suspect that a person in the hotel has a communicable disease that is dangerous to the public.

Further, it states, that a person with a communicable disease must not milk cows until they have a certificate from a health officer to say that they are no longer infectious. In addition, it's a current requirement for people

that are in charge of laundromats to refuse “clothing from a premises where there exists or has recently existed a case of a communicable disease.”

So, Mr. Speaker, I think these examples alone, to get an understanding and to put this in context as to the significance and the necessity of this new legislation, that's just some examples of where our current public health legislation is in that regard. So the need to modernize was most certainly there.

One of the most important things that we'll do with respect to work around communicable diseases, it's going to formally recognize the roles and relationships among various public health officials, and in particular, as noted, during public health emergencies. So this is around formalizing the roles of the chief medical health officer, who the minister referenced earlier as well, Claudia Sarbu, who was very, very pleased to work in partnership with the staff on this legislation. It was certainly a pleasure to meet her just yesterday and discuss some of the important aspects of this legislation.

It's also going to recognize and formally put in place in a proper procedure for regional chief medical health officers as well. In addition to that, our environmental health officers will now have a specific role and there will be some specific tasks they will be charged with.

Mr. Speaker, this bill transcends, as is noted, a variety of departments. You can imagine when you want to look at putting a Health-in-All-Policies approach, I can only look just to the front bench here. The Minister of Children, Seniors and Social Development, certainly a significant role here when you talk about the health and promotion and wellness of our young people and children, particularly with respect to the Minister of Education and Early Childhood Development as well.

It was alluded by the Minister of Justice, when you talk about enforcement and informing the public safety of our province when we talk about the spread of communicable diseases. So it transcends a number of departments and it's certainly very modern legislation. The minister noted, I believe, we'll be one of the first in the country with this type of an approach.

Mr. Speaker, for the first time these public health officials, and some of them I just referenced, they'll be legally protected from liability when they carry out their roles and responsibilities in good faith. It's certainly something that's very significant. So they're carrying out their roles in good faith to protect the health and the public health, and protect all of us from what could be a public health emergency and/or health hazards. So for the first time they're now being protected in doing their duty.

The rights of individuals are being protected, and the minister alluded to the fact that the bill, while certainly extensive – there are some 50-odd pages here – there's a huge portion, close to half of which is essentially all around ensuring that the rights of individuals who may have a communicable disease in any of the scenarios, and the rights of these individuals are protected.

Another first for the bill, Mr. Speaker, is the legal recognition of non-communicable diseases within the sphere of public health. For decades we've seen our public health system take an approach to prevent non-communicable or chronic diseases. So this bill is going to provide a legislative foundation for that work. The minister said it will just essentially put another tool in our toolbox.

This is specifically referring to what we're, in the bill, calling a code of practice, and that the minister can now issue a code of practice to prevent the occurrence of non-communicable diseases or health hazards. The minister specifically referenced, I believe when we look at things that could be detrimental to public health. It could be lead paint on playground equipment. It could be some areas around trans fat and what that means.

You look at some of these types of orders that the minister would now have the ability to provide. It's certainly something that – well, as technology and as science evolves and as research and development continue, we need to be in a position where we're not backtracking.

So if it's found that a new type of additive to a food, for example, could present a great concern to our public and to our public health, well then we need to have some provisions whereby the

minister, in consultation with industry, of course, and that's certainly enshrined in the legislation, there'd be significant consultation. But we need to have a provision in which we'll be in a position to act as opposed to react.

Simply put, the code of practice is referred to as a set of guidelines. It's going to help us achieve a desired outcome. So once these are developed by the minister they would be legally binding and they would be able to be enforced by our medical officer.

This also puts into perspective the fact – as I said, the minister would have to have some consultation. A lot of consultation has to be done with industry, and you may be able to publish reports on industry, any industry sector or individual organization and performance in relation to these codes of practice.

It's certainly a very powerful tool and it's something the minister referenced in his earlier remarks as well, that we could look at other jurisdictions where these things are done. It was noted that in Quebec there are some provisions around the advertisement to young children, particularly under the age of 13, and what effects advertisement to children under that age could have on their overall health.

Mr. Speaker, with respect to some of the formal roles, I mentioned the chief medical officer and the regional medical health officers as well. Our environmental health officers within the Department of Service NL have a tremendous role to play in a variety of aspects in this province. Whether that'd be pertaining to service standards, whether it be building codes and restaurants and the types of things that are involved with the inspection of restaurants. So if they get to a point where they recognize something that could be a potential health hazard, we're giving them now a greater ability to recognize and clearly define what is a health hazard, and giving them the ability to do that.

Mr. Speaker, in doing so we're keeping in mind the rights of people, but we have to understand that we have a duty to protect. We have a duty to protect all of the citizens of the province. So identifying health hazards, clearly identifying what might be a public health emergency, it's

these types of things that are extremely important.

Mr. Speaker, when it comes to the new enforcement and the new ability to enforce some of these things, there's obviously a great deal of consultation, particularly when it comes to the communicable disease piece. One would not just apprehend someone without some reasonable consultation and these types of things, and I think this was alluded to by the Member for Conception Bay East - Bell Island. But, as such, there are also times where we have to consider that people could take offence to this. So there has to be some offences, and there are lots of checks and balances in place.

So, Mr. Speaker, that's some of the key points in a bit of a nutshell. There's a huge piece around health promotion. I know as a government we have made great strides when it comes to health promotion. We only have to look at our Remote Patient Monitoring program, for example, initiatives that we've taken with diabetes, or dial 811 or dial a dietitian are just some of a few examples.

Mr. Speaker, in looking at some of the other things we've done, there are a lot of things that this legislation has to keep in check as well. This transcends not only departments, but it transcends other pieces of legislation that are currently in place.

We have to look at our *Food Premises Act*, the *Personal Services Act*, the *Animal Health and Protection Act*. The minister spoke with respect to the care of animals, and we could have airborne diseases, reference to hoof and mouth disease and certain things. So there are all kinds of things that could transcend, whether it be from animals to humans.

We look at this act and we have to only think of our *Environmental Protection Act*, the *Smoke-free Environment Act, 2005*, the *Tobacco and Vapour Products Control Act*. That's another point when it comes to – just to give another example – the codes of practice. Right now the federal government regulates the sale of tobacco. The warning labels on such packages of tobacco cigarettes certainly present a warning and something to identify to individuals that this is a public health risk.

So that's kind of a similar example to whereby if something new comes about in society – again, be it through science, research, development and technology – that under a code of practice the minister might be able to have a role in consultation with said industry and with medical professionals, that this would be something, a similar tactic could be used.

That just gives a bit of a scope, if you will. Again, I'm not going to take all of my time here today. The Member for Conception Bay East - Bell Island took a lot of our time. The minister I know will go to great lengths, I think, in particular, Mr. Speaker, when we get to the Committee stage. We'll probably get into some of the nuances of the bill and it will give folks here in the House of Assembly and folks tuning in listening at home, a greater understanding of what some of this means.

I'm very pleased to see the legislation coming in, to see the excitement of the staff. Certainly, a huge shout-out to the minister's staff and, as I said, just having the pleasure over the last number of days to get to know some of them in greater detail. They've been working on this for quite some time. This legislation is certainly a long time coming. We're talking about decades. I'm very, very proud to see that we'll be one of the leaders in the country when it comes to promotion of health and our public health legislation.

With that, Mr. Speaker, I thank you very much for the opportunity and we'll certainly look forward to hearing what other Members say as the debate unfolds.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER (Trimper): Thank you.

The hon. the Member for Mount Pearl - Southlands.

MR. LANE: Thank you, Mr. Speaker.

It certainly is a pleasure to stand once again and represent the good people of Mount Pearl - Southlands and to speak to this bill, An Act

Respecting the Protection and Promotion of Public Health.

Obviously, the bill is pretty substantial which is not surprising, given the scope of what we're really talking about when we're talking about public health. There are numerous aspects to public health. Although, a number of the things that are here are not new. A lot of this already existed or exists, but it is taking basically what we had and is sort of expanding it to some degree, clarifying some things and it is modernizing the legislation. That's really what we're doing.

I'm not going to get into all the details because between the minister and my colleague from Conception Bay East - Bell Island, I'm not sure there are any details left to get into to a great degree. I think they covered it off pretty well.

I will say that I do support the legislation, as others have said. I'm sure every Member of the House is going to support the legislation. Why wouldn't we? It is a pretty inclusive piece of legislation. I think it covers all aspects. The minister has indicated it has taken best practices from all throughout the country and, perhaps, even added a few new best practices. By national standards, the minister has said that it will certainly be considered leading edge, if I can put it that way, to some degree, and that's good to hear. That's something that we all, again, would support.

A lot of this, Mr. Speaker, is talking about public health and public health emergencies, communicable diseases and so on. As it has been said by others, there has to be a balance between protecting the public but, at the same time, respecting the rights of individuals. Certainly, there are a number of mechanisms here, in place, that does both. There are appeal mechanisms here for individuals who feel that, perhaps, their rights have, in some way, been infringed by any actions that may possibly be taken toward them in the event of some sort of a public outbreak of a disease, for example, or something like that.

Obviously, we realize – that makes sense – that we have to respect individual rights but, by the same token, we also have to recognize that if somebody, just as an example, is a carrier of a particular disease that could be spread

throughout the whole population, that could have detrimental impacts to the whole population, then, obviously, there has to be measures that health authorities, Department of Health and the government, in general, can take to protect the populous as a whole; but; by the same token, as is indicated, ensure that the individuals rights are protected to as reasonable an extent as possible, given the circumstance. And these would be emergency-type situations or potential pandemic situations, and so on.

So, it is important to have that there and to have that in place. It's important to have structures in place, and to have positions in place to deal with all these things, which is contained in here, and I'm sure, as I said, we would all recognize and would support that.

Part of this, as well, gets into things like when you talk about public health, we're not just talking about pandemics and communicable diseases and so on, but we're talking about public health in terms of restaurants and hotels and stuff like that, public swimming pools for example, water supplies, sewage systems and so on. Anything that could potentially lead to disease, I guess, in humans, or risk to humans, that the public would be availing of, it ensures that there are mechanisms in place to cover all of those things.

I would say, Mr. Speaker, that there's also a section here – and the minister sort of emphasized it and others did – it talked about the social determinants of health; it is emphasized in this legislation. I think that's important to do that, But when we talk about social determinants of health or when we talk about anything in here, really, one of the issues that will always come from something like this, is that it's great for us all to stand here and support this legislation and say how great it is, and how it's going to improve things and whatever – and certainly it does to the framework to do that, and we all support that. But, like any legislation, part of the problem, part of the issue will be that a lot of the details – and I know that this sounds repetitive when we come to other legislation. I remember the *Public Procurement Act* was the same issue; that there was a framework and then all the details are left to the regulations – well, no different.

This here does have quite a bit of meat in it, which is good, but there are going to be a number of regulations that are going to flow from this, and then there's going to be a number of policies that are going to flow from the regulations. And depending on what those policies, what those regulations, and what those policies look like, the specifics, which this House of Assembly will have no idea, or no input in developing, that's just the way it works – that's not pointed to this administration. It would be no different before but, at the end of the day, the devil is in the details.

So, while I support this from a broad perspective of what's here, I do sort of throw out the cautionary note, if you will, that it is all contingent upon: I have no idea what specific regulations that the Cabinet will decide on – because it's the Cabinet – well, the minister, but it goes through Cabinet of course, approval, and the minister – I don't know what those regulations are going to look like; the specifics.

I also don't know what policies, for example, the health authorities and so on, are going to develop in conjunction with the regulations. We don't know. That will be up to them to do. While it all sounds good and it covers it from an overarching point of view that we all support, we don't know what all those details are going to be. There may be things in there of how this is interpreted because, really, the regulations are kind of an interpretation of the legislation. What the minister's interpretation of certain clauses in this legislation might be and what someone else's interpretation might be, may not be the same. The interpretations of the policies based on the regulations could differ.

It is always important to note the fact that any time we support legislation in this House of Assembly, and we are supporting the general framework, but we don't know specifically what it's all going to look like at the end of the day as it becomes policy, on the ground, grassroots, applying to people. It is important to note that.

The other thing, of course, is it's one thing to have legislation, one thing to have regulations, it's one thing to have policy but then it comes down to resources. We can all talk about all the good things we need to do, the important things we need to do and the vision, if you will, but if

there's not appropriate resources given to implement this stuff then that could be an issue, potentially. I'm not saying it's going to be an issue, but it could be an issue.

There are enforcements, because when we talk about a lot of these policies – like when we talk about, for example, just give as an example, restaurant inspections. I'll just throw it out there as a random example, or inspection of water systems or sewer systems or hotels or whatever. It's all good to say we're going to have all these standards but if we don't have enough inspectors out actually on the job inspecting these things, then it's a problem.

If we have inspectors – and I've heard these stories in the past. I will say, not in the recent past. So I don't know if it still exists or not, but I've certainly heard stories from people who had worked in health inspections in the past, former people, who have indicated that there were many concerns. Many concerns brought forward to the department at the time whereby – for example, a public health inspector might go out to a restaurant or something like that and flag a business with a number of violations and concerns, and be ready to potentially shut that business down because they thought it wasn't safe.

Only to arrive back at home base to be called into a director's office or whatever to say: B'y, you're going to have to ease off on this. You're going to have to ease off on these directives because the Member for that district called the minister and the minister, he or she, are going off their head: you can't go shutting down this business, blah. And for the inspector to say: Well, these are legitimate violations, this is public health we're talking about. And for them to be told: Well, I don't care what it is, you're not shutting down this business.

So I'm not saying that happens every day or whatever, but I've been told of numerous incidents like that over the years where inspectors, whether they be safety inspectors, whether they be health inspectors and so on, were hampered from doing their job because of the pressure applied from top bureaucrats through politicians. So, again, if we're going to have legislation like this and we're serious about public health, then we have to ensure that that

type of pressure does not come to bear when we're talking about public health and public safety.

When we talk about the social determinants of health, Mr. Speaker, which is contained in here – again, it was indicated by the minister and others that social determinants of health is emphasized in the legislation. So it's fine to say that, and that all sounds wonderful. Again, when we're talking about social determinants of health, a big one is poverty, right? A big one is poverty.

So it's fine to have these policies and have this legislation, but if we don't address issues around poverty, issues around housing, issues around addictions, issues around how our seniors are being treated in long-term care, issues around personal care and the personal care hours they get, issues around dental programs for seniors, for example, issues around over-the-counter medications for seniors, all those who need it.

When we talk about all those things, the ability for our seniors or anybody, any of the marginalized people in our society, if we don't have policies that are going to make things that these people need to maintain their health affordable and available to everybody, then this policy or this whole idea of social detriments of health, writing it in this policy is not worth the paper it's written on unless we actually put the mechanisms in place and the policies and the resources to make sure that people who need services, people who can't afford services, people who are in poverty and so on, or on the brink of poverty, people who have no housing; unless we address those issues, than this is useless what's written here.

I'm not saying that government doesn't have every intention of doing its best to do that. I realize we have limited resources and all that. It's not being critical. It's just making the point, though, that putting this in place in writing as a piece of legislation, while it's admirable, while it's good legislation, while we all support it, it's useless unless the regulations, policies meet the needs of the people, meet the needs of the public, that the appropriate resources are put in place, appropriate enforcement is put in place and everything is done above board.

So I have no reason to believe that that's not the intention of the minister and the government. I'm sure his intentions are great. Again, in terms of this legislation and the framework that's here, I think it's very good work. I do support it 100 per cent. I'll have a couple of questions when we get to Committee, unless someone else asks it before I do.

Again, I will say with this one, because it's so large, it's so encompassing, all of the topics, if you will, contained within here, I will say that the devil will be in the details of the regulations. I will support this, but I cannot guarantee – the people who voted for me at least – that what's in here and what that policy ends up becoming at the end of the day is necessarily going to match up with what I'm envisioning here, because I honestly don't know.

I will support the legislation.

Thank you, Mr. Speaker.

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

MS. DEMPSTER: Thank you, Mr. Speaker.

I'm happy to stand and take a few minutes to speak to Bill 37, An Act Respecting the Protection and Promotion of Public Health.

I know, Mr. Speaker, my previous colleague across the way, he's a little bit skeptical. I want to talk for a few minutes about the fact that I believe this bill is truly a forward-thinking, innovative and progressive of legislation, Mr. Speaker, and I suppose, given where I sit, I've already read this bill in its entirety and the supporting notes, and it has been through Social Policy Committee.

I want to commend my good friend and colleague, the Minister of Health and Community Services, for bringing forward this piece of legislation. Also, like the hon. House Leader often does, to thank those behind the scenes. Because when you look at how thick that bill is, it was a massive monumental piece of work. It took a lot of time to put that together, Mr. Speaker, and I believe we're going to see tremendous, positive change.

Some of the things now, Mr. Speaker, that the chief medical officer of health will be allowed to do in this province, and I was sitting there and I was thinking back to SARS. I bet you everybody in this Legislature can think about SARS, where they were living through SARS. You'd turn on your television and somebody somewhere had passed away in our country. Primarily, it seemed to be in that large City of Toronto and the Greater Toronto Area, and the fear that was there for people travelling.

I remember myself in Toronto Airport, and my daughter at the time, just a little thing, worried to death. Mom, why does everybody have a mask on? Should we be here, Mom? And at one point, she asked me was I being responsible in taking her across the country to see her grandma because she was worried about it.

Well, now, Mr. Speaker, should things like that come, the chief medical officer will be able to make wearing of a mask mandatory and things like that. But I always get up and I go down a little side road when I do have some things that I want to talk about focused from my department here.

On this bill, An Act Respecting the Protection and Promotion of Public Health; Mr. Speaker, as a government we have committed to improving the health outcomes of people in the Province of Newfoundland and Labrador. *The Way Forward*, basically that's our roadmap – that's our vision for sustainability in growth in Newfoundland and Labrador – is posted online for anybody who wants to see it.

In *The Way Forward*, we have set a number of healthy living actions and targets that we want to work toward achieving by 2025. A whole host of those, right now, sit in my department. I'm just going to reference a few.

Breastfeeding, for example; our target is to increase the breastfeeding initiation rate, Mr. Speaker, by 7 per cent. Just recently, I had the privilege to attend a breastfeeding symposium. I had an opportunity to talk about Labrador-Grenfell Health and the wonderful work they are doing up in Lab West in particular. And it seems they've got a group going and some people that are passionate about supporting those individuals and increasing the breastfeeding

rates, and we all know the tremendous benefits that come with that.

When you live, in particular, in the north, there's a whole practical side if you're not breastfeeding when it comes to getting the stock in, Similac or whatever you might be using. So lots of successful things happening there, and we'll continue to work hard to work toward our targets.

Mr. Speaker, healthy eating; our target is to increase the rate of vegetable and fruit consumption by 5 per cent. I just attended an event in my district this past weekend, on Saturday, in Port Hope Simpson where it was a women's retreat. We had ladies from all across Southern Labrador come together for a day, and their theme was around healthy eating. A number of them talked about how difficult it is to make those healthy choices. I said to them, well, the number one easiest thing for me is to not have these things in your house, maybe, that you don't want to reach for or be tempted to, and that's one way to deal with staying healthy.

Anti-smoking; our target is to reduce the smoking rate in the province by 4 per cent. Just like some of the things my colleague, the Minister of Health, talked about earlier when it comes to government – and he did a very good job down at the press conference earlier this morning – but about government having a responsibility to protect the public.

Mr. Speaker, we all know the days when you got on a flight and you may have asked for a non-smoking seat, but two rows up there was probably some smoke that was hurling back over your head. So we brought in laws to prevent people from smoking in enclosed places like airplanes and taxis and hospitals and things like that.

Mr. Speaker, we have set targets around obesity. Our target is to reduce the obesity rate by 5 per cent. And physical activity, our target is to increase physical activity rates by 7 per cent.

So, Mr. Speaker, lots of goals in the department to increase, encourage, support and promote healthy living; healthy living physically. I think if you're physically fit you tend to be more emotionally, maybe, and mentally fit.

I'm thinking about – and you've heard me say it a number of times maybe in this House, but thinking about the Premier of Nunavut. My colleague for Torngat may have been there, then-premier, when we were at Northern Lights, and he talked about when they – and you might have been there yourself, Mr. Speaker. He talked about when they look to measure the success of their territory, he said: We measure the success by the well-being of our people.

I have colleagues all around me that work in transportation, and everybody wants a road fixed up, everybody wants another capital works project, but at the end of the day none of that really matters if our people aren't well. And that's what we're talking about here today with this public health act. It's what we're talking about with our targets for healthy, active living, Mr. Speaker. It's something that's near and dear to my heart, maybe because diabetes entered my home when my daughter was six years old, and all of a sudden there were a whole lot of rules that came with living with a Type 1 diabetic in your home.

So we had a choice as a family, we could say these are your rules and these are the things you cannot eat and this is the amount of activity that you need every day, or we did what I think any parent would do, we are now all going to live this certain way. In a way it's bittersweet, Mr. Speaker, because while that turned our lives upside down – and anybody who's watching that have dealt with diabetes knows it can be very difficult to live with. But in a positive way it made us more conscious, reading labels on things and looking at trans fats; sugary drinks, you never stop, you walk on past because you know how bad they are, and some of the fast foods and some of the gravies. A little small gravy, I say to my colleague, the Member for Grand Falls, might be equivalent to five or six slices of bread. So you're better off to stay away from that.

Mr. Speaker, as a department, we are responsible for promoting the values of inclusion, diversity and healthy, active living through the work of the department's various divisions. In particular, there's Healthy Living, the sport and rec. I think I've talked about that enough. So in the interest of time, I'm going to move on past it.

In supporting individuals, families and communities to achieve improved health and social well-being, our policy and program development work touches on many aspects of the public health system. We work very closely in my department with management and staff of the regional health authorities, along with a number of community partners. We were very happy, just under \$6 million to support 39 community-based organizations, many that are out there on the ground doing very valuable work.

When we talk about our Participation Nation, our toolkits and things like that, are we going to run that from in here, Mr. Speaker? No. We're going to go out on the ground. We're going to reach out to municipalities, to our community partners, because that's where the value is. They are on the ground. They know their people. They're involved, volunteering every night with various things.

I'll highlight just a couple of the healthy living initiatives, Mr. Speaker, that we're very proud to support community groups in. Eat Great and Participate: \$130,000 annually; promotes healthy eating in recreation and sport facilities and at recreation and sporting events. We are very proud to partner with ParticipACTION: \$200,000 provided to deliver a digital marketing and social media campaign, as well as develop community-based toolkits that I just alluded to a few moments ago.

Mr. Speaker, Smokers' Helpline, we spend just over \$200,000 to support the Smokers' Helpline. Lots of people that would like to give it up, but it's an addiction and you need help for that. So, we're happy to provide the support. My mom – she probably wouldn't mind me saying – smoked from a young age right up until just a few years ago and now she's out walking pretty much 365 days a year, very happy with her healthier lifestyle. People are making that healthier lifestyle every day.

The Tobacco and Vapour Products Control Act, the Smoke-free Environment Act, 2005, all of those sit in my department. Because we have a responsibility to protect the public, Mr. Speaker, we have brought in laws that prohibit people from smoking in certain places.

I'm going to clue up my remarks by saying I'm very pleased to see provisions in the bill that would provide provincial guidance with respect to the core programs and services of public health. What we're going to see here with this provincial guidance piece is we're going to see greater consistency across the province. I think that's going to resonate well with the public, because there's nothing that frustrates the general public more if you've got a number of health authorities and things are done different in different places or things are done different in different departments.

The Minister of Health this morning talked about closer collaboration across departments. That's going to benefit the general public, Mr. Speaker. When I came in, one of the things that really frustrated me was the silos that seemed to exist, but slowly and little by little, we are breaking down because, really, we all cross over. There are seniors that I am responsible for in my department, the Minister of Health would work with seniors, Mr. Speaker.

The other thing is when we now go to the Cabinet table, as a part of our whole Health-in-All-Policies approach; we are going to look at the papers that come to the Cabinet table through this new lens. Mr. Speaker, much of the work of the Healthy Living/Recreation and Sport Division helps to prevent and manage non-communicable and chronic diseases like diabetes, cancer and heart disease. That's all tied in – my department shares a responsibility, but certainly tied into health as well.

When we talk about these diseases, every one of us, we don't even need to look around our community, we probably don't need to look outside our own families and lots of people are impacted that are near and dear to our hearts, so anything that we can do to help improve this, to change the channel on this will be a very positive thing.

By prescribing these diseases in regulations, we can strengthen our prevention efforts to monitor and, Mr. Speaker, in the very, very least to limit their impact. The power to issue a code of practice will greatly support our collective efforts to create healthy, supportive environments – healthy, supportive

environments that would make healthy choice an easy choice.

So, Mr. Speaker, I'm very happy to support this very progressive piece of legislation. I want to thank the Minister of Health and Community Services for bringing this bill in; and for the many people in his department and in public health that have put a tremendous amount of work into this. I believe this bill demonstrates our commitment to ensuring population health is a key priority in all future decisions at the provincial level.

And of course, I'm going to end with a quote before I sit down, Mr. Speaker. Thomas A. Edison – it's a quote that speaks to healthy living and prevention. This is what Thomas Edison said: "The doctor of the future will give no medication, but will interest his patients in the care of the human frame, diet and in the cause and prevention of disease."

I believe all of us, Mr. Speaker, would love to look toward a society where we become preoccupied with the human frame and the diet and we're no longer having those conversations right now in some of the areas in the province that we're leading in that we're not proud to be leading in.

So, I'm tremendously happy to support this very progressive piece of legislation today and I commend my colleague.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Mount Pearl North.

SOME HON. MEMBERS: Hear, hear!

MR. LESTER: Mr. Speaker, it gives me great pleasure to rise to speak to Bill 37, An Act Respecting the Protection and Promotion of Public Health. While the details of the act have been gone over in quite, I guess, certainty by the previous speakers, I would just like to add a little bit to the whole point of our food safety, food security.

Interestingly enough, the vaccine for smallpox came from observing that people who used to milk cows did not get smallpox. And what it was is cows carry a virus called cowpox. Cowpox, of course, doesn't affect humans, but affects cows and people who were exposed to cowpox did not get smallpox. So that's how it came about.

Now, the administration of that vaccine wasn't as benign or as acceptable back then as it is today. It actually involved you scraping a cow's udder and then scratching your own skin. So that's how it was administered. So it doesn't sound very humane by any means, to either the cow or the human. But it was observation that implemented that vaccine and possibly save a large portion of the human race.

As we move forward, the production of food went from backyard production, small-scale producer production, to now what we even have in our country is national supply by one or a couple of big corporations right from coast to coast. So that puts the population at a very serious risk of basically nationwide contamination, nationwide infection. And being able to react to such an element falls upon the respective departments and officials who would oversee that. This legislation will enable those such officials to act quicker, act with more – I don't want to say authority or power, but it definitely will enable us to circumnavigate or mitigate any effect of such a large presence of a pathogen or contaminant within our food system.

Because not only is it a pathogen such as something that would present disease or food-borne illness, it could actually be something physical, something that contaminated a food production line, be it a foreign body such as glass or steel or whatever it may be. Or even a purposeful contamination of our food system. I remember several years ago there was an instance where a potato production worker in Prince Edward Island had stuck or alleged to have stuck several needles in potatoes. That caused a big issue because, these potatoes, they were going all across the country, even internationally. And instead of having to find a needle in a haystack, we were trying to have to find a needle in a potato, which was amongst millions of pounds.

So, those types of issues also present a very serious risk to our health, the well-being of the public and this would also fall under the purview of this legislation.

Even locally, we had issues of potential contamination of our own food supply. That came in the form of a toxin that was carried in the local grain supply from an offshore site. It caused some severe havoc with our dairy industry, our poultry industries. Keeping that toxin out of the food chain and possibly affecting humans would also fall under this.

We also had legislation in place at one time to protect our pork industry. By protecting our pork industry, as the Minister of Health and Community Services would know, pigs and hogs, they share a lot of the same diseases that we as humans can carry. So, the instances of zoonotic transfer between pigs and humans is documented over and over again through time. That is, I guess, the basis why some religions, in particular, outlaw the consumption of pork, because of the close resemblance between human immunity and that of pigs.

We actually had the most healthy pork herd on the planet and it was illegal to import pigs into the province, and that has been removed, unfortunately. Now we have diseased pigs entering the province and posing an additional threat to the human side of our population for sure. That's something that we kind of really need to look at again.

Also, with the same consideration was – I remember as a child, any cow that came into the province had to be tested for several diseases. Brucellosis was one; tuberculosis was another. That, again, went to preserve our health of not only our herds of cattle, but also the human element.

As a child, I remember my grandfather telling me often they would have to come into a farm and wipe out whole herds of cattle because of the infection of tuberculosis. Prior to the widespread pasteurization of milk – that's where a major source of infection came from was unpasteurized milk, and cows that carried tuberculosis.

It came to a point where they would go in and test whole dairy herds, and any animal that was found to react to the tuberculin test was euthanized and the body was disposed of, usually burned or buried, out of human reach or other animals' reach.

But even that had its exceptions to every rule. Sometimes, an animal would not exhibit a reaction to the test, and that animal would go on to infect any new animals, or anybody else who it came in contact with. I know the Ruby family – they're a century farm and, basically, they managed to hold on, but a lot of farms did lose their farms because of this infection reoccurring over and over again. The Rubys actually had one particular cow that constantly infected everybody – all the cows in the neighbourhood, even though she was deemed to be healthy.

The power given to health authorities to be able to act swiftly and minimize or localize infections, localize pathogens or contaminants to our food system, is absolutely imperative. And again, it was brought by the minister, the threat of bioterrorism, because our food system has become so nationalized, and even 'continentized,' if that's a word.

It provides a great means to spread bioterrorism throughout the population. Right now, it takes a fair bit of time to document and to realize where that contaminant is coming from and, when it is recognized, the officials have to be able to act quickly.

The promotion of public health – I was actually at briefing this morning for another department to amend the *Housing Corporation Act* and I had opportunity to ask the officials there about something that would relate to this, and that is the promotion of public health. I think the promotion of production of food at home is going to make a big difference. Gardening at home, it provides people with, of course, food to eat. It provides people with interaction with their friends and family, and it also provides an incredible amount of exercise. I know, personally, since I haven't been doing as much gardening, well, this jacket is a little bit tighter to do up. It's something that can really promote the well-being of our population, and it needs to be given more focus.

Even in the *Housing Corporation Act*, we need to have direct language that will enable the residents of public properties to participate in gardening on these rented properties. We also need to put in common sense things like, well, it doesn't make sense for everybody in Newfoundland and Labrador Housing to own a rotavator or specific tools that would make it easier for them to get up and garden. I think that should be written in to part of the staff's agenda to get the gardens up and going and coach these people along.

I'm sure the public purse, of course, would benefit because people are more active, they have more food to eat, and also, most importantly, it would improve the overall health of individuals. That's all part about being healthy and culturing a new way of thinking and kind of changing a bit of a culture, getting people back outside.

The minister may shudder when I say this but, I, as a parent and a food producer, believe that everybody, in theory, should eat a pound of dirt before they're six, and that goes a long way to strengthening their immune system. We've come to a point where our food systems, and I guess our whole environment, has become too clean. It allows for these pathogenic bacteria and viruses free rein of territory to multiple and infect us, and our immune systems are just not challenged enough by natural bacteria. So when these super bugs occur it creates a huge challenge for our immunity, and resulting health care systems are overburdened with something that probably maybe generations ago would not have been an issue.

Mr. Speaker, it's something that's going to have to be monitored closely because we don't want to see people's individual rights infringed on but, at the same time, we want the officials and the intent of this legislation to remain virtuous to the general, basically protecting the general public. And while due diligence must be exercised before an action is taken, the principle of this legislation is to provide quicker response times and also to provide an opportunity to localize and minimize the effect of different things that would affect our food system; or it doesn't necessarily need to affect our food systems, either.

Even in public and open spaces, if there is an issue presenting to us, we need to be able to assess the risk of threat, assess how much it has spread and, most importantly, we need to be able to identify individuals or products or localities where the source of infection is coming from. One thing we do have in this is there is always the sober second thought, and that would be the analysis of actions that would take place would actually come back here and occur in this House of Assembly for all of us to evaluate.

I really think that if we are presented with a situation where we do have to evaluate as a House of Assembly, we have to do it, yes, with a critical mind, but not as critical as in criticizing and condemning the process, but as to how we can go forward and officials can act in better interest of our people and not look at it as we want to condemn somebody for their action. Because the worst action anybody, and especially in reference to this, can take is no action. We need decisions made quickly, especially when we're talking about people's health. Decisions need to be made quickly, and actions need to be taken and implemented that will reflect the intent of the legislation.

That goes to when it comes to disease management, when it comes to a disease threat, but also chronic diseases which the previous speaker had referred to. It's about changing people's perspectives and people's eating habits, and also about changing the amount of activity we do with this world of electronics and go home after work and close your door. That's really put an additional complication.

I was reading a report the other day, and one of the things that kind of really stood out was we, as a society, have 45 per cent more stressors in our lives than that of two generations ago. We went from basically having food and shelter and companionship as our needs, to now these things that everybody's holding in their hands. That in itself, not only the stress that it causes by us constantly being on demand and constantly being under scrutiny of social media and the negative press that will come through from all four corners of the world but, also, just keeping up with today's technology has put that extra pressure on a lot of us to make sure we have those gadgets.

That's something also that we really need to take by the horns. We need to bring people back to the basics of why we, as a human race, are here. It's not to keep up with the latest technology. It's about living life to the fullest and, of course, we can only do that if we're healthy. So that's something we really need to challenge, and again, re-educate, especially our young people, of all ages, that there's more to life than sitting behind a screen or sitting at home watching your favourite TV. There's a real world out there, and that will also be part of this legislation.

With that, I thank you for the opportunity. I will take my seat.

SOME HON. MEMBERS: Hear, hear!

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

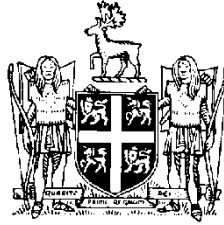
MR. A. PARSONS: Yes, thank you, Mr. Speaker.

At this time we will adjourn debate on Bill 37, and what I would suggest at this juncture is that we would take a recess until 6 p.m.

MR. SPEAKER: Okay.

This House stands in recess until 6 p.m.

Recess



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Speaker: Honourable Perry Trimper, MHA

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