



House of Assembly
Nova Scotia

DEBATES AND PROCEEDINGS

Speaker: Honourable Kevin Murphy

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Third Session

WEDNESDAY, APRIL 14, 2021

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House of Assembly
Nova Scotia

HALIFAX, WEDNESDAY, APRIL 14, 2021

Sixty-third General Assembly

Third Session

12:00 Noon

SPEAKER

Hon. Kevin Murphy

DEPUTY SPEAKERS

Keith Bain, Susan Leblanc

THE SPEAKER: Order, please. Before we begin the daily routine, the topic for the late debate this evening at the moment of interruption, as submitted by the honourable member for Cumberland North, is:

Therefore be it resolved that during Sexual Assault Awareness Month, we must do all we can to raise awareness about the devastating impact of sexual assault and focus on taking measures to stop violence and support survivors.

That will be this evening at the moment of interruption.

We'll now proceed with the daily routine.

PRESENTING AND READING PETITIONS

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

KEITH BAIN: Mr. Speaker, I beg leave to table a petition, the operative clause being:

“Whereas:

Stewart Road was utilized as a haul road during the re-topping of New Campbellton Road causing extensive damage to the road surface. Stewart Road is utilized as a short cut to New Campbellton and the increase of AirBnBs are dramatically escalating the traffic volume. We the undersigned request the Province of Nova Scotia and Department of Transportation to include Stewart Road in the Gravel Road Program.”

Mr. Speaker, the petition contains 27 signatures and I have affixed mine, as per the Rules of the House.

THE SPEAKER: The petition is tabled.

The honourable member for Victoria-The Lakes.

KEITH BAIN: Mr. Speaker, I beg leave to table a petition, the operative clause being: We, the undersigned residents of Black Rock, Table Head Road, call upon the Province of Nova Scotia for all necessary improvements to the paved section as well as the gravel section of the road to provide a safe surface, which our community deserves.

Mr. Speaker, the petition contains 148 signatures and I have affixed mine, as per the Rules of the House.

THE SPEAKER: Unfortunately, we have to reject that petition. I’ve been advised by the Clerk that it’s not formatted properly. That petition will be returned to the honourable member.

PRESENTING REPORTS OF COMMITTEES

THE SPEAKER: The honourable member for Clare-Digby, as Chair of the Committee on Natural Resources and Economic Development.

HON. GORDON WILSON: My apologies. I’ll do that tomorrow, if you don’t mind.

TABLING REPORTS, REGULATIONS AND OTHER PAPERS

STATEMENTS BY MINISTERS

GOVERNMENT NOTICES OF MOTION

THE SPEAKER: The honourable Minister responsible for the Advisory Council on the Status of Women.

RESOLUTION NO. 486

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

Whereas April is Sexual Assault Awareness Month, a time to raise awareness about the prevalence of sexual assault, share information about available resources, and foster a greater understanding of consent; and

Whereas applications are open for the 2021 Sexual Violence Prevention Innovation Grants of up to \$5,000; and

Whereas the grants support community organizations, including youth and marginalized groups, to reach out to their peers and build healthier, safer, and more resilient communities;

Therefore be it resolved that all members of this House of Assembly encourage community groups to apply for a grant to support projects that change attitudes, try new things, are creative, and get more people involved in preventing sexual violence.

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.

All those in favour? Contrary minded? Thank you.

The motion is carried.

The honourable Minister of Fisheries and Aquaculture.

RESOLUTION NO. 487

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

Whereas in partnership with Perennia and Université Sainte-Anne, the Department of Fisheries and Aquaculture, under the Nova Scotia Seafood brand, launched the Nova Scotia Seafood Quality Program for Nova Scotia live and frozen lobsters and oysters; and

Whereas Bill & Stanley Oyster Company became the first Nova Scotia supplier to successfully complete the Nova Scotia Seafood Quality Program designation from the Nova Scotia Seafood brand to use its Quality trademark, adding credibility to the company's existing brand; and

Whereas the seafood company will be required to meet a defined set of administrative and product criteria, which seeks to guarantee their premium offerings are represented under the Nova Scotia seafood brand;

Therefore be it resolved that this House recognize all the efforts and accomplishments of Bill & Stanley Oyster Company in meeting the Nova Scotia seafood quality program trademark, providing a solid foundation to export superior, consistent quality oysters to destinations throughout the world.

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.

All those in favour? Contrary minded? Thank you.

The motion is carried.

The honourable Minister of Municipal Affairs.

RESOLUTION NO. 488

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

Whereas emergencies can occur at any time of day or night, resulting in a call to 911 and first responders taking prompt action to protect life or preserve property; and

Whereas April 11th to April 17th is National Public Safety Telecommunications Week in Canada; and

Whereas this week honours the women and men who answer emergency calls and dispatch emergency services to render lifesaving assistance to the citizens of Nova Scotia;

Therefore be it resolved that all members of this Legislature recognize the pivotal role public safety telecommunicators perform in coordinating responses to emergencies that impact our citizens and communities.

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.

All those in favour? Contrary minded? Thank you.

The motion is carried.

The honourable Minister of Agriculture.

RESOLUTION NO. 489

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

Whereas Liz Crouse, Bachelor of Science in Agriculture, has retired after 41 years of service in Nova Scotia's Department of Agriculture and 20 years as a manager of 4-H and rural organizations; and

Whereas she held many roles, including director of Natural Products Marketing Council; superintendent of fairs and exhibitions; and the Nova Scotia Registrar of Farms; and

Whereas her exemplary service to the Nova Scotia Federation of Agriculture contributed to being named 2018 Honorary Senator from the Nova Scotia Federation of Agriculture Senate Club, 2012 Queen Elizabeth II Diamond Jubilee Medal, 2012 Honorary Member of the Canadian 4-H Council, 2002 Queen Elizabeth II Golden Jubilee Medal, and 1996 Distinguished Agrologist from the Nova Scotia Institute of Agrologists;

Therefore be it resolved that the members of this House of Assembly congratulate Liz Crouse for mentoring and developing many future agricultural leaders and wish her a long and enjoyable retirement.

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.

All those in favour? Contrary minded? Thank you.

The motion is carried.

The honourable Minister of Fisheries and Aquaculture.

RESOLUTION NO. 490

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

Whereas Paul Merlin, an aquaculture pioneer and entrepreneur who has been involved in the aquaculture industry in Nova Scotia for more than 50 years, started his first aquaculture company, Merlin Fish Farms Limited in 1973, supplying high quality salmon smolts to the emerging marine salmon farming industry throughout Atlantic Canada; and

Whereas Paul recently founded Cape d'Or Sustainable Seafoods, one of the few certified organic, land-based salmon farms in the world using a saltwater recirculation aquaculture system produced both salmon and halibut in a closed containment land-based system; and

Whereas Paul, who passed away on April 7th, was a champion of aquaculture in all its forms, will be greatly missed;

Therefore be it resolved that this House of Assembly recognize Paul Merlin for his tremendous achievements in aquaculture and for providing opportunities and employment to many people in rural Nova Scotia.

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.

All those in favour? Contrary minded? Thank you.

[12:15 p.m.]

The motion is carried.

The honourable Minister of Agriculture.

RESOLUTION NO. 491

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

Whereas the prestigious Lieutenant Governor's Award for Excellence in Nova Scotia Wines was adjudicated by a 12-member panel of wine experts, established to recognize exceptional quality of locally sourced and produced wines; and

Whereas the awards are administered in conjunction with the Wine Growers of Nova Scotia, Taste of Nova Scotia, and in partnership with the Lieutenant Governor's Office, culminating in an adjudication and award ceremony at Government House; and

Whereas Gaspereau Vineyards 2019 Riesling and the vineyard's 2019 Tidal Bay were recognized with an award from 37 wines submitted to an adjudication panel of experts;

Therefore be it resolved that all members of this House of Assembly recognize the honour bestowed upon Gaspereau Vineyards and the winery's ongoing dedication to the craft as it helps grow our rural economy.

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.

All those in favour? Contrary minded? Thank you.

The motion is carried.

INTRODUCTION OF BILLS

Bill No. 120 - Entitled an Act to Require the Government of Nova Scotia to Purchase Agricultural Products from Nova Scotia Producers. (Elizabeth Smith-McCrossin)

Bill No. 121 - Entitled an Act to Amend Chapter 7 of the Acts of 2011. The Fair Drug Pricing Act. (Kendra Coombes)

Bill No. 122 - Entitled an Act to Amend Chapter 211 of the Revised Statutes of 1989. The Housing Act, and Chapter 213 of the Revised Statutes of 1989. The Housing Nova Scotia Act. (Hon. Pat Dunn)

Bill No. 123 - Entitled an Act to Establish a Pharmacare Policy. (Susan Leblanc)

Bill No. 124 - Entitled an Act to Amend Chapter 511 of the Revised Statutes of 1989. The Youth Secretariat Act. (Tim Houston)

Bill No. 125 - Entitled an Act to Amend Chapter 27 of the Acts of 2000. The Employment Support and Income Assistance Act, Respecting Feminine Hygiene Products. (Karla MacFarlane)

Bill No. 126 - Entitled an Act to Establish the Office of the Child and Youth Advocate. (Steve Craig)

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 Cole Harbour-Eastern Passage.

SCOTIAN SHORES: COASTLINE CLEANUP - THANKS

BARBARA ADAMS: Mr. Speaker, I rise today to recognize Cole Harbour- Eastern Passage constituent Angela Riley of Scotian Shores for her compassion and dedication in removing waste and debris from the shores of Nova Scotia.

Recently, Angela organized a Lawlor Island shore cleanup just off the shores of Eastern Passage. Over 40 volunteers helped to gather over 4,800 pounds of waste. Angela has plans for the four weekends in April to clean up beaches along the Bay of Fundy.

Scotian Shores is a local business dedicated to the cleanup of shorelines all around Nova Scotia. With the sale of each bracelet that is created, one pound of garbage will be removed.

I ask all members of the Nova Scotia Legislature to join me in thanking Angela Riley and all of her volunteers for their hard work in keeping Nova Scotia's coastlines free of debris.

THE SPEAKER: The honourable member for Dartmouth North.

**107 ALBRO HEALTH AND HOUSING HUB:
EXPANDED SERVICES - RECOG.**

SUSAN LEBLANC: Mr. Speaker, I'd like to take a moment to celebrate the creation of the 107 Albro Housing and Health Hub in North End Dartmouth.

Halifax's North End Community Health Clinic and Adsum for Women and Children have moved into this space, formerly occupied by the Dartmouth Family Centre on Albro Lake Road, and are continuing their excellent work serving vulnerable populations out of this added location. The North End clinic is extending some services to the new location, including a pain management clinic, and the location will also be a hub for Housing First support workers who work across HRM.

The Nova Scotia Brotherhood Initiative - the Nova Scotia Health program serving African Nova Scotian men - will be offering satellite appointments out of the hub, and the hope is that it will attract other types of satellite health services as well. Adsum will be running its housing support programs from the hub.

I am very grateful for these wonderful organizations and their work in general, and I'm very happy to see them expanding into Dartmouth North. I hope the government and Nova Scotia Health will recognize their important work and find ways of supporting it.

THE SPEAKER: The honourable member for Lunenburg West.

VEINOT, GLADYS: 100th BIRTHDAY - BEST WISHES

HON. MARK FUREY: Gladys Veinot of Auburndale celebrates her 100th birthday on May 10th. She was born in Lapland, Nova Scotia, on a small farm with kerosene lamps, a battery-operated radio, and no indoor plumbing. We never went hungry, says Gladys, whose farm had pigs, apple trees, and vegetable gardens.

One of her fondest childhood memories was of her dad, a stretcher bearer in World War I, taking the family in a horse-drawn wagon for their one-time-a-year trip to Bridgewater for the Remembrance Day Parade.

Gladys had a son, Malcolm, and was married to her husband Harry for over 50 years. She was the eldest of five children and is the only surviving sibling. What is the secret to her longevity? She says: My doctor said I got the genes.

Gladys is an accomplished seamstress. She also took care of kids and worked at Pelkey's Jewellers in Bridgewater, as well as grocery stores in West LaHave and Pleasantville. She is a member of the Royal Canadian Legion and was a member of the Atlantic Rebekah Lodge, and rolled bandages for the Red Cross in World War II.

I ask all members of the Legislature to join me in congratulating Gladys Venoit on the occasion of her 100th birthday.

THE SPEAKER: The honourable member for Colchester-Musquodoboit Valley.

GOOD TIMES FIDDLERS: THRIVING COM. GRP. - RECOG.

LARRY HARRISON: I want to highlight the toe-tapping gatherings of the Good Times Fiddlers.

For over 20 years, this group of like-minded people have met weekly at the Don Henderson Memorial Sportsplex, in Brookfield, on Friday mornings for two hours of music.

Anywhere from 12 to 20 fiddlers from all over Colchester meet to share in good times and good music. This group has also been accompanied by a pianist, ukuleles, and they even had a visit from Cye Steele on occasion.

The Good Time Fiddlers do not keep the good times to themselves, however, as they will occasionally play and sing at seniors' homes and various community events - they have even released a CD.

It is great to see a community group thriving after all this time, and I wish them all the best in their toe-tapping, fiddling gatherings.

I would like to thank all the folks who give to community spirit through music.

THE SPEAKER: The honourable member for Dartmouth South.

**INMATES' RIGHT TO VOTE:
MUNICIPAL ELECTIONS EXCLUDED - EXTEND**

CLAUDIA CHENDER: I rise today to draw attention to a troubling issue unfolding at the moment.

In 2002, the Supreme Court of Canada ruled that denying inmates their ability to vote was a violation of their Charter rights. Since then, all incarcerated Canadians have had the right to vote in federal and provincial elections and referendums, provided they are 18 years old or older on election day. However, under Nova Scotia's Municipal Election Act, a person serving a sentence is disqualified from voting.

Addressing this inequity in an easy legislative fix. This government is arguing in court against extending municipal voting rights to people in jails rather than just doing the right thing. Given the high rates of Indigenous and Black incarceration, denial of the prisoner vote is also a suppression of votes of racialized populations.

This government could change the Act tomorrow instead of arguing against people's Charter rights in court. I ask all members of this Legislature to join me in advocating for them to do so.

THE SPEAKER: The honourable member for Glace Bay.

**LEGISLATIVE TELEVISION:
TREMENDOUS SERV. DURING SITTING - THANKS**

HON. GEOFF MACLELLAN: As MLAs, we are certainly fortunate to spend time at this Legislature in Province House for a couple of reasons. Certainly, the majesty of the facility, but more importantly the operation staff, the people, the family that makes this place go. There are so many remarkable groups inside that family.

Today I want to recognize one, and that is Legislative TV. When we discussed as House Leaders and Parties and caucuses how we would figure this session out, I was thinking, oh my God, this is going to be virtually impossible. Again and again, Legislative TV has stepped up in tremendous ways.

For all the members who haven't been here because they are virtual, you have to come in and check this out inside the Chamber. It is a remarkable system. The sound, the visual - they have nailed it. Last night, Mr. Speaker, with the TV, with you directly, it was flawless, and they were like a kid in a candy store.

I want to quickly say thank you to that team who have done tremendous work - William Hirtle, Mark Blenkhorn, Paul Read, Matt Hemeon, casual staff Roger Bowman, Blake Ross, Valentine Nkengbeza, and Reed Jones; they are the "Big Bang Theory" people of the Legislature. They get it right every time, and they are tremendous.

On behalf of all MLAs, to Legislative TV, thank you for your tremendous work.
(Applause)

[12:30 p.m.]

THE SPEAKER: Thank you very much. I'll echo those comments.

The honourable member for Cumberland South.

EMERG. DISPATCHERS: UNSEEN HEROES - RECOG.

TORY RUSHTON: Mr. Speaker, I rise today to recognize all emergency dispatchers - the unseen heroes of public safety.

These dispatchers are there 24/7, ready to send fire, EHS, police, and search and rescue to the scene in a time of need. No matter if it is a centre or PSAP, EHS, HRM, or more local dispatch centres, the safety of Nova Scotians is first and foremost in their thoughts.

I spent 12 years as a fire chief, and I have had the opportunity to work with many of these dispatchers. I have never met them face-to-face, but I can guarantee you, I would know their voices if they spoke here today. I would be remiss if I did not mention the fine crew of Winston and Julia Allen in Oxford, who were my first dispatchers, and following their retirement, Oxford Fire received top-notch services from Valley Communications.

Mr. Speaker, I would ask all members to recognize all dispatchers, not just this week during National Public Safety Telecommunications Week, but every week.

THE SPEAKER: The honourable member for Cape Breton Centre.

MARITIME TARTAN: MASK SALES FUNDRAISER - THANKS

KENDRA COOMBES: Mr. Speaker, today I rise to recognize and thank Sherrie and Dale Kearney of Maritime Tartan for their generosity. Although located in Halifax, Dale was raised in New Waterford, and for a time, he and Sherrie lived there.

Dale and Sherrie have not forgotten his hometown and have generously given back. With proceeds from their mask sales, they have donated about \$9,000 in total to various organizations and causes in the area, including the Saint Vincent de Paul Food Bank, Maple Hill Manor, the New Waterford Legion Branch 15, 25 Christmas dinners to families, the New Waterford and District Community Centre, and the Undercurrent Youth Centre.

I want to thank Sherrie and Dale for their generosity. It is much appreciated by the community.

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

LUTZ-BARABÉ, FABIEN: RCMP FDN. FUNDRAISING - THANKS

HUGH MACKAY: Mr. Speaker, I rise today to congratulate Fabien Lutz-Barabé, a local artist from Tantallon who, through his art, is raising money for the RCMP Foundation, the charity selected by Constable Heidi Stevenson's family for memorial donations.

After last Spring's Portapique and military helicopter tragedies, Fabien created an art piece titled *#novascotiastrong*, which features health care workers, an RCMP officer, and a military helicopter set against an outline of Nova Scotia. From this, Fabien has created notepads, notecards, and 8x10 prints for sale at the St. Margaret's Bay Community Enterprise Centre in Tantallon.

I invite all members of the House of Assembly to join me in thanking Fabien Lutz-Barabé for his work to commemorate these devastating events and his support of the RCMP Foundation.

THE SPEAKER: The honourable member for Halifax Armdale.

**STRONGMAN, CHRISTINE - PATH. ASSIST.:
SERVICE DURING PANDEMIC - THANKS**

HON. LENA METLEGE DIAB: Mr. Speaker, on this National Medical Laboratory Week, we recognize our medical laboratory professionals who have done so much for the health of our people, especially over the last year.

I specifically wish to recognize Christine Strongman of Halifax Armdale. Christine has worked as a pathologist assistant with the NSHA for the past three and a half years, and as a medical laboratory technologist before that. Christine's colleagues have been working hard to process COVID-19 tests over the pandemic, and she has been instrumental in conducting other essential tests, such as cancer screening.

Christine and her husband, David MacDonald, are active members of my community. David is a policy analyst with Nova Scotia Environment and Climate Change, and he has been helping keep our COVID-19 numbers down by working at the airport and screening incoming travellers.

As David and Christine prepare to welcome their first child, I want to ask all members of the Legislature to join me in thanking them and wishing them our sincere congratulations on the new birth.

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

**N. HIGHLANDS NORDIC SKI CLUB:
NEW CONSTRUCTION - CONGRATS.**

KEITH BAIN: Mr. Speaker, I rise today to recognize North Highlands Nordic Ski Club in Cape North, Victoria County. The club, founded in 1977, has over the years developed into an impressive facility with a 12-kilometre groomed trail system.

Over the Fall and Winter, board members and community volunteers constructed a groomer building, and appreciate the contributions from many local businesses in the area. Fundraising continues for the construction of a chalet on the site in the very near future.

I ask all members of this House of Assembly to join me in congratulating North Highlands Nordic on their success and in wishing them the best in the future.

THE SPEAKER: The honourable member for Halifax Needham.

HOPE COTTAGE: 50 YRS. OF SERV. - THANKS

LISA ROBERTS: Mr. Speaker, I rise to recognize a significant community organization in Halifax Needham that has been nourishing and serving the community for 50 years.

Hope Cottage was begun in 1970 by Father Joe Mills in response to requests for food support around the church that he served, St. Patrick's on Brunswick Street. He hoped that it would be a temporary response to poverty and homelessness that would soon be addressed.

In this, its 50th year, Hope Cottage has adjusted to COVID-19 restrictions and currently offers take-out meals every weekday at lunch hour. Hope Cottage ordinarily also offers a space of belonging and safety. Its volunteers and staff are at the front lines, offering nourishment and compassion to people who have been additionally marginalized during this last extremely challenging year.

I want to recognize its staff, volunteers, champions, and fundraisers, the Friends of Hope Cottage, and the Halifax Employers Association, and thank Hope Cottage for 50 years of service.

THE SPEAKER: The honourable member for Preston-Dartmouth.

COLFORD, CYRIL: DEATH OF - TRIBUTE

HON. KEITH COLWELL: Mr. Speaker, I would like to recognize Mr. Cyril Colford of Lake Echo, who passed away on November 19, 2020. He was a friend and someone I respected for his wisdom, his willingness to help everyone in need, and support.

He was born in East Chezzetcook, where he attended Hoperidge School. He worked in the Imperial Oil refinery in Eastern Passage before joining the army during the Second World War. He was on his way to fight in the Pacific when the war was declared over. He returned to Imperial Oil, where he remained until he retired in 1974.

He was a founding member of the St. Anne of the Lake Church and encouraged others to support and take care of the church. He was an active community volunteer, spending many hours on community activities. He helped establish a boys baseball team, supported many community activities, volunteered at the Halifax County Hospital in Cole Harbour, and was an active member of the Lake Echo Seniors Club and the Lake Echo Ecumenical and St. Anne's choirs for many years.

I recognize Cyril Colford for his complete devotion to his family, community, and church. He was a role model for many and exemplified community service through his tireless community work.

THE SPEAKER: The honourable member for Argyle-Barrington.

D'EON OYSTER CO.: 25 SUCCESSFUL YRS. - CONGRATS.

COLTON LEBLANC: Mr. Speaker, I rise today to recognize a thriving business in my constituency, D'Eon Oyster Company.

Nolan D'Eon, a lobster fisherman, realized fishing wasn't the future he wanted. Having watched wild oysters grow naturally in the brackish waters of Eel Lake for over 15 years, he knew of the potential sitting in his backyard. In 1996, he sold his boat and licence and embarked on his new venture.

He wasn't the first to try oyster aquaculture in southwest Nova Scotia, but with his determination and strong work ethic, he became very successful. Today, the Oysterman, as he's known, can be found around the farm, with his wife Kim and youngest son Colton, and their staff, who share the same level of passion.

Mr. Speaker, I ask that all members of this House to join me in congratulating D'Eon Oyster Company on their accomplishments over the past 25 years and wish them continued success in the future.

THE SPEAKER: The honourable member for Dartmouth North.

**DARTMOUTH HS GIRLS BASKETBALL:
CAPITAL REGION BANNER - CONGRATS.**

SUSAN LEBLANC: Mr. Speaker, I rise today to honour the undefeated girls basketball team at Dartmouth High School. Last night, the girls beat Citadel High School and posted their 74th consecutive win, clinching the Capital Region girls' basketball banner.

The team's 2020-21 roster is made up of Keanna Davies, Keira Grady, Paris Melanson, Lily Langille, Denezz Beals, Sami Russell, Jana Peachey, Jenaiya Fraser, Makiah Vincent, Cierrah Smith-Sparks, Cali Cordeau, LaShanah Cain, and Georgia Spruin. They were expertly coached by Marika Williams and Jenny Kanasevich. Williams has seen the team through three undefeated seasons.

Even more exciting, four of the Spartans seniors - Sami Russell, Denezz Beals, Paris Melanson, and Keanna Davies - have undefeated records for their entire high school career. Big congrats also go to Jana Peachey, a senior who has been undefeated since she transferred to Dartmouth High in Grade 11.

This has been a strange and challenging year for students and school athletics, Mr. Speaker, yet the Spartan athletes, their coaches, and supporters have persevered. On behalf of the community, I want to extend my congratulations to the whole Spartans team.

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

SIMMONDS, JUSTIN - RCMP CST.: COM. POLICING - WELCOME

HUGH MACKAY: Thank you, Mr. Speaker. I rise today to welcome RCMP Constable Justin Simmonds, the Tantallon detachment's newest community policing officer. Constable Simmonds is a Nova Scotia native, born in North Preston, where his grandmother still resides.

He has served in a number of Nova Scotia detachments and hopes his approach to community policing brings a positive message to the Tantallon and St. Margaret's Bay area. His first community presentation was talking about fraud prevention to the Bay Seniors Association.

Justin's commitment to the community extends to his personal life. He is the organizer of an annual charity hockey game in support of Feed Nova Scotia.

Mr. Speaker, I invite all the members of the House of Assembly to join me in welcoming Constable Justin Simmonds, St. Margaret's Bay's newest RCMP community policing officer.

THE SPEAKER: The honourable member for Sydney-Whitney Pier.

LONG, OWEN: MAKING HIS COM. PROUD - RECOG.

HON. DEREK MOMBOURQUETTE: Thank you, Mr. Speaker. Today I want to recognize my good friend, Owen Long, from the Sydney area. I met Owen a few years back when he was in tae kwon do and had the opportunity to work with his mom, Kim, at the community college at home.

Owen is a great young man in our community. He enjoys a lot of sports and participating in the Special Olympics. He loves to swim, he loves to play basketball and, apparently, he loves to give his uncle a hard time.

Mr. Speaker, I rise in my place today to recognize my good friend, Owen Long, and let him know that I, along with so many other people in the community, am very proud of him.

THE SPEAKER: The honourable member for Northside-Westmount.

SON, ANDREW - BIRTHDAY WISHES

MURRAY RYAN: Mr. Speaker, I rise today to mark a very special day. Today is April 14th, and I'd like to take a moment to wish my son, Andrew, a most happy 28th birthday. Your mother and I could not be more proud of the young man you have become, so on behalf of myself, your Mom, your grandfather, and all the family, happy birthday, Andrew. I hope you have a great day today.

THE SPEAKER: The honourable member for Cape Breton Centre.

**LINGAN GENERATING STN. FOOD CUPBOARD:
COM. SERV. - THANKS**

KENDRA COOMBES: Mr. Speaker, I rise to acknowledge the employees of the Lingan Generating Station for building a food cupboard for people facing food insecurity in New Waterford. I also want to thank Councillor Darren O'Quinn for finding a home for the food cupboard at Fraser's Variety (The Store) on Plummer Avenue.

Another thank you goes out to Fraser's for ensuring that this area is always well-lit so people can access the food cupboard day or night. Since January, this food cupboard has been well used, which speaks to the high needs of individuals in the community. In a community where poverty is high and food security is an issue, this food cupboard is much needed and appreciated. Thank you to all those involved and to everyone who keeps the cupboard stocked.

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

AVERY, MARY MURPHY: RETIREMENT - CONGRATS.

HON. LLOYD HINES: Mr. Speaker, I rise today in recognition of a family legacy within our community, which has recently come to an end. Mary Murphy Avery of Larrys River has recently retired from her 20-plus years with Canada Post. She started her journey as a mail delivery contractor in the 1980s, following in the footsteps of her dad. Mary has pictures of her dad doing the mail run in the 1920s - Guysborough from Larrys River - using, of course, a horse and wagon.

Mary says, I consider myself very lucky to have met wonderful people and have enjoyed the smiles on the faces of the little ones on the routes (as they knew I had gum for them) and the dogs were waiting for their treats and attention, even the horses coming to greet me and sharing apples with them. Mr. Speaker, I think Mary would have made a fine politician.

Thank you, Mary, for your many years of commitment and compassion, ensuring that residents of Guysborough County received their mail and a smile every day. We wish you all the best in your retirement.

THE SPEAKER: The honourable member for Queens-Shelburne.

LIVERPOOL FIRE DEPT. LADIES AUX.: COM. SERVICE - THANKS

KIM MASLAND: I rise today to recognize the fundraising efforts of the Ladies Auxiliary of the Liverpool Fire Department. When hurricane Dorian hit in 2019, auxiliary president, Becky Munroe, realized the department was underequipped to deal with an event of that nature. They began fundraising but, due to COVID-19, they had to cancel most of their traditional fundraising events and move efforts online. It was a pleasant surprise to all involved when the total amount from this adapted effort surpassed all previous ones.

Recently, they donated an impressive \$10,000 to the department so the station can be better equipped with items such as cots, blankets, pillows, and charging devices.

Mr. Speaker, I would like to express my sincere gratitude to the Liverpool Ladies Auxiliary for their ongoing efforts and continued support of the Liverpool Fire Department.

THE SPEAKER: The honourable member for Halifax Needham.

BRITTON, RHONDA - PASTOR: COM. LDRSHIP. - RECOG.

LISA ROBERTS: Mr. Speaker, I rise to recognize Pastor Dr. Rhonda Britton, the pastor of New Horizons Baptist Church.

[12:45 p.m.]

She has served that church since 2007 where she is the first female pastor since the church was established in 1832. She has led the church and its congregation through challenges and changes, including a name change and currently a major renovation and expansion which has seen her leading worship at Northwood, outdoors in Africville, and currently at St. Matthew's on Barrington Street.

In January, Pastor Dr. Britton was appointed the president of Canadian Baptists of Atlantic Canada, and she is its first Black female president.

I invite all members to join me in appreciating her leadership and thanking her.

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

PUDGEY TIRE: WHERE CUSTOMERS COME FIRST - RECOG.

HON. TONY INCE: Mr. Speaker, I rise today to recognize and acknowledge a long-time business owner and active member of our community, Lorne Walford, owner and operator of Pudgey Tire Automotive. The motto at Pudgey Tire is "Where Customers Come First" and that is absolutely true. I myself have received this first-hand.

After many years in business, sometimes an owner may take a step back and enjoy letting others work the business they have successfully built - not Lorne. While his business is extremely successful, you will see him every day providing great and prompt customer service, and his staff will do the same.

During the immediate pandemic restrictions, as an essential service provider Pudgey Tire Automotive was able to adjust to the COVID-19 safety measures and remain open and effective. Lorne's ability to adjust and continue to provide customer service no matter what the issue is what makes him our community's go-to guy for anything automotive. He is a pleasure to see and to chat with.

Lorne has built a great business and has provided many jobs over the years. He is a strong member of our community and, for that, we thank him and wish him many more years of success.

THE SPEAKER: The honourable member for Sackville-Cobequid.

FRONTLINE WORKERS: SERV. DURING PANDEMIC - THANKS

STEVE CRAIG: Mr. Speaker, I rise today to thank our frontline workers. For most of us when COVID-19 first came into our lives, Public Health guidelines stressed the

importance of staying home, keeping our distance from others, and limiting our time in public places.

However, this was not the case for everyone. Members of our health care teams, retail employees, garbage collectors, bus drivers and other essential services found their lives became much more stressful, having to learn how to continue to work safely through the pandemic.

I would like to ask that all members of the House of Assembly join me in thanking our essential frontline workers who, through their sacrifice and dedication every day, made sure we were able to access these vital essential services.

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

**SQUARE ROOTS, SACKVILLE:
COM. SERV. DURING PANDEMIC - THANKS**

HON. BEN JESSOME: Mr. Speaker, I would like to recognize the Acadia Recreation Club Society for their ongoing volunteer efforts to manage the Square Roots Food Bundle Service in Sackville, Lucasville, Hammonds Plains and the surrounding area.

Square Roots is an organization that provides free or low-cost food bundles of local produce for those who need it. The organization runs out of several locations in metro. During the Spring when people were urged to stay home due to COVID-19, Square Roots Sackville provided free food bundles to assist those who were unable to get their groceries.

Thank you to the many volunteers, organizers, and donors who made the program a success. It was a valuable asset to help those most in need. The program has gone so far as to deliver school supply bundles from the Department of Education to families with children heading back to school.

I ask all members of the House to join me in thanking this group of volunteers for their countless efforts in assisting people through a difficult period, particularly in the COVID era.

THE SPEAKER: The honourable member for Pictou Centre.

MATLOCK, MEGAN - RECIPIENT: LORAN AWARD - CONGRATS.

HON. PAT DUNN: Mr. Speaker, I rise today to recognize a student, Megan Matlock.

Megan, a popular and outstanding student at Northumberland Regional High School, is one of 30 students across Canada to receive the Loran Award.

Megan is well known for her engagement in numerous groups and organizations. She has volunteered with her student council executive team, is captain of her varsity soccer team, and is a competitive figure skater, as well as being coach for both of these sports.

Megan is an enthusiastic individual, working at several jobs, taking care of her studies, and participating in extracurricular activities. Needless to say, Matlock is a very busy young lady. The Loran Award is valued at \$100,000 dollars.

I would like to ask all members of the Legislature to join me and wish Megan Matlock all the best as she enters Western University to study medical sciences.

THE SPEAKER: The honourable member for Lunenburg West.

GOW, VIOLA: 90th BIRTHDAY - BEST WISHES

HON. MARK FUREY: Mr. Speaker, I'm honoured to rise today to wish a belated 90th birthday to Viola Gow of Bridgewater. Vi celebrated her milestone birthday on March 29th with her family and her beloved dog Ollie, a ScottiePoo.

Vi raised four children - Donna, Julie, Bill, and Jeff - with Donald, her husband of 38 years. In 1976, Donald opened the successful Gow's Home Hardware and Furniture on King Street, where Vi would work afternoons and fill in on weekends.

Her kids said that Vi has always been their biggest cheerleader, and that she's the sweetest person ever. She's an easygoing, lovely lady who loves to give hugs. She enjoys eating out, especially at Waves Seafood & Grill, whose staff she considers to be her second family.

I ask all members of the Legislature to join me in wishing Viola Gow - always "Mrs. Gow" to me - a happy belated 90th birthday, good health, and happiness.

THE SPEAKER: The honourable member for Dartmouth East.

COSTELLO, NATALIE - ENSEIGNANTE: SERVICE DES ÉLÈVES FRANCOPHONES - MERCI

TIM HALMAN: Monsieur le Président, je me lève aujourd'hui pour reconnaître Natalie Costello, la directrice adjointe et enseignante ressource de l'École Secondaire Mosaïque.

Nathalie a commencé sa carrière au Conseil Scolaire Acadien Provincial en 1996. Cette année marque le 25^{ième} anniversaire d'une carrière consacrée au service des élèves francophones, ainsi qu'en service comme Consultante au Ministère de l'Éducation et du

développement de la petite enfance, et en service comme membre de la direction dans trois écoles métropolitaines du CSAP.

Nathalie s'engage fièrement dans la langue et culture francophone dans sa vie quotidienne et travaille fort sur le développement d'une culture inclusive à l'École Secondaire Mosaique.

Nathalie est une enseignante exemplaire qui n'est pas seulement une source d'inspiration pour ses élèves, mais aussi pour ses collègues.

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

**HATT, MICHAEL - PHARMACIST:
MOBILE VACCINATION CLINIC - COMMEND**

ALANA PAON: Mr. Speaker, I rise today to praise the resourcefulness of Michael Hatt, a local pharmacist in Port Hawkesbury who converted an old ambulance into a mobile vaccination clinic, a first of its kind in Canada.

Michael purchased the ambulance in October 2020, with the intent of using it to deliver flu vaccines after recognizing that many of rural Cape Breton's residents have mobility issues and limited access to a local pharmacy, and many have no longer access to a family physician.

Michael is currently delivering the COVID-19 vaccine from the converted ambulance in the town of Port Hawkesbury, with plans to hit the road to reach those in underserved areas.

I call upon the members of this House to applaud Michael's inventiveness. May it inspire others to think of creative solutions as to alternative delivery methods in our much-needed health care services in rural Nova Scotia.

THE SPEAKER: The honourable member for Sackville-Beaverbank.

MILLWOOD HS STAFF: VIDEO MESSAGE TO STUDENTS - THANKS

BRAD JOHNS: Mr. Speaker, I rise today to acknowledge the staff of Millwood High School, the sole high school in my constituency and also the school my oldest daughter goes to.

Last March, the staff of Millwood High uploaded a video to YouTube that consisted of staff who were lip-synching "I Want You Back" by NSYNC. The video was the staff's way of showing the students how much they missed them during the COVID-19 pandemic while the schools were closed.

Mr. Speaker, I'd like to take an opportunity to thank all the staff members at Millwood High School for their hard work and dedication to their students and our community, especially in these uncertain times.

THE SPEAKER: The honourable member for Kings West.

OAKLAWN FARM ZOO: SUCCESSFUL LIFE ENDEAVOUR - RECOG.

HON. LEO GLAVINE: I want to rise today to recognize the Oaklawn Farm Zoo in Aylesford.

The cornerstone of our province, Gail and Ron Rogerson started a farm in the early 1970s that quickly evolved into an opportunity for local schools to visit. By 1984, the farm became Oaklawn Farm Zoo and opened to the public with great success.

From lions to goats and everything in between, this continues to be a Summer tradition for families far and wide. I thank them for the unique opportunity to have a meeting in their home with the Department of Lands and Forestry and have a lion cub in my lap to enjoy.

Gail and Ron are some of the nicest and most caring people you will ever meet. It is a privilege to be before the House today and ask members to join me in recognizing the success of their life endeavour, but I would be remiss if I also did not ask the House to please join me in wishing Ron a very happy 80th birthday.

THE SPEAKER: The honourable member for Kings North.

**KENTVILLE FOODLAND:
MAINTAINING FOOD SUPPLY DURING PANDEMIC - THANKS**

JOHN LOHR: Until the arrival of COVID-19, having a safe supply of good food and a clean, safe store to shop in was something many of us might have taken for granted. All that changed with the emergence of the COVID pandemic, when suddenly our shopping experience was now a possible COVID hazard experience. The supply of good food on our shelves was interrupted.

The fact that our shelves were kept stocked and very few contracted COVID while shopping is a tribute to the extraordinary efforts of all involved in supplying our food. Staff and management at Kentville Foodland worked together and at great risk to provide that safe shopping experience. Truckers, farmers, and food producers kept on working despite personal risks. We all realized a new definition of essential worker, which included all those who helped supply food.

Today I ask all members of the Nova Scotia Legislature to recognize and thank Lori Graham and the staff of the Kentville Foodland grocery store for their efforts to put food on the shelves, work the checkout counters, and ensure grocery shopping during COVID-19 was safe, continuous, and secure.

THE SPEAKER: The honourable member for Clayton Park West.

LITTER PREVENTION VIDEO CAST: COM. ENGAGEMENT - THANKS

RAFAH DICOSTANZO: I would like to recognize a group of youth in Clayton Park West: Hamza Almsalmeh; Riley Cogswell; Danielle Saba; Damian Hawkins; Christian Benigno; Christian Hage; Peter Kouzovnikov; Hannah Williams; Eamon Roach; and Cullen Roach.

These youth all participated in the creation of a video to educate youth about litter prevention in schools, led by Emily Williams, Michele Di Quinzio, and Argiris Svolopoulos.

They are all passionate about community engagement, and they were happy to volunteer their time to help educate their peers about keeping our community clean and protecting our environment. These youth range in age from seven to 20 and have attended or are attending the four different schools in my riding.

I ask that members of the Legislature join me in thanking the Litter Prevention Committee video leads for their passion for community involvement and volunteerism.

THE SPEAKER: The honorable member for Pictou West.

BROWN, DAVE - FIRE CHIEF: RETIREMENT - THANKS

KARLA MACFARLANE: I would like to congratulate Dave Brown on his retirement from the River John Fire Department as fire chief. Holding the title for 25 years, no other fire chief has held the position as long as Dave Brown.

Dave joined the department in 1979 and has held various positions throughout his long career. He could often be found at the fire hall on evenings and weekends working on various projects and ideas. Dave is committed to learning and every year shares his knowledge as an instructor at the annual Pictou County Firefighters Association Fire school.

I would like to thank Dave Brown for his many years of service and dedication to the River John Volunteer Fire Department and to his community. I wish him all the best and some relaxation during his retirement.

THE SPEAKER: The time allotted for member's statements is now expired. The House will now take its mandated 15-minute COVID recess, and proceedings will resume at 1:15 p.m.

[1:00 p.m. The House recessed.]

[1:15 p.m. The House reconvened.]

THE SPEAKER: Order, please.

ORDERS OF THE DAY

ORAL QUESTIONS PUT BY MEMBERS TO MINISTERS

THE SPEAKER: The honourable Leader of the Official Opposition.

PREM.: COVID-19 VACCINATION - ACCESSIBILITY

TIM HOUSTON: My question is for the Premier.

On March 23rd, a government press release, presumably from Public Health, said the province is on track to give every person who wants a COVID-19 vaccination in Nova Scotia their first dose by the end of June.

On the weekend, we saw the newspaper ad, the partisan ad from the Liberals, that said that now, under the Liberal plan, as quoted in this ad, "Under our plan, every adult in Nova Scotia who wants a vaccine will have access . . ." We know words matter, and wanting one and having access in this province are oftentimes two separate things.

I'd like to ask the Premier: Is there a softening of the language between the March 23rd Public Health plan and this weekend's Liberal vaccination plan?

HON. IAIN RANKIN (The Premier): Again, I'd like to take this opportunity to commend those who are working on the front line delivering the vaccine every single day. We continue to increase the amount.

I was very happy when Dr. Strang and the team let me know we could do, roughly, a maximum of 10,000 to 12,000. Just yesterday, we eclipsed that with 12,275 doses into arms. Still, as we move forward, we're putting second doses into arms, so there are close to 300. I know the member opposite doesn't realize that.

We're going to continue to make sure that we keep the commitments to those Nova Scotians to get their second dose and get a chance for everyone to have access to a shot by the end of June.

TIM HOUSTON: I think we all have a great respect for Public Health and some of us even give them the credit, as opposed to taking out ads and trying to steal the credit.

I just want to be very clear on the wording here, because we do know that Nova Scotia is still last per capita. It's great we're doing better, but we have a lot of ground to catch up with the other jurisdictions.

Just over the past month, we've seen the wording go from Nova Scotians who would get a dose to those who want one "would have access" to one. There are differences in those things. We know we've had challenges with a faulty appointment system, we've had limited supply - there's enough that's happened in this province that Nova Scotians know that just because you're eligible doesn't mean you can get it when you want it. Under the Liberal plan, they could make everyone eligible before the end of June and claim to have met their target.

I just want to be very clear with the Premier. I'd like to ask the Premier: Under the Liberal, partisan vaccination plan, will all first doses be administered by June 30th?

THE PREMIER: I thought yesterday, finally, that the member opposite started to agree with the plan rollout because he shifted his focus and was more worried about who got the credit. I want to be clear: the credit goes to Nova Scotians and those working in Public Health who have developed the plan, the same Nova Scotians who developed the restrictions that we continue to work very closely with.

That's how we've been successful in this province and, in general, in the Atlantic region. We are working very closely on an evidence-based approach to ensure that we have the confidence in the system to make sure we're delivering on our commitments, and every adult Nova Scotian will have a chance to have access to a vaccine by the end of June, if not sooner.

TIM HOUSTON: "A chance to have access to" it is not exactly what I was asking about. Words matter. This is why we want to be so specific on this important issue. Promising now a chance to have access is something different.

We know that previously, the Public Health plan had included 16- and 17-year-olds. They were part of the Public Health plan. I can table an article. There's no mention of that group of people under the politically driven Liberal plan.

You can't serve two masters. Nova Scotians know that. The previous Premier understood that you can't serve the safety of Nova Scotians and the political objectives of the Premier. We're seeing this new Premier is very much pushing the political agenda. I kind of liked it when Dr. Strang was in charge better, myself, Mr. Speaker.

I'd like to ask the Premier: Why has the Premier taken Dr. Strang's plan that included even up to 16- and 17-year-olds and reset the public expectations?

THE PREMIER: We've been consistent since the outset. We're continuing to hit our targets and actually exceeding them, working down. The age cohorts are going down, actually, in advance of when we expected to.

We're going to continue as long as we have those volumes. Our supply is contingent on what the federal government delivers. We haven't had to cancel appointments like other provinces had. Even just yesterday, we're hearing of 10,000 cancellations in other provinces, whereas our system is one that is a reliable one, it's a flexible one and it's an equitable one that's delivered into communities across this province. We're going to continue to make sure that we're working in lockstep, with no distance between Public Health and the government.

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

PREM.: COVID-19 EXPENSES - REDUCTION

GARY BURRILL: My question is for the Premier. Yesterday, responding to my question about the \$200 million decrease in departmental spending that the government plans for next year, the Premier indicated that it would come from reduced expenses related to COVID-19. Now that is a lot of reduced expenses, at a time when the pandemic is offering no assurances that COVID-19-related spending is going to become unneeded any time soon.

My question for the Premier is: Will the Premier tell us where he plans to make these reductions - less PPE for frontline workers? Fewer infection control measures in nursing homes? Just what has he got in mind?

THE PREMIER: Whatever we need to do to deal with the pandemic, we will ensure that Nova Scotians have. There are forecasts out to look at what a new normal looks like when we have vaccinations out there and into communities. We're going to continue to make sure, as we have in the last year - over \$600 million given to fight the disease. We're going to continue to make sure that we look at programs.

I think it's incumbent on governments to ensure that every dollar we spend is in the appropriate areas. That's why we will be conducting a well-being review and we're going to continue to make sure that we invest, as we have in this budget, in increases in health care, increases in education, and historic increases to those most vulnerable.

GARY BURRILL: Mr. Speaker, if we've learned anything about this virus, it's that everything about COVID-19 is uncertain. The Deputy Minister of Health and Wellness indicated as much yesterday, when he said before the Health Committee this: “. . .the

expenses for COVID-19 are large . . . as we proceed - and God willing, as . . . our epidemiology is good . . . there will be less spending in the next fiscal year for COVID-19." God willing, he said.

My question to the Premier is: Will the Premier acknowledge that a wish and a hope for a favourable epidemiology in the midst of all the COVID-19 uncertainty is a darn poor foundation for a \$200 million reduction?

THE PREMIER: No, I won't. The assumptions were checked by the Auditor General to look at what was appropriate. We conduct similar forecasts that other provinces do.

We are doing well with the pandemic. We're going to continue to ensure that every single amount of supplies or other types of expenses that we need to ensure we protect our health care workers on the front line are there. We're going to make sure that, if there are more restrictions that need to be imposed, this government realizes that will have an impact on Nova Scotians. That's why we've come out with programs to help our tourism sector, to help our restaurant sector, and that will continue.

GARY BURRILL: Also yesterday, when I asked about the \$200 million decrease in departmental spending that the government is planning for next year, the Premier stood and spoke about being what he called prudent fiscal managers and making - and I quote exactly - wage settlements we can afford.

Mr. Speaker, the government will be negotiating contracts with nurses. The government will be negotiating contracts with continuing care assistants. The government will be negotiating contracts with paramedics.

My question for the Premier is: Is the Premier saying that he intends to find his \$200 million in reductions by taking it from the wage settlements of those who have carried us on their shoulders through the pandemic?

THE PREMIER: Thank you, Mr. Speaker, and I respect that we have a different view. Those on the other side of the House do not want to see a plan that goes back to balance. I think we need to take a measured approach and not do what is tempting for other governments when you look at how we stimulate the economy building back.

We have strategic investments in how we build back better with climate change initiatives, \$80 million. We have other initiatives in the form of equity, to ensure that we have more inclusive economic growth.

It's not the time to open up the floodgates and spend all kinds of money that we don't need to. We've targeted money in the areas that we need to in health care. We

continue to make sure that there's more inclusion in our classrooms. We continue to increase spending where we need to, to help those that are most vulnerable.

I think Nova Scotians do not want to burden future generations with the programs we are incurring today and that's what we continue to do.

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

H&W: PHYSICIAN RETIREMENT - NUMBERS

BARBARA ADAMS: Yesterday, the Minister of Health and Wellness seemed very excited to talk about the doctors that are promised to come to Nova Scotia, and that is great news. Although he has been asked about new doctors for a long time, and again this month in the Legislature, this was the first time he has mentioned them, so maybe it was a surprise, though, as we all know, new doctors are only half of the equation. The other half - and the reason we have so many unattached patients in Nova Scotia - is that doctors retire or otherwise leave the province or their practice.

My question to the Minister of Health and Wellness is: How many doctors are expected to retire this year?

HON. ZACH CHURCHILL: Of course, doctor recruitment and retention are a priority for us. This is not the first time I've mentioned that new doctors are coming in through our international program. In fact, I've spoken no fewer than half a dozen times in Estimates and in Question Period about the great work that the health authority and the department are doing with the immigration department to fast-track internationally trained doctors to get here. We do have 29 of those folks who will be here, which include a cohort of specialists as well as family physicians.

It is important to look at patient attachment here in Nova Scotia. As much as the Opposition claims that we have a crisis in this area, we actually have over 93 per cent attachment here in the province. That's a result of not just doctor recruitment and retention and compensation but also expanding health care access to other frontline professionals like nurse practitioners.

BARBARA ADAMS: Mr. Speaker, unfortunately, the 64,000 people without a family doctor would consider that a crisis, at least for them. According to the government's own information that they sent to us for the Legislative Health Committee yesterday from the Canadian Institute for Health Information, Canada's health care providers, there were approximately 29 per cent of physicians over the age of 60 in Nova Scotia. That is, in fact, the answer to the question I had asked, but I'll move on.

Surely the Nova Scotia Health Authority has some sense of exactly how many doctors are approaching retirement age. If they don't, we are never going to catch up

because we will always be rehiring or hiring to replace the doctors we lost. It's the deep cynicism of this government to pat itself on the back while the number of Nova Scotians who need a doctor continues to climb. My question for the Minister of Health and Wellness is: In the interest of fairly and accurately presenting information to Nova Scotians, when can we expect to see a press release or even a statement by the minister announcing the number of doctors who have retired or moved away?

ZACH CHURCHILL: Of course, this is part of our planning to fill positions. The health authority helps us monitor doctor retirements so that we can respond. This is why we're training more doctors than ever before here in Nova Scotia, why we have the most competitive compensation in Atlantic Canada for family physicians, for emergency department physicians, for anesthetists, and why we have reduced red tape barriers to recruiting internationally trained doctors to our shores here.

Furthermore, we've also increased primary care access points for Nova Scotians who are on the unattached list, who need constant monitoring. This is why we have our primary care facilities across the province, where doctors and nurse practitioners actually provide that oversight to those patients who might be suffering with a chronic illness or need constant monitoring, so that they're getting the support they need while they're waiting to get attached to a family physician.

THE SPEAKER: The honourable member for Argyle-Barrington.

H&W: FAMILY PHYS. SHORTAGE IN ARG.-BARR. - ACCEPTABILITY

COLTON LEBLANC: Mr. Speaker, my question is for my electoral district neighbour. No, not the member for Queens-Shelburne but the Minister of Health and Wellness. I'd argue that the people from our part of the province are the friendliest folks you'll ever meet. We look out for one another in times of need and wave when we pass by. Sadly, according to the latest numbers, one in eight Nova Scotians, or one in eight in our region - members of our family, our friends, our neighbours - is in need of a family doctor. More than twice the provincial average.

I don't really consider this acceptable for my constituency, so I'm just wondering if the minister agrees with me.

HON. ZACH CHURCHILL: Mr. Speaker, of course, we want to see our patients attached in the Western Zone and the Northern Zone - these are the two regions that have had the most challenge in filling for vacancies. That is why in both these regions we have access to these primary care clinics.

For folks who are not attached to a family physician, who need monitoring and support, we have these services that are available for them. And we've invested in local recruitment initiatives as well, and work with local physicians and community partners.

This happens particularly, I know, in the West and, I believe, in the North as well, to do our very best to showcase our communities, connect doctors to other community members.

[1:30 p.m.]

We also have the benefit in the West of utilizing the Dalhousie residency program at Yarmouth Regional to use as a recruitment tool. I believe we will see some success in this area.

COLTON LEBLANC: Like I said earlier, people from down here look out for one another in times of need. We also take responsibility for our actions. I cannot think of a more pressing need for many than in having access to a family doctor or a nurse practitioner.

The minister's government has been in power for eight years. I do not need to remind the minister that over the last year the number of Nova Scotians in our part of the province, that number has increased by more than 1,100 people.

I will ask again to the minister: Does he think it is acceptable that one in eight of our constituents - our family members, our friends, and our neighbours - are in need of a family practice. If he doesn't, what is his message to them? His patience is not acceptable.

ZACH CHURCHILL: As I said in response to the member's first question, I do not think this is acceptable; this is why we are putting so much effort into recruitment and retention.

There has been some local success in our area with family physicians, with emergency department physicians, as well as critical anesthetists that keep our hospital operating as a regional centre. We are going to keep working with our local partners, keep working with the Health Authority, keep working with the Department of Immigration to attach people to family physicians.

For those that are not attached that do need continual care and monitoring, we do have the primary care clinics that are available. The member and I can both help direct people toward those primary care clinics who are unattached, so they get the support the need while they are waiting for a family physician.

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

H&W - TRURO AND AREA: NEW PHYSICIANS - NUMBER

DAVE RITCEY: Mr. Speaker, my question is for the Minister of Health and Wellness. I continue to spend significant time knocking on doors in my riding, speaking

with and listening to community members. The number-one issue for my community is clearly access to primary health care.

Last week, the minister admitted a need for doctors in the Truro-Colchester area. Many people continue to wait six to twelve hours in a waiting room for requisitions and prescriptions when an appointment with a primary care professional could handle the matter.

So, my question for the Minister of Health and Wellness is: How many of the doctors - 29 announced yesterday - are headed to the constituency of Truro-Bible Hill-Millbrook-Salmon River?

HON. ZACH CHURCHILL: I would like to thank the member very much for the question. There will be seven physicians who will be heading to the Truro area. This is an area where we do currently have some shortages and we are working to fill those positions.

Of the list that I mentioned, there will be seven physicians, which includes some psychiatrists as well.

DAVE RITCEY: Thank you, minister, for the answer. The community will be happy to hear that.

Mr. Speaker, last week my neighbour asked the best way to find a family doctor. I made sure he had already been added to the 811 list, only to find out from the 811 site - and I'll table:

“Nova Scotia Health Authority encourages family practices to contact us when they are able to accept new patients. Family physicians are independent health care providers who determine how and when they accept new patients into their practice. This can be from the registry, or another method that works best for their practice (e.g. their own wait list, advertisements, family members of existing patients, etc.).”

My question for the Minister of Health and Wellness is: When new doctors set up practice in an area, why are they not required to take patients from the 811 list first before taking on other patients?

ZACH CHURCHILL: It is because there is flexibility with how doctors conduct their practice. They are independent physicians and businesspeople and do have independence in terms of how they set that practice up. We do want to see, particularly with the new doctors who are coming into our market, a higher patient count. We want to see more patients being attached to them, because the nature of practice is changing for the newer folks coming into the system, who tend to see less patients - for a variety of reasons that are justifiable - than previous generations of physicians do. That does create additional

recruitment and patient-attachment pressure. We are working with Doctors Nova Scotia to address this issue and see how we can further ensure that the patient attachment is following new doctors into our system without creating a working environment here that the doctors are unhappy with.

THE SPEAKER: The honourable member for Dartmouth North.

PREM.: CCA WAGES - ADEQUACY

SUSAN LEBLANC: Mr. Speaker, we have repeatedly heard this government insist that all continuing care assistants in Nova Scotia make \$16 to \$17 per hour, but that simply isn't true. All one has to do is peruse job-seeking sites to see multiple postings for CCA positions at \$13 and \$14 per hour and even minimum wage.

Given that the living wage in Halifax is over \$21 per hour and over \$17 in the CBRM, these low wages surely contribute to why the workforce is short by hundreds of people.

Does the Premier think that these wages are adequate for the thousands of people who remain on the literal front lines of the fight against COVID-19?

THE PREMIER: Thank you, Mr. Speaker, and I want to thank those hard-working Nova Scotians who are literally heroes. They've been working extremely hard throughout the pandemic and we need to make sure that they have the resources they need. That's why, in this budget, we've looked at the Expert Advisory Panel on Long Term Care and made the investments that were asked for to ensure that we had more resources into the long-term care centres.

We are going to continue to make sure that we are looking at fair remuneration across the board, across all sectors, and I want to again thank those hard-working Nova Scotians.

SUSAN LEBLANC: Fair remuneration. That's the name of the game, Mr. Speaker. That is what we are talking about.

Mr. Speaker, we have already spoken in this House about the thousands of frontline workers who did not qualify for emergency wage increases during COVID-19, speaking of fair remuneration. In Budget Estimates recently, the Minister of Finance and Treasury Board admitted that potentially millions of dollars of federal money was left on the table that could have gone directly into the pockets of underpaid CCAs through the Essential Health Care Workers Program.

All this government had to do was simply expand the definition of who qualified, as Newfoundland and Labrador just did recently, raising the income cap on the already

broad criteria for recipients that included workers in health care, energy and utilities, information and communication technologies, food services, transportation, and a variety of others.

What possible reason can the Premier give for refusing \$6 million that would have gone directly to frontline Nova Scotians?

THE PREMIER: Mr. Speaker, I wasn't there at the time, but my understanding is that CCAs were eligible. We will make sure that we check that.

We continue to make investments in areas of long-term care. It's of utmost priority for us, and that is why we've directed funding to ensure that we have increased staffing.

We have put in significant capital in this budget to look at renovating and actually rebuilding sites. We are doing more work to see which sites need more work. We have put investments into workplace safety, which is really important, and looking at how we can provide more recreation supports, so staffing across the board - allied health professionals in these centres. It's going to continue to be a priority, and we are going to look at how we best remunerate this frontline work.

THE SPEAKER: The honourable member for Cumberland South.

H&W - OXFORD: DR. RETIREMENT - REPLACEMENT

TORY RUSHTON: Mr. Speaker, the people of Oxford and area have been well-served by a single doctor for years. He has been dedicated to the people and, like anyone else, I'm sure retirement may be on the mind.

If the doctor leaves or retires, many in the community fear the loss will mean that that NSHA in Halifax will no longer allow a doctor to come to the community practice. These have been fears for ongoing years.

My question for the Minister of Health and Wellness: If Oxford loses its doctor to retirement, will he commit to making sure that a fulfilment replacement doctor is found for this community?

HON. ZACH CHURCHILL: Thank you very much, Mr. Speaker. Our goal is to ensure that there is access to primary care across this province in every single community. We work with the Nova Scotia Health Authority to determine where the greatest needs are and, of course, we have to work with the doctors themselves who, at the end of the day, get to choose where they do want to practise in our province.

Our goal, at the end of the day, is to work together with these critical partners and ensure that there is equitable access to primary care from one end of this province to the other.

TORY RUSHTON: Mr. Speaker, Oxford is the wild blueberry capital of the world and it is home to Oxford Frozen Foods and its many employees. It only makes sense to have access to medical attention.

The clinic and town has had many services over the years and maintains many, such as physiotherapy services, a dentist, and blood collection services from NSHA. Continued service and expansion of service would help attract more residents and create confidence in the area.

My question for the minister is: What programs is the Department of Health and Wellness using to help small towns such as Oxford in their search to enhance medical services and recruitment for doctors?

ZACH CHURCHILL: We are lucky that physicians who are planning to retire take it upon themselves, through the Health Authority, to reach out and develop succession planning. So, we do have a support network in place to work with physicians in every community who know they are going to retire to do succession planning to ensure that those positions in communities can be filled to the best of our ability.

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

H&W: WAIT TIMES FOR HIP REPL. SURGERY - LENGTH

BARBARA ADAMS: Mr. Speaker, in 2016, 56 per cent of Nova Scotians hit the benchmark of receiving a hip replacement. In 2018, that dropped to 49 per cent of Nova Scotians receiving a hip replacement within the six months. I'll table that.

Today our average, given the latest available Nova Scotia government data, is of people getting their consult within 219 days and their surgeries another 568 days, or 26 months.

My question to the Minister of Health and Wellness is: The Nova Scotia wait time database is due to be updated this month. Are the wait times for hip replacements expected to increase or go down this month? Why are we still so far behind the rest of the country when it comes to surgery wait times?

HON. ZACH CHURCHILL: Of course, elective surgeries have been impacted, particularly over the course of the last year. There have been quite a bit of resources put into improving the wait times for hip and knee replacements. We had seen some improvement there, but I do know that there have been delays as a result of COVID-19.

The Nova Scotia Health Authority, working with us, are working very diligently to catch up and ensure these surgeries can happen as quickly as possible. Again, the latest number I have is that 95 per cent of those surgeries have already been booked or happened.

BARBARA ADAMS: Well, we are aware that the government keeps acknowledging the problem, explaining that COVID-19 is a result of that. But if you go back over the past eight years, this problem has been increasing despite the problems generated by COVID-19.

There is never a clear path or a solution laid out for us, just a promise that eventually it is going to get better. Investing quite a bit of resources is the input but the output is actually reduced wait times and we are not seeing that.

It is also worth noting that besides hip replacements, as of 2019, Nova Scotia lagged behind the rest of the country in most other procedures, including knee replacements and cataract surgery. This is while Newfoundland and Labrador's most recent data show that another province with a relatively small population had 88 per cent of their patients meeting their benchmark.

My question to the Minister of Health and Wellness is: What are we doing differently from Newfoundland and Labrador that leaves their hip replacement patients suffering less than Nova Scotians?

ZACH CHURCHILL: This has become a national issue. We've heard recently that Ontario has had to cancel thousands of hip and knee replacements because of their situation.

We are fortunate enough here right now with our epidemiology - and again we can't be complacent - things can change very quickly, as we've seen - this has allowed us to get back to the surgery table and get these surgeries done more quickly than in other parts of the country, some of which are still in lockdown. We're hearing reports of Ontario - there's fear of their health care system being overrun by COVID-19.

These conditions are allowing us to get to the work to catch up with the delays caused by COVID-19 and again, 95 per cent of those surgeries that were cancelled have been rescheduled or have already happened.

THE SPEAKER: The honourable member for Dartmouth North.

PREM.: DIABETIC INSULIN PUMPS - ACCESSIBILITY

SUSAN LEBLANC: Mr. Speaker, my question is for the Premier. Insulin pumps provide lifesaving blood glucose monitoring for people with Type 1 diabetes. They also

aid in the prevention of chronic health issues that are painful and costly to our health care system.

The Nova Scotia Insulin Pump Program, established under the NDP government, is meant to provide support for people under 25 to access these very costly devices, but many families are forced to cover the hundreds and sometimes thousands of dollars in costs for pumps and supplies.

[1:45 p.m.]

According to the Department of Health and Wellness, for the almost 40 per cent of first-time enrolments who have some kind of co-payment, families may have to pay more than \$2,000 for a pump and almost \$500 a year for supplies.

Does the Premier find it acceptable that families who are supposed to be supported in paying for insulin pumps are left having to fundraise for these life-saving devices?

HON. ZACH CHURCHILL: There's a lot of pressure on our health care system. We have to work every single year to use the finite resources that we have to respond to the areas of greatest necessity in this province.

We're always looking at ways to improve service delivery and access to necessary supports, and this area is one that I know the advocacy groups are well engaged with. We'll continue our conversations with them, making decisions based on where we know the greatest need is from a patient perspective.

SUSAN LEBLANC: I would argue that chronic disease in Nova Scotia is one of the biggest problems in our health care system right now. Part of the problem at hand could be that this government has gutted the Nova Scotia Insulin Pump Program. It started with a budget of \$5.3 million in 2014, was halved in 2015-16, and then cut in 2017-18, where it remains at only 15 per cent of the original amount.

Indeed, usage of the program has gone down, but simply holding the line would have allowed more families more coverage of these expensive devices. Or the program could have been expanded to cover continuous glucose monitoring devices, expensive, important devices that can be life-saving for people who experience low glucose at night and risk not waking up in the morning. That can cost as much as \$6,000.

Can the Premier or the minister explain why this government decimated the Nova Scotia Insulin Pump Program, sticking families with the bills in the hundreds and thousands of dollars for insulin devices?

ZACH CHURCHILL: That is not true at all. The funding in that program is based on utilization. The reason the funding has gone down is because, thankfully, less people

have had the need in that age group of utilization for insulin pumps. That must mean that the health care of those individuals is improving.

This is a targeted program that we've kept in place, that the NDP did bring in. It does provide targeted support for those families who need the most financial aid, and the funding is distributed based on that prioritization, which is income-based. The fact that utilization is going down is what's impacting the budget, and that is a good thing to see: people getting healthier here in Nova Scotia instead of sicker.

THE SPEAKER: The honourable member for Cumberland North.

H&W - PCWS/GROUP HOMES: VACCINE PRIORITY - EXPLAIN

ELIZABETH SMITH-MCCROSSIN: Last Friday, a decision was shared by the Premier that personal care workers and those living in group homes will no longer be considered a priority for receiving the COVID-19 vaccine. Since then I've received a couple of angry phone calls to my office. People are scared. They've seen what can happen, they saw what happened at Northwood, and they're very upset that they are not considered essential and not being prioritized.

My question to the Minister of Health and Wellness is: Can he explain the reason for this decision?

HON. ZACH CHURCHILL: We have an age-based prioritization program that is now exceeding, moving more quickly than what was originally anticipated. We are surpassing what was going to be our Phase 2 implementation of vaccinations, so Phase 2 is going to become irrelevant, because the age-based process is working very effectively, and it is our best way to get to herd immunity in the quickest manner possible.

We know that everybody wants this vaccine, that's a good thing. A recent poll came out today from Narrative Research that suggested that 86 per cent of Nova Scotians polled wanted to get this vaccine. That is excellent news. That means the pressure is going to keep up, and as supply comes into Nova Scotia we're going to get those doses in arms. We had over 12,000 doses administered yesterday. We have now had close to 170,000 doses administered, close to 140,000 individuals who have gotten their first dose, and we're leading the country in second-dose administration.

We've got to stick to this plan. It works. Other provinces are looking at how we're doing it here.

ELIZABETH SMITH-MCCROSSIN: I'm certainly getting a different story than what the minister just shared, that's for sure. These personal care workers provide personal care, and they are feeling very devalued right now by this government because they are not being prioritized.

I also received a call from people working at Maritime Pride Eggs, who also were supposed to be prioritized because they are essential workers as a major food processor. The Maritime Pride Eggs actually process 1 million eggs a day and are the main supplier for all the Maritimes. Now they're not being prioritized as well, putting our food supply chain possibly at risk.

My question to the Minister of Health is: Why are critical food supply processors no longer being prioritized by this government to ensure we do not have a breakdown in the food supply chain?

ZACH CHURCHILL: Mr. Speaker, every week the members of the Opposition do bring up a different stakeholder or community organization that does have a legitimate argument to be vaccinated. But herein lies the challenge: if we're picking and choosing professions, picking and choosing conditions, having a process that would require verification for all those factors, that is going to slow us down.

The fact remains that age is the single greatest risk factor when it comes to severe illness and mortality for COVID-19. The fact remains that to get to herd immunity, the quickest route possible is focusing on the age-based approach that is going to help us do that.

We do have a good plan, it's working. We're actually exceeding our own expectations and how many doses we can deliver daily. I expect that the success is going to continue, and we're going to see thousands more Nova Scotians vaccinated each and every day, so long as the supply chain remains intact and we get the doses that we're promised from the federal government.

THE SPEAKER: The honourable member for Pictou West.

H&W: CANCER SCREENING/DIAGNOSES - DATA

KARLA MACFARLANE: Mr. Speaker, yesterday the *National Post* reported on the effect of cancelled cancer screenings on patient outcome. The story, which I will table or is being tabled in the House right now, says there were 60 per cent fewer biopsies for prostate cancer performed in Ontario between last March and August. British Columbia's Provincial Health Services Authority said that the province saw a 20 per cent decrease in new cancer diagnoses in the first part of the pandemic.

My question for the Minister of Health and Wellness is: Did the minister's department keep track of the number of screenings that were cancelled during the pandemic and the data on cancer diagnoses?

HON. ZACH CHURCHILL: Mr. Speaker, I will have to see if there is specific data on that. I would assume there is but I will double check that for the member.

KARLA MACFARLANE: Mr. Speaker, yes, it's very important. That is something I would think the minister would know, considering that there are still people waiting to get their colon screening test kits. Dr. Neil Fleshner at the University of Toronto said he is encountering more patients with advanced, harder-to-treat diseases. The Quebec government estimates that over 4,000 people, who normally would have been diagnosed during the first COVID-19 wave, went undiagnosed. This has always been my concern. According to *Best Health* magazine, Nova Scotia has the second-highest new cancer rates in the country. Let that sink in, everyone.

I want to know from the Minister of Health and Wellness: What action is the minister taking to catch up on the cancer screenings that were missed, so that potential cancers will be caught while they can be treated and lives can be saved?

ZACH CHURCHILL: Mr. Speaker, I'd like to thank the member for the question. Of course, this is a critical area of our health care system and early screening does help us save more lives and treat cancer. Of course, to give perspective on this issue, we can just look at what's happening in Ontario right now, where they are fearful that their hospitals are going to be overrun by COVID-19 and where they may be asking other provinces with better epidemiology to provide assistance.

We didn't know if that was going to happen here or not. We faced an imminent threat of a pandemic that was overrunning health care systems across the globe. We had to make necessary adjustments to preserve life in the event that this pandemic hit our shores harder. We've been lucky that our Public Health policy and the compliance to that has been exceptional. We've kept our epidemiology down and that has allowed us to get back to cancer screening.

Anyone right now can reach out to the health authority and ask for their colon cancer screening kits. Those are available right now. The health authority is moving to ensure those will be available for people. I do want to remind the member of the House that every single urgent treatment that was necessary did happen during COVID-19. While there were some impacts to the system, the most critical care necessities were taken care of.

THE SPEAKER: The honourable member for Halifax Needham.

F&A - DOELLE-LAHEY RPT.: PUB. COMMENTS - EXCLUSIONS

LISA ROBERTS: Mr. Speaker, my question is for the Premier. The Doelle-Lahey review was clear that a successful regulatory aquaculture framework in Nova Scotia would require an attitude that, "take the concerns of those who live in coastal communities seriously . . ."

Yet, last Summer, the Department of Fisheries and Aquaculture sought public input on the lease renewals of open-net pen aquaculture sites in Liverpool and Port Mouton, and then excluded the public submissions of more than 15 residents because their submissions did not include their phone numbers.

Does the Premier think that the department's choice to exclude public comments based on a bureaucratic technicality reflects the attitude that the Doelle-Lahey report demanded?

HON. KEITH COLWELL: Indeed, there's a process we follow. It's very detailed. We have made some changes to the website to make it very clear what you have to do when you put your information in on any of these sites.

All information that comes in is considered. In this case, it was a situation that was unfortunate. Unfortunately, people didn't file the information properly and it wasn't just a telephone number that was missing. In the future, hopefully everybody will put the information in the proper format.

LISA ROBERTS: Mr. Speaker, earlier this week the Ecology Action Centre revealed that they, along with the St. Mary's Bay Protectors and the Healthy Bays Network, have been denied intervener status on upcoming regulatory hearings regarding the open-net pen lease expansions at Rattling Beach in the Annapolis Basin.

Together, the EAC and these groups represent thousands of Nova Scotians who have an interest in the health of our oceans, fisheries, and local economies. They've come together because that very detailed regulatory process is difficult to navigate for individual citizens.

My question for the minister is: Does this exclusion of citizen groups represent the open, transparent, and accountable approach to aquaculture regulation that Nova Scotians deserve?

KEITH COLWELL: This is a highly regulated industry now. The new process absolutely is in the hands of the Aquaculture Review Board. They decide who's qualified to make presentations, be an expert, or whatever the case may be, exactly the same way as the Public Utility Board operates.

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

PSC: N.S. CIVIL SERV. - RECRUITMENT

HUGH MACKAY: Mr. Speaker, my question through you today is to the Minister of the Public Service Commission.

In 2018 and in 2019, the Public Service Commission held career fairs for prospective employees to meet with recruiters and to learn about the rewards of working in our provincial civil service.

Can the minister please indicate what efforts the government is making to attract workers, in particular, young workers to fill the ranks of Nova Scotia's civil service?

HON. BEN JESSOME: I'd like to thank the honourable member for his interest in filling the ranks of government with the next generation of leaders and professionals.

Over the last five years, we've made a sincere effort to bring more younger workers into the workforce. We've removed the requirement for two years of experience. We continue to bring people in through avenues such as co-op opportunities, internship, and Summer student opportunities.

Last year alone, we brought 37 per cent of our new recruits into government as younger workers, which bring us to a total cohort of 18 per cent younger workers in our workforce.

HUGH MACKAY: I thank the minister for that answer. My supplemental is also for the Minister of the Public Service Commission.

[2:00 p.m.]

The government has indicated that it's committed to creating a more fair and inclusive society, which we would expect to include our civil service. Can the minister please provide the House with an indication of how the Public Service Commission is making efforts to install greater accountability for diversity in hiring and promoting practices within our provincial civil service?

BEN JESSOME: Mr. Speaker, this is clearly one of the major priorities for our government under our new Premier. At the Public Service Commission, as recently as March of last year, we launched our new All Together strategy, which includes processes for all across government, for which we have seen increased accountability and an increased number of leadership positions that have been brought on with the intention to make our workforce more diverse and inclusive.

Mr. Speaker, I want to thank all members of the Public Service for their ability to adapt during difficult times and for their buy-in to the All Together strategy over the course of the past year.

THE SPEAKER: The honourable member for Cumberland North.

H&W: VACCINE TRAINING DELAYS - EXPLAIN

ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, recently we read a CBC news story which reported that a retired nurse had to complete up to 12 hours of training, despite the fact that she had 28 years of experience and was also head of one of the largest nursing schools in Ontario. This article was tabled.

We learned in late March that these nurses are being expected to take extra training, and our concern is that this is contributing to a delay in getting vaccines in arms.

My question to the Minister of Health and Wellness is: Does he think it's appropriate for highly trained nurses to be slowed down with unnecessary training in our health care system?

HON. ZACH CHURCHILL: Mr. Speaker, this is not unnecessary training. Administering these vaccines does require very specific training. They are fragile and we need to make sure they are being administered appropriately.

This is not slowing down our vaccination efforts here in Nova Scotia. When we get supply, that supply gets into arms. It's because of these wonderful professionals, who are doing their due diligence in getting extra training to learn how to properly administer these vaccines and working in nearly every community across the province to deliver them, that we're seeing thousands of Nova Scotians get vaccinated every day. We are now up to close to 170,000 doses being administered - 12,000 yesterday. As soon as supply gets here, it gets into arms. This process is working. Patient safety is paramount and training is part of that.

ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, I can assure you that a nurse with 28 years of experience does not require the 12 hours of extra training that this nurse was expected. Anyway, that is a stretch. There's no question that these delays are contributing to delays of vaccines getting into arms.

The fact is that we are behind the rest of the country in getting our vaccination numbers up. The Province continues to stand behind its decision to not make exceptions for people who are immunocompromised or immunodeficient or have pre-existing conditions, and I believe this unnecessary training is slowing us down.

My question for the Minister of Health and Wellness is: Could we be including vulnerable groups in our plan if the vaccine rollout was being run more efficiently and not expecting nurses with 28 years of experience this extra training?

ZACH CHURCHILL: Mr. Speaker, we want Nova Scotians to have full confidence in vaccines and the individuals who are delivering them. This is not unnecessary training.

This is necessary training to ensure that these vaccines are being administered safely, with the best and most up-to-date information on them possible.

New Brunswick is just changing to an age-based approach. They tried to do a different approach, focusing on different groups. It complicated the process so much that they are now moving to an age-based approach. Other provinces are looking at us to do the same thing. This is the most efficient way that we can deliver these vaccines.

The members keep saying that we're last in the country. This is because we held second doses, based on the original guidelines that came out. Those second doses have gotten in arms, so we're actually leading the country in second doses that are being delivered.

We are doing this the right way. It's thoughtful. We're prioritizing patient safety and efficiency and we're going to get to herd immunity this June, so long as supply stays up here in Nova Scotia.

THE SPEAKER: The honourable member for Pictou West.

KARLA MACFARLANE: Mr. Speaker, I'll try my best, as long as the Minister of Health and Wellness doesn't take three minutes to answer a question again. I did ask the Minister of Health and Wellness on April 8th about the staggering rates . . .

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

We'll now take our mandated 15-minute COVID break, and proceedings will resume at 2:20 p.m.

[2:05 p.m. The House recessed.]

[2:20 p.m. The House reconvenes.]

THE SPEAKER: Order, please.

The honourable member for Cumberland North.

ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, last evening, I attempted to make a point of order by raising my hand but was not seen after doing so for about four minutes. I just wanted to bring a point of order today, and I raise it because I believe the Minister of Lands and Forestry misrepresented me last night in the Legislature regarding Bill No. 4 and the remarks that I made around Bill No. 4.

I represent the people here in Cumberland North. The people I represent told me that they were not consulted on Bill No. 4. My colleague in Cumberland South has already tabled an email, and I did send it again to the Clerk last night.

I just wanted to reference that email because it was an email sent by an organization here in Cumberland North that requested to meet at a stakeholder meeting regarding Bill No. 4. They also asked that a representative attend, representing private landowners from here in Cumberland North - and this email clearly shows that the Deputy Minister of Lands and Forestry refused them to attend this public meeting.

I do believe the minister misrepresented me, and I do not think this House should be focused on trying to discredit one another. I think that we should be focused on debating policies.

THE SPEAKER: Order, please. I appreciate the honourable member's comments, but this is not a point of order, this is a disagreement of fact.

OPPOSITION MEMBERS' BUSINESS

THE SPEAKER: The honourable Deputy House Leader for the Official Opposition.

BRAD JOHNS: Mr. Speaker, I ask that you now call Private Members' Public Bills for Second Reading.

PRIVATE MEMBERS' PUBLIC BILLS FOR SECOND READING

THE SPEAKER: The honourable Deputy House Leader for the Official Opposition.

BRAD JOHNS: Mr. Speaker, would you please call Bill No. 113.

Bill No. 113 - Local Health Act.

THE SPEAKER: The honourable Leader of the Official Opposition.

TIM HOUSTON: A pleasure to rise today and speak to the Local Health Act, Mr. Speaker.

As Nova Scotians will know, one of the biggest problems, one of the biggest issues in our health system is that it has become far too concentrated in Halifax, and there is not enough local autonomy, local decision making across the four health zones. We refer to it as the Nova Scotia Health Authority in Halifax.

We know this from having discussions with health care providers when we are talking to them and we are hearing from them. They are quite frequently expressing a level of frustration with their inability to make decisions on a local level. We hear that across - recruiting is an obvious area, but there are other areas on procurement issues, utilization, scheduling issues. It is something that I have experienced in being across the province and talking to people in a hospital, for example. I will ask where their boss is. Well, their boss is somewhere else. Maybe they have never met their boss. It is in another part of the province.

These types of things - I personally believe that decisions that are made closer to the local level tend to lead to better decisions. Decisions that are made closer to the patients, as close to the patient as possible, you get more patient-driven behaviours and outcomes, and I find those to be a good thing.

I believe in our health care system right now we need to - we have been very process-driven, process-centred, and we need to get to patient-driven, patient-centred. For me, that will get to a system that is more focused on patient results than checklists of processes.

The status quo right now is failing Nova Scotians; change is needed in the health care system, a change in culture in particular. We need to move to a culture of respect. We are not there right now. When the central health authority was created and local decision making was removed from communities, they lost the ability to really have a respectful environment where local input is respected. The local input is needed because the health care professionals of the local area, the residents of the local area understand the issues and they understand the potential solutions. They understand what can be done differently, what can be done better, and they will understand that better than somebody in an office tower in Bayer's Lake.

I think really there is no bigger example from how far our health care system has moved away from local decision making to the actual location of the Nova Scotia Health Authority. It is pretty much as far away as you can get from health care delivery as possible, moved out to Bayer's Lake. You are not getting that interaction of somebody walking down the hall with a surgeon or a health care professional - they have moved everything away to what is literally a campus of decision makers away from frontline health care.

Through it all, I mean, we hear from our health care professionals, they are doing the best they can, they are delivering an outstanding level of care in this province in spite of the challenges and roadblocks that are put before them. But they are feeling disrespected, many of them are feeling maxed out, many of them stressed out, and I am a firm believer that if we would provide more autonomy on a local level you would see better health care and you would see a healthier work environment, a more respectful work environment.

One of the things that the Premier talks about is doing a program review based on a wellness metre of looking at things through a different lens. I don't know what that wellness metre would look like if they actually had a discussion with health care professionals across this province.

Health, if you listen to any CEO talk about their company, tune into any annual general meeting and it is pretty much unanimous - you will hear in the opening statement, or very close to it, our greatest asset is our people. That is what they will always say, our people are our greatest asset, because people know you do not have anything unless you have a good team around you. I think the further the people in administration get away from our health care professionals, who are our greatest assets in the health care system, the more difficult it is to make the improvement and to understand why the improvements are necessary.

Health care professionals are speaking up. They are reaching out with ideas - more and more we have seen doctors speaking up about what they see as possible. Unfortunately, the system that we have built now has a gag order on health care professionals. There is a fear factor - what will be the ramifications against me if I speak out?

We have seen doctors lose privileges. We have seen some incredibly sad situations in this province. Most members in this Chamber would be familiar with the situation around Dr. Horne. She had a court decision in her favour, I believe, the talk about the culture of environment and what happens to physicians. We need a culture of respect, a culture that listens to health care professionals - and that starts at the grassroots.

Every region in this province should have a clinical services plan - this is one of the things we are advocating for and we are pushing for. Some people might call that a human resources plan, you may call it something else, but generally in health care it is referred to as a clinical services plan, and we need one for every region of this province.

That type of plan would look at how many health care professionals are in the community, how many doctors are in the community, what their specialty is, and what their ages are. It would look at the demographics of that community, and it would look at the needs that are specific to the community.

We heard today about the rates of cancer in this province and how they are escalating. One community may have a higher cancer rate and higher cancer needs than another. Another community may have more diabetes or chronic conditions. The clinical services plan would look at and understand all of those moving parts, all of those important variables, and they would be communicated to and incorporated in by people in the community on the ground who understand the needs and understand the opportunities. That is missing. You take that away when you move everything to Halifax and leave it to their devices, and we have seen that the outcomes have deteriorated.

[2:30 p.m.]

Ideally, I'd like to get to a place where we have a clinical services plan for every region. We could just look at the map and point out a specific region and just understand right away that there are maybe two anesthesiologists in that community and that one plans on retiring in five years, so we have to have a plan in place to recruit a new one building up to that or bring in a resident so that the community never goes without because there is a full and wholesome clinical services plan.

We actually heard yesterday from the Minister of Health and Wellness that really there's no proper succession planning for doctors. They can say there is, but we just look at the little ripple effect that happens with maybe one physician and the impact that it has. The system can't even absorb a little ripple that happens with somebody wanting to work less hours or somebody leaving a community. We need to understand what the desires of the health care professionals are.

There are lots of family doctors in this province who, if you really ask them, would have liked to have retired last year or definitely want to retire this year, but many of them feel that they can't because they won't do that to their patients.

When we talk about local decision-making, we need to talk about local teams in communities who can do these clinical needs assessments. Everything should be driven from that. I don't even know where you start if you don't have that, because it becomes kind of a foolhardy exercise to just go and recruit if it is not part of a full plan.

My ask of the government is to set a team in place in each region. Give them a timeline - six months - to provide an accounting of the local health care providers and the community patient-driven data. We need some data around this. Go and get that stuff. This should be at the region level for each community. Then work with the communities to involve them. Engage them in getting the resources and the supports that are needed to meet the needs of the community.

The PC Party has put forward very detailed plans around health care. In terms of primary care - what we're talking about today - local decision-making and the clinical services plan, you can find that in our Hope for Health plan. I encourage Nova Scotians to Google that plan and give us feedback, because we are being very open and transparent about what we think is possible in this province.

Under that plan, we would make sure that Nova Scotians know what is available in their community. I think there should be a website residents can go to. They can input their own data and they can look at the data and statistics of the community to always give the health care system a better understanding of the needs of as many Nova Scotians as possible, because more information will lead to better care. More local information will lead to even better care still. We are big advocates for that.

I know that the government might say they have the demographic profiles of the province, but the needs of individual communities within the province are different. We know that. Not every community is the same, and we want to suggest and push to the government that, certainly, we will, when we're in government, focus on data at the community level.

We've talked about, as well, the creation of the one health authority, which was meant to reduce administration costs in the system. I remember when the Nova Scotia Health Authority was first created, the former minister saying in Question Period that the savings would be \$6 million at one point - I remember it was somewhere in that range. We said, wow, you're doing all this to save \$6 million? Yeah, but those savings will then continue over time and health outcomes will improve.

We haven't actually seen that. That has not been the experience of this province. As a matter of fact, our administration costs are in the range of 35 per cent higher. So, administration costs have gone up and we know the health outcomes have deteriorated, we just know that. It's hard to dispute 65,000 people on a list waiting for a doctor. It's hard to dispute that, in this province, if you pick up the phone and phone an ambulance - as my colleague says, you pick up the phone and phone an ambulance, and hang up and pick up the phone and phone for a pizza, you are probably going to get the pizza before the ambulance.

The people who are running health care in this province, who have failed to be able to get an ambulance to a Nova Scotian before a pizza can be delivered, those are the same people who are running this entire system, and there's a lot that we can do better.

In terms of more local input, more local decision-making, there's a lot we can do to optimize the administration. There are lots of good people working in health care administration in this province. They also have a lot of ideas about what would be better for their community, for the communities that maybe they grew up in, even if they live here now. We need to respect them, and we need to listen them, and we need to really change the culture of health care in this province so health care professionals feel like their voice matters.

That's when patient outcomes will improve. That's when recruitment efforts will improve because if you can't retain, you can't recruit. As the member for Pictou West says, happy people recruit happy people. Happy doctors recruit happy doctors, and so on and so forth.

We can have a lot more healthier Nova Scotians and happier health care professionals if we just listen to them at the local level.

THE SPEAKER: The honourable member for Cape Breton Centre.

KENDRA COOMBES: Madam Speaker, I am glad to rise today to speak to Bill No. 113, the Local Health Act. Certainly, the centralization of the Nova Scotia regional health authorities has meant that Cape Breton has lost its voice in the health care conversations happening in this province.

The broken Liberal promise of a family doctor for every Nova Scotian means that Cape Breton has lost its trust in this government's ability to deliver on health care promises, as well as the promise that the Northside General Hospital and the New Waterford Consolidated Hospital would not close until the new collaborative care centres were opened. That has not happened.

Closed or overcrowded emergency departments full of people who should be in nursing homes, receiving home care or talking with a family doctor means that Cape Bretoners find themselves with nowhere to turn when they need help. Code Criticals called by paramedics virtually every day, because they are burnt out, injured or on stress leave, and there is no room to off-load patients at emergency departments, literally means that people might die while waiting for an ambulance, Madam Speaker.

In 2019 and 2020, emergency room closures in Cape Breton jumped by 30 per cent, meaning even less help would be available in a system that has long passed its breaking point. There is one walk-in clinic in Cape Breton, closed on weekends, which means more and more people visiting emergency rooms when they might not need emergency care. Staff in our hospitals and our long-term care homes working short every single day means that they are burning out and can't get people the care that they desperately need.

Weeks and weeks before an appointment with mental health professionals means that people's lives are on pause. People are waiting weeks and weeks before they even see someone for mental health. While they wait to get that mental health support, they and their families are feeling that struggle. Parents are scared out of their wits for their children in mental health distress, who also wait and wait, putting untold stress on families across this province, persistently.

High death rates at Cape Breton hospitals means that local doctors have to assemble their own working group to try to get to the bottom of what's gone wrong, ensuring that chronic health and social determinants of health are factored into the holistic investigation into the problem. Some measured progress on wait times in Mental Health and Addictions means incredible stress on the Nova Scotia Health Authority staff, who have been asked to take on more and more clients, burning out and wondering how much longer they too can last.

The government will accuse me, possibly, of fanning the flames and claiming that the sky is falling, but these are just some of the things we already know about local health care in Cape Breton and what it means for people who live there. We can fix these problems. I'm reminded of a saying that you can't fix what you don't acknowledge. We

need to start with a government that is willing to admit that there is a serious and deep problem with health care in Cape Breton and in other regions as well.

Instead, we have a minister who accuses the Opposition of crying wolf, and who is too distracted glossing over the reality of health care situations to acknowledge the very real, critical problems that we have in front of us and the very tangible solutions that our caucus has put forward, meaning that more and more people wait longer for the care they need because no acknowledgement has come.

We have a minister who blames doctors for not wanting to work in certain places or in certain hospitals instead of taking the responsibility for the overworked and un-respected situation they have been forced into. We can build enough long-term care beds for every person who needs one, which would mean that people have a decent place to spend the later part of their lives with enough staff to take care of them.

We can fund mental health care in this province to the internationally recommended 10 per cent of health care budget, which would mean enough resources to get public mental health care to everyone who needs it.

We can commit to being an active partner at the federal stage, pushing for universal Pharmacare programs, which would mean that people don't have to choose between paying for their medications or paying for their groceries.

We could build collaborative emergency centres across the province, which would mean that hospitals without a full-service emergency room would have a place for people to get health care when they need it. We could enable physician assistants to work across our health care system, which would mean that doctors and nurses might be able to work in fully staffed teams, providing the care that people need.

We could not project untold millions in cuts from the health care budget without explaining clearly where the savings would come from, which would mean, at the very least, we could hold the line on our current situation, which is a scary thought. There are some things we should have been doing yesterday, and what they would mean for Nova Scotians - no doubt.

Centralizing is one of the policies of this government that has damaged health care in Cape Breton. I'm glad the Progressive Conservative caucus recognizes the importance of local authority in health care. In 2013, this same Party that put forward this bill also ran on a ticket that would have centralized health care. I'm happy that they are seeing the error of those thoughts that they put forward on centralizing.

I will also table the release from that time which states: A PC government will reduce the number of district health authorities to three: one for Halifax, one for the rest of Nova Scotia, and one for the IWK. I will table that, Madam Speaker.

[2:45 p.m.]

In closing, the centralization of Nova Scotian regional health authorities, along with the broken promises and outright neglect of this government, has meant that Cape Breton has lost its voice in health care conversations happening in this province.

THE SPEAKER: The honourable member for Kings West.

HON. LEO GLAVINE: It's great to also have a little bit of time in the Legislature today to be able to respond to and speak about Bill No. 113, an Act Respecting Regional Health Priorities and Issues. We first need to perhaps just go back a little bit in terms of the history of moving to the Nova Scotia Health Authority and the IWK, the two systems.

Right from day one when that system was initiated on April 1, 2015, the overarching plan was over seven or eight years, because health reform is very slow and needs to be meticulous and well executed. At that time, we said yes, the one health authority and the IWK, but we also said the four zones - the four major regions of the province - and that in time, each of these would operate with greater autonomy.

That's exactly what has been transpiring, especially in the past 12 months, as leadership and leads have been now hired for the four zones for that autonomy, decision making, direction that is best for those particular areas, and the services they offer.

Each of those four zones will have a number of regional hospitals. What services we offer in each of those regional hospitals are appropriate in terms of expertise and in terms of what needs to go around tertiary and quaternary care to the IWK and to the QEII Health Sciences Centres. We're moving to that great degree of integration.

In terms of operating as one, maybe it took the pandemic to see how a system can respond, and needs and should respond, as one. During the pandemic, some doctors in particular and a few nurses reached out to me, from different parts of the province, whom I had gotten to know during my three and a half years as Minister of Health and Wellness. They said from day one, to have a system that operated within the state of emergency, as one response, this is exactly what was needed: to act as one.

We talk about the many strengths that Nova Scotia has had during the past 13 months. One of them was that as soon as a patient with COVID-19 entered into one of our regional hospitals, the protocols were there. It didn't have to be filtered through the district health authority and through the lead. Here it is. Here's the protocol. Here's what you do immediately. That was a great strength for us to have throughout our province.

Within the context of this bill and what it's speaking to, and as members opposite have referenced, is to get down to looking at what more can be added to our regions, not just in terms of administration but in terms of clinical teams responding to health needs. I

certainly don't see it, as the bill says, not to be limited to local health issues such as cancer, diabetes, COPD, and other chronic diseases. I believe if we're going to do health well, and improve the health of Nova Scotians, it really is that balance of health delivery and health promotion.

Health promotion, in my view, having worked on it through the Ministry of Health and Wellness, and especially when we moved health promotion to Communities, Culture and Heritage, because we want healthy communities in our province - I think both have to be advanced and promoted strongly.

I know I was really hit hard as minister by Dr. Strang in 2015 when he delivered the very first population health profile for the province of Nova Scotia. I thought it was a great marker for the province to have that kind of assessment coming at us. It's where you really take pause in about a 30- to 40-page document, and you look at the health profile of Nova Scotia and you realize where we are, but more importantly where we need to go.

In so many of those health indicators, we were first, second, or third in Canada. Those were in the indicators that we didn't want to be first, second, or third in. Whether it was rates of cancer, obesity, high blood pressure, COPD, type 2 diabetes - we could go on and on - infant mortality, and a whole host of others. I'll just reference a few of these here in a moment.

There was one striking hit that I really stopped and paused over. There were two areas in our province - one in Western Nova Scotia, toward the very tip of Nova Scotia and area, and one in Cape Breton - where 8 per cent of the population has five chronic diseases. Just think of the medical need. Just think of the demand on that individual doctor, like the dear Dr. O'Brien who just recently passed and had about 4,000 patients.

Just think of the demands that are required when somebody has that many chronic diseases. These are all registered statistical pictures of looking at the health chart of a Nova Scotian.

We have frightening statistics like 60 per cent of our province with some degree of - it could be minor or moderate to very severe - obesity. That's a statistic that has huge health implications. Twenty-three per cent have been diagnosed with a degree of hypertension, high blood pressure; 18 per cent of Nova Scotians perceive that most days they are impacted by a mild or extremely stressful experience. We have 423 cases of cancer per 100,000. These are invasive cancers. The Canadian average is 391. So we have a lot of areas where the disease profile for Nova Scotians is quite alarming.

This is why Dr. Strang, as we all know, is so committed to the health of our province, and his work - and I know Public Health will be beefed up in the coming months. Once COVID-19 is passed, he also wants to look at what are the ways that we can advance a stronger commitment to personal health outcomes in our province. He has that first

marker of 2015 as a guidepost, and I believe we can certainly make improvements upon that.

We know that if we take what is proposed in this bill and, either at the administrative or clinical support teams, we can take a look at those areas that have 8 per cent of the population with five chronic diseases, and start to make significant change - I know back in 2013, when we came to government, the trend was already quite established in Ontario and other parts of the country for collaborative health teams. At that time, it was probably less than 10 in the province and we're now at 89.

When you get a focus from the administrative down to the clinical, we can start to make great advances and improvements. In those teams, what I like now is that in areas where there is high unemployment, where there are social issues - I have had that call from the medical clinic in my hometown.

What organization - is it Lions, is it Kinsmen, is the Legion - who will help with glasses? Who will help with dental? They are dealing with a lot of social problems. Now we have a social worker in a number of our collaborative health care practices. I think that is really what we need in terms of this bill, or the advancement of local and more regional response I think needs to be.

I look at, again, stroke protocols. We took a look in Nova Scotia at incidents of stroke. We also took a look at when EHS and the paramedic picks up and has confirmed - or, I should say is highly suspicious that this is a stroke incident. We were - until a few years ago, they were going to many of our small hospitals who may have a doctor on call, but certainly no scanning of the patient.

We changed the protocol whereby now they go to a regional hospital, and we can determine is this - is this a - if a stroke is going on, is it a bleed, is it a block - and therefore, what avenue will be taken to support a better outcome for them. That is exactly what has happened because there are, again, areas of the province where there are much higher rates of stroke than in other parts of the province. We need not just a look at the administration side, we need to look at the clinical response as well.

I know one of the areas that the member for Cole Harbour-Eastern Passage likes to bring up in the House - that is obviously the wait-list for nursing homes. I would take, again - when we put focus and expertise, both through the administrative and the clinical and the expertise of people dealing with long-term care, we can make improvements.

My first report in early 2014 in this House - 2,435 were on the wait-list for nursing homes. We have brought it down by about a thousand. I feel that we can even make a bigger improvement than around 1,300 waiting to get into a nursing home. The average stay in a nursing home in Canada is 2.3 years. In Nova Scotia it is three years because we are still in a transition from the retirement/nursing home view of the place of the elderly.

[3:00 p.m.]

We know that if we put more into supportive living we can get to that place where we're a bit below 1,000, and with 133 nursing homes I think we can have a much shorter time to wait and a shorter list that we would have. This is why we have to continue to take a look at those areas.

Look at what's happening in our province in terms of collecting data for the Mi'kmaw population and now, finally, African Nova Scotians are going to have health data related to diseases that are prominent in that population. The greater amount of that look that we can have through regional and local determination for the citizens of Nova Scotia, I absolutely believe that we can create healthy communities. But it has to be a role shared right across the community. Individuals, families, community organizations - they have to be involved with all levels of government and we all need to ask the question: What role can each play to help in terms of improving the health outcomes of Nova Scotians? Thank you, Madam Speaker.

THE SPEAKER: The honourable member for Cumberland North.

ELIZABETH SMITH-MCCROSSIN: Thank you, Madam Speaker. I am pleased to be able to talk today to the bill called the Local Health Act, an Act Respecting Regional Health Priorities and Issues. This piece of legislation comes from the PC Party's Hope for Health. Our Progressive Conservative Party believes strongly in putting power back into the people's hands who have the knowledge, who have the clinical expertise and the passion for the people, and that is our health care professionals.

Our Progressive Conservative Party believes that the people of Nova Scotia and our health care professionals need Hope for Health. They need to know that there is a vision, that there are goals for our health care system to become a world-class health care system here in Nova Scotia, a plan that can be implemented that will result in improving people's lives.

As MLAs we hear from people every day in our offices. As a registered nurse, it actually breaks my heart most days, today included, because I know that the lack of access to care, whether it's mental health care or a physician or a surgeon or a family physician, I know it's not necessary, and I also know that people need and people deserve better in this province.

We know the current problems that exist are real. Each one of us hears and sees them every day. I don't know why the culture in the government is to try and say that the problems aren't there and that they don't exist, because if you don't acknowledge a problem you can't fix it. But we know the problems exist. We know that there's a large number of Nova Scotians who do not have a family physician. We know of the long wait

times for surgeries, like knee surgery and hip surgery. We know there is a lack of access to mental illness specialists.

I know that here in Cumberland North, even when a family physician tries to access a psychiatrist, it can be between one to two years of a wait. Think about that. People are in mental health distress.

Whether it be a lack of palliative care beds, in many of our communities, including here at our regional hospital, whether it be a lack of acute mental health care beds, whether it be a lack of anesthetists, a lack of paramedics, whether it be a lack of continuing care assistants, whether it be a lack of nurses to staff acute care beds or home care or public health or long-term care, all these problems with our staffing and with our lack of health care professionals, one of the reasons that exists is due to the current lack of a resource plan and lack of planning. That is exactly why we are proposing an idea called the Local Health Act, which would legislate local decision-making by local health care teams.

Local health teams would be made up of local health care professionals that would include, based on what's in the bill, doctors, nurse practitioners, nurses, other nurses, and administrators of long-term care facilities. Local health care teams, local health care professionals are the ones who know their own communities and regions, and they together would establish a clinical health services plan.

A clinical health services plan would start by doing an inventory of the current medical practitioners, looking at their ages and other demographic information, as needed. As well, they would compile data respecting health issues such as cancer rates, diabetes, obesity, and other chronic illnesses, such as chronic obstructive pulmonary disease (COPD), hypertension, hereditary diseases such as Huntington's or renal diseases, and environmental illnesses.

Local health teams would establish a clinical health services plan in collaboration with other regions of the province to ensure a province-wide plan is established that would meet local needs and ensure the needs of all Nova Scotians are met, including those living here in a border community.

It's hard to believe that there is actually no human resource clinical health services plan now that looks at all health care professional staffing in the province. In my community, for example, no one talks to the physicians as a whole to find out what their career plans are, to find out when they might want to be retiring - would it be in 12 months or 10 years? There is so much potential to turn this province into a province that has world-class health care services because we have world-class health care clinicians.

The fact is most people who choose health care as a profession do so from a place of altruism. They are driven from a passion and a desire to care for other people, and it is this caring heart that makes the difference. It's this caring that is the difference between

just doing enough to get a paycheque and truly touching people's lives with the work that they do. For many health care professionals, it is a calling. Because they care so much, it is also why they get so discouraged when they are working in a system where they feel unappreciated and the culture is negative. It is easier for them to get burned out because they care so much.

My own mother died when I was five. She was only 28 and she had melanoma, a type of skin cancer. I was inspired from a young age (by the nurses dressed in white who I felt were her angels) to become a registered nurse. Her nurses cared for her as she succumbed to the pain of cancer. I wanted to be just like them, so I became a nurse. I attended Dalhousie School of Nursing, even though I was urged by my father, my principal, and others, to go into medicine. I declined because I knew the nurses had such a personal impact on the lives of the patients and I wanted to be one of them.

I still remember, actually, my very first patient as a student nurse. He was a crotchety old man, God love him. He was in pain, but after several days of caring for him, deeply caring for him and nurturing his wounds - I used to sing to him while I gave him his bed bath - soon he would smile when I entered the room and would ask only for me.

I loved my patients, but I found myself frustrated after almost every shift because I kept identifying things that could be done better. I always seemed to be focused on finding solutions to problems and would never settle for, well, that is just how things are done here. I share that because I think that's one of the reasons why I was called into elected office as an MLA. I do believe things can be done better, and I think that we need people who are solution-oriented and solution-focused in our government.

I see things all the time that I know can be done better, and through this clinical health services plan and a focus on this Local Health Act, I believe it is part of the pathway to making improvements here in our health care system.

My husband and I spent two years in the United States - we went to Wisconsin - where we worked in a private health care system. We both learned a lot, and I saw people who chose not to access care or go to a hospital because they had no insurance. I knew that we can never go to that kind of system here in Nova Scotia or Canada.

I also saw some good things. I saw efficient health care systems where health care professionals worked to their full scope of practice. I saw teams of medical secretaries, physician assistants, nurse practitioners, nurses, family physicians, internists, and other specialists work seamlessly together, everyone working to their full scope of practice and everyone feeling appreciated and a part of a team.

The reason my husband, who is a family physician, now for 30 years - the reason we went to the U.S. was because of two colliding factors. In health care during - those years were known as the Savage years. Like now, the Liberals at that time treated health

care professionals with little to no respect. We were drowning in debt as fairly new graduates, so we decided to move to where we were wanted, where we were appreciated and respected, but we loved our family and we wanted our children to be close to their grandparents. As soon as we paid off our student debt, we came back to Nova Scotia, which was only 21 months. If we had stayed here in Nova Scotia, it would have taken us a minimum of 10 years to pay off that same debt.

So, we came back, and we came back to the community near where I grew up in Amherst. I decided to start a business because there was, here in Amherst, a severe lack of family physicians. It was back in 1999. Based on what I had learned as a nurse, being married to a physician, and working in the U.S., I started a physician management business offering turnkey offices to physicians so that all they had to do was practise medicine. It's what they want to do. Many of them don't want to manage an office or staff or buy equipment.

With the help of our community and other business leaders, I was able to start this physician management company. It's hard to count exactly, but I believe within about three years we recruited nine family physicians.

I share all this with you because I want to emphasize that what we're currently experiencing here is not necessary. It's possible to recruit family physicians. It's done. We've been recruited. I've recruited. I believe that our province needs to hire real recruiters - professionals - who know how to recruit. When we were recruited to the U.S., we literally received a minimum of five phone calls a day from recruiters, letters every day for months. They marketed their community and, eventually, they did convince us and recruited us to their area.

We can do that, too, here in Nova Scotia. We first need to acknowledge that our current strategy is not working. We need to believe that it is attainable. We can recruit others to our province, but we need to take a different approach. We need to hire professionals. Before we hire the professionals, though, we first need to make a clinical health services plan. We need to understand, truly understand, what the human resource needs are here in the province over a long period of time. We need to understand what the needs are right now but also be planning for the future, so that if we have physicians who are planning on retiring in five years, we're planning for that now.

[3:15 p.m.]

We also need to be prepared for emergency situations, like when a physician passes away suddenly or has a life crisis. Most corporations and businesses do this, and as a government and as a province, we should be doing the same. We need to understand our human resource needs and that we need to have people doing the recruiting who understand how to do so. Maybe the recruiters should even be paid based on their results - results-based remuneration - making sure that we as taxpayers are getting what we're paying for.

My experience as a business owner for 20 years was that I always had a staffing plan. Based on the services that my company was providing to the community, I had a staffing plan. I learned early on that I had to have strategies in place for if someone was to become ill or if someone was to become pregnant - most of my staff were female, so we always tried to give every staff the hours that they wanted to work. We had many mothers who were on staff, and many wanted to work while their children were in school. We planned for that. It's important that we do that as a province with our health care professionals.

We often hear the Minister of Health and Wellness refer to the fact that we have the highest per capita of physicians in all of Canada. That stat doesn't really mean anything when you have 60,000-plus people in the province without a family physician. So we have the highest number per capita, but what does that mean? How many of those people are working part-time? How many of those people are actually not even seeing any patients but are 100 per cent in academia or 100 per cent doing research?

THE SPEAKER: Order, please. The honourable Deputy Official Opposition House Leader.

BRAD JOHNS: Mr. Speaker, I move we close debate on Bill No. 113.

THE SPEAKER: Debate is now closed on Bill No. 113.

The honourable Deputy House Leader for the Official Opposition.

BRAD JOHNS: Mr. Speaker, would you please call Bill No. 99.

THE SPEAKER: I would be happy to call that right after our mandated COVID-19 break. The House will resume proceedings in 15 minutes.

[3:17 p.m. The House recessed.]

[3:33 p.m. The House reconvened.]

THE SPEAKER: Order, please.

The honourable Deputy Official Opposition House Leader.

BRAD JOHNS: Mr. Speaker, would you please call Bill No. 99.

Bill No. 99 - Access for Everyone Act.

THE SPEAKER: The honourable member for Pictou West.

KARLA MACFARLANE: I am pleased to speak to Bill No. 99, the Access for Everyone Act. This bill was introduced by my Leader and colleague for Pictou East.

Every Nova Scotian deserves and has the right to access primary health care, and it is the responsibility of every government to provide that care. Sadly, as we have seen over the last eight years of this Liberal government, too many Nova Scotians are not getting the level of care that they need to be able to live healthy and fulfilling lives.

Our health care professionals provide an outstanding level of care to those who are able to access the system, but too frequently these resources are not adequately dispersed across the province, resulting in varying wait times for surgeries depending on where you live in the province. Procedures like cataract, hip, and knee surgeries may be elective, but in many cases longer wait times mean worse patient outcomes. I have certainly seen that in my constituency of Pictou West.

We have fallen far short of the Liberal promise of a doctor for every Nova Scotian. With the number of Nova Scotians on the wait-list for a family doctor approaching 65,000 people in the most recent update, that means 6.6 per cent of our population, or 1 in 15 Nova Scotians, are without a family doctor.

Mr. Speaker, this government promised a family doctor for every Nova Scotian back in 2013. When it became clear that this was only a campaign sound bite, without a real plan to accomplish it, a former Minister of Health and Wellness said that the wait-list would never top 60,000 people, not under his watch.

The current minister can and has argued in this Chamber that reasons for the 65,000 Nova Scotians anxiously awaiting a family doctor are out of the hands of his government. On our side of the Chamber, we understand there will always be circumstances that pose challenges to the government of the day. But let's be very clear, Mr. Speaker. We should never have gotten to this position in the first place. We have arrived at a place where 1 in 15 Nova Scotians do not have a family doctor under this government. The minister can point to doctors who move away, but we don't conduct exit interviews, do we? We have no idea what motivates them to do so.

Yes, it can be difficult to recruit from other jurisdictions but, with record numbers of people moving to Nova Scotia, surely we are as attractive a destination for doctors as we are for anyone else. The wait-list didn't go from zero to 65,000 overnight at the outbreak of the pandemic, Mr. Speaker. As of January 1, 2020, 47,000 Nova Scotians were on the wait-list. We know from the NSHA that the wait-list does not capture everyone who needs a family doctor, and some estimates suggest that as many as 13 per cent of Nova Scotians do not have a family doctor, essentially doubling the official wait-list. This is a crisis year in the making, one that has happened under this Liberal government.

Mr. Speaker, if we are going to have a serious compassionate conversation about the state of our health care system in this province, it is incumbent on this government to recognize the reality of our situation. Any number of sources can tell them that health outcomes for Nova Scotians lag behind national averages, including, crucially, one of the shortest life expectancies in the country. Imagine that, one of the shortest life expectancies in the country.

Perhaps they could ask the member for Annapolis, who told *Maclean's* magazine that the actions he took in the early days of the pandemic were because he knew the limits of Nova Scotia's health care system and he "was terrified of what was going to happen to our health-care system and to Nova Scotians when it came in."

It doesn't have to be this way, Mr. Speaker. Our Party has published a thorough, costed plan that details our Hope for Health in Nova Scotia. Instead of the sound bites and slogans that Nova Scotians have come to expect from the current government, our Hope for Health plan provides a practical, actionable road map to improve primary health care in this province.

Mr. Speaker, if the government still has any intent of fulfilling their promise of a doctor for every Nova Scotian, it will take years, possibly decades, for them to do so, but the 65,000 Nova Scotians without a family doctor should not have to wait that long, despite many already spending years on the wait-list. They are on the wait-list to get off the wait-list, and they end up back on the wait-list, and then they are off the wait-list.

Virtual care is a key plank of the Progressive Conservative Party's Hope for Health care plan. The future of health care is obvious. Virtual care can offer a new means of seeing a doctor for many Nova Scotians. By finally fully embracing technology we will reduce wait-times. Within weeks of COVID-19 landing in Nova Scotia, virtual care was embraced by all, particularly patients. The lockdown demonstrated that virtual medicine is a viable means of health delivery. It has limited travel and exposure to waiting rooms for both the patient and doctor, and it just makes sense.

I recall the early days of the pandemic, having to come into my office to allow a number of constituents to use my high-speed internet, because living in rural Nova Scotia many of them don't have high-speed internet. They were using virtual care with a company in Ontario. This bill just makes sense. It is common sense; it would allow the 65,000 Nova Scotians without a family doctor to consult with a primary care provider by means of their choosing until they get a family doctor.

It would provide these people with an ability to get consultation, referrals and follow-up care in a more timely manner and without clogging up emergency rooms which, as I have already covered, would improve health outcomes for Nova Scotians. Just think of that - fewer people in the emergency rooms, shorter waits to see a doctor in the ER. Think of the peace of mind that this bill promises Nova Scotians. When a three-year-old

wakes up at 3:00 a.m. with an ear infection, families will not have to bundle up the family and go to an emergency room. Getting the health services they need might be as easy as logging on to the virtual caregiver.

Before I close my remarks on this bill, I want to remind members that if these 65,000 Nova Scotians were concentrated in one area, they would make up the third largest county in the province, behind only HRM and CBRM. Think about that - 65,000 people would be the third largest county in the province. It is greater than the population of Kings County, greater than Colchester County, greater than Lunenburg County, more than twice the population of Yarmouth County. I believe I heard the Minister of Health and Wellness earlier today mention that there were nine doctors coming to the Truro area.

It makes me think, why do these 65,000 people not matter? If the third largest county in the province was entirely without a family doctor, I feel quite confident in saying it would be on national news. It would not matter what other priorities this government had, the public and the media outcry would be such that nothing else would matter. I think that is how we need to look at this - 65,000 people, and we know, again, much more are without a doctor. What if they were all living in the same area and created the third largest county in Nova Scotia? It would be on national news.

Just because the 1 in 15 Nova Scotians without a family doctor are dispersed throughout the province makes this no less urgent. They are our family members, they are our friends, they are neighbours and, quite frankly, they matter just like everyone else.

Nova Scotia has only scratched the surface on what is possible. A Progressive Conservative Government would further increase virtual care to include some primary consultations with specialists, which would increase the efficiency of the system and reduce wait times. Nova Scotians cannot wait any longer.

I know myself that my family and some of my friends have all gone through waiting for a doctor. Right now in Pictou County we are up to approximately 12,000 people waiting. Then we have a number of individuals who actually have a doctor or a primary health care provider, like a nurse practitioner, but have not been able to get an appointment because they are off indefinitely. What does that mean?

It has been a good half-year that we've had one doctor off and their time off just keeps getting extended, but those 2,025 patients can't get on the list because when they go to sign up with 811, it asks if they have a primary health care provider, and they do. It's the same thing that we are facing right now with one of the nurse practitioners at our clinic.

I know - look, they deserve time off, as well, but when you get into months over months, what do people with underlying conditions do? They just can't wait any longer. It is my hope that everyone in the Legislature, from all sides of this Chamber, will start taking this a little bit more seriously.

[3:45 p.m.]

We need to agree to pass this bill because it will give Nova Scotians an opportunity to reach out virtually to a doctor and that is your basic need.

So, Mr. Speaker, with those few words, I will take my seat. Thank you.

THE SPEAKER: The honourable member for Dartmouth North.

SUSAN LEBLANC: Mr. Speaker, and my colleague from Dartmouth South, thank you.

I am pleased to speak today on Bill No. 99, the Access for Everyone Act. Certainly, access to virtual health care is an absolute necessity in our current moment. Even pre-pandemic, we know that we've had virtual health care, and there are lots of instances where having a combined program of in-person care and virtual care would be really wonderful for many, many people, for a variety of reasons. That's why our caucus has introduced an Act to Optimize Virtual Healthcare.

It recognizes that the government must make supportive policies regarding virtual care. It just makes sense that people are able access this service, and permanently. It provides access. It provides an opportunity to get the care that one needs without leaving one's home, hopefully, and that's really important for many people. I can think of many people in my constituency alone, who come into my office, who would much rather be able to connect with their primary care providers by phone or internet instead of taking a long bus ride or waiting for hours in a waiting room to see somebody. It just makes things more accessible.

We were glad to see that the government extended the access to virtual care into next year, and I understand that the report from the health consultant hired by the province is scheduled to present findings today. I am looking forward to hearing about that. I would hope that the government will make that report public so that Nova Scotians can understand what information the government is using to make its decisions on this very important topic. I would also hope that the government is sharing that information and working closely with Doctors Nova Scotia on the topic.

When we heard from Doctors Nova Scotia in October of last year, they were not aware of what factors the government was using to inform the decision around virtual health care. I certainly hope that this has changed. Yesterday in the Health Committee, I asked a question of one of the representatives from the Nova Scotia Health Authority about how that relationship with Doctors Nova Scotia is going. I'm just hoping that the government is doing everything they can, and the Nova Scotia Health Authority is doing everything they can to improve the relationship with Doctors Nova Scotia.

The fact is that it took a viral pandemic to spur the government into making these kinds of convenient and accessible options available to Nova Scotians - and we have heard, of course, that the options were available before, and have happened, but we weren't talking about virtual health care a year and a half ago. As with many things with this pandemic, the light it has shone on certain things - cracks and chasms in our government systems - it's good that the light has been shone on them. It's too bad those cracks exist.

When we were looking into the virtual health care system, I was concerned that it was not made universally available right away. Our caucus heard from at least one physician in Dartmouth that they were not able to use virtual billing codes - at least initially - to provide care to unattached patients, i.e., physicians in walk-in clinics or drop-in clinics weren't able to access billing codes. I've asked this question of the Minister of Health and Wellness in Estimates. The Minister of Health and Wellness assured me that this is not the case, so I don't know if it was a communication problem or whatever.

I'm hoping that it is, in fact, the case that physicians in drop-in clinics are able to bill for virtual appointments. I think that's obviously a necessity in the state that we are in right now. For sure, for at least this physician, it created barriers for their patients to access them, who are already disadvantaged by not having a family physician or access to primary care.

While I'm on the topic of access, I'd like to make a few comments. In order to make a virtual health care program work - and like I said, I'm in full support of the virtual health care program - you need two things: you need doctors or primary care providers, and you either need a phone or a computer and an internet connection. Finding a doctor or a primary care provider is the first hurdle, and we know how challenging that can be.

As we heard many times in Question Period today, there are still 65,000 people in Nova Scotia without a family care provider. By the way, the minister suggested - I hope the minister is watching right now, because I know he knows how good I am at math. I will say that he said that 83 per cent of Nova Scotians are attached to primary care. (Interruption) He said 93 per cent? Proves my point even more.

If you take 65,000 people and you divide it by, say, 900,000 people, then that percentage - now, maybe I'm messing it up here, folks, but that percentage is around - I'm going to do it again because I can't remember. It's 71 per cent, which is much less than 93 per cent, and much less than 83 per cent, which is what I thought the minister said in the first place. I'm getting better at this kind of thing.

Anyhow, I just want to say that the math doesn't really work out for me. In any case, about doctors or primary care providers, we know that since 2018, we've only had a net increase of three family physicians in Nova Scotia. While we've had lots of new family physicians come to the province, and we are deeply grateful - in fact, Dartmouth saw many of those physicians come to downtown Dartmouth - many more have left, retired, or

stopped practice, and we have a net increase of three family physicians. Meanwhile, the wait-list has now ballooned to 65,000, and that's 19,000 more names on the family doctor registry than there were last year.

This brings me to another point, which is that we know there are lots of people in Nova Scotia who are not on the 811 registry for a variety of reasons. There are untold numbers of people who don't have family care providers, and they are not on that 811 registry. I've said this before, but I'd like to reiterate, that it is acknowledged by managers at the Nova Scotia Health Authority that there are reasons why people aren't on the registry. In Dartmouth North, part of the reason is that people don't have access to telephones or internet, and I know that might sound far-fetched to some people but that is the case for a good number of people in the constituency that I represent.

I'll give you an example of this. During the early days of the pandemic, there was a small outbreak of COVID-19 in north end Dartmouth, and so Public Health saw to it that we should stand up a testing site in Dartmouth North at the community centre. For days leading up to that clinic being stood up, and while it was on, a number of community leaders, not-for-profit leaders, politicians, Public Health officials, we met every single day - sometimes twice a day - on the phone and talked about how we were going to get the word out to the most vulnerable people in Dartmouth North about this testing site being open.

I literally went around to apartment buildings and brought posters to the apartment buildings and got the property managers to go and put them up in places because people don't have phones or internet. How else were they going to know that a) there was a problem, and b) they should get tested, and everyone was welcome to get tested whether they were - this was way before asymptomatic testing. The fact is that people don't have access.

There are lots of people who aren't on the 811 list, so I guarantee you that list should be higher. There are also new Nova Scotians who don't even know what the 811 registry is, and plenty of other vulnerable people who just don't trust the system - which, you know, I get it.

On top of that, there are lots of people who think that they've registered on the 811 list and haven't. The minister told me that that just doesn't happen. Well, it does happen, because it's happened to a number of my constituents. All this is in spite of the Liberals' promise to find a doctor for every Nova Scotian.

If you do have a doctor, it can take up to six weeks to get an appointment in the HRM. I know this, personally, and I know it anecdotally from lots of people. It's wonderful to have a family doctor. I am so happy and relieved that I have a doctor for my family, but it's hard to get in. I, for one, have taken advantage of the virtual care. It's still hard to get an appointment, but at least it's a little bit quicker than getting an in-person appointment.

We're clearly troubled, Mr. Speaker, by the first necessary ingredient of virtual care, which is the access to the physician. As for the second ingredient - the phone and internet connection - Nova Scotians pay some of the highest cell and internet bills in the country. On top of that, Employment Support and Income Assistance does not cover phone or internet for people in the Community Services system. It's absolutely out of the question for many, many people.

During the pandemic, they provided phones to certain people, but that is shining a light on a crack that is in the system that needs to be a permanent situation. People need access to phones and internet. It is a necessity these days, folks.

In Dartmouth North - again, in Dartmouth - the GEO Project happened during the pandemic, which was a collaboration between the Public Good Society and LakeCity Works, where they actually provided - they got some funding from the United Way's Compassion Fund. They were able to provide folks with internet and computers in their homes. I tell you what - it was amazing to be able to have community meetings that we used to have in person at Farrell Hall, and see folks who really didn't ever access those systems before, accessing them.

It also brought to mind the idea that for many people who live with large groups of people in their apartments or who may not feel safe in their apartment to have a medical appointment, people need to have a place to go to have a virtual appointment. There's a necessity for infrastructure. Say, for instance, in community centres or libraries or medical centres, where there are little pods, like our phone booths out here in the Legislature, where someone can go in, sign onto a computer that's private and secure and have their virtual appointment. This is another thing that needs to be part of a program like this.

Don't forget about our rural residents in Nova Scotia, where internet connections are spotty and shoddy, as I think I said the other day when I was chairing one of the meetings. Our member from Kings West had some serious problems with his internet connection the other day. Not a laughing matter, folks. There are a lot of people who can't access the internet. The government has made investments on this front, but with scant assurances that it will be truly affordable and without enabling community-owned or publicly-owned entities to compete, the big telecom players make up the bulk of the providers.

Just this morning, the warden of Pictou County was on *Information Morning* speaking about that municipality's remarkable investment in internet services - an investment, I will add, that was done without any help from the provincial government. In theory, virtual health care is a great idea. Of course. We need evidence-based policies and vision developed by health professionals at the department to get us there and to make it available permanently.

[4:00 p.m.]

We also need the main ingredients. We need physicians. We need nurse practitioners. We need primary care providers. We need accessible and affordable cell and internet service in this province. We certainly have a long way to go on both of those fronts. Thank you very much.

THE SPEAKER: The honourable member for Kings West.

HON. LEO GLAVINE: I'm pleased to rise today and speak on the Access for Everyone bill. I believe it's Bill No. 99.

Yes, I must agree with the member for Dartmouth North that my internet can be a little bit in and out. I'm so local that I have the smallest local internet provider in the Annapolis Valley. That's what sometimes might happen.

First of all, I just want to correct one of my own errors here, or I guess a number that I gave which is not exactly correct. I'll start off with the member for Pictou West, who needs to be reminded that Nova Scotia does not have the lowest longevity in the country. We're actually ahead of Saskatchewan, Manitoba, and Newfoundland and Labrador. It's really important that we get those facts right.

It is like the member for Hants West last night. Unfortunately, we had false statements made here yesterday in the House. It was important that the member for Hants West make that very clear. When I spoke about rising in the House in 2014, guess what? It was the member for Hants West, who was with the Progressive Conservative Party, who asked me the question of how many people were waiting on wait-lists for nursing homes as the all-time high. It was not 2,453. It was actually 2,639.

By September, when former Minister of Health Christopher d'Entremont asked me the same question, we had improved by a couple of hundred on a journey to reducing the number by 1,200 to 1,300 up to the current time. Pre-COVID-19, I think we were starting to do well.

We're talking now about everybody having access. I think it's really important to point out the greatest reality that we are facing in our country, which obviously has implications for Nova Scotia, notwithstanding that we have a great medical school here in the Dalhousie Medical School. On the best study done in Canada, between 2019 and 2028, there will be 50,900 physicians needed - 50,900 between 2019 and 2028.

The medical schools in Canada, at the rate they're currently producing - by the way, only a couple of schools like Dalhousie have actually increased their enrolment - will only produce a bit less than 20,000. That's the reality. The practice over the last decade has so dramatically changed.

Let me use my community of the Kingston area. We had three wonderful community patient-centred doctors in my community who looked after 9,000 patients. They have been replaced by three wonderful new young doctors, two NPs, and one family practice nurse, and the six of them look after 6,000 patients.

We have a whole new reality that has come at us across Canada. In the United States, they need 10,000 physicians today, never mind looking at the aging demographic that hits all of North America.

There was a great deal made of thinking our Party had just discovered virtual care. Well, I'm going to give a few examples. It's been around, by the way, since probably the 1990s or so.

When I was getting a tour of Cape Breton Regional and Dr. MacCormick was telling me about the Cancer Care Program - and by the way, it is a great program that Dr. MacCormick and his colleagues have at Cape Breton Regional - so I got the tour and the information base and he says, come in here and we will go on TV for a few moments. He was doing a consult with a cancer patient in Neils Harbour. That is now six, seven years ago and that is how we had to operate in the Winter months, coming down especially, Meat Cove, a patient there, or Neils Harbour. Virtual care was the way that he was now doing some of his follow-up with cancer patients.

Back about five or six years ago Dr. Mike Dunbar, again one of our top orthopedic surgeons and I know that Dr. Kevin Orrell, the current deputy minister, did the same thing. In fact, he was telling me about one of his patients about looking after a patient in Yarmouth. Well Yarmouth to Sydney is a long drive, so he said, I have my workup for that patient right here on my hip. I will use my iPhone to capture his gait and his mobility and manoeuverability and I will know whether I need to see him, or perhaps a colleague a little closer could take a look.

So virtual care has been around. It is just that during the pandemic we had to go into overdrive and provide the opportunity for our doctors, our specialists, our mental health providers right across the province to really step it up. Of course, we paid doctors for the service. We are obviously committed for the next year. But you know it is also important that evaluation of any extremely significant change in the delivery of health care is given some thoughtful evaluation. After all, during the pandemic I believe it was 1.5 million health care services that were provided virtually during one year of the pandemic.

It is important that we do take a look at how well it is serving the patient. This is going to be one of the crucial areas that will - because know these 1.5 million people who use virtual care - and it has served us well, don't get me wrong on that, it has served us well, but we need to know how they think about the service of virtual care.

I will give you an example of how well it was working. During the latter part of the Summer of 2020 my Summer student was able to come back to work as we gradually opened up the office. Of course, I was so pleased that he had heard a couple of months earlier that he was accepted into the medical student program at Dalhousie. I said to him, gosh, you are going to be doing a lot of your study and perhaps really being introduced to what can be accomplished through virtual care for your patients in the future. He looked at me and said, it is not just me, my 99-year-old grandfather in fact is so pleased that now he can be on the telephone with his family doctor, not have to travel down over the mountain to the Valley and not have to be in a waiting room with a number of other patients.

It is important that we see the place of virtual care, and we know it is going to be significant. No doubt we will see that it will be part of the next Doctors Nova Scotia-Province of Nova Scotia agreement when those negotiations go forth.

We often think mostly of the GP or the specialist, but you know NSHA increased access to mental health and addiction services through e-mental health tools online. These tools include self assessment, audio and video supports, and online peer supports provided by partners. Maybe they actually saw what the Kids Help Phone was doing because government has increased funding over the years for the Kids Help Phone, which is a form of virtual care for mental health.

We have had access in the past to virtual care, we are increasing it now, and we will continue to increase it. As I said in those first two statistical pieces that I gave, they are the new reality. We're going to find now as we take a look at statistical information coming in from Stats Canada that even during our pandemic year of 2020 Nova Scotia's population increased, and 2021 looks extremely strong for immigration to our province.

While we have placed a very strong number of people attached to a doctor, the race is to look after all the new Nova Scotians as well as those who lost a doctor through retirement. We have to realize that doctors' age group is, much like the largest provincial cohort, between 65 and 70 years of age. That is the prime five years of the baby boomers, and doctors, like the general population, are so affected by that.

There's a really interesting pilot going on in the province around virtual care. That happens to be down in the Valley. A doctor is using patients in the Digby area to be examined by him in Kentville. He has an LPN assisting the patient in terms of getting an assessment and evaluation. As well, stethoscopes can be brought in if it's something relating to cardiac and vascular issues. There are now stethoscopes that can be attached to an iPhone, a computer, or an iPad to take part in the assessment. It's here, and it's going to be used, and the evaluation will be critically important.

I think it has really helped during the pandemic when people did not want to go to a doctor's office. It replaced those visits, but we need to remember it is not a replacement for face-to-face visits. We also need to know that. It's not a replacement for that. We need

to have patients still in front of doctors, and this is, I think, the whole evaluation, the criteria. Government is committed to expanding digital health services to continue to improve health care delivery across the province. It will not address that current need. Let's get the facts straight. It will not replace those doctor requirements. It will be one of the assists perhaps, so that doctors can take on a few more patients if they are finding efficiencies in virtual care.

We still need to work on getting as many general practitioners in the province as we can. We know there is a very significant demand right across North America for our doctors. I believe virtual care will be one of the ways of perhaps serving more, but we will need patients to be seen by doctors and by nurse practitioners. Family practice nurses also have to be part of the access.

As we move into the next contract with Doctors Nova Scotia, my feeling is that virtual care will be embedded in that contract, and with the evaluations now going on, we will find the right place for virtual care and see its many strengths and value added to primary care and specialist care in our province.

[4:15 p.m.]

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

BARBARA ADAMS: It is an honour to rise today to speak on the Nova Scotia PC Party's Bill No. 99, an Act to Ensure Universal Access to Health-Care Advice.

I will start off by talking about what I agree with the honourable member from Kings West on - we agree 100 per cent that virtual physician care is not a replacement for face-to-face doctor visits. This bill is a replacement for having no family doctor. The job of an elected representative is to solve problems. The job of a government, if they spend nearly \$5 billion on health care, is at the very minimum to ensure that every single Nova Scotian has a family doctor - or in the case of this government, a clinical nurse practitioner.

The current government promised a doctor for every Nova Scotian. The current government had eight years to fulfill that promise. This government did not deliver on that promise. I believe it is time for a new government and new leadership and a new direction. Why do I say this? It is because it has been clear to me from sitting on this side of the Legislature for the past four years that the current government does not seem wanting to accept that their previous decisions, plans, strategies, and investments were then and are not working. Instead, this government's contributions to the decisions that were made over the past eight years have led to our current circumstances.

This is not all because of COVID-19. This is the result of failing to somehow move the ball forward for the past eight years. If we had made true progress, we would not have had 47,695 people needing a doctor back in the beginning of 2020 and over 64,000 people

waiting now. I had hoped with a new Premier and new Minister of Health and Wellness that there would be more collaboration and talk about solutions, but that does not seem to be the case so far.

What we are talking about here with this legislation is a unique strategy to immediately help the now 64,000 or more Nova Scotians who are waiting on a wait-list to get a family doctor. Why this legislation - why now? Because Nova Scotians are suffering, and their health conditions are going untreated. This is not acceptable to us. As a result, the PC Party of Nova Scotia has introduced three core health plans and strategies, complete with detailed budgets, for three of the most important areas of health care that we know Nova Scotians are deeply concerned about.

Number one is our Hope for Health, which is a plan, part of which is a commitment to surgeons in Nova Scotia to open up the operating rooms to any surgeon who wants more time. Our plan also promises a physician subscription access to a physician in order to enhance health care services, not replace them. Not to replace in-person visits. I will talk more about that later.

Number two, our Dignity for Seniors plan, which promises a construction of 2,500 new long-term care beds, increased long-term care staffing ratios to 4.1 hours of care per senior per day that the unions are calling for, and a private room for every Nova Scotian in long-term care who wants one. We are going to create a newly funded level of supported living for those who cannot live by themselves with home care but are not yet ready or wanting to move into long-term care - and I will table that plan.

Number three, Universal Mental Health Coverage. The PC Party of Nova Scotia will open up, for the first time in decades, the MSI billing codes to allow allied mental health professionals like psychologists, like social workers and others to bill the government for services to better meet the increased demand for mental health care - and I will table that plan.

Today I am going to focus on the purpose of Bill No. 99, the boldly-worded Access for Everyone Act - an Act to Ensure Universal Access to Health-Care Advice. As the honourable member just said, telemedicine has been around for decades. I first started offering this remote care back in the early 1980s to Northern Ontario when I worked at University Hospital in London. I have been providing this care for the past 40 years. There is plenty of research that supports distant health care both in Canada and around the world.

The former Minister of Health and Wellness just mentioned that there is a research study going on in Nova Scotia. Well, there was a *Telemedicine in Nova Scotia* research study published by Dr. Reid and team, noting this value as early as 1998. I will table that document.

Bill No. 99 is a commitment from the PC Party of Nova Scotia. It is part of our plan for Nova Scotians without a family doctor. Why do we need a new plan and a new direction? Why do I speak with such urgency? Because in 2013, there were 6,000 people without a family doctor. In 2021, there are over 64,000 people without a doctor. That's one in 15 or worse.

Mr. Speaker, it simply isn't fair that I can go to my family doctor as many times as I want over the year, still go a walk-in clinic or the emergency department, get referred to a specialist, and have my tests ordered, while someone who gets out of the military this month could wait up to three years to get a family doctor. It is not fair and it is dangerous.

We have the highest percentage in Canada of those with chronic health conditions, many of whom are on that wait-list. We have injured workers and car accident victims who need medical assessments just to gain access to their WCB, CPP, and LTD disability benefits so they can pay their bills.

We have children with complex health needs on that wait-list. We have more seniors per capita than any other province who are on that wait-list. In the former Minister of Health and Wellness' own words earlier today, we have a 60 per cent obesity rate, 23 per cent hypertension rate, 18 per cent with stress-related conditions, and 423 people per 100,000 with cancer. That means that there are over 270 people in the province of Nova Scotia with cancer who have no family doctor. That is why there is an urgency for a new plan.

I will remind people of an oft-said definition of the term "justification": it means to justify using fiction. I get tired of hearing rationalizations for why we have a wait-list. I will acknowledge there are circumstances beyond our control as to why we have fewer physicians in our province, but some of the justifications mentioned just don't fly, and I want to make sure that we correct the record.

It said that there are 30 per cent on the wait-list who just moved here. Well, Mr. Speaker, people have been moving in and out of Nova Scotia for the past decade. Their argument is that physicians were the lowest paid in the province, compared to the rest of the country. No acknowledgement that this is the government that underpaid them for six years, and now they're trying to give them more money as a last-ditch attempt to try to catch up. That plan did not work. It's too little, too late. The bond between physicians in this province and this government has been damaged.

This government also destroyed their relationship with three emergency room physicians in Kentville and failed to do exit interviews on fed-up doctors who left Nova Scotia to go to greener pastures for the past eight years. Now that an election is anticipated, the Minister of Health and Wellness has happily told us that they are looking at doing exit interviews. Why haven't they done that for the past eight years?

There are inequities in how physicians around this province are paid compared to rural and metro areas. We've pitted the alternative payment plan physicians against the fee for service. There's a blended model coming in. Physicians get confused. We've had new physicians trying to figure out, from another province, how much they could actually earn here. The billing codes are a bit of a nightmare for these physicians.

These are just some of the reasons why physicians have left. That's a reality, and COVID-19 is not to blame. We have one of the safest provinces in Canada to live. That alone should be enough incentive for some physicians to want to move here.

But enough of the problem and how we got here. Let's talk about our solution. What do the PC Party of Nova Scotia's Hope for Health Plan and Bill No. 99, the Access for Everyone Act, state? It states that the Minister of Health and Wellness "shall establish a virtual primary-health program" where "any person in the Province who is on a waitlist for a primary health-care provider is entitled to be enrolled in the program."

This program must "permit persons enrolled in the program to consult with a primary health-care provider over telephone, voice chat or video chat respecting their primary health needs" and it will "allow for consultations, referrals and follow-up care as appropriate."

"For greater certainty, enrollment in the virtual primary-health program does not affect a person's place on any waitlist for a primary health-care provider." It is something to be used while they're waiting. Meanwhile, if someone has a nurse practitioner or chooses one, they are taken off the wait-list for a physician.

Not only is Bill No. 99 a great idea, there are already employers in Nova Scotia, including the Canadian Armed Forces, who are already providing this very subscription service to Nova Scotians. As I have mentioned before, CFB Halifax gave military member families, who moved to Nova Scotia and did not have a family doctor, a subscription to an online physician service. Not only is this a great idea, employers like Manulife right here in Nova Scotia have purchased subscriptions like this for their employees, many of whom already have a family doctor.

The Minister of Health and Wellness stated that there were inherent risks in relying on telemedicine, trying to diminish this bill and our plan. I'm going to remind the minister - and there was something that was just said by the member for Kings West - we need to know how people think about virtual care and how well it's serving their patients. Well, we need to remind this government that the risk of having no physician is obviously higher than having access to virtual physician care.

In fact, this government is currently relying on another telemedicine service: 811, at a cost of \$51 per call, when 81 per cent of our physicians - through the government's own report - said they did not trust the information that was provided to Nova Scotians.

They do not need to warn us of the dangers of a poorly-implemented telehealth system. Its application is on display.

So what problems does telemedicine solve? Until such time as a primary care provider could be found for you: (1) immediate access to a physician, sometimes in less than a few minutes; (2) the ability to talk about more than one issue - no more "one issue, one visit"; (3) call from the comfort of your home or work, meaning less lost work time, productivity, and personal income; (4) reduce transportation time and the reduction of exposure to COVID-19; (5) obtaining sick notes, freeing up physicians from being required to do that; (6) providing alternative options than walk-in clinics where referrals to specialists and the ordering of certain tests is not an option; (7) reduces the need for Nova Scotians to go to the emergency room when the first phone call they can make is straight to a physician; (8) medication side effects can be immediately reviewed, prescriptions can be ordered, or current medications can be renewed; (9) blood tests and other diagnostic procedures can be ordered and test results can be reviewed; (10) people can call their doctor for wellness issues and questions prior to waiting until their condition progresses to the more severe or palliative stage, shifting the focus from sickness management to wellness.

Group phone calls can be done so that a daughter in B.C. can be on the line when her 91-year-old mother calls the physician, ensuring continuity of care between mother and daughter at home. Many of the physicians at the end of the line are from other provinces, increasing our pool of physicians who can provide care to Nova Scotians.

Research has shown that telemedicine can even be used successfully in the emergency room. I want to be clear that we are not suggesting that this is our intention. I'm purely mentioning it given that the Minister of Health and Wellness mentioned the risks associated with telemedicine. I will table that document. There are surgeons operating on patients from around the world using telemedicine and robotics. You're not even in the same country and you can operate on someone else.

We just want to give Nova Scotians what they have already demonstrated that they are comfortable with: phone calls or Zoom meetings with their physician, as well as other allied health professionals when appropriate.

Bill No. 99, the Access for Everyone bill, is a promise to Nova Scotians that the PC Party of Nova Scotia understands that the risks, both mental and physical, to not having any access to any family doctor in Nova Scotia is the single most important issue that Nova Scotians tell us they care about.

In fact, during a Health Committee meeting back in October 2020, the PC Party put forward a motion to create a virtual care taskforce, and the Liberal Government chose not to bring that forward for a vote.

The PC Party of Nova Scotia has put our Hope for Health Plan online for everyone to look at. We have put our Dignity for Seniors Plan online for everyone to look at; and we have put our Universal Mental Health Care plan online for everyone to look at.

[4:30 p.m.]

I am extremely proud of all of the work that every health care professional does in the province of Nova Scotia. I am extremely proud of every Nova Scotian, who has meant that the care of their family members, their seniors, their children - they have done the very best they could without access to a family doctor.

The PC Party of Nova Scotia, with Bill No. 99, promises that we will provide access to the 64,000 or more people in Nova Scotia who do not have access to a family doctor that while, they are waiting, we will give them that access so that they can do the best they can to look after their own health.

THE SPEAKER: The honourable member for Cape Breton-Richmond with two minutes.

ALANA PAON: Mr. Speaker, may I just ask if that is two minutes before we have a break, or is that just two minutes altogether?

THE SPEAKER: You have two minutes.

ALANA PAON: I will just say this, then if I only have a few moments - in my constituency I have an extraordinary number of people who are without a family physician. It has come to my attention, and I had put my name onto the physician registry quite some time ago - years ago, now - that there has not really been a lot of movement as to how to prioritize who should perhaps have first access.

We want everybody to have access to a family physician, but it has come to my attention that it is really just name, address, phone number, and MSI. There are tons of people in my constituency who are seniors who have chronic illnesses. I am a fairly able-bodied person, so as much as I would like to see everybody having access, and universal access is obviously what we are striving for, I am just going to make a plug out there.

Perhaps we should be looking at how we are prioritizing people on the list to make certain that those who need the care the most are having access to a family physician before someone like myself who probably doesn't get billed on MSI very often because I do not go to my doctor that often, except for a checkup every once in a while.

Mr. Speaker, I am just going to leave it at that before I end up being cut off here because my two minutes are over. Thank you.

THE SPEAKER: The honourable member for Kings West.

HON. LEO GLAVINE: Once again, Mr. Speaker, I would like to correct a statistical error put forth by the member for Cole Harbour-Eastern Passage.

Stats Canada, in 2013, had the number of Nova Scotians requiring a family doctor at about 60,000, not 6,000.

THE SPEAKER: Thank you for that. That is not a point of order, that is a disagreement of facts.

The honourable Deputy Official Opposition House Leader.

BRAD JOHNS: Mr. Speaker, I would move that we close debate now on Bill No. 99.

THE SPEAKER: The motion is carried.

The honourable Deputy Official Opposition House Leader.

BRAD JOHNS: That concludes Opposition business for today. I now turn things back over to the Government House Leader who will be taking us into a break, I believe.

THE SPEAKER: The honourable Government House Leader.

HON. GEOFF MACLELLAN: Thank you, Mr. Speaker, and thank you to the Deputy Official Opposition House Leader.

I realize that to conduct the moment of interruption at this point, we will have to have unanimous consent of the House. I move that we speed up the moment of interruption to immediately following the break. How about that?

THE SPEAKER: Is it agreed?

It is agreed.

The House will now recess for 15 minutes and, when we resume, we will begin late debate.

[4:34 p.m. The House recessed.]

[4:49 p.m. The House reconvened.]

THE SPEAKER: Order, please. We've now reached the moment of interruption, and our topic as submitted by the honourable member for Cumberland North is:

“Therefore be it resolved that during Sexual Assault Awareness Month we must do all we can to raise awareness about the devastating impacts of sexual assault and focus on taking measures to stop violence and support survivors.”

ADJOURNMENT

MOTION UNDER RULE 5(5)

THE SPEAKER: The honourable member for Cumberland North.

GOVT. (N.S.): SEXUAL ASSAULT - RAISE AWARENESS, STOP VIOLENCE, SUPPORT SURVIVORS

ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, this is a difficult topic to speak about for many of us because it triggers a lot of emotion for anyone who has been sexually assaulted or for anyone who has sexually assaulted someone else. There is a lot of shame and guilt associated with sexual assault and it is often not talked about openly or, if it is, it is often not talked about in a healthy manner. Because of this, the cycle of sexual assault and violence continues.

I believe that as MLAs, here in this Legislature, we have a responsibility to be a voice for the voiceless. We have a responsibility to be a voice for those who cannot speak up, out of fear, or who may not have the courage or ability to talk about it. I believe we have a responsibility to be a voice for those who need healing but have no resources or supports to go to. I believe we have a responsibility as MLAs to ensure legislation is put in place to protect our residents from the cycle of sexual assault from continuing.

I believe that we, as MLAs, must accept this responsibility regardless of our gender. Each one of us has the power to help change the future in our homes, in our workplaces, in the military, in our communities, and over the internet - everywhere.

Sexual assault does not discriminate. It happens to people of all genders and people of all ages. We know it will continue to happen if we allow it to be kept in the dark. Every time someone is shamed, who tries to bring it into the light, every time they are shamed it allows the cycle to continue.

The fact is that each one of us MLAs is likely either a victim ourselves or has a friend or a family member that have been victims of sexual assault - male and female.

The month of April is Sexual Assault Awareness Month and we have a responsibility to raise awareness, to talk about it, to take measures to stop the assault and the violence, and to support survivors.

This session, I tabled a bill to amend the Medical Act, so that if a physician is found guilty of sexual assault, they can no longer practise medicine in Nova Scotia for at least five years. There is similar legislation in Alberta and other provinces.

Over this past year, I have met with many alleged victims of sexual assault, alleged victims who have been lured by persons in positions of power and positions of authority. Many of these alleged victims will not come forward to law enforcement due to fear of persecution, due to fear of loss of privacy, due to self-shame and embarrassment.

I know some victims who did go to law enforcement and they were told that what they described was not sexual assault. I can assure you that it was, based on the definition of sexual assault as defined in the Criminal Code. In Canada, the Criminal Code defines sexual assault as “any unwanted sexual act done by one person to another or sexual activity without one person’s consent or voluntary agreement” - Department of Justice, 2010.

The Criminal Code further details the crime of sexual assault in levels as they relate to the degree of force used in sexual assault:

Section 271: Sexual assault occurs if a person is touched in any way that interferes with their sexual integrity: this includes kissing, touching, intercourse or any other sexual activity without his/her consent.

Section 272: Sexual assault with a weapon, threats to a third party or causing bodily harm occurs if a person is sexually assaulted by someone who has a weapon or imitation weapon and threatens to use it; the offender threatens to harm a third person, a child or a friend if the person does not consent to a sexual act; the offender causes harm to the person; or more than one offender assaults the person in the same incident.

Section 273: Aggravated sexual assault occurs if the person assaulted is wounded, maimed, disfigured, beaten or in danger of losing his/her life while being sexually assaulted.

I have tabled that document. The sections do not mention relationships, and I believe the relationship with the offender and the position of authority matters. A child cannot stop an adult from sexually assaulting them for many reasons, including physical size.

When I was four or five, while camping in the middle of the night, I fell out of the side of a camper onto the ground. It was one of those folding pop-up campers. A stranger picked me up and took me back to his camper where he touched me inappropriately, and I could not stop him as a child. However, when I was 15, a neighbour who was intoxicated approached me for sex, and I told him if he took one step closer to me I would drop him to his knees. He knew it and he backed away.

Several years ago, I finally had someone whom I knew I could trust with my soul, and I shared with her my shameful memories. She held me and she comforted me. She reassured me that children are not to blame for acts that are done to them - sorry, I didn't think it was going to be hard - are no fault of their own. We shared, we cried, and we still sometimes cry because, although the wounds heal, the scars are always there.

Sexual assault causes deep wounds, but healing can come, first by sharing with someone you trust to remove it from that place of darkness, remove the shame and the lies so the truth has the opportunity to shine through. Once truth is revealed, victims can get the supports they need for healing and then work with others to stop the continued cycle of sexual assault. It is not okay.

Sexual assault victims often question if they were to blame. Why? Because that is the culture, the blame culture. I am here to say emphatically that no one has the right to touch you, kiss you, or caress your breast unless you give them permission to do so. It is not even questionable. I don't care how you are dressed. If you go to a doctor's appointment, you should not have to worry about a doctor sexually assaulting you. Full stop. Plain and simple.

I don't care if you go to a doctor's appointment dressed in lingerie or in a snowmobile suit - they should not touch you sexually, ever. Sexual assault is never okay. When someone is in a position of authority, such as a physician or an employer, they must be held to account. They are not above the law.

I am calling on everyone to help me stop the cycle of sexual assault. I'm calling on you to help ensure there are supports in place for victims and also for the perpetrators so they receive the help they need to stop the cycle of abuse. I believe together we can end the cycle of sexual assault.

I'm so proud of my colleague for Pictou West, who has worked tirelessly to end the demand for sexualized human trafficking. I'm so proud of my PC colleague. She has worked with stakeholders and victims and created three pieces of legislation that would reduce human trafficking. Although the Liberal government did adopt the concept of two of these bills into regulations and policies, we know her drive to ensure mandatory education on sexualized human trafficking to Grades 7 to 9 continues, and she is fighting harder than ever before.

We all know Stats Canada recently announced that Nova Scotia has the highest rates of human trafficking incidents in Canada. I ask our Liberal colleagues to pass Bill No. 90. I also ask our Liberal colleagues to use their power for the greater good and pass the bill I tabled so that patients, medical secretaries, and residents are protected from a physician who is found guilty of sexual assault, knowing that if they don't, a physician could be back in the community, sexually assaulting more people.

We each have a responsibility to uproot injustice, and we need to ensure that more supports are available for sexual assault victims. After meeting with several alleged victims of sexual assault, I was upset that there were no supports available in Cumberland County. I do want to thank Deputy Minister Orrell, who found finances in the budget to place support in Cumberland County to support the victims who could come forward.

I pray that each one of us has the courage and the strength to bring the topic of sexual assault into the light; to work with individuals, families and communities to stand for truth and justice; and to seek to end sexual assault.

THE SPEAKER: The honourable member for Dartmouth South.

[5:00 p.m.]

CLAUDIA CHENDER: Mr. Speaker, sexual assault is a difficult topic, as my colleague just mentioned. I would like to start out my remarks on this topic by saying that we need to believe survivors. Survivors can be any gender, but they are more likely to be women or non-binary folks. We need to believe these people, we need to support them, but most importantly, it is our opinion that we need to dismantle the systemic barriers that perpetuate the cycles of sexual violence and assault.

I believe that that is our role in this Chamber. I think there is an ecosystem required to engender the cultural change that we need to shift this cycle that has been going on - who knows, maybe since humans took their first steps. Regardless of how long it has been going on, it needs to stop. As legislators, I would suggest that our role is to change the systems that perpetuate that.

Those systems can be the big systems. That can be core stable funding for all of the incredible frontline organizations who know how to do this work - folks like the YWCA, the TESS network, women's centres across the province, the Elizabeth Fry Society, Coverdale, the people working with women who are disclosing, and obviously transition houses.

It can also be on the micro level. It can be calling out the misogyny that we see on display. It happens in this Chamber. It happens in the locker room. It happens in school. Yesterday or the day before I made a member's statement about the situation at a school recently in the Annapolis Valley where a woman - a girl - sat down and the boy in front of

her was wearing a T-shirt that read, and I have tabled this document, “’tis the season to be rapey.” I referenced that phrase as being part of rape culture.

My colleague who just spoke said that a lot of things that she referenced might make people feel uncomfortable. The term “rape culture” is a term that would make people feel uncomfortable, but I think as we seek to dismantle these systems, we need to be really careful about the language we use. This is the kind of language we need to use. It’s not a joke. It’s not funny. It is harmful, and it is language like that, it is jokes like that, that have a direct line to the shocking statistics that we see about sexual assault.

The member just now shared a personal story. When we talk about topics like this, it is always my inclination not to share the personal story, because I don’t - for myself, I feel like I want to be able to stand as a woman in this Chamber and speak about this from a policy lens, but I will acknowledge that statistically, the majority of us in this Chamber have experienced sexual assault. That is just absolute fact. It’s incontrovertible, and it’s terrible.

To my colleagues in this Chamber who have not experienced that, think about that for a minute: statistically speaking, the vast majority of your female colleagues in this Chamber, of your female staff, of your family, of all of the women that you know have been sexually assaulted in their lifetime. It’s a sort of common sense. You see the statistics, and then when you drill down and look at it, it never ceases to be shocking.

A 2019 telephone survey conducted for DCS - the Department of Community Services - found that a majority of residents of Nova Scotia think that domestic violence can be provoked. Think about that for a minute: Yeah, well, you know, she was asking for it. Right? We hear that. She was asking for it. Again, these are phrases - I’m 44 years old, so I’ve lived enough years that things stick. How many times have we heard that phrase? She was asking for it. She was asking for it.

Now we know - it’s sort of in the zeitgeist that we say, “Well, that’s wrong. That’s bad.” But it doesn’t stop you from hearing that, and it’s not true. You don’t ask for it. There is never a situation when it is okay for a woman to be assaulted in all the ways that the member previous described in the Criminal Code. It is never okay.

If we are going to stop this cycle, I would say that all of the work that our caucus has done, that all these folks on the front lines are doing simply to achieve gender equity in every field, to lift up women, to make sure that women are able to live fully human lives, woman and non-binary folks, that is a pre-condition I would suggest for changing the culture of sexual assault. If we are going to do that, we have to tackle the gender roles and stereotypes and biases that we have.

When we bring forward legislation like changing the gender markers in Vital Statistics, I think often there is this view of like, oh, that is another niche NDP bill. Of

course, the NDP would bring a bill like that, instead of thinking about important things like tax breaks or whatever it is that everyone else thinks is important.

I suggest that it is incredibly important because in the NDP, and I am sure we have other colleagues in other Parties, we understand that this is a life cycle. This is an ecosystem, and it starts with one word, and it ends up in violence. This happens all the time. We have all seen it in our own lifetimes, and it needs to stop, and we can play a really big role in that.

I would join my colleague who just spoke in suggesting that we have a very strong role to play. Again I want to close by saying that there are remarkable people in this province, and I think in my own constituency of women like Charlene Gagnon, who has led the incredible work that the YWCA has done on human trafficking; but many, many others; Emma Halpern with the Elizabeth Fry Society. I will note that criminalized women statistically have almost all suffered sexual assault and sexualized trauma in their lifetimes.

Think about that - how does that impact your life choices and your life outcomes? I think about these folks on the front lines, and I know beyond a shadow of a doubt that they are undersupported, they are underfunded, they are underappreciated. My contribution to this conversation, to this very important topic in this room at this time is to say, if we are serious about ending sexual assault, about breaking that cycle, breaking the cycle of violence, then we need to put our resources, our beliefs, our money where our mouth is. These organizations need stable, multi-year funding to do the work that they do, to do the work that very often - our judicial system, our constituency offices, our frontline workers - refer people to them constantly to do.

Government often refers to these folks on the front line as their partners. Be a partner. Give these folks the funding they need, create the systems that are sustainable, ensure that individual MLAs do not have to go begging to have sexual assault nurse examiners and other sexual assault services in their constituencies. Just make sure that they exist everywhere, and with those actions I believe that all of us in this Chamber, that this government can make a dent.

THE SPEAKER: The honourable Minister responsible for the Advisory Council on the Status of Women Act.

HON. KELLY REGAN: I want to thank the honourable member for Cumberland North for bringing forward this topic for debate today. I have heard her remarks and I know they were deeply felt, and I want to thank her for sharing them with us.

I am a little older, or maybe a lot older than the two members who preceded me, and I am broadcasting or coming to you from home today. I actually went to my bookshelf here and I pulled out a book that I had when I was 14 years old. It is a classic in this particular genre in studies about violence against women called *Against Our Will: Men,*

Women, and Rape. At 14 years old, back in 1975, I began reading this book. I took it to heart and learned so much from it.

Rape, sexual assault - they're crimes of power against women. They are ways in which, primarily, men assert their power over, primarily, women. It's not only women who are sexually assaulted. There are gender non-binary people who are assaulted, there are men who are assaulted, too, but we know that most of the victims are, in fact, women. Many of them are young women. In fact, your likelihood of being sexually assaulted is significantly influenced by your age. You are more likely to be sexually assaulted when you are younger.

One of the things that I took to heart way back when was that, in fact, sexual assault, or as they termed it back then, rape, is one of the most under-reported crimes in the country. That's why we say things like we believe the survivors. We believe victims. The truth of the matter is that it is hugely under-reported and there are all kinds of reasons for that - why women do not come forward and report.

More recently, we saw the #MeToo movement and there were Twitter feeds I was following, when I was on Twitter, about - particularly in Britain - about women who are being sexually assaulted on the bus on the way home, young women, et cetera, and I realized that this was a crime that was continuing.

I take to heart what the member for Dartmouth South said when she said that if we look around the room, most of us have either been sexually assaulted or we know someone who has. Certainly, my experience from talking to women is that it would be highly unlikely that we would actually have a woman in the room who had not been sexually assaulted, if we include the definition of sexual assault as everything from unwanted touching to, in fact, what was called forceable rape. It is a crime of power, it affects all women, and it has happened since forever. It continues to happen, but we are taking steps.

I wanted to take a few minutes today to talk about some of the things we are doing here in this province, but also to thank some of the people who are working to call out rape culture, to end rape culture. First of all, I want to thank Kenzie Thornhill, who, as a student, saw something and said something. She saw a T-shirt that celebrated rape culture in her school, and she called it out. She did so in a way that did not identify the person who wore it, which is why people were surprised when she was suspended. I want to thank her for speaking up because speaking up is what we must do.

I want to thank Chief Andrea Paul, who is speaking up about young women - young Mi'kmaw women - whose intimate images are being shared without their consent around this province. She is working to protect Mi'kmaw women everywhere, and I want to thank her for the work that she is doing.

I want to thank a student leader, who many of us would have met with, Clancy

McDaniel from Students Nova Scotia. Earlier this year, she shared her story of what happened to her a number of years ago when she went to Montreal and someone put something in her drink. She shared that story and it just - coincidentally, I happened to be talking to her this week and I thanked her for sharing her story because people don't realize it can happen to them, and it can.

All too often we say to women: Oh, be careful what you do in a bar. Don't go there at night. What we should, in fact, be saying is: Men, don't sexually assault women. Because that is who does it. It's generally not women sexually assaulting women or men; it is men.

[5:15 p.m.]

I want to thank organizations like the YWCA, Miia Suokonautio, who is working so closely with us on the issue of human trafficking and child sexual exploitation. On so many fronts, the YWCA does excellent work and they are, in fact, employing young people who have been trafficked. They are giving them a chance to pay it forward in terms of their experience, so that when they are talking to young people, people understand that they know what they are talking about.

There are so many good organizations and the member for Dartmouth South named some of them. There are so many organizations that are doing such good work here in the province. It's an uphill battle but they keep doing it. The member for Dartmouth South was exactly right: criminalized women have an even higher rate of sexual assault than other women. Women who are racialized face similar rates. Women who have disabilities, and if there's an intersection where you are a woman and you are disabled and you are racialized, it's even more likely. Those are the situations we're dealing with right now.

What are we doing to combat? One of the things we're doing, coincidentally, is that yesterday we opened our applications for Sexual Violence Prevention Innovation Grants and we've been this for a number of years. We began to work on this issue under the previous minister, Joanne Bernard, who was the member for Dartmouth North. Under the Breaking the Silence program, a number of programs came out of that and some excellent work being done at DCS with Sarah Granke, I must say.

I will just say that I would urge the honourable members to share the information about the Sexual Violence Prevention Innovation grants on their social media because it happens everywhere. It happens in rural Nova Scotia, it happens in urban Nova Scotia. We know that in the past, money from this program has gone to help Autism Nova Scotia, for example, to reach out to folks in their community about sexual health and education because it's often inaccessible to adults with autism. This money has helped them expand their Healthy Relationships, Sexuality and Autism program that they offer, and it helps provide learning opportunities for adults on the spectrum to improve their sexual health, quality of life, and long-term well-being.

I would urge the honourable members to share the information. The grants have opened - that was yesterday - and this is the sixth round of applications for these grants. They can access up to \$5,000 per organization if they would like to do that.

I realize that I am running out of time but would like to say that there are a number of other programs that we have worked on, including expanding the Sexual Assault Nurse Examiner program, which I am so thankful to the previous Minister of Health and Wellness, and the current Minister of Health and Wellness, and the previous-previous Minister of Health and Wellness for their support of that program, Mr. Speaker, and also expanding sexual violence trauma-specific counselling because we know that when this happens . . .

THE SPEAKER: Your alarm is correct. Unfortunately, the time has expired for late debate this evening. I want to thank all members for those very thoughtful comments.

GOVERNMENT BUSINESS

MR. SPEAKER: The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, would you please call Public Bills for Second Reading.

PUBLIC BILLS FOR SECOND READING

THE SPEAKER: The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, would you please call Bill No. 98.

Bill No. 98 - Municipal Government Act and the Halifax Regional Municipality Charter.

THE SPEAKER: The honourable Minister of Municipal Affairs.

HON. BRENDAN MAGUIRE: Mr. Speaker, I move that Bill No. 98 - sorry, first of all, can you repeat that again because I didn't hear what you said. Which bill is it?

THE SPEAKER: Bill No. 98.

HON. BRENDAN MAGUIRE: Mr. Speaker, I move that Bill No. 98 be read for a second time.

THE SPEAKER: The honourable member for Cape Breton Centre.

KENDRA COOMBES: I'm happy to speak to this bill. It's long overdue and very

much needed. Allowing for virtual council meetings will permit people to attend without leaving their home or office. This is especially good news for parents with young children, people with disabilities, and anyone who lives a distance from their council chambers.

Speaking from experience, Mr. Speaker, during my time at CBRM, I was pregnant with my daughter Rory. I thought and had the question of whether I was going to take time off with my daughter. I chose not to. I also would have loved to have had this option to be able to come into a meeting from my home and be part of crucially important votes.

That option was not provided to me, so I decided that I wouldn't take any time off, that I would go. I think this is going to be wonderful for women, particularly mothers, going forward - parents and fathers - where they can attend meetings from their home. I think it's a great move.

It's not only great for councillors but for municipalities as a whole. It will allow more people to tune in and attend meetings. More attendance at meetings by the public means more robust engagement, transparency, and accountability. It allows for more presenters to come to councils to speak.

Mr. Speaker, I sincerely hope that councils will see this as an opportunity to spark interest in the most important work that happens in council meetings. However, to see the full benefit of this, the Province needs to ensure that all Nova Scotians have access, particularly in the rural areas, to internet at sufficient speeds that they are able to fully participate in our democracy.

Mr. Speaker, the small change in the ability to give notice online and in five community spaces may seem small, but it's also progress. Currently, municipalities need to take an ad in newspapers to advertise meetings. I can attest to this: putting ads into the newspaper is expensive, and I'm sure most of my colleagues will also agree to that. Sadly, with the demise of local newspapers, this is not often the best way to reach people.

Mr. Speaker, I welcome this change, and I am happy to support this bill. I look forward to hearing from the public at the Law Amendments Committee.

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

DAVE RITCEY: Mr. Speaker, I welcome the opportunity to speak to Bill No. 98, the Municipal Government Act and the Halifax Regional Municipality Charter, respecting virtual meetings.

The Progressive Conservative caucus understands the intent of this bill, amending the Municipal Government Act and the HRM Charter to allow municipalities to provide for the use of technology in future meetings. The amendment also increases accessibility

for citizens to publicly participate in and view council meetings, which we feel is important for openness and transparency. The Progressive Conservative Party of Nova Scotia always embraces technology and modernization for our province and for all Nova Scotians.

Lastly, Mr. Speaker, we want to ensure that all stakeholders are consulted in an open and transparent process in the development of the regulations for this bill.

THE SPEAKER: If I recognize the honourable minister it will be to close second reading.

The honourable Minister of Municipal Affairs.

HON. BRENDAN MAGUIRE: Mr. Speaker, I move to close second reading of Bill No. 98, the Municipal Government Act and the Halifax Regional Municipality Charter respecting virtual meetings.

THE SPEAKER: The honourable Deputy House Leader for the Official Opposition.

BRAD JOHNS: We're calling a recorded vote on this, please.

THE SPEAKER: There's been a request for a recorded vote.

We'll ring the bells until the Whips are satisfied.

[5:25 p.m.]

[The Division bells were rung.]

THE SPEAKER: Order, please. Are the Whips satisfied?

The Clerks will now conduct the recorded vote. I will ask all members in the Chamber to remain silent until your name is called. For those members participating virtually, please hold your card up and, as well, verbally state your vote so that there is no mistake of your intentions. The Clerk will go by caucus in alphabetical order for the caucus members.

The Clerk will now conduct the recorded vote on Bill No. 98.

[The Clerk calls the roll.]

[5:33 p.m.]

YEAS**NAYS**

Hon. Patricia Arab
Hon. Karen Casey
Hon. Zach Churchill
Hon. Keith Colwell
Hon. Randy Delorey
Hon. Lena Metlege Diab
Rafah DiCostanzo
Hon. Mark Furey
Hon. Leo Glavine
Hon. Lloyd Hines
Bill Horne
Hon. Tony Ince
Hon. Keith Irving
Hon. Ben Jessome
Hon. Labi Kousoulis
Hon. Suzanne Lohnes-Croft
Hon. Geoff MacLellan
Hon. Brendan Maguire
Hon. Derek Mombourquette
Hon. Chuck Porter
Hon. Kelly Regan
Hon. Gordon Wilson
Barbara Adams
Keith Bain
Brian Comer
Steve Craig
Hon. Pat Dunn
Tim Halman
Larry Harrison
Brad Johns
Colton LeBlanc
Karla MacFarlane
Allan MacMaster
Kim Masland
Dave Ritcey
Tory Rushton
Murray Ryan
Elizabeth Smith-McCrossin
Gary Burrill
Claudia Chender
Kendra Coombes
Susan Leblanc

Lisa Roberts
Hugh MacKay

THE CLERK: For, 45. Against 0.

THE SPEAKER: The motion is carried.

Ordered that this bill be referred to the Committee on Law Amendments.

The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, would you please call Bill No. 103.

Bill No. 103 - Halifax Regional Municipality Charter, an Act to Amend.

THE SPEAKER: The honourable Minister of Municipal Affairs.

HON. BRENDAN MAGUIRE: Mr. Speaker, I move that Bill No. 103 be read for a second time.

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

DAVE RITCEY: I welcome again the opportunity to speak to Bill No. 103. The Progressive Conservative caucus supports the redevelopment of the Halifax Commons pool for the benefit of families and children. We would like to thank the HRM mayor, council, and staff for going through an in-depth consultation process and listening to the stakeholders and public prior to bringing this request to the attention of the Department of Municipal Affairs and the Legislature.

THE SPEAKER: If I recognize the minister it will to close the debate.

The honourable Minister of Municipal Affairs.

HON. BRENDAN MAGUIRE: I move that Bill No. 103 be closed.

THE SPEAKER: The motion is for second reading of Bill No. 103. All those in favour? Contrary minded? Thank you.

The motion is carried.

Ordered that this bill be referred to the Committee on Law Amendments.

The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, would you please call Bill No. 105.

Bill No. 105 - Financial Measures (2021) Act

THE SPEAKER: The honourable Minister of Finance and Treasury Board.

HON. LABI KOUSOULIS: Mr. Speaker, I move that Bill No. 105 be now read a second time. This bill provides legislative authority to implement measures that can have financial implications and makes changes to several pieces of legislation:

Amendments to the Equity Tax Credit Act will extend the equity tax credit for community economic development corporations for 10 years. This will provide certainty around the tax credit for planning purposes. Amendments to the Finance Act will clarify that the Minister of Finance and Treasury Board has additional borrowing authority for durations over 365 days, where authority would otherwise be exhausted as approved by Executive Council.

Amendments to the Income Tax Act will allow for the continued sharing of tax information between CRA and the Department of Finance and Treasury Board for fiscal planning purposes and provide a one-time, six-month extension to file the research and development tax credit. Amendments will also provide enabling legislation to harmonize the financial institutions capital tax with the federal tax base.

Amendments to the Corporation Capital Tax Act will see the tax phased out as we harmonize with federal capital tax on financial institutions and other red-tape reduction.

An amendment to the Pension Benefits Act will allow for sharing plan information with other jurisdictions and pension authorities consistent with past practice.

Through the Financial Measures (2021) Act, we are also transferring some oversight to the Department of Environment and Climate Change. This responsibility has already been transferred through order in council.

THE SPEAKER: The honourable member for Northside-Westmount.

MURRAY RYAN: I thank you for the moment to say a few words on Bill No. 105.

This bill has many parts, as the minister stated, from harmonizing many provincial taxes with federal legislation to transferring some compliance-related responsibilities to the Minister of Environment and Climate Change. However, amendments surrounding the government authority over additional appropriations beyond that provided for within the budget raises some questions.

The minister stated the intention is to add clarity to a pre-existing government

power to borrow as it deems necessary. This begs one to wonder, if the government says it already had this authority, then the additional need for the clarity, well, it is unclear. Further, the minister has stated that many previous governments have borrowed outside of the normal appropriation process. I wonder, how did they not have these same issues with this clarity?

[5:45 p.m.]

Further, Mr. Speaker, the minister has stated that this authority will provide the government with the ability to borrow at a moment's notice to take advantage of lower interest rates - opportunities that save the government money in interest payments. We're all for that, Mr. Speaker, but this is a normal function of government, to take on new, cheaper debt and retire older, more expensive debt. This isn't added debt. It's just different debt.

In closing, Mr. Speaker, this Financial Measures (2021) Act is part of the budget process - a budget as presented by the government that projects a deficit this year of \$585 million on revenues of \$11.8 billion. This year, as a result of this deficit and the capital plan, the government is projecting that our provincial debt will increase by \$1.3 billion to \$18 billion by this time next year.

Thank you for the opportunity to speak.

THE SPEAKER: The honourable member for Dartmouth South.

CLAUDIA CHENDER: Mr. Speaker, I am pleased to rise and briefly address the Financial Measures (2021) Act. As usual, and as described by the Minister of Finance and Treasury Board, the majority of this bill contains amendments required to other Acts of the Legislature for the budget to be enacted. The minister spoke of some of those.

We've spoken in the past to the contents of this budget and our opinions thereof, and normally I would stand in my place at this time and reiterate a few of those points. But instead, Mr. Speaker, I will focus on the same clause that my colleague the member for Northside-Westmount just spoke of, which is Clause 8.

Clause 8 increases the capacity for the provincial government to borrow money at any time, without having to bring the matter before the Nova Scotia Legislature. It is emblematic of the pattern we've seen over the past eight years of increasing disregard for our democratic systems and oversight, concentration of power, including crucial borrowing and spending power in Executive Council.

During the COVID-19 pandemic, the government authorized additional appropriations and used this not-yet-enumerated borrowing power on two separate occasions. Mr. Speaker, we don't seek to constrain the authority of government to spend

in the face of an emergency, like a pandemic. The Minister of Finance and Treasury Board has said that the legal opinion they received was that this was allowed under existing rules, but that there was a desire to amend the legislation to allow it in the future or, as the member for Northside-Westmount so aptly and somewhat ironically put it, to bring clarity.

I understand, as I said, Mr. Speaker, that there may be occasions when government must act quickly to respond to emergencies and when financial resources will be required in that action, but this enumerated borrowing power is not restricted to emergency situations. In fact, there are no conditions at all that would constrain the government in their ability to borrow astronomical amounts of money without anyone in this Chamber ever knowing about it.

I would think that the government would respect the democratic function of this House enough that it would perhaps see our very existence as something of an impediment to this, but this bill clearly shows that that is not the case.

Given the requirement, the opinion that this government has received that this power must be clarified, it is our opinion that the very least that could be done, in the name of responsible government, is to file additional borrowing appropriations with the Legislature forthwith. That would bring clarity - and its synonym, transparency - to some of the workings of the Department of Finance and Treasury Board and of our government.

The Minister of Finance and Treasury Board has expressed the view on a few occasions now that the primary means of providing checks and balances on government spending is our four- to five-year election cycle. Our caucus disagrees, Mr. Speaker. We disagree in principle, based on the fundamental principles of parliamentary democracy, but this disagreement is strengthened by our electoral environment, a first-past-the-post system where more Nova Scotians voted for Parties other than the Party that currently holds power.

Members of the Legislative Assembly are elected to represent their constituents in this House and to hold the government accountable. Our tools for this task are debate and questioning. The adversarial nature of the work that we do here is an anathema to some, but it is our system. In its best form, it can be well and professionally executed by people who disagree as passionately and as respectfully as they care about their communities.

A government that is not publicly willing to argue or even disclose their case and answer those questions is a government we might want to be wary of. Thank you, Mr. Speaker, and I look forward to hearing more on this at Law Amendments. (Applause)

THE SPEAKER: If I recognize the minister it will be to close the debate.

The honourable Minister of Finance and Treasury Board.

HON. LABI KOUSOULIS: I would like to thank my colleagues for their comments. I would like to point them to the bill, and I would like them to spend a little more time on the actual section that deals with borrowing, which is Additional Section 1A and 1B.

The comments from my colleague make it sound like we are doing something nefarious as a government. What we are actually doing is strengthening authority, not weakening it. I am going to read what the Finance Act currently states that the minister alone has borrowing authority. Currently Section 36, Subsection 1 of the Finance Act states:

“Where an Appropriation Act gives authority to the Minister to borrow any sum of money by any means and from any source, for a term greater than three hundred and sixty-five days, the Minister may borrow such sum, in whole or in part, by any means from any source and on such terms as the Minister determines from time to time.”

The authority gives the Minister of Finance and Treasury Board the authority to borrow. What we are adding is actually less authority to the minister. The section we are adding is now another subsection after that one, and it states:

“Where it has been determined that the amount authorized pursuant to subsection (1) and an Appropriations Act is insufficient to carry out the purpose of the Appropriation Act, the Minister shall prepare an additional borrowing plan which must be submitted with a report and recommendation to the Governor in Council.”

So now the extra borrowing requires Governor in Council approval. Mr. Speaker, my colleagues talk as though this is something new. Since 1997, there has never been a single year in the history of the government of Nova Scotia that any government - Progressive Conservative, Liberal, or NDP - has not had additional appropriations. They never went into the Legislature once, not once because this authority already exists.

If you look at the amounts between 2006-2009 under the Rodney MacDonald government, in three years \$1 billion in appropriations. The NDP in 2010 and 2014, \$1 billion of appropriations. What the check and balance is, is it is legislated that the Department of Finance and Treasury Board updates Nova Scotians on a quarterly basis of where we are. Those updates show how the budget has changed over that quarter. The checks and balances are there for Nova Scotians.

This is not something new. The Province of Nova Scotia, where my colleagues are actually insinuating that on every single decision that changes the budget up or down by a dollar we should be walking to the Legislature. It would create such red tape and slow down government, nothing would ever get done. What we are doing here is we are adding

in the extra step of having Governor in Council approval for extra appropriations as opposed to the minister on his signature or her signature alone being able to borrow more sums.

What we are doing is we are clarifying two Acts. We are dealing with a Finance Act and we are dealing with the Appropriations Act, and we are marrying the two. I am not sure why my colleagues keep referring that something nefarious is happening. If they are, they need to ask their own Party members who are part of those governments.

The Leader of the NDP was part of the Dexter government, and there was \$1 billion in appropriations. At no time has he stood up in his place and said that the government should not have any powers within Executive Council to be able to execute day-to-day activities, or to be able to have an increase in the budget. Those increases in budgets happen on a weekly basis within Cabinet, and on a quarterly basis the Department of Finance and Treasury Board updates Nova Scotians.

In terms of coming to an election, we are talking about track record of how our province is doing or looking at our deficit now. The deficit today under COVID-19 is less than a deficit we inherited under the NDP when the economy was stronger. The deficit today under COVID-19 is less than it was on the last year of the Progressive Conservative Government, 2009. I will put the track record of this government up against any previous government any day when it comes to financial performance.

In the last five years pre-COVID-19, this government added less than \$300 - 400 million in operating expenses in a total of our term as government. The NDP averaged \$800 million of debt a year. They added \$3.2 billion of debt in four years. By the time they were done, 25 per cent of the debt of the Province of Nova Scotia, that had been in existence for hundreds of years, was added in four short years.

The last year of the MacDonald government in 2009 was over a billion dollars in debt. More than all the debt - twice the debt - that our government has done since day one up until COVID-19.

Mr. Speaker, if we want to talk about financial performance and talk about how our finances are and what sort of debt levels we're carrying for our kids, we're at one of the lowest debt-to-GDP in our history. Right now, the debt-to-GDP is increasing because we're making investments in health care. Opposition calls for those investments and has been calling for them for years.

The Victoria General Hospital, we know, is past due. That project was announced by the Progressive Conservatives prior to 2009. It was announced again by the NDP. When we came into government and wanted to see what was happening with it, there wasn't even a set of drawings. That project is well under way and it's going to be an investment north of a billion dollars, north of two billion dollars.

That investment is needed, and it is going to add to our debt, but it is good debt because it is capital debt and it's going to be infrastructure that's going to provide care and health care for our future generation, our children and our grandchildren.

Mr. Speaker, with those few words I rise to close debate on Bill No. 105 - Financial Measures (2021) Act.

THE SPEAKER: The motion is for second reading of Bill No. 105. All those in favour? Contrary minded? Thank you.

The motion is carried.

Ordered that this bill be referred to the Committee on Law Amendments.

The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, would you please call Bill No. 112.

Bill No. 112 - Emancipation Day Act

THE SPEAKER: The honourable Minister of African Nova Scotian Affairs.

HON. TONY INCE: Mr. Speaker, I ask that Bill No. 112, the Emancipation Day Act, be read for a second time.

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

BRAD JOHNS: Mr. Speaker, I rise today with pleasure to be able to support this bill. It's an honour to be able to talk on it here in the Legislature today. I support it, as do my fellow Nova Scotia Progressive Conservative colleagues, particularly since it's almost exactly the same bill I submitted on the 23rd. I guess I'd be hypocritical if I didn't.

I do have some comments to make on it, not so much in regards to what the bill itself stands for - of course, recognizing the abolishment of slavery in the British Empire, which occurred on August 1st of 1834, but also some other comments that I wanted to make on it.

Mr. Speaker, I question why this is coming forward now. I certainly recognize, when we look at the world, that now's the right time, when we look at things that are happening, particularly south of the border from us. I do wish that there was an opportunity to bring this forward before the House previous to today.

I think that, ideally, when the former Premier, Stephen McNeil had . . .
(Interruption)

THE SPEAKER: Order, please. I'd like to remind the honourable member not to refer to any current members of this House. Even though he may be the former Premier, he's still a member.

The honourable member for Sackville-Beaver Bank.

BRAD JOHNS: Yes, thank you very much. When the previous Premier stood up in September and recognized and apologized for anti-Black racism and the impact that it had on the lives of Nova Scotians, it would have been ideal to have brought this forward at the same time.

[6:00 p.m.]

Mr. Speaker, the reason I say that is because I think that to discuss the Emancipation Bill here today without recognizing a Nova Scotian, the Senator from East Preston, Senator Wanda Thomas Bernard, I think it would be remiss of all of us in this Legislature. To talk around an Emancipation Act without recognizing Senator Thomas Bernard, who has been a strong advocate at a federal level to try to get the federal government and the Senate to recognize this day, which they did do on March 24th. They did recognize that, across Canada, August 1st would now be recognized as Emancipation Day.

I certainly want to recognize Senator Thomas Bernard, and I know that when I was doing research before this, I listened to a speech she had given, which is on YouTube, and I would say she's been a very strong advocate for ensuring Emancipation Day went forward federally.

Having said that, I think that just because the federal government has recognized it, does not make it a moot point for this Legislature to also recognize it. I think it actually highlights the importance for us to do that. Recognizing the effects of inter-generational racism and pointing out that, not only did slavery occur throughout the British colonies and Canada, but slavery occurred right here in our own province of Nova Scotia, as well. I think that by this Legislature standing and approving the bill that's before us today we recognize that.

I think that Emancipation Day certainly helps to confront the legacy of slavery and white supremacy over the years. It makes us as a society, and it's reflected on our present as well as our past. When we currently look at circumstances it certainly helps us to understand why Black Lives Matter.

What I do want to question or challenge the minister on, and this government, is as an Opposition member myself. I know that my NDP colleague also brought forward an Emancipation bill. I recognize that as Opposition members, there is only so much that we can do. However, what I would like to do is challenge the minister, as well as the government, to not just let today be a one step and give designation for a day. I would

really like to challenge the government to take it further.

Currently in Canada, the only other province that recognizes Emancipation Day is Ontario. They do have many local festivities, parades, community gatherings. I would challenge the government - they have the ability to fund some of those things through Communities, Culture and Heritage, so I would like to see that they do that. I would like to see that Emancipation Day - although on August 1st for us here in HRM is a holiday already - I would like it to be set aside. I'd like for it to reach a higher recognition throughout the community, not just be associated with other days like Valentine's Day or Heritage Day. Emancipation Day, to me, is significant. It's significant that this Legislature is going to recognize that day, and I certainly want to see the government come forward.

They have the ability to highlight it, support it, and ensure festivities go on. Last year, there was one in North Preston. I know that in Owen Sound, Ontario, they have a huge festival that they hold every year for Emancipation Day, so I certainly would like to see the government come forward and do that as well.

I guess those are my brief remarks. I do thank this government for recognizing it and bringing it forward. I will say in closing that I do think this does demonstrate sometimes where some of the Opposition members come forward with ideas and the government looks across the aisle and recognizes that there may be a good idea. In this case, it's the two Opposition members and the government, so this is something that we could do together as a whole House and bring forward for African Nova Scotian communities from across this province.

THE SPEAKER: The honourable member for Dartmouth North.

SUSAN LEBLANC: I am very glad to rise to speak to Bill No. 112 - An Act to Recognize Emancipation Day.

I'm very glad to see this bill move forward and would like to recognize the incredible and important work of Vanessa Fells, Bernadette Hamilton, and others at the African Nova Scotian Decade for People of African Descent Coalition, which is the DPAD Coalition, who have worked hard and pushed for this idea to happen. I would also, as my colleague did, like to recognize Senator Wanda Thomas Bernard, who was an amazing advocate for having Canada proclaim an Emancipation Day as well.

We are halfway through the UN International Decade for People of African Descent. African Nova Scotian people have been asking that this day, August 1st, be recognized as Emancipation Day for some time. We have lots of work to do in Nova Scotia to dismantle systemic anti-Black racism in our province. Proclaiming the anniversary of Emancipation Day can be a symbolic and significant step to recognizing our history as a province that was built by slaves and as a province that has benefited because of slavery, and that's a big thing to remember for the folks who are of European descent.

There is a lot that still needs to be done. Those same people who have been asking for this day to be proclaimed as a day to recognize Emancipation Day, many of those people are the same people who are asking for race-based health data to be collected and have been asking for that for years and years and years, because we cannot fully evaluate the level of systemic racism in our health system unless we can collect some health or race-based data in that; the same people, the same community members, who have been calling for an African Nova Scotian justice institute, so that we can examine the overrepresentation of African Nova Scotians in our justice system and that we can make sure that African Nova Scotian people are properly represented in - have proper representation in the justice system. There are many other initiatives and important steps, including the Land Titles Initiative, which we have already looked at in this House in this session.

Over the last, I would say, number of months or more than a year now, I've had the pleasure of working with the African Nova Scotian Decade for People of African Descent Coalition on a number of issues, including the development of our caucus's Emancipation Day Bill, which we introduced on March 24th. I am glad that the government is moving forward with proclaiming this important day, but I would like to quickly mention some important differences between our bill and the one that has been put forward which, of course, we will happily be supporting and will celebrate when it's passed.

I will first note that the DPAD Coalition did write to the Premier asking him to pass our caucus's bill. Our bill included, among other points, a recognition of African Nova Scotians as a distinct people, which is something that African Nova Scotian communities have been asking for and working on for a long time. Our bill includes a definition of systemic racism that states that racist structures and institutional practices have resulted in the inability of Black Nova Scotians to access and enjoy many of the benefits of Canadian society, notably in areas such as education, housing, health, business, the justice system, and community development.

Our bill includes a recognition that there has not been a formal apology from the Government of Canada for continued anti-Black racism in Canadian society. It includes a recognition that Black Canadian lives matter, and it includes a recognition that Black Canadians have issued calls for apologies and reparations for slavery and racism. Those are some important differences.

I am glad, though, of course, and I am going to repeat that, I am very glad that this is coming forward, but I do think it's important to mention those differences. I look forward very much to hearing from the public at the Law Amendments Committee about this bill and will look forward to voting for it.

THE SPEAKER: The honourable member for Halifax Needham.

LISA ROBERTS: It is my pleasure to speak just briefly on this bill, which is, I

think, importantly an acknowledgement about part of our history, indeed part of the very foundation of our history as a colonial nation that we often gloss over. I am glad to see this day be recognized, and I look forward to all the conversations and all the learning that it can open.

There is a really rich and, from my vantage point of just a person who likes to read and listen, a growing scholarship kind of uncovering the history of the entanglements between Nova Scotia and Canada with the slave trade. Yet many Canadians think that our primary connection to slavery is as the terminus of the Underground Railroad, which of course is part of the history, which is much easier, much more palatable for people with the privilege that I hold to contemplate.

In fact, here in Nova Scotia, much of the wealth that built buildings like Province House or like our universities can be traced back to our connections with the slave trade and trade relations with the West Indies. I think that this moment of recognizing Emancipation Day can be an important opening, an important embrace of our whole history, which certainly I am still learning and which certainly I hope that our educational institutions, not just our post-secondary institutions but also our public education system, will embrace and really get curious about and then think about the consequences of that knowledge. With those few words, I welcome this bill.

THE SPEAKER: If I recognize the minister it will be to close the debate.

The honourable Minister of African Nova Scotian Affairs.

HON. TONY INCE: I thank everyone for stepping forward to help us recognize that horrific past. Yes, the African Nova Scotian Decade for People of African Descent Coalition (DPAD). Yes, Senator Wanda Thomas Bernard. I can go on and give you a list of African Nova Scotians whom many of you have overlooked or are not even aware of who have been asking for this and many other things for generations.

I appreciate very much you speaking to this, but let me point out a couple of things that were just said that speaks to why it's so important for us to bring this forward. It speaks to the lack of education and knowledge about this history. First, this celebration, as was quoted, that's an issue. We're talking about Emancipation Day. We're not talking about festivals and parties.

Often, when it comes to an issue that is about African Canadians, it's lumped into dances, parties, food, and so on. We need to educate everyone on this history and why it is so important for us to move forward on it. The fact that there is trauma from the decades of slavery. There are mental health outcomes. There are economic outcomes. There are justice outcomes, and yes, I applaud all my community members who have been screaming and yelling from the rooftops for years.

[6:15 p.m.]

I have to remind you all, when we look at the history of this House, how many who look like me have served in this House, through all Parties? I'm going to say to you, this is a step forward. I am so proud, and I will include the Opposition as well, but I am so proud to be in the position I'm in today, having people around me who have heard me and allowed us to advance the things that we've moved up to now. But that's not much, and there's a lot more to go. When we talk about allyship, this is what I'm talking about. It's not about festivals.

This province wasn't built by slaves. It was built by enslaved people. That's what I'm trying to tell you. This has to be taught and learned throughout. I've got people sitting here addressing a bill and talking about the province built by slaves.

Folks, I appreciate all, but there is so much more to do. Yes, you can lean on those community members and keep referring to those community members, but you also have to remember, we felt it was appropriate, given that I'm the only African Nova Scotian sitting in the House, that we should bring it forward, and we brought it forward without picking sides. I appreciate both Parties bringing their version forward. We did it in a fashion so that it could be collaborative. I dare any one of you to say to me that I'm not collaborative, and I don't want to work with you.

That being said, thank you, Mr. Speaker. I move second reading of this bill.

THE SPEAKER: The motion is for second reading of Bill No. 112. All those in favour? Contrary minded? Thank you.

The motion is carried.

Ordered that this bill be referred to the Committee on Law Amendments.

The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, would you please call the order of business, Government Motions.

GOVERNMENT MOTIONS

THE SPEAKER: The honourable Government House Leader.

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

THE SPEAKER: The House will now recess for a few minutes while it resolves

itself into the Committee of the Whole House on Bills.

[6:20 p.m. The House resolved into a CWH on Bills with Deputy Speaker Keith Bain in the Chair.]

[7:30 p.m. The CWH on Bills rose and the House reconvened. Deputy Speaker Susan Leblanc resumed the Chair.]

THE SPEAKER: Order, please. The Chair of the Committee of the Whole House on Bills reports:

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

Bill No. 74 - An Act to Incorporate the Yarmouth Golf and Country Club.

Bill No. 77 - Digby Marketing and Promotions Levy Act.

Bill No. 85 - Securities Act.

Bill No. 87 - Pension Benefits Act.

Bill No. 92 - Continuing Care Assistants Registry Act.

Bill No. 95 - Parenting and Support Act.

Bill No. 97 - Electricity Act.

and the Chair has been instructed to recommend these bills to the favourable consideration of the House.

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

The honourable Government House Leader.

HON. GEOFF MACLELLAN: Madam Speaker, that concludes the government's business for today. I move that the House do now rise to meet again tomorrow, Thursday, April 15, 2021, between the hours of 12:00 noon and 11:59 p.m.

Following the daily routine and Question Period, business will include the continuation of the Committee of the Whole and Subcommittee on Supply, followed by third reading on Bill Nos. 85, 87, 92, 95, and 97. I would also note that the Committee on Law Amendments will sit tomorrow morning at 9:00 a.m.

THE SPEAKER: The motion is that the House rise to meet again tomorrow, April 15th, between the hours of 12:00 noon and 11:59 p.m.

All those in favour? Contrary minded?

The motion is carried.

We stand adjourned until tomorrow at 12:00 noon.

[The House rose at 7:32 p.m.]

NOTICES OF MOTION UNDER RULE 32(3)**RESOLUTION NO. 492**

By: Tory Rushton (Cumberland South)

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

Whereas Ohra Colins has been an advocate, a volunteer, and a driving force of the Age of Sail Museum for 30 years and organized fundraisers, collection management, training, and organizer of much detail; and

Whereas Ohra Colins was instrumental in the founding of the centre and has held various positions within the society from volunteer, treasurer, and president since 2008; and

Whereas Ohra Colins will be retiring from her post on April 17, 2021, and moving from the area that she has grown to love and support;

Therefore be it resolved that all members of this House of Assembly join me, the Age of Sail Heritage Centre and Museum, and the surrounding communities in thanking Ohra Colins for the dedication, the commitment, and more importantly the love she has put into the heritage of her beloved area and congratulate her on the accomplishments and her well-deserved retirement.

RESOLUTION NO. 493

By: Colton LeBlanc (Argyle-Barrington)

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

Whereas the birth of a child is an exciting and momentous event and marks the beginning of a wonderful journey; and

Whereas few events in life are as powerful and positive as the birth of a child; and

Whereas on October 29, 2020, Aimee Messenger and Brett Nickerson welcomed their daughter into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Aimee Messenger and Brett Nickerson on this miraculous event in their lives and wish them a lifetime of happiness as parents.

RESOLUTION NO. 494

By: Colton LeBlanc (Argyle-Barrington)

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

Whereas the birth of a child is an exciting and momentous event and marks the beginning of a wonderful journey; and

Whereas few events in life are as powerful and positive as the birth of a child; and

Whereas on May 12, 2020, Katie Antsipenka and Brandon d'Entremont welcomed their son into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Katie Antsipenka and Brandon d'Entremont on this miraculous event in their lives and wish them a lifetime of happiness as parents.

RESOLUTION NO. 495

By: Colton LeBlanc (Argyle-Barrington)

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

Whereas the birth of a child is an exciting and momentous event and marks the beginning of a wonderful journey; and

Whereas few events in life are as powerful and positive as the birth of a child; and

Whereas on June 17, 2020, Ceilidh Bond and Branden Crowe welcomed their daughter into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Ceilidh Bond and Branden Crowe on this miraculous event in their lives and wish them a lifetime of happiness as parents.

RESOLUTION NO. 496

By: Colton LeBlanc (Argyle-Barrington)

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

Whereas the birth of a child is an exciting and momentous event and marks the beginning of a wonderful journey; and

Whereas few events in life are as powerful and positive as the birth of a child; and

Whereas on November 23, 2020, Brittany Stoddard and Carter Harris welcomed their daughter into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Brittany Stoddard and Carter Harris on this miraculous event in their lives and wish them a lifetime of happiness as parents.

RESOLUTION NO. 497

By: Colton LeBlanc (Argyle-Barrington)

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

Whereas the birth of a child is an exciting and momentous event and marks the beginning of a wonderful journey; and

Whereas few events in life are as powerful and positive as the birth of a child; and

Whereas on March 18, 2020, Elizabeth and Marc Currans welcomed their son into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Elizabeth and Marc Currans on this miraculous event in their lives and wish them a lifetime of happiness as parents.

RESOLUTION NO. 498

By: Colton LeBlanc (Argyle-Barrington)

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

Whereas the birth of a child is an exciting and momentous event and marks the beginning of a wonderful journey; and

Whereas few events in life are as powerful and positive as the birth of a child; and

Whereas on December 3, 2020, Farrah O'Connell and Dustin Hatfield welcomed

their daughter into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Farrah O'Connell and Dustin Hatfield on this miraculous event in their lives and wish them a lifetime of happiness as parents.

RESOLUTION NO. 499

By: Colton LeBlanc (Argyle-Barrington)

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

Whereas the birth of a child is an exciting and momentous event and marks the beginning of a wonderful journey; and

Whereas few events in life are as powerful and positive as the birth of a child; and

Whereas on February 3, 2020, Janice and Tristan Crowell welcomed their daughter into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Janice and Tristan Crowell on this miraculous event in their lives and wish them a lifetime of happiness as parents.

RESOLUTION NO. 500

By: Colton LeBlanc (Argyle-Barrington)

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

Whereas the birth of a child is an exciting and momentous event and marks the beginning of a wonderful journey; and

Whereas few events in life are as powerful and positive as the birth of a child; and

Whereas on September 25, 2020, Jennifer and François Surette welcomed their son into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Jennifer and François Surette on this miraculous event in their lives and wish them a lifetime of happiness as parents.

RESOLUTION NO. 501

By: Colton LeBlanc (Argyle-Barrington)

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

Whereas the birth of a child is an exciting and momentous event and marks the beginning of a wonderful journey; and

Whereas few events in life are as powerful and positive as the birth of a child; and

Whereas on September 14, 2020, Jessica and Serge LeBlanc welcomed their daughter into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Jessica and Serge LeBlanc on this miraculous event in their lives and wish them a lifetime of happiness as parents.

RESOLUTION NO. 502

By: Colton LeBlanc (Argyle-Barrington)

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

Whereas the birth of a child is an exciting and momentous event and marks the beginning of a wonderful journey; and

Whereas few events in life are as powerful and positive as the birth of a child; and

Whereas on September 18, 2020, Jessica Muise and Allan Bond welcomed their daughter into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Jessica Muise and Allan Bond on this miraculous event in their lives and wish them a lifetime of happiness as parents.

RESOLUTION NO. 503

By: Colton LeBlanc (Argyle-Barrington)

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

Whereas the birth of a child is an exciting and momentous event and marks the beginning of a wonderful journey; and

Whereas few events in life are as powerful and positive as the birth of a child; and

Whereas on March 20, 2020, Joelle and Mario d'Entremont welcomed their daughter into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Joelle and Mario d'Entremont on this miraculous event in their lives and wish them a lifetime of happiness as parents.

RESOLUTION NO. 504

By: Colton LeBlanc (Argyle-Barrington)

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

Whereas the birth of a child is an exciting and momentous event and marks the beginning of a wonderful journey; and

Whereas few events in life are as powerful and positive as the birth of a child; and

Whereas on July 31, 2020, Karlyn d'Entremont welcomed her daughter into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Karlyn d'Entremont on this miraculous event in her life and wish her a lifetime of happiness as a parent.

RESOLUTION NO. 505

By: John Lohr (Kings North)

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

Whereas New Minas Baptist Church has a modern one-level facility and is fully accessible in every way, plus has a large parking lot on the same level; and

Whereas New Minas Baptist Church has offered its facilities, free of charge, as the vaccination site for Kings County to the Department of Health and Wellness for the COVID-19 vaccination effort; and

Whereas New Minas Baptist Church also offered its facilities free of charge to the Department of Health and Wellness during the H1N1 vaccination efforts;

Therefore be it resolved that all members of this House of Assembly join me in thanking the congregation and staff of New Minas Baptist Church for this significant contribution to the health and wellness of the citizens of Kings County.

RESOLUTION NO. 506

By: John Lohr (Kings North)

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

Whereas Open Arms is a Christian ministry dedicated to serving the needs of the homeless and less fortunate in the Kentville and Annapolis Valley area; and

Whereas during the COVID-19 pandemic the team at Open Arms - including Reverend John Andrew, Bruce Coldwell and many other volunteers - stepped up to serve the greater needs of the community by creating the Neighbour Helping Neighbour website; and

Whereas the Neighbour Helping Neighbour website has successfully connected both people needing help with people volunteering to help during the COVID-19 pandemic for hundreds of people in the valley;

Therefore be it resolved that all members of this House of Assembly join me in thanking Reverend John Andrew, Bruce Coldwell and the volunteers at Open Arms who contributed so much to lessen the impact of the COVID-19 pandemic for the citizens of the Annapolis Valley through the Neighbour Helping Neighbour effort.

RESOLUTION NO. 507

By: Hon. Brendan Maguire (Halifax Atlantic)

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

Whereas Chad Garrison serves on the Sambro and Area Community Association (SACA) Board of Directors; and

Whereas SACA was first established to organize the annual Sou'wester Days Festival that celebrates the rich history of Sambro and the Sambro Lighthouse; and

Whereas SACA has expanded to include many community events such as raffles, community breakfasts, movie nights, and the annual Shay and McKay Fishing Derby; and the association also has a long term goal of building and maintaining a community centre in Sambro;

Therefore be it resolved that all members of this House of Assembly congratulate Chad Garrison on his unwavering commitment to the community of Sambro and thank him for his service on the Board of Directors of the Sambro and Area Community Association.

RESOLUTION NO. 508

By: Hon. Brendan Maguire (Halifax Atlantic)

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

Whereas Kimberly MacKay serves on the Sambro and Area Community Association (SACA) Board of Directors; and

Whereas SACA was first established to organize the annual Sou'wester Days Festival that celebrates the rich history of Sambro and the Sambro Lighthouse; and

Whereas SACA has expanded to include many community events such as raffles, community breakfasts, movie nights, and the annual Shay and McKay Fishing Derby; and the association also has a long term goal of building and maintaining a community centre in Sambro;

Therefore be it resolved that all members of this House of Assembly congratulate Kimberly MacKay on her unwavering commitment to the community of Sambro and thank her for her service on the Board of Directors of the Sambro and Area Community Association.

RESOLUTION NO. 509

By: Hon. Brendan Maguire (Halifax Atlantic)

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

Whereas Lorrie Boylen serves on the Sambro and Area Community Association (SACA) Board of Directors; and

Whereas SACA was first established to organize the annual Sou'wester Days Festival that celebrates the rich history of Sambro and the Sambro Lighthouse; and

Whereas SACA has expanded to include many community events such as raffles, community breakfasts, movie nights, and the annual Shay and McKay Fishing Derby; and the association also has a long term goal of building and maintaining a community centre in Sambro;

Therefore be it resolved that all members of this House of Assembly congratulate Lorrie Boylen on her unwavering commitment to the community of Sambro and thank her for her service on the Board of Directors of the Sambro and Area Community Association.

RESOLUTION NO. 510

By: Hon. Brendan Maguire (Halifax Atlantic)

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

Whereas Natasha Roscoe serves on the Sambro and Area Community Association (SACA) Board of Directors; and

Whereas SACA was first established to organize the annual Sou'wester Days Festival that celebrates the rich history of Sambro and the Sambro Lighthouse; and

Whereas SACA has expanded to include many community events such as raffles, community breakfasts, movie nights, and the annual Shay and McKay Fishing Derby; and the association also has a long term goal of building and maintaining a community centre in Sambro;

Therefore be it resolved that all members of this House of Assembly congratulate Natasha Roscoe on her unwavering commitment to the community of Sambro and thank her for her service on the Board of Directors of the Sambro and Area Community Association.

RESOLUTION NO. 511

By: Hon. Brendan Maguire (Halifax Atlantic)

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

Whereas Patricia Thomas serves on the Sambro and Area Community Association (SACA) board of directors; and

Whereas SACA was first established to organize the annual Sou'wester Days Festival that celebrates the rich history of Sambro and the Sambro Lighthouse; and

Whereas SACA has expanded to include many community events such as raffles, community breakfasts, movie nights, and the annual Shay and MacKay Memorial Fishing Derby, and the association also has a long term goal of building and maintaining a community centre in Sambro;

Therefore be it resolved that all members of this House of Assembly congratulate Patricia Thomas on her unwavering commitment to the community of Sambro and thank her for her service on the board of directors of the Sambro and Area Community Association.

RESOLUTION NO. 512

By: Hon. Brendan Maguire (Halifax Atlantic)

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

Whereas Tabitha Zinck serves on the Sambro and Area Community Association (SACA) board of directors; and

Whereas SACA was first established to organize the annual Sou'wester Days Festival that celebrates the rich history of Sambro and the Sambro Lighthouse; and

Whereas SACA has expanded to include many community events such as raffles, community breakfasts, movie nights and the annual Shay and MacKay Memorial Fishing Derby and the association also has a long term goal of building and maintaining a community centre in Sambro;

Therefore be it resolved that all members of this House of Assembly congratulate Tabitha Zinck on her unwavering commitment to the community of Sambro and thank her for her service on the board of directors of the Sambro and Area Community Association.

RESOLUTION NO. 513

By: Hon. Brendan Maguire (Halifax Atlantic)

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

Whereas Leslie Harnish serves on the Sambro and Area Community Association (SACA) board of directors; and

Whereas SACA was first established to organize the annual Sou'wester Days Festival that celebrates the rich history of Sambro and the Sambro Lighthouse; and

Whereas SACA has expanded to include many community events such as raffles, community breakfasts, movie nights and the annual Shay and MacKay Memorial Fishing Derby and the association also has a long term goal of building and maintaining a community centre in Sambro;

Therefore be it resolved that all members of this House of Assembly congratulate Leslie Harnish on her unwavering commitment to the community of Sambro and thank her for her service on the board of directors of the Sambro and Area Community Association.

RESOLUTION NO. 514

By: Hon. Brendan Maguire (Halifax Atlantic)

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

Whereas Bowlarama has been providing a fun and healthy recreational experience to its patrons since 1958; and

Whereas there are now six Maritime Bowlarama locations, and we are lucky to have one located in Spryfield; and

Whereas Spryfield Bowlarama is an important part of the community and are well known for their generosity and their willingness to give back to the community through such events as the Annual Heritage Day Bowling and Pizza Party, where they partner with our office to provide free bowling and pizza to the community members;

Therefore be it resolved that all members of this House of Assembly congratulate Spryfield Bowlarama on their successful business and thank them for their generosity to the community they serve.

RESOLUTION NO. 515

By: Hon. Brendan Maguire (Halifax Atlantic)

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

Whereas Stephen Adams served as Councillor for District 11 Spryfield-Sambro Loop-Prospect Road since 1991; and

Whereas he faithfully served the constituents of his district for almost 30 years and was dedicated to improving the communities he represented; and

Whereas Steve made the decision to not re-offer in the 2020 municipal elections;

Therefore be it resolved that all members of this House of Assembly congratulate Steve Adams on his long career representing District 11 and thank him for his 29 years of dedicated service.

RESOLUTION NO. 516

By: Hon. Brendan Maguire (Halifax Atlantic)

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

Whereas the Boys and Girls Club of Spryfield has been serving the children and youth of the community for over 20 years; and

Whereas the Boys and Girls Club of Spryfield underwent a huge transition a few years ago when they merged with four other BGC in the HRM to form the Boys and Girls Club of Greater Halifax, allowing them to share resources and strengthen their organization; and

Whereas the Boys and Girls Club of Greater Halifax - Spryfield location continued to be dedicated to providing a safe and supportive environment for children and youth and continued to provide programs tailored to the needs of our community;

Therefore be it resolved that all members of this House of Assembly congratulate the Boys and Girls Club of Greater Halifax - Spryfield on their continued commitment to the children and youth of our community and thank them for making “every kid a kid of privilege.”

RESOLUTION NO. 517

By: Hon. Brendan Maguire (Halifax Atlantic)

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

Whereas the YWCA has a long history of advocating for and empowering women and girls around the world;

Whereas the YWCA Halifax was founded in 1874 and they were a welcome addition to the Spryfield area when they opened their new building on Herring Cove Road in 2012; and

Whereas since its opening in 2012, the YWCA has been working diligently to help better the lives of women and families through programming that focuses on promoting leadership and the health and wellness of women and girls; advancing women's economic and housing security; delivering quality childcare; and working to end violence against women and girls;

Therefore be it resolved that all members of this House of Assembly congratulate all of the staff of the YWCA for their unwavering commitment to improving the lives of women and girls through their extensive programming.

RESOLUTION NO. 518

By: Hon. Keith Colwell (Agriculture)

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

Whereas the health and nutritional benefits of wild blueberries have been scientifically verified and have been recognized worldwide; and

Whereas the Wild Blueberry Association of Nova Scotia represents over 1,000 farmers that grow 15 per cent of the total wild blueberry production in North America; and

Whereas wild blueberries are native to Nova Scotia, enjoyed globally, and represent the top agricultural export with a value of more than \$139 million in 2019;

Therefore be it resolved that all members of this House of Assembly recognize the health and financial significance of wild blueberries in Nova Scotia and Canada and the resulting important and dynamic industry we have today.

RESOLUTION NO. 519

By: Hon. Keith Colwell (Agriculture)

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

Whereas Nova Scotia's apple growers generate more than \$20 million in farm gate value for our provincial economy; and

Whereas Nova Scotia's apple growers have been leaders in research and development since the time of Confederation; and

Whereas apple growers continue to invest in leading-edge technology to monitor

weather conditions in their orchards;

Therefore be it resolved that all members of this House of Assembly recognize the historical and economic significance of apple production in Nova Scotia and Canada and apple growers' continuous contribution to innovation in agriculture.

RESOLUTION NO. 520

By: Hon. Keith Colwell (Agriculture)

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

Whereas climate change impacts in Nova Scotia are predicted to result in both opportunities and threats for the Nova Scotia agriculture sector; and

Whereas energy conservation measures by the Nova Scotia agricultural sector has reduced greenhouse gas emissions by at least 928 tons per year through participation in the Agriculture Energy Partnership with Efficiency Nova Scotia; and

Whereas the Christmas tree, cattle, and horticulture sectors are all participating in the Climate Adaptation Leadership Program to develop climate change adaption strategies for their sector;

Therefore be it resolved that all members of the House of Assembly recognize the significant efforts of the Nova Scotia agricultural sector to both climate change mitigation and adaptation.

RESOLUTION NO. 521

By: Hon. Keith Colwell (Agriculture)

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

Whereas the Windsor Agricultural Society originally developed their property and continues to maintain it for the primary purpose of hosting an annual agricultural exhibition to promote agriculture awareness; and

Whereas Windsor is the home of the oldest continuously running agricultural fair in North America, first being held in 1765; and

Whereas during the COVID-19 pandemic the Windsor Agricultural Society evolved to host their annual event for 2020 on a virtual platform and have plans to host a

modified hybrid/in-person event for 2021, following Public Health guidelines;

Therefore be it resolved that the members of the House of Assembly congratulate the Windsor Agricultural Society and the exhibition manager for the Hants County Exhibition on their adaptability and efforts to maintain their status of the oldest continuously running agricultural fair in North America, while ensuring the safety of their valued fair goers.

RESOLUTION NO. 522

By: Hon. Keith Colwell (Agriculture)

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

Whereas Matthew and Carolyn Harvie established Sea Level Brewing in 2007 and are now located at 9146 Highway No. 222 in Sheffield Mills in their wonderful Millstone Harvest Brewhouse; and

Whereas the Brewhouse is surrounded by lush acreage on which they grow most of their own malting barley, hops, and other fruit, thus making their products truly farm-to-table craft beers; and

Whereas their signature Millstone Harvest Pale Ale is a uniquely Nova Scotian craft beer available in NSLC stores across the province and at their own Millstone Harvest Brewhouse;

Therefore be it resolved that all members of the House of Assembly recognize the efforts and accomplishments of Matthew and Carolyn Harvie for their efforts in producing truly Nova Scotian craft beer and contributing to the economy of Nova Scotia.

RESOLUTION NO. 523

By: Hon. Keith Colwell (Agriculture)

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

Whereas the honeybee industry in Nova Scotia is responsible for the pollination of several horticulture crops, including blueberry, vegetable, apple, strawberry and haskap; and

Whereas since 2011 the number of hives in Nova Scotia has grown from approximately 16,000 to 26,000 in 2020, and the number of registered producers from 222

to 788 in 2020; and

Whereas the blueberry industry is one of the province's major exporters and is heavily reliant on the pollination services provided to Nova Scotia beekeepers;

Therefore be it resolved that all members of the House of Assembly recognize the significance of the honeybee industry in Nova Scotia and Canada, resulting in the growing horticulture industry we have today.

RESOLUTION NO. 524

By: Hon. Keith Colwell (Agriculture)

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

Whereas the year-round production of healthy local produce is important to the food security of Nova Scotians; and

Whereas the family-owned den Haan Greenhouses in the Annapolis Valley, founded by Dutch immigrant Jac den Haan in 1963 and now led by his grandson Luke den Haan, is an innovative business specializing in producing fresh, greenhouse-grown tomatoes and cucumbers for the Atlantic Canadian marketplace; and

Whereas the installation of LED lighting in their greenhouse has extended the growing season, allowing for year-round production of tomatoes and cucumbers, which are difficult to grow, even in greenhouses, during Nova Scotia's winter months;

Therefore be it resolved that all members of this House of Assembly recognize the significance of the recent innovation of den Haan Greenhouses, which is contributing to the food security of all Nova Scotians.

RESOLUTION NO. 525

By: Hon. Keith Colwell (Agriculture)

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

Whereas on March 25, 2021, the Annapolis Valley Chamber of Commerce presented two Agriculture Accelerator Awards totalling \$32,000 in cash and in-kind services, with one winner in each of the Agri-Food and Agri-Tech categories chosen from four applicants; and

Whereas Maple Grove Nursery was the winner in the Agri-Tech category for their Ellepot (L-pot) propagation system that improves efficient crop quality and is environmentally conscience because it eliminates the use of plastic, and as Ellepots can be used for nursery stock, flower or vegetable plants, they were also the winners of the People's Choice award for an extra \$500; and

Whereas the Station Food Hub received the Agri-Food award for their value-added puree made from Valley fruits and vegetables;

Therefore be it resolved that all members of the House of Assembly acknowledge Maple Grove Nursery and the Station Food Hub for their successes, and the Annapolis Valley Chamber of Commerce for their support of the agriculture industry in Nova Scotia.