



House of Assembly
Nova Scotia

DEBATES AND PROCEEDINGS

Speaker: Honourable Kevin Murphy

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First Session

WEDNESDAY, OCTOBER 25, 2017

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House of Assembly
Nova Scotia

HALIFAX, WEDNESDAY, OCTOBER 25, 2017

Sixty-third General Assembly

First Session

1:00 P.M.

SPEAKER

Hon. Kevin Murphy

DEPUTY SPEAKERS

Mr. Chuck Porter, Ms. Suzanne Lohnes-Croft

MR. SPEAKER: Order, please.

We'll begin the daily routine.

PRESENTING AND READING PETITIONS

PRESENTING REPORTS OF COMMITTEES

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STATEMENTS BY MINISTERS

GOVERNMENT NOTICES OF MOTION

MR. SPEAKER: The honourable Minister of Communities, Culture and Heritage.

RESOLUTION NO. 464

HON. LEO GLAVINE: Mr. Speaker, I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Camp Kadimah, located on the shores of Lake William in Lunenburg County, has operated as a summer camp for members of the Jewish community, where lifelong memories and friendships are established; and

Whereas as Minister of Communities, Culture and Heritage I had the privilege of joining my colleague, the member for Halifax Citadel-Sable Island, and camp representatives for a tour of the beautiful grounds at Camp Kadimah, which has welcomed youth from around the world since 1943; and

Whereas Camp Kadimah is scheduled to celebrate their 75th Anniversary in the summer of 2018;

Therefore be it resolved that all members of the House of Assembly commend the families and friends of Camp Kadimah on the eve of their 75th Anniversary, and wish them all the best as they continue to establish lifelong memories in Nova Scotia for generations to come.

Mr. Speaker, I request waiver of notice and passage without debate.

MR. SPEAKER: There has been a request for waiver.

Is it agreed?

It is agreed.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

The honourable Minister of Natural Resources.

RESOLUTION NO. 465

HON. MARGARET MILLER: Mr. Speaker, I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas our provincial park properties are enjoyed by many Nova Scotians and visitors annually, provide good jobs across our province, and contribute to our economy; and

Whereas our 130 camping, picnic, and beach parks draw tourists and give people places to enjoy healthy outdoor recreation and an opportunity to get close to nature; and

Whereas Nova Scotia's provincial parks had a record number of visitors again in 2017, welcoming 78,025 campsite bookings, an increase of 13 per cent over last year and a rise of almost 36 per cent since 2014;

Therefore be it resolved that members of this House recognize the value of our parks system and take the time to visit a park, and encourage others to do the same.

Mr. Speaker, I request waiver of notice and passage without debate.

MR. SPEAKER: There has been a request for waiver.

Is it agreed?

It is agreed.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

The honourable Minister of Education and Early Childhood Development.

HON. ZACH CHURCHILL: Mr. Speaker, I'd like to first make an introduction before my government notice of motion, please.

MR. SPEAKER: Permission granted.

MR. CHURCHILL: I'd like to bring the attention of the House to the east gallery where we have a long-serving Deputy Minister of the Crown, Sandra McKenzie, here with us today and I would ask her to stand while I read this resolution.

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

RESOLUTION NO. 466

HON. ZACH CHURCHILL: Mr. Speaker, I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Sandra McKenzie, Deputy Minister of the Department of Education and Early Childhood Development, has been an exemplary and extraordinary public servant for more than 31 years; and

Whereas Deputy McKenzie has truly worked her way to the top, having started as an administrative assistant in government and ascended to the highest level of the civil service; and

Whereas her tenacious and impassioned devotion to improving the lives of all Nova Scotians has left her mark on the civil service, along with apprentices, adult learners, employers, students, early learners, and many more, and she has inspired all of us to strive for higher levels of achievement;

[1:15 p.m.]

Therefore be it resolved that all members of this House recognize and thank Sandra McKenzie for more than three decades of public service, and wish her well and all the best as she continues to move mountains and make a difference in the lives of Nova Scotians during her retirement.

Mr. Speaker, I would ask all members of the House to join me in thanking Sandra McKenzie for her service and dedication to this province. Thank you. (Standing Ovation)

Mr. Speaker, I request waiver of notice and passage without debate.

MR. SPEAKER: There has been a request for waiver.

Is it agreed?

It is agreed.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

The honourable Minister of Community Services on an introduction.

HON. KELLY REGAN: Mr. Speaker, I am just wondering if in addition to Deputy McKenzie we could ask her to stand and ask her husband Wade and her son Connor, who have joined us here today to see Deputy McKenzie's farewell. Thank you. (Applause)

INTRODUCTION OF BILLS

NOTICES OF MOTION

MR. SPEAKER: The honourable member for Lunenburg West.

HON. MARK FUREY: Mr. Speaker, if I may beg permission to make introductions.

MR. SPEAKER: Permission granted.

MR. FUREY: I draw your attention to the east gallery, Mr. Speaker, where we're joined today by members of the Greater Petite Area Community Association. As I call their names, I'd ask them to stand: Stacey Godsoe from Petite Rivière; Phyllis Price from Broad Cove; Geoff Tingley, a business owner from Crousetown; and Leif Helmer also from Petite Rivière.

These individuals are passionate leaders in their community who have left a remarkable legend and work ethic that I have not seen surpassed anywhere in the province. I ask my colleagues to give them a warm welcome to the House. (Applause)

MR. SPEAKER: The honourable member for Lunenburg West.

RESOLUTION NO. 467

HON. MARK FUREY: Mr. Speaker, I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas community members from the Greater Petite Area Community Association have assembled a proposal for the South Shore Regional School Board concerning the ongoing matters related to Petite Rivière Elementary School; and

Whereas in excess of 1,500 community members have signed and agreed to the proposal and the local association has asked that it be presented to the Nova Scotia House of Assembly; and

Whereas the accompanying Schedule A includes the names and signatures of supportive community members;

Therefore be it resolved that the Nova Scotia House of Assembly accept the list of signatures of community members as part of its formal record and consider the proposal to be a petition to the House considered under Rule 63(1).

Mr. Speaker, I request waiver of notice and passage without debate.

MR. SPEAKER: There has been a request for waiver.

Is it agreed?

It is agreed.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

STATEMENTS BY MEMBERS

MR. SPEAKER: The honourable member for Sydney River-Mira-Louisbourg.

RONNIE O'NEIL MEM. BASEBALL TOURN.: FUNDRAISING - THANK

HON. ALFIE MACLEOD: Mr. Speaker, I rise today to acknowledge a very special group of caring people who go above and beyond to help people in need. The annual Ronnie O'Neil Memorial Baseball Tournament is held every summer in honour of the late Ronnie O'Neil from Bateston, who passed away several years ago to cancer. The organizing committee has worked hard over the years to raise much-needed funds for the Cancer Patient Care Fund by making the weekend bigger and better each year. His family and friends have raised and donated thousands of dollars to the Cancer Patient Care Fund.

It is an honour to congratulate everyone involved in this very worthwhile cause and this is what makes the community so strong. We thank you all for your generosity, which makes all of us proud to be Cape Bretoners.

MR. SPEAKER: The honourable member for Truro-Bible Hill-Millbrook-Salmon River.

MS. LENORE ZANN: Before I do my statement, Mr. Speaker, could I please make an introduction for somebody in the gallery?

MR. SPEAKER: Permission granted.

MS. ZANN: Thank you. I'd like to introduce everybody to a young friend of mine from Truro, Gabriel Duguay, who is a wonderful young man who is going places in the world and this particular member's statement is for him. Please give him a warm welcome. (Applause)

MR. SPEAKER: The honourable member for Truro-Bible Hill-Millbrook-Salmon River.

DUGUAY, GABRIEL: CDN. NAT. DEBATE TEAM - CONGRATS.

MS. LENORE ZANN: Mr. Speaker, Gab Duguay is a Grade 12 student, from Truro, now attending the Grammar School here in Halifax. I've been watching Gab grow since he was a little fellow and have been pleased to see his amazing progress.

I would like to take this opportunity to congratulate Gab for being recently named to the Canadian National Debating Team. Recently turned 18, Gab is the only student outside of Ontario and B.C. to be named to the team, and will represent Canada in Germany, Peru, and Croatia. Further, Gab was a youth ambassador for Canada through the U.S. Department of State last summer, and as part of that program Gab hopes to organize bilingual debates here in the province for all to enjoy.

MR. SPEAKER: The honourable member for Preston-Dartmouth.

BROOKS, CECIL EDWARD: DEATH OF - TRIBUTE

HON. KEITH COLWELL: Mr. Speaker, I would like to recognize Cecil Edward Brooks of East Preston.

Cecil, a carpenter by trade, worked for many years with Norwood National Stone, a then small business in Lake Echo. He married the love of his life, Rose, and they had over 60 years together. Mr. Brooks was the direct descendant of William Deer, who arrived in Nova Scotia from Maryland as a refuge during the War of 1812 and he was the owner of the infamous Stag Inn located in East Preston in the 1800s. Fondly remembered for his ties which he wore daily - even if he was just staying home - Cecil passed away Sunday, October 15th at the age of 87.

Mr. Speaker, I would ask that you and the members of this House of Assembly please join me in recognizing Cecil Brooks posthumously, and offer sincere condolences to his family.

MR. SPEAKER: The honourable member for Pictou West.

WYMAN, FRAN - HIKE N.S.: CAPE TO CAPE TRAIL - APPLAUD

MS. KARLA MACFARLANE: Mr. Speaker, I rise today to highlight the new addition to the Cape to Cape Trail. The newly constructed portion is located at the Green Hill Provincial Park. This particular park was very much alive and vibrant many years ago and the hope is to revitalize it again by the addition of a 3.5-kilometre hiking trail. The hiking trail was revealed on September 24th with the assistance of Fran Wyman who helped with the creation of the trail. The hope is for this trail to appeal to all levels of hikers.

I would like to applaud Hike Nova Scotia and Fran Wyman for taking on this project and for supporting the need for fresh air and exercise.

MR. SPEAKER: The honourable member for Halifax Needham.

MS. LISA ROBERTS: Mr. Speaker, may I make an introduction please?

MR. SPEAKER: Permission granted.

MS. ROBERTS: Many of the members may remember that I made a member's statement just last week about Kendall Worth. Kendall has joined us in the gallery today. Please stand, Kendall. Kendall is a recipient of income assistance who also participates very actively with the Benefits Reform Action Group and is an articulate writer who is particularly fond of helping to inform the Community Services Committee.

I invite all my colleagues to give him a warm welcome. (Applause)

MR. SPEAKER: The honourable member for Hants East.

DEERING, MEGAN: SHAD PROG. PARTICIP. - CONGRATS.

HON. MARGARET MILLER: Mr. Speaker, SHAD is a unique and award-winning Canadian summer enrichment program for high-achieving high school students that runs for a month every year, primarily in July. The program focuses on business, science, mathematics, and engineering. It is open to both Canadian and international students and runs at Dalhousie University in Halifax, Nova Scotia, plus 15 other university campuses across Canada where the students live in residence.

SHAD has helped produce 32 Rhodes Scholars in that time and many other leading innovators and entrepreneurs are part of the SHAD network. Three SHAD alumni are currently advising Prime Minister Justin Trudeau as part of his government's youth council.

I would like to congratulate Hants East Royal High Grade 12 student Megan Deering for being chosen this past summer for this marvelous experience and wish her well in her future endeavours.

MR. SPEAKER: The honourable member for Queens-Shelburne.

**EDDY, ELLA/BOYLE, MELISSA:
EPIPEN STATIONS - CONGRATS.**

MS. KIM MASLAND: Mr. Speaker, Liverpool's Ella Eddy, a middle school student, has a life-threatening allergy and understands how serious allergies can be.

She heard about the Be Ready program, which places accessible EpiPen stations in schools and other public venues. Ella used her savings to purchase a station for the Dr. J.C. Wickwire Academy, making it the first school in Nova Scotia to have one. Family donations enabled her to buy stations for the two other schools in South Queens.

Melissa Boyle, a graduate from Queens Adult High School, was inspired by Ella and began to approach local businesses to back the initiative. She secured stations for the Astor Theatre and Queens Place, and continues to work on placing more stations in public areas.

I would ask the members of this House to join me in congratulating both of these young women on their efforts in this life-saving initiative.

MR. SPEAKER: The honourable member for Dartmouth North.

CUSACK, SUSAN: DEATH OF - TRIBUTE

MS. SUSAN LEBLANC: I rise today to remember Susan Cusack, who died earlier this month after a short illness. For a time, Susan was an important part of the Dartmouth North community, employed at the Dartmouth North Family Centre and as the constituency assistance in the office of MLA Trevor Zinck.

All of the MLAs in this House know how important the work of our constituency assistants is. On a regular basis, they receive people in need of help and advocate on their behalf or assist them in navigating the services they need in the community. Susan did this tirelessly and was deeply committed to the people of Dartmouth North in this capacity. She reminded everyone she spoke with that the people she was advocating for were deserving of respect and dignity.

Her friends Shonda Johnson and Lori MacInnis spoke to *Metro* newspaper and described Susan as “. . . a warrior and a trailblazer for the marginalized and oppressed . . . almost like a human 2-1-1.”

She sounds like an incredible person, and I'm sorry I didn't get to meet her. I would like to express my sympathy to Susan's daughter Chelsea, and to all her friends, neighbours, and colleagues who are mourning her loss.

MR. SPEAKER: The honourable member for Clare-Digby.

TUMMERS, KEVIN/BERBERI, BLERINA: TIDE KITE DAYS - THANK

MR. GORDON WILSON: When trying to organize activities for families, sometimes the simplest idea is the best.

Kevin Tummers and Blerina Berberi decided to organize Tide Kite Days in Belliveau Cove, an outdoor activity which could interest people of all ages. Every Sunday over the past summer, families could come to Belliveau Cove at low tide to spend their time on the beach, get a bit of exercise, and fly a kite.

It appealed both to the older participants who remember fondly the days of flying kites and to the children who were trying to get their first kite up and soaring above the beach. The organizers were pleased how every week interest in their kite-flying activity grew.

The activity ended with the Tide Kite Festival on September 10th. In addition to flying kites, the participants could listen to local musicians, get something to eat, and buy local crafts. It was a great way to finish the summer and kite-flying season in Belliveau Cove.

I would like to thank Kevin Tummers and Blerina Berberi for coming up with such a fun outdoor activity for all members of the family.

MR. SPEAKER: The honourable member for Cole Harbour-Eastern Passage.

**EDDY, PATSY & STAFF - RAINBOW HAVEN PROV. PARK:
HARD WORK - RECOGNIZE**

MS. BARBARA ADAMS: Today I would like to recognize the beautiful Rainbow Haven Provincial Park in our constituency and the staff who take care of it.

Located in the picturesque community of Cow Bay, Rainbow Haven Beach is part of a 746-hectare park known as the Cole Harbour Lawrencetown Coastal Heritage Park. Rainbow Haven is a well-used park. At any given time, you'll find hikers, dog walkers, nature enthusiasts, and more. In the summertime, it's popular with swimmers and sun-worshippers as well.

Back in 1975, the park was designated a regional park. Later in the 1980s, 800 acres of land were acquired and added to the park. In the 1980s, the main facility, boardwalks, beach access, and parking were established.

I would like to ask the House to join me in acknowledging Patsy Eddy, a long-time employee and caretaker at Rainbow Haven Park. Patsy and all of the other staff make the park such a great community asset, and we're indebted to them for their hard work.

MR. SPEAKER: The honourable member for Dartmouth South.

CCW & ECE APPREC. DAY: IMPORTANT ROLE - RECOGNIZE

MS. CLAUDIA CHENDER: In honour of Child Care Worker and Early Childhood Educator Appreciation Day, I would like to thank the many people doing this difficult, meaningful, and important work in regulated child care centres across the province.

Early childhood educators, many of whom are women, are well-trained yet they earn an average of just over \$30,000 a year. The work they do supports the health and well-being of children from birth to school age, and enables parents to pursue their own career and education goals.

I would ask all members of this House to join me in recognizing the important role early childhood educators and child care workers play in building strong and supported children, families, and communities.

[1:30 p.m.]

MR. SPEAKER: The honourable member for Guysborough-Eastern Shore-Tracadie.

GUYSBOROUGH CREATES COMM.: ARTS & CULTURE WKND. - CONGRATS.

HON. LLOYD HINES: Mr. Speaker, I rise today to recognize a wonderful event that recently took place in Boylston. Painting, dancing, singing and so much more were on display earlier this month as the Guysborough Celebrates Canada 150 committee wrapped up a year's worth of birthday celebrations with an arts and culture weekend.

The talent-filled weekend, hosted by the Guysborough Creates Committee, included a fine arts and crafts exhibit, craft sale, workshops, sports history, musical performance featuring local musicians, and a Young Artist Day at Hope Ridge Retreat.

This weekend was a spectacular showcase of the often hidden creative gems that develop in quiet modesty in our rural communities. From paintings of local landscapes, necklaces made from recycled computer hard drives, to Christmas tree ornaments made from beach treasures and hand-carved wooden bowls, there was something for everyone to admire and to be inspired.

Mr. Speaker, I would like to congratulate the organizers, many volunteers, and the exceptional artists who worked so hard to put a well-deserved spotlight on the talent in our communities.

MR. SPEAKER: The honourable member for Dartmouth East.

MACINTOSH, HANNAH: SPRINT CANOE ACHIEVEMENTS - CONGRATS.

MR. TIM HALMAN: Mr. Speaker, I rise today to congratulate Dartmouth East resident Hannah MacIntosh on her achievements in sprint canoe. Hannah has trained and competed internationally for years and now has her sights set on the 2020 Tokyo Olympics.

Throughout all of her athletic success, Hannah has maintained a reputation as a humble and positive influence and community member. Hannah has become a role model for all young girls interested in competing in sprint canoe. I cannot imagine a better ambassador for Dartmouth East on the international athletic stage. She has made, and continues to make, her community proud through all of her achievements.

I'd like to wish Hannah the utmost success in her training and as she works toward her Olympic dream.

MR. SPEAKER: The honourable member for Dartmouth South.

DARTMOUTH DAY CARE: EARLY CHILD. EDUCATORS - APPRECIATION

MS. CLAUDIA CHENDER: Mr. Speaker, I rise again on Child Care Worker and Early Childhood Educator Appreciation Day to appreciate the early childhood educators at the Dartmouth Day Care Centre. My three children have each spent four years being nourished, cared for, taught, and cuddled by this amazing staff. This incredible non-profit community daycare has been in operation for over 40 years and serves over 125 families in two locations: east Dartmouth and downtown Dartmouth.

In their own words, they provide a high-quality, inclusive early childhood program that includes diversity, cultural respect for community, and a holistic framework to support a nurturing environment for all children to reach their full potential.

Mr. Speaker, these women are heroes and I would not be here without them. Please join me in appreciating them.

MR. SPEAKER: The honourable member for Halifax Armdale.

NEW PLAYERS CHORAL SOCIETY: PASSION & TALENT - CELEBRATE

MS. LENA DIAB: Mr. Speaker, I rise today to celebrate the passion and talent of the performers in the New Players Choral Society. New Players is a robust chorus group of seniors from across HRM, ranging in age from 60 to 94, who share a love of singing and performing. They bring their unique energy to each show they put on and I've had the pleasure of seeing them perform a number of times, including as a much-needed break during our Spring election campaign. I can tell you that the New Players' numbers put a spring in your step.

On Sunday, November 5th, at the St. Agnes Church Hall, they'll perform their Fall show, a tribute to wartime songstress and "the Forces' sweetheart" Dame Vera Lynn, who marks her 100th birthday in 2017. It promises to be a dazzling affair.

I want to thank New Players director John O'Halloran for his efforts leading the group, Denise Jennex for introducing me to their work, and to the staff at Melville Heights for hosting the New Players for their rehearsals.

MR. SPEAKER: The honourable member for Pictou Centre.

**WHITE, COLIN - N.S. SPORT HALL OF FAME:
INDUCTION - RECOGNIZE**

HON. PAT DUNN: Mr. Speaker, I would like to bring the attention of all members of this Legislature to Colin White of New Glasgow. The rugged 6'3", 215-pound defenceman was drafted by the New Jersey Devils in round two, No. 49 overall during the 1996 NHL entry draft.

Colin became one of only five players to have their jerseys retired by the Quebec Major Junior Hockey League Hull Olympiques. In 1997, he helped the Hull Olympiques win the Memorial Cup. White's physical presence on the blue line helped the Devils win two Stanley Cups. He played more than a decade for the New Jersey Devils and ended his career with the San Jose Sharks in 2011-12.

Colin will be inducted into the Nova Scotia Sport Hall of Fame on November 10, 2017.

MR. SPEAKER: The honourable member for Timberlea-Prospect.

DALLOUL, HADEEL RUSHDI: TEACHING CAREER - SUCCESS WISH

HON. IAIN RANKIN: Mr. Speaker, I would like to congratulate Hadeel Rushdi Dalloul of Beechville on graduating from York University with her Master's Degree in Education. It has been my pleasure to have known Hadeel for the past four years, during which time she has worked diligently to achieve her goals and to make her family proud.

It is exciting to see this dynamic young woman enter into the world of teaching, where she will surely foster a love of learning and inspire her students to succeed. I would like the members of the Nova Scotia House of Assembly to join me in acknowledging Hadeel's accomplishments and wishing her well in the future.

MR. SPEAKER: The honourable member for Fairview-Clayton Park.

RCL (FAIRVIEW): INVICTUS GAMES - SUPPORT RECOGNIZE

HON. PATRICIA ARAB: I rise today to recognize the Royal Canadian Legion in Fairview, one of the many stops across Canada to which the Invictus Games flag travelled.

The Invictus Games is an international multisport event for injured armed services personnel, created by Prince Harry of Wales.

This year Canada had the honour of hosting as well as participating in the games held in Toronto. In an attempt to share the spirit of the games, the official Invictus Games flag made 15 stops in Legions across the country, and on September 4th, the Royal Canadian Legion of Fairview was host to the flag, where numerous members of the community showed their support by attending.

The Legion is a signature sponsor of the Invictus Games and it is important to both the members of the Legion and those in our community to show support to those who are courageous enough to serve our country.

I ask that the members of this House of Assembly join me in recognizing the Royal Canadian Legion of Fairview for their support in the Invictus Games and thanking them for all they do to continue to support our community.

MR. SPEAKER: The honourable member for Cumberland North.

UNITED WAY (CUMBERLAND CO.): COM. INVEST. - ACKNOWLEDGE

MS. ELIZABETH SMITH-MCCROSSIN: I stand today to honour, thank, and acknowledge the United Way of Cumberland County, along with President Curt Gunn, Vice-President Dave March, Vice-President of Finance Melissa MacDonald, and the board of directors. This registered charitable organization has a community of people who share one common goal: caring for the people and the common good in Cumberland County.

The United Way is a strong advocate for change in people's lives and for improving the lives of people who are in need. The United Way is the second-largest funder of human and social programs in Canada after the federal government. The United Way ensures that all money raised in Cumberland County stays in Cumberland County, showing a complete investment in our communities and our people.

MR. SPEAKER: The honourable member for Waverley-Fall River-Beaver Bank.

**WEBSTER, TIM - DISTRICT DRIVER CHAMPIONSHIPS:
ACCOMPLISHMENT - CONGRATS.**

MR. BILL HORNE: Mr. Speaker, I congratulate Tim Webster of Beaver Bank, who completed a 21-race schedule with three district driver championships. In a sport that has been dominated by young drivers over recent years, 53-year-old Tim has jumped to the front in 2017.

Over 500 features were run over 22 weekends in Atlantic Canada during the stockcar-racing season, featuring over 650 drivers, and Webster topped them all in the championships. Webster races most of the year as a one-man crew, and this makes his accomplishment even more impressive.

Tim is supported by his wife and son and his sponsors. Mr. Speaker, I would like to congratulate Tim on this year's success and all of his accomplishments in this season. Best of luck in 2018.

MR. SPEAKER: The honourable member for Cape Breton-Richmond.

FOOD 4 CHILDREN SOC.: VOL. SUPPORT - THANK

MS. ALANA PAON: I rise today to acknowledge and thank the Food 4 Children Society, which is a registered charity that helps support students and their families by supplying healthy snacks to schools and backpacks filled with food for those who need them.

The program operates out of seven schools in Cape Breton-Richmond and was started by St. Peter's resident Paul Wall. Mr. Wall identified a need in his local school and has expanded the program's coverage throughout Richmond County and Port Hawkesbury, where in seven schools students are afforded the opportunity to drop by designated areas in the schools throughout the school day to choose a nutritious snack of fresh fruit, vegetables, or granola bars.

In addition, both Mr. Wall and the schools have identified the need for students to have access to food while away from the school. As a result, Food 4 Children provides a number of backpacks filled with food for students to take home over the weekend.

I rise today to acknowledge the work of Mr. Paul Wall and his team of volunteers with the Food 4 Children Society as they work tirelessly to put nutritious food in the bellies of children in Cape Breton-Richmond.

MR. SPEAKER: The honourable member for Halifax Atlantic.

SPRYFIELD URBAN FARM: FOREST SCHOOL PILOT PROJ. - CONGRATS.

MR. BRENDAN MAGUIRE: Today I rise to speak about a new program available at the Spryfield Urban Farm. This September the Urban Farm Forest School opened. Forest schools are extremely popular in Europe, and the concept came to Canada in 2012 when Forest School Canada was opened and modelled after European schools.

The forest school at the Spryfield Urban Farm is a pilot project that is open twice weekly for children ages three to five. The intent is to provide children with a hands-on

learning approach while developing a positive experience with the outdoors. The leader of the program is Sally Trower. Sally is the only qualified Forest School Canada practitioner in Nova Scotia.

Mr. Speaker, I ask the members of the House of Assembly to join me in congratulating the Urban Farm for providing children in the community an opportunity to spend time outdoors in a fun, healthy, and productive manner.

MR. SPEAKER: The honourable member for Kings North.

MCLEAN, MEGHAN: CANADA SUMMER GAMES - CONGRATS.

MR. JOHN LOHR: Mr. Speaker, Meghan McLean, along with her sister Heather were among the three young women representing Nova Scotia in the recent Canada Summer Games held in Winnipeg.

Meghan had an opening round of 78 followed by rounds of 77, 76, and a final round of 75, giving her a score of 306, thereby finishing tied for ninth place. Meghan graduated from Grade 12 back in June and is currently studying at Central Connecticut State University after receiving an athletic scholarship.

Mr. Speaker, I wish to congratulate Meghan McLean and wish her well in her future endeavours.

MR. SPEAKER: The honourable member for Hammonds Plains-Lucasville.

LANDRY, BRENDA: PREM. AWD. OF EXCELLENCE - CONGRATS.

MR. BEN JESSOME: Mr. Speaker, I would like to congratulate Brenda Landry of Kingswood North on receiving the 2017 Premier's Award of Excellence as part of the Post-Secondary Disability Services team at the Department of Labour and Advanced Education.

The team provides support to students with permanent disabilities so that they can be successful at post-secondary education. By making innovative adaptations to existing tools and engaging staff, they were able to improve accessibility and wait times.

The changes have been highly positive for staff and students. Staff can now get funding to students in two days rather than the previous three months. Students and staff are having a more positive, self-sufficient experience.

I ask all members of the House of Assembly to join in congratulating Brenda Landry and the rest of the Post-Secondary Disability Services team at the Department of Labour and Advanced Education on their award.

MR. SPEAKER: The honourable member for Sackville-Beaver Bank.

HUOT, JESSE MICHAEL: LT. GOV. VANCE AWD. - CONGRATS.

MR. BRAD JOHNS: I rise today to extend congratulations to 14-year-old Jesse Michael Huot from Fairview who attends cadets here in Halifax. This past summer he was a recipient of Lieutenant Governor Vance Award after attending a six-week army cadet summer program held at CFB Greenwood.

Jesse was the sole recipient of the LG Vance Award out of more than 400 cadets that attended the training program. This award recognized his personal commitment and leadership while he attended the camp.

Mr. Speaker, through participation in the Canadian Army Cadets program young people develop valuable skills, teamwork, citizenship, leadership, and physical fitness while having fun and meeting new friends.

I would like the members of this House to extend congratulations to Jesse for a job well done.

MR. SPEAKER: The honourable member for Lunenburg.

WATSON, PHIL - *BLUENOSE II*: SERVICE - CONGRATS.

MS. SUZANNE LOHNES-CROFT: Mr. Speaker, I rise to congratulate Captain Phil Watson on 30 years of dedicated service to *Bluenose II*. Captain Watson first started as a deckhand in 1987 and has since sailed on the vessel for 30 years.

Captain Phil Watson and crew are passionate about sailing *Bluenose II*, a piece of Nova Scotia's history to various ports around the province and abroad. During the 2017 sailing season *Bluenose II* saw ports in Boston, Lunenburg, Pictou, Gaspé, La Baie Saguenay, Quebec City, Halifax, Sydney, and Digby as part of the Canada 150 celebrations.

The vessel carried 108,095 passengers during this year's sailing season, partaking in the Rendez-Vous Tall Ships Regatta 2017 and also welcoming the Prime Minister and his family in Quebec City. Growing up in Mahone Bay, Captain Phil Watson was always drawn to the ocean and sailing is his passion.

Mr. Speaker, I would ask that you, and the members of this House of Assembly, please join me in recognizing Captain Phil Watson for 30 years of service with *Bluenose II*, the province's sailing ambassador.

MR. SPEAKER: The honourable member for Sydney River-Mira-Louisbourg.

RIVERVIEW HS: HIGHLAND REGION SOCCER CHAMPIONS - CONGRATS.

HON. ALFIE MACLEOD: Mr. Speaker, I rise today to acknowledge Riverview High School in Coxheath which brought home two regional highland banners on Friday in Cape Breton Soccer League action.

Both the Division I girls and junior varsity girls Riverview Reds won their games and captured a Highland Region Championship. The teams' captains are Taylor Coleman and Lindsey Ripley. Riverview will now host a qualifier this coming weekend in Sydney River.

I am pleased to congratulate Riverview High and all the girls who worked so hard to make their school and the whole community very proud.

[1:45 p.m.]

MR. SPEAKER: The honourable member for Clayton Park West.

MCCARRON, DOROTHY: COM. CONTRIBUTIONS - RECOGNIZE

MS. RAFAH DICOSTANZO: Mr. Speaker, I rise today to recognize Dorothy McCarron, an active senior citizen in Clayton Park. Dorothy will turn 91 on November 5th. For over 33 years, Dorothy has been active in the Halifax art community, with memberships to various clubs since 1984, including the Dal Riada Art Group. Dorothy can be credited with establishing the Senior Art Gallery at the World Trade and Convention Centre, where she volunteered her time to run the gallery for 15 years. Dorothy has inspired many young artists, not only locally, but across the world. Dorothy is a bright light in our community.

Not only is she active in the art scene, but she also is always there to lend a helping hand to her neighbours with whatever they may need. Our community would not be the same without the presence of Dorothy McCarron.

Mr. Speaker, will the members of this House of Assembly join me in recognizing Dorothy McCarron and her contributions to our province.

MR. SPEAKER: The honourable member for Queens-Shelburne.

FOGED, MONA: HUMANITARIAN EFFORTS - RECOGNIZE

MS. KIM MASLAND: Mr. Speaker, in celebration of Canada's 150th birthday, Mona Foged of Rockland, Shelburne County, knit 150 colourful life-saving pneumonia vests. These vests are designed to help fight and reduce respiratory illnesses in children.

They save young lives in developing countries around the globe and were placed on display this summer at the McKay Memorial Library in Shelburne.

Mona is a member of the library's knitting group and was inspired by fellow knitter Sandie MacKenzie, who has been knitting these vests for over 10 years. Each vest takes between two and four hours to complete.

I am pleased to recognize the humanitarian efforts and selfless hours that Mona has contributed to helping those in need. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable member for Kings South.

SPINNEY BROTHERS: MUSIC SUCCESS - CONGRATS.

MR. KEITH IRVING: I rise today to recognize the extraordinary career of local bluegrass legends the Spinney Brothers. Rick and Allan Spinney, together with equally talented band mates, have enjoyed tremendous success as professional musicians for over 25 years. Their exceptional musicianship and deep commitment to the traditional bluegrass sound has delighted audiences in every Canadian province and in 40 U.S. states. They have won multiple Canadian bluegrass awards and were inducted into the Nova Scotia Country Music Hall of Fame in 2009.

On October 15, 2017, the Spinney Brothers played their farewell concert at Horton High School on Greenwich Road in Wolfville, an event that was appropriately billed "the end of an era". I ask members of the Nova Scotia House of Assembly to join me in congratulating the Spinney Brothers for their fantastic success in the music business and in thanking them for the great joy that their music has brought to so many over the years. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable member for Cole Harbour-Eastern Passage.

SWITZER, SUZANNE: PASSAGE PLAYERS THEATRE GR. - RECOGNIZE

MS. BARBARA ADAMS: Today I would like to recognize Suzanne Switzer and her accomplishments within the film industry. Suzanne is no stranger to the stage out in Eastern Passage. It is here where it all started, with our Passage Players Theatre Group only a few short years ago. Doing improv on Wednesday evenings led to a background role in the Christmas production, then in the Spring production as well.

One day she saw an advertisement for roles in the International 48-Hour Film Festival contest through Goblin Den Productions. She was the successful applicant. The production went on to win the best picture and her role as Olivia Moody won her best supporting actress.

Suzanne says that her accomplishments and future film endeavours would not be possible without the confidence she gained from her time with the Passage Players. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable member for Bedford.

FENNELL, ROB: BOOK PUBLICATION - CONGRATS.

HON. KELLY REGAN: Thank you, Mr. Speaker. I would like to congratulate a Bedford resident on his recent publishing achievement. Rob Fennell, who is a United Church minister and a professor of historical and systemic theology at the Atlantic School of Theology, recently published an e-book: “Writing Prompts: 99 Karate Chops to Writer’s Block”. I love the title. It’s meant for creative writers, bloggers, journal-keepers, students, professionals and non-fiction writers.

Here is a sample: “Try recounting the last 24 hours of your life in rhyming couplets.” Now, Mr. Speaker, we have a couple of good actors in the House and I suspect they might have a lot of fun with that, although not during Members’ Statements, because there’s no recitation of poetry allowed. I would like to congratulate Rob on this achievement. I’m enjoying the book already. I should note this isn’t the good Reverend doctor’s first book, nor I suspect will it be his last, and I can’t wait to see what he’ll turn his mind to next. Thank you.

MR. SPEAKER: The honourable member for Dartmouth East.

KENNEY, JULIA - CONSTITUENCY ASST.: HARD WORK - ACKNOWLEDGE

MR. TIM HALMAN: Mr. Speaker, I rise today to acknowledge Dartmouth East resident Julia Kenney. Julia is an outstanding member of my community and I have the privilege of working with her every day. She is the constituency assistant for Dartmouth East. I think all MLAs would acknowledge the great work of their CAs. Julia exemplifies all the great qualities of a fantastic constituent assistant – hard-working, compassionate and a can-do attitude. Dartmouth East is stronger because of her great work. I would ask all members of the House to acknowledge Julia Kenney and all the great work being done by our constituency assistants. Thank you.

MR. SPEAKER: The honourable member for Colchester North.

BUDGEY, MARI: DANCE ACHIEVEMENTS - RECOGNIZE

HON. KAREN CASEY: Mr. Speaker, Mari Budgey from Onslow Mountain, Colchester North, is a dedicated ballet student. She began her training at a very young age, fell in love with the dance and has been adamant about her choice. She trains at the Cobequid Dance Studio and has great praise for the teachers and company members. She

performs as part of the Cobequid Young Company and although she spends many hours at the dance studio, she is an International Baccalaureate Program student at Cobequid Education Centre. She completed a five-week summer intensive ballet with Jorgen Ballet in Toronto. This is the second year she took part in the summer program, which only accepts dancers through auditions. She plans to audition for further training and says that the sacrifices that she makes for dance are well worth the effort. She hopes to become a professional dancer and I am certain her dedication and determination will ensure that she achieves her goal. We wish her well.

MR. SPEAKER: The honourable member for Cumberland North.

PUGWASH VILLAGE COMMISSION: WATERFRONT DEV. - RECOGNIZE

MS. ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, I'm pleased today to recognize the Pugwash Village Commission's work to develop the waterfront for the Village of Pugwash. Their work will enable significant future infrastructure investments including a multi-purpose centre, trails, extended boardwalk, sidewalks and a harbour centre. The project will generate growth in the tourism sector, increased foot traffic in the downtown core and promote a long-term increase in people choosing Pugwash as a place to live and do business. This is a great opportunity for Pugwash and for Cumberland County and I look forward to the success of this project. I also look forward to this provincial government helping support this project. Thank you.

MR. SPEAKER: The honourable member for Antigonish.

MACISAAC, DAN: CHICKEN/CHRISTMAS TREE FARM - CONGRATS.

HON. RANDY DELOREY: Mr. Speaker, there's a young man in Antigonish who is a great example of how to seize an opportunity. Dan MacIsaac is just 33 and already an entrepreneur with great success. During a trip home from Alberta, Dan saw a farm with some land for sale in Lochaber and knew it was his opportunity to move back home to Antigonish. He bought the farm in October 2016 and hasn't looked back since.

He had his own construction and surveying business in Alberta, but decided to try raising chickens and growing Christmas trees. He now has 1,000 pastured free-range chickens and 40,000 trees in his care. In a recent article in the *Casket* Dan describes with pride the care that goes into raising his chickens to provide a healthy and tasty product. His birds are clean, fully feathered, eating grass and happily resulting in a premium product. I believe Dan is a great example of the opportunities that exist if you think outside the box. He has a true entrepreneurial spirit and I would like to use this opportunity, as it was recently Small Business Week, to congratulate him on his success so far and look forward to what other avenues he decides to explore. Thank you.

MR. SPEAKER: The honourable member for Preston-Dartmouth.

JOHNSON, CHRIS: ISLAND STORM - CONGRATS.

HON. KEITH COLWELL: I would like to recognize and congratulate Chris Johnson of North Preston who recently signed with the Island Storm, the National Basketball League of Canada. Chris left Nova Scotia nine years ago to play at Kilgore College in Texas. He played professionally in Portugal, Germany and the United Kingdom. It has been said he has the potential of being the best Canadian in the league. Mr. Speaker, I would like you and the members of this House of Assembly to congratulate Chris Johnson, at 29 years old, as he steps forward in his new career and wish him well as he pursues this new chapter in his life. Thank you.

MR. SPEAKER: The honourable member for Clare-Digby.

**BUCKMAN, CRAIG - BOAR'S HEAD LIGHTHOUSE: FUNDRAISING -
THANK**

MR. GORDON WILSON: Mr. Speaker, I would like to commend Craig Buckman in his recent fundraising efforts for the Boar's Light in Tiverton. As we all know, the federal government has divested a number of lighthouses in recent years, including this one to the Municipality of the District of Digby. It would be maintained and kept accessible to the public by a local group, the Tiverton and Central Grove Heritage Association. The association decided to place the lighthouse keepers' memorial on this site, listing all the lighthouse keepers starting with Henry M. Ruggles in 1864.

Mr. Buckman, the association's treasurer, decided to raise the necessary funds by walking from the Boar's Head Lighthouse in Tiverton, to the Western Light on Brier Island, and back again. This walk, interrupted by two ferry rides, is 56 kilometres. He also hoped the walk would raise awareness to the memorial and the lighthouse.

By the time Mr. Buckman returned to Boar's Light, the association had raised \$2,200 and had pledges for \$1,700. Thank you very much, Mr. Buckman.

MR. SPEAKER: The honourable member for Guysborough-Eastern Shore-Tracadie.

**MACDONALD/BARREN/Ryan/WARNER:
TELUS CUP WIN - CONGRATS.**

HON. LLOYD HINES: I rise today to recognize and congratulate four Guysborough County hockey players, who celebrated the highlight of their athletic careers earlier this year.

Dylan MacDonald of Indian Harbour Lake, Spencer Barren of Country Harbour, Craig Ryan and Avery Warner from Mulgrave, were members of the Cape Breton West Islanders Major Midget Team.

In April, the team clinched the Atlantic Championship title in Miramichi. And, from there, they headed to the National Midget Championship, the Telus Cup, in Prince George later that month. The squad of 16- and 17-year-olds is credited with putting a lot of heart and soul into their winning season, which led them to win the gold at the Telus Cup, becoming the first Atlantic team to win the Telus Cup. They returned home to some well-deserved fanfare from family, friends, and their communities.

Through their hard work, and dedication, these young men, and their teammates achieved a level of success that will most definitely pave the way for their future, not just as athletes, but as valuable members of our community.

Once again, congratulations to Dylan, Spencer, Craig, and Avery.

MR. SPEAKER: The honourable member for Halifax Armdale.

MAKHLOUF, ELSY: SINGING SUCCESS - CONGRATS.

HON. LENA DIAB: I rise today to highlight the accomplishments of a talented young woman, and member of my church, who came to Nova Scotia as an international student, Elsy Makhoulf.

Elsy is truly a fantastic singer. She is a lead singer in the Our Lady of Lebanon church choir, she sings in multiple languages, has performed at many local events, including the Lebanese Cedar Festival, the Fusion Inclusion Festival, and the Chinese New Year among many more. She also joined me and the member of Halifax Atlantic this summer at the In The Loop Community Barbecue.

Audiences are always impressed at Elsy's powerful voice, commanding stage presence, and seamless transition between styles, and languages. Recently, she joined the Maritime Conservatory of Performing Arts, where I am sure she will continue to flourish as an artist.

Please join me in celebrating Elsy's recent successes, and applaud this great local talent.

MR. SPEAKER: The honourable member for Timberlea Prospect.

**RANKIN WILLIAMS, LELA ET AL:
BOOK RELEASE - CONGRATS.**

HON. IAIN RANKIN: I rise today to recognize my sister Lela Rankin Williams, who is an associate professor and coordinator at the School of Social Work at Arizona State University in Tucson, and a published author. Leila most recently co-authored a new book, *Disability, Intimacy, and Sexual Health: A Social Work Perspective*, with Kristen Faye Linton and Heidi Adams Rueda.

Lela is committed to the development, evaluation, and implementation of culturally meaningful youth-driven prevention, and intervention programs. She is an active leader in both academic and community settings, placing high priority on conducting rigorous and culturally relevant research in collaboration with community partners that is both meaningful and accessible.

I'm proud to stand in this Nova Scotia House of Assembly to congratulate Dr. Lela Rankin Williams, and her colleagues on the release of their new book, and I would like the members to join me in sending their congratulations.

MR. SPEAKER: The honourable member for Truro-Bible Hill-Millbrook-Salmon River.

CARRUTHERS, CINDY: PEOPLE FIRST N.S. WORK - COMMEND

MS. LENORE ZANN: People First of Canada is the national voice of people who have been labelled with an intellectual disability, and People First Nova Scotia is a self-advocacy group of members who have been labelled with an intellectual disability.

Cindy Carruthers, Executive Director for People First Nova Scotia, is based in the Truro area. I'd like to commend Cindy for her empathy, her kindness, warmth, imagination, and advocacy work on behalf of her beloved members of People First.

I've spent many times with this group, and they are wonderful, warm, loving, smart people. But I'm concerned about their well-being, especially after receiving a letter this week from Cindy, their executive director, who states that she would like to see Nova Scotians with intellectual disabilities treated with respect, including having court-appointed reps to support persons to be able to make their own decision-making authority
...

MR. SPEAKER: Order please, time allotted for Statements by Members has expired.

I want to remind the honourable member for Truro-Bible Hill-Millbrook-Salmon River that, again, we're touching on areas that are better suited for debate on that particular bill.

[2:00 p.m.]

ORDERS OF THE DAY

ORAL QUESTIONS PUT BY MEMBERS TO MINISTERS

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

PREM.: UNIVERSITY FUNDING - INEQUITY

HON. JAMIE BAILLIE: Mr. Speaker, my question is to the Premier. For the past four years this government has been telling Nova Scotia's universities that there is no extra money for them beyond their annual operating grant. As we now know, that turned out to be incorrect.

At the exact same time the government told all other universities to cut back, they were quietly giving an extra \$24.5 million to one university, Acadia University. As Robert Sampson of the Cape Breton University Board of Directors put it, "It's very upsetting when you learn that it appears that you've been mistreated. After you rose to the occasion and accepted the government for its word that there was no more (funding) and that tough decisions had to be made, only to learn that didn't necessarily apply to everyone." - and I'll table that, Mr. Speaker.

The question is, why did the government tell all the other universities that there would be no more money, while at the same time giving money only to Acadia?

HON. STEPHEN MCNEIL (The Premier): Mr. Speaker, I want to thank the honourable member for the question. As he would know, I've said a number of times in this House that the money he is referring to at Acadia University was provided to them in 2012 under the former government. What we said when we came into power in 2013 was that there would be no additional funding for universities across the province.

CBU and other universities knew about the payment that was going prior to that. We've kept that commitment, we kept that commitment going forward and now we're looking forward, Mr. Speaker, as we get into the MOU and negotiations. As the honourable member would know, the 2008 MOU impacted CBU, as he is referring to, and this current budget has funding in there for them.

MR. BAILLIE: Mr. Speaker, I know what the government said. The problem is that it doesn't match up with what the government actually did. The government said there

would be no extra money under its mandate while it quietly gave extra money to only one university, Acadia, to the disadvantage of CBU and the others.

The Minister of Labour and Advanced Education actually said publicly that when they finally gave \$1 million to CBU in the last budget, it was because that amount was more than the less than \$1 million that CBU had asked for - and I will table that. That also turned out not to be true, Mr. Speaker. By freedom of information request we find out that CBU for months had been asking for \$4.1 million, including a business case, including numerous levels of correspondence between that minister, his office, and Bernie Miller, the deputy minister to the Premier.

I'd like to ask the Premier, why did his government tell Nova Scotians that CBU had asked for less than \$1 million when, in fact, it had asked for four times that?

THE PREMIER: Mr. Speaker, that's a question he should be asking the department. The fact of the matter is when we came into government we had a \$0.5 billion deficit. We said to university presidents there will be no new funding, what you are receiving in 2013 is what will be there going forward. We expect you to work with us. I want to congratulate and thank all the presidents who continued to work with our government over the last four years to continue not only to work with them to provide top- quality education that our institutions are known for internationally, they also began to move towards economic development.

I was proud yesterday to announce \$6.5 million working through universities through research and development. There's an additional \$19 million that will be there that will go out through universities working with universities, the private sector, to drive job growth.

I want to be very clear with the honourable member the fact of the matter is universities that were receiving funding in 2013 received that same amount, every one of them, Mr. Speaker. That means there was no more new money. What we said to them was work with us to drive economic development, and we're looking forward to the new negotiations.

MR. BAILLIE: Mr. Speaker, I would love to ask the department and the minister responsible why they told Nova Scotians that CBU had asked for less than \$1 million when in fact they knew at the time, for months, they had asked for \$4.1 million, with a supporting business case. In fact, that \$4.1 million is the amount that they calculated would put them on the same footing as Acadia University and the extra payments they got. I would hope the Premier would want to know why the information that was given to Nova Scotians was wrong. Instead of asking us to ask the department, he should ask the department that question.

Mr. Speaker, in fact, the same minister told this entire House on this matter, “Let me be clear on that, we gave them \$1 million . . . which was more than what . . .” CBU requested. That is simply not true, so I’ll ask the Premier, how can university administrators, or even students, trust this government when it can’t get its own story straight?

THE PREMIER: I want to thank the honourable member for the question. Again, I want to thank the university presidents and faculty across this province who have worked with our government for the last four years to continue to provide top-quality education, not only to our own sons and daughters, but also to 20,000 other young people who choose to come to this province every year: 13,000 sons of Canadian families come to Nova Scotia for post-secondary education; around 7,000 - and we believe there’s a real opportunity to grow that number of international students - who choose Nova Scotia as home to receive their education.

We want to thank the university presidents who accepted the challenge when we said to them in 2013 that we need to be more than just educational institutions, you have to become an economic driver in our communities across the province.

We want those students who come here to have job opportunities. We’re very proud that over the last two years we have seen our youth numbers increase. More young people are moving into our province than leaving. It’s the first time since 1990.

Those are all positive signs. We will continue to go forward. We stay committed to the funding formula that was there in 2013. We look forward to continuing negotiations, and we’ll work with all of our universities to continue to make sure they are the fine institutions that we’re known for.

MR. SPEAKER: The honourable Leader of the New Democratic Party.

PREM.: COLLABORATIVE CARE TEAMS - LIST TABLE

MR. GARY BURRILL: In the course of this budget session, in response to our questions about the crying need for health care, the Premier has made reference to 70 collaborative care teams being put in place through this current budget. People can be forgiven for skepticism towards claims from a government that promised a doctor for every Nova Scotian, so it’s understandable that they would want to know details and specifics.

Will the Premier please tell the House the number of these 70 collaborative care teams that will actually be in place by March 31, 2018?

THE PREMIER: I can get the information for the honourable member. What I can tell the honourable member is that the budget that he voted against had funding in it to deliver 70 collaborative care centres across our province. That will provide physicians,

nurse practitioners, and family practice nurses. We're going to continue to work with them. It's my belief that in some of these communities, and I've said it in this House many times, a social worker should be part of that collaborative care team. We're going to continue to work with communities across the province to ensure that they have access to primary health care as we continue to build one health care system in this province.

MR. BURRILL: My mind runs back to the commitment our government made in 2009 to address emergency room closures around the province. Eighteen months after that, we opened the first Collaborative Emergency Centre, and by the four-year mark, seven more such CECs were in operation - real CECs with real patients in them, with real lights that were really on. By contrast, with the collaborative care teams promised by the Premier, the ratio of talk to reality seems to be quite high.

I ask the Premier, does he give his word that, by the time he comes to the end of his second mandate, and his government is at the eight-year mark, there will be 70 actual collaborative care teams operating and receiving patients in Nova Scotia?

THE PREMIER: I'm interested that the honourable member wants to go back to 2009. That's great. I love talking about the four years when the NDP were in power.

Closing an emergency room and leaving the name on it doesn't mean you've kept it open. What they did was, they changed the hours of service in those emergency rooms across the province. Let's be frank about that (Interruptions)

MR. SPEAKER: Order, please. The honourable Premier has the floor.

THE PREMIER: As we go down the road, the fact of the matter is, we're working with communities across this province to provide primary health care teams across Nova Scotia. At the same time, we're working with them to ensure that Nova Scotians who require specialty services can have access in one health authority. We're going to continue to move forward despite all the doom and gloom coming from the opposite side. We are grateful that Nova Scotians are working with our government.

MR. BURRILL: I'm sorry to hear the denigration of Collaborative Emergency Centres that we have just heard from the Premier. I'm certain it's very unwelcome in those communities - Lunenburg, New Waterford, Glace Bay, the Northside General - which have been waiting to have such centres open for some time.

The Premier is at the 1,464-day mark. When our Party was in office, when we were at the 1,464-day mark, we had opened Collaborative Emergency Centres in eight different communities across the province. The proof is in the pudding.

Will the Premier please table a list of the actual collaborative care teams that have been put in place in the 1,464 days since he came to office?

THE PREMIER: In the four years that they were in power, what we have seen is a \$500 million deficit. We had \$56 million (Interruption)

MR. SPEAKER: Order, please. The honourable Premier has the floor.

THE PREMIER: Let me start over again, Mr. Speaker. We had a \$500 million deficit left behind. We had \$56 million cut out of classrooms across this province. They rolled over for every big labour union in this province, provided them wage settlements. They took money out of health care, they took money away from children across this province.

The fact of the matter is, we've invested in every sector in this province and we'll continue to invest in the services in Nova Scotia, not for some quick political win, Mr. Speaker, but for the long-term stability of this province.

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

PREM. - WAIT TIMES: CONSULTANT RPTS. - UNTENDERED

HON. JAMIE BAILLIE: Mr. Speaker, my question is for the Premier. Last week we tabled the list of 9,000 times that the government used loopholes to get around its own public tendering rules. Among those 9,000 items were several untendered consultants' reports on the very important issue of wait times for important surgeries in Nova Scotia hospitals. It appears the government spent \$300,000 on these untendered studies on this very important topic.

I'd like to ask the Premier, since we still have wait times that are too long, what did the government get for its money with those untendered studies?

THE PREMIER: Mr. Speaker, I'll ask the Minister of Health and Wellness.

HON. RANDY DELOREY: Mr. Speaker, I thank the member for the question. First of all, I think the characterization of the procurement process that was undertaken by the department, as with other questions and I guess allegations of other departments and whether or not they're following the process, I think the member hasn't tabled any information or provided any information to this House that actually shows that there was any issue with the procurement process. I would encourage the member, certainly if he has that information, to bring that forward.

Mr. Speaker, with respect to the wait times, I think we had an announcement earlier this year, earlier in the month, specifically around wait times and the work that we're doing and the investments we've made in the budget, the budget that that member and his caucus voted against, to improve wait times with respect to hip and knee surgeries. Thank you.

MR. BAILLIE: Mr. Speaker, we'll vote against every budget this government brings in, as long as 100,000 Nova Scotians go without a family doctor. It's as simple as that.

I'm sorry but when we have to do a freedom of information request to find out what this government is spending money on, that, Mr. Speaker, is a loophole and I'm happy to table exactly what we're talking about.

Mr. Speaker, if it's not a loophole, will the Premier or the Minister of Health and Wellness release those wait time studies so Nova Scotians can see for themselves whether this government is actually living up to its commitments on surgeries or not?

THE PREMIER: Mr. Speaker, I want to thank the honourable member for the question. The commitment that we'll make to Nova Scotians is that we'll make our decisions based on evidence. We'll go out and get that evidence and we'll continue to invest in the services across this province that Nova Scotians deserve.

MR. SPEAKER: The honourable member for Dartmouth South.

EECD: TEACHER SHORTAGE - RESPONSIBILITY

MS. CLAUDIA CHENDER: Mr. Speaker, my question is for the Minister of Education and Early Childhood Development. Last month I asked the minister about schools facing a shortage of qualified teachers. At that time the minister said this was only an issue in a single board. Since then he has identified it as an unintended and unanticipated consequence of hiring an additional 761 teachers since 2013. However, according to the department's own data, there were 9,206 teachers employed in 2013 and 9,029 teachers employed in 2016.

Mr. Speaker, will the minister admit that he misspoke when he suggested there had been a net gain in the number of teachers employed in the province?

HON. ZACH CHURCHILL: Mr. Speaker, the member is not speaking facts on this. There have been 761 new teaching positions imbedded into the system. Those are for math mentors, literacy mentors, supports to support the class cap.

I remember the days when the NDP was in power, Mr. Speaker, and subs were lined up at our doors because they couldn't find full-time work in the system. We've actually hired those folks, they now have full-time employment in our system and that has created a sub pressure, which we are working with our boards to address, and our B.Ed. providers to ensure that the grads who are coming into the system fill the gaps and the need there. Thank you.

MS. CHENDER: Mr. Speaker, the government should have seen this coming. Instead of casting blame, instead of calling me out a second time for not telling the truth in this House, they are scrambling to address yet another problem they have created in the education system. The minister is now allowing boards to hire individuals without education degrees to act as substitutes in our schools.

Mr. Speaker, will the minister admit that his government's refusal to listen to and negotiate a fair contract with teachers, is responsible for the current shortage?

[2:15 p.m.]

MR. CHURCHILL: Mr. Speaker, think about what the member is attacking us for. We're having a sub-pressure in the system because all of those young grads that came into the system are now employed full time, what they've been waiting for. Under previous governments, for years, ever since I've been elected, we had young people in our offices as MLAs saying they couldn't (Interruptions)

MR. SPEAKER: Order, please.

MR. CHURCHILL: . . . find full-time work and they (Interruptions)

MR. SPEAKER: Order, please. The honourable member for Pictou East will come to order.

MR. CHURCHILL: Thank you very much, Mr. Speaker. For the years we were elected, before our government, we had young graduates at our doors as MLAs saying we can't find permanent work in this province. Now, we've actually hired 761 new teachers who have full-time positions in the province and all the Opposition members can do is complain about it.

MR. SPEAKER: I just want to remind both the questioner and the minister providing the answer that there were some accusations there flying back and forth about each member not being factual. So, I'd just remind folks to keep that (Interruption) Both.

The honourable Leader of the Official Opposition.

PREM. - DESMOND, LIONEL: INQUIRY - DECISION

HON. JAMIE BAILLIE: Mr. Speaker, my question is for the Premier. The family of Lionel Desmond was thrust into the national spotlight in tragic circumstances earlier this year when they lost their mother, their brother, and Lionel's family to a great tragedy. Last week, Cassandra and Diane Desmond went to Ottawa looking for answers. They want an inquiry into what happened. The federal government told them that that decision belongs to the province.

So, I would like to ask the Premier, will he call an inquiry into the tragic circumstances around the death and family loss of the Desmond family?

THE PREMIER: Mr. Speaker, I want to thank the honourable member for the question. I know he has been very passionate about the issues of mental health in this House and across the province, and I commend him for that. He would also know the very issue that he's referring to - the Desmond family actually did go to Ottawa, and we believe the responsibility in terms of that particular case is with Ottawa to call the inquiry.

What we're going to continue to do is work with our colleagues across the country and work - and I spoke to the Leader of the Official Opposition - to ensure that we are providing the proper mental health supports in our province working towards the goal that I know he shares, and other veterans do, around ensuring that we have the specialty services here at Camp Hill Hospital to respond to the needs of the men and women who serve our country to ensure that they are receiving the help in our province when they need it.

MR. BAILLIE: Mr. Speaker, I would like to thank the Premier for that acknowledgement and I hope this is a chance for us to work together on something important that can be done for this family and for the people of Nova Scotia including those military families that have a member who suffers from PTSD and, in Mr. Desmond's case, probably other mental illnesses as well.

The Premier will have my full support and, I believe, the support of all members of this House if he does this - I'm going to ask him, will he consider calling an inquiry and working out the jurisdictional issues with Ottawa later?

THE PREMIER: Mr. Speaker, I want to thank the honourable member for the question. Again, as I said, in my first question, we believe the responsibility for the inquiry rests with Ottawa. I think when the family was referring to the issues and shortage of supports they're receiving it was a gap at the national level, but I will commit to the honourable member that our department that is ongoing looking at this file, the Department of Justice, will continue down that road in the spirit of potentially looking at whether or not there should be an inquiry in our province and what role we would play with the national government.

But I, again, want to put on the record that I believe it's the national government who needs to do the inquiry and we're going to continue to provide those supports but, in the absence of that, I will make a commitment here in the House with the Department of Justice that we'll look into that in the spirit of if there's no other resolution to this what role can we play to find a resolution for this family to move forward with.

MR. SPEAKER: The honourable member for Sydney River-Mira-Louisbourg.

H&W: DOCTOR RECRUITMENT - DESPERATE MEASURES

HON. ALFIE MACLEOD: Mr. Speaker, my question through you is for the Minister of Health and Wellness.

As more and more Nova Scotians find themselves without a family doctor, desperate times call for desperate measures. In July, a phone-in show, The Rick Howe Show, a guy called in and said that he needed a doctor. He told Dr. Gillis of Antigonish, that he had put an ad on Kijiji to find a family doctor. Luckily for him he was successful, and yesterday as my colleague mentioned, this is becoming more common.

Other desperate Nova Scotians have followed in his footsteps hoping they will have similar success. My question to the minister is, does the minister agree that this is a sign that many have lost faith in the health care system in the Province of Nova Scotia?

HON. RANDY DELOREY: Mr. Speaker, I thank the member for again bringing forward this question. The work that's ongoing, as the member would know, to improve the recruitment of front-line health care professionals, particularly those who provide services for primary health care and for mental health services of varying degrees including family physicians, nurse practitioners - we have a number of initiatives in our budget to move forward in those areas.

With respect to individual Nova Scotians, I think it's important to remind Nova Scotians that for the first time, we have established a provincial registry through the 811 system. I've mentioned before in this House how there's a collaborative practice in Dartmouth that's taken over 800 names off of that list. We're having conversations about a new physician here in the metro area who is planning to take, I believe, about 600 names off of that list on the register. We are recruiting physicians, who are starting work here in the province. They are contacting and taking names off that list, so more Nova Scotians are getting access to those primary care services.

MR. MACLEOD: Mr. Speaker, there are public reports that say that after this government being in power for four years, there are actually less doctors available than there were before. More Nova Scotians are without a doctor; 120,000-plus people.

I can't help but listen to the minister in amazement. This gentleman was successful as he discovered a doctor by sending out a message through Kijiji. Imagine. I thought you used that for getting cars and selling BBQs but not for finding health care. If the government's doctor recruitment efforts and the 811 system that the minister just praised and spoke so highly about is so effective, why is it that the people in this province move to things like Kijiji to find a family doctor?

MR. DELOREY: Mr. Speaker, the member across the way who asked the question has stood in this place, in this Legislature, for more years than I have. Indeed, that member

stood on this side of the Legislature as well as that. If the member is suggesting that Nova Scotians across the province have had at any point, under any government in this province, had 100 per cent coverage for physicians at that time, if that's what that member suggests (Interruptions)

MR. SPEAKER: Order, please. The honourable Minister of Health and Wellness.

MR. DELOREY: Mr. Speaker, the member opposite could recognize that that has never been the case in the province. That same data that that member was referencing, with respect to the number of physicians in the province, what that member fails to recognize is that, in fact, self-reported primary care access, Nova Scotia still has one of the highest rates of self-reported access to primary care services out of the country. One of the best records in the country.

MR. SPEAKER: The honourable member for Northside-Westmount.

H&W: AEDS IN PUBLIC PLACES - LEGISLATION

MR. EDDIE ORRELL: Mr. Speaker, my question again is to the Minister of Health and Wellness. Automatic external defibrillators, or AEDs, save lives. The Heart and Stroke Foundation says AEDs with CPR can improve survival rates by 74 per cent. As we know, this would have been a great help to us in the recent situation we've had.

Manitoba has a Defibrillator Public Access Act that requires AEDs to be installed in high traffic places such as gyms, arenas, airports and community centres. The Manitoba legislation also requires a registry to be established. My question to the minister is, will the government introduce legislation that requires lifesaving AEDs in public places?

HON. RANDY DELOREY: Mr. Speaker, I thank the member for raising this question. In fact, I'm proud to stand in my place to let the members here in the Legislature and indeed all Nova Scotians know that, in fact, we recently established an AED registry. The work is ongoing to register and have AEDs that are already in place across the province, Mr. Speaker, to get established and recognized on the AED Registry.

One of the great things about these registries is that an alert can be sent out and integrated with our 911 system, an emergency response system, so the people who do have these in place are able to respond to the emergency so that they know they are in place.

MR. ORRELL: A recent story on the CBC highlighted the importance of the AED Registry - and I'll table that article, Mr. Speaker. As we know, the registry only works if there are AEDs to be registered.

My question again is to the minister. Will the minister table legislation that will commit to establishing AEDs in community spaces in the Province of Nova Scotia?

MR. DELOREY: Again, I appreciate the member bringing this up. I think this line of questions is great for the members of the Legislature, indeed, to look within our own communities. I think the member and many members will be surprised in fact at how many AEDs are actually already in place in areas of public access, in particular at our arenas. Indeed, in this building here in this Legislature, this historic building. AEDs are in the office building that I work in up here, Mr. Speaker - there are multiple floors that have AEDs and signage posted that shows on which floors those AEDs are.

Mr. Speaker, Nova Scotians are already ahead of the member and the process of legislation, already moving this process forward, along with that registry.

MR. SPEAKER: The honourable Leader of the New Democratic Party.

**EECD - PETITE RIVIÈRE ELEM. CLOSURE:
BOARD DECISION - REVERSE**

MR. GARY BURRILL: My question is for the Premier. Petite Rivière Elementary is just one of many small rural schools that has, in recent years, been through consideration for closure. Although the government has paused all existing school review processes, a decision which we wholeheartedly support, this decision did come too late for the people of Petite Rivière.

Mr. Speaker, will the Premier commit today to reversing that board's flawed 2013 decision and keep Petite Rivière Elementary open?

THE PREMIER: Mr. Speaker, I'll ask the Minister of Education and Early Childhood Development to respond.

HON. ZACH CHURCHILL: As the member would know, our government did provide an offer to the board to support that community in having the school open - the board did decline.

I'll also note that in Nova Scotian history, no matter which Party has served here, there has been no Minister of Education who has overturned a decision of the board in this province. However, in this particular case, this is before the board. There has been a community appeal put forward and we do anxiously await the determination of a judge in this situation.

MR. BURRILL: At the heart of strong, vibrant rural communities of course are strong, vibrant rural schools. There isn't anything any more central to the development of rural Nova Scotia than thriving, dynamic, small rural schools.

Mr. Speaker, I would like to ask the Premier, will he agree to bring in a moratorium on closures of rural schools in Nova Scotia?

THE PREMIER: Mr. Speaker, again I want to thank the honourable member for the question. He would know that school closures are with school boards. He would also know that we've asked school boards at this point to no longer assess schools until they get a full understanding of what the pre-Primary program will mean, what the capped classes will mean to the school infrastructure, across the province, he is referring to.

I want to acknowledge the Minister of Justice who has continued to fight on behalf of his constituents, his community, to make sure that their school remains the heart of that community. As the Minister of Education and Early Childhood Development has referred to, that is before the court and we anxiously await to hear what's coming from there. At the same time, we are excited about the opportunity that will be before us when we look at the entire administrative model of education in this province, not only from the department but from school boards and how we deliver education to our communities and how we make these all-important decisions that are impacting our children.

[2:30 p.m.]

MR. SPEAKER: The honourable member for Sackville-Beaver Bank.

H&W - WALK-IN CLINICS: SPECIALIST REFERRALS - ACTION

MR. BRAD JOHNS: Mr. Speaker, yesterday I rose in this House and I asked the Minister of Health and Wellness what could be done for people who are visiting walk-in clinics but require a referral to a specialist? When you lose a family doctor and struggle with serious illness requiring a specialist, our health care system needs to be there for you.

The minister not only did not answer my question, he spoke only about plans for years down the road. The issue is immediate and I believe the minister knows that. Therefore, Mr. Speaker, I want to again ask today and clearly ask, will the minister provide an answer as to what Nova Scotians in situations like this are expected to do?

HON. RANDY DELOREY: Mr. Speaker, if I recall correctly when the member raised this yesterday I wasn't talking about plans for years down the road; I believe my response was very clearly referencing work that is underway now. Efforts to support both recruitment, primary care professionals, expansion of our collaborative care teams throughout the province, helping to recruit and work with doctors to find those positions to help address the very issues the member is referring to and the situation there.

But there's a multi-pronged approach here. In addition to those efforts that are ongoing, we looked at technology that's underway to provide access. We have the MyHealthNS system and the Meditech system that are available and One Patient, One Record. All of these things are to get our technology available to help support in situations like the member has described.

MR. JOHNS: Unfortunately, also one of those seemed to be Kijiji.

I did hear the minister say, and I understand that the government is expanding the residency program, but this does not address the issues at hand. The minister needs to acknowledge how challenging this can be for Nova Scotians and to find a solution.

My question is, will the minister commit to working in the current policies to find solutions for Nova Scotians who need referrals to specialists?

MR. DELOREY: As I have told the member and members of his caucus, when they ask questions - this specific one or similar ones - of the many things that are being done in the province to increase access to primary care providers. In addition to that priority area are investments to expand access to mental health services across the province. These are very much priorities of this government. I believe these priorities are shared by all members of this Legislature. We continue to do this work.

If the member opposite has a suggestion for other areas where we can do more, he's welcome to bring that to my attention.

Again, there are many different ways to approach this. We're investing in many different areas to address these very important issues on behalf of all Nova Scotians.

MR. SPEAKER: The honourable member for Argyle-Barrington.

H&W - PUBNICO: EHS RESPONSE TIMES - PROVIDE

HON. CHRISTOPHER D'ENTREMONT: Earlier in this session or last week, I asked about the issue of ambulance response times, especially in my constituency of Argyle-Barrington. In the community of Pubnico, I'm continually hearing of response times being somewhere near 24 minutes, 30 minutes, or 35 minutes. This is unacceptable when the community is used to response times in the five-minute to 10-minute range because of the availability of the base in Pubnico Head. This is happening in other places in the province.

My question to the minister is, would he be able to table in this House, maybe by tomorrow, the actual response times for the Pubnico base and for Woods Harbour?

HON. RANDY DELOREY: I thank the member for his question. I know that the member has always been very interested, particularly in our emergency response system. It's my understanding that the EHS team was actually down in the communities that he has referenced, to have conversations, to explain and provide information to the communities.

Again, as I have mentioned previously, the work that gets done as part of the process of identifying the status or the standards of the bases used in the emergency system,

is really largely driven by the data and the information based upon the response times to ensure the efficiency of the system.

MR. D'ENTREMONT: I know it's hard for the minister to actually answer a question in this House. All I'm asking is for the response times of ambulances in my community. He just has to call someone and press print, and the information is available to us.

While he's at it, would he mind providing us with the information for all of Nova Scotia? What are the response times looking like? What are we looking at? Should we be investing in the EHS system?

When it comes to response times, people's lives are at stake, and they need ambulances to come to their doors to save them and get them to hospital, where we say that they need to be. Will the minister commit to providing me with response times for all of Nova Scotia?

MR. DELOREY: I find it interesting the member opposite begging the question about whether or not his questions get answered. Members of his caucus raised the same point yesterday despite very clearly getting responses to the questions that they asked (Interruptions) They seemed so surprised then as well, that they continue to come down and take that point. As I have said, the EHS, as I understand, was in the community already, providing information to support the decision. If that wasn't the case, I'll certainly look into that, but my understanding was that they provided that information to the community already.

MR. SPEAKER: The honourable member for Sackville-Beaver Bank.

**H&W - ALLIED HEALTH PROFESSIONALS:
SPECIALIST REFERRALS - ALLOW**

MR. BRAD JOHNS: Mr. Speaker, pharmacists, social workers, physio, occupational health therapists, and walk-in clinics should all be able to give referrals for specialists if doctors are not available - anybody who falls within an allied health profession.

My question to the Minister of Health and Wellness is, will his department look at allowing allied health care workers to provide referrals?

HON. RANDY DELOREY: Thank you, Mr. Speaker. I appreciate the member bringing that up. We engage with representatives from many of these health care professions throughout the province, and that is a question about the nature of the scopes of practice within these various professions. That is on our radar, and we're in discussions

with these various professions to ensure that there's opportunity to work within full scopes of practice, particularly in the primary care services area and in mental health services.

Again, that's something we're engaged in discussions with, with a variety of these health care professionals.

MR. JOHNS: I want to make sure I heard this right. Is the minister committing to looking at making doctors at walk-in clinics - who already have their Ph.Ds. and are doctors - is the minister looking at allowing them to make referrals?

MR. DELOREY: Mr. Speaker, as I already said, throughout the process we're looking at a number of opportunities to improve both the access to our primary care services and mental health services to Nova Scotians across the province. We're looking at all kinds of opportunities.

As he mentioned in his question about the variety of different service providers who provide primary health care services - he referenced a few, like pharmacists and nurse practitioners - a wide variety of practitioners who have an expanded scope of practice over the last number of years.

We continue to look at those opportunities to see how we can make sure that all of our health care professionals are working to provide the best service for all Nova Scotians.

MR. SPEAKER: The honourable member for Sackville-Cobequid.

FIN. & TREASURY BD. - RESTRUCTURING: ESTIMATE - EXPLAIN

HON. DAVID WILSON: Mr. Speaker, my question is for the Minister of Finance and Treasury Board. Last year's budget estimated that the restructuring cost would be an expense to the government of \$187.5 million. However, the actual cost was \$53.6 million. This overestimation resulted in \$134 million flowing back into government's general revenue, helping to save the government's so-called "balanced budget" right on the eve of an election. Quelle surprise. That's French, by the way.

I'd like to ask the minister, why was last year's budget estimate for restructuring off by \$134 million?

HON. KAREN CASEY: Thank you to the member opposite for the question. As the member may know, restructuring is an allocation that is set aside. It does help to deal with labour contract negotiations. It also helps to work toward government priorities, which may not be completely identified or budgeted for. So that restructuring fund is there for those purposes, and when there is a project that is to move forward and there's funding required for that, it can come from that fund if it's also for contract negotiations. That's the intent of that restructuring.

MR. DAVID WILSON: Earlier in the session I asked the minister about last year's budget estimate for the Pension Valuation Adjustment, which also saved the government around \$49 million - again, right on the eve of an election. In English - surprise, surprise. Today the budget lines for restructuring costs and Pension Valuation Adjustments saved the government \$183 million last year.

I'd like to ask the minister, would she agree that if it weren't for these two fuzzy budget lines, this government would not be able to meet its lone goal of producing a surplus?

MS. CASEY: Mr. Speaker, what I would like to say to all members of the Legislature is when we were elected in 2013, it was a clear message from Nova Scotians - it said, first of all, take the chequebook away from the NDP, and the second thing it said, get the fiscal health of the province in order and (Interruptions)

MR. SPEAKER: Order, please.

MS. CASEY: I could start over. Secondly, Nova Scotians wanted the fiscal health of this province in order so that we were not spending more than we were making, and so we certainly looked at every possible way to make sure that we controlled spending, looked at the revenue we had, used our money wisely, invested it in health care and education - and we're very proud of the budget that we have.

MR. SPEAKER: The honourable member for Sydney River-Mira-Louisbourg.

EECD: INDIVIDUAL STUDENTS - FUNDING TRANSFER

HON. ALFIE MACLEOD: Mr. Speaker, my question through you is to the Minister of Education and Early Childhood Development.

As we all know, there are a number of young people in our society here in Nova Scotia who have some challenges when they go to school. Not all of those challenges can be met by the school boards and the individuals who are in those schools, and in some cases parents have to take their child and look at a different avenue of education.

My question to the minister is, when that happens, is it possible for the funding that is allotted for that individual student to the school boards to be transferred to the education of that child?

HON. ZACH CHURCHILL: Mr. Speaker, in fact, when this does happen we can all recognize that this is problematic for the families. It is a challenge for the system when there are either learning or behavioural issues that the system is not geared to properly address. The funding model we currently have now is for the public education system so if a family does choose to leave that system and pursue education either through home

schooling or a private school that money does not follow them to a private school or to the home schooling. It is intended for the public education system.

That said, we do have a great group of academics, professionals, experts on the system of inclusion. They are looking at that system and will be providing us with recommendations that I think will help us transform the system to better serve the needs of all of our kids.

MR. MACLEOD: Mr. Speaker, I want to thank the minister for that answer because I think we all agree that a good education is the foundation of our province being successful as we move forward. In that light I would ask that the minister would maybe sit down and I can discuss this issue with him further to provide more information, and we could have a discussion about this individual's case to see if there is a way that we can improve his education while looking at the needs of his parents as well?

MR. CHURCHILL: Mr. Speaker, in fact, feedback from this family and all families who have experienced these challenges within the system are critical for our Commission on Inclusive Education to provide a blueprint to transform the system that is fully informed by all those who have been properly served or who have not been served by the current system. Of course, that information is very important and I'd be happy to pass that on to those folks who are looking at this very critical piece of our education system for us. I truly do believe, and I want parents to understand, we recognize the challenges that there are.

We also need to recognize the number of kids that are being properly served by our education system, who are achieving because of our education system and its features and all the supports there. We know we can do better, we're committed to doing better, and we are going to do just that. Thank you.

MR. SPEAKER: The honourable member for Dartmouth East.

EECD: TEACHER SUBSTITUTE SHORTAGE - CONTINGENCY PLAN

MR. TIM HALMAN: Mr. Speaker, my question is for the Minister of Education and Early Childhood Development.

As the minister is aware, we have a substitute shortage. Due to the current substitute shortage across the province, teachers are feeling even more overworked than usual, having to cover classes from the lack of subs. This is having an effect on their own classes and I'm hearing it's impacting program delivery, especially at the high school level. The situation will only get worse as weeks go by as the retired teachers that schools are depending on are maxed out on their 69 and a half days. My question is - and I'll ask the minister to be specific - what is the contingency plan for when retired teachers are out of sub days?

[2:45 p.m.]

HON. ZACH CHURCHILL: Mr. Speaker, that's an important question. The sub days, that is stipulated in the Teachers' Pension Plan, so it is not something that can be unilaterally changed by government. We do need to enter into negotiations with the union on that. Recognizing that, there has been a sub pressure created by all of the full-time hires that we have had in the system. We are working directly with our boards. We have tripartite agreements with at least two, potentially three, of our boards that will allow qualified subject matter experts who do not have a B.Ed. - that does not mean they're not able to provide lectures and teach our kids in these subjects - to allow them to come into the system to alleviate this pressure.

We're working with our boards to recruit subs in other parts of the province but, long term, we want to make sure that the graduates we're producing in Nova Scotia are filling the demands of the system itself. We're working very closely with the Department of Labour and Advanced Education and our B.Ed. providers to ensure that that happens.

MR. HALMAN: Mr. Speaker, the Department of Education and Early Childhood Development had difficulty filling early childhood educator positions in some pre-Primary classes. If the department had trouble filling full-time positions, Nova Scotians are left to wonder about the state of the substitute list for early childhood educators. My question is, can the minister and this government guarantee that every pre-Primary class will be properly and fully staffed with qualified early childhood educators every day?

MR. CHURCHILL: Mr. Speaker, as we stated, only early childhood educators who are professionally trained in that field are qualified, in our opinion, to run these play-based curriculums for our kids. They're in the best position to ensure that the environment is safe and accommodating and that, of course, is our primary goal. If you look at the labour market analysis on this, there are 2,400 ECEs who are registered in the Province of Nova Scotia. Currently, only 1,300 of those are working in the private and not-for-profit sector. So, we do believe that there's enough in the labour force to provide for these programs but, also, we're seeing an uptake in ECE post-secondary enrolments because of these new great opportunities that are available for them in the province because of our pre-Primary program and, for that, I'm very proud.

MR. SPEAKER: The honourable member for Kings North.

AGRIC. - STATS. CAN.: 2016 AGRIC. CENSUS - FOOD SECURITY

MR. JOHN LOHR: Mr. Speaker, my question is for the Minister of Agriculture. In May, Statistics Canada released results of the 2016 Census of Agriculture and the results are shocking. There are one-tenth fewer farms and one-tenth fewer farm operators in the province, and we have the oldest-age operators in the nation at an average age of 56 years of age. Other statistics that stood out were the 2013 farm net income for Nova Scotia for

all farms, \$55 million; 2016, \$3 million. My question for the minister is, can the Minister of Agriculture inform this House what his department is doing to change these statistics: fewer farms, fewer farm operators, older operators, and declining profitability?

HON. KEITH COLWELL: It's a very important question the member has asked and, indeed, we're working towards those goals but, also, our sales from farms in Nova Scotia has gone up. Our exports have almost doubled in the last three years. So, indeed, we're going to a different type of farming where there are more farmers who are more productive than they were in the past.

MR. LOHR: Mr. Speaker, I will table those statistics and I would ask the minister to table his statistics he just mentioned. Not only are those statistics I mentioned but, also, cropland is down by 4.8 per cent, pasture is down by 20 per cent, woodlands for farmer operators down by 10 per cent, mink breeding and stock down by 40 per cent, total acreage for blueberries declined 6.9 per cent, acreage for apples declined 16 per cent, and vegetable acreage down 14 per cent. Will the minister tell this House how our goal for food security is progressing when the statistics tell us a different story?

MR. COLWELL: Well, indeed, our production of apples has gone up. We've gone to a more productive way of producing apples in the province and, indeed, the blueberry yield is between 5 and 15 times what it was even 10 years ago. So, indeed, the growth of the industry is up. The acreage may be down a little bit but the production is up.

MR. SPEAKER: Order, please. The time allotted for Oral Questions Put by Members to Ministers has expired.

OPPOSITION MEMBERS' BUSINESS

MR. SPEAKER: The honourable Official Opposition House Leader.

HON. CHRISTOPHER D'ENTREMONT: Mr. Speaker, would you please call the order of business, Private Members' Public Bills for Second Reading.

PRIVATE MEMBERS' PUBLIC BILLS FOR SECOND READING

MR. SPEAKER: The honourable Official Opposition House Leader.

HON. CHRISTOPHER D'ENTREMONT: Mr. Speaker, would you please call Bill No. 25.

Bill No. 25 - Camp Hill Veterans' Memorial Building Walk-in Clinic Act.

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

HON. JAMIE BAILLIE: Mr. Speaker, before I begin my brief remarks, may I do a number of introductions?

MR. SPEAKER: Permission granted.

MR. BAILLIE: Mr. Speaker, in the gallery behind me are a number of veterans, members of the Canadian Forces, Royal Canadian Forces. Among them is Rollie Lawless, whom I saw come in a few minutes ago - I hope he is still back there - an advocate for greater services for veterans who suffer from PTSD and other afflictions.

With him is Karen Brake, who has been to this House before, John Harrison, and Lee Mercer - all served our country as members of the Royal Canadian Armed Forces. (Standing Ovation)

Mr. Speaker, I will say this, I wish that Rollie and his friends had been here earlier for Question Period. I know they tried. What I want them to know is that the Leader of the Official Opposition and the Premier talked about how we can better provide services to veterans in this province, how we can find the answers that the Desmond family needs together, working with Ottawa and the province to make that happen.

I want them to know that we had probably one of the more pleasant exchanges, more civil ones on that topic here in this House, so I think we're making some progress. Before I say anything further I just want to put that on the record, Mr. Speaker.

Mr. Speaker, imagine this, we were talking about the tragedy around Lionel Desmond earlier today. Lionel Desmond served this country. Lionel Desmond put himself in harm's way in defence of Canadian values and in the defence of freedom around the world. He came home, he did not look injured when he came home, but he was injured when he came home, the kind of injuries that you can't physically see but they are every bit as real.

In the case of Lionel Desmond and far too many of our Canadian Forces members who come home as veterans from overseas, the wounds are inside - PTSD, anxiety, depression, other combat-related mental afflictions, Mr. Speaker. These wounds run deep. Nobody knows this better than the families of Nova Scotia because Nova Scotians provide on a per capita basis the highest contribution of personnel to our Royal Canadian Forces. When a family member has served their country and when they come home, if they have lost a limb or they suffer a physical injury, we do all we can to look after them.

Mr. Speaker, the time has come to acknowledge that our standard of care should be just as high when they come home with these hidden injuries, like PTSD and other mental illness, they deserve the same standard of care when they come home with those injuries as well.

We know the tragic circumstances that sometimes occur when our veterans do not get the treatment that they need. In the case of Mr. Desmond, Mr. Speaker, we want to see an inquiry and, more important, the Desmond family wants to see an inquiry into what happened with Mr. Desmond and what happened when he entered our health care system, to see how we can do better. That family deserve those answers, every family who has made a contribution to the Canadian Forces deserves those answers and I think we're actually all as one on this topic and that's why I'm encouraged by the exchange with the Leader of the government today about how we might get to that place and work out the jurisdictional issues with Ottawa later.

Mr. Speaker, the reporting is that Lionel Desmond entered the emergency room at St. Martha's Hospital numerous times. He may or may not have identified as a veteran. Either way, the health care staff there, who are doing their best, deserve to have the training they need to know how to identify a veteran, how to identify the risk of PTSD, and what to do when they're making decisions about admittance and non-admittance in that circumstance.

That is one of the problems. The long provincial wait-list for counselling and mental health services is another problem. The lack of family doctors is another problem. The long waits for all kinds of services are a problem.

Some say, when it comes to our veterans, that's a federal issue. Others say when you go into St. Martha's emergency room, that's a provincial facility. Don't we owe it to our veterans to set those jurisdictional questions aside and work together to get them the services that they need? That is what Rollie Lawless and the Nova Scotia Command of the Royal Canadian Legion are saying to all of us in this House. I think we should hear those voices, take up that challenge, and work with them on finding a solution.

They have brought a solution to this House. They have brought a real affordable heartfelt solution to this House, and I think we should move forward on it.

The business plan for the redevelopment of the Camp Hill Veterans' Memorial site here in Halifax is a great example of people who have already given so much to our country, who have already made sacrifices for our country, coming forward and saying, this is what we believe we need to heal. How could we say anything other than yes, we will get that done for you and for your fellow servicemen and women? That's the question that is before us. How can we say anything else but yes?

We have that Veterans' Memorial building, Mr. Speaker. It has empty space. It is not a big allocation of energy or money or time to redevelop it into a walk-in clinic for our veterans. That is the heart of the business case that Rollie Lawless and his fellow service people have brought forward.

You might ask, who is going to staff it? Our job is to find the medical professionals - clinicians, psychologists, and others - to staff it. That is exactly what we should do.

Rollie Lawless and his team have offered to work hand in hand with the government to make sure there are veterans there, fellow veterans as volunteers, as navigators, and as peers to greet and meet and help a troubled veteran enter into the health care system at that clinic. They want to serve their country in that way as well.

Their ask of us is quite modest - to partner up with them on the facility and the clinicians to make that happen. How can we say anything other than yes to that request?

They want to start with veterans, but this is a service that can be expanded to all kinds of first responders as we ramp it up - paramedics, firefighters, trained first responders. All of these groups and more are people who care for us in crisis, in acute danger. They have these issues as well - PTSD, anxiety, depression, addiction. They, too, could benefit from this service.

Step one, look after those veterans who come home. Heal the wounds that go unseen. Step two, expand that level of care to other first responders. Step three, make sure that we have people in emergency rooms across this province trained in PTSD identification, in the basics of mental illness identification like the mental illnesses that I just listed, and knowledge of where to refer them.

We would be so much better off in our health care system, and our veterans would be so much better cared for if they could walk into any hospital in this province, instantly be identified for the unique needs that they have, and when it's appropriate, sent directly to the Camp Hill Hospital walk-in clinic in Halifax so they can meet a fellow veteran who's there on a volunteer basis, who understands exactly what they're going through and will enter them into our health care system and see that they get the health care they need.

[3:00 p.m.]

What is the value of that service? It is incalculable. What is the obligation that we have to our first responders and to men and women who served our country in the Canadian forces? It is invaluable. What is the cost of providing this service? I say this with great respect, it is peanuts compared to the value, compared to the obligation that we have.

That's why this bill is before this House. That's why we reach out to the Premier and the government side to say let's do this together. That's why we're encouraged by the answers the Premier gave today about his willingness to work on these issues. I know people watch Question Period at home and they think that's the whole story of this House. That is a tiny part of the story of this House. This can be the story of this House, that we build that clinic, that we show our veterans and all Nova Scotians that good things come out of here when we reach across the aisle and work together, when we make something

happen for the people that stand up for our province and our country. That is not the challenge that is before us today with this bill. That is the opportunity that is before us today with this bill.

In a way, we have an opportunity to say thank you, not just with our words but by our actions, by our votes on this bill, by doing the thing that we're good at, that our electors sent us here because they thought we were good at, which is to examine good ideas and enact them when they come before us. I would love to see a headline in the newspapers or on TV that says government and Opposition voted together on something today. That would be great. (Interruption) We did have an issue, but I didn't see the headline, that's part of the problem, we never get to see the headline.

But wouldn't it be great if that first headline said, the thing that brought them together was providing advanced level care to our veterans and first responders who come home with the wounds unseen. That's the challenge that is before this House. That is the opportunity that we all have here. I know the government has a business plan that Rollie and his peers have put together and we have it too. I know how modest the request is compared to the benefits that they will have and that all Nova Scotians will have.

This is the Fall session of this House. Remembrance Day is literally days away. On November 11th, we remember the sacrifices of generations of veterans of the Canadian Forces - in world wars, in local conflicts, in peacekeeping. Why don't we make it more than a remembrance this time and add on a meaningful, real, new heartfelt thanks that includes the construction of a veterans walk-in clinic at the Camp Hill site here in Halifax. That is what we are putting before this House again today and I really hope that before this session is over, we can actually pass this bill in unity and give our veterans a big thank you and show that Remembrance Day is, in this case, in this year, in 2017, more than remembrance. It's also a big sign of thanks and a big message that, as long as you walk this earth, as long as you are a fellow Nova Scotian, we will be here to look after you and the wounds you suffered on our behalf. Thank you and I look forward to the debate.

MR. SPEAKER: The honourable member for Lunenburg.

MS. SUZANNE LOHNES-CROFT: Mr. Speaker, I thank the member for Cumberland South for his remarks and his passion. Like all members of this House, we all care for our veterans. We all know how important they are, and we would not be sitting here in this House if it wasn't for the service of our veterans.

I wish before hearing your remarks, I knew more about what you were going to say, member for Cumberland South, because when I read the bill last evening when it was presented to me, I thought "walk-in clinic" - this sounds more like a PTSD clinic, a specialized clinic. I was not quite sure what your concept was, and I appreciate hearing your remarks today.

Some of my remarks may not match yours only because I wasn't quite sure what you were asking for. That is one of the issues with the second reading of any bill. We are not always quite sure what the Opposition is looking for, or the government, until someone stands up and actually speaks.

Thank you for your passion and your conviction; it is very honourable. I know all of us want the best for our veterans here in Nova Scotia, and I want to say that I think we saw quite a bit of collaboration today when we were in Question Period - and I know the member opposite has mentioned that.

He was very encouraged by the response from the Premier on the case of Mr. Desmond, which is tragic. It is tragic that situation happened and it is not the only tragic situation we have seen of veterans here in Nova Scotia and beyond Nova Scotia.

Our hearts go out to these families, and not just the families but their colleagues and other people who suffer from PTSD in particular because they know - I can only try to understand, but these people know the experiences, the pain, the issues that people suffering from PTSD address each and every day. And, many times in their life they are taking one step forward and two steps back.

I don't want anyone to think that we are not compassionate in this, but we see veterans' affairs as a federal responsibility, not trying to sidestep our responsibilities in that we don't appreciate our veterans or the issues that veterans have - and I know the Premier is working hard with his federal counterparts.

I know the minister and our past Ministers of Health and Wellness have been working on this topic with their counterparts in the federal government to address this issue to provide especially the mental health care that our veterans may need coming back from service. So, it is being looked at by our government, but we really need to have more input from our federal counterparts in order to address this.

We know that getting mental health treatment is of the utmost importance, it is urgent, and I think the member for Cumberland South mentioned we are not quite sure if Mr. Desmond did address that he was a veteran when he did go to the emergency room. But regardless if you are a veteran or not, if you have a mental health issue it is a very serious situation whether you are a veteran or a regular person, and our government is very committed on trying to spread out our mental health services province-wide.

I mention that because where Mr. Desmond was, maybe going to Halifax to a clinic may have not served him well. He may have needed support to get there and some veterans need to be closer to home - or they have mobility issues, so sometimes going to Halifax is not always the answer. I think in Halifax we have a better concentration of specialists, which is a bonus, but we try and spread out our mental health services here in Nova Scotia, Mr. Speaker, so that people in Cape Breton and people in Yarmouth, people on the South

Shore and in the Valley can have access, rather than having everything centralized in Halifax.

When we talk about a special walk-in clinic at the veterans' unit, I'm not sure if it's meant for just veterans or members of the public to access that, or veterans and their families, even. I do know that there are veterans from my own community who are residents at Camp Hill and I know their families frequently travel from the South Shore to visit. I also know that sometimes if there is a spouse, that they try and find a long-term care arrangement near to Camp Hill Hospital for their loved one - the remaining spouse - so they can be close together.

Also, I have a veterans' unit in my own community, in Fishermen's Memorial Hospital. I know the Premier has one at Soldiers' Memorial Hospital in Middleton and I know there are other veteran units around Nova Scotia. So these people equally need the services that veterans would need.

Now we're seeing a different type of veteran, too, today. We're seeing veterans who are younger and we're seeing first responders who are younger who need mental health services and other services with the complications of PTSD. I think we really need to address the issue of PTSD and how we're going to treat people all over Nova Scotia, not just a central place in Halifax. We have police officers, we have ambulance drivers, we have nurses, we have emergency response people, Mr. Speaker, who need these services.

I think with these negotiations that it's going to have to go beyond just veterans, it's going to have to go on to first responders. I think the member for Cumberland South did address that, that it's not just veterans who need these services, it's a much broader base. But I agree, we need to work with our veterans first, get that done, and move along and help other first responders who are in need of PTSD services and also the services that such a walk-in clinic - I think it's a great idea.

I think the Minister of Health and Wellness, and also his predecessor, felt it was a good idea. They're not just quite sure how they're going to go about setting this up because, where do we meet with the feds on this? What's their responsibility? What's ours? How can we collaborate.

I also agree with the member - and I hope no one is offended that I am agreeing with the member for Cumberland South - but he was very passionate and I really liked how he said that this isn't a Progressive Conservative issue, an NDP issue, a Liberal issue, this is our issue. This is what all of us need to work towards - not one Party waving their little flag and taking a pat on the shoulder, we all should be serious about this commitment to all our veterans and first responders. I think we saw that when we passed the PTSD bill, this Workers' Compensation Act, in this sitting.

I heard the most compassionate speeches this sitting, than I've probably heard in the four years that I've been here. Our members of this House - all members of this House truly showed their compassion. They showed oneness in how they need this addressed.

[3:15 p.m.]

Some people here in the House have more hands-on experience and they were willing to share those experiences with us. They were very heartfelt stories. For me to stand here and say what someone with PTSD needs or wants - I can understand. I can use knowledge. I can use reading notes - I have pages of reading notes, and I haven't even looked at them yet - but only a true person with PTSD can really tell you what their needs are.

I hope that going forward, with collaboration between the Department of Health and Wellness and the Nova Scotia Command and our federal counterparts, we can somehow put down our political stripes and our own conceptions and open our minds and our hearts so that we can work together to make this the best possible thing for our veterans and all our first responders in the future, so that when we build any type of emergency room, whether it's a collaborative emergency room or a walk-in clinic or whatnot, we are going to have a certain set of protocols that will be set up to address the mental health issues of any first responder who comes in. (Applause)

Maybe this year, when we do go to our cenotaphs - and I have to say, I'm hoping the House is out soon so that all of us can participate in the Remembrance Day services that we sometimes don't get to go to. We get to go to Remembrance Day services on Remembrance Day, but we have wonderful services that - I know there are communities that try to do it the Sunday before Remembrance Day, so that their little community cenotaph is not overlooked that year for a larger one.

Our schools are doing fabulous Remembrance Day programs, and it's not just a one-day ceremony. They're doing essays. They're doing curriculums. Our youth have such an appreciation, and our educators have such an appreciation, for the work of veterans. I think when we all gather this year, every one of us, we will be able to go to more of these events. We'll be able to go to dinners. We'll be able to go to our schools and see what our students are learning. That's another place where we as MLAs can talk about the needs of our veterans - not just thank our veterans for serving us but also talk about how we need to serve them. One way we as MLAs can serve our veterans is by working together, taking away the boundaries, working collaboratively and thoughtfully with our minds and hearts so that we can develop a protocol for dealing with PTSD for all veterans and all our first responders here in Nova Scotia.

We saw a great start here with the passing of our Workers' Compensation bill, but I think we can go further. Let's use this collaboration - we've heard it today from the

member for Cumberland South. We need that type of collaboration. We need that kind of joint effort and oneness. I think of the words he said - we are all one.

Let's all be one. Let's all work together. Let's get our federal counterparts on board and let them know that we want this to go forward. Let's all work with passion. Let's all work with dedication. It's not always just thanking our veterans - let's do for our veterans. Let them know. Let's show them how much we appreciate their service. (Applause)

MR. SPEAKER: The honourable member for Sackville-Cobequid.

HON. DAVID WILSON: I'm a bit concerned that I only have 15 minutes to talk about an issue that - I think there is a heightened urgency that we need to take action in our country, but more importantly, in our province. There are almost 11,000 military personnel alone who are serving here in Nova Scotia. I may be off by a couple of hundred. There are thousands of first responders who are working every single day in our province, who will need the help of services like the ones outlined in Bill No. 25. We're compelled, I think, as a province that has such a rich history of our residents serving not only in the military but coming forward and working in law enforcement, in corrections, in paramedicine, as a firefighter, it's imperative that we move quickly to ensure that those thousands of Canadians and Nova Scotians who do that, have the support here in Nova Scotia.

I want to recognize also our visitors in the gallery today. I did have the opportunity to attend the Society of Atlantic Heroes dinner on the weekend and, for those who were there, you can't leave that event without understanding why there's such an urgency to address this issue and the issue of access to care here in Nova Scotia. I want to thank them for not only recognizing the need to support military and veteran personnel but just as important, first responders here in Nova Scotia. It's no secret, Mr. [Deputy] Speaker, you and I both come from that profession and I want to say publicly thank you to them for including first responders as a priority in their society. (Applause)

It's interesting if you pull up their web page, right under the society's name it says, recovery and re-integration, and that is compelling on its own. It's so at the heart of what we need to do to ensure the men and women who put a uniform on in whatever stripe and colour it is, have the ability to seek access to treatment, to have that recovery and that re-integration into our province, into our communities, into their families, into their social network because, far too often, those individuals whom we talk about who are in need of these treatments are in a very, very dark place.

I've spoken at length here about the people whom I know and I've known personally, who were in that dark place and who are affected deeply by what they saw, what they do, what they were called upon to do. I think it's imperative as a province with such rich military history and service, that we need to be the leaders on this. I do not trust the federal government to respond quickly enough to the issues that we see around access to service here in Canada and in our province.

So here's a chance with this bill - and, let's be honest, the government's probably not going to pass this bill - but here is a chance for a government, for Opposition Parties, for a province to stand up and say, you know what, we want to be leaders. We want to show our respect, that many of us talk about, of our veterans, our first responders, by ensuring that they have access to care. It's so ironic that just 10 minutes ago I received a text from a Constable Mark Long. He's an HRM police officer for over 15 years who is currently, as we speak, as we discuss this today, sitting in a treatment facility in Guelph, Ontario, at a cost of \$60,000, an eight-week, in-house treatment facility or program. I asked if I could use his name in this - because we've been exchanging dialogue and trying to work towards, I think, a common goal - if I could use his name and he said yes, for whatever you can do.

Mark served, as I said, as a police officer here in HRM for 15 years but he's in Guelph right now, thankfully enough, because he did have a stint in the RCMP. I'm sad to say that I think Veterans Affairs Canada, to a certain degree, have been able to provide better access to care for veterans, and RCMP fall under military veterans. That's the only reason why Mark is in an eight-week intense program in Ontario and he just said it's away from his family and he would love to have had the opportunity to have that program here to be able to seek treatment here and I want to thank Mark for allowing me to use his situation and his name on the floor of this House.

We know that if we don't act, what impact that has on an individual, on families, on a community. Suicide is something that often gets the most attention when we're talking about PTSD and mental illness. You can't forget all those people who were unable to get the help, for whatever reason, chose to end their life. Even just this year, 49 reported suicides in Canada of public safety officers, first responders, military veterans, 68 in 2016, 68 in 2015, 48 in 2014.

These are hundreds and hundreds of people, who are no longer here with us, because they made that choice to end their life. I think this is a great opportunity, there's money being spent on research, on what is needed, and we don't need to be the experts in it. We have some of them in the audience with us today. We have people who are doing research today, on ensuring that, what do we need to do, as a jurisdiction, as a province, as a country, to make sure that those numbers I just said, and - man, we're at 49 so far this year - and I know there's much more. Sad to say that we're probably going to hear even more, as the months come to the end of this year, of people who did make that choice to end their life.

That's what we need to remember here. We need to remember that the men and women who choose to go into the military, who choose to become a police officer, who choose to become a first responder, a paramedic, a firefighter, those who work in corrections or work for a Children's Aid Society, or as a nurse, or a doctor, they choose to go into that profession to, hopefully, help people. I think organizations like the Society of Atlantic Heroes, and many, many more - I have to tell you, it's amazing to see the groups

that have grown out of the need of addressing exactly what Bill No. 25 is hoping to do, and that's getting that support, ensuring that that recovery happens, that re-integration into their family, and the community happens, because we can't afford not to react. I say it again, I've been in politics for 14 years, I don't trust we'll move quickly enough so that the numbers I referred to a few minutes ago won't continue to increase over this year, over next year and the year after that.

It's amazing, it's amazing by just doing a few things, how that can help hopefully, as someone said on the weekend, empty their glass a little bit, so that they don't overflow their glass, they don't go over the edge, they don't decide they've had enough. That's what resonates with me, those people whom I know personally who have reached out to me over the last three, four years, to tell me their story, to encourage me to continue on ensuring that whatever I can do in my limited capacity, to ensure that we respond to the needs, that I do that, that I hopefully recognize that we need to act now. I don't think time is on our side, on the side of those who are in that dark place.

Yes, I'm glad yesterday the government passed a bill for Workers' Compensation, I said that yesterday. But, I worked four years to try to get the government to do that. Four years. In those four years, 48 reported suicides in 2014, 68 in 2015, 68 in 2016, and, you know what? If it makes people feel uncomfortable when I talk about people who hang themselves, or take a revolver to their head, then listen, I don't apologize for it.

[3:30 p.m.]

I think we need to have a frank discussion about this, and ensure that we do the right thing. I'm not putting the blame on the current government, on the current MLAs. What I'm saying is, here we are at a pivotal point. That we have organizations in Nova Scotia today, who are providing guitars to people with PTSD, and I have to tell you, I'm not a guitar player, but I'm learning to play the guitar - it's amazing how that can just empty your glass, how that can just bring you back to I'm not frustrated anymore, things will be better. I don't sing very well yet, but I've heard the Speaker play his guitar and maybe he'll give me some tips when we get out of this session.

I want to be extremely serious about this issue. Yes, okay, we're not going to pass this bill, but let's seriously start talking with the organizations in this province like the Society of Atlantic Heroes and those others that are providing dogs to people with PTSD, who are providing guitars, as I said, Mr. Speaker. There is expertise in our province right now that I have no doubt in my mind that if we took the lead on this that we could see a walk-in clinic and an in-house treatment clinic here in our province in no time.

There are people who want to help those who are in that dark place, those who are suffering today, and there are organizations that go out and try to find those people so that they know and they understand. Most of them won't know that I stood here for 15 minutes and talked about their issue and about PTSD and their needs. They won't know that there

was a bill on the floor of the Legislature because an Opposition Party introduced it; they won't know that we passed changes to the WCB Act yesterday because they're not plugged in to what's going on in the broader province. They're holding on - most of them - by their fingertips, trying to get through the day or the hour. That's the scariest part about PTSD and the diagnosis of PTSD, that you could be on any level or along the spectrum of if you're suicidal or if you're going to medicate yourself through alcohol or drugs.

We're at a pivotal point here and, as I said - I think it was yesterday when we talked about WCB - yes, I'm glad we're at that point but that won't stop me from having asks for the government. I'm not there, I'm not in Treasury Board, I don't have the capacity to say we're going to put \$1 million or \$2 million or \$100,000 away. I wish I could sometimes right now in Opposition, but I'm not in that position. There are those across the way who are and their voice, I think, could be very strong around the Cabinet Table. They could be very strong when Treasury meets to look at what the pending pressures of next year are.

We all talk about mental health. I don't think there's a person here in this Chamber who would say that's not an area we need to emphasize, but I hope with this piece of legislation and with it being brought forward that it gives us an opportunity, even if it's a short opportunity, to emphasize the need to act and the urgency of this piece of legislation and the need to make sure we have access to the care. Stop saying it's not our jurisdiction; stop saying that it's a federal issue. It's a provincial issue; it's a municipal issue.

Let's be leaders. I want to be part of that, and I think everybody here wants to be part of that. I think our visitors in the gallery want to be part of that. Please don't let this just go by as another Opposition piece of legislation. Let's do something so that we can help those people who are in the dark place get back to a place that they can be truly recovered and integrated back into society.

MR. SPEAKER: The honourable member for Sydney River-Mira-Louisbourg.

HON. ALFIE MACLEOD: Mr. Speaker, first I want to thank my colleagues for the words that they've spoken about this bill as we talk about a very important subject today.

Here we are 15 days away from Remembrance Day and we should really be thinking about what Remembrance Day means. It's about honouring those who made the ultimate sacrifice. It's about thanking those who put their lives on the line. It's about making sure that we may remember our past so that our future can be brighter and more beneficial.

I do have some prepared notes, but I would like to start off by sort of putting a perspective on what I hear and I see about this bill and how I feel about this bill. The first thing is, I think it's important for us to remember that it is our responsibility as Nova Scotians and as Canadians to make sure that those who did the ultimate for us are looked after and cared for properly. I've heard my colleagues say the same thing.

In Nova Scotia and in Atlantic Canada actually, joining the Armed Forces is not a job - it's a profession. It's something that people do because they have high regard for that occupation, and they want to make a contribution to the quality of life of the people not only in Nova Scotia but right across Canada.

When those folks joined the Armed Forces and were asked to serve, when they were told, we need you to go on a peacekeeping mission, or we need you to go somewhere that's not very nice, they never asked if they were going on behalf of Nova Scotians. They never asked if they were going on behalf of the federal government. They took their kits and they went because that is what they do. When they were needed by us, they responded. They did it without question, and they did it right away. They don't ask in the armed services what the fight is about. They say, tell me what you want me to do.

This bill is a response to the requests that we make of them. It's in response to us saying, we want you to give us your all. They do, and they never question it. But as a result of that, they actually see things, hear things, and yes even do things, that we in this House will never do and never have to witness. It is because of the men and women who are in our armed services that we have the ability to be members of this House, to be members of a nation that is a proud country.

When we are talking about passing a bill to help identify the struggles that individuals are having, we shouldn't be thinking about whether it's federal or it's provincial. We shouldn't be thinking about where we're going to find the money. We shouldn't be thinking about having to make sure that we get it right. Of course we need to get it right, but the help is needed now, Mr. Speaker. It's not needed two years down the road or three years down the road. The help is required now.

This bill is something that the individuals who are affected by this have put together. They brought forward the idea. This wasn't an Opposition Party idea. This wasn't a government idea. It was the idea of the people who have to suffer with the very diseases we're talking about. They know the challenges.

When you and I go into an emergency room, Mr. Speaker, to look for services, we might have a splinter in our finger, a broken wrist, or a bad leg. We go in, and we look for that service. Our veterans are no different. Our veterans go to the hospital for those very same types of thing but yet, through no fault of their own, there are different triggers that set their PTSD off and they panic, and they get in a situation where they don't get the service they need because they can't stay. They have to leave. I've talked to some of these veterans who are here today and heard some of their stories about how they have to react. It has not been an easy thing on them.

So they came up with the idea of, we'll have a clinic that we'll go in and there will be volunteers. Veterans will be volunteering to help veterans and doing what they've done their whole career: being supportive of the ones whom they work with and they rely on.

When they go into this clinic that they're hoping to see happen, if they do have a PTSD attack, it is the hope of the individuals that the other veterans there will recognize the symptoms and be able to help them deal with it, because it is truly different than when you or I go into a clinic for services.

We took a great deal of pride in this House and rightly so, Mr. Speaker, passing a bill for first responders and others who are involved with PTSD. What we're talking about today is taking a step further and doing it for the people who have also done much for us. Our members of the police and fire departments and first responders and all of those who are looked at under this bill from Workers' Compensation Board of Nova Scotia. They give their all, but so do the people who are in our military branches of service. So, while we're here debating what it is we should be doing, we should be actually saying how can we repay these people, the ones who never, never think about themselves but think about our country and the quality of life that we've come to take for granted.

You know, Mr. Speaker, as we were talking about that bill from Workers' Compensation Board of Nova Scotia - and I congratulate the Premier for this statement but about two weeks ago when he was responding to the member for Sackville-Cobequid, the Premier mentioned this bill and said:

“It's certainly an issue that we're looking at and seeing how we can provide a more comprehensive delivery model around ensuring all of those who respond to the call of our country, who respond to the call of our families, on a daily basis, who are suffering from PTSD to get the treatment they can here at home.” And I'll table that.

That's all we're asking for. We're asking that this bill be passed so that we can fulfill a commitment to those who have filled a commitment to their country and their province. We're asking that we move this forward in a way that it can be helpful. We're asking that the federal government be approached but we're also saying, let's not wait until they make a decision because we all know and, as we've said here for some time now, sometimes government is not quick at responding to some of the needs that are available. That is the way the system works but, if you're someone who has a disease or an issue and you need the help, you don't need weeks and months of planning. You don't need to wait and say we're doing our best. You need to be able to access the service now.

The individuals who came up with this plan thought it out. They have found space in a building that is dedicated to helping veterans. They have come up with a concept and an idea of how to make it work. If my memory serves me correctly, they've even found a doctor willing to be part of the solution - all of these things are the reason why this bill was brought forward.

[3:45 p.m.]

I know that sometimes in this House we don't always agree, but I also know that at the end of the day the 51 members of this House have the same goal, and that goal is do the best we can for the people who gave us the honour to serve them, for those who have given us the ability to sit here. I believe this bill is one of those things that will help the quality of life of the individuals we're talking about.

According to discussions with people who have suffered from PTSD, the longer you wait the worse it gets. You need to be able to acquire service quickly, you need to be able to deal with it as soon as possible. Although it's an individual disease, it has a direct impact on their families, on their children, and all of those around them.

Mr. Speaker, I ask the members of the government and the members on this side of the House to keep in mind that when we asked our veterans to do what we needed them to do, there was no hesitation, there was no wait time, they did what we requested. They put their life in harm's way. Today when you speak to the veterans they'll tell you that we need this service, we need this service now and please, please don't wait because we didn't. Thank you.

MR. SPEAKER: The honourable Minister of Communities, Culture and Heritage.

HON. LEO GLAVINE: Mr. Speaker, I do want to say we've reached a good place where all Parties are now involved with discussions around the needed facility navigation services for our veterans at Camp Hill.

Camp Hill has always been a beacon of hope and a place where veterans find the greatest comfort, the greatest support. So, I believe it's a natural place for us to look at, not just as much about a facility but a full wraparound array of services that veterans need. And not just those who have been in theatre, but veterans sometimes have many challenges after a full life of service with navigating their future. It can be smaller issues or it could be life-threatening issues. I think we have to have a place - and it's not about the distance that veterans would need to come - I think we need one central location where all veterans know they have a place at any time 24/7, 365, that is a welcoming location for them to be able to come, and whatever their needs may be - whether they be needs back in their community, family needs, professional services - that they would have that kind of opportunity.

I believe it's incumbent on all of us to continue that discussion. Thank you.

MR. SPEAKER: Order, please. The time for debate on Bill No. 25 has expired.

The honourable Official Opposition House Leader.

HON. CHRISTOPHER D'ENTREMONT: I thank everybody for that wonderful round of discussion on that bill.

Mr. Speaker, would you please call Bill No. 22.

Bill No. 22 - Health Authorities Act.

MR. SPEAKER: The honourable member for Cumberland North.

MS. ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, I'd like to take a few minutes to speak to this recommendation, this Act to Amend Chapter 32, Code Census. What is a Code Census? It's a term that refers to a period where the emergency room is overcrowded with patients, due to a lack of available beds within the hospital. It almost always is due to the inability to delegate patients, due to a lack of available beds to appropriate inpatient units.

Code Census is not an indication of an overload of ER patients but rather it is triggered when a number of admitted patients occupying ER beds or hallways, are blocking access to the emergency room for patients who need emergency care.

This is a quote taken from an article from 2013, Mr. Speaker, on Code Census, when it was called at the Halifax Infirmary. It says, "When a code census is called at the QEII, an announcement goes out to both the Halifax Infirmary and Victoria General sites indicating that inpatient units must accept patients who have been admitted but are stationed in the emergency department waiting for an available bed. If patients have to wait on a stretcher for a bed to become available, it's far safer for them to do so on the unit in which they can receive the most appropriate care, rather than in the emergency department. This also allows the emergency department to focus on caring for those awaiting emergency care."

What takes place during a Code Census is, once it's announced, "... doctors and nurses then proceed to move certain patients from the emergency department to various inpatient units." Why is this important, Mr. Speaker? It's important - while it's necessary to understand the correlation between patient wait times and our Code Census procedures, it's also important to realize what exactly happens to ensure that we are providing care to those in need. I'll table this document.

One of the reasons we brought this amendment forward is because our health care workers have made it very clear that this is a significant problem within the health care system. An article from February 2017, is when the NSGEU put forth a media release of their concerns over Code Census. They reported, Mr. Speaker, that it was called 23 times in January in the Halifax Infirmary alone.

I spoke with the President of the Nova Scotia Nurses' Union, Janet Hazelton, this morning and she just verified that it is certainly a huge concern to her nurses as well, Mr. Speaker.

I encourage our Minister of Health and Wellness and our government to pass this bill. This bill would help to ensure that proper monitoring is taking place and I know that during Estimates, Mr. Speaker, I talked to the minister at length about the importance of monitoring performance and the issue of accountability within our Department of Health and Wellness and within our Nova Scotia Health Authority. We have a responsibility to monitor performance and ensure that our health care dollars are being spent wisely. Acceptance and awareness of problems is the first step and we need to evaluate and then find solutions to reduce the problems wherever possible.

We know this is a problem within our hospitals and our emergency departments and it is leading to low morale amongst our nurses, amongst our physicians, and it's taking its toll. The Health Authority used to make this information on Code Census available for the public for the Halifax Infirmary. The former Capital District Health Authority used to publish a document on its website outlining important indicators on wait times and patient safety. For some reason that document stopped being published in 2016. We don't know why. It's certainly not because the problem doesn't still exist.

Our Premier did promise to make Nova Scotia the most transparent and open province in the country and implementing this bill would be a good step to fulfilling that promise.

Public bodies should be accountable to the people they serve. That means being open and transparent and not hiding information. It means publishing information like how many times a Code Census is called. It means letting us know how many patients were moved to other floors and what kinds of rooms they were placed in, whether it was appropriate or not. How many patients who require an alternate level of care or long-term care in hospital beds are awaiting places at hospitals for which the authority is responsible? It tells us how long ambulances waited in the emergency department of the Halifax Infirmary to offload patients. It tells us how many people seek treatment at the emergency department of Halifax Infirmary every day, how many surgeries were cancelled at hospitals for which the authority is responsible - surgeries that were cancelled because now the beds were not available. Mr. Speaker, other provinces do publish this kind of information, and we believe that there is value in our province as well publishing this information.

We know that we need to address the problems in our health care system. Our inpatient beds and our emergency department is no exception - for all people and especially our frail elderly.

Recently I went to one of our local regional hospital emergency departments to visit a friend whose mother had just had a heart attack. While I was there and the family was

there, a woman visiting the patient in the bed beside asked us to hush. I recognized her. I knew her as a patient. I went over and I spoke to her. She said, I'm sorry for asking you to be quiet, but my father is dying here in the emergency department. I just want him to have a peaceful passing.

While I was there visiting my friend's mother and my friend, I also saw the familiar faces of other patients that I knew in stretchers along the hallway. Some were waiting for tests, but others were admitted and were waiting for a hospital bed. The physician who was on call I know quite well. He asked if I would grab a stethoscope and put on a uniform and help him to take care of overflow.

Honestly, visiting that emergency department that day - and what they were experiencing that day is what they experience every day - was overwhelming. I don't know how the physicians and the nurses work in those conditions every day. It's important that we are evaluating, monitoring, and reporting on what's happening so that we can find solutions for this.

Our smaller hospitals are getting closed more often, losing their acute care beds. The smaller emergency departments are closing, and it's putting a greater demand on the emergency departments in particular of our regional hospitals, where most often the staffing of physicians and nurses does not increase, even though the demand and the patient load are increasing significantly.

Code Census reporting allows for proper evaluation. It allows us to better understand what needs to be changed to make improvements. Without the data, we cannot make the necessary changes.

I worry about my fellow nurses. I worry about my colleagues the physicians. Most importantly, I worry about the people, the people who are accessing our emergency departments - either for acute emergency care or maybe because they don't have a family physician and they need a prescription refill, or they have had an acute crisis. They're visiting our emergency departments, and what they're faced with, especially if they need to be admitted, is definitely less-than-ideal care.

The nurses are faced with triaging every patient who comes in through the emergency department, first assessing them to determine what level of care they are. They usually triage care between a one and a five. The ones and twos are the true emergencies - the heart attacks, the strokes, the congestive heart failures. The fours and fives are the non-urgents - the prescription refills, the colds, the sore shoulders that people have had for three months. They all still need to be seen but often are waiting up to eight to 10 hours. Sometimes these are our grandmothers, our 80- or 90-year-old grandparents.

[4:00 p.m.]

The registered nurses are triaging these people before the physician sees them and then once the physician assesses them, the treatment is given, the diagnosis is given, and the nurse helps to provide that treatment. Sometimes, treatments are done after long waits for diagnostic imaging and, as some patients are admitted, if there are no beds available on the floor the patient sometimes stays in the emergency department for up to three to four days. The emergency nurses are now not just taking care of their emergency patients, they're taking care of their in-patients who are in the emergency department as well. The patient is at the mercy of the system, often being left to feel unimportant in a busy, overcrowded emergency department.

Even though the people who are working in our emergency departments, Mr. Speaker, are highly professional, highly skilled, amazing health care workers, the stress is taking its toll on them as well as on our patients, as well as on our people. There are solutions to our emergency room overcrowding and being full with admitted patients, but we cannot find those solutions without first having the data and the information - such as, if in-patient beds were full of people awaiting maybe long-term care, if we find out that there's no bed and people are in our emergency departments because half of the acute care beds are full of people awaiting long-term care, then we can find solutions for those people who are awaiting long-term care. If the in-patient beds are full of people waiting for psychiatric care and there are no psych beds in that particular hospital, then we can look at that problem and find a solution but without the data, without these reports, we're not able to fully know what the problems are in order to find the solutions.

I think we all know the system is broken and people are tired of being told that everything is fine and that we have solutions but they might take five or 10 years to come into play. We need to have accurate information. We need to have accurate reporting. We need to talk openly and honestly about the state of our health care system before we can begin to fix it.

We need to know how many people are dying in our emergency departments like that man that day while I was there visiting my friend. We have a responsibility to have the data so that we can study it and analyze it to make improvements for the people of Nova Scotia and for my fellow nurses and colleague physicians. By introducing this bill and taking this amendment, it's a way to shine light of day on what's going on in our hospitals and our emergency departments. For those reasons, I urge the members to pass Bill No. 22.

MR. SPEAKER: The honourable member for Waverley-Fall River-Beaver Bank.

MR. BILL HORNE: It's a pleasure to be standing today to talk about health care and its important Bill No. 22, amendments to the Health Authority Act. Health care is extremely important to our government and, of course, to all Nova Scotians. We hear about it every day in the House, in the media, and in the constituency. I thank the member for

Cumberland North for presenting this bill to try and improve our health care and emergencies. We hear about how health care is a priority for this government, and that is evident in the investments we have made and the work we are doing.

Emergency departments, EDs, are an integral part of the health care system in Nova Scotia. The dedicated staff who work there rapidly assess and manage patients with unknown and unexpected problems. They also treat those who have pre-existing illnesses or injuries that need emergency care. They never know what to expect to run into every day. The Opposition proposal bill calls for weekly reporting on a number of items and I'll go through a few of those items that they're requiring, or wish they could have.

How many times a Code Census was called - and I'll go into Code Census a little later; how many patients were placed on in-patient floors, or in what type of room; how many patients who need an alternative level of long-term care are in the hospital beds awaiting placements; the number of people seeking treatment at the QEII emergency department every day; how often and how long ambulances waited to offload patients at the QEII; and how many surgeries were cancelled at Health Authority hospitals.

This is a significant amount of information to compile each day and for the week. Some of the data the Opposition is looking for is already reported publicly, either in the department or by the Nova Scotia Health Authority. Data can be useful in informing decisions or in making improvements, but duplicating these efforts on a weekly basis would be an onerous undertaking, and not the best use of health care providers' time.

I'd encourage people to take a look at the Health Authority's website to see information on key performance indicators over the fiscal year. Also included there are the steps being taken to continue making improvements in these areas.

One of the items the bill has to do with is Code Census. In the world of emergency care, a Code Census may be called when there is a high volume of patients in the QEII emergency department. It allows staff to alleviate pressures by having in-patient units throughout the hospital accept patients for the ED. It alerts in-patient floors to prepare for ED patients by, among other things, preparing those patients who are ready to be discharged. While it can be a useful tool to manage patient flow, we must be careful not to place too much emphasis on it alone.

In recent years, enhancements to emergency care have focused on improving access to quality patient care that best meets the needs of local communities. This alleviates the pressure on ERs and allows them to focus on treating those needing emergency care and treatment. Overall visits to the QEII emergency department have increased over the past five years, because more patients need the urgent or life-supporting treatment provided in the ER.

I remember on a trip to the ER a couple of years ago, or less than that - my wife was carrying laundry and fell down the stairs. She hurt herself quite badly. I wasn't home, but I came home about 15 minutes after, and she was sitting in the living room, soaking wet. She had crawled up the stairs and had a shower, cleaned herself up - she was bleeding a lot. She didn't want to go to the ER. She didn't want me to take her. She didn't want the ambulance to come.

I did force her - that I was calling, and the ER did come in about 15 minutes, and we took a trip to the QEII. They were busy. They had about five or six EHS trucks, and each truck had at least two people, a driver and whoever else is with them. They were all waiting to get patients in to see the doctor.

I was able to get her in to the doctor, and they did a very thorough job. Didn't get a bed until four in the morning, but I was completely and truly happy that the emergency room - as far as I could see - did everything that needed to be done. Their expertise, their ability to calm us down and get the emotion out of it and get to work and help her.

It took her about nine or 10 months to come back. She hurt her head and hurt her shoulder and a few other ailments, but she's back to about 98 per cent.

Anyway, Mr. Speaker, I digress a little bit. I'm very pleased with the emergency response that we got. We've not ever used that emergency in our lives, but that was an important time for me to make sure she had the right care, and she got it.

We made investments and improvements to help ensure people can get the care they need, in the right place and at the right time, investments in areas like home care, an addition of 811, the EHS improvements and collaborative practices in emergency centres. They all contribute to fewer people in the hospital and fewer visits to the ERs for those who need emergency care. People are better able to access the care they need in their communities, in their homes, or before they need treatment at the emergency room or hospital. The ER is not the right place for these with minor ailments or those managing chronic conditions, like asthma and diabetes, or seniors who would be better served by their home care. In fact, we are seeing fewer people being hospitalized for these reasons, which is as it should be.

We all need to work together and continue to improve emergency care. It's a complex issue and there is no one quick fix. We will continue to work and ensure our emergency rooms are there for those who need them.

While I appreciate the member's sentiment, we are not convinced that Bill No. 22 is an effective way to improve the emergency care. Thank you, Mr. Speaker, I appreciate the time.

MR. SPEAKER: The honourable Leader of the New Democratic Party.

MR. GARY BURRILL: I guess a good place to start in a debate about Code Census is with the core insight, or at least it appears to me to be the core insight, in the marvellous report from 2010 of Dr. John Ross' *The Patient Journey Through Emergency Care in Nova Scotia*. The thought that I take to be the guiding concept in that report is Dr. Ross' sense, which is repeated throughout that document, that if you want to understand problems of emergency care the thing you need to know is that emergency care in a health care system is kind of like the canary in a coal mine, that when you have an emergency care problem, in order to understand it you need to understand what the problem is in the primary care system that the emergency care problem you are dealing with is telling you about.

I approach this question in this way - what is it in our emergency rooms, which is a problem that is telling us about what is the larger problem in our primary care system, that is being spoken of by that problem and the ER overcrowding problem? I think a very good place to turn for an answer to this question is, in my view, a marvellous document on this subject that was produced seven months ago by the Nova Scotia Government and General Employees Union, a study that the union did called Code Critical, A review of the Growing Problem of Overcrowding at the QEII through the eyes of the staff who work there.

[4:15 p.m.]

If I had to boil down that report, Code Critical, from the NSGEU, looking at this question from the point of view of people who work at the QEII, if I had boiled down what their answer is to the question, what's the core problem in the primary care system that we're seeing by means of the problem we have in ERs? The answer, if I had to just boil it down to two words, is "inadequate investment."

I would recommend this report to anybody interested in this question. In the recent election, our own Party studied this report and adopted all of its recommendations, all of which I recommend to the attention of anyone who is interested in sharpening their thinking on these questions.

The analysis that is presented there is this: first, this document, *Code Critical*, contends that Code Census is called so often because of the absence of adequate investment that has been made in Nova Scotia in primary health care, with the result that people go to emergency rooms in order to get care because there is nowhere else for them to go.

It's from this kind of context that, from my point of view, the current budget before us has been such a disappointment, because of the level of health care investment. A few days before the budget, the Throne Speech spoke about how people's real concerns on primary care and the real struggles we face in primary care in Nova Scotia had been heard and had been registered. It spoke about how these concerns were going to be responded to in the budget.

The response was a new \$6.2 million investment. When we think about a \$6.2 million investment on an over \$4 billion budget, a person struggles to come up with the right image to describe it. There's the cliché of a drop in the bucket, but that doesn't quite seem adequate. You could say it's like a grain of sand on the beach - that might be something like it - or a garden hose brought to a house fire, or maybe a water pistol brought to a wildfire.

I think it's even worse than that. It's more like a picture of a water hose being brought to a wildfire. The result is that the investment is inadequate, and with people therefore lacking a family doctor, they continue to have to turn to the emergency room for care.

This brings me to the second point that I think is so clearly enunciated in the *Code Critical* report. It speaks there about how, when the emergency room becomes over-jammed and its efficient functioning is compromised and Code Census is called because of this intense overcrowding, then we have another phenomenon that we need to understand. That is that the hospital is already typically, quite often, full or overfull when the Code Census is called. The patients are then distributed, so to say, from the emergency room into a hospital where there is really no room for them.

What is the cause of this? The cause of it is that a great many of the residents of our hospitals in Nova Scotia at the moment are not, in our normal understanding, hospital patients at all. Rather, they are really long-term care facility residents for whom there is no place at the moment in a facility for long-term care, and who are waiting in the hospital for an appropriate nursing home placement.

What is the reason why we would have acute care facilities so significantly populated with people who are not actually hospital patients at all? The reason, again, is these two words that I would boil down the *Code Critical* report to: "inadequate investment." Inadequate investment, in this sense, that the total number of new nursing home beds that have been opened since the current government came to power is zero.

This overcrowding of which I'm speaking, which is at the centre of our consideration as we think about a bill focused on Code Census, is not in any sense a kind of health care policy abstraction. The extent to which this is true was brought home to me particularly in May, when there was a very moving rally in industrial Cape Breton, in Sydney Mines, for people to hear from physicians of the community about their analysis of why the hospitals in the CBRM were in a state of crisis.

One of the very able speakers at that meeting was Dr. Margaret Fraser, who serves in Sydney and works largely out of the regional. One of the things Dr. Fraser said has stayed in my mind. She said, I knew we were in a serious overcrowding problem in the regional when one day I picked up a chart for a patient - on the top of the chart, of course, there's a place where they give the patient's location, the floor and the room and then what

bed in the room the person is in. Dr. Fraser said she looked, and the location for the patient said hallway ice machine. She said, well that's something new. Someone is located at the hallway ice machine - that's not very good. She said I thought about this for a while, and then it wasn't very long after that I picked up a patient's chart, and here it said at the top of it, patient location, hallway ice machine 2.

The combined result of this inadequate investment in the opening up of long-term care facility beds and primary care so that people are able to not need to go to an emergency room for care and not need to be in a hospital when they are not hospital patients, is a system which is in a kind of chronic Code Census-type crisis. This crisis has become so endemic for us now. This phrase Code Census, which most of us had not heard of a couple of years ago, now we are (Interruptions)

MR. SPEAKER: Order, please. The honourable Leader of the New Democratic Party has the floor. Carry on, sir.

MR. BURRILL: Thank you so much, Mr. Speaker, for re-establishing the floor. I appreciate it.

Now I want to contrast this approach of inadequate investment to the approach that was taken with a very sharp health care system crisis that was being experienced in Nova Scotia eight, nine, or 10 years ago. That was the crisis of the chronic closures of emergency rooms that was being experienced at that time. Eight, nine, or 10 years ago, if you talked to people about the number one problem in our health care crisis, the conversation very likely was going to include the closure of emergency rooms.

In the election of 2009, our Party made a commitment that if we were given the opportunity to form the government, we would focus with all the energy and drive we had on addressing this crisis, the closure of emergency rooms that was taking place across the province. When we were elected, we did three things that I think are very important things as we think about focusing and dealing with this problem that is before the province.

The first is that we really gave our focus to this problem. We got the finest available advice and mind that was possible for us to get. This is Dr. John Ross, of whom I spoke earlier. He was commissioned to examine the problem. In the context of this examination, the crisis of emergency room closures was placed very much at the centre of the government's attention. That was one.

Two, we listened to people. I think one of the most important things that happened in the course of that emergency room closure treatment that was given by Dr. John Ross was that in 2010, he visited every single emergency room in the province and practised there alongside people and understood more of what was needed.

Thirdly, we invested. The result of this investment was the system of Collaborative Emergency Centres, which then were opened from 2010 to 2013. At the time, I served the constituency of Colchester-Musquodoboit Valley. I remember very clearly how important it was when the CEC was brought in there.

Earlier today, I was sorry to hear the Premier belittle the accomplishments of that era. Those communities in the Musquodoboit Valley, which I served and was in their hospital often at that time as a pastoral visitor, were in danger of losing their hospital altogether. I think it's fair to say physicians were rapidly burning out. Patients were very frustrated because the doctors were often working all night in the ER then unable to have appointments during the day so people couldn't get appointments for weeks and weeks and weeks. It was becoming a less and less attractive place for a doctor to give service. People were very concerned that they were going to lose their hospital altogether.

When the CEC was brought in, in December 2010, along with it was brought a system of same-day or next-day appointments. In fact, it has worked quite marvellously. Many people in the Musquodoboit Valley credit that intervention with saving the hospital there. This is a contrast.

I contrast it with the broken commitment that this government has made to communities like Lunenburg, New Waterford, the Northside, and Glace Bay to open up CECs in that area.

I think that we need to contrast that, as we speak about this inadequate investment, with what has taken place with these budgets. The government has produced - yes, it's true - two budget surpluses. But at what price? At the price of a great deal of our health care system being in total crisis and now in a chronic Code Census-state.

MR. SPEAKER: The honourable member for Cole Harbour-Eastern Passage.

MS. BARBARA ADAMS: I have to be honest in saying that I have been waiting a long time to be allowed to talk about this issue. As a health professional, I have heard about this stress and the impact it has had on people's lives for a very, very long time.

I'm also one of the few people here who have been working in the health care system for almost four decades. This wasn't an issue in the first decade and the second decade that I was working. Now it is becoming a prevalent issue more and more often.

I do want to thank the member for Waverley-Fall River-Beaver Bank for his comment that it was his perception that this data that we're asking to have, in an amendment to a bill, was available on the Nova Scotia Health Authority website. To the best of my knowledge, because I just went over and pulled it up on the Internet, it's not available.

I'm going to table this document that says, Nova Scotia wait times information. Under the search for Code Census, it says zero results. If there are indeed results on the website, they're either well hidden, or they're not coded in a way that would make it useful for us. I'm going to table all the documents at the end.

In a document from 2009, CBC news called Halifax ER issues three overcrowding alerts in three days. We have been talking about this issue for almost a decade. They didn't call it the Code Census. They called it the overcapacity code. Apparently that wasn't politically correct, and it made people uncomfortable. Now we're calling it the Code Census, which really doesn't give it the credibility and the urgency with which we should be talking about it.

In this document from 2009, it says, "In the Halifax Infirmity, the code was called 23 out of 31 days in January, including the days when Webb was there.

"Overall, the average number of patients showing up daily at emergency had gone up by about a quarter in eight years . . . reaching capacity in terms of acute care beds.

"In order to work in a system like this" - back eight years ago - "you need 15 per cent surge capacity. Your average day your occupancy should be 85 per cent," and they run their hospitals in Halifax at 90 per cent and sometimes up to 100 per cent.

If we're not tracking these incidents of Code Census, we don't know how much time we're wasting in terms of people being stuck in an emergency waiting room.

In terms of why else, why wouldn't we pass this? What would be the harm in doing so? If the information is already being collected, then posting it is simply a matter of uploading it to the Internet. We're not asking for extra funding to do this. We're simply asking for transparency.

Let's look at the amendments one by one. How many Code Censuses are there? We don't know that right now. We used to. When they reported it, it was when CDHA reported it. When we amalgamated, a whole lot of good procedures of reporting information got thrown out the window. So, we had a system of reporting by CDHA that once we amalgamated and made it one big super authority, we threw that out.

We're simply asking for something that was good to be brought back. The government is always asking us for recommendations. Here is a very simple one, brought out by the member for Cumberland North. It also partners with the health auditor recommendations that she is making. So, we're making recommendations, we're simply asking the government to take an honest look at it and say, will this help us achieve a better goal, better health care? We're absolutely convinced that if you do not measure something, you cannot measure its effectiveness if you try to change it.

[4:30 p.m.]

Number 2(b) says how many patients were placed on in-patient floors during Code Censuses and in what type of rooms were these patients placed - it may not seem a big deal to some that a transplant patient got put on a floor for cardiac patients but, if you are that transplant patient, it makes a big difference. If you are palliative care patient and you are put on a cardiac stepdown unit, it makes a big difference. You want to have the continuity of care that those nurses and other allied health professionals were trained in so if you are putting staff up there - we have put physiotherapists with cardiac training on physiotherapy cardiac wards but if they're putting patients from transplants up into that unit, it makes a difference.

I had a patient who had heart surgery and he was put on a ward that had no one there who had any cardiac problems. So, when he started complaining about certain issues, there was nobody on that floor who could recognize the symptoms. This is a matter of life and death and all we're asking for is for you to post some numbers on a website.

Number 2(c) how many patients requiring an alternate level of care or long-term care - we don't know that number either. We have numbers from the Nova Scotia Health Authority website on how many people are waiting. In Cumberland County, it was only nine people; in Antigonish it was 19 people - nursing home placement waiting times - in Halifax, it is 389 people. We need to know those numbers, but we need to know how many of those people were in hospital beds, taking up the space where somebody who was coming in through emergency needed to be up on the floor.

Number 2(d) how many people seek treatment at the emergency department of the Halifax Infirmity each day - we know what it used to be. We know the CDHA used to publish that; we don't know any more. We also don't know how that compares to the emergency departments around the province, what happens when you close those emergency room doors, although we had a tragic incident last week. We also don't know what happens in terms of demographics. Who is waiting the longest? Is it the elderly? The frail elderly?

I don't want my mother, like she did when she had her first stroke, waiting about four and a half hours in the hallway while she was having her stroke. And I'd like any of these members here to try to have a bowel movement in a bed pan in a hallway when strangers are walking up and down the hall, because I can tell you exactly what that's like.

When my mother had her second stroke she wasn't going to let me take her to emergency because she didn't want that. But I can tell you that this is happening all the time. I don't want anybody in a hallway, especially when they have a critical issue where they have possibly not been diagnosed, who may have a life-threatening illness.

Number 2(e) how often and for how long ambulances waited in the emergency department of the Halifax Infirmary to offload patients - the statistics say it is supposed to be within 20 minutes that they get off the ambulance track and into the Nova Scotia Health Authority track with the hospital staff. This is not happening, it's only about 15 per cent to maybe 20 per cent of the time. You can imagine that that means there is some ambulance driver who might need to be coming to rescue your family member who cannot get out the door because they are stuck, waiting for somebody to take responsibility for that patient.

I have personally been in there where there were nine ambulances lined up outside the hospital, when I had a blood clot in my lungs and I had to wait just for them to get me from the ambulance into the hospital.

Number 2(f) how many surgeries were cancelled at hospitals for which the authority is responsible - we have no idea how many surgeries are cancelled for any reason because that's not on the website. But if they are cancelled because of Code Census, we have the right to know that; we have the right to know how many pediatric surgeries and procedures are cancelled. We have the right to know how many Code Censuses have to happen at each of the hospitals, how it is separated by demographics. Are we letting the frail elderly wait longer than we are somebody who is 25? Are we giving preference to a pediatric patient versus somebody who has had a heart attack and needs to get procedures done right away?

Why would we not agree to pass this? We're not asking for increased funding. We're asking for something that can bring about changes that could be the difference between life and death. There are other places that are doing this. You cannot change policies and procedures and practices if you don't know what you're measuring. So has anybody else done this? All you have to do is search the literature, and you can find hundreds of examples.

The "Association of delay of urgent or emergency surgery with mortality and use of health care resources" from 2016 says if you delay admitting somebody through emergency who might need surgery, you increase mortality. That's unacceptable. You increase the length of stays, and by virtue you then increase health care costs. We're talking about solving some of your problems. This is a no-cost solution.

The Australian Health Review 2017, May, "Advanced musculoskeletal physiotherapists are effective and safe in managing patients with acute low back pain presenting to emergency departments." You don't need every person coming to emergency to go to a physician. We used to have physiotherapists in Ontario where I worked, because it was my staff we had in emergency. It reduced wait times for the physicians, so we didn't have a backlog like we have down here, although I admit it was a long time ago. If you're going to put those physiotherapists into the emergency room and see if they are a benefit, how are you going to know if you don't know what the wait times are? If it's working, you need to be able to do research to show that.

I'm a physiotherapist, and I'm also a researcher. You can't change something unless you've proven through the research that it makes a difference. This research study showed that putting physiotherapists in decreased their emergency room wait times by 50 per cent. Of course, I will table all of those documents.

This is from Emergency Department Management. There's a research paper just called Emergency Department Management from 2016 May. "Fresh policies and procedures, transparency fuel ED turnaround." All they did to improve wait times, patient satisfaction, and increase volume was have staffing schedules reviewed by computer. They added staffing at the times when there were peak admissions and they had physicians hold end-of-shift huddles to review successes and challenges. They reduced their wait times again by a similar amount. They looked at the statistics, and they were able to make changes.

I could give you hundreds of these articles. This is another one, British Medical Journal Open 2017 August, so a very recent one. "Restructuring hospitalist work schedules to improve care timeliness and efficiency." They used administrative data to tabulate hospital medicine admission requests by time of day and identified mismatch between volume and capacity. They reduced the wait times in the emergency department from 66 to 43 minutes. If you don't think keeping statistics can save lives and reduce wait times, these guys are going to show us that it's not that difficult.

Pediatric Emergency Care 2016 September - it's not just adults - they used a computerized model to match admission times to the emergency department with their staffing and made the changes. They reduced their wait times from 265 down to 247 minutes, and they were going to continue to use this process to reduce it even more.

British Medical Journal 2016 September - "Improving Emergency Department flow through optimized bed utilization." I could go on and on.

You can utilize how frequently people are going out. I'm not sure if everybody in this House is aware that there are staff at the hospitals whose sole job is to go around to the nursing stations and say to people, "All right, who can we send home today?" The nurses are literally left in the position of begging those people to let certain patients stay.

When I found that out, I thought, what's your mandate? Well, we have to get so many patients out every day to handle the inflow. I thought, who's there bartering to keep patients in? How good is that person who's bartering? If it's my mother, I want a pit bull fighting to keep her in there.

I have had to do that. I have had to fight for my mother to go to the rehab centre after she had her first stroke. They said to her, well, it was only a mild stroke. I said, I ran a stroke unit - this isn't a mild stroke. She can't speak properly, she can't swallow, she's

got a feeding tube in. Her right arm doesn't work, and she is still living independently. They took her only because I pushed. It's even worse now, because that was 15 years ago.

I have people calling up our physiotherapists and asking them could you treat my mother until she is well enough to be acceptable into the rehab department. The other thing is that, how we are going to treat patients and how successful that treatment is, is also going to be reflected in those wait times, because if we change how we are handling our walk-in clinics and we require them to make referrals to specialists, maybe that would reduce the wait times to the emergency department. If we are going to let them order tests and prescribe specialist visits, maybe that is going to reduce the wait time.

The only way we are going to know if anything changes, is if you are going to measure it. So, if you want to change and ask walk-in clinic physicians to refer to specialists, change that one thing, measure the wait times for three months before you do it, measure the wait times for three months after you do it, and we will have the concrete evidence that we need to have, to make sure that we are making a difference.

Mr. Speaker, I cannot conceive of any possible reason why you would not pass these recommendations. We are not asking for money; we are asking for common sense disclosure, and outcome measures are the only way in which we can do that successfully. If the Auditor General is going to have any hope of auditing the health care system, we have to give him numbers in order to be able to do that. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable Minister of Communities, Culture and Heritage.

HON. LEO GLAVINE: I am pleased to join the debate today on an important topic in terms of emergency room access and Code Census and what it means and the impact it has for our system.

I know that currently the Department of Health and Wellness is undertaking a very new, deliberate and very analytical approach to all the data that comes in, whether it be from emergency rooms or any of the other measurable data that is collected in the health care system. One of our challenges has often been about having the expertise and the dedicated human resources to actually take a look at all the data that does come to the department. And now there is a renewed and a very stronger importance that has been given to that. That has really just emerged in the last six to 12 months after the restructure of the Department of Health and Wellness, moving from about 430 to 300 people.

The new hirings were around analytics and to be able to take data and to be able to look at what the impacts are that can make improvements. I know that one of the areas that we do need to take a look at are of course people who will make 40 or 50 visits to an emergency room every year and if those patients can again be isolated, provided with a resource in the community - they have done some work, I know, at Women's College Hospital, Mount Sinai Hospital, around this area where they had patients showing up at the

ER 40 or 50 times a year. By providing a health navigator for them, or really a health resource that they could call, they were to call this health resource before they ever went to the emergency room, it dramatically, of course, reduced the number of visits. Every emergency room across the country is often plagued with those patients who make frequent and, in fact, unnecessary visits to the ER.

I believe, in fact, one of the areas - I guess I look at this from a very different perspective, and that is patient education can go a long way in terms of when we as Nova Scotians, when we need to show up at the emergency room. It is such an issue with our population that, in fact, now our EHS system with advanced care paramedics, are able to make a determination in a nursing home or in a home that the patient has been stabilized, especially if it were something to do with a medication. They can sign off, and in fact they can stay at home, or stay in a nursing home.

[4:45 p.m.]

Last year - and this is a wonderful statistic. This is absolutely a wonderful statistic for our province, and this is not happening in about seven or eight of our other provinces across the country. Last year, 22 per cent of all calls to EHS were diverted away from the emergency room. I believe that we will expand that percentage. The advanced-care paramedic puts the telemetry on the patient to make sure that all of the measurable areas were within the normal range and determined that it was more anxiety or overmedication, whatever it may have been.

This is one of the ways in which I believe we need to be working to have those who need to be in an emergency room - let me tell you, during my time as minister, I had the good fortune to see some of that expertise in action from our doctors, nurses, and technicians in the ER. To see them at work truly is an opportunity to see life saving going on. This happens in our emergency rooms every day because of that extensive training, which brings us to the point that our CECs and some other emergency rooms across the province need to be spoken of in terms of community care centres. It is very limited true emergency care that is going on in what is still the old emergency room being kept open.

We now know that when - and the member opposite for Cole Harbour-Eastern Passage spoke to the fact of a stroke. We now know that a person experiencing or having had a stroke needs to go to one of our nine major emergency rooms across the province so that a CAT scan can be taken and proper care provided for the patient. As we have moved stroke patients into those centres, the outcomes have dramatically improved.

This is what I would call good medicine, and the right medicine that we have moved to in our province.

Again, one of the areas that we have taken first steps towards - we know that one of the top facilities in the province is the QEII emergency department, to see what goes

through those doors each and every day, and how the doctors respond with life-saving care to strokes, heart attacks, internal bleed, trauma from accident victims. But we need to take some pressure off the QEII. I believe we have one of the best examples in our high-demographic area of the HRM, and that is the Cobequid Centre in Sackville. To see the diversion that happens there from eight o'clock in the morning until 12 o'clock at night, keeping patients out of the QEII - and I believe in having a similar facility in Bayers Lake, Clayton Park, that huge growing population area, will take pressure off the QEII.

I think there are a lot of areas in terms of why a Code Census is called. We know that there are other contributing elements, and I believe we can alleviate some of those pressures from having the right patients at the right time going to an emergency room. On one of my last visits, when I went to the emergency room, you know, the doctors were very plain in their language, saying that triage 4 or 5 - how long they wait is . . .

MR. SPEAKER: Order, please. Time has expired for debate on Bill No. 22.

The honourable Official Opposition House Leader.

HON. CHRISTOPHER D'ENTREMONT: I appreciate hearing from the previous Minister of Health and Wellness. It was good to hear him speak again.

Mr. Speaker, would you please call Bill No. 59.

Bill No. 59 - Health Authorities Act.

MR. SPEAKER: The honourable member for Cumberland North.

MS. ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, I'm happy today to be able to speak to this bill. In this bill, we're recommending that the Nova Scotia Health Authority Board of Directors include two physicians and/or other health care professionals.

Currently, there are 13 professionals from across the province who make up the Nova Scotia Health Authority Board of Directors and they're valuable and well-established professionals who, no doubt, bring great value to our board and I respect them highly. Why did we bring this amendment forth? Because we believe that what is needed in addition to those current valuable board members is the expertise of clinicians, people who actually understand the outcomes, the health outcomes of the decisions that are being made at the board level.

I'd like to table a document here which is an article from July 2017. It just says through the government legislation in 2015 nine district health authorities were amalgamated into two - the Nova Scotia Health Authority and the IWK Health Authority. The Premier selected 13 Nova Scotia Health Authority Board of Directors to lead a drastic and comprehensive reorganization of health care in the province. They were charged to get

health care costs under control. The majority of the directors are lawyers, accountants, and business people and, just for the record, there are four lawyers, three CAs, zero medical doctors on the board - and there is one retired nurse who worked in public health for her career.

In July 2017, the Nova Scotia Health Authority annual general meeting reported that cost control had been achieved. I also heard that a Nova Scotia Health Authority board member said, why are so many physicians and health care professionals being critical of us? We balanced the health care budget - and they did. They did a good job on balancing the health care budget. However, the focus has been all on finances and the financial outcomes, not taking into consideration the health outcomes. So, we think it's imperative that physicians and/or other highly skilled clinicians be a part of the Nova Scotia Health Authority Board of Directors.

Our IWK Board of Directors does include medical doctors. There's Dr. Krista Jangaard, Dr. Karl Logan, Dr. Darrell White, and Dr. Gavin Morrison all on the IWK Health Authority Board of Directors. So, we recommend that the Nova Scotia Health Authority also include physicians.

After studying good board governance, I want to share with you some of the findings that I found out. Accreditation Canada have four governance standards: (1) developing mission, vision, and values; (2) collecting and using knowledge and information; (3) developing the organization, building relationships with stakeholders - that has been a fairly significant fail by this health authority; and (4) demonstrating accountability. We do feel that the Nova Scotia Health Authority has been challenged to pass on those two standards that Accreditation Canada have as their standards.

I want to read from a research paper that says from good to exceptional governance - and it says providing better service; improving health care quality and patient safety; releasing information about the outcomes, costs and charges for care; securing public and stakeholder trust. These are just some of the demands on health care governing boards. There's increasing evidence that good governance at health care organizations is linked to better organizational performance. Accountability includes understanding traditional and emerging stakeholders - I would take "traditional" meaning doctors - and constituents, and promoting transparency about the organization's performance. I'll table that document at the end as well.

I also found an article on effective governance, the roles and responsibilities of board members. One of the points it clearly states is that the board members should have a grasp of medical information technology, trends, and consequences.

I believe it's imperative that there are at least two board members on our health board who have this grasp of medical information technology, trends, and consequences.

This document on effective board governance in health care also states that the average hospital board should include physicians.

It also states that the focus of the future is on strategic performance. The board needs to ensure that it has the right expertise around the table to deal with the critical issues of the time. If the board understands their roles and responsibilities, they have a proper structure, including well-chosen members. It just reinforces the importance of having the right people around the leadership table.

Another point that I'll make is taken from an AIMS document. It is a commentary by a local physician, Dr. Michael Gross. This is related to the topic. It talks about proper governance models. Board members would be appointed through a process completely separate from government influence.

Mr. Speaker, we know that that did not happen with our current board of directors. They were all appointed by the Premier, by the government.

The process should “. . . have requirements defining the skill set and expectations laid out for the public to see . . .” but a “. . . more appropriate governance model would allow for the government of the day to set the standards and expected outcomes of health care, while at an arm's length from the management of health care. Such a model would allow for a free standing board to be elected or appointed by a body independent from government.”

We are recommending, Mr. Speaker, that the government, not the Premier, appoint these two medical professionals - rather, it would be done at an arm's length.

Governance is fundamental to success. I believe that leadership right at the top is very important. It's critical that we have the right people around that decision-making table. We can see from research that having medical expertise on the Nova Scotia Health Authority Board of Directors is prudent.

I'd like to study other organizations that excel. One such organization in health care that we all know of is the Mayo Clinic. When you look at the Mayo Clinic and how they govern their organization, they actually have a higher percentage of board members who are physicians. I think it's important to recognize that and consider that that may be contributing to their excellence.

This Nova Scotia Health Authority, and possibly the Department of Health and Wellness, if I may say so, seems to be a little anti-physician. We've seen that here in the House, some of the comments, but I experienced it directly when I attended the Nova Scotia Health Authority AGM. I was speaking with someone from the leadership team of the Health Authority who didn't know that I was a nurse and didn't know that I was the Health and Wellness Critic. They made a comment to me that physicians are the problem. I

thought, wow, that was very scary, to hear someone in such a high leadership position be so disrespectful to our medical community.

I guess when we see the makeup of our board of directors with zero physicians - and even the executive leadership team of our Health Authority has 13 members of whom one is a physician. Those comments that I heard that day, we see it being lived out. I believe that it is contributing to some of the poor outcomes that we're seeing here in Nova Scotia in our health care system.

I encourage this government to recognize the knowledge and expertise that physicians and other leading clinicians in health care provide, and to follow the governance standards in health care that we see around the world, like the Mayo Clinic, and take this amendment, this bill, which would include two medical professionals on the Nova Scotia Health Authority Board of Directors.

Let's work together. There's no reason why we would not all vote for such a bill, because the research shows that it would lead to better health outcomes. I believe the people of this province deserve that.

[5:00 p.m.]

MR. SPEAKER: I will remind the honourable member to table the documents that she spoke from.

The honourable member for Clayton Park West.

MS. RAFAH DICOSTANZO: Mr. Speaker, I appreciate the opportunity to speak to Bill No. 59, the Health Authorities Act.

Provincial health boards receive feedback and advice from health care providers in a variety of ways. First there is the annual business plan provided to the board by the Nova Scotia Health Authority and it includes physicians, nurses and other health care providers who are consulted from different levels of the organization who give their advice. Second, the board holds public annual general meetings and also meets with the stakeholders in different parts of the province throughout the year. The third one, the annual business plan provided to the board by the Nova Scotia Health Authority contains community feedback from community health boards across the province. So there are many ways where the board is consulted, consulting health professionals, nurses and doctors.

The current Act allows us the flexibility to appoint health care professionals. It depends on who applies and who are chosen and the board members have to meet the highest standards, qualifications and we appreciate their knowledge and expertise. We understand that there is a concern over the lack of health care providers in the Nova Scotia

Health Authority and we are taking those concerns very seriously. We are looking to include more health professionals.

I really wanted to take this opportunity as a medical interpreter for the last 20 years, to give some examples, because all I hear is negativity about health care. I have worked in health care for 20 years and I'm truly proud of our health care system. Working in the hospitals has been an eye opener and I'm so proud to say that I'm a Canadian. We have national health care here, and the miracles that I have witnessed with my own eyes with the health care that we have here - I can give you many examples where lives have been saved with amazing care. For me to hear this over and over that our health care is in crisis, makes me sad because there are so many things we are doing so well. I admit there is some lack of different things but the things I have witnessed, I wish some of you would come and work for a week in our hospitals. The care that I've witnessed is truly amazing.

One example is the epidural. You have no idea how many times I have to tell the Middle Eastern patients or international students or refugees or whatever, yes, you can have this, you should go for it. They are terrified and I know at the IWK since the opening of the hospital we have had zero major problems or any problems with our epidural because we have amazing anesthetists and they do the job beautifully. It is one in three in other countries that they fail. Here we have zero.

We have services that are beyond our imagination sometimes, because we don't know what happens in other countries. We don't know what there is. We always look for the negative when there is so much positive. Another example I can tell you - I've experienced it myself, and my husband. My husband fell in the month of May and dislocated his elbow. It was around 5, 6 o'clock, the ambulance came, we were taken within 15 minutes, he was treated, put back, he was in excruciating pain. We were out of the emergency by 9:00 p.m. He was looked after. I couldn't say enough about the service we received.

Three months later I fell from the bicycle and broke my arm. I received the same. I just hear of all the negatives. How come I received those? It was, just too different. I've had my children at the hospital. The care that we give, in our hospitals, is second to none and, I want for people to hear some of this because, we should appreciate. Our health service is not in crisis. I did not see that over 20 years. I've seen some beautiful things, I've seen miracles, miracles (Interruptions)

MR. SPEAKER: Order please. The honourable member for Clayton Park West has the floor.

MS. DICOSTANZO: We have provided something in the rehab centre, people who have arrived, who couldn't walk. Within months, I see them walking, and doing things. This is amazing service we provided for them, and it's there for all of us. And I know, I

have just seen it through some of the refugees, and what the services that are provided here. We should be so proud of what we offer to our members here.

There are a few things that we could fix, and I'm the first one to admit that, but the high percentage of wonderful stories that we're not hearing about here. There are incredible things that I have witnessed. Two girls arrived here, because their lives would have been - they would have been dead by now, and they both received kidney transplants and they're going to school. Their hope was just to be able to go to school, okay? They couldn't do that. We've done that for them, and we do that every day, for so many patients. I have thousands of stories, I've had 2,000 hours, just working with patients, and I honestly can count on my fingers, the few times that I wasn't proud of the service.

The service here is incredible. I want people to hear that, I want people to see. We can fix a few things, but the majority of what we do is working beautifully, and we are doing amazing jobs, and our nurses, and our doctors need to be recognized for the work that they are doing. They are doing an incredible job, and I thank them today.

MR. SPEAKER: The honourable member for Cape Breton Centre.

MS. TAMMY MARTIN: Mr. Speaker, I have to apologize, but I find the member opposite's comments hysterical, because the 120,000 people who don't have a doctor, don't think that. (Interruption) I'm speaking now. It's in excess of 100,000 people without a family doctor.

Sadly, we're talking about the issue of governance. We're talking about what happened when this government merged the nine district health authorities into two, we're talking about the lack of input from the people who work on the front lines. We're talking about doctors who are no longer allowed to order tests. Imagine. I had a conversation with a physician, and she said the patient presented with headaches and several issues, and they sent the patient for a CAT scan, and it was cancelled. The tests that doctors are asking for are not being followed through, and not being done.

Let me be clear, the people who work in the health authorities are remarkable individuals. There are, sadly, just not enough of them, that is the problem. The people who are running this board don't have a direct line to front-line providers, or doctors. When we get a report from Doctors Nova Scotia saying that they're taking the province to court because there's a breakdown of communication, I think that's a problem.

When the district health authorities merged, and, we've lost total control - I've said it before, and I'll say it a hundred times again - when the left hand doesn't know what the right hand is doing, we have a problem. When the Cape Breton district health authority - that no longer exists - feels that they have to wait weeks in order to get an answer to a question, because it has to go through 10 or 12 different channels, then we have a problem.

There's a shortage right now of supplies in many hospitals, because of the approval process. I guess at the end of the day, I guess my question is, why not? It's a zero-cost item. Why not amend this legislation to include front-line workers, who have the knowledge, to give input and talk about where we may have fallen down? Yes, we provide wonderful services to those who can get them, but that's the problem. Not everybody can get them.

Sadly, we got off topic but I have to comment. We talked in this House about the challenges and the problems in health care. The minister talked to me about co-ed rooms and said that it doesn't happen very often. Well, I'm here to tell you that my aunt is currently a patient in New Waterford Hospital, and she is the only woman in a ward. She is also waiting for an elderly psych evaluation, and she'll probably have to wait months. So yes, when they get treatment, it's remarkable, but sadly, we don't have enough providers who are providing treatment.

Talking about the governance of this board, again I will say I don't understand what the problem is. We talked a lot today about working together, about coming together for the greater need. This is a no-cost item. Why would this government put a block in place to not include this? If I was running an organization, I would want to have direct conversations with those who are involved in doing the work and those who are involved in decision making. There's a complete and severe disconnect here, and I don't think this government recognizes it.

The merger of the Nova Scotia Health Authority was supposed to streamline services. I don't think the residents of Nova Scotia see that services have been streamlined. What the residents of Nova Scotia see is their family members not being looked after.

My colleague from Halifax Chebucto talked about hallway medicine. I think if we had members of the medical community on this board, we would hear about hallway medicine. We would hear about the challenges that face doctors and nurses and other health care providers every day. I'm sorry, and no offence to anyone, but I don't think lawyers and accountants can provide that same input. It's strange to not have medical professionals on this board, and I would urge this government to listen to doctors. I think we should be doing all we can to provide support for our physicians, to provide them with the assistance that they need so that we can keep doctors in the province.

However, I'm sure that like everything else with these Opposition bills, it's falling on deaf ears. It would be a wonderful item that we could work on together. However, I'm very doubtful that anybody is even listening.

MR. SPEAKER: The honourable member for Clare-Digby.

MR. GORDON WILSON: How much time do I have, Mr. Speaker?

MR. SPEAKER: You have, I would say, about seven minutes or so. They'll correct the clock shortly, but you can carry on. Is that the actual time, Madam Clerk? Yes, it is. You have 9:45.

MR. GORDON WILSON: In the interest of following up on the theme that you hear from the side of the government, which is certainly an alternative message than you hear from the other side of the floor, I do want to reflect on the comments that my colleague made earlier.

To start with, though, I want to reflect on the fact that hysterical is not something that I think you should comment on about somebody who is as passionate, somebody who is as knowledgeable, and somebody who is experienced in the world of what goes on in other parts of the world and what goes on here. So I take offence to those comments. I hope the member opposite hears my words.

To further that, I would like to make a statement on comments that were brought to the floor of this House by that member. It's in Hansard from October 4th. When we talk about our health care system, and we make the statement “. . . let's hope that if you're going to try to kill yourself, you do it between the hours of 9:00 a.m. and 7:00 p.m. After that, you're on your own.” That is offensive. That is the kind of dialogue that we don't need in this House. When I have my members up here speaking from their heart in real messages, I take offence. I find it hysterical that they bring that kind of dialogue to the House.

[5:15 p.m.]

I want to reflect on a little bit of history. I know we have challenges, and I'm standing here as a person who can make testimony to communities that have had challenges in the health care system that go back 20 years. I'm quite proud of the fact that in the last two years in my community - not because of negativism, not because of burning bridges, not because of talking down our health care system - I have been able to see positive things happen in my community.

I have built relationships, and I'm quite proud that in the last two years, we have seen seven new primary health care providers come to my community. We have seen three doctors, three nurse practitioners, and a family practice nurse start work. We have seen a new collaborative health care centre open in the last two years. We have seen a new dialysis unit being announced for our community. We have seen a new stakeholder group where we can build relationships and have conversations - positive conversations - on how we're going to move forward in my community. We have seen pathways to allow solo family practice doctors serve in underserved rural areas in our province.

When I continue to hear the fact that there are so many bad things - again I have to reflect on the comments that my colleague brought forward. There are tremendous things

going on. There are people being healed every day. There are people being looked after every day. I'm sure it's very hard for the health care workers in our community to continue to hear the negative comments that we're hearing from those members across the floor. I take offence to it.

I think if there's any one message that I could bring, that I think has served me in my community, it's that you need to look at how you can all work together. One of the examples that I have is having all of our stakeholders come together, open their ears up, and create that dialogue that we have between the community, the Health Authority, the leaders in the community that fund the foundations, the municipal leaders. It takes a village. It takes a community. It takes a whole area to build that relationship and to foster and create that environment that you're going to have to grow and move forward. That's one of the things that I'm proud of.

It is difficult sometimes, I know. It is an emotional whirl, sometimes, I know. I know that sometimes it gets personal for a lot of people. But that is not what we're here for. We're here to try to take the personal side of it and put the professional spin on it. My mom always told me negative thoughts bring negative things. There's nothing that you can build when you think that way.

The other challenge that I find is that when we always criticize, we never bring forward other options and other answers. That's what we're here for. We're here to try to look at other ideas. As the member for Argyle-Barrington says, there are other proposals on the floor.

Well, we do listen. I listen. I wish sometimes when we got up in this House and spoke (Interruption) I guess my time is getting near. I will.

Sometimes when we get up in this House, others criticize and they point fingers. I just wish that they'd listen to what we have to say over here also. We're truly trying to do our best, and I think we are building a better health care system for the Province of Nova Scotia. (Applause)

MR. SPEAKER: The honourable Official Opposition House Leader.

HON. CHRISTOPHER D'ENTREMONT: Mr. Speaker, I thank all interveners on this discussion. It is a discussion, and we hope that everybody hears each other when we have these.

That concludes Opposition business for today. I'll let the Government House Leader call business for the next number of hours.

GOVERNMENT BUSINESS

MR. SPEAKER: The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, I move that you do now leave the Chair and the House resolve itself into a Committee of the Whole House on Bills.

MR. SPEAKER: The House will now recess for a few minutes while it resolves into the Committee of the Whole House on Bills.

[5:20 p.m. The House resolved into a CWH on Bills with Deputy Speaker Ms. Suzanne Lohnes-Croft in the Chair.]

[7:37 p.m. CWH on Bills rose and the House reconvened. Mr. Speaker, Hon. Kevin Murphy, resumed the Chair.]

MR. SPEAKER: The Chairman of the Committee of the Whole House on Bills reports:

THE CLERK: That the Committee of the Whole House on Bills has met and considered the following bills:

Bill No. 18 - Congregation of Notre Dame, Saint Joseph Province Dissolution Act.

Bill No. 24 - Canadian Baptists of Atlantic Canada, An Act Respecting.

Bill No. 36 - Lunenburg Common Lands (2017) Act.

Bill No. 41 - Digby Water Commission Act.

without amendments; and

Bill No. 16 - Adult Capacity and Decision-making Act.

Bill No. 27 - Intimate Images and Cyber-protection Act.

with certain amendments, and the chairman has been instructed to recommend these bills to the favourable consideration of the House.

MR. SPEAKER: Ordered that these bills be read a third time on a future day.

The honourable Government House Leader.

HON. GEOFF MACLELLAN: That concludes the government business for today. The House will meet again tomorrow, Thursday, October 26th, between the hours of 1:00 p.m. and 10:00 p.m. Following the daily routine and Question Period, we will call Public Bills for Third Reading for Bill Nos. 16, 27, and 39. We will also consider private member's Bill No. 13 subject to the unanimous consent of the House.

MR. SPEAKER: The motion is for adjournment for the House to meet tomorrow, Thursday, October 26th, between the hours of 1:00 p.m. and 10:00 p.m. Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

The House now stands adjourned until Thursday, October 26th, at 1:00 p.m.

[The House rose at 7:38 p.m.]

NOTICES OF MOTION UNDER RULE 32(3)**RESOLUTION NO. 468**

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas a group of local historians, artists and architects established the Narratives in Space + Time Society in 2012 to engage community discussion about the continued impact of the Halifax Explosion in Halifax Needham and beyond in the debris field; and

Whereas the Narratives in Space + Time Society has created numerous community projects leading up to the 100th Anniversary of the Halifax Explosion in 2017 including free public walks, workshops and symposiums; and

Whereas community dialogue concerning the Halifax Explosion has been enriched and expanded thanks to the inclusive and creative efforts of the members of the Narratives in Space + Time Society;

Therefore be it resolved that all members of this Nova Scotia Legislature acknowledge the efforts of the Narratives in Space + Time Society to engage with the continuing impact of the Halifax Explosion on our community.

RESOLUTION NO. 469

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Phoenix, a non-profit organization based in Halifax, was started in 1987 by community members dedicating to providing support and housing to vulnerable youth; and

Whereas Phoenix has created numerous support programs for youth and families in the Halifax region including residential and community-based programming recognized nationally and internationally for its impact and innovation; and

Whereas Phoenix has served over 10,000 youth and family members in the past 30 years of service and advocacy;

Therefore be it resolved that all members of this Nova Scotia Legislature congratulate Phoenix for their continued and tireless commitment to youth in our community.

RESOLUTION NO. 470

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas the Magic Project is an arts initiative founded by Emma Paulson and Kate Macdonald in 2016 dedicated to challenging stereotypes and increase the visibility of marginalized people through photography and social initiatives; and

Whereas the Magic Project has created numerous photography projects honouring local residents including “Black Girls Are Magic”, “Black Kings Are Magic” and “Queer People Are Magic” as well as facilitating community workshops; and

Whereas the Magic Project was honoured as Grand Marshals of the 2017 Halifax Pride Parade;

Therefore be it resolved that all members of this Nova Scotia Legislature congratulate the members of the Magic Project for their commitment to advocating for social change in our community.

RESOLUTION NO. 471

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Dr. Verona Singer is a renowned criminologist in the Halifax region who has worked on issues of intimate partner violence, sexual violence, and criminal justice for 30 years; and

Whereas she was awarded the Order of Merit for Police Forces by the Governor General of Canada for her work with the Halifax Regional Police; and

Whereas Dr. Singer recently retired from the Halifax Regional Police after a career marked by constant innovation, including trauma-informed response training and the development of the high-risk coordination protocol;

Therefore be it resolved that all members of this Nova Scotia Legislature express their gratitude to Dr. Singer for her leadership and commitment to victims of violence in our community.

RESOLUTION NO. 472

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas the Nova Scotia Association for Community Living (NSACL) attempts to address the concerns of some 30,000 Nova Scotians who live with an intellectual disability; and

Whereas the NSACL works to end exclusion and discrimination on the basis of intellectual disability, promoting respect for diversity and advancing human rights to ensure equality for all Canadians; and

Whereas Jean Coleman retired recently as executive director of the Nova Scotia Association for Community Living after a career of 35 years as a passionate advocate for persons with intellectual disabilities and their families and caregivers;

Therefore be it resolved that all members of this Nova Scotia Legislature acknowledge Jean Coleman's tireless commitment to our community and wish her well on her retirement.

RESOLUTION NO. 473

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas September 17, 2017, marked the 45th Anniversary of the establishment of the society leading to the Mi'kmaw Native Friendship Society; and

Whereas the Mi'kmaw Native Friendship Society operates the Mi'kmaw Native Friendship Centre in Halifax, one of 119 Friendship Centres across Canada; and

Whereas the Mi'kmaw Native Friendship Centre continues to provide advocacy, supportive programming, and services for the indigenous community and has ambitions to also provide much-needed affordable housing;

Therefore be it resolved that all members of this Nova Scotia Legislature commend the Mi'kmaw Native Friendship Society and Centre for its leadership and devoted commitment to our community.

RESOLUTION NO. 474

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas 2017 marks Reverend Dr. Rhonda Britton's 10th anniversary as pastor at Cornwallis Street Baptist Church and 15th anniversary as an ordained minister; and

Whereas Pastor Britton is the first female pastor of Cornwallis Street Baptist Church in its 185-year history; and

Whereas Pastor Britton continues to work tirelessly to provide spiritual leadership and community support to the members of her congregation and to Halifax;

Therefore be it resolved that all members of this Nova Scotia Legislature congratulate Reverend Dr. Rhonda Britton on the occasion of her 10th pastoral anniversary serving the congregation of Cornwallis Street Baptist Church.

RESOLUTION NO. 475

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas the Halifax Explosion occurred on December 6, 1917, and was a devastating tragedy in our community resulting in over 2,000 fatalities, thousands injured, and 25,000 people left homeless; and

Whereas nine firefighters from the Halifax Fire Department attempting to put out the fire on the munitions ship *Mont Blanc* were instantly killed when the ship exploded; and

Whereas 30 firefighters and 120 volunteers worked tirelessly to fight fires in Halifax's North End caused by the devastating impact of the explosion;

Therefore be it resolved that all members of this Nova Scotia Legislature remember the courageous efforts of the nine local members of the Halifax Fire Department who lost

their lives on December 6, 1917, and the tireless efforts of many more in the days that followed.

RESOLUTION NO. 476

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas the Highland Park Minor Softball League provides recreational opportunities for many children and youth in Halifax Needham and is much valued by players and parents alike; and

Whereas the Under 10 Highland Park Heat girls team won the Under 10 Provincial Softball Championship in August, 2017; and

Whereas the Under 10 Highland Park Heat boys team also won the Under 10 Provincial Softball Championship in August, 2017;

Therefore be it resolved that all members of this Nova Scotia Legislature congratulate the efforts of the Highland Park Minor Softball League and its volunteer coaches on their achievements.

RESOLUTION NO. 477

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Halifax resident James Ranson has been a loyal supporter of Canadian Blood Services for many years; and

Whereas Mr. Ranson has donated plasma 206 times, in addition to volunteering weekly at the Halifax clinic and recruiting new donors and volunteers; and

Whereas Mr. Ranson was honoured by Canadian Blood Services at the 18th annual Honouring our Lifeblood event in 2017 for his loyal service;

Therefore be it resolved that all members of this Nova Scotia Legislature congratulate the efforts of James Ranson in supporting Canadian Blood Services.

RESOLUTION NO. 478

By: Hon. Leo Glavine (Communities, Culture and Heritage)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas in July of 2017 Nova Scotia para-athlete Ben Brown was awarded two silver and two bronze medals for his performances at the Canadian Track and Field Championships held in Ottawa; and

Whereas weeks later at the 2017 Canada Games, held in Winnipeg, Ben Brown added three additional medals to his resume, winning silver in the 200-, 400-, and 1,500-metre races; and

Whereas in addition to the collection of medals earned in his 2017 campaign, Ben Brown also participated in prominent events such as the Bluenose Marathon and Valley Harvest Marathon;

Therefore be it resolved that all members of this House of Assembly congratulate Nova Scotia para-athlete Ben Brown on his phenomenal performances in the 2017 season and wish him all the best for continued success as he works towards his goal of reaching the 2020 Olympics.

RESOLUTION NO. 479

By: Mr. Chuck Porter (Hants West)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Angelina Claes, owner of everyBody's, a clothing store located in Windsor, is quickly making her mark in the town and branching out after only three months in business; and

Whereas recently adding items from the Large Lad Clothing line, Angelina now has clothing for men and women of all ages and styles; and

Whereas along with shopping for a new outfit, Angelina will help you accessorize with designer jewellery, decorative pillows and artwork by local artists;

Therefore be it resolved that members of this House of Assembly congratulate Angelina Claes on the opening of her store everyBody's and wish her great success.

RESOLUTION NO. 480

By: Mr. Chuck Porter (Hants West)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Windsor's Communities in Bloom committee created a Lifetime Gardener Award in 2017 to recognize lifelong, passionate gardeners who have maintained unique and beautiful gardens over the years; and

Whereas 90-year old Gerry Raymond was named the first recipient of the Lifetime Gardener Award, an award which was preceded by various other gardening awards such as the Communities in Bloom Best Community Gardens Award; and

Whereas Gerry cultivates gorgeous annuals and maintains 18 flower beds where you will find annuals such as geraniums, marigolds, dusty millers and petunias; and perennials like roses, peonies, clematis and poppies all beautifully arranged among various shrubs and trees;

Therefore be it resolved that members of this House of Assembly congratulate Gerry Raymond on receiving the Lifetime Gardener Award and wish him all the best with his amazing gardening talents.

RESOLUTION NO. 481

By: Mr. Chuck Porter (Hants West)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas the Michael Monty Distinguished Teacher Award is awarded annually to a media instructor chosen from Canada's Broadcast Educators Association of Canada member post-secondary universities and colleges; and

Whereas David Bannerman of Newport, Hants County, began his radio career in the late 1970s both on-air and as a local news reporter at CFAB in Windsor and has been a radio, TV, and journalism instructor at NSCC for nearly 24 years; and

Whereas on June 17, 2017, David received the award, which is given to a faculty member who has exhibited consistent passion for their area of radio/TV instruction and who has worked hard to connect their students with the needs of industry employers;

Therefore be it resolved that members of this House of Assembly congratulate David Bannerman on receiving this prestigious award and wish him all the best.

RESOLUTION NO. 482

By: Mr. Gordon Wilson (Clare-Digby)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Warrant Officer Peter Doucette of the 603 Weymouth Royal Canadian Army Cadet Corps received the Lord Strathcona Medal at the annual cadet review ceremony held Saturday, June 4, 2016, at Sissiboo Landing in Weymouth; and

Whereas the medal and certificate are awarded to a cadet in recognition of their exemplary performance in physical and military training; and

Whereas the Lord Strathcona Medal is the highest award which can be presented to a cadet;

Therefore be it resolved that all members of this House of Assembly congratulate Warrant Officer Peter Doucette for receiving this prestigious award and wish him all the best.

RESOLUTION NO. 483

By: Mr. Gordon Wilson (Clare-Digby)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas volunteers are the backbone of every community in Nova Scotia and the people of the Town of Digby are proud of the many dedicated individuals who give of themselves each day to make our town a better place to live; and

Whereas this year the Town of Digby has selected one of its outstanding citizens as Volunteer Representative of the Year, and this individual has given much in the way of time and energy to various organizations; and

Whereas through this individual's genuine warmth and caring toward others he has become a valuable asset to the organizations that he has been involved in;

Therefore be it resolved that all members of this House of Assembly congratulate Oliver Janson for being named Volunteer Representative of the Year for his outstanding contribution to his community.

RESOLUTION NO. 484

By: Mr. Gordon Wilson (Clare-Digby)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas volunteers are the backbone of every community in Nova Scotia and the people of Clare are proud of the many dedicated individuals who give of themselves each day to make our town a better place to live; and

Whereas this year the Clare community has selected one of its outstanding citizens as Volunteer Representative of the Year, and this individual has given much in the way of time and energy to her community; and

Whereas through this individual's genuine warmth and caring toward others she has become a valuable asset to the organization that she has been involved in;

Therefore be it resolved that all members of this House of Assembly congratulate Marie Saulnier for being named Clare's Volunteer Representative of the Year for her outstanding contribution to her community.

RESOLUTION NO. 485

By: Mr. Gordon Wilson (Clare-Digby)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas volunteers are the backbone of every community in Nova Scotia and the people of the Municipality of the District of Digby are proud of the many dedicated individuals who give of themselves each day to make our municipality a better place to live; and

Whereas this year the Municipality of the District of Digby has selected one of its outstanding citizens as Volunteer Representative of the Year, and this individual has given much in the way of time and energy to various organizations; and

Whereas through this individual's genuine warmth and caring toward others she has become a valuable asset to the organizations that she has been involved in;

Therefore be it resolved that all members of this House of Assembly congratulate Shirley Dugas for being named Volunteer Representative of the Year for her outstanding contribution to her community.

RESOLUTION NO. 486

By: Mr. Gordon Wilson (Clare-Digby)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas the Town of Digby recognizes exceptional contributions of volunteer work in the Digby area annually with the Joe Casey Humanitarian Award; and

Whereas the Joe Casey Humanitarian Award is presented to a resident who has made a significant contribution to the betterment of the town; and

Whereas Richard Levy is the recipient of the 2017 Joe Casey Humanitarian Award, presented at a ceremony on June 16, 2017, by Mayor Ben Cleveland;

Therefore be it resolved that members of this House of Assembly join me in congratulating Richard Levy for receiving the 2017 Joe Casey Humanitarian Award for his outstanding contributions to his community.

RÉSOLUTION NO. 487

Par: Monsieur Gordon Wilson (Clare-Digby)

Par la présente, j'avise que je proposerai à une date ultérieure, l'adoption de la résolution suivante:

Attendu que, depuis quatre-vingts ans, les Acadiens de Clare et d'ailleurs ont la possibilité de lire un journal francophone chaque semaine; et

Attendu que ce journal reflète la vie quotidienne, la culture et le patrimoine de ses lecteurs; et

Attendu que cet hebdomadaire intitulé *Le Courrier de la Nouvelle-Écosse* a été reconnu par l'association nationale de journaux hebdomadaires;

Qu'il soit résolu que les membres de cette assemblée se joignent à moi pour féliciter le conseil d'administration et le personnel dans le cadre du 80^e anniversaire du *Le Courrier de la Nouvelle-Écosse* et leur souhaiter un succès continu.

RESOLUTION NO. 488

By: Hon. Kelly Regan (Community Services)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas graduation and prom can be an expensive time for graduating high school students, but several groups have stepped up in recent years to assist; and

Whereas last year some graduates from Charles P. Allen High School - Linda Ofume, Amapai Thammachak, Stephanie Manuel, Anna Negulic and Julie Thorne - created an organization called Glass Slipper, which provided gently-used prom dresses to grads; and

Whereas this year, with the assistance of Don Schelew Dry Cleaning, Glass Slipper gave away several hundred prom dresses once again;

Therefore be it resolved that the members of this House of Assembly congratulate the donors of the prom dresses, the women of Glass Slipper, and Don Schelew Dry Cleaning for helping to make prom dreams come true for a second year in a row.

RESOLUTION NO. 489

By: Hon. Kelly Regan (Community Services)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas graduation and prom can be an expensive time for graduating high school students, but several groups have stepped up in recent years to assist; and

Whereas last year Shades Studio in Sunnyside Mall asked local residents to donate any gently-used prom dresses; and

Whereas this year Shades again accepted prom dresses and sold them for \$25 each, thereby raising money for MADD Canada and allowing students to attend prom without breaking the bank;

Therefore be it resolved that members of this House of Assembly congratulate the donors of the prom dresses and the management and staff of Shades Studio of Sunnyside Mall for helping to make prom dreams come true for a second year in a row.

RESOLUTION NO. 490

By: Hon. Iain Rankin (Environment)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas cerebral palsy is a neurological condition that affects a person's movements and posture, and is the most common physical disability in childhood and affects 17 million people worldwide; and

Whereas Olivia Gushue, a Grade 2 student at St. Margaret's Bay Elementary School, and her family from Lewis Lake is working hard to educate others and raise awareness by creating more conversations around accessibility, inclusion, tolerance, respect, and improved supports and treatments for individuals living with cerebral palsy; and

Whereas Olivia, who has cerebral palsy herself, was joined at her school by Mayor Savage and Councillor Whitman on October 6th, World Cerebral Palsy Awareness Day, to proclaim October 6, 2017, as Cerebral Palsy Awareness Day in the Halifax Regional Municipality;

Therefore be it resolved that all members of this House of Assembly join me in applauding the work of Olivia and her family and wish them well with their advocacy efforts.