



House of Assembly  
Nova Scotia

## DEBATES AND PROCEEDINGS

**Speaker: Honourable Kevin Murphy**

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### Second Session

WEDNESDAY, OCTOBER 2, 2019

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House of Assembly  
*Nova Scotia*

**HALIFAX, WEDNESDAY, OCTOBER 2, 2019**

**Sixty-third General Assembly**

**Second Session**

**1:00 P.M.**

**SPEAKER**

Hon. Kevin Murphy

**DEPUTY SPEAKERS**

Suzanne Lohnes-Croft, Brendan Maguire

THE SPEAKER: Order, please.

Before we begin the daily routine, the topic of the late debate this evening, at the conclusion of daily business, was submitted by the honourable member for Halifax Armdale:

Whereas Nova Scotia is at its highest population on record and immigration has been a fundamental contributor to this growth;

Therefore be it resolved that all members of the House of Assembly continue to support this positive momentum as our population expands and our provincial economy strengthens.

That's at the conclusion of daily business today.

The honourable member for Cape Breton-Richmond.

ALANA PAON: Mr. Speaker, I rise on a point of privilege. It is my privilege as a member of this Legislative Assembly to have access to a constituency office whereby staff are able to greet constituents who have questions or concerns, where constituents are able to visit to access information and resources to assist them with their issues, concerns, or projects, in an office where I, as the MLA, can meet with constituents who require my advice or intervention with government programs and services.

Mr. Speaker, as of June 24, 2019, your office ceased payment of the rent on a lease . . .

THE SPEAKER: Order, please. I would like to remind the honourable member that any matters that fall under the jurisdiction of the Speaker's Administration are to be dealt with privately. I'm happy to meet with the member at any time to discuss this item.

We'll begin the daily routine.

#### **PRESENTING AND READING PETITIONS**

#### **PRESENTING REPORTS OF COMMITTEES**

THE SPEAKER: The honourable member for Lunenburg.

SUZANNE LOHNES-CROFT: Mr. Speaker, I'm pleased to present the annual report for Standing Committee on Natural Resources and Economic Development for January 2019 to June 2019.

THE SPEAKER: The report is tabled.

#### **TABLING REPORTS, REGULATIONS AND OTHER PAPERS**

#### **STATEMENTS BY MINISTERS**

#### **GOVERNMENT NOTICES OF MOTION**

THE SPEAKER: The honourable Minister of Community Services.

HON. KELLY REGAN: Mr. Speaker, I beg leave to make an introduction.

THE SPEAKER: Permission granted.

KELLY REGAN: Joining us today in the East Gallery is someone who most people in this House are familiar with because of her leadership role for the last two years as the president of the Nova Scotia Native Women's Association and the forward path she helped to create for the organization. Lorraine Whitman is joining us from Glooscap First Nation,

and I'm so happy she could be with us here during Mi'kmaq History Month and Women's History Month.

Lorraine was just elected president of the Native Women's Association of Canada, and I must say it is an honour to introduce her in the House in her new role. Accompanying her today are her husband, Thomas, and some of our staff from the Nova Scotia Advisory Council on the Status of Women office: Stephanie MacInnis-Langley, Pat Gorham, and Heather Ternoway. I would ask these folks to please rise and for the members to give them the warm welcome of the House. (Applause)

THE SPEAKER: The honourable Minister of Community Services.

### RESOLUTION NO. 1242

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

Whereas Lorraine Whitman, past-president of the Nova Scotia Native Women's Association and long-time advocate for Indigenous women's rights, was elected president of the Native Women's Association of Canada on September 14, 2019, at the organization's annual general assembly; and

Whereas Ms. Whitman, an elder from Glooscap First Nation, has extensive experience working with Mi'kmaq women, girls, and gender diverse people, including 23 years as a social development officer, 15 years as an elected councillor, and most recently as president of the Nova Scotia Native Women's Association for the last two years; and

Whereas Ms. Whitman's leadership on Indigenous women's rights, her passion for health care and healing, and her knowledge of the seven sacred teachings and the traditional values will be of great benefit to Indigenous women and girls across the country;

Therefore be it resolved that the members of this House of Assembly join me in celebrating Ms. Whitman's election to this important national leadership role and wish her great success as she continues to be a role model for all Nova Scotians and all Canadians.

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

THE 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.

**RESOLUTION NO. 1243**

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

Whereas October is Disability Employment Awareness Month; and

Whereas with access to education, training, and community support, people with disabilities are able to thrive and lead fulfilling lives as contributing members of our communities; and

Whereas the Workplace Support Program provides Nova Scotians with disabilities with the support they need to enter and stay in the workforce and school, including funding for technical aids, assistive devices, and attendant support, and Nova Scotia is the only province in the country to offer attendant support, removing a significant barrier for persons with disabilities to access and succeed in work;

Therefore be it resolved that all members of this Legislature recognize October as Disability Employment Awareness Month and pledge to continue to remove barriers for Nova Scotians who wish to make a meaningful contribution to our province.

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

[1:15 p.m.]

THE 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 Seniors.

HON. LEO GLAVINE: Mr. Speaker, I beg leave to make an introduction.

THE SPEAKER: Permission granted.

LEO GLAVINE: Today in the East Gallery, we have a number of distinguished visitors representing senior organizations across our province and I would like for them to rise as introduced: Charles Gaudet; Alma Johnston-Tynes, President of the Federation of Senior Citizens and Pensioners of Nova Scotia; Helen MacDonnell, Executive Director of Community Links; Alyson Hillier with the Retired Teachers Association; and Cindy Lou Oulton, founder of Annapolis Valley Luffa. Also here with Cindy are her sisters Dianne Spencer, Judy Parsons, and Lorelei Oulton-Kerr.

Welcome to Province House and accept the warm welcome of the members.  
(Applause)

THE SPEAKER: The honourable Minister of Seniors.

### **RESOLUTION NO. 1244**

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

Whereas this week, we recognize Seniors Week and the endless efforts of older Nova Scotians; and

Whereas we commend these older Nova Scotians and their commitment to serving our communities as mentors, volunteers, caregivers, and business and community leaders such as Cindy Lou Oulton, who started her own company, Annapolis Valley Luffa, at the age of 55 after leaving the Alberta oil industry to return to Nova Scotia to grow an environmentally friendly alternative to sponges; and

Whereas we acknowledge, value, promote, and support older adults and their contributions to our province;

Therefore be it resolved that all members of the House of Assembly acknowledge the commitment and dedication of Nova Scotia's older adults to ensuring our province continues to thrive.

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

THE 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 African Nova Scotian Affairs.

#### **RESOLUTION NO. 1245**

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

Whereas the Black Educators Association celebrates its 50<sup>th</sup> anniversary this year; and

Whereas the grassroots, non-profit organization founded in 1969, has been committed to helping African Nova Scotians develop their educational future and build a more inclusive and equitable province; and

Whereas the Black Educators Association collaboratively works with government, organizations, community groups, and other educational bodies to help advance their work;

Therefore be it resolved that members of this House of Assembly please join me in congratulating the Black Educators Association on their 50<sup>th</sup> anniversary and recognize the work they do, and will continue to do, for African Nova Scotians.

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

THE 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 Energy and Mines.

#### **RESOLUTION NO. 1246**

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

Whereas Polish Nova Scotians continue to make significant cultural, economic, creative, and social contributions to our diverse province, living in rural and urban areas

and working in every sector Nova Scotia has to offer including but not limited to mining, health, and education; and

Whereas distinctive Polish Nova Scotian identities and communities have formed over several generations, enriched through mutual sharing with other communities and strengthened by the presence of historic landmarks and contemporary cultural symbols developed by Polish Nova Scotians; and

Whereas the month of September holds great significance for Polish Nova Scotians, including the founding of St. Michael's Polish Association and Benefit Society in 1909 and St. Mary's Polish Parish in 1913, both in Cape Breton, as well as the commemoration of Polish immigration through Pier 21 in Halifax;

Therefore be it resolved that all members of the House of Assembly henceforth recognize the month of September of each year to be Polish Heritage Month in the Province of Nova Scotia.

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

THE 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 African Nova Scotian Affairs.

#### **RESOLUTION NO. 1247**

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

Whereas the Association of Black Social Workers celebrates its 40<sup>th</sup> anniversary this year; and

Whereas since 1979, the Association of Black Social Workers has been contributing to the health and well-being of all Nova Scotians and African Nova Scotians as well as helping to address specific issues regarding social justice, institutionalized racism, and children in care; and

Whereas social workers are some of the most trusted professionals who support, guide, and assist individuals, families, and communities during times of need, yet are sometimes challenged and under-represented because they deal with everyday realities;

Therefore be it resolved the members of the House of Assembly please join me in congratulating the Association of Black Social Workers on their 40<sup>th</sup> anniversary and recognize the important work social workers do and will continue to do across this province.

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

THE 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 Health and Wellness.

HON. RANDY DELOREY: Mr. Speaker, may I make an introduction?

THE SPEAKER: Permission granted.

RANDY DELOREY: Mr. Speaker, I'd like to direct my colleagues' attention to the East Gallery. I would like to introduce Della Sangster, president of the Denturist Society of Nova Scotia; Marjorie Hickey, legal counsel for the Denturist Licensing Board of Nova Scotia; and Maureen Hope, registrar for the Denturist Licensing Board of Nova Scotia. They are here in relation to legislation that is about to be tabled.

I would like to request my colleagues give them a warm welcome. (Applause)

### **INTRODUCTION OF BILLS**

**Bill No. 166 - Entitled an Act to Amend Chapter 25 of the Acts of 2000. The Denturists Act. (Hon. Randy Delorey)**

**Bill No. 167 - Entitled an Act to Amend Chapter 14 of the Acts of 1993. The Tobacco Access Act. (Tim Houston)**

**Bill No. 168 - Entitled an Act Respecting the Regulation of Short-term Rental Accommodations. (Lisa Roberts)**

THE SPEAKER: Ordered that these bills be read a second time on a future day.

**NOTICES OF MOTION**

**STATEMENTS BY MEMBERS**

THE SPEAKER: The honourable member for Cumberland North.

**CONTINUING CARE MO.: YOUR HOME, OUR PASSION - THANKS**

ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, today I rise to recognize Continuing Care Month in Nova Scotia. This year's theme is Continuing Care: Your Home, Our Passion.

I would like to take this moment to thank all the staff and volunteers in Cumberland North who work and contribute to the lives of people in need in their home or community. I would like to give special acknowledgement to the manager Monica Harvey and the health professionals who work with her in the Cumberland North Continuing Care office. They have important work for people who need care and everyone who goes above and beyond for their clients deserves our gratitude for putting in the extra care.

Please join me in thanking these workers for giving the care they do.

THE SPEAKER: The honourable member for Timberlea-Prospect.

HON. IAIN RANKIN: Mr. Speaker, before I read my statement, can I do an introduction?

THE SPEAKER: Permission granted.

HON. IAIN RANKIN: In the East Gallery, we have with us Esther Schwartz. She's been a lifelong volunteer in the Beechville-Lakeside-Timberlea community. I'd like the House to give her a warm welcome. (Applause)

THE SPEAKER: The honourable member for Timberlea-Prospect.

**SCHWARTZ, ESTHER: RETIREMENT - CONGRATS.**

HON. IAIN RANKIN: Mr. Speaker, I ask the members of the House of Assembly to join me in recognizing Esther Schwartz, a resident of Timberlea. Originally from India,

Esther immigrated to Canada in 1981 and is a proud Canadian citizen who has lived here for almost 40 years.

Esther started teaching children when she was in her twenties in India. In 1990, she decided to open her own business in Greenwood Heights and provide child care for children until they started school. Esther's program was well structured, had a focus on fun, and incorporated a learning component for all ages. The best part of her program is that she loved each child like her own, as did her family - husband Danny, and twin daughters Leela and Neela.

It was important to Esther that "her" children knew the alphabet and were able to write simple words and their names before starting school. The Primary teachers at Beechville Lakeside Timberlea Jr. Elementary could always pick out the kids who'd been through Esther's program.

Mr. Speaker, I would like the members of the House of Assembly to join me in congratulating Esther on her recent retirement and thank her for the important role she played in teaching and caring for children, and for her many contributions to the Beechville-Lakeside-Timberlea community. (Applause)

THE SPEAKER: The honourable member for Cumberland South.

**FISHER, AMBER & MIKE:  
REBUILDING GLOOSCAP RESTAURANT - CONGRATS.**

TORY RUSHTON: Mr. Speaker, I rise today to congratulate Amber and Mike Fisher, owners of the Glooscap Restaurant and Lounge, on the opening of their new building. The original was destroyed by a fire in the morning of December 11, 2018. It was a very cold -20C when the Parrsboro Fire Department received the call that the restaurant was on fire.

Only a few months after it burned, the Glooscap Restaurant started to be rebuilt. The construction started at the end of March with hopes of an opening date in late summer, and yesterday was that day.

Please join me in congratulating Mike and Amber on all their success on their opening day, and many more years to come of serving customers at the Glooscap Restaurant and Lounge at the local watering hole in Parrsboro.

THE SPEAKER: The honourable member for Dartmouth North.

**HOUSING CRISIS IN DART. N.:  
ACTION NEEDED - POLITICAL WILL REQUIRED**

SUSAN LEBLANC: Mr. Speaker, in my question to the Premier yesterday, I mentioned the lack of affordable housing in Dartmouth North. While I was asking that question, three people came into my constituency office, all of whom were being evicted largely because they couldn't pay their rents. We were also advocating for a single mother of two to find emergency housing from the Metropolitan Regional Housing Authority.

This, unfortunately, is a typical day at the Dartmouth North constituency office. Rents are skyrocketing, incomes are inadequate, and we are in a full-blown housing crisis.

I urge the government to take immediate action to address the situation. There are solutions at our fingertips. If only there were the political will.

THE SPEAKER: The honourable member for Colchester North.

**MCLAUGHLIN, GARNET: SUMMIT AWARD - CONGRATS.**

HON. KAREN CASEY: Mr. Speaker, formed in 2007 as a registered not-for-profit organization, Hike Nova Scotia encourages and promotes hiking, walking, and snowshoeing throughout Nova Scotia. In 2019, the annual Hiking Summit was held in May at the Oak Island Resort & Conference Centre, where 175 people gathered, including hikers, clubs, groups, and three levels of government.

Hike Nova Scotia's highest award, the Summit Award, is presented to an organization or individual who has demonstrated outstanding leadership and commitment to the growth and development of hiking. This year it was awarded to Garnet McLaughlin of Economy, Colchester North.

For over 20 years, McLaughlin had logged countless hours in the development of trails all over the province, inspiring and teaching people to get outside to enjoy and benefit from nature. He and his wife Alexia run Cobequid Consulting, which focuses on the creation of sustainable trails and natural playgrounds, offering children an awareness of the enjoyment of nature, as well as an opportunity to use their imaginations.

McLaughlin has given many hours to volunteer work with numerous groups including Hike Nova Scotia, Nova Scotia Trails, the Kenomee Trail Society, and the Cobequid Eco-Trails Society. He is Hike Nova Scotia's past president.

Our congratulations to Garnet McLaughlin on receiving the Summit Award, and we wish him happy trails.

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



**COLE HBR. LIBRARY: 30<sup>th</sup> ANNIV. - CONGRATS.**

BARBARA ADAMS: Mr. Speaker, I rise today to bring recognition to the Cole Harbour Library. The library is celebrating 30 years of service in our community. Over the years, the library has been a staple in the Cole Harbour community, offering a wide range of programs for toddlers, students, retirees, and everybody in between.

[1:30 p.m.]

The library has played an extremely important role for all of the neighbouring schools and even promoting reading for students throughout the Summer. Whether you needed assistance starting a book club, planning a project, arranging a playdate for your toddler, or hosting a meeting, the Cole Harbour Library and staff have been a trusted establishment to turn to.

I ask all members of the Nova Scotia Legislature to join me in congratulating the Cole Harbour Library and staff on 30 wonderful and much-appreciated years.

THE SPEAKER: The honourable member for Yarmouth.

**U15 CLIPPERS SOCCER TEAM: SUCCESSFUL SEASON - CONGRATS.**

HON. ZACH CHURCHILL: Mr. Speaker, the Yarmouth Pet Value U15 Boys Clippers FC had another excellent season of soccer this summer. They went undefeated all season, had three tournament gold medal wins, and once again won the U15 Provincial Championship.

I'd like to ask this House to join me in congratulating players Seamus D'Entremont, Dante Swim, Logan Burgess, Liam Hubbard, Owen Fitzgerald, Cameron Brown, Callum Cunningham, Ibaad Hemani, Dustin Lakusta, Dorian Clements, Jaleel Horton, Ben Marais, Ben Macdonald, Liam Mosley, Davis Robichaud, Riley Hubbard, Jessie Abutu, Tanner Cormier, and Josh Baltzer, along with coaches Jerry Burgess, Derek Mosley, Chris Brown, and team manager Wendy Robichaud, on a truly dominant soccer season and wish them all the very best in the future.

THE SPEAKER: The honourable member for Dartmouth North.

**HOUSING CRISIS IN DART. N.: WORSENING - AMELIORATE**

SUSAN LEBLANC: Mr. Speaker, yesterday the *Nova Scotia Advocate* published an open letter from the board of the Public Good Society of Dartmouth entitled "There is a housing crisis in the city and it is getting worse." The board wrote about the amazing work done by Dartmouth Housing Helps, specifically housing support worker Darcy Gillis, located across the hall from my constituency office. Darcy's office and our office work

together on many cases and he is truly an amazing advocate for the people of Dartmouth who are struggling to find and keep housing.

The letter went on to say: “Despite determined efforts from people like Darcy and others, the overall picture has gone from bad to worse.” This is something we are hearing from both my constituents as well as various service organizations in the area.

I stand here today to amplify the voices of the service organizations that are working to help people against all odds. The solutions are at our fingertips, if there was only the political will.

THE SPEAKER: The honourable member for Lunenburg West.

### **YOUTH ENVIRON. CHAMPS.: ADVOCACY - COMMEND**

HON. MARK FUREY: Mr. Speaker, I rise today to recognize three youth environmental champions in our community who have taken on leadership roles with their peers, community, elected officials, and public at large in discussions around climate change. Rowan Helmer, Ira Reinhardt Smith, and Neil Morrow are informed youth with a clear and educated understanding of environmental issues in our community, our province, and our country.

Rowan, Ira, and Neil are committed to the future of our environment. I applaud them for their efforts and encourage them to continue this work into the future.

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

### **ALFORD, EMILY: INTL. DARTS CHAMP. - GOOD LUCK**

BRAD JOHNS: Mr. Speaker, I rise today to acknowledge Emily Alford. In May of this year the Sackville-Beaver Bank resident and Lockview High student won the Canadian Junior Girls Darts Championship, which was held in Saskatoon, Saskatchewan. In addition, Emily was voted the Sportsmanship Award by her peers and the team leaders from across Canada.

In October of last year, she competed in England and is now training for a championship in Romania. Mr. Speaker, Emily attributes her success to the continued support of her parents and local businesses, without whom she says she would not be where she is today.

I'd like to take the opportunity to wish Emily great success and a safe trip.

THE SPEAKER: The honourable member for Clare-Digby.

**WEYMOUTH HIST. SOC.: TEA PARTIES, 35<sup>th</sup> ANNIV. - CONGRATS.**

HON. GORDON WILSON: Mr. Speaker, for the last 35 years the Weymouth Historical Society has been hosting Summer tea parties, which attract regulars and tourists weekly. The society was formed in 1978 to restore St. Thomas Church, a structure built in 1864, and adapted to be a community centre.

Since 1983 the society has been hosting their tea parties, keeping alive the tradition from a slower time. The popularity of the teas has been growing over the years, with the children who went to the teas in the 1980s now bringing their children to the teas.

The society has not only created a local activity but uses it to help others to give back to the community. Each tea, which is held on Thursday afternoons during the Summer and early Fall, is also a fundraiser for local groups. For example, the Halloween Witches' Tea is a fundraiser for the MS Society.

As the society starts planning their teas for the 2019-20 season, I would like to congratulate them for 35 years of hosting their teas and thank them for using the funds raised at these teas to help other community groups.

THE SPEAKER: The honourable member for Argyle-Barrington.

**D'ENTREMONT, CHRIS: FUTURE ENDEAVOURS - BEST WISHES**

COLTON LEBLANC: Mr. Speaker, I rise today to salute a former member of this Legislature and a dedicated public servant, the former MLA for Argyle-Barrington, Chris d'Entremont.

Chris was first selected as the MLA for Argyle in 2003 and won impressive victories in 2006, 2009, 2013, and 2017. Over his long career in public service, Chris served as Minister of Agriculture and Fisheries, Minister of Acadian Affairs, Minister of Health, Minister of Community Services, Minister responsible for the Youth Secretariat Act, and Chair of the Senior Citizens' Secretariat.

Chris is proud of his Acadian roots and is a dedicated husband to Anne and a devoted father to their sons, André and Alec. I am very proud to call him a mentor and count him among my friends.

Mr. Speaker, I ask all members of the Legislature to join me in thanking Chris d'Entremont for his service to our province and wish him well as he seeks to represent us in Ottawa.

THE SPEAKER: The honourable member for Halifax Needham.

**HOUSING CO-OPS: A BETTER ALTERNATIVE - REVISIT**

LISA ROBERTS: Mr. Speaker, I was honoured to recently be invited to speak at High Hopes Housing Co-Operative and at Needham Housing Co-operative on two separate occasions. These are two of the legacy co-ops that were built in the 1970s and 1980s through a combination of great community organizing and will, and also some public support.

How different these housing co-ops, and the investment in these housing co-ops, are from rent supplements, which will be this government's legacy on the affordable housing front. Rent supplement dollars, in the great majority, flow every year from the public purse to the private sector without ever resulting in new units of permanently affordable social market housing.

Now that I am being contacted by constituents who have been assigned rent supplements but cannot find a place that will take them, and now that I am finding constituents struggling to find any place at all in the municipality to live, I am greatly regretting the years that we have lost pursuing this strategy at the expense of all others.

THE SPEAKER: The honourable member for Preston-Dartmouth.

**SLAWTER, SAMANTHA DIXON - RED SEAL STYLIST: CONGRATS.**

HON. KEITH COLWELL: Mr. Speaker, I would like to recognize Ms. Samantha Dixon Slawter of East Preston, who is the owner and operator of Styles by SD Ltd. on Portland Street in Dartmouth.

She is continuing the legacy of Black hairstylists, as she received her training from Ms. Verna Skinner, who in turn trained under Ms. Viola Desmond. In addition to completing a degree in international development from Dalhousie University, she is the first African Nova Scotian to receive Red Seal certification from the Nova Scotia Apprenticeship Agency via the East Preston Empowerment Academy.

I want to recognize and congratulate Ms. Slawter on providing an invaluable service to her community and continuing the legacy started by Ms. Viola Desmond.

THE SPEAKER: The honourable member for Queens-Shelburne.

**DOUCET, ALBERT - PHYSICIAN:  
CMA HONORARY MEM. AWARD - CONGRATS.**

KIM MASLAND: I rise today to recognize the achievements of Dr. Albert Doucet of Liverpool. At the Doctors Nova Scotia conference in June, Dr. Doucet was honoured with the Canadian Medical Association Honorary Membership Award.

This award acknowledges and celebrates his 35-year career, during which he provided exceptionally comprehensive service as a family physician. In addition, he has been and continues to be an innovative and tireless advocate for health care in his community and beyond. Dr. Doucet currently sits as the chair of the Queens General Hospital Foundation, where his efforts have been instrumental in obtaining equipment and infrastructure for the hospital, as well as attracting physicians to the community of Queens.

Mr. Speaker, I ask all members of this House of Assembly to join me in congratulating Dr. Doucet on this well-deserved recognition and thank him for his years of continued service and care to the residents on the South Shore of Nova Scotia.

THE SPEAKER: The honourable member for Bedford.

**NEGULIC, ANNA - MEDALLIST: PAN-AM GAMES - CONGRATS.**

HON. KELLY REGAN: I would like to congratulate Bedford resident Anna Negulic on winning a gold medal at the 2019 Pan American Games.

Anna and her teammates - Alexa Irvin, who is from Kentville; Andreeanne Langlois, from Quebec; and Alanna Bray-Lougheed, from Ontario - won Canada's first gold medal of the Pan American Games in the K4 500-metre event. It was a tight race with the Canadian team narrowly edging out Mexico. The Argentinian team came third. Both Anna and Alexa train at the Maskwa Aquatic Club, which is located on beautiful Kearney Lake.

I've spoken about Anna in this House before. She was part of a group of students at Charles P. Allen High School who organized a prom dress drive so the cost of a dress would not deter students from the event. The initiative continues now that Anna's attending university.

It's nice to know that Anna is a winner both on the water and off. I want to congratulate her on her gold medal performance as an athlete and as a volunteer.

THE SPEAKER: The honourable member for Inverness.

**MACLELLAN, JOAN: INVERARY MANOR LONG-TERM CARE - CONGRATS.**

ALLAN MACMASTER: Mr. Speaker, let us acknowledge Joan MacLellan for 32 years of compassionate care as manager of the Inverary Manor in Inverness.

Long-term care presents many challenges for those needing care, and for those who are providing it. The Inverary Manor is incomparable - speak to anyone and you will hear about a history and reputation that is second to none, and Joan has been a big part of that.

The facility was reborn in the late 2000s and serves as a model for long-term care in the province. When the time comes for people to enter a home, everyone wants the chance to get into the home that Joan managed. Doesn't that speak volumes? People trust that the care their loved one will receive will be the best care.

Let us congratulate Joan MacLellan on a career that made a difference for so many.

THE SPEAKER: The honourable member for Hants East.

### **LIFE.SCHOOL.HOUSE: BARTER-BASED FOLK SCH. - RECOG.**

HON. MARGARET MILLER: I would like to speak today about a quiet, yet formidable project that is popping up in communities all across the province, including Hants East.

Life.School.House is a barter-based folk school. This unique idea has volunteer hosts offer their homes or community spaces to hold small workshops such as gardening, fibre arts, cooking and baking - and much more - without the barrier of money. Instead, facilitators share their skills in trade of items that participants bring as payment.

This movement allows anyone, regardless of economic, ethnic, or social background, to take part in learning essential life skills and arts while also bringing back the idea of face-to-face contact with your neighbours.

Mr. Speaker, it's grassroots initiatives like this that can help welcome our newcomers and start meaningful conversations about how to make communities thrive. I would like to ask all members of this House to join me in recognizing the tremendous efforts put forward by the community hosts and facilitators of Life.School.House.

THE SPEAKER: The honourable member for Victoria-The Lakes.

### **CABOT TRAIL WRITERS FEST.: CELEBRATING THE WRITTEN WORD - BEST WISHES**

KEITH BAIN: Mr. Speaker, every Fall as the Highlands blaze with autumn colours, writers and readers from across the country may be found in the heart of Cape Breton for a three-day session of the written word.

The 11<sup>th</sup> Annual Cabot Trail Writers Festival, being held at the Gaelic College in St. Ann's from October 4<sup>th</sup> to 6<sup>th</sup>, is a distinctly unstuffy literary experience with music and laughter freely filling the gaps between readings, workshops, and panel discussions, allowing readers and writers to enjoy one another's company, and kick back and unwind down home in Cape Breton.

Mr. Speaker, I ask all members of this Legislative Assembly to join me in wishing every success to the organizers and participants in this year's Annual Cabot Trail Writers Festival taking place from October 4<sup>th</sup> to 6<sup>th</sup>.

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

### **MACKENZIE, ART: DEATH OF - TRIBUTE**

HON. LLOYD HINES: Mr. Speaker, I rise today with a heavy but joyous heart in recognition of the late Arthur MacKenzie of Sheet Harbour - veteran, Lion, municipal and community leader.

In 1942 he joined the Royal Canadian Army 4<sup>th</sup> Division and served in the Second World War in Europe as a motorcycle escort for munitions convoys. Returning to Canada in 1946, he married his dear wife, Inez.

Art began his community service by joining many local groups, serving as chair of the board for Eastern Shore Memorial Hospital, Sheet Harbour Board of Trade, Spry Harbour Atoms Athletic Club, and as Elder of Pope's Harbour United Church. Art was a life member of the Royal Canadian Legion, serving as President of RCL Branch 58.

He joined the Lions Club International in Sheet Harbour in 1958, holding many positions in the local club and at the District Nova Scotia level. He was elected as Lions District Governor for Nova Scotia and was made a life member of Lions International. He was a recipient of his club's highest award, the Melvin Jones Fellowship, and Lions Club International's second highest award, the Presidential Medal. He served as a councillor and warden of Halifax County, the precursor of the current Halifax Regional Municipality.

Mr. Speaker, I'd like to recognize Art's long and expansive history of community work. He was an amazing man who will be dearly missed.

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

### **MARION BRIDGE VOLUN. FIRE DEPT.: 60<sup>th</sup> ANNIV. - CONGRATS.**

BRIAN COMER: Mr. Speaker, I rise today to congratulate the Marion Bridge Volunteer Fire Department on their 60<sup>th</sup> anniversary. The department was established in 1959 and currently consists of 28 active members. This department is responsible for one of the largest geographical coverage areas in Cape Breton, which includes 373 square kilometres of land consisting of over 700 homes. The majority of the members in this department are residents of Marion Bridge community and take pride in being part of such a long-standing department.

I stand here today to thank and congratulate the Marion Bridge Volunteer Fire Department and their members on their hard work and devotion to their community.

[1:45 p.m.]

THE SPEAKER: The honourable member for Halifax Armdale.

### **SENIORS EXPO: SERVICES SHOWCASE - THANKS**

HON. LENA METLEGE DIAB: Mr. Speaker, in recognition of Seniors Week, I'm pleased to highlight the good work of organizations and service providers that enrich the lives of older Nova Scotians. In order to connect older adults in my community with available resources, in June I hosted a senior expo at St. Agnes Church. I want to acknowledge and thank the many organizations that packed the gymnasium at St. Agnes and shared information with residents about services, opportunities, and assistance that is available to them in our area. The response we received was incredible and I was pleased to see attendees leaving with new information and connections.

I want to sincerely thank our local Lions Club and choral group, provincial Pharmacare, housing and employment agencies, 211 and 311, CNIB, Chebucto Links, Chebucto Connections, Red Cross, Arthritis Society, Efficiency Nova Scotia, the YMCA, Caregivers Nova Scotia, Excel Fitness and Orthotics, and so many other groups and organizations that participated. Thank you for the work you do every day to help older Nova Scotians continue to make vital contributions to our communities.

THE SPEAKER: The honourable member for Sackville-Cobequid.

### **MACKAY, KATHLEEN/BURKERT, BARBIE: SUICIDE WALK TO REMEMBER - COMMEND**

STEVE CRAIG: Mr. Speaker, I rise today to recognize Kathleen MacKay and Barbie Burkert of Lower Sackville. Kathleen and Barbie have both suffered loss to suicide on a very personal level. Kathleen's 17-year-old son Kyle and Barbie's 15-year-old daughter Nicole both took their own lives within a year of each other.

As part of World Suicide Prevention Day on September 10<sup>th</sup>, they organized a Suicide Walk to Remember to recognize the importance of bringing the community together to remember those lost to suicide, to provide support to those struggling with their own mental health, and to let survivors of suicide know that they are not alone. I would like to ask all members of this Legislature to join me in applauding the efforts of Kathleen and Barbie in organizing this very impactful, caring event.

THE SPEAKER: The honourable member for Kings West.



**PINE RIDGE PANTHERS PROVIDE: CHANGEMAKERS - COMMEND**

HON. LEO GLAVINE: Mr. Speaker, I rise today to applaud the efforts of young community changemakers from Pine Ridge Middle School who, through their Panthers Provide initiative, have volunteered with various self-led community service activities. The Panthers Provide made quite an impact over the last several years, taking on tasks such as leaf raking, highway and community cleanups, visiting local seniors' residences, community gardening, and much more. This has provided these young students with the ability to become engaged in their community, understand local needs, and take action.

These students have on occasion been joined by members of 14 Wing Greenwood to help with their various community cleanup efforts, including our beloved duck pond. These young community-minded changemakers have also inspired others to take action and will be out in the community again in the future. I have no doubt their futures are all very bright and they will continue to help change the world.

I would ask all members of the House to join me in thanking these young people, commending their efforts for making a difference in their community, and inspiring change.

THE SPEAKER: The honourable member for Pictou Centre.

**HAYNES-DESJARDINS, AMY/MACLEAN, JENNIFER:  
LYME DISEASE AWARENESS - RECOG.**

HON. PAT DUNN: Mr. Speaker, I'd like to take this opportunity to recognize two ladies from Pictou County who are involved in an awareness campaign on Lyme disease. Amy Haynes-Desjardins and Jennifer Maclean organized a two-day event on Friday, September 5<sup>th</sup> at the Pictou County Wellness Centre. The afternoon session was arranged for approximately 80 medical professionals in the health care sector and over 400 residents attended the evening forum.

The two U.S. physicians who presented, Dr. Marty Ross from Austin, Texas and Dr. Richard Dubocq from Belfast, Maine, have extensive experience treating patients with Lyme and co-infections. Jim Wilson from British Columbia, the current president of the Canadian Lyme Disease Foundation also addressed the crowd in attendance. Amy and Jennifer are driven in their pursuit to educate health professionals and the public with personal experience concerning this disease, which is causing distress and worry in our province.

THE SPEAKER: The honourable member for Cole Harbour-Portland Valley.

**SENIORS: COM. LEADERSHIP - RECOG.**

HON. TONY INCE: Mr. Speaker, I rise today to acknowledge the many contributions made by seniors in Cole Harbour-Portland Valley. From volunteers to entrepreneurs, veterans to grandparents, seniors will always play an important role in making our community all that it can be. Their participation in business, volunteerism, leadership, service to our country, and as family mentors are examples that we all should take note of and do our best to emulate.

Local business icons like Deborah, Harry, and Catherine Moulton of Moulton Optical, and Dale Walker, who started Walker's Livestock Feed & Supplies, are two examples of how over 40 years of hard work and dedication to community have established these well-loved businesses as landmarks in Cole Harbour. Hundreds of seniors volunteer to help to make our community stronger - groups like Citizens on Patrol, a group of first-responder retirees who continue to serve through their volunteerism.

Mr. Speaker, I respectfully ask that all colleagues join me in congratulating and acknowledging the hard work by seniors of all Cole Harbour-Portland Valley.

THE SPEAKER: The honourable member for Dartmouth East.

**EDGAR, JUDIE & JIM:  
DAFFODIL GARDEN FOR CANCER SURVIVORS - THANKS**

TIM HALMAN: Mr. Speaker, I rise today to recognize a truly remarkable couple, Jim and Judie Edgar. The Edgars hosted a fundraiser in Dartmouth in June, and the purpose of the event was to raise money for the creation of the Cancer Survivors Daffodil Garden. This will be a beautiful place of quiet reflection and a celebration of survivorship. This cause is near and dear to my heart and to my daughters, Sophie and Ella, who were able to volunteer at the fundraiser and speak.

Jim and Judie have worked tirelessly for a long time to get this garden into place at Alderney Landing, and now it's happening. Having survived cancer themselves, the success of this project is a testament to their dedication to the Dartmouth community. I am truly proud to know them.

I ask all members of this House to thank Jim and Judie Edgar for their outstanding efforts in establishing the Cancer Survivors Daffodil Garden.

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

**LOCAL YMCAs: HURRICANE COMFORT CTRS. - THANKS**

HON. PATRICIA ARAB: Mr. Speaker, in the wake of Hurricane Dorian, many residents in my community were without power and necessities for several days. In this time of need, many businesses and organizations stepped forward to help.

The Centre for Immigrant Programs at Bayers Road and the Community YMCA on Gottingen Street opened as comfort centres so those without power could charge their devices or have a hot cup of coffee. The Community YMCA was also able to offer hot showers. I am always proud when the community and local organizations band together, especially in these times of need.

Mr. Speaker, I ask the members of this House to join me in thanking our local YMCAs for always being a constant source of comfort to many of our residents.

THE SPEAKER: The honourable member for Kings North.

**MACQUARRIE, MARTHA: PUBLIC SERV. - CONGRATS.**

JOHN LOHR: Mr. Speaker, I rise today to acknowledge my constituency assistant and friend Martha MacQuarrie's candidacy in the federal election for the Kings Hants region.

Martha serves as the chair for the Landmark East Foundation, a director of the Kentville Rotary Club, and an executive member of the Progressive Conservative Party of Nova Scotia. Martha has worked hard for the people of Kings North in both her professional and volunteer roles, and I expect she will continue to do the same for the people of Kings Hants as a member of Parliament.

I would like to congratulate Martha on her candidacy and wish her success in the upcoming federal election on October 21, 2019.

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

**U17 NTL. BASEBALL TEAM: GOLD MEDAL WIN - CONGRATS.**

BILL HORNE: Mr. Speaker, I rise to congratulate Baseball Nova Scotia's first under-17 national champions. Fall River's Nick Gravel and Shane Cowan were both key contributors to the team's historic gold medal victory. Cowan described the win as "surreal," and Gravel said being on the field for the final strike was "insane." They hope their accomplishments will lay the foundation within the LWF Baseball Association for the younger kids.

Mr. Speaker and members of the Legislature, please join me in congratulating Nova Scotia's under-17 national team in the first-ever gold medal win.

THE SPEAKER: The honourable member for Pictou West.

### **LOCAL CHURCHES: SEEDS OF HOPE COM. GARDEN - THANKS**

KARLA MACFARLANE: Mr. Speaker, I rise today to acknowledge the incredible initiative being taken by members of five Pictou churches to set up the Seeds of Hope Community Garden. These community gardens have been set up right in Pictou with 19 plots available for members of our community to come together over their love of gardening. These gardeners are also given an opportunity to donate the produce they grow to local charities. It is programs like these that truly strengthen our community. It gives our citizens the opportunity to enjoy the company of others, learn new skills, and give back to our community.

I thank the members of the churches in Pictou for their work to build a program to bring people together. It is such an honour to be able to watch the community grow together.

THE SPEAKER: The honourable member for Chester-St. Margaret's.

### **FEST. OF THE ARTS: CELEBRATING TALENT - CONGRATS.**

HUGH MACKAY: Mr. Speaker, I rise today to congratulate the Peggy's Cove Area Festival of the Arts Society for their successful 9<sup>th</sup> annual celebration of the arts. The event featured over 100 local, national, and international artists and craftspeople. Many people, both from Nova Scotia and from abroad, came to Peggy's Cove and the surrounding area just for the festival.

Since its launch in 2011 the Peggy's Cove Area Festival of the Arts has grown quickly into a full-fledged not-for-profit event attracting admiring art enthusiasts. This coastal festival is a celebration of the wealth of artistic talent in Nova Scotia. Of course, the focal point is the iconic Peggy's Cove lighthouse on the beautiful St. Margarets Bay, but it also includes other communities, such as Indian Harbour, Glen Haven, Bayside, East Dover, Boutiliers Point, Black Point, and others, up to and including the Aspotogan Peninsula.

I request that members of the House of Assembly join me in congratulating the many volunteers.

THE SPEAKER: The honourable member for Cumberland North.

**BORDERTOWN BIKER BASH: 5<sup>th</sup> ANN. EVENT - COMMEND**

ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, today I rise to recognize Bill Digdon, Peter Rushton, John Warner, the late Randy Thurber, and other organizing members for their successful event of the 5<sup>th</sup> annual Biker Bash. The Bordertown Biker Bash supports motorcycle awareness and brings our community together. The event has Toys for Tots, thrilling stunts, musical performances, and events for children. This is an important event during the summer and brings hundreds, if not thousands, to our area.

These men have worked hard to create the Bordertown Biker Bash and continue to have success in the community with this fun event. Please join me today in thanking these men for the hard work they have done.

THE SPEAKER: The honourable member for Halifax Atlantic.

**BURKEY, NELSON: DEATH OF - TRIBUTE**

BRENDAN MAGUIRE: Mr. Speaker, it is with great sadness that I rise today to speak of Nelson Burkey, who passed away June 17, 2019. Nelson was a long-time member of the Spryfield community. He moved to Leiblin Park in 1964 when he married his wife, Renie. Nelson and Renie remained in the community throughout their married life.

Nelson was a generous, kind-hearted man who was always willing to lend a helping hand to his neighbours and friends. His generosity was most apparent with his help and support of the Boys and Girls Club of Spryfield, where he served as a board member for many years. During his 55 years of marriage to Renie, he opened his home to her family. Family was all-important to Nelson and he spent his life dedicated to his family.

Mr. Speaker, I'd like to offer my condolences to Renie Burkey and to my CA, Kelly Gomes, and her entire family for their terrible loss. Nelson will be sadly missed by his family and friends, and my thoughts and prayers are with them during this difficult time.

THE SPEAKER: The honourable member for Cumberland South.

**FORD, MERLIN: 30<sup>th</sup> ANN. TERRY FOX RUN - CONGRATS.**

TORY RUSHTON: Mr. Speaker, I rise today to acknowledge Merlin Ford, a constituent of mine who joined 31 others who walked 8 kilometres from River Philip to the Collingwood Fire Department for the 39<sup>th</sup> annual Terry Fox Run. The 85-year-old managed to walk the whole way despite suffering a stroke a few years ago.

Merlin claims he was always so proud of Terry and what he had done for himself and accomplished for the country, and he wanted to carry on his legacy.

Merlin is looking forward to participating in the Terry Fox Run again next year and claims that as long as he is able to, he will do it. I ask you to join me in acknowledging the amazing dedication of Merlin Ford and wish him continued health in the future.

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

[2:00 p.m.]

## **ORDERS OF THE DAY**

### **ORAL QUESTIONS PUT BY MEMBERS TO MINISTERS**

THE SPEAKER: The honourable Leader of the Official Opposition.

#### **PREM. - DOCTOR RECRUITMENT: WINNING STRATEGY - CLARIFY**

TIM HOUSTON: Mr. Speaker, last week the Premier said his government was winning when it comes to finding family doctors for Nova Scotians - strange news I'm sure for thousands of Nova Scotians who have been waiting for a family doctor, especially after being promised one by this government six years ago. Stranger still when the Premier's new Deputy Minister of Health and Wellness said last week that the department is not measuring the difficulty involved in accessing a family doctor as well as it would like.

My question for the Premier: How can the Premier conclude that they are winning at matching orphan patients with family doctors despite the fact that the department says it's not being measured as much as it should be?

HON. STEPHEN MCNEIL (The Premier): Mr. Speaker, what I said last week was the fact that we were in a global competitive market when it came to accessing primary health care teams. It's not only Nova Scotia out there searching for doctors, it's all Canadian provinces and other jurisdictions.

What I said is, we're No. 4 in the country attaching primary care patients to doctors and health care teams. We're No. 4 in the country - only three Canadian provinces doing better. We are winning this battle and we will meet our commitment.

TIM HOUSTON: Mr. Speaker, I don't think the 50,000-plus people who are waiting for a family doctor after this government promised them one, I don't think they feel like they're winning. The fact is this province is losing doctors and specialists faster than it can replace them. We recently learned that the province has attracted 385 new doctors since 2016, but on the other side they're retiring, they're quitting, they're simply leaving the province - and they're doing such at a rate that's so quick that the demand is not being met.

I will table a document here where the deputy minister said we're making some inroads, we're making some progress, but clearly not enough. The deputy minister doesn't think you're winning; he says you're not doing enough.

I'd like to ask the question: Waiting two years to develop a doctor recruitment strategy - was that part of the Premier's winning strategy?

**THE PREMIER:** Within the last 12 months the honourable member stood in his place and said there were 100,000 Nova Scotians without a doctor; today he confirmed that there are 50,000 - I would say we're winning.

**TIM HOUSTON:** Mr. Speaker, the Premier's idea of winning is much, much different than what Nova Scotians' idea of winning is. Winning is clear and defined, like the last four by-elections. Winning is not some subjective idea. The fact of the matter is, 52,000 Nova Scotians that we know of still can't find a family doctor - 52,000.

The deputy minister said at Public Accounts Committee last year that only half the people report on the line, 52,000 plus 52,000 is over 100,000. We are not winning as a province when it comes to recruiting family doctors.

I'd like to ask the Premier: What part of the Premier's winning playbook entailed the loss of dozens of specialists and family doctors from Nova Scotia's communities all across this province?

**THE PREMIER:** Mr. Speaker, because the honourable member makes up a number doesn't make it true. The fact of the matter is he stood in this place twice in the last year - at one point he said it was 100,000 and now he stands up saying it's 52,000. That is a substantial gain in ensuring the people have access to primary health care.

I want to tell the honourable member, we know there's more work to do. It's why the Minister of Immigration now has sent a second team into the U.K. with a new stream, quite frankly, that is unique to Nova Scotia and it gives us the competitive edge in this global environment where we're all competing for health care workers.

He might be pessimistic about the future of this province; this side is optimistic and we're working with our team to make it happen.

**THE SPEAKER:** The honourable Leader of the New Democratic Party.

**PREM. - RENTAL HOUSING: BREAKING POINT - RECOGNIZE**

**GARY BURRILL:** Mr. Speaker, according to the Canadian Rental Housing Index, the most (Interruptions)

THE SPEAKER: The honourable Leader of the New Democratic Party has the floor.

GARY BURRILL: Mr. Speaker, according to the Canadian Rental Housing Index, the province of Atlantic Canada that has the most unhealthy rental housing market isn't New Brunswick or P.E.I. or Newfoundland and Labrador - it's us here in Nova Scotia. Speaking for our part in the NDP, we didn't need the index to tell us this because we are hearing regularly from people who are being served with rental increases of 30, 40, 50 - even 55 per cent.

I want to ask the Premier: Does he also recognize that the rental housing situation in Nova Scotia is at a real breaking point for an awful lot of people?

THE PREMIER: Mr. Speaker, I want to thank the honourable member for the question. He is highlighting a major issue. In parts of our province, we continue to work with rent supps to ensure that we are providing affordable housing. One of the things that happens when we see the tremendous growth that is happening in parts of our province - you begin to see the price of real estate continuing to escalate, continuing to go up, the market demands on that. It pushes out some affordable rents that I know the Leader is very concerned about. It's why we've worked to try to make sure that we put rent supps in place to ensure that those families who require that support have them.

He would also know that we've just signed a national housing agreement with the federal government. We will continue to work with our partners in the community to make sure that we're providing affordable housing in Nova Scotia.

GARY BURRILL: Mr. Speaker, the Premier speaks as he has often spoken in the past when we have questioned and challenged him and his government about this question, about rent supplements and the place they have in the government's program for dealing with this situation. But it's increasingly common to hear from people who have been assigned rent supplements who still, nevertheless, are not able to find an affordable, adequate place for themselves to live.

Now, surely the Premier can see that in such a tight rental market as we have, it's a pretty easy thing for landlords to choose someone who doesn't have a rent supplement over somebody who does. I want to ask the Premier if he is confident that everybody with a government rent supplement is actually able to find a place for themselves to live.

THE PREMIER: The information I have is that those rent supps are making a positive impact on those who have them. I will undertake, from the question of the honourable member, whether or not that rent supp is adequate today or whether or not that should be adjusted. I think that's a legitimate question as we look into what we do with the new housing strategy going forward.



If that is not meeting the pressure of the current market that the honourable member is referring to, we certainly will look at that.

GARY BURRILL: Mr. Speaker, members of the government surely must be as aware as we are of how common it is becoming for landlords in the province to undertake renovations as a pretext to evict tenants, with the real purpose of making dramatic increases in the rent. When the government first came to office, the word “renoviction” was not a part of the vocabulary of the housing world in Nova Scotia, but it most certainly is a part of the vocabulary of our housing situation in the province today.

In response to our questions about the housing crisis, we’ve heard members of the government speak several times about the bilateral housing agreement and what it stands to bring for the future. However, can the Premier tell us what his government is going to do to protect tenants from these kinds of renovictions now?

THE PREMIER: Mr. Speaker, I want to thank the honourable member for the question. Renoviction wasn’t part of the vocabulary of the Province of Nova Scotia before we came in because our economy wasn’t growing. We weren’t seeing the fast growth that we’re seeing not only with population, more young people coming back - we know that it’s putting pressure on the housing stock to ensure that we have affordable rents in some parts of our province. It’s why I made a commitment to the honourable member that we will look at whether or not those rent supps are meeting the needs of today.

But the fact of the matter is that the growth we’re seeing is putting pressure on some of those properties - there’s absolutely no question about that. A growing economy is providing more opportunities and more jobs. Unemployment is at an all-time low. We’re attracting people back home. That is definitely impacting the affordable housing market, and it’s why - with that \$400 million from the national government and the rent supps we’ve put in place - we’ll continue to work with our partners to ensure that we’ll address the very needs that the honourable member is bringing up.

THE SPEAKER: The honourable Leader of the Official Opposition.

**PREM. - DOCTOR RECRUITMENT:  
FUNDING COMMUNITIES - COMMENT**

TIM HOUSTON: When Yarmouth’s community medical recruiter retired five years ago and wasn’t replaced by the Nova Scotia Health Authority, patients were put at a disadvantage, particularly cancer patients. But the community pulled together, and over the Summer, plans were announced by the Chamber of Commerce to hire a community navigator to facilitate physician recruitment. A few weeks ago, a community navigator was hired to go to work on recruiting and retaining doctors in Yarmouth.

I'd like to ask the Premier: Has the government considered funding such positions for other communities across the province, and how many have they funded so far?

THE PREMIER: Mr. Speaker, the Minister of Finance and Treasury Board announced in the budget that there's \$200,000 we've set aside to partner with community organizations who are out doing work.

NOW Lunenburg County was leading the way - as an organization, they're a tremendous group. The group in Yarmouth is taking it on. I know there's a group in the Valley that is responding, to come to look for support. There are other parts of the province, but Mr. Speaker, we'll continue to work - I shouldn't forget the group in Amherst, which is doing a tremendous job. I forget the name of the doctor - off the top of my head, I can't think of it.

I will tell you, they are leading the way in communities, and we wanted to support them to continue to help collaborate with government as we go forward. I know there's a doctor on a recruiting trip right now who's working with us. All of that will be able to be supported. There is no one specific way we're going to be able to continue to bring that number down, Mr. Speaker. We're going to continue to look for all kinds of avenues.

TIM HOUSTON: I would add Pictou County and some Cape Breton communities. Communities all across this province are stepping up because they realize we're not winning on doctor recruitment. In days gone by, communities had a say in recruiting and retaining physicians in their own community. The creation of the Nova Scotia Health Authority took that away. We now know it was taken away and for two years nobody even thought about it until suddenly somebody said, maybe we should focus on recruitment and retention at the Nova Scotia Health Authority.

I would like to ask the Premier if the fact that the government is now setting money aside to help communities find their own doctors is an acknowledgement that the strategy of recruitment that they have had in this province, where they have consolidated it all in an office in Halifax, has been a total failure.

THE PREMIER: Again, Mr. Speaker, let me correct the honourable member. The fact of the matter is, recruitment in the first years was done by the Department of Health and Wellness. It was transitioned in year two of the Health Authority to the responsibility of the Health Authority. There are currently 11 people working on the recruitment side within the Health Authority.

What we heard, Mr. Speaker, is that communities wanted to be part of the solution instead of always being negative about the challenges they face. They brought forward positive solutions. We went to work with them, and contrary to what the Leader of the Progressive Conservative Party says, quite frankly, they're grateful that a government is listening and willing to work with them. They're well aware of the opportunities that exist

in their communities. Better than anyone, they're able to tell the virtues of that particular community. We're grateful that they continue to work with our government on a positive view and a positive vision for this province.

It's why we're seeing more doctors choose to come here. It's why we're number four in Canada in attaching patients directly to primary care. We'll continue to make sure we do that.

THE SPEAKER: The honourable member for Dartmouth North.

**PREM. - STADIUM PROPOSAL: ECONOMIC ANALYSIS - PUBLICIZE**

SUSAN LEBLANC: Mr. Speaker, my question is for the Premier. University of Calgary economist Trevor Tombe has said, "There doesn't appear to be any strong evidence for sports teams moving in or out of a city having any meaningful impact on income, employment, jobs overall." I can table that.

Yesterday, the Premier said that he will be looking into the entire economic footprint of the plan for a stadium in Shannon Park, but the bottom line is that government funding for private stadiums only serves to line the pockets of for-profit companies and stick the public with the bill.

Can the Premier please explain who in this government will be responsible for undertaking the economic analysis of the stadium proposal and when the results will be made available to the public?

THE PREMIER: Mr. Speaker, as the honourable member said yesterday, that is before city council. City council is going to have to make a decision. I have not looked at the proposal that came forward. As I told her, we would have a look at that. Any decision that we make, we have to defend. We will do that, but we will communicate back to the people. I did say that there would be no general revenue coming from the Province of Nova Scotia going into that stadium.

SUSAN LEBLANC: Mr. Speaker, the Premier said that his government is willing to commit up to \$120 million of public money towards a stadium - maybe not from general revenue streams but finding new streams of money, which could be spent on other things like affordable housing, based on the study of the economic benefits.

Meanwhile, we already possess the analysis from Gardner Pinfold that investments in ambitious renewable energy and energy efficient targets will create thousands of jobs and help avert the worst of the climate crisis.

Can the Premier please explain what it will take for his government to commit to investing in these green jobs that we know will have a positive impact?

THE PREMIER: Mr. Speaker, first of all, I said no such thing, that we were investing in a stadium. I very clearly said the exact opposite. What I said to her was that we would look at a proposal. At no point - check Hansard - did I say we were going to invest in the stadium.

To the second part of her question, Mr. Speaker, we continue to invest, ensuring that we green the carbon footprint of individuals. Efficiency Nova Scotia has been helping more Nova Scotians reduce their carbon footprint and green up their properties. We have seen a continued number of investments made in green energy. The Minister of Energy and Mines has made an announcement on harnessing the tides in the Bay of Fundy.

[2:15 p.m.]

We're going to continue to make sure that we reduce our greenhouse gas. We do not only what is expected of us when it comes to ensuring we improve the environment; we'll do more, which Nova Scotians have been doing for the last couple of decades. At the same time I want to tell the honourable member we have a responsibility to grow the economy of this province.

We'll do it with green jobs. We'll do it by encouraging the private sector to continue to grow to provide economic opportunities. That's why more young people are staying here and, quite frankly, that is why the unemployment rate is going down.

THE SPEAKER: The honourable member for Pictou West.

### **H&W - PHYSICIAN PLANS: FORECAST UPDATE - PUBLISH**

KARLA MACFARLANE: My question is for the Minister of Health and Wellness. Since 2012, the Department of Health and Wellness has maintained a Physician Resource Planning Forecast Update. This planning exercise forecasts the clinical workforce required over a 10-year period. The department has described it as a tool to inform planning and training around doctors.

However, since 2016, no further updates or forecasts have been made public. Doctors Nova Scotia has said this puts students and residents who want to practise here at an information disadvantage, and I will table that document.

My question is: Why is the department conducting internal resource forecasts but is no longer making them public?

HON. RANDY DELOREY: I thank the member for the question. That's not what has taken place with the Physician Resource Plan. The Physician Resource Plan was built off a proprietary modelling system, as has been cited in this Legislature in past sessions

several times. That report identified, I believe, an average of 1,000 physicians over a 10-year period which worked out to a target of about 100 physicians per year.

Mr. Speaker, I think we've clearly noted that we are working to recruit more than 100 physicians per year and so when the work that was being done under the model came back with essentially the same information, we recognized that model wasn't working for Nova Scotia and we had to take a different approach.

KARLA MACFARLANE: Yes, and last year when I asked the question, the different approach was an app. We all know that, in the past, the minister's defence of shelving these resource forecasts has been simple: "Oh, we have an app for that."

He has previously stated - and I have tabled that document already that he was quoted in - that an in-house analytical tool would help the department and the NSHA track future needs, and he sounded like he was in no rush to make that tool public.

So, keeping this taxpayer-funded data information from the public may actually save the government from answering tough questions, but it certainly won't let Nova Scotians believe they have the confidence that this government is on top of this issue. I'd like to know: When will the in-house analytical tool that the minister indicated be ready to make public for Nova Scotians?

RANDY DELOREY: We continue to work with front-line health care professionals and our partners at the health authorities - both the Nova Scotia Health Authority and the IWK - to identify the health care needs and the health care professionals that are necessary for delivering care that Nova Scotians need and deserve.

I appreciate the member's concern that she has raised here about releasing information publicly, but it does nobody any service if we release information before it's ready to do so. Information has to be accurate; we have to have confidence in the information that's brought forward to us as a department to help inform our decisions and the processes that we move forward with.

That's the work that's ongoing and when it's ready and complete, we're able to bring that forward through the more public forums.

THE SPEAKER: The honourable member for Pictou West.

### **H&W - FAM. PRACTICE REG.: NUMBERS - STAGNANT**

KARLA MACFARLANE: We've raised this issue a few times in this session, but the numbers on the NSHA's Need a Family Practice registry leave us very concerned.

About a year ago, the minister stood across from us and proudly stated the declining numbers of Nova Scotians that had registered for a doctor. But the numbers on the registry have gone nowhere this year - floating above 52,000 or more - so they've actually gone up. I can table that document.

This stands in contrast to the department's deputy minister recently stating that we're making some progress, we're in a positive balance. How does the minister account for the fact that the number of Nova Scotians self-identifying as needing a family doctor has remained quite stagnant?

HON. RANDY DELOREY: Mr. Speaker, I thank the member opposite for the question. Obviously, as we've discussed many times on this floor, attaching Nova Scotians to primary care providers is of utmost priority for this government and indeed for all Nova Scotians.

Mr. Speaker, I'd have to take a look at the document the member tabled but the fact of the matter is if you track the Need a Family Practice data update, which does provide the details of data, I believe the list peaked out in November 2018 at about 59,000 people. As of today the data that was released - I believe went online earlier today - it is 51,000 Nova Scotians waiting. That's a decrease of about 13.5 per cent year over year. That's progress based upon the many activities that we've been taking to improve recruitment and attachment of Nova Scotians to primary care providers.

KARLA MACFARLANE: Mr. Speaker, we've heard from many Nova Scotians lately with concerns about the operation of the Need a Family Practice data list. It appears that in some cases folks have been removed from the list as the result of an error, and they are uncertain of their priority on that list. They don't know if they are put at the bottom of the list or if they are restored to the previous place on the list. Clearly this would be of great concern to anyone who has waited years for a phone call matching them with a family doctor.

My question to the minister is: If Nova Scotians who have not found a doctor are removed from the list as a result of NSHA, is it policy that they regain their spot in line or are they put back to the bottom of the list?

RANDY DELOREY: I thank the member for the question. Again, the introduction of the Need a Family Practice data list in 2016 provided an opportunity for the Health Authority and the department to better understand the needs, not just the needs in a general sense in terms of a number for across the province but indeed regionally, to understand where needs may be more acute. Mr. Speaker, that's how the list is helping inform.

It is also helping with primary care providers, collaborative practices and family physicians in their own independent practices to facilitate them when they are looking to expand their practice or set up a new practice. That's what we use the list for. We provide

that information, they contact the individuals, primary care providers contact the individuals on the list and they attach them that way, Mr. Speaker. That's what we're using the list for and that's how it processes.

THE SPEAKER: The honourable member for Inverness.

### **H&W: MIN. CONSTITUENCY - DOC. LOSS**

ALLAN MACMASTER: Mr. Speaker, this government has lost 10 doctors over the past year in the Minister of Health and Wellness's own constituency. The last time I asked the minister about that here in this House he basically said to me that he wasn't going to give his home area special treatment. Well, if that's the way Antigonish is going to be treated, God help the rest of the province.

What has happened since? They lost another physician, number 11, an obstetrics specialist. Now there are none. That affects people over an hour away in the constituency of Inverness. If you live there and you are having a baby, you have a problem.

This government has created conditions at your regional hospital where doctors are bailing. Why has the minister let conditions in health care get to the point where doctors are leaving his own constituency in droves?

HON. RANDY DELOREY: Mr. Speaker, I find it interesting that the member would continue to suggest that as a minister I should somehow treat my constituency differently than any other. Obviously, we understand where the individual may choose to govern but when I took the oath as the Minister of Health and Wellness it was to serve the entire province of Nova Scotia.

Mr. Speaker, as the member cited information related to physicians who may have retired or chosen to pursue a practice elsewhere, he conveniently fails to indicate the number of physicians who have come and started working in Antigonish and at St. Martha's Regional Hospital. We've had several come and join, including an obstetrician, to replace the one who left.

ALLAN MACMASTER: Mr. Speaker, the fact is there are no obstetricians in Antigonish today. I checked today, there are none.

The minister can say that it's me suggesting that he treat his area with specialists but if you go back into Hansard, those were his words, not mine. The only thing I am asking is that he look after people in his own area and the rest of the province, but if he can't look after his own area, how can he look after the rest of the province?

Mr. Speaker, people going to St. Martha's Hospital have access only to visiting obstetricians, but the consequences go beyond that. When there is only one, or zero in this

case, specialists at a hospital, it can deter the recruitment of other specialists because all of the work and crisis situations are going to fall on their shoulders.

Who wants to come into a hospital managed by this government, with those work conditions, when there are other jurisdictions willing to give these doctors a better quality of life and pay?

My question to the minister is: What good is the minister's recruitment strategy when he has failed to change the conditions he has created in hospitals that have led so many doctors to want to leave?

RANDY DELOREY: I thank the member opposite for his inquiries. I think the member, if he was so inclined - I know that St. Martha's Regional Hospital serves his own constituents - but I don't recall seeing the member there when we had a rally of support, a show of support for the health care providers at St. Martha's Regional Hospital that was organized. But Mr. Speaker, I was there talking to the many people in and around Antigonish, Richmond, Guysborough, and Inverness, the member's constituency (Interruption)

THE SPEAKER: Order please. Order please. Order please. The honourable Minister of Health and Wellness has the floor.

RANDY DELOREY: And, Mr. Speaker (Interruption)

THE SPEAKER: Order please. The honourable Minister of Health and Wellness has the floor.

RANDY DELOREY: The member likes to highlight and stress the health care that is being provided in Antigonish. If the member looks at the previous questions of his colleague focused on the primary care Act, Antigonish and the region has actually the best attachment in the province for primary care services throughout Nova Scotia, and that is because of the many dedicated professionals in the health care system providing that care.

We have a very strong, robust health care system, and St. Martha's Regional Hospital is a fantastic hospital where professionals provide that care to members in the region.

THE SPEAKER: The honourable member for Halifax Needham.

### **BUS.: SHORT-TERM RENTALS - REGS.**

LISA ROBERTS: Mr. Speaker, my question is for the Minister of Business. Yesterday when I asked the Minister of Municipal Affairs and Housing about regulations for short-term rentals, he responded that Nova Scotia has finally signed a bilateral housing



agreement which will unfold over the next decade. But that does not address the impact that short-term rentals are having on the housing market today.

My question for the minister is: When can Nova Scotians expect regulations to control the impact of short-term rentals on the housing market?

HON. GEOFF MACLELLAN: I thank the member for the question. The actual regulations around the Airbnb - the short-term rental legislation - will be in place by this upcoming tourism season of 2020. So, obviously there is an impetus and a requirement for us to have those in place.

Working with my colleague at Municipal Affairs and Housing, the minister has been great in consulting municipalities and stakeholders around where we are going to go with those regulations and exactly what the stakeholders need at TIANS, in the municipalities, and all of those that will be impacted.

Again, as I said around this question, part of the key for this regulatory piece, and the registration system that we will have for short-term rentals, is that we have the exact data - the information - the understanding of how this will impact the housing stock, whether that be for short-term rentals; whether that be for affordable housing and the housing stock that is available in metro, in Cape Breton, and in all regions of the province. So, that is important, and it will be ready and up and running by this Spring.

LISA ROBERTS: Mr. Speaker, if the minister would like to personally visit some data points, I can walk him around my neighbourhood.

I would like to ask how the bilateral agreement is addressing this issue, and this question is for the Minister of Municipal Affairs and Housing.

No doubt it is good news that the province has signed a bilateral agreement and the first three-year Action Plan; however, in the consultation with municipalities, they identified that Airbnb and the sharing economy are common barriers to affordable housing. The Action Plan does not address this barrier.

Will the Minister of Municipal Affairs and Housing acknowledge that one of the key reasons Nova Scotians are struggling to find a place to live is because long-term rental stock is disappearing into the short-term market?

HON. CHUCK PORTER: I appreciate the question. The honourable member mentioned the three-year Action Plan which we did just sign a short time ago. We will be investing in that - \$88 million - which will help thousands of households in this province.

The province of Nova Scotia is investing another \$70 million - unmatched dollars - which we'll invest in about 2,500 more households right across this province and make a

number of priorities for affordable housing to better serve Nova Scotians right across this province.

We recognize the issue, the Premier alluded to it a few minutes ago. We will continue to work on it; there is lots of work to do and we're anxious to get started.

THE SPEAKER: The honourable member for Queens-Shelburne.

### **H&W - ROSEWAY HOSP.: PHYSICIAN SHORTAGE - CRITICAL**

KIM MASLAND: Mr. Speaker, my question is for the Minister of Health and Wellness. Les Goulden is the Chair of the Physician Recruitment and Retention Committee at Roseway Hospital, and he tells us that the physician situation at Roseway is hitting a critical point. Dr. John Keeler, who has been in rotation at the hospital for 35 years, is about to retire. Dr. Ryan Pawsey is buying out his contract and is expected to return to New Brunswick by December 1<sup>st</sup> of this year. Another physician, Dr. Leeann Delong, is on maternity leave. That leaves one physician, Dr. Trudy MacFarland, to handle all in-patient care.

[2:30 p.m.]

My question to the minister is: Since the NSHA knows about the near-crisis staffing situation at Roseway, what do they plan to do about it?

HON. RANDY DELOREY: Mr. Speaker, I thank the member for raising this issue on behalf of her constituents. Obviously, it's a concerning situation there, one that I check in on with the Health Authority. It's my understanding they've been having meetings, including meetings as recently as the last day or two, so those engagements with community and health care providers to provide input and suggestions and chart that path forward are ongoing.

It is a situation that the Health Authority and the department are well aware of and one that is actively being worked on.

KIM MASLAND: Mr. Speaker, I appreciate that the minister is being sincere when he reports that programs and incentives and meetings are taking place to help ease the health care anxieties of Nova Scotians. But those same anxious constituents of mine are not comforted by steps that may take many years to deliver results on the ground. I truly believe the minister needs to go to the ground level to grasp the acute and immediate problems that are facing in-patient care delivery for my constituents in Shelburne.

My question is: Will the minister commit to sitting down with the doctors and the Physician Recruitment and Retention Committee in order to help alleviate pressures on in-patient care at the Roseway?

RANDY DELOREY: Mr. Speaker, I've been to Roseway Hospital. I've met with physicians there, along with other representatives in the facility. The deputy minister, including the interim deputy minister, was recently down there as well. We continue to maintain dialogue and information and engagement.

The Health Authority, in their role and responsibility around recruitment, is actively involved and engaged in the Shelburne area with Roseway, as they are in other communities right across this province.

We understand the challenges we have. That's why we're taking steps to improve the situation - both short-term initiatives like locum incentives to address the hard-to-fill positions and also the long-term strategies the member opposite referenced.

THE SPEAKER: The honourable member for Kings North.

### **H&W - ER BACKLOGS: PRIMARY CARE SERV. - LACK**

JOHN LOHR: Mr. Speaker, my question is for the Minister of Health and Wellness. In September, I hosted a town hall on health care in Kentville. Participants at that event were most concerned about the wait times in the ER. ER doctors in attendance suggested it was because of the huge increase in the number of orphan patients stemming from a shortage of family doctors. A quick check of the physician recruitment report shows the western region is looking for 33 family doctors.

My question for the minister is: How does the minister expect to fix emergency room backlogs when there are not enough family practitioners to keep primary issues out of the ER?

HON. RANDY DELOREY: Mr. Speaker, I thank the member for acknowledging the importance of a focus on primary care services as an important part of the strategy to help address pressures at our emergency departments.

Indeed, I've spoken to that point in the past. It's why we've focused on initiatives to improve access to primary care services - investments and expansion of collaborative care practices, expansion of training opportunities at Dalhousie Medical School and the residency program - the only jurisdiction in the country making that investment in our medical students and our future medical professions. These are steps that we're taking to improve the situation, not just for the member's community but in communities right across this province.

JOHN LOHR: Mr. Speaker, I'd like to thank the minister for that answer. There was a clinic in New Minas, and it has been closed. I can tell you, many of my constituents are very upset at the loss of that clinic.

Yesterday the Nova Scotia Health Authority was advertising for two new family physicians in Kentville: one in New Minas, one in Canning. The NSHA's own statistics as of September 1<sup>st</sup> suggest 10.6 per cent of residents in the western region are without a family physician.

My question for the minister is: When will the minister accept that health care in the western region is in crisis?

RANDY DELOREY: Efforts continue, and the work is ongoing with recruitment strategies and initiatives. The steps that we take, there is no one path to the end state. We have to address short-term, medium-term and long-term situations. That's why we invest in short-term incentives and programs, including the approximately \$40 million investment in primary care compensation and incentives, to help attract Nova Scotians to primary care providers providing comprehensive primary care. But we can't ignore the long-term initiatives that were under way, like those that I mentioned in my previous response.

THE SPEAKER: The honourable member for Cumberland North.

#### **H&W - PHYSICIAN RECRUIT.: INCLUSIVE PLAN - CREATE**

ELIZABETH SMITH-MCCROSSIN: Last summer I was approached by a constituent who was disappointed to tell me that a local Cumberland County woman, who had studied medicine and who had just finished a two-year family medicine residency outside the province, had decided to set up a family practice on the West Coast. She went on to tell me that no one from the Nova Scotia Health Authority had contacted her to let her know about any opportunities here in the province. No one made any attempt to recruit her back to our province. I was surprised to hear this.

My question to the Minister of Health and Wellness is: Has he considered creating a physician recruitment plan for Nova Scotia that includes identifying Nova Scotians who have studied abroad or maybe completed their residencies in other provinces, identify them, target them as part of the recruitment plan?

We know that most Nova Scotia physicians do want to come back home. I think it's important that they know about the opportunities and recruit and retain them back to Nova Scotia.

HON. RANDY DELOREY: I thank the member for the suggestion to help pursue. We look at numerous avenues and opportunities to connect with prospective recruits.

One of the challenges with the model or the approach that the member has suggested is being able to identify these individuals who may have studied outside of the province. The health system has no means of knowing when a student who may have done their undergraduate or their medical studies in other jurisdictions to identify.

If the member has a suggestion in terms of how to solicit that information, I put the call out to all my colleagues that if you are aware of people from your communities, certainly feel free to pass that information on to your local recruiters or my office as well.

**ELIZABETH SMITH-MCCROSSIN:** This was somebody who had actually studied medicine here at Dalhousie but did their family medicine residency outside of the province, so we would have access to all the Dalhousie medical graduates that our recruitment officers could be using.

I also wanted to bring attention to Dr. Brian Ferguson, who recently retired from his practice of 38 years in Cumberland and Amherst. The community and I are so grateful for his service. I wanted to identify the fact that after 38 years, no one from the Health Authority or the NSHA had contacted him to do an exit interview, to say thank you, or to ask how many of his patients would actually be left without a family doctor.

My question to the Minister of Health and Wellness is: For the purpose of physician recruitment, does he not think that the NSHA should be asking retiring doctors how many patients they have, what are their demographics, and what are their patient needs?

**RANDY DELOREY:** The expectation is that the Health Authority, when they are able - that is, when they are aware of physicians retiring or closing up their practice - conduct exit interviews. The member brings forward an example of a particular physician where apparently that didn't take place. I'll be following up with the Health Authority to confirm that situation.

If members opposite are aware of situations in their communities where an offer of an exit interview - because it is important to note, that although the Health Authority can put out the offer of an exit interview, there is no means or mechanism to force the retiring physician or health care providers to participate.

**THE SPEAKER:** The honourable member for Cape Breton Centre.

### **H&W - NEW WATERFORD CONSOL. HOSP.: RENOS - CLOSURE**

**TAMMY MARTIN:** Mr. Speaker, the New Waterford Consolidated Hospital is closing at the end of this week for renovations on the main floor and staff from the hospital are being sent to Glace Bay. Local residents are worried that this might be the final time the hospital closes its doors.

Doctors at the Glace Bay Hospital are paid a premium over those who serve in New Waterford, and I can't imagine that they'll want to come back to New Waterford making \$50 less an hour.

Can the Minister of Health and Wellness tell me and my constituents: Is this Friday the last day that the New Waterford Consolidated Hospital will be open to serve patients?

RANDY DELOREY: The member would know that we're investing heavily in the New Waterford area and the future of the infrastructure for their health care services. We remain committed to ensuring that we provide health care services in that community.

As for the current facility that's in New Waterford, we've made it clear there are no plans to cease services being provided at that facility until after we have a new centre available for that community to receive care.

TAMMY MARTIN: Mr. Speaker, many major renovations and upgrades to the physical building at the New Waterford Consolidated Hospital have been going on for two years now, even though the Liberals announced that the hospital would be closing more than a year ago. Rumours are going around in the community that the government plans to sell the hospital that miners paid for to a private nursing home to operate, for a dollar.

Can the minister confirm that upgrades to the New Waterford Consolidated Hospital are being undertaken to get the property ready to be transformed into a private nursing home?

RANDY DELOREY: What I can assure the member opposite is that investments in upgrades or maintenance in the New Waterford facility, much like other facilities across the province, are being done because they're necessary to be done to provide a safe environment for patients and the health care providers working within them.

There are no plans or decisions made as to what steps would be taken with these facilities. Our focus is on getting the new facility built for that community, to provide health care infrastructure for the next 50 years in that community.

THE SPEAKER: The honourable member for Pictou West.

**JUSTICE - CROWN ATTYS.:  
HUMAN TRAFFICKING - VICTIM SUPPORTS**

KARLA MACFARLANE: My question is for the Minister of Justice. Crown attorneys in this province have full plates. Unfortunately, at times, these full plates leave them with less time than they'd like to have in order to meet with survivors. This has become a problem in cases of human trafficking where survivors have been brainwashed, tortured, and manipulated to a point where they require patience and compassion. For an overworked Crown attorney, even the most empathetic person simply does not have the capacity to provide these victims with the time they deserve and need.

My question is: What resources are made available to Crown attorneys to ensure human trafficking victims receive the attention and care they require?

HON. MARK FUREY: I appreciate the question from my colleague. Human trafficking is a serious concern in the province. I've had the recent opportunity to meet with the member as well as advocates of survivors of human trafficking.

We have recently expanded the police unit here in the province around education and awareness of the issue. We're engaging our public prosecution as we speak on opportunities within the Gun and Gang Violence Action Funding that we've committed to this issue - \$4.7 million.

We recognize human trafficking is an organized crime matter and, as I've said to my colleague in past discussions, this is a non-political all-Party discussion, and we have to find a solution.

KARLA MACFARLANE: I totally agree, it's a non-partisan issue. The way our system is structured, however, the only way for a human trafficking case to be tried is for the victim to take the stand, look their attacker right in the face, and testify. These traffickers, pimps, johns have often physically and mentally abused their victims. These victims have to face their pimps, johns, who have tortured them, blackmailed them, brainwashed them, and threatened their family - you name it; they've done everything to them.

Due to staffing shortages at Victim Services, victims often have to take the stand with no support worker by their side, so they stand there all on their own. What steps has the minister taken to guarantee that every victim of human trafficking has a Victim Services worker with them throughout their whole trial?

[2:45 p.m.]

MARK FUREY: My colleague raises a most important element in the criminal justice process, particularly in the area of preparation for court and trial. Vulnerable witnesses who have faced the very circumstances that my colleague has identified need that support. The Victim Services Program is established throughout the province. If there are circumstances that my colleague is aware of where the Victim Services Program is not providing support, I'm certainly interested in hearing those concerns because it is our objective, in creating the human trafficking section and expanding that unit, part of their mandate is to support survivors.

It's important that every element of the criminal justice system is there to support survivors and we'll work towards that objective.

THE SPEAKER: The honourable member for Dartmouth East.

**EECD: HUMAN TRAFFICKING CURRICULUM - INCLUDE**

TIM HALMAN: Mr. Speaker, my question is for the Minister of Education and Early Childhood Development. In our education system we teach students about puberty, starting in Grade 4 and we start sex education in Grade 5. We teach about safe sex and issues to watch out for, but we don't teach about the dangers of sexual exploitation and what manipulation from someone who claims to love you looks like.

Mr. Speaker, Nova Scotia sits at the top of the list of the number of reported human trafficking incidents, yet we don't teach about human trafficking in our public school system. My question for the Minister of Education and Early Childhood Development is this: What work has been done to include human trafficking in our provincial curriculum?

HON. ZACH CHURCHILL: A very serious question and members of our caucus have brought concerns related to this to our attention as well. We can look into options in our curriculum process. Of course, that process is driven by our teachers. We allow them to take the lead when it comes to curriculum enhancement and developments and we can assure that the conversation that the member opposite is advancing here can be advanced to that process as well.

TIM HALMAN: The RCMP has reported that children as young as 12 years old are working in the sex trade industry in Halifax. We've heard from parents with children who were manipulated and taken out of the province at 14 years old to work in the sex trade.

This isn't a problem in some far away land, this isn't a problem of the past or the future. This is a problem that is happening right here and now in Nova Scotia. It's very real and it's very terrifying.

Mr. Speaker, given that our children have a right to be equipped with the education to properly protect themselves from those working to manipulate and exploit them, will the minister work with the advocates to create human trafficking curriculum?

ZACH CHURCHILL: Work is ongoing with the RCMP as well. They have a human trafficking unit that goes into communities to inform them about the risks associated with this and what to look for. We can of course always look at enhancing those partnerships to improve the education we are giving our students, particularly on something as scary, as consequential and problematic as this particular issue.

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



**H&W - C.B.: CHILD PSYCHIATRIST -TIMELINE**

BRIAN COMER: Mr. Speaker, my question is for the Minister of Health and Wellness. I am a registered nurse myself with experience working in acute inpatient psychiatry nursing and addiction services. I have first-hand experience working with youth in need of acute psychiatric services, but my professional training only enables me to go so far. Since there is no access to inpatient mental health for children and adolescents in Cape Breton, parents and local health professionals are left trying to help the youth of my community without all the necessary resources.

Additionally, acute cases need to be brought to the IWK without the certainty of being admitted, so potentially being sent back to Cape Breton. The costs are no longer just health-related but also financial and psychological, since parents are forced to cover gas, hotels, meals, and much more.

My question is: Can the minister let the people of Sydney River-Mira-Louisbourg know when they will have a child and adolescent psychiatrist in their community?

HON. RANDY DELOREY: I thank the member for raising this very important question, important for his constituents, especially those in need of these services.

Certainly, psychiatric and mental health services in the Cape Breton region have been a priority for me since coming into this office as the Minister of Health and Wellness. We had a number of recommendations provided by Senator Dr. Stan Kutcher, based upon a review of services already available in that community. We continue to invest in programs and services to help.

THE SPEAKER: The time allotted for Oral Questions Put by Members to Ministers has expired.

**OPPOSITION MEMBERS' BUSINESS**

THE SPEAKER: The honourable Official Opposition House Leader.

ALLAN MACMASTER: Mr. Speaker, would you please call the order of business, Private Members' Public Bills for Second Reading.

**PRIVATE MEMBERS' PUBLIC BILLS FOR SECOND READING**

THE SPEAKER: The honourable Official Opposition House Leader.

ALLAN MACMASTER: Mr. Speaker, would you please call Bill No. 143.

**Bill No. 143 - Emergency Aid at School Act.**

THE SPEAKER: The honourable member for Argyle-Barrington.

COLTON LEBLANC: Mr. Speaker, I'm glad to stand here in my place this afternoon and honoured to speak to my first piece of legislation in this House of Assembly.

Bill No. 143, the Emergency Aid at School Act, was introduced in the Spring by my friend, the member for Queens-Shelburne. I cannot thank the member enough for her hard work on this legislation and her support of implementing AEDs, naloxone, and epinephrine in our schools.

As a first responder, I appreciate the public use of the three interventions listed in the bill: automated external defibrillators or AEDs, epinephrine and naloxone. These three tools are used in time-sensitive emergencies, notably cardiac arrest, anaphylaxis - which is also known as a severe allergic reaction - and decreased breathing or respiratory arrest secondary to opioid overdoses. All of these emergencies are time-sensitive emergencies where seconds count, and bystanders are able to play an important role in the outcome of the patient.

I believe that this bill is a great start to improve public access to life-saving interventions for Nova Scotians. Our schools are a great location to start off with the implementation of this initiative as they are high-traffic areas and community hubs where there are concerts, sporting events, and community meetings in the evening, for example.

Before I begin talking about AEDs, I'll begin by quickly explaining the difference between a heart attack and cardiac arrest, as these two terms are interchangeably used, but both require different interventions. It is a little bit of a pet peeve of mine when they're used interchangeably in the media.

A heart attack is a blood supply problem, where there's decreased blood flow into your heart due to the obstruction or partial obstruction of one of your coronary arteries, leading to damage or heart muscle death in your heart. One may get chest pains, shortness of breath, nausea, vomiting, pale, or neck, shoulder, jaw, or arm pain. If not treated, it may lead to a cardiac arrest.

A cardiac arrest, however, is an electrical problem with your heart, resulting in your heart failing to pump effectively. Your heart stops beating, you go unconscious, you die. AEDs are used for cardiac arrest.

AEDs are small portable machines that detect abnormal electrical activity of the heart. Of note, there are two shockable rhythms. Flatline, like you see on TV is not a shockable rhythm. If the shockable rhythm is detected by the AED, a shock is delivered; if no shockable rhythm is detected, no shock will be advised.

AEDs are safe, Mr. Speaker, and easy to use by rescuers, trained or not. More and more places are installing them in various places. I believe that there are 970 registered AEDs with the provincial EHS AED Registry, which I'll talk a little bit more about in a bit.

Up to 40,000 cardiac arrests occur each year in Canada, Mr. Speaker. Think about it - that's one cardiac arrest every 12 minutes. They can occur suddenly without any sign or symptoms. The Heart and Stroke Foundation uses the chain of survival to explain an approach to cardiac arrest survival. We as lay people play a very important role. There are six links, and bystanders or lay rescuers are involved in the first four: early recognition of a cardiac arrest; early access to 911, therefore calling 911; early CPR; and early defibrillation.

A chain is only as strong as its weakest link. A weak or missing link will negatively impact patient outcome, therefore it is very important to have a positive emphasis on what can be done even before paramedics arrive. For each minute that an AED is not used, the cardiac arrest survival rate decreases almost 10 per cent. Therefore, after 12 minutes of no defibrillation, survival of cardiac arrest is less than 5 per cent.

As important as AEDs are, so is CPR. Both go hand in hand, and training for both is offered together. I am glad to see this legislation includes training for all three interventions for school personnel, as proficiency is very important.

We must promote not only AED access but also CPR training, as I've mentioned. This is something to consider adding to the high school curriculum, as recommended by the Heart and Stroke Foundation. Average out-of-hospital cardiac arrests survival rates vary anywhere from 5 to 10 per cent. There are some areas in some jurisdictions that have seen up to 20-per-cent survival rates, and that's because they've had increased access to public-access AEDs.

In my first few days here in this House, I was happy to learn that Province House has two AEDs, and our caucus office has one, which are all registered with the EHS AED Registry Program. The core goal of the registry is to link all AEDs and responders to cardiac arrest patients, therefore improving cardiac arrest survival rates. I encourage all members of this House to promote the EHS AED Registry in their communities, as it's a benefit for all Nova Scotians.

Now on to anaphylaxis. Anaphylaxis, or a severe allergic reaction, is yet another life-threatening emergency that may lead to death if untreated. Signs and symptoms included shortness of breath, vomiting, swelling of the airway, and low blood pressure, and it requires immediate treatment that includes epinephrine administration. Anaphylaxis does not occur on a person's first exposure to a pathogen such as food, insects, or latex, for example.

Although there are food restrictions in some schools, it's important to remember that there are unforeseen circumstances where prohibited items are brought to school. It is crucial to have immediate access to epinephrine in the instances of anaphylaxis. Many people already carry EpiPens, but I believe it's a great initiative to have epinephrine accessible in schools and have staff appropriately trained in its safe administration.

As for Naloxone, we have unfortunately seen an increased instance of opioid overdoses across Nova Scotia and Canada. Last year there were 54 opioid overdose deaths in Nova Scotia. Opioids are primarily prescribed as painkillers such as morphine, fentanyl, Dilaudid, and codeine. Street drugs are unfortunately becoming laced with opioids such as fentanyl, and these drugs are getting into the hands of youth at unknown dosages and leading to overdoses. An opioid will cause respiratory depression - you'll stop breathing, and it will lead to cardiac arrest if not treated.

Therefore I cannot stress enough that Naloxone is a safe medication that temporarily blocks the effects of opioids. I believe that increased access to Naloxone is a step in the right direction for our province as it continues to work to reduce opioid overdoses. Although there are education pieces and enforcement on drug use as well - even at school - I believe we should take an extra step to provide quick access to Naloxone for our youth while at school.

Our caucuses did not have to search far for a positive outcome story initiative to support this bill, especially with regard to a cardiac arrest survival story. Around this time in 2017, following the quick action of members of our caucus, they were able to resuscitate our friend, the member for Victoria-The Lakes, who experienced an apparent sudden cardiac arrest. It is instances like this that remind us that cardiac arrest can happen to anyone and at any time. I am very thankful for my caucus colleagues jumping into action and using their training, and even happier that the member for Victoria-The Lakes has made a full recovery and is here advocating for this bill as well.

THE SPEAKER: The honourable member for Lunenburg.

SUZANNE LOHNES-CROFT: Mr. Speaker, I'm pleased to rise to address Bill No. 143, an Act to Amend the Education Act, and it was presented by the member for Queens-Shelburne.

It was interesting to hear the perspective of a first responder. I am not a first responder, but I've been a first aider probably from the time I was a Brownie in school in my early years, through the Guiding movement and then into adulthood. I have always taken first aid and CPR, and I recommend it for everybody.

This bill addresses the need for - and I like the wording that the member for Argyle-Barrington used, "time-sensitive emergencies," because we come across emergencies all

the time in schools. This specific bill speaks to automated external defibrillators, epinephrine, and also Naloxone.

[3:00 p.m.]

Junior highs and senior highs, they recommend for the Naloxone, and I challenge that, because I don't think anyone in our society is immune to the effects of opioids. It crosses all demographics, all age groups, all families. Nobody is exempt from the use of opioids, so I would recommend that that be in all schools, if it is something that we feel should be part of the time-sensitive emergency equipment in schools.

This government really takes health and safety of our students and staff in our school communities very seriously. They are already looking into installing automated external defibrillators in the schools. They are basically looking at the logistics, and I think we will be hearing more about that. We know how important it is.

Any of you who were hanging around here on Friday, like myself - I got trained in the use of an AED. I was out in the hall, and Peter Theriault grabbed a hold of me. He was doing safety training with the staff here in the Legislature, the Pages, the commissionaires, the Clerks, and everyone, and he grabbed a hold of me and said, come on in this room; you are going to take some training. So I went in the room and my creaky old knees had to get down on the floor and do chest compressions and different things. Anyway, it wasn't new to me because I've taken CPR and first aid, but it will show you the importance of having these.

Do you all know where our AED is in this building, on this floor? It's behind me in the closet. You'll find robes there. Anyway, it's always good to have that training.

I'm not sure about just having principals, vice-principals, and selected staff trained for this. I think in most schools you have designated first aiders and they are pointed out the first of the year, and when there is an emergency in school, it is announced that a first aider is required in the office, the gym, out in the playground, whatever, immediately.

I'm not quite sure if being the principal or the vice-principal is that important for being trained. The point is to have people trained, but also everyone can be trained, and I think that's a good thing to have. Everyone should be trained in these time-sensitive emergencies.

I know, for example, I've had Naloxone training, because my constituency assistant and I got very involved in the free kits with Naloxone. We were working with our health foundation; they were providing free kits, money for free kits, and we decided we were going to get involved with that to move the process on.

The province came out with a program for the free kits, and the money that was allocated - it was \$10,000 that our South Shore Health Services Foundation offered through the Women's Giving Circle - we decided to use that for communications. My staffer and I took the Naloxone training with our local pharmacist, who taught us how to administer it in case of emergency. I have a kit in my home, and I have one in my office. Any of you can do that. There's no questions asked. Anyone can get a kit, so all schools can be provided with free kits through their local pharmacies. That is being done all over Nova Scotia in community medical centres and pharmacies, so I encourage you there; it's very easy training.

The use of EpiPens - most students who have severe allergies already carry one. The concern I have, which can be looked after very easily, is that they are time sensitive themselves. They expire and you really have to make sure your kits are up to date. A lot of people don't carry them because they are very expensive to purchase if they don't come under your health plan, and they tend not to get them, so sometimes it is good to have it in a first aid kit in a school, although it is costly.

What we've done in my local school is several times a year our local pharmacy comes up and a staffer checks our first aid kits and makes sure that they are properly equipped and that everything is up to date, and anything that is dated is replaced. They will come up a couple of times a year just to make sure that all our first aid kits are in place. I think that's a good practice. I'm not sure if all schools do that, but I know my local school does it because they have a good partnership with our local pharmacy.

I would encourage all of you to once again see what's going on in your local schools. How are they reacting to these time-sensitive emergencies? How equipped are they now? How much more do they need to be equipped?

I think that all of us know that emergencies at schools don't always take place between 8:00 in the morning and 2:30 p.m., or 9:00 a.m. to 3:00 p.m. A lot of emergencies happen out on the playground after school. Families use the playground all the time. Kids use the pavement to learn how to ride bikes and skateboard.

I know we have lots of extracurricular activities in our schools. There are soccer games going on in the soccer field. There could be basketball games. You have to remember that when you have a school, you have the whole community using the school, so it's not just emergencies for a child who you may be addressing, or a student. It may be a guardian who comes to pick up a child. A grandparent could come to pick up a child and have a heart attack, and you may need to use an AED at that moment.

There are lots of videos out there. I posted one on my Facebook on Friday. There's a great app that Nova Scotia provides on their emergency services that you can download on your phone for a quick referral for using AEDs. I recommend that you all download that app. I did the other night, so I took a look at it.

We have to be really careful. A principal, a vice-principal, or that designated staffer would not always be available in the building. That's one of the good things about the AED: it has instructions and it will talk to you. If you are speaking to 911, they are directing you at the same time, so never hang up before you use the AED. You need to be on 911, you need to be directing people on what their duties are around the scene. Also, you need to make sure that the area is clear and safe before you use it.

I think that most of us would find the instructions are very easy. Someone can be reading the instructions and letting the person who is administering the AED do the work. It is very simple, and anyone can use it, but I recommend that beforehand people get themselves trained somewhere. Our local Legion held a couple of public days where they trained people in AED.

I would like to reaffirm that our Department of Education and Early Childhood Development is really focused on safety in the workplace and in the school environment, and they are looking into all these issues.

THE SPEAKER: The honourable member for Dartmouth South.

CLAUDIA CHENDER: Mr. Speaker, I am pleased to rise and speak to Bill No. 143, emergency aid at school.

I appreciate the comments of my colleagues. The NDP caucus supports the purpose of this bill and all decisions to make sure that our schools and classrooms are safe. I think we, of course, all agree on that in the Legislature. The point of legislation around that is to ensure that it's, in fact, provided for by the government.

In terms of AEDs, I was really interested to learn the comments of my new colleagues on AEDs and the time-sensitive nature of the use of those devices. We introduced a bill just last session around improving public access to AEDs, so the registry was mentioned several times. We think that registry should be mandatory, not optional, because it's fine if you have an AED in the building but what if no one knows what it is?

Part of that was inspired by the event that happened with our colleague in the PC caucus. It was great that there were people there with know-how and that they knew where the necessary expertise was, but not everyone always does.

We also strongly support that those machines should be in all public buildings and that not only should individuals register them, but that that registry should be kept up to date and should be supplied regularly to EHS so that all first responders also know where those machines are.

I think it's clear that those are necessary but again, that's not an issue of community banding together; that's an issue of the Department of Education and Early Childhood

Development, maybe in collaboration with the Department of Health and Wellness, ensuring that those machines are put into those buildings. I think that's what this bill is calling for.

In terms of Naloxone kits, which we know can reverse opioid overdoses as we've been discussing - obviously, those are another important first aid tool. Like the member for Lunenburg West, we also have taken that training in my office. I think it should be mandatory for all MLA offices, frankly.

Under the Rules of this House to take that kind of training, we all see vulnerable people in our offices who are suffering myriad challenges. That's why they come to see us. This is one of them.

Certainly, in schools we know that although we in Nova Scotia haven't experienced the epidemic of opioid use disorder that we've seen across the province, it's coming. Public Health tells us that it's coming. As with many issues, we tend to follow rather than lead, but we have the opportunity to be prepared and I think this is a great example of how our province can be prepared.

Nobody wants to talk about young people with opioid use disorder overdosing in schools or on school grounds. That's a horrible thing to think about, and yet we know that it's more likely than not that that may happen. If it does, it's important that the teachers and others at those schools are prepared in that event.

There were 54 confirmed opioid toxicity deaths in 2018. As of September 1<sup>st</sup>, there have been 28 confirmed and nine probable opioid toxicity deaths in 2019. Since January 2016, more than 10,000 Naloxone kits have been dispensed in Nova Scotia and there have been 135 repeated reversals. In all likelihood, that's 135 lives that were saved, 135 people who are alive today who otherwise wouldn't be alive. These kits are easy to come by. They are widely available, and this would, essentially, be a simple policy change to just ensure that they're in all schools.

As for anaphylactic allergies, epinephrine or EpiPens, this is a huge issue in our public schools, so there are lots and lots of people - and increasing numbers of people, strangely - who have anaphylactic allergies: allergies to peanuts, allergies to bee stings, allergies of that nature.

As someone pointed out, many of these children do wear an EpiPen on their body if they know that they have that kind of life-threatening allergy - if they can afford it and if there's not a shortage of EpiPens, which happened very recently in Nova Scotia. Particularly given that we have one in five children living in Nova Scotia in poverty, this is a life-saving issue.



[3:15 p.m.]

I suspect that in fact these EpiPens are in the schools, and I suspect Mr. Speaker, that the teachers are paying for them. The question is, these need to be provided, and they need to be provided by the department and ensure that they are there. In my children's school there's a picture board in the front office with every child with an anaphylactic allergy so that if any of those children present with an issue, immediately the office kicks into high gear. So, schools are already paying attention to these allergies; they're finely tuned to respond to them. My daughter was stung by a wasp last week on the playground and I got a phone call within probably a minute and a half asking if she was allergic. Because if she were and they didn't know about it, again, that could've been life or death.

I think all these things, Mr. Speaker, are totally reasonable asks. I think what I see in this bill is asking that the presence of these things be codified and, where necessary, paid for and provided by the relevant departments. I think we often hear when we present this kind of legislation, or our colleagues present this legislation, platitudes from the government saying, oh of course we believe in this, of course we think it's important. We all think it's important; safety in schools is important. If it is happening, that's fantastic, but I think what we want to see is where is it actually happening - where is it mandated? Who's paying for it? Are we sure it's the regional centres and the government or the relevant ministry that's paying for these supplies and not the teachers and not the administrators?

I think that that's the spirit of this bill. We support the spirit of that bill. As I mentioned, we introduced our own related to AEDs. We fully support the use of Naloxone. Obviously, EpiPens are really important, and EpiPens are the most expensive - I mean AEDs are expensive, but they have a broad-reaching impact, but EpiPens are very expensive. I look forward, I hope at some point, to the government talking about the practical ways in which these things are or will be accomplished because I believe that we all believe that students in school should be safe. I'd love to hear details.

THE SPEAKER: The honourable member for Cumberland South.

TORY RUSHTON: Mr. Speaker, it gives me great pleasure to talk about Bill No.143 today, the emergency aid in schools or some of our caucus members know it as the "Brody Bill." This bill covers a few things, and I am going to speak about a few stories that are specific to this bill and that will support it.

One of the points that my colleague opposite had made is that we do know what goes on in our own schools in our areas, but do we know what goes on in the opposite schools beside us? What better point or better way to make this policy throughout the province? Many of us stood in this House before and talked about making non-partisan issues - what better bill to prove it?

One of those stories I am going to share today, Mr. Speaker, is of Brody. On October 6, 2010, Brody Kouwenberg was born into this world to brother Keegan and his scared parents, Jennifer and Steven. You see Brody was born with what he calls a sick heart, and almost immediately after birth at the IWK Brody had his first open-heart surgery.

At nine years old today, Brody has had several open-heart surgeries and now relies solely on a pacemaker to keep his heart going. To say his life has been affected is an understatement in his short, challenged life. Many adults have never seen the challenges that this nine-year-old boy has had, but Brody heads on day after day with a smile on his face, the same way he marched in here and sat in our gallery last Spring, in this Legislature.

When the bill was presented by the good member for Queens-Shelburne, if anybody took the time to look up in the gallery, the Premier and myself were sitting with Brody. The Premier said to Brody: Do you mind if we sit here while they read this bill for you? Brody was so proud that day, the Premier of Nova Scotia was sitting with him while the bill was being read.

Following that day's daily routine, the Premier invited Brody to his office. Being one of my constituents, Brody called me up the following week. He was so excited that the Premier extended a word, that he was enthusiastic about this bill and would even have a good look at it, as Brody stated.

Mr. Speaker, when Brody turned five he entered into the public school system. His family needed reassurance that an AED would be on-site and training conducted for the teachers. Brody is a happy-go-lucky kid and just wants to be around his friends and take part in whatever activity he can.

The teachers and staff at the Oxford school welcomed Brody with open arms his first day of school, well-trained and with an AED on-site.

Unfortunately, Mr. Speaker, in the fall of 2018 Brody's school was closed down for a period of time for repairs. This left all the students in the Oxford area travelling to a neighbouring school in Pugwash. Brody had to wait a short time to start his school year last Fall until an AED could be placed into that school system and training put in place for his temporary place of education.

Mr. Speaker, Brody has come a long way but he is not out of the dark yet. He can now take part in some of the sports and travel on school trips and to arenas that have an AED onsite. He was ever so proud to come and tell me that his doctor at the IWK told him a few years ago that Brody could finally start playing in the minor hockey system.

After Brody returned to his normal school last Fall, in early December, explaining his dependence on an AED, Brody wrote to me, his MLA, a letter, along with his mother and father, Steven and Jennifer. I want to read a few excerpts from that letter before I table

it. In Brody's letter to myself: If my pacemaker stops my heart will stop beating and I will die. All schools should have an AED to help keep people like me and others safe. Without my heart beating my doctor tells me in 3.5 minutes my pacemaker is done. I watch the news sometimes when my friend Tory is on it.

But Brody speaks, Mr. Speaker, of seeing the news about P.E.I. and mandatory AEDs in the school system: My friends call me Astro Boy. I would hope that my pushing AEDs will help every school in Nova Scotia become a safer place.

I'll table that one and a letter from his parents: Sudden cardiac arrest is unpredictable. The probability of survival declines 7 to 10 per cent without an AED. And his father's quote: We have an ambulance base in Oxford but Oxford's ambulance is rarely based out of there. As a firefighter I know that our medical responses have increased and sometimes our ambulance is coming from 45 minutes away in Colchester County. That makes a parent scared. In a case like my son Brody, he has only a few minutes if his pacemaker stops. That response for him is too long. He is only eight years old at the time.

Mr. Speaker, I'll table that letter as well.

Brody does have a unique situation but he is also mature enough to understand he is not the only one with a heart condition or something. Even we see in the basketball courts nowadays or the hockey arenas that young people do have cardiac episodes. Here is an opportunity for us to move on.

As Brody said, he is a friend of mine. I've come to know Brody and he started a campaign around this bill and his issue with his heart condition. His campaign is called Brody Bot, and his idea is he wants to make robots that he can share with other kids in the IWK with similar issues.

Mr. Speaker, on a more personal note, on July 15, 2009, my second son was born and shortly after that we realized he had peanut and tree nut allergy. My son is very cautious. He has outgrown the tree nut; hopefully some day we'll learn that he outgrows the peanut issue.

At the end of the day, when he went into Primary there was a process and a procedure set up with our teacher at our school. One day we realized there was going to be a substitute in the area for a long period of time; we realized in that procedure and training there was a loophole. The teachers and staff were great around this, and still to this day I know there are different policies and procedures in each school. When the local school closed down last Fall, many members of the community, staff at the school, and educators learned there are loopholes in policies like this.

As legislators we need to fill those voids. We need to ensure that we're sending our eight-year-old kids and nine-year-old kids to school and by all odds they return home. I

make this plea on Brody's behalf, that he has initiated his campaign, but at the end of the day does it really matter whose name is on this bill?

As I said earlier, here's an option where we can be non-partisan, have an opportunity to pass a bill, and make our education system and structures a little safer. Not just for the students, but for the staff.

I come from industry and we had to have a percentage of people trained in first aid and AED. Industry usually doubles that to ensure that if people are away at the time, there are still trained people on-site, whether it's an event or whatever. I'm pleased my colleagues on the opposite side and over here support this in general.

But, as I said, does it really matter at the end of the day whose name is on this bill? It does - Brody's name, and every other student or young individual in this province that may rely on an AED someday.

There's one young Nova Scotia boy that I stand here and speak on behalf of today and who I mentioned. But there are many others, many, many others and I'm sure every member in this House would share that.

Here's a chance for us to send this to the Committee on Law Amendments. I plead with the government side. I hear some remarks of changes to the bill and I plead, let's see what happens at the Committee on Law Amendments. Pass this, bring amendments to the floor on third reading. Thank you, for Brody. (Applause)

THE SPEAKER: The honourable member for Kings South.

KEITH IRVING: Mr. Speaker, it's a pleasure to rise and take the last couple of minutes we have to speak on this bill. I just thought I would share with you how I learned about AEDs in the school system and what has been happening and what the plans are going forward.

I opened my local newspaper, *The Kings County Advertiser and Register*, to read an article about a constituent of mine, Alex Pudsey from Canaan, who was endeavouring to fundraise for an AED for the New Minas Elementary School. The article referred to a local education centre denying him the opportunity to actually fundraise and donate an AED, which I found quite puzzling.

I reached out to the department and learned that there were different policies throughout the different education centres, the former boards. So there's no consistency throughout the province.

I reached out to the Minister of Education and Early Childhood Development to discuss this issue and I was very happy that he immediately looked into this. His staff

worked with the local education centre to allow this to go forward and allow this constituent to actually fundraise for an AED donation.

As I said at the time, it was an important thing to carry forward and that policy could follow later. It just made sense that we allowed Mr. Pudsey to do his fundraising. I'm happy to report, I just checked with Mr. Pudsey and I'm happy to report that the AED was installed on Friday, September 27<sup>th</sup>. He raised funds through a GoFundMe campaign and also through a pool - I think it was a hockey pool. At this time of year, it was probably more of a football pool, but anyway. I just wanted to share that with the House, that not only are we looking at this as a government, but it's also been spurred on by individuals within our communities.

I want to take this opportunity to thank Kirk Starratt from the *Advertiser and Register*, who raised this to public discussion through his article; Dave Jones at the regional education centre, who made this happen at the regional level; the minister and his staff for making this happen and also continuing the work on looking at policy province-wide; and finally Mr. Alex Pudsey for the work that he has done in bringing an AED to the New Minas Elementary School.

[3:30 p.m.]

THE SPEAKER: The Official Opposition House Leader.

ALLAN MACMASTER: Mr. Speaker, would you please call the order of business, Motions Other than Government Motions.

### **MOTIONS OTHER THAN GOVERNMENT MOTIONS**

THE SPEAKER: The Official Opposition House Leader.

ALLAN MACMASTER: Mr. Speaker, as I indicated yesterday, I will now be calling Resolution No. 853, calling upon the government to acknowledge and recognize the health care crisis that is in the province. For clarity, all speeches now on this resolution and the bill that will called following that can be up to 15 minutes in length.

Res. 853, Health Care in N.S.: Crisis - Recog. - notice given Mar. 26/19 - (Karla MacFarlane)

THE SPEAKER: The honourable member for Queens-Shelburne.

KIM MASLAND: I am happy to rise today to speak to Resolution 853, the health care crisis in Nova Scotia, put forth by our caucus.

Mr. Speaker, access to health care is the number one issue in my constituency office, and sadly, I know I'm not alone. It is the number one issue because people are afraid the health care system won't be there for them when they need it. Day after day, I hear from seniors who tell me they are simply going to give up because they cannot bear to sit eight hours in a waiting room to receive their prescriptions because they don't have a family doctor. Day after day, I hear from young families who tell me they are forced to take an entire day off work with no pay to sit in an emergency department with their child who has an ear infection because they don't have a family doctor.

Day after day, I hear from residents from Shelburne who tell me they are afraid they will rush a loved one to an emergency room only to find it is closed. That fear is well founded. Day after day, I hear from my constituents who are forced to wait 12 weeks to see their doctor or nurse practitioner. When you call to request an appointment, the secretary responds with, "If your medical issue is urgent, then present yourself at the local emergency department." This adds to the workload of an already overburdened hospital ER.

For this government to say that the majority of Nova Scotians have found their own doctor is zero comfort. It's essentially just a distraction when people are waiting this long to access primary care.

Mr. Speaker, too many Nova Scotians are forced to access health care services in emergency rooms. On top of this, since this government came into power in 2013, emergency room closures have doubled. In August, almost a third of ERs in this province were closed at the same time.

Since becoming elected - and I know I may sound like a broken record, but the record's going to keep playing - I have said in this House time and time again that my constituency has two emergency departments: one at Queens General Hospital, which has never closed its doors since it opened, and one at the Roseway Hospital in Shelburne, which struggles to keep its doors open.

Roseway Hospital was one of those hospitals that was closed in August. Actually, the closures of the ER at Roseway have sadly become the norm for residents of Shelburne County. I have asked the question time and time again: How is this fair for residents in Shelburne County? How is this safe? How is this even just? They deserve better.

Too often I hear from Shelburne County residents saying that when they require an ER, they don't even waste the time to see if their hospital ER doors are open. They simply drive by to Queens General to save time to protect their loved ones. I hear from paramedics who - when the family of a patient asks, will you be transporting my loved one to Roseway - must call dispatch to see if the Roseway ER is open first.

I have spoken in the past about the distance that Shelburne County residents must drive. The two nearest regional hospitals are located in Yarmouth and Bridgewater. Both are 100 kilometres away from Roseway, and Queens General Hospital is easily 45 minutes from the Town of Shelburne and further from other parts in Shelburne County.

I know that all these hospitals are providing excellent care. Roseway Hospital doctors and nurses provide exceptional care, but they need to be supported to keep these doors open. To expect people to travel that distance in an emergency is not health care in Nova Scotia.

The minister has talked about the amazing work that our paramedics do, and I absolutely would be the first to agree. I have family members who are advanced-care paramedics. I know how dedicated they are to the profession and to the people they care for. But what happens in Shelburne when there is only one ambulance available from Yarmouth to Halifax?

Mr. Speaker, that is a fact. On September 29<sup>th</sup> at approximately 6:00 p.m., the paramedic union tweeted that there was only one ambulance available from Yarmouth to Halifax. Can you imagine, Mr. Speaker? What are the chances of the ambulance arriving and transporting to the nearest emergency department? It reduces the chances of survival.

When the emergency room is closed in Shelburne, it places tremendous pressures on the already-overcrowded emergency room at Queens General. Our doctors and nurses are frustrated and they feel unappreciated. They are working at 150 per cent capacity, and we expect them to take on the patients who would normally go to a different emergency room.

Some doctors at Queens General can see up to 50 patients a night in the ER, and that is after working all day in their own clinics caring for their patients. To add insult to injury, guess what? Those comprehensive family practitioners who are looking after their own patients, providing in-patient and orphan patient care, palliative care, long-term care, in-home care, and ER - well, at Queens General these doctors are paid less than physicians in the ERs in both Shelburne and Bridgewater. Family doctors at Queens General are receiving less pay than hospitalists to provide in-patient care. How is this fair?

I will never forget the day a very strong doctor who I have tremendous respect for said to me, "I am sacrificing my own health to care for others." This doctor saved both of my daughters' lives, and I know he has saved many more.

When my daughter was 16 years old, she was diagnosed with Hodgkin's lymphoma. We battled through the health care system to get help. I can tell you that if it wasn't for this doctor at Queens General, my daughter would not be alive today. Thank God for him, because she celebrated her 31<sup>st</sup> birthday on October 1<sup>st</sup>. (Applause)

Our rural doctors are getting more fatigued and burned out. They are saying they need to draw the line for their own personal physical and mental health. We cannot afford to lose doctors because the government refuses to acknowledge the issues, listen, and implement the front-line health care workers' solutions. They need to know what needs to be done to address and fix this crisis we are in.

These doctors live in the communities. They slug it out every day in their clinics and at our hospitals, and this is where the solutions lie: within our doctors who are in our communities practising.

The minister talks of the steps this government has taken to expand and enhance services for future recruitment, and that is welcome news, but retention is just as important as recruitment. Mr. Speaker, this government needs to understand that physicians recruit physicians. Recruits want to hear what it's like to practise medicine in the communities from the physicians already working in them.

I think about Dr. Al Doucet, who I spoke about today, who had an amazing career of 35 years working at Queens General. He has recruited doctor after doctor for Queens County. The success is there.

Emergency rooms have become chaotic. Paramedics, doctors, and nurses are run off their feet and patients are scared. Surely this is not what this government wants to continue. This government needs to invest in comprehensive family doctors who are willing to provide emergency room care, in-patient coverage, nursing home coverage, palliative care, and home visits. This is where it is more than just treating patients. It is about the relationship that can be shared with the patient and doctor.

In November 2017, I sent a letter to the Minister of Health and Wellness stating that our health care system is in crisis and I worry that things will only get worse. A year ago, in September, I asked the minister what his plan was to address the constant closures at the Roseway Hospital ER. His response was that the Health Authority continues to work on recruitment and access services required for the ER units, and where it concerns the Emergency Department at Roseway, well, that's too soon to say. I tabled that document in Question Period just the other day.

Mr. Speaker, since June 2019, Roseway Hospital has been closed 784 hours. That's 32 days. That's shameful for the people who are living in Shelburne County. You know what? It appears as if the plan the minister has talked about has never been addressed. It is time this government addressed the crisis in health care with solutions to ensure that residents in Queens-Shelburne and across this province can access primary care and emergency care when they need it.

We have been saying on this side of the House that with the aging population - which includes our aging doctors - and local decision-making removed from our



communities, and so much more - but I have only 15 minutes to speak, so I probably can't list all of that. You'll cut me off.

[3:45 p.m.]

We've been saying that it's a perfect storm brewing. We are now in the middle of this storm. Dr. A.J.'s article in the *Chronicle Herald* recently stated: "The health-care storm is now category 2 and developing into category 3. The resulting damage is plainly visible across the province." I will table that document. She's right; it is gathering, and this storm is worsening.

The residents of Queens-Shelburne are tired of weathering the storm. We need urgent action to address and relieve this crisis. The residents in Queens-Shelburne deserve better from this government. Shelburne County deserves to have their ER doors open.

With those few comments, I will take my seat, and thank you for the opportunity to speak to Resolution No. 853, on the health care crisis in Nova Scotia.

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

BEN JESSOME: I'll begin by acknowledging the very personal and close-to-home testimonial of my colleague, the member for Queens-Shelburne. I've only been here for six years; there're others who have been here a little bit longer. I think we can all agree that there are days in our job where we have to hear about these tough situations.

People often ask me if I like my job after six years, and my response is always "most days." Most days means that on some of those days you get calls from constituents who have families who are navigating the health care system and, for example, desire a procedure that is not covered, or want a drug for their family member that's not covered, who are in these scenarios where wait times are exhausting and challenging.

They testify that the physicians or the health care providers that they've gone to see are stressed and overworked. I think it's important that we take time to acknowledge that there are stressors on our health care system. There's no doubt about it. Quite frankly, there's no doubt about the fact that the government acknowledges there are issues that need to be dealt with in our system.

Again, most days I love my job, but in situations where those tough health care-related issues come to the table, those are the days that you don't like because not every time can you help your constituents find a solution.

I would like to start off with that line of communication to the members opposite because we on this side of the House choose not to use an inflammatory word such as "crisis" when talking about our health care system. It doesn't mean that we're not

acknowledging that there's room for improvement and that there are challenges throughout the area.

What I would like to say is that I've also had conversations with many of my constituents around procedures that have saved their lives, have dramatically improved the quality of their lives.

More recently, I had a family member who had a very serious procedure in the hospital. I was there a couple of different times and the care that she got was Grade A. The nurses were personable, relentless, and helped her get through that procedure - helped my family get through that procedure.

What I'd also like to say is that you hear stories about the negative, but you also hear stories about how we have world-class cancer care in this province. More recently, we had the opportunity to visit the IWK and take a peek at the newly-developed NICU that's over there. We had a presentation from the QEII Foundation talking about the training facilities that they have. These are all world-class facilities and things that we can call Nova Scotia.

When we're talking about the acknowledgement that there are things out there, I think it's fair to say both sides of the House will acknowledge things on both sides of the conversation. But in my view, part of my job as a community leader, as an MLA, I was elected - regardless of how tough things get, it's my job to be optimistic. Even when things are so challenged - why would you be optimistic? - it is my responsibility to be optimistic, regardless of what the scenario is. I think we all need to consider that when we use inflammatory remarks. I like to think that regardless of what side of the House I was on, it is my job to be optimistic on behalf of my constituents.

We do need to acknowledge additionally that, in response to some of the challenges that we face throughout our health care system, we're actively and relentlessly working to recruit primary care providers, to recruit doctors, to retain doctors. We've matched upwards of 110,000 Nova Scotians to a primary care provider since 2016. You know what the wild thing is to me? It's just a testament to how elements of our health care system have been neglected for decades.

Up until 2016, we as a province didn't even record the individuals who don't have a family doctor. At the time I had asked, what's this miraculous thing, this ground-breaking thing that we're doing as a government? All we were doing was recording where people were and the fact that they didn't have a family doctor. To me, that's not rocket science, but that just goes to show how neglected the system can be at times, in that respect.

We've opened up doors for additional nurse practitioners, additional residency seats, additional doctors at our Dalhousie institutions. We offer tuition incentives for doctors to serve our communities where we need it the most, and they get their tuition

covered. We have a great relationship between health and immigration. There's a specific immigration stream to bring doctors directly in, to fast track them here. There are practise-ready assessments for doctors who have trained outside of the country who want to come here and practise.

We've dedicated \$2.4 billion to health care infrastructure, which means commitments all across the province, from Cape Breton to Windsor to the South Shore. You're starting to see some of the momentum build around this infrastructure piece and the fact that these redevelopment processes have taken place alongside health care providers and expertise. These are the people that we're deferring to to drive this bus. It's important that we continue that relationship and we continue to respond to what the needs are based on what they say is best for the next 50 years of health care.

I don't want to sound like I'm just rattling through talking points, but it is important that we take time to acknowledge that there are things that are actively taking place; that government is working hard to respond to the health care challenges that do exist. The fact that as a government we choose not to use that word, does not mean that we don't acknowledge that there are not issues that need to be responded to.

I'll say it again: part of my job as the leader in my community - and I know that to an extent everybody recognizes this - it is our job, regardless of what side of the floor you are on, to be optimistic about our future here.

Frankly, we talk about all the great things that are happening, we talk about some of the challenges we experience, but in my seat, it is my choice as the representative for Hammonds Plains-Lucasville to be optimistic about the future of health care in this province, and that's what I'll continue to do.

THE SPEAKER: The honourable member for Cape Breton Centre.

TAMMY MARTIN: We can't fix what we don't acknowledge, and whatever the member chooses to call the situation in health care right now, we can't kid ourselves that it's not a crisis. Let's look at the definition, let's acknowledge what the issue is, and let's work together to try to fix that.

Believe me, this side of the House is not saying that the staff we have are not exemplary; that they are not top-notch; that they are not doing the job they were hired to do. Because we are saying that. What we are saying, is there are not enough of them.

I got a call - I had a couple of emails and a couple of calls - about this acronym, NEDOCS. It's a measurement tool that emergency rooms use to measure the level of danger, I guess, within which the staff are working. They only fill them out when they are working in those dangerous situations. They fill them out every day. They fill out these

NEDOCS every day because every single day our emergency rooms across this province are working in dangerous situations.

The staff there are amazing. The staff are doing everything they can but there is not enough of them. We have doctors and nurses in emergency rooms who don't have time to go to the washroom. If that is not a crisis then I have no idea what is.

The member opposite talked about working together and it would be optimistic. Well, haven't I been saying that since May 30, 2017, when I was elected? Let's work together. What part of this is partisan? What part of this health care crisis should have anything to do with what colour political stripe you are? It shouldn't have anything to do with it. We should all be in this Chamber for the betterment of health care. You could probably replay every health speech I've made, and it would sound the same because in my opinion the answers are still the same. We need to work together.

Funny enough, at the last Health Committee meeting when I was asking a question to the new deputy minister, his answer was that this is a non-partisan issue, we all need to work together. It was like, oh my dear Lord, somebody finally listened to me, somebody finally heard what I was saying. I met the deputy minister afterwards - well, I commented in the meeting, but I also commented afterwards, and I said, do you know what? I've been saying this since I was elected, May 30, 2017. Why can't we all work together?

I've heard the member opposite talk about working together and that we're all here for the betterment of Nova Scotians, but what I don't see is that actually happening. I've also been accused of not providing suggestions and solutions to the health care problems. I could name off numerous suggestions, ideas and bills that I, and my caucus, have put forward to bring some help to this issue.

I'm not looking for credit, I don't need my name on a bill. What I need is my constituents and the constituents of Nova Scotia to get the health care they deserve, because right now they are not. While it is fine whether it is 50,000 or 100,000, people are not putting their names on that list. We can argue whether it's 50,000 or 100,000, but in 2013 the Premier of Nova Scotia guaranteed a doctor for every Nova Scotian. He didn't say a collaborative practice for every Nova Scotian. The Premier didn't say that we would only have 50,000 people. He said that we will have a doctor for every Nova Scotian and that has not happened. That is a crisis.

Some people view my comments as negativity. Mr. Speaker, I believe that it's reality. People also believe that I'm against the new infrastructure, which couldn't be further from the truth, because I'm all about new infrastructure and let's bring on jobs and do whatever we can to employ people all across the province, especially in my constituency in Cape Breton.

[4:00 p.m.]

What I don't appreciate and what I do suggest adds to this crisis, Mr. Speaker, is the loss of services. At the end of the day in my constituency, I will see a loss of an emergency room, the loss of an OR, the loss of in-patient medical beds, and the loss of long-term care beds. While we are getting a facility, these particular items will not be included.

Again, I go back to working together. I stood here in my place in the Spring and I asked the Minister of Health and Wellness, and I believe I even asked the Premier: Do you know where the new facilities will be, and do you know what they will include? I was told we do not have that information yet; I do not know the answer to that question.

Mr. Speaker, I will tell you as I stand here, on my life, that I have now since found out that these decisions were made in March, that there were certain stakeholders taken to meetings - and I would be glad to call them. These decisions were made in March. Not our local councillor, not the local MLA - nobody was included in these decisions and we were not told the truth when I asked those questions, and I think that's disgraceful. (Interruption) I am speaking the truth.

THE SPEAKER: Order. We can not essentially call people liars in this Chamber. You are not allowed to do that; you know that.

The member for Cape Breton Centre.

TAMMY MARTIN: Aside from that, it seems to me that the only people included in any of these decisions were the people who were on board for the loss of services and the new facilities. No matter how many times you announce or re-announce the same thing, it still comes up the same - we are losing services.

We have families who are desperate, Mr. Speaker, to get health care and mental health care, especially for their children. Imagine, and I've said this before, imagine if it was somebody belonged to me who was on the brink of suicide and they were told to call 811 - my head would literally blow off. I'll tell you, I can't imagine it, and anyone in this Chamber should realize that. Imagine - call 811, and hopefully by the time you get through to somebody, your loved one won't be dead. That's what we are dealing with, especially in Cape Breton.

Let's talk about long-term care and the lack of investment that this government has put into long-term care, and the reason why our emergency rooms are backed up, the reason why our ambulances are backed up. Yes, there have been improvements; however we don't know that because the ambulance report that was due last year is still not out.

The other day, as the member here said, there was one ambulance between Halifax and Yarmouth. Wow. Anybody in this Chamber who doesn't call that a crisis is not being truthful to themselves. Again, and I know this for a fact, an ambulance was called to somebody in my constituency and it had to come from Baddeck. I'm just glad that that person wasn't in cardiac arrest because again, in this Chamber when I asked the business agent for the paramedics union - and it's in Hansard - I asked, what happens when I call EHS because my loved one is having chest pain? His answer was, they'll die. They'll die.

That's not a crisis? People are dying and that's not a crisis? The fact that we are locking up diapers for long-term care patients is not a crisis? Imagine going into a long-term care facility and your loved one is sitting in their own mess for God knows how many hours because this government has cut \$5 million from the budget. They cut \$8 million and put \$3 million back. When I went to school, that still says you're \$5 million short.

They get two to three diapers a day and staff take it into their own hands to break the rules because John Doe has been sitting in his own mess for the last couple of hours. What a disgrace. This government should be ashamed of itself to put that on the seniors who have come before us to prepare this world and to make our lives a better place, but yet you let them sit in their own mess. That is a disgrace.

In the Summer - funny enough, weird enough, sadly enough - I had a personal issue that had me go to the emergency room five days in a row. For the most part, people know who I am and found it very funny that I was admitted to hallway 25 - but were glad that I was admitted there.

I had to go in every day for a procedure and they said, you know, this is the way we are every day. We were like a conveyor belt - just bang, bang, bang up the hallway. I had to have an area looked at that I couldn't expose, so after the IV treatment that I was receiving in the hallway, they had to find a space so they could see how I was doing. This government doesn't think that's a crisis?

I'm nothing special - that's actually the line of a song. I'm nothing special, but I got to experience it first-hand and I watched the staff in that department running. I said, I'm in no hurry - I've got a huge IV bag, you know, do your thing.

How does this government not think that that's a crisis? Maybe luckily enough nobody on the other side of the House has had to experience that first-hand. I'm just happy and thankful that it was nothing life-threatening or very serious for me. I didn't mind sitting there because I was contained but imagine if you had a loved one who wasn't contained. I saw an older gentleman and he was exposed. He was in the hallway, they had nowhere for him to go, and he was there in a johnny shirt. I would say that if that was somebody in my family, the minister would be hearing from me again.

Aside from the lack of nursing home beds that we have in this province, imagine being married for 60 years and your loved one being sent four and a half hours away. I do have those constituents as well. Their loved one is now four and a half hours away and the other person who is left at home can barely maintain their home because half of their money - at least half - is going to the nursing home, and they're left home alone to maintain it. That's aside from losing their loved one.

Then there's the fact of having to raise money in order to provide the proper equipment so that the staff that we have in our nursing homes, in our ICUs - they have to raise money. I know the ICU staff are raising money so they can go away on learning opportunities, so they can learn the latest and the greatest.

I know staff in nursing homes that are raising money - and I've said this before - for lifts in the Maple Hill Manor. They are fundraising so their patients or their residents can be lifted and transferred properly and so that their staff don't get injured. What part of that does not say crisis? Let's find a prettier word. It doesn't matter which way you slice it, it's a crisis.

I think at the end of the day, we're not doing anybody any service unless we're honest and deal with it however we have to deal with it. I would be only too happy to do whatever I could to take part, but I'm always excluded. It seems my councillor and I are excluded from everything, but that's for another day.

I would be happy to work with this government or any government who could provide us with the leadership, with the direction, with the ideas - an insightful process to move this forward, to take our province out of the crisis it's in, to protect those who have come before us, and to protect those who will come after us.

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

**BRIAN COMER:** Thank you for allowing me to speak on this critical issue facing the province, especially my constituency of Sydney River-Mira-Louisbourg. Throughout my recent campaign, I had the opportunity to speak to thousands of my constituents and for the vast majority of them health care was the major issue, big time.

The constant ER closures in rural areas such as Glace Bay, which was open four days this Summer, and recent closures of the Northside General Hospital in New Waterford - the rural effects are being felt throughout Cape Breton, especially throughout my constituency. Speaking with a number of health care professionals from a variety of disciplines - from neurology to psychiatry to family medicine - they feel completely fed up with the lack of consultation and their input into local decision-making, in Cape Breton especially.

I'm speaking from first-hand experience while working as a registered nurse in the health care system. They're completely fed up with the current state of health care in Cape Breton. I think there's been mismanagement of health care in Cape Breton especially and this is very obvious at this time in my constituency, as well.

Far too many constituents feel as if executive decisions impacting Cape Breton are being made in ivory towers in Halifax to which they have little to no input. This continues to build frustration with constituents, over and over and over again.

The government claims success in the areas of recruitment and retention, while in Cape Breton there are people in the hallways in ERs for days and days on end. I had a colleague last night send me a picture of a piece of white construction paper taped to the wall in the hallway; it was room 25, I think that's what it said.

I know, speaking from my own experience, I continuously have occupancy rates in the inpatient mental health of 100 per cent with new potential psychiatric patients being held in ERs for days with nowhere to go, which is very difficult to manage, as you can imagine.

I think we need to change our approach now in order to change the downward trajectory in Cape Breton, and in this province, with health care. Infrastructure and pumping money into this issue obviously isn't working. There's something wrong with our approach. There needs to be a complete re-examination of the cost-effectiveness of centralization and the efficiency of the current approach. I implore the current government to acknowledge there is a crisis so we can stand working towards a solution.

I can speak specifically to instances of health care deficiency in Cape Breton that are currently found in a wide array of practice areas. Last night I spoke to my wife, who is a registered nurse - an obstetrics nurse - at the Cape Breton Regional Hospital. She also works in pediatrics, NICU, and labour and delivery. She's also five-and-a-half months pregnant herself. She got home last night, exhausted as usual, with no breaks throughout the day - whether that be lunch, bathroom, et cetera.

That's a typical day for my wife, working on that unit, and a lot of her colleagues and staff, as well. Their unit is busting at the seams. Why, do you ask? There are no longer babies being born in Glace Bay, North Sydney or New Waterford. It's simple. There has been an extremely high turnover of OB/GYNs - obstetricians and gynecologists, for those of you who don't know - over the last number of years due to excessive workloads, lack of on-call coverage and support, and lack of respect for their input into decision-making in the health care system.

There is also currently a six-month wait time to see a gynecologist in Cape Breton, and no neonatologist for babies born prematurely - under 34 weeks - which is unfortunate.



These babies have to be taken to Halifax, which ultimately delays treatment on this life-saving measure, which also places extra mental and financial strain on families.

[4:15 p.m.]

One thing I can say about this unit in Cape Breton, where our first daughter was born just over two years ago, is that the care we received was exceptional and first-class. I'd like to commend them on that. According to the Canadian Institute for Health Information in 2018, Nova Scotia has the lowest-paid physicians in the country. I'll table that. The method of how physicians are paid, as many have come to me with this issue, is fundamentally flawed and shows a disrespect towards the profession.

Tens of thousands of Nova Scotians remain without a family doctor. This is particularly concerning in Cape Breton, where the rates of obesity, binge drinking, and chronic health conditions such as hypertension, diabetes, and cancer are higher than the national average.

My constituents need quick and timely access to primary health care in order to manage these chronic health conditions before they get to the point of no return, which ultimately leads to in-patient hospital admission. I think a major reason for extreme wait times in emergency rooms in Cape Breton is that these people do not have routine follow-up education in the form of a family physician. The wait times for simple, routine tests such as pulmonary function tests, CT scans, and MRIs continue to be months and months, which negatively impacts clinical outcomes for those living with deteriorating health conditions such as cancer that would benefit from quicker treatment.

My professional experience, working in mental health and addictions, is particularly troubling. According to the Mental Health Commission of Canada, suicide rates in Nova Scotia went up 56 per cent from the years 2000 to 2016. I'd like to table that as well. Currently in Cape Breton at any given time there are 10 to 11 vacancies for psychiatrists and no support for those with addictions under the age of 18.

It was also pointed out to me last year by local psychiatrists that psychiatrists in Cape Breton are paid less than those in Halifax, which given their extensive workload and frequency of being on call, and also conducting ECT treatments, I found hard to believe.

I spoke with one gentleman from Louisbourg - this Summer, actually - living with bipolar mood disorder. He was waiting to see a psychiatrist for seven months for a simple medication adjustment, for which he could not get an appointment. This lack of service caused this individual to decompensate with his mental health, and he lost his job, which in turn led to substance abuse and a subsequent condition of diabetes. Now he not only can't see a mental health professional, but he can't afford his insulin, test strips, or the proper equipment to manage his chronic health condition under the current Pharmacare structure.

There also needs to be mention of the impacts that centralization has had in Cape Breton in regard to causing overcrowding and placing significant strain on other ERs outside of the centralized area, such as Baddeck. People from Cape Breton are unsure of where to go in the event of a medical emergency because the closures are so frequent. This uncertainty causes a great deal of anxiety and stress amongst this population.

I would also like to point out that Cape Breton has a hospital death ratio of 144 and the national average is 89. That's astronomically higher than the national average. These figures are from the Canadian Institute for Health Information as well, and I'd like to table that.

The list goes on and on, especially for Cape Breton. No access to cardiac surgery or cardiac catheterization has people sicker for longer and delays life-saving treatments which are routine procedures here in Halifax. The recent cutbacks of thoracic surgery were also a great loss to Cape Breton, given its history of coal mining and the steel industry and a higher prevalence of lung cancers, also delaying treatments for these people.

I think this highlights the dire need for a change to the current state of health care in Cape Breton. This requires immediate action by the government.

Lastly, I would like to acknowledge all of the tremendous health care workers in Nova Scotia and specifically in Cape Breton, including doctors, nurses, paramedics, social workers, occupational therapists, respiratory therapists, physiotherapists, and all others. I have a message for you: We hear you. We recognize that there is a crisis. We can find solutions if we work together, but we need to stop things from getting any worse, right now.

I would like to just use a couple of examples from my own personal practice working in the health care system in Cape Breton. They really stand out to me over the last number of years. A 12-year-old suicidal child in an in-patient psychiatric bed, with no family doctor, with no child and adolescent psychiatrist, and there's no beds available at the IWK. So, you're sitting with this child at 3:00 a.m. on a one-to-one suicide watch while he's on the same unit as an 89-year-old confused geriatric patient. You have to tell me, how am I supposed to manage that situation? I don't know.

Oftentimes, you'll find an 18-year-old with severe substance abuse issues on the same unit as an 89-year-old geriatric patient with aggressive vascular dementia. Again, how are we supposed to manage that as health care providers?

There is increasing violence in the workplace for health care professionals especially - personally I have been punched, spit on and I had a knife pulled on me two months ago, that was a first - with little to no repercussions, or safety, for the health care professionals. That doesn't get talked about at all.

A best friend of mine from Glace Bay did medical school in the U.S. I lived with him for a year, actually, when we were in our early twenties. He has a two-year-old son and a wife, also from Glace Bay. He's a family doctor and he's practising in Presque Isle, Maine, right now because he can't get back to Glace Bay to practise family medicine. It just doesn't make any sense to me.

There are thousands of long-term care beds needed, not hundreds. Having worked in long-term care, I think I can speak to that.

We have to do a better job. I think it has to start now.

THE SPEAKER: The honourable Minister of Energy and Mines.

HON. DEREK MOMBOURQUETTE: I'm not sure how much time I have for the debate. Okay, we have about 10 minutes.

I'm honoured to rise to talk about this very important discussion. I have had the opportunity to do this a few times now. I want to recognize the speakers who came before me. Thank you for your input in this.

I will mention to the member for Sydney River-Mira-Louisbourg that when my baby came into the world, it was his wife who actually played a big part in that. I know how hard she works, sir, so please say hi.

For me, this is a very important conversation. I always go back to what we're doing on the Island. Of course, this is an important conversation right across the province. I remember having this conversation when I was actually a CBRM councillor back in 2008. At that time, we were talking about, as a community, how we are going to be able to recruit and retain professionals in the community, and here we are in 2019 still having that conversation.

I think one of the challenges at home through that period of time was that successive governments weren't really making major decisions that were going to help with the idea of recruitment and retention of our medical professionals.

Here we are in 2019, looking at Cape Breton, and what we now have embarked on is probably the largest infrastructure project that Cape Breton Island will ever see. Along with all the programs that my colleague talked about in regard to recruiting doctors - about our new immigration streams, about some of the internships that we're looking at - these are paying off, these are paying big dividends, we are seeing new doctors come into the community.

Just recently at home, we have three new doctors who are originally from Cape Breton, who studied abroad and are coming home and taking patients from a doctor who retired. We are beginning to fill that gap.

It has always been peaks and valleys. Earlier on in our deliberations today the Opposition talked about the 811 list. That's something that I track regularly and I've seen that list really fluctuate at times. If you look at the list currently now for this month in 2019, you look at the community of Chéticamp that has nobody on the wait-list. That is a good sign, that means we are finding access to primary care.

If you look at other communities - Inverness, I believe there's just over 20 that are on the list there looking. We need to find access to care for those people who are putting their names on the list. I know specifically in Sydney at one point, when I look at the Sydney area, that number fluctuates as well because we have doctors that retire, we have doctors that move on. But again, we have doctors that come in, which we're seeing. That has been very positive.

You look at some of the investments that we are making on the Island. Look at the hospice. The hospice has been something the community has been advocating for years, led by community leaders who approached government for help. We're delivering for them. We're going to provide the operational funds so the community can have a hospice. Look at the cancer centre, the Cape Breton Regional Hospital Foundation - they've been advocating for years for an expanded cancer centre to reach the need that we have. Not only on the Island but across the province because it will service families from all over. We're committed to that, we're making that happen. That is a large project that we're going to get done that is being driven by the doctors at home.

The ERs, we're expanding the ERs at the Regional and we're expanding the ERs in Glace Bay based on the feedback of our doctors and our medical professionals at home that are saying this is the model that new recruits want to work in, these are the services that they want to provide. I've had the opportunity twice now to be in the community of New Waterford, with doctors, to announce what is the first in Canada - a collaborative centre, which is going to include a new health centre, long-term care facility, and a new school for the community.

Mr. Speaker, I can tell you, there were hundreds of people there yesterday to support that project. I know, in the conversations I'm having with the community - and those students are important, they're very important to this because this is about them. They were there, they're excited for what's happening in their community. Not only are we enhancing health care, we're enhancing their life. It's great.

Northside, same thing. These are hundreds of millions of dollars in construction that are going to employ thousands of people for years in our community. New health centre, new state-of-the-art laundry facility, new long-term care facility - again, at the

advice of our medical professionals and our community. They are the ones that are calling the shots, they're the ones that are coming forward to us saying, we believe that this is the right path for health care in Cape Breton. And we're saying, yes, we're there to support you. As a result of that, we've made a number of significant announcements that will impact health care in Cape Breton for generations to come.

I want to recognize Dr. Kevin Orrell and I want to recognize the health care redevelopment team because they have done a tremendous amount of work over the last number of years to get us to this point. They stepped up for the cancer centre, they stepped up for the hospice, they stepped up for the ER, they stepped up for critical care, they stepped up for long-term care, they stepped up for new state-of-the-art facilities, they stepped up for new schools, they stepped up for the community. As a result of that, we know that our health care is going to be better off. We're seeing doctors who lived away - local doctors and doctors from all over the world - starting to settle back in Cape Breton.

The work is not done. It will never be done. (Interruptions) I'm so glad that the Leader of the Official Opposition came to Cape Breton for those important announcements and supported us that day in the important investments and the work that those doctors did. I'm saying that in all seriousness, I appreciate it because health care (Interruption)

THE SPEAKER: Order, the Minister of Energy and Mines has the floor.

DEREK MOMBOURQUETTE: Any time is a good time to talk about health care, whether it's in Cape Breton or communities across the province. (Interruptions)

THE SPEAKER: Order, the Minister of Energy and Mines has the floor.

DEREK MOMBOURQUETTE: Again, I'm honoured to rise in my spot to talk about this and I only have about two minutes left. We're making important investments. There will always be work to do; access to care will always be a topic for whatever government sits on this side of the floor.

[4:30 p.m.]

There is no question because it is always going to evolve, but I do know that all of the things we're doing are a result of the discussions and the feedback and the hard work of the medical professionals on the ground. Government is there to support them along the way. To all of the health care professionals at home or across the province: thank you from all of us.

Thank you for the work that you do; thank you for the dedication to our families. We are listening to you; we're listening to the feedback that we're receiving. If I had more time, I could get into some of the other details that we've done to support families to access primary care, or specialized care for that matter.

As I've said, we are about to embark on the largest infrastructure projects in the history of the CBRM - projects that will define the community for years to come; projects that, ultimately, are about health care and the well-being of our communities but also are going to create hundreds and hundreds of jobs for an extended period of time in our community.

People are excited. The conversations I'm having with people, they are very excited about (Interruption)

THE SPEAKER: Order, please. The honourable Minister of Energy and Mines.

DEREK MOMBOURQUETTE: Madam Speaker, in my last 20 seconds, to everybody involved - to our redevelopment team, to the government representatives in various departments who have worked day and night to get us to this point - we have lots of work to do and we're going to get the work done.

THE SPEAKER: The honourable Deputy Official Opposition House Leader.

BRAD JOHNS: Madam Speaker, would you please call the order of business, Private Members' Public Bills for Second Reading.

#### **PRIVATE MEMBERS' PUBLIC BILLS FOR SECOND READING**

THE SPEAKER: The honourable Deputy Official Opposition House Leader.

BRAD JOHNS: Madam Speaker, would you please call Bill No. 155.

#### **Bill No. 155 - Healthcare Ombudsman Act.**

THE SPEAKER: The honourable member for Pictou West.

KARLA MACFARLANE: It's always an honour to stand in my place and I'm very excited to open debate on Bill No. 155.

Perhaps not all in this Chamber but many are asking why. Why this bill? Why do we need a health care ombudsman? For many it's obvious why but, for those questioning, please know the motive behind this bill is all about the patient and all about serving Nova Scotians when they find themselves hitting that proverbial brick wall with the challenges our current health care system presents them.

We all know that health care today is more complex and is provided by professional teams led by amazing specialists, doctors, dentists, nurses, pharmacists, therapists, and so many more allied health care professionals. Everyone is a potential patient. Patients have the right to safe and quality health care of an appropriate standard that encompasses the

traditional duty of care, reasonable care and skill with patient safety and coordination of care. Everyone deserves that.

When investigating to determine what this bill should contain, I found it interesting to read that the World Health Organization pointed out in 2014 that globally many patients experience, sadly, neglectful abuse and disrespectful treatment which violates their human rights and their rights to basic care. Such treatment infringes on the trust between patients and health care providers and may discourage patients from accessing health care services. This leads to negative impacts on patients' health and well-being and on the health care delivery system.

In fact, just yesterday, all members in this House of Assembly - every single one of us - received the 2018-19 annual report from the Nova Scotia Ombudsman. I'm not sure how many of us have read it yet. It's not that long a report. I think it's in three or four different languages, but I read it. In that report on Page 19 - and I can table a copy - there's a graph showing the year in review for the Department of Health and Wellness and it clearly shows the increase of complaints. I'm going to table that copy. Complaints that came to the Office of the Ombudsman with regard to the Department of Health and Wellness and the NSHA: 199 complaints, and yet, most don't even know that they can call this office to file a complaint with regard to their unfortunate experience within the Nova Scotia health care system. Most of us don't even know what this office does. I wonder how often any of us actually use this office and provide this resource to our constituents.

The dimensions of respect in health care include freedom from harm and mistreatment, preservation of patients' dignity - very important - maintenance of confidentiality, provision of information and informed consent, engagement with effective communication, respecting patients' choices, provision of efficient and effective care, availability of competent health care professionals, and access to family support.

It's difficult for a patient to navigate our system and a patient's navigation through the health care delivery system is potentially, and I would say that more times than often, with challenges, especially when hospitalized and even more so if they do not have a network of family and friends to support them through what is often their most vulnerable times in life. Most times, the reality is people are unable to receive or access the care they need and that usually encompasses primary care, home care, long-term care, or just having to go to emergency, or perhaps someone like myself and my family who don't have a doctor. This bill helps them in what may be their weakest moments, and that's what we have to stand back and look at. Again, this bill has to be non-partisan.

This is helping everyone. This bill would ensure that the rights and interests of patients and seniors are protected, that their views are heard, and that they have access to appropriate health care services.

This bill would also provide advice to government and to our communities about the availability, about the effectiveness and the responsiveness and relevance of health care services. As well, the bill would review and investigate matters affecting the rights of patients and seniors. Right now their voices are not being heard.

Grievances can result from any stage in the patient's journey. We know that a patient's journey through the health care delivery system is often very difficult. This is usually more likely to occur if there is an adverse event, such as when the patient is possibly harmed.

I believe a health care ombudsman is needed more than ever in a province that is faced with a health care crisis. We all just heard many members stand up in their place and speak about that crisis - some very sad stories. We could stand here all day sharing stories. We know there's a lot of good things being done in this province, health care-wise, but the challenges outweigh the good that is happening.

Ombudsman was, interestingly enough, a Swedish term that meant "grievance person." It was first used, believe it or not, in 1809, when the Swedish Parliament established such an office to service all their residents. This grievance person was given the task of looking after citizens and their interests in their dealings with government. The system was taken up by other countries in the 20<sup>th</sup> century, so much that there are currently about 150 countries, according to the International Ombudsman Institute, 150 countries that have such an office.

Every ombudsman system has two functions - it's pretty basic: investigation and resolution of grievances suffered by individuals; improvement of public services through learning from the investigations that are undertaken; and, of course, implementation of its recommendations and monitoring to ensure that the desired outcomes are attained.

The values of the various health ombudsman systems include the following: the health and safety of patients are of paramount importance; the actions are independent, impartial, and in the public interests; open and honest communication and sharing of information assists improvement in health care delivery; of course, transparency and accountability are the basis for grievance; and fair and equitable treatment for patients and health care providers as well.

The roles of the various health care ombudsman systems include the protection of the health and safety of the public; promotion of high standards of health care delivery by health care facilities and services; promotion of professional, safe, and competent practices by health care professionals; and maintenance of public confidence.

I believe that every member in this Chamber would like to see public confidence increase because right now it's lacking in this province. We need confidence in the



management of health care grievances and safety and quality in the delivery of health care services; this is what this bill will do.

The health care ombudsman system functions by receiving and investigating complaints about health care facilities, services, and professionals. It would also take on the deciding action that would help to resolve many of these complaints - and, in certain instances, taking immediate actions to protect the safety of the public - which they would monitor through the performance of regulators and health care professionals providing information about reducing and, of course, resolving health care grievances. There would be reporting on the performance of its functions to the public and to the Nova Scotia House of Assembly.

Madam Speaker, many of us in this Legislature spent our Summer knocking on doors, whether it was to make connections ourselves with our constituents or going into other constituencies during the by-elections to help elect our colleagues. We were very lucky in those four by-elections, and it's great to have new colleagues on this side of the Chamber.

But I think more importantly going back to the door-knocking aspect of this Summer, it was a great way to hear and understand the concerns of the people we represent from a grassroots level, to be able to stand at their door or be invited in to sit at their kitchen table or in their living room and hear exactly what they're experiencing.

I can tell you one issue that came up over and over and over again was health care. By the end of the day - when we would all connect and say how was your day, what did you hear - we knew one topic that was always going to be discussed was health care.

People are afraid, they are frustrated, and they are angry. They are angry, and we can't blame them. They are afraid the system won't be there when they need it; they are frustrated that it is becoming harder and harder to access life-saving services; and they are angry that they have few options to express their frustration. This bill will allow them to have support in expressing their frustrations. Right now, they really have nowhere to turn.

Bill No. 155 gives them somewhere to turn, someone to investigate their complaints, someone to give them a voice, and someone to help them get access to appropriate health care services. This bill makes the health care ombudsman an independent officer of the Legislature. Because he or she is independent of government, the health care ombudsman can ensure the rights and interests of patients and seniors are protected without fear. That means they can mediate or advocate on behalf of a patient. It means they can educate Nova Scotians about their rights and responsibilities and the role of the health care ombudsman. I don't know a Nova Scotian, Madam Speaker, who would not want this service provided to them.

[4:45 p.m.]

Finally, the health care ombudsman can review and investigate matters affecting the rights of patients and seniors. When Nova Scotians are able to access our health care system, they usually receive excellent care. Where we run into problems mostly is accessing care. On September 1<sup>st</sup>, the NSHA reported that nearly 52,000 Nova Scotians did not have a family doctor. That shuts one door to the system.

Over the Summer, we witnessed emergency rooms close time and time again, and the fallout of those closures was not good. During one week in August, almost a third - a third - of all the emergency rooms in the province were closed for some or all of the week. Madam Speaker, if you are a Nova Scotian without a family doctor, the local emergency room is one of your only options. In fact, I sat there for 13 hours this past weekend with my father, who doesn't have a doctor.

This bill provides a non-partisan, concrete way to help Nova Scotians and to improve our system. It simply just makes sense for us to take a non-partisan approach, and I urge all 51 MLAs to support Bill No. 155 and do the right thing for all taxpayers in Nova Scotia.

THE SPEAKER: The honourable member for Chester-St. Margaret's.

HUGH MACKAY: It's certainly a pleasure to rise to speak on Bill No. 155, An Act to Establish the Office of the Healthcare Ombudsman.

Madam Speaker, we all recognize that the member for Pictou West is a reasonable and passionate advocate for health care on behalf of all Nova Scotians. I'm pleased that, on occasion, she has even complimented the government on some of its steps in the health care file, but naturally, we don't agree on all issues, on all matters of policy or practice, process.

The member opposite stated that many people are asking why: Why do we need an office of the health care ombudsman? Madam Speaker, I hope I will answer her question. I'm sure that as a reasonable advocate for health care on behalf of all Nova Scotians, she'll recognize that the establishment of such an office would simply be an expensive duplication of service.

We certainly agree on the right of Nova Scotians to fair and equitable access to health care services and that all patients, and in particular seniors, are supported in making decisions on their health care. Indeed, Madam Speaker, this government is committed to ensuring that the rights and interests of patients are protected, that their views are heard, and that they have access to appropriate health care services.

But, Madam Speaker, there continues to be a great deal of misunderstanding and, in fact, a great deal of misinformation in regard to the protection of patients' rights and interests and in regard to access to health care. The data does not support such a narrative. Let's hear some facts, facts rather than fallacy.

Here are some quick facts that pertain both to this and also some of the other comments we have heard here in the House today. Nova Scotia is fourth in Canada when it comes to connecting patients with health care providers. That's not this government's stat, that's Statistics Canada speaking to that.

Nova Scotia has the highest number of doctors per capita in Canada, again not a statistic generated by this government but that comes from the Canadian Institute for Health Information, and as we heard from my colleague earlier today, as of September 1<sup>st</sup> of this year over 110,000 people in Nova Scotia have found a primary health care provider, a family doctor, or a nurse practitioner. That is tracked through the Need a Family Practice registry. In fact, numbers in the registry have declined in seven of the last ten months. The numbers are stabilizing and decreasing.

Let's return to the matter at hand here. The member opposite spoke to the same report, the Office of the Ombudsman. She said that she has read it; I might suggest that she has selectively read it or selectively spoken for it.

AN HON. MEMBER: And you would know.

HUGH MACKAY: I would know. Okay, thank you.

THE SPEAKER: Order, the member for Chester-St. Margaret's has the floor.

HUGH MACKAY: Yes, we've just received this, and the member quoted the statistic on Page 19. There are some nice, colourful charts that indicate there were 199 complaints against the Department of Health and Wellness during 2018 to 2019.

Now if she had taken the discussion a little further, perhaps she might have noted that there were 498 complaints made against the Department of Community Services, two and a half times more than made against Department of Health and Wellness and the NSHA. She might also have noted that there were 320 complaints made against the Department of Justice, so I will have pause to wonder whether the member opposite thinks we ought to establish an office of community services ombudsman or an office of the justice department ombudsman and so on and so forth. But no, the member opposite and the Party in Opposition tends to have a one-track mind which deals with health care.

In fact, Madam Speaker, the Nova Scotia Health Authority and the IWK Health Centre both have quality departments where people can tell these organizations about their experiences and where they can make complaints. People who are not happy with the care

they receive from any health care professions or professionals can make a complaint to their regulators, including the College of Physicians and Surgeons, the College of Nurses, the College of Paramedics in fact.

The Department of Health and Wellness can also look into matters if patients or their families feel they are not being heard, but primarily we have the Office of the Ombudsman that can investigate complaints against the NSHA, against the IWK, against the Department of Health and Wellness, or against numerous other departments. So I would suggest that it is a costly duplication of services to suggest that we should establish a separate office.

Now this report does repeat that the role, the mandate, of the Office of the Ombudsman - and I'll table the report as my colleague did - is to ensure that government decisions and processes are fair and consistent and transparent. Their mandate applies to individuals who receive services from or are impacted by provincial and even municipal governments.

Madam Speaker, the report contains a summary of complaints made against various government departments and, yes, we've spoken to the ones against Health and Wellness and the Nova Scotia Health Authority. I would like to draw the members' attention to several examples in this report that speak to the role of the Office of the Ombudsman. One complaint - one complainant - it speaks of a senior whose home care nursing was discontinued and after review the Ombudsman made a total of 13 recommendations, all of which have either been implemented or are currently being monitored for implementation.

Another case here, Pages 22 and 23 - may I quote, Madam Speaker, from the report if I am tabling it?

THE SPEAKER: You have to table the report.

HUGH MACKAY: I will table the report. Thank you.

Two separate individuals contacted this office expressing concerns for the safety and well-being of a senior who is living in the community. According to the individuals, they believe the senior was at risk and as a result they submitted complaints or referrals to adult protection.

During contact with Continuing Care and the two complainants, it was identified that there was a miscommunication or misunderstanding regarding the use of kitchen facilities by home care staff. Further communication from the complainants indicated they no longer had concerns regarding the senior's safety.

Two examples - two examples of how the Office of the Ombudsman is successfully dealing with concerns that impact the health care system, that impact seniors, that impact

the well-being of Nova Scotians in the health system, in the Justice Department, in Community Services, throughout.

So, I'd say, Madam Speaker, as a response to Nova Scotia's aging population and the demand placed on the continuing care system, the Office of the Ombudsman has increased outreach to nursing homes and other long-term care facilities. Ombudsman representatives attend seniors outreach events in an effort to connect with those who have concerns about their health care and to support the families of those living with extra care needs.

I would say that our system is well-suited to ensure that Nova Scotians receive fair and equitable access to health care and that patients and seniors are supported in making their health care decisions. In essence, Madam Speaker, the rights and interests of all Nova Scotians pertaining to health care are protected by this government.

Now, we spoke of facts and fallacies and there are so many. I'm just going to go through a few of the facts of our health care system.

Regarding continuing care, we reduced the wait-list for home care and extended the caregiver benefit program from \$400 a month for caregivers, with over 1,300 new people enrolling. We've cut the wait-list for long-term care in half.

We have acted on all recommendations of the Expert Advisory Panel to improve quality of home care in long-term care homes. We have added nursing home beds across Nova Scotia - 122 in Cape Breton.

Regarding hospice, we've supported the province's first hospice here in Halifax. We moved beds from the VG and QEII Health Sciences Centre and provided funding to operate and support the hospice. We're supporting the creation of hospices in Kentville and in Cape Breton through funding to operate these homes.

Regarding mental health, we've expanded SchoolsPlus to the remainder of schools in Nova Scotia this year; that's 45 schools added in September of this year. All schools across the province will now have access to some SchoolsPlus program. (Interruption)

THE SPEAKER: Order, order. The member for Chester-St. Margaret's has the floor.

HUGH MACKAY: Thank you, Madam Speaker. We've expanded the CaperBase model - the very successful CaperBase model for youth mental health outreach - in the northern and western zones. We're piloting new youth health centres in Citadel, Digby, Amherst, and Glace Bay.

[5:00 p.m.]

Regarding addictions, we have cut the wait-list for opioid treatments, which was discussed earlier here today, by about 90 per cent. As of July 1<sup>st</sup>, there were only 19 Nova Scotians left on the wait-list for opioid use disorder treatment, and around 9,300 Naloxone kits have been distributed in the past three and a half years - major advances in looking after our addiction challenges.

We could never miss an opportunity to speak about doctor recruitment, nor can the Opposition. Regarding doctor recruitment, 181 new doctors and specialists have been recruited since April 2018 - 74 family doctors and 107 specialists. We've launched a new \$200,000 fund to support creative, innovative efforts by communities to retain doctors. I am pleased that my own community of Chester-St. Margaret's is working hard in that area.

In wrapping up, I would just again like to repeat that while we appreciate the efforts of the Opposition Party, we do recognize that establishing this office of the healthcare ombudsman would be an expensive duplication of current service provided by this government.

THE SPEAKER: I would ask the member to table that report.

The honourable member for Halifax Needham.

LISA ROBERTS: Madam Speaker, thank you for this opportunity to speak about the health care system provided by my colleagues in the Opposition.

For us, this proposal immediately sparks the question, where have we gotten to if we need a health Ombudsperson? To me, it's a sign that the Liberal government has stopped listening to patients. That's why people tend to want an ombudsperson or that sort of an office - when there isn't trust in the system.

Patients have been sounding the alarm about their experiences in the health care system for many years, and at times when they are in those moments of crisis, they are not able to get the assistance, the answers, the assurances they need that their family members are going to be taken care of, and that their legitimate concerns are going to be addressed.

When people go to the media with their terrible experiences, it's typically after several years of attempting to get an answer or a commitment from the government or from the health care system to address their needs. I'm sure I'm not alone as an MLA in having people come to my office with very challenging circumstances related to health, or having their family members or people who love them contact me because they're not able to get satisfaction within the system.

For example, I think of a woman in my constituency who had been a client of income assistance and ended up in hospital for a prolonged period of time, and once she had been transferred to the Department of Health and Wellness, all of her income was removed. She literally had not a dollar coming in to pay for incidentals while she essentially lived in the hospital for a very long period of time before finally being moved to a long-term care facility.

It required advocacy from my office to bring Community Services and Health and Wellness together to acknowledge that even someone who is in hospital needs and deserves enough money to buy a greeting card or make a long-distance phone call.

Another example I can think of was a woman who has been on opioids for pain relief for a long period of time. As policies have changed, she was feeling very vulnerable to actually having her medical care which worked for her - due to a very rare condition - be disrupted. That came with the retirement or moving away of multiple pain specialists who were working in the Halifax area.

I would have appreciated a medical ombudsman because that was one of those circumstances where I actually called up Maureen MacDonald who was a wonderful and very effective Health and Wellness Minister, but also the MLA in my constituency for 18 years. She helped me wade my way through that and finally gave me some advice: As an MLA, I'm elected to be a legislator, not to be second-guessing medical advice or medical decisions. Yet, I felt that my constituent really wanted, and even deserved, an advocate who had some expertise in medicine.

I think of those cases and I think of other cases where Nova Scotians - and we saw it quite recently - share their health care horror stories on social media, on Facebook. They're finding those platforms because they're feeling like they are not being heard, and that is the function of any ombudsperson.

I guess even the underlying question then becomes: should that be necessary? What sort of a situation are we in when people are asking for an ombudsperson because otherwise the only option is to make a video that you hope goes viral? Should our expectations of how well our health care system responds to patients be so low?

Are people really so fed up that they're calling for the establishment of a whole additional government office to ensure that their concerns don't fall through the cracks? If our expectations are this low, it's incumbent on us to ask why that is, and at the same time to challenge the Liberal government on Nova Scotian's experience of this health care system and on the responsiveness of our health care system.

The truth is that the Premier was one of the first in Canada to bail on trying to negotiate a national health accord in 2017. Instead of working together with other provinces to secure a national deal that would have included funding for Nova Scotia to meet our

specific health care needs and our specific demographic circumstances - when he accepted the same formula from Justin Trudeau that had been offered and negotiated previously by Stephen Harper's government - we were signing up for the length of that accord to underfund our health care system, to not have the resources that we need.

So, everywhere in our health care system, people are being told to make do and to do more with less; see more patients with fewer doctors and nurses; care for more nursing home residents with fewer staff and with fewer funds per patient; and deliver more babies with fewer midwives. It's no wonder that people are having bad experiences and that they're not getting the care that they deserve and falling through the cracks, because they're being left behind by a government that isn't prioritizing their well-being.

Cases requiring an ombudsperson should always be the exception and not the rule. In general, of course Nova Scotians want a health care system that they can rely on, not one where they feel like they have to fight every step of the way to get the care that they deserve.

Like multiple other members in this Chamber today, I want to emphasize that nothing that we say from this side of the House is ever meant to criticize the people who are working very hard in the health care system. But I know from my own experiences of going door-to-door that some of the people who are most dispirited and are most frank about the challenges in the health care system are actually the people who are working in it or, as is the case of one nurse in particular who I can recall a long conversation with, the people who have chosen to leave the system rather than continue to work in it because, even though they love their work, they felt they simply could not abide the circumstances they were working in. In that particular case, she felt she was going to jeopardize her own health by continuing to work in the circumstances that nurses working in the ER and the OR were facing in the NSHA.

If people feel that we need a health ombudsman at this moment in time I can understand why, but I think we should look to the roots of the problem and start working on the issues that lie beneath the surface.

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

**BARBARA ADAMS:** Mr. Speaker, I would to start by acknowledging the NDP's actually speaking to the bill and the intent of the bill, so thank you very much.

I do take exception to the member for Chester-St. Margaret's disparaging more than once the comments of the member for Pictou West who introduced this bill. I did agree with something that the member for Chester-St. Margaret's said about an expensive duplication of services, and I'm making the observation that his government would know all about that. However, that was insulting to suggest that an issue so important as health care would be so dismissively discussed by this government.



We do have an Ombudsman in Nova Scotia and as the member for Chester-St. Margaret's pointed out - which ironically threw the Justice department and the Community Services department under the bus - their departments had more complaints. I'm not sure his government wants to be bragging about that because I wouldn't, but it does bring up the point that there were 199 complaints to the Ombudsman about health care issues.

The member for Chester-St. Margaret's said, we don't want to deal in misinformation; we wanted to hear facts. So let's look at the facts for the Nova Scotia Health Authority. There were 23,000 staff members with the Nova Scotia Health Authority. We had over one million inpatient days. We have 3,100 beds. I will point out, for the facts, that we had 3,555 hospital beds the year before that.

We lost 400 beds last year - that's 10 per cent of the beds in this province. We've got people backed up in the emergency departments because they can't get to those acute care beds because 20 per cent of those people in those beds are waiting for a long-term care bed. Those are the facts, Mr. Speaker. Those are the facts.

Two years ago, we had 585,000 emergency room visits. The year before that, we had 600,000, so we have 15,000 fewer emergency room visits last year. Does anybody here think that's because we are healthier? No, it's because the number of ER closures continues to go up under this government - that's the fact. I hope I've clarified that for the member for Chester-St. Margaret's. Those are the facts.

In mental health and addictions, there were 1,400 fewer client visits last year. They're showing up in the emergency departments. Those are the facts.

So why do we need an ombudsman in the first place? I just checked with a few health professionals that I know of - did you know that you could even tell a patient to call the ombudsman if they had a problem with health care? No, they didn't know that.

Who are we in fact calling? Well, we're calling MLAs' offices - we've become the health ombudsman. Certainly in my constituency I get as many calls about health care as I do about any other issue. We get calls to the Department of Health and Wellness, the College of Physicians and Surgeons, 811 - the list goes on and on.

There are initiatives that the Nova Scotia Health Authority has taken on and I'll list a few of them. The Nova Scotia Health Authority has established a patient and family advisory committee. They have an advisory council. We've got a joint council for patients. We've got a patient feedback line. We've got a patient voice initiative. Now we have electronic patient-experience kiosks set up in three hospitals to allow the provision of real patient-experience feedback.

[5:15 p.m.]

When you go to look at what came in on those calls and what the patient experience is, we have the Nova Scotia Health Authority Patient Experience Survey results. We have other reports talking about results. Those results suggest there's a staggering 98 per cent approval on a whole host of issues. I'm going to read a couple of them. I'm quoting from the Patient Experience Survey results 2017-18.

Under care provision it says care team members are available when I need them. This is in a long-term care facility, and 93 per cent of the time patients said there was somebody available when they needed them. I don't know who they surveyed, but I can tell you from having worked in those long-term care facilities that 93 per cent of the time you're not getting somebody when you press that button to go to the bathroom or to get your medication or to get moved in bed because you've been lying on a pressure sore too long.

Another Patient Experience Survey result that this government's Nova Scotia Health Authority reported was "Staff offer treatment when I have pain" - 100 per cent of patient satisfaction said, yes, they do. I don't know what facility they surveyed, because as a health professional dealing with patients in chronic pain, that's a ludicrous response time. So the fact that we had only a couple hundred complaints to the Ombudsman about health is not a reflection of how Nova Scotians feel about the health care system. I've had more complaints than that in the last two years.

What does the Ombudsman do, and what does his department look like? There are 16 staff in the Nova Scotia Ombudsman's office for a budget of \$1.8 million. They dealt with 2,278 new matters. We're supposed to believe that only 199 were about health care services. I'm going to suggest that even though Justice and Community Services had a worse record, this record doesn't come anywhere close to reflect what is actually going on.

Why this bill? The member for Chester-St. Margaret's said it would be an expensive duplication of services. I'm going to maintain that he's saving money by the fact that there are over 52,000 people in this province without a family doctor. There are all sorts of people not costing this government any money because they can't get into the services or the surgeries or the tests that they need.

Is there anybody else in the country who's doing what we're talking about doing? Frankly, I get so tired of being the province that is the last to do things. We have the highest child poverty rate and lack of food security. We have one of the worst housing crises in the country. We're always the last to implement all sorts of things. The Adoption Information Bill is one that I introduced last session that hopefully we'll move forward with.

It would be nice if we, as a province, could be one of the leaders. This government is very fond of saying that we complain, and we hold this government accountable,

although they say we're being negative when we hold them accountable. I'm not exactly sure what they thought an Opposition Party was supposed to do when they say that we are highlighting things like the ferry not running. Should we not ask those questions? What are we doing over here that we're not supposed to? It might be nice if every once in a while, you listen to us on an important issue like this.

Let's take the example of another province: Ontario. They don't have a health ombudsman. They have a Patient Ombudsman. Not sure if anybody was aware of that. They brought this in: On December 10, 2015, Christine Elliott was appointed as Ontario's first Patient Ombudsman. Six months later, on July 4, 2016, the Patient Ombudsman's Office opened for business. The Patient Ombudsman's authority is set out in the Excellent Care For All Act, 2010. They called this document and the report they put out "Fearless." I like it.

Then they put another document out a year later to say, how well did we do? They called it "Fairness" because what they found is the number one reason for people calling anybody in this province to complain about health care is not because they think that their health is going to improve. That ship has sailed in too many cases. People have died. They have had surgeries that didn't go well. They have waited two years, and they have gone to another province.

The number one reason, and it was 80 per cent of the reason, why people called the Patient Ombudsman in Ontario was because they didn't want the same problem that they ran into to happen to somebody else. They didn't call because they thought their particular case was going to be solved. In many cases, it was too late. They called because they said, Barb, I just don't want anybody else to have to go through this.

Right now, in this province, with only 200 calls going to the Ombudsman, that should be a screaming alarm bell going off in this government's ears saying clearly, the Ombudsman's office is not getting those calls. The Nova Scotia Health Authority will get those calls. You'll call the patient advocate line.

I can tell you what happens when you call that line. I called it myself one year when four separate times an ectopic pregnancy got missed, and I ended up having emergency surgery. When I went to the patient advocate, she said, I'll have a little chat with them and we'll talk about it. I waited a year and found out that they didn't talk about it at all. There's no confidence in the systems, multiple duplications going on in this province, and that people don't feel they're being listened to.

The other 20 per cent of the reasons why people called the Patient Ombudsman in Ontario was because they wanted somebody who was non-partisan, who not only was willing to listen but was willing to do something about it, and then the kicker is that they actually had some authority to compel people to do things. We used to have that in this province. When we had the Public Accounts Committee every week, and we were allowed

to set agendas and bring up topics that were of relevance and importance. We could do that. This government took away that ability when they cut it from once a week to once a month. That's the fact, Mr. Speaker. That's the fact.

This government did not want Opposition Parties asking about important issues, how they're spending our money and how they're creating policies and regulations. Then they set up the Health Committee - wonderful, once a month. We wanted it once a week - not important. I think if I can quote it accurately, when we asked for that to be once a week, the members from the government debated it, and one of them came back to us and said, we would like to leave things the way they are.

Well, we don't want to leave things the way they are because I have friends and family who are dying. I have had seven suicides in my constituency in the last four months alone. Two of them affect my constituency assistant's and her husband's families. I sat at an emergency department for four hours three weeks ago because the emergency department staff were going to put out a woman who was newly homeless and had lost custody of her son that morning because she was homeless, out on the street, in her bare feet, within 24 hours of having attempted to commit suicide.

I don't want to leave things the way they are. I want an ombudsman who cares about the health of this community because 50 per cent of what we are supposed to be doing as a government is improving the health care of this province. I have seen no evidence from your statistics or ours that it is moving in the right direction. We are not winning. We are losing this battle despite what the Premier wants to spin.

I don't know how much it costs to have me serve as the health ombudsman for my community. I'll continue to do it. In terms of the member's suggestion that a health ombudsman would cost this government more money, I think that's a - I can't use the term I want to use since I'll get ruled out of order. That's a load of stuff that you get from a farm.

THE SPEAKER: Order, please. I would like to remind the honourable member that the collection of words used in that term pointed to a clear intent to something unparliamentary.

The honourable member for Cole Harbour-Eastern Passage has the floor.

BARBARA ADAMS: Thank you, Mr. Speaker. I appreciate that distinction.

My point is that the patient ombudsman will improve the health care of this province and it will improve the accountability of this government. It will give constituents the sense that there is an impartial person who actually has not only the willingness to listen, but also the ability to impact and the authority to do so, unlike what we have for our Privacy Commissioner, who has some authority to listen and to make judgment, but no real authority to compel the government to do anything.

I'm going to ask this government to consider bringing this forward to Law Amendments Committee to let the public decide whether they think this would be a good use of this government's money, because I certainly get a whole lot of phone calls from my constituents telling me that some of the things that this government is spending the money on is not what they ask for. It doesn't address their health care needs; it doesn't address their mental illness issues and the fact that they have poor access and the fact that my constituency is the only one without a single family doctor.

THE SPEAKER: The honourable member for Halifax Atlantic.

BRENDAN MAGUIRE: I want to thank everybody for their passionate speeches tonight. Clearly, health care is a topic that impacts each and every one of us, and they all have a personal story to share - more than one. I want to thank all the MLAs. We all deal with multiple health care issues in our constituencies and in our offices on a daily basis.

I do want to recognize that there are a lot of great people working behind the scenes to get us answers and to give us solutions, not just for the government but for everybody involved, whether you're Liberal, Progressive Conservative, NDP, or Green, and you're approaching the Department of Health and Wellness or the health board for answers. I can tell you that sometimes things can be very frustrating because you want answers right away, and you want to be able to get those solutions.

Someone once asked me what it was like to deal with different departments. I said, well, when you're dealing with one department, let's say the Department of Communities, Culture and Heritage, you can sometimes wait a while to get the answers. When you're dealing with the Department of Health and Wellness, I have had people call me where they needed an answer within the hour. I would say the majority of the time dealing with the people in the Department of Health and Wellness or the Health Authority, I have been able to get those answers or at least lead people in the right direction.

There are a lot of great people working behind the scenes; there are a lot of great bureaucrats; and there are a lot of great individuals who are there. As government and politicians, a lot of times we're the face of these decisions and these departments, obviously, but really without tens of thousands of employees working right across Nova Scotia, we wouldn't be where we are today.

I do want to say that I have seen a lot of changes within our health care system since I first got elected. I had the privilege to be elected in 2013. I can talk about some of the local changes in my community where a lot of the resources that were needed within the community weren't there. Working with community partners and working with some great people - I think of some of the people I worked with. I think of Marjorie Willison, who helped bring a medical facility to our community years and years ago. Working with individuals like her, different associations, Chebucto Connections and things like that, we were able to bring a blood collection clinic out there because there was a desperate need

for it in that community because a lot of people in that community have transportation issues. They have large families, so it's difficult for them to pack all the kids up and get them to a blood collection clinic somewhere.

All that aside, I want to say that I appreciate everything that was said here tonight. I know there's a lot of passion on this, and there should be. It is the number one issue facing Nova Scotians; it's the number one issue facing Canadians; it's the number one issue facing everybody worldwide. I don't think any of us would be a good representative of our community if we didn't stand up and be passionate about this issue.

It's much appreciated. I think it was a great debate tonight, and until the next time.

THE SPEAKER: The honourable Deputy Official Opposition House Leader.

[5:30 p.m.]

BRAD JOHNS: Mr. Speaker, that concludes Opposition Business for today. I now turn the House back over to the Government House Leader.

THE SPEAKER: The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, thank you to the Deputy House Leader for the PC Party. That concludes our business as well. I move that the House now rise, to meet again tomorrow, Thursday, October 3<sup>rd</sup>, between the hours of 1:00 p.m. and 6:00 p.m.

Following the daily routine and Question Period, business will include second reading of Bill No. 163, the Wilderness Areas Protection Act and Bill No. 166, the Denturists Act and, with time permitting, we will move to Address in Reply.

THE SPEAKER: The motion is for the House to adjourn to rise again tomorrow, Thursday, October 3<sup>rd</sup>, between the hours of 1:00 p.m. and 6:00 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 tomorrow, Thursday, October 3<sup>rd</sup>, at 1:00 p.m.

We have reached the moment of interruption. The topic as submitted by the honourable member for Halifax Armdale is:

“Whereas Nova Scotia is at its highest population on record and immigration has been a fundamental contributor to this growth;

Therefore be it resolved that all members of the House of Assembly continue to support this positive momentum as our population expands and our provincial economy strengthens.”

## **ADJOURNMENT**

### **MOTION UNDER RULE 5(5)**

THE SPEAKER: The honourable Minister of Immigration.

### **GOVT. (N.S.): IMMIGRATION CONTRIB. TO POP. GROWTH - MAINTAIN MOMENTUM**

HON. LENA METLEGE DIAB: Mr. Speaker, Nova Scotia’s population is at a new, all-time high, thanks to the number of immigrants and people from other provinces who are choosing to make their homes here in Nova Scotia. Nova Scotia continues to achieve record-breaking immigration numbers and I am proud to be a member of a government that has made immigration and growing our economy a priority.

I am very pleased this afternoon to stand here with my allotted time of 10 whole minutes to speak about immigration and the achievements that we have made. I will, for the benefit of those listening to me in the House of Assembly, as well as at home, stress the fact that I can - okay, those that are listening, wherever they may be - that I have only X amount of minutes and will try and make a number of points, using some facts and evidence. Here we go.

We in Nova Scotia are breaking records with the number of immigrants that are choosing to live in Nova Scotia. We had the highest immigrant numbers in a single month this past July, at 1,015 people. That is three times more than the same month last year. We had the highest landings since the Second World War for the seven-month period beginning January to July of this year, 2019, a total of 4,410. That is up 875 over last year’s landings for the same period.

Under the Atlantic Immigration Pilot alone, which I will call AIP for short, 700 more immigrants arrived than during the same time period in 2018, so far this year. Nova Scotia’s population is at an all-time high of 971,395, as a result of the increasing number of immigrants coming to live in Nova Scotia, as well as those who are coming from other provinces in Canada but right now I am concentrating on immigration, that’s what I’m speaking on.

I guess people sometimes say, why immigration and why is it good? My answer is usually very simple, having learned that we live in a province with an aging population; we live in a province where for many years in a row the deaths have exceeded our births;

we live in a province where I know full well that many are just not having babies as they used to years ago. So we need people.

Why do we need people? We need people to work and pay taxes so that we can afford the health care, the social services, the education that Nova Scotians proudly need and deserve. Immigration is one way to do that. It seems to be a great way to do that. It's key to building our province and keeping our communities dynamic, vibrant and strong. We're seeing immigration making a positive difference across the province. Not only is it helping us increase the population and grow our economy but it's really adding to our social fabric, it's adding to our diversity and to our vibrancy of our communities. It's actually making our young people who are born here want to stay here because they see the liveliness of this province.

It is also helping employers fill those labour shortages. It's revitalizing our businesses and our communities by adding those fresh ideas and perspectives. So, for immigration to be successful, we need to build welcoming communities and a province where immigrants want to stay.

We need communities to be welcoming. We need communities to play an active role, we need communities and people to be positive when newcomers are coming. So, that's why government has invested in settlement support services, including language supports and employment supports. We partner with a number of service providers across the province.

Our work has paid off. Nova Scotia has the highest immigration retention rates in the Atlantic region. We have consistently, for the last couple of years, had 71 to 74 per cent retention rates. I'll give you historic figures: in early 2000, our retention rate was 48 per cent. So, overall, the research shows - and this is not research we have conducted, it's Canadian research - that immigrants to Nova Scotia are doing well; they earn more than immigrants to other parts of Canada; and they have a higher rate of employment than the Canadian average. That is good news for our province.

Growing Nova Scotia's population through immigration is not accidental. It is planned, supported, and invested in. Government cannot achieve our objectives on immigration alone; it takes commitment from community partners, employers, universities, industry associations, municipalities, communities, and others. Here I want to thank all the partners for their commitment and dedication for helping us to get to where we are today.

I just want to highlight a few programs - with the few minutes that I have available - that we have developed, and we have innovated over the last couple of years. Let me talk about the physician immigration stream that we started a year and a half ago. Since we introduced that we now have approved 44 doctors to come and live in Nova Scotia, 31 of whom are already living and working across the province. This is helping to address the doctor shortage so Nova Scotians can have access to the best health care possible.



We have shortages in many, many employments. Many, many businesses come to our office with so many shortages and that is one of them. Health care is one of them, IT, and I could go on and on, but I only have a few minutes. So, our recruitment team is in the U.K. currently to try and attract more doctors to Nova Scotia through one-on-one meetings and attending a job fair.

The collaboration between the Nova Scotia Office of Immigration, the Department of Health and Wellness, the Nova Scotia Health Authority and the IWK Health Centre, and the College of Physicians and Surgeons of Nova Scotia is unprecedented in this country and in the world. I know that first-hand because I was in London and I have heard that from the embassies abroad, that it has never happened. Nova Scotia representatives discuss employment and immigration options with doctors, and they promote the province's two immigration pathways.

We have innovated and developed a stream called the Nova Scotia Labour Market Priorities stream. Through that stream alone, and this has only been so far this year, we have nominated 99 continuing care assistants and 166 early childhood educators.

We have supported 383 international graduates through either the Nova Scotia Nominee Program or the Atlantic Immigration Pilot this year alone; if you look back at 2014, we had none. So, I would say we have definitely come a long way and we want to go further.

Let me talk about my Francophone Immigration Action Plan. I am very proud of the collaboration between the Office of Immigration and Acadian Affairs and Francophonie and other partners. On March 20<sup>th</sup> of this year, which was the International Francophonie Day, we launched the Francophone Immigration Action Plan that focuses on increasing the number of francophone immigrants in the province.

To date we have had two draws that have resulted in 131 nominations of French-speaking candidates to come to Nova Scotia through this particular stream. So, this is a huge improvement from last year, where in all of last year we had 10 who identified as francophone candidates.

The Atlantic Immigration Pilot is a wonderful story. We started that in 2017 with the help of the federal government. We have engaged with businesses to increase their awareness of it, and I am pleased with our progress. To date, we have 1,062 companies designated to hire employees through this to fill their labour shortages. The program experienced the largest increase in the first seven months of this year, with 880 immigrants coming to Nova Scotia to help these businesses succeed, and I have so many scenarios right here, all over the province, of where they have come and where they have settled.

But at the end, what I want to say is that we are proud of the work we've done. Nova Scotia prides itself in being welcoming. I ask all of us here in this House of Assembly

to continue to support this positive momentum as our population expands and our provincial economy strengthens, and to keep building on this momentum.

I want to thank all the partners, all the community groups, all the businesses, and everybody who has helped us to reach these goals. We will be following up with those.

THE SPEAKER: The honourable Leader of the Official Opposition.

TIM HOUSTON: Mr. Speaker, we support the motion. We are optimistic that as a province we can continue to build on the momentum, because we have so, so much work to do as a province.

If we want to grow our economy, which we do, we need people. We need people. We need our population to continue to grow we need people who will move to this province and start businesses; people who will move to this province and fill openings that companies have; people who will relocate here and make their home here. We need people in this province. We totally agree with that.

I look around the communities, at some of the incredible success stories that we've seen in our communities from immigrants who have come here and built a life, built a company, who employ people and do wonderful things. Our country is built on immigrants, and so is our province, in every sense of the word.

I think of people like my friend Fred George, who is an extraordinarily successful businessperson. He moved here at 19 years old and he's now one of Canada's leading philanthropists. He's an amazing success story. He built one of the largest gold and silver mines in Mexico, and he did it from here. He takes great pride in being a Nova Scotian.

When you look around Pictou County, you don't have to look too far to find Grohmann Knives, and that is an incredible, incredible story. It's an Old World story. It goes back to before the Second World War, when there was a knife salesman from Quebec who used to make an annual trip to Germany to buy pocketknives. For years and years, he was after Rudolph Grohmann, who was a production manager at a plant there, to relocate to Canada. It was only when the politics of the region changed after the Second World War that Rudolph said, you know what, I'm interested now, can you help me?

He came to Nova Scotia. He worked at Pictou Cutlery, which was a government-funded company, and things were good there. Then ultimately the government closed that company down. He then went to work at TrentonWorks, but his passion was in knifemaking.

So he built a garage and basically started his business from his garage, making folding knives. It was only a couple of years later, when Prime Minister Mackenzie King's principal secretary was trying to find a pocketknife - wanted to buy a pocketknife - and couldn't find a Canadian-made pocketknife until he found Grohmann knives.

That is really an incredible success story that is built from somebody being encouraged to move to Canada and that person deciding to move to Nova Scotia. We need more and more of that.

I could not talk about immigration without talking about one of the best chefs in Halifax. The whole family - Rudy, Maria, Rene, and Marc - at Rudy's Catering around the corner here. He's been serving downtown Halifax since 1983, and I would assume most members in this Chamber have enjoyed their culinary delights and I appreciate everything they do for our community.

[5:45 p.m.]

There are success stories from one end of this province to the next and I certainly want to see more and more of those success stories. We can all play a part in that, but we have so much work to do. The minister referred to the Atlantic Immigration Pilot. I printed off the companies that have gone through the process of registering with the Pilot. These are companies who are looking for employees, are looking to grow through hiring more people and they're having trouble finding people.

There are 26 pages of companies registered with the Atlantic Immigration Pilot that are having trouble finding staff. The minister mentioned 880 - that's great. There is a lot of work to do. We are not getting it done in this province. We may be at our highest population, but we are falling behind so many other provinces. I won't say all of them, but most of them.

I looked at the immigration numbers from the second quarter 2018 to the second quarter of 2019 - a one-year period that ended only recently. When you listen to this government, you would think that we are by far and away the most successful province in immigration, and we are not. Do you know who is the most successful? Prince Edward Island. And in second place, Saskatchewan, Manitoba, Alberta, Ontario, British Columbia. Then we have a tie between New Brunswick and Nova Scotia, tied for seventh place.

We have so much work to do and I appreciate a little bit of back-patting and a little bit of pausing to acknowledge some progress, but man oh man, we are so far from the stage of declaring victory on this file that it's not even funny. If I look at the permanent residency numbers, I look to Manitoba, Saskatchewan - very similar in size to Nova Scotia, we all have roughly one million people. Nova Scotia's permanent resident number is 4,574 - this number is from the Permanent Residents in the 2018 Annual Report to Parliament on Immigration.

So Nova Scotia: 4,574 permanent residents. Manitoba, basically the same size as Nova Scotia: 14,700. Saskatchewan, basically the same size as Nova Scotia: 14,680. There is a long way from Nova Scotia's 4,500 to Manitoba's and Saskatchewan's 14,000-plus. There is a lot of work to be done in this province on the immigration file.

I, for one, don't understand how this government in six years - with a majority government in Nova Scotia and a majority government in Ottawa - continued to fall further and further behind six or seven other provinces who quite frankly are so far in front of us to begin with, and every year going up even further by 1.8 per cent, by 1.5 per cent, by 1.6 per cent each year. Here in Nova Scotia, less than 1 per cent.

There is no time to stop and pause and pat ourselves on the back about the various programs we've initiated, because they're not working. We're falling further and further behind. That's what should be addressed - that should be the motion on this floor. The motion we should be talking about is that all members of this Assembly agree that we're embarrassed of the fact that we continue to fall further and further behind. That's what we should be talking about.

We can take great pride in the highest population ever, but we should also take great acknowledgement in the incredible failure that we've had - the failure to close the gap between Saskatchewan that is bringing 10,000 more people a year to their province than we are, and Manitoba that is bringing 10,000 more people a year to their province than we are. We should take the link or the ferry over to Prince Edward Island, sit down with Dennis King and say, can you explain to us how to get this right?

Despite ourselves, we have the highest population ever, despite the failures of a government that's had every opportunity. Yes, we can take a pause and say our population's high and we can declare victory, but to me that is a hollow victory. That would be on par with saying we are winning at the doctor recruitment game because we are not winning there, and we don't have victory here.

THE SPEAKER: The honourable member for Halifax Needham.

LISA ROBERTS: Mr. Speaker, thank you to the member opposite for putting forward this topic for debate.

Population increase is a good thing and we know that immigration is a key driver for both population and economic growth. We know that there are steps that government can take, based on evidence, to increase the positive impact of population growth and improve the lives of all Nova Scotians.

Atlantic Canada has a low number of newcomers compared to the rest of Canada. Our share is low relative to our proportion of the population. In November 2016, the Standing Committee on Citizenship and Immigration was mandated by the House of Commons to study immigration to Atlantic Canada and, in particular, the challenges associated with attracting, integrating, and retaining newcomers in this region.

The committee made a number of recommendations, including:

“That the Government of Canada, in collaboration with Atlantic Provinces and stakeholders, consider predicted labour shortages in all skill levels when planning and delivering their immigration related policies and programs.”

“That Immigration, Refugees and Citizenship Canada consider under its Refugee Resettlement Program ways to bring extended family members of currently settled refugees with skill sets in demand for immediate resettlement to the Atlantic region.”

“That Immigration, Refugees and Citizenship Canada and Employment and Social Development Canada work alongside the Atlantic Provinces, regulatory agencies and trade unions to simplify recognition of foreign qualifications in the region.”

“That Immigration, Refugees and Citizenship Canada and Employment and Social Development Canada adapt current programs to make room for candidates with job skills classified as National Occupational Classification C or D to address the needs of Atlantic Canada including sectors such as agriculture, construction, fisheries, hospitality and transportation.”

“That Immigration, Refugees and Citizenship Canada perform a gender-based analysis of the Atlantic Immigration Pilot Program and develop targets to set a standard for gender equality.”

In their addition to the report, the federal New Democratic Party recommended a larger percentage of immigration levels be dedicated toward family reunification streams and that there be resettlement services earmarked for rural areas.

In my conversations as the spokesperson on immigration for our caucus, I have frequently heard the frustrations of new Nova Scotians who are frankly desperate and heartsick that they cannot bring family members. The most typical case would be that there is a family that has come here under immigration through whichever stream, but in some cases certainly as refugees, and there is one older child. It’s a very typical situation - a 21-year-old son who was not considered a member of the nuclear family at the time, and their mom and their dad and their siblings are here, and they are just desperate to find a way.

I think what we really have to consider as a province is that we need people. Actually, we need people who don’t have all kinds of professional background. We need all kinds of people. If you look at the want ads in Nova Scotia, if you look at the want ads in rural Nova Scotia, the number one constraint in many cases for businesses in rural Nova Scotia is that they can’t find people to work. That is interrelated with changes that were made to EI which, frankly, I think need to be redressed for Atlantic Canada.

Given that, why haven’t we created yet more pathways, especially for those sorts of cases? Really, what we end up with is a family here that isn’t able to fully integrate

because they're so distraught that they're not able to support and bring together and reunify their entire family in Nova Scotia.

The government of Nova Scotia could be lobbying their federal counterparts to make the sorts of changes recommended by that standing committee and to establish a permanent increase in Nova Scotia's allocation of both government and privately sponsored refugees. We know that settlement service provider organizations are key to the success of programs like the Atlantic Immigration Pilot program.

I had a really interesting meeting when I was in Antigonish fairly recently. They pointed out that with a little bit of additional resources invested in literacy organizations that operate across Nova Scotia, we could actually be doing a better job of supporting newcomers in all parts of the province. Right now, what often happens is that an already-stretched literacy organization that has always worked with adult learners who maybe for whatever challenge didn't learn to read when they were young - those same organizations are now trying to stretch themselves yet further as newcomers arrive in different rural parts of Nova Scotia.

What a great investment that would be for those organizations, for the people who work there. It would also help to create the social connections, which of course are so important when new families are arriving in Nova Scotia. Settlement organizations have indicated that their workloads have spiked as a result of the Atlantic Immigration Pilot program, and their capacity is stretched. Government should be investing in multi-year funding agreements to strengthen the capacity and sustainability of settlement service provider organizations.

We also need to make sure that immigration programs benefit rural areas of Nova Scotia. In 2016, 87 per cent of provincial nominees in Nova Scotia intended to settle in Halifax. We also see circumstances where families or individuals initially settle in rural Nova Scotia and end up migrating to Halifax. Organizations like New Dawn in Cape Breton have been calling upon the government to enable regional immigration quotas and provide greater access to settlement services and supports in communities outside of our capital. They argue that this kind of targeted local approach is needed to grow the regional economies that are being so badly undermined by population decline.

What immediately comes to mind for me is a very informative meeting that we had at the then-Economic Development Committee, maybe before the committees were reorganized, with fish processors from across the province. Osborne Burke, who's the general manager of Victoria Co-operative Fisheries, talked about how in Cape Breton, the golf courses, the fish plants, the hotels - everybody hires at the same time. There's literally not a moving body that you can find to work. They have been bringing in temporary foreign workers for years. They used to bring in temporary foreign workers from Newfoundland, where I'm originally from, and now they bring them in from Mexico. But with a little bit

of ingenuity and commitment, we could work with organizations like New Dawn to actually help people settle here forever.

We know that there are farmers in the Valley - I think about - I'm not going to come up with the name, but the farmer at Taproot Farm who has bringing in Jamaicans for years and years and years. He has wanted to help them come and settle in Nova Scotia. Why not? If people are coming here to work with us, year after year, why shouldn't they become part of our community? We actually need people not just for their labour. We need people because we need them, and they deserve to be where they're working and where they're earning their livelihood.

[6:00 p.m.]

Government also needs to address the social and economic issues that impact the population as a whole. Today we have talked a lot about housing. Housing is also an issue in rural Nova Scotia. It doesn't matter the place in Nova Scotia. It doesn't matter actually if we're talking about immigrants or temporary foreign workers or just Nova Scotians. I think about Oxford, where Oxford Frozen Foods is actually providing support for workers to build a home because otherwise they wouldn't be able to have them there.

I think about a fish plant in Meteghan which I saw present at an immigration forum here in Halifax. They are actually providing housing for new workers because, frankly, we haven't invested in affordable housing in a long time.

Population growth will not be sustained if Nova Scotia continues to have the lowest median incomes in the country and the highest rates of child poverty. Immigrants can also look across the country and decide to move. It's difficult . . .

THE SPEAKER: Order, please. The time allotted for late debate has expired.

The House is now adjourned and will reconvene tomorrow at 1:00 p.m.

[The House rose at 6:01 p.m.]