

Standing Senate Committee on National Finance (NFFN)

November 29, 2023

Briefings on Supplementary Estimates (B) for the fiscal year ending March 31, 2024

Question One: Timelines/plans for lifting the remaining water advisories

Transcript of Question:

Senator Smith: If I could just interject, how many are new and how many are old in terms of these water advisories? Mr. Thompson and I have jostled about that over time in terms of what the government is actually doing to come to some conclusion or at least to find some finality with the process.

Ms. Hadden-Jokiell: On the 28 that are remaining right now, I'll have to get you the exact numbers in writing, senator. Over time, we have had seven recurring long-term drinking water advisories. I believe four of those are in place right now. But the majority of the 28 are a one-time long-term drinking water advisory. We work with the community to address those issues to alleviate the advisory.

Senator Smith: One thing we always discussed in terms of the water advisories is whether you have competent people doing the maintenance? Are the maintenance programs actually working to make sure that you have consistency in delivering the quality of water to the folks living in these particular areas?

Ms. Hadden-Jokiell: That's an excellent point, senator. It is a very critical part of the comprehensive wrap-around approaches. The construction, whether it's new or it's repairing existing infrastructure, the operator training and support, second-level services, sometimes we have supports at a tribal council level or a water hub in Ontario that supports those operators to ensure that they have a call line to call if they want advice or have questions around something that is happening at their water treatment plant.

Senator Smith: Are local residents handling these problems, or are they brought in from out of town to have consistency in terms of the delivery of clean water for your members living there?

Ms. Hadden-Jokiell: Certainly it's still a mix. There is an increasing number of local water operators, and there is a lot of effort by First Nations to recruit, retain and train local operators. That's not always possible. In some cases, it is other service providers that are providing those services. But we are seeing an increasing number of local operators being recruited and retained in those positions.

Senator Smith: Do you have an estimated time of when these water advisory problems will be rectified, or is it just ongoing?

Ms. Hadden-Jokiell: Each one has a dedicated plan and target date. We can provide that to you in writing in terms of the estimated dates of when we expect those to be lifted. There are sometimes intervening factors, such as construction delays and supply chain challenges. All of those affect the time delays, but the lifts are dependent on a number of factors, including appropriate infrastructure, sustainable operator training and capacity and operations and maintenance plans.

Response:

The solutions to address drinking water in First Nations are unique to each community. The Government of Canada works closely with affected First Nations to find the most appropriate solution to address their long-term water needs. Ultimately, the decision to put in place a particular solution is made by First Nations leadership, as they are the managers and operators of their water and wastewater infrastructure. As such, First Nations are the decision makers regarding the planning, design, tendering and contracting, procurement, construction, and operation and maintenance of community infrastructure.

First Nations or their delegates decide when to issue or rescind drinking water advisories, generally based on the advice of an environmental public health officer. Further information on the work underway in each community, including the date each advisory is expected to be lifted, can be found at the following website: [Remaining long-term drinking water advisories](#). The government will continue to work in partnership with communities to end all long-term drinking water advisories on public systems on reserve.

In some cases, projected lift dates are listed as 'to be determined'. This could be for a variety of reasons. For example, projects that have not yet gone through construction procurement may not have defined timelines for commissioning of infrastructure and may identify lift dates as 'to be determined' until a realistic project schedule can be established.

Additionally, drinking water advisories are not always the result of a technical problem; some advisories remain in effect if a community does not have a trained Water System Operator to safely operate and maintain the system. Projected lift dates may be represented as 'to be determined' when operational capacity issues are prevalent and there are no clear indications as to when the operations issues will be resolved. ISC will continue supporting First Nations to build and retain the capacity to operate and maintain their water and wastewater systems.

Projected lift dates are set in consultation with First Nations and their Project Management Teams, based on the latest available information on project progress. Projected lift dates are rough estimates only and subject to change as projects progress. They are continually reassessed and may be impacted by weather delays, supply chain issues, contractor coordination challenges, operational challenges, and political considerations.

Réponse :

Les solutions pour résoudre le problème de l'eau potable dans les Premières Nations sont propres à chaque communauté. Le gouvernement du Canada travaille en étroite collaboration avec les Premières Nations pour trouver la solution la plus appropriée pour répondre à leurs besoins en eau à long terme. En fin de compte, la décision de mettre en place une solution particulière est prise par les dirigeants des Premières Nations, car ils sont les gestionnaires et les exploitants de leurs infrastructures d'approvisionnement en eau et de traitement des eaux usées. À ce titre, les Premières Nations prennent les décisions en ce qui concerne la planification, la conception, les appels d'offres et la passation de contrats, l'approvisionnement, la construction ainsi que l'exploitation et l'entretien des infrastructures communautaires.

Les Premières Nations ou leurs délégués décident quand émettre ou annuler des avis concernant la qualité de l'eau potable, généralement sur la base des conseils d'un agent de santé publique environnementale. De plus amples renseignements sur les travaux en cours dans chaque communauté, y compris la date à laquelle chaque avis devrait être levé, sont disponibles sur le site Web suivant : [Avis à long terme concernant la qualité de l'eau potable](#). Le gouvernement continuera de travailler en partenariat avec les communautés pour mettre fin à tous les avis à long terme concernant la qualité de l'eau potable concernant les systèmes publics dans les réserves.

Dans certains cas, les dates prévues de levée sont indiquées comme « à déterminer ». Cela peut être dû à diverses raisons. Les projets qui n'ont pas encore fait l'objet d'un marché de construction peuvent ne pas avoir de calendrier défini pour la mise en service de l'infrastructure et peuvent identifier les dates de levée comme étant à déterminer jusqu'à ce qu'un calendrier de projet réaliste puisse être établi.

De plus, les avis concernant l'eau potable ne sont pas toujours le résultat d'un problème technique ; certains avis restent en vigueur si une communauté ne dispose pas d'un opérateur de réseau d'eau qualifié pour exploiter et entretenir le système en toute sécurité. Les dates prévues de levée peuvent être représentées comme « à déterminer » lorsque les problèmes de capacité opérationnelle sont répandus et qu'il n'y a aucune indication claire quant au moment où les problèmes opérationnels seront résolus. SAC continuera d'aider les Premières Nations à renforcer et à conserver la capacité d'exploiter et d'entretenir leurs réseaux d'eau et de traitement des eaux usées.

Les dates prévues de levée sont fixées en consultation avec les Premières Nations et leurs équipes de gestion de projet, en fonction des dernières informations disponibles sur l'avancement du projet. Les dates prévues de levée ne sont que des estimations approximatives et sont susceptibles de changer à mesure que les projets progressent. Elles sont continuellement réévaluées et peuvent être affectées par des retards météorologiques, des problèmes de chaîne d'approvisionnement, des défis de coordination des entrepreneurs, des défis opérationnels et des considérations politiques.

Question Two: A breakdown of the length of time each of the remaining water advisories have been in effect

Transcript of Question:

Senator Smith: If I could just interject, how many are new and how many are old in terms of these water advisories? Mr. Thompson and I have jostled about that over time in terms of what the government is actually doing to come to some conclusion or at least to find some finality with the process.

Ms. Hadden-Jokiell: On the 28 that are remaining right now, I'll have to get you the exact numbers in writing, senator. Over time, we have had seven recurring long-term drinking water advisories. I believe four of those are in place right now. But the majority of the 28 are a one-time long-term drinking water advisory. We work with the community to address those issues to alleviate the advisory.

Senator Smith: One thing we always discussed in terms of the water advisories is whether you have competent people doing the maintenance? Are the maintenance programs actually working to make sure that you have consistency in delivering the quality of water to the folks living in these particular areas?

Ms. Hadden-Jokiell: That's an excellent point, senator. It is a very critical part of the comprehensive wrap-around approaches. The construction, whether it's new or it's repairing existing infrastructure, the operator training and support, second-level services, sometimes we have supports at a tribal council level or a water hub in Ontario that supports those operators to ensure that they have a call line to call if they want advice or have questions around something that is happening at their water treatment plant.

Senator Smith: Are local residents handling these problems, or are they brought in from out of town to have consistency in terms of the delivery of clean water for your members living there?

Ms. Hadden-Jokiell: Certainly it's still a mix. There is an increasing number of local water operators, and there is a lot of effort by First Nations to recruit, retain and train local operators. That's not always possible. In some cases, it is other service providers that are providing those services. But we are seeing an increasing number of local operators being recruited and retained in those positions.

Senator Smith: Do you have an estimated time of when these water advisory problems will be rectified, or is it just ongoing?

Ms. Hadden-Jokiell: Each one has a dedicated plan and target date. We can provide that to you in writing in terms of the estimated dates of when we expect those to be lifted. There are sometimes intervening factors, such as construction delays and supply chain challenges. All of those affect the time delays, but the lifts are dependent on a number of factors, including appropriate infrastructure, sustainable operator training and capacity and operations and maintenance plans.

Response:

Indigenous Services Canada (ISC) continues to work in partnership with First Nations to end all long-term drinking water advisories on public systems on reserve. Since November 2015, and as of December 13, 2023, 143 long-term drinking water advisories have been lifted from public systems on reserve. Currently there are 29 active long-term drinking water advisories affecting 27 First Nation Communities, of which three have become long-term in the last 12 months and 10 were in effect in November 2015 when the Government's commitment was made. Action plans are in place in each of the 27 communities to resolve the remaining long-term advisories. Further information on the work underway in each community, including the date each advisory is expected to be lifted, can be found at the following website: [Remaining long-term drinking water advisories](#).

Region	First Nation	System Name	Date Set (YYYY/MM/DD)	Projected lift date
ATL	Miawpukek First Nation	Conne River Public Water System (#6480)	2023/12/20	To be determined
ON	Anishnaabeg of Naongashiing	Big Island Lake Public Water System (#6482)	2019/02/15	2024/03
ON	Bearskin Lake	Bearskin Lake Community Centre/Youth Centre Semi-Public Water System (#17218)	2006/03/21	To be determined
ON	Bearskin Lake	Bearskin Lake Nursing Station Semi Private Water	2020/02/26	2024/03
ON	Chippewas of Georgina Island	Georgina Island Public Water System (#7157)	2017/04/24	To be determined
ON	Chippewas of Nawash	Cape Croker Public Water System	2019/01/21	2024/05
ON	Chippewas of the Thames	Chippewas of the Thames Public Water System	2021/12/14	To be determined
ON	Deer Lake	Deer Lake Public Water System	2019/10/15	To be determined
ON	Eabametoong First Nation	Eabametoong Public Water System (#7132)	2001/08/01	To be determined
ON	Fort Severn	Fort Severn Public Water System	2021/12/29	2024/03
ON	Gull Bay (Kiashe Zaaging Anishinaabek)	Gull Bay Public Water System (#7183)	2009/04/30	To be determined

Region	First Nation	System Name	Date Set (YYYY/MM/DD)	Projected lift date
ON	Lac La Croix	Lac La Croix Public Water System	2022/01/05	2024/03
ON	Marten Falls	Marten Falls Public Water System (#7135)	2005/07/18	To be determined
ON	Mishkeegogamang	Mishkeegogamang 63B Public Water System	2021/01/07	2024/03
ON	Muskrat Dam Lake	Muskrat Dam Public Water System (#6542)	2003/10/24	To be determined
ON	Neskantaga	Neskantaga Public Water System (#7137)	1995/02/01	To be determined
ON	Nibinamik	Nibinamik Public Water System (#7138)	2013/02/05	2024/06
ON	North Caribou Lake	North Caribou Lake Public Water System	2020/03/03	2024/06
ON	North Spirit Lake	North Spirit Lake Public Water System (#7128)	2019/04/05	To be determined
ON	Oneida of the Thames	Oneida Public Water System (#7176)	2019/09/26	2025/11
ON	Sandy Lake	Sandy Lake Public Water System (#7179)	2002/10/10	2024/03
MB	Mathias Colomb	Mathias Colomb Town site Public Water System	2020/09/17	2025/04
MB	Shamattawa	Shamattawa Public Water System (#6601)	2018/12/06	2024/01
MB	Tataskweyak Cree Nation	Tataskweyak Cree Public Water System (#6602)	2017/05/17	2025/12
SK	Little Pine	Little Pine Public Water System	2018/11/14	To be determined
SK	Okanese	Okanese Public Water System	2020/08/28	To be determined
SK	Peepeekisis	Peepeekisis Main Public Water System (#6669)	2015/02/05	To be determined

Region	First Nation	System Name	Date Set (YYYY/MM/DD)	Projected lift date
SK	Peepeekisis	Postras Well (#17166)	2013/04/10	To be determined
SK	Star Blanket	Star Blanket Public Water System (#6672)	2007/01/10	2024/07

Réponse :

SAC continu de travailler en partenariat avec les Premières Nations pour mettre fin à tous les avis à long terme concernant la qualité de l'eau potable dans les systèmes publics dans les réserves. Depuis novembre 2015 et à compter du 8 décembre 2023, 143 avis à long terme concernant la qualité de l'eau potable ont été levés dans les réseaux publics dans les réserves. Il existe actuellement 29 avis actifs à long terme concernant la qualité de l'eau potable touchant 27 communautés des Premières Nations, dont trois sont devenus des avis à long terme au cours des 12 derniers mois et 10 étaient en vigueur en novembre 2015 lorsque l'engagement du gouvernement a été pris. Des plans d'action sont en place dans les 27 communautés pour résoudre les avis à long terme restants. De plus amples renseignements sur les travaux en cours dans chaque communauté, y compris la date à laquelle chaque avis devrait être levé, sont disponibles sur le site Web suivant : [Avis à long terme concernant la qualité de l'eau potable](#).

Région	Première Nation	Nom de système	Date fixée (AAAA/MM/JJ)	Date prévue de levée
ATL	Miawpukek First Nation	Conne River Public Water System (#XXXX)	2023/12/20	À déterminer
ON	Anishnaabeg of Naongashiing	Big Island Lake Public Water System (#6482)	2019/02/15	2024/03
ON	Bearskin Lake	Bearskin Lake Community Centre/Youth Centre Semi-Public Water System (#17218)	2006/03/21	À déterminer
ON	Bearskin Lake	Bearskin Lake Nursing Station Semi Private Water	2020/02/26	2024/03
ON	Chippewas of Georgina Island	Georgina Island Public Water System (#7157)	2017/04/24	À déterminer
ON	Chippewas of Nawash	Cape Croker Public Water System	2019/01/21	2024/05

Région	Première Nation	Nom de système	Date fixée (AAAA/MM/JJ)	Date prévue de levée
ON	Chippewas of the Thames	Chippewas of the Thames Public Water System	2021/12/14	À déterminer
ON	Deer Lake	Deer Lake Public Water System	2019/10/15	À déterminer
ON	Eabametoong First Nation	Eabametoong Public Water System (#7132)	2001/08/01	À déterminer
ON	Fort Severn	Fort Severn Public Water System	2021/12/29	2024/03
ON	Gull Bay (Kiashe Zaaging Anishinaabek)	Gull Bay Public Water System (#7183)	2009/04/30	À déterminer
ON	Lac La Croix	Lac La Croix Public Water System	2022/01/05	2024/03
ON	Marten Falls	Marten Falls Public Water System (#7135)	2005/07/18	À déterminer
ON	Mishkeegogamang	Mishkeegogamang 63B Public Water System	2021/01/07	2024/03
ON	Muskrat Dam Lake	Muskrat Dam Public Water System (#6542)	2003/10/24	À déterminer
ON	Neskantaga	Neskantaga Public Water System (#7137)	1995/02/01	À déterminer
ON	Nibinamik	Nibinamik Public Water System (#7138)	2013/02/05	2024/06
ON	North Caribou Lake	North Caribou Lake Public Water System	2020/03/03	2024/06
ON	North Spirit Lake	North Spirit Lake Public Water System (#7128)	2019/04/05	À déterminer
ON	Oneida of the Thames	Oneida Public Water System (#7176)	2019/09/26	2025/11
ON	Sandy Lake	Sandy Lake Public Water System (#7179)	2002/10/10	2024/03
MB	Mathias Colomb	Mathias Colomb Town site Public Water System	2020/09/17	2025/04

Région	Première Nation	Nom de système	Date fixée (AAAA/MM/JJ)	Date prévue de levée
MB	Shamattawa	Shamattawa Public Water System (#6601)	2018/12/06	2024/01
MB	Tataskweyak Cree Nation	Tataskweyak Cree Public Water System (#6602)	2017/05/17	2025/12
SK	Little Pine	Little Pine Public Water System	2018/11/14	À déterminer
SK	Okanese	Okanese Public Water System	2020/08/28	À déterminer
SK	Peepeekisis	Peepeekisis Main Public Water System (#6669)	2015/02/05	À déterminer
SK	Peepeekisis	Postras Well (#17166)	2013/04/10	À déterminer
SK	Star Blanket	Star Blanket Public Water System (#6672)	2007/01/10	2024/07

Question Three: Transition off-diesel

Transcript of Question:

Senator Smith: Mr. Thompson, in your departmental results for 2022-23, the number of on-reserve First Nation communities that rely on ISC-funded diesel for electricity generation continues to go well beyond the target set by your department. Could you talk about why more and more on-reserve communities rely on diesel for their electricity generation? What plans are in place to move these communities away from diesel to more sustainable sources?

Mr. Thompson: Thank you for the question, Mr. Chair. I will refer to my colleague for the answer.

Senator Smith: You're going to be busy tonight.

Ms. Hadden-Jokiel: Thank you. Sorry, senator. I don't have the details on the number of communities that are currently on diesel, so we'll have to follow up with you in writing on that.

But we are working with communities around alternate sources and having plans in place where that's possible. A number of communities in Ontario have moved toward a large electricity grid. Sometimes there are aggregate levels of community that we can work toward on those large projects. Sometimes it's individual communities.

Senator Smith: Do you have specific numbers on how many people or how many communities have moved away from diesel to electricity or some varying form of electrical generation?

Ms. Hadden-Jokiel: We'll have to provide that to the committee after the meeting.

Senator Smith: That would be great, because then we can see what the definition of progress really is in terms of your results. Thank you.

The chair: Ms. Bess, I see you want to make a comment.

Ms. Bess: Senator Smith, for Crown-Indigenous Relations and Northern Affairs Canada, we have some targets as well for reductions in the consumption of diesel fuel. I think we spoke about this at our last committee meeting. We have a Northern REACHE Program that invested \$16 million in 59 clean energy projects across the North, and this represents an estimated reduction of 830,000 litres in the consumption of diesel in 2022-23 and 2.6 million litres since 2016. Our target was to reduce the consumption of diesel fuel for electricity and heating in northern communities resulting from renewable energy and energy efficient products. Our target was 2 million litres by March 31, 2023, and we've reduced it by 2.6.

Senator Smith: That's grid consumption, so those numbers that you just gave us could be —

Ms. Bess: Comparative? I don't have that handy, but we can come back.

Senator Smith: Could you get back to us in writing so that we can get a real picture?

Ms. Bess: Yes.

Response:

ISC has supported the transition of ten communities located on reserve to no longer rely on diesel for electricity generation.

In 2018, there were 40 communities that relied on ISC-funded diesel for electricity generation. In the 2019-2020 Departmental Results Report, ISC reported 38 communities; in the 2022-2023 Departmental Results Report, ISC reported 35 First Nations communities located on reserves that relied on ISC-funded diesel for electricity generation. Of this reduction from 40 to 35, two communities are located in British Columbia and three communities are part of the First Nations-led and owned Wataynikaneyap Transmission Project in northern Ontario.

Since the 2022-2023 Departmental Results Report, five more communities were connected to the grid as part of that project. Another eight communities are expected to be connected to the provincial electricity grid in 2024.

The department is on track to meet, and even surpass, its target of a reduction to 24 communities located on reserves that rely on ISC-funded diesel for electricity generation by March 2025.

ISC continues to support First Nations in their efforts to transition from fossil fuel to clean, reliable and affordable energy systems through a combination of alternative energy projects.

Réponse:

SAC à aider dix communautés des Premières Nations situées dans des réserves à ne plus dépendre du diesel pour la production d'électricité.

En 2018, 40 communautés des Premières Nations situées dans des réserves dépendaient du diesel financé par SAC pour la production d'électricité. Dans le rapport ministériel sur les résultats 2019-2020, SAC à indiquer qu'il y avait 38 communautés; dans le rapport ministériel sur les résultats 2022-2023, SAC à indiquer qu'il y avait 35 communautés des Premières Nations situées dans des réserves qui dépendaient du diesel financé par SAC pour la production d'électricité.

De cette réduction de 40 à 35, deux communautés sont situées en Colombie-Britannique et trois font partie du projet de transmission Wataynikaneyap, dirigé et détenu par les Premières Nations, dans le nord de l'Ontario. Depuis le *rapport sur les résultats ministériels 2022-2023*, cinq autres communautés ont été connectées au réseau dans le cadre de ce projet. Huit autres communautés devraient être raccordées au réseau électrique provincial en 2024.

Par conséquent, le ministère est en voie d'atteindre, et même de surpasser, son objectif de 24 communautés situées dans des réserves qui dépendent du diesel financé par SAC pour la production d'électricité d'ici mars 2025.

SAC continu d'appuyer les efforts des Premières Nations à passer des combustibles fossiles à des systèmes énergétiques propres, fiables et abordables, en combinant des projets d'énergie alternative.

Sub-Question

Senator Smith: Do you have specific numbers on how many people or how many communities have moved away from diesel to electricity or some varying form of electrical generation?

Response:

- Since 2018, ISC supported ten First Nations communities to no longer rely on diesel for electricity generation.
- As an example, in partnership with ISC, the objective of the First Nations-led and owned Wataynikaneyap Transmission Project is to help 16 remote First Nations communities in northern Ontario connect to the provincial electricity grid. In 2018, Pikangikum First Nation was the first community to be grid connected and by November 2023, seven more communities have connected to the grid. The remaining connections will be staggered throughout 2024.

Réponse

- Depuis 2018, SAC à aider dix communautés des Premières Nations à ne plus dépendre du diesel pour la production d'électricité.
- À titre d'exemple, en partenariat avec SAC, l'objectif du projet de transmission Wataynikaneyap, dirigé et détenu par les Premières Nations, est d'aider 16 communautés des Premières Nations éloignées du Nord de l'Ontario à se raccorder au réseau électrique provincial. En 2018, la Première Nation de Pikangikum a été la première communauté à être raccordée au réseau et, depuis novembre 2023, sept autres communautés ont été connectées au réseau. Les raccordements restants seront échelonnés en 2024.

Question four: Health care personnel funding

Transcript of Question:

Senator MacAdam: These questions are for the Department of Indigenous Services. Approximately \$464 million of the proposed spending in the supplementary estimates is targeted towards Indigenous health care priorities. Additional funding to provide health care to Indigenous communities has become a perennial issue in the appropriations cycle. Could you explain some of the difficulties you face in providing health care services in these communities and why additional funding is routinely sought to prop up existing reference levels? Is there a need to have a review of this sector to ensure that there's adequate base funding for health care on a go-forward basis?

Mr. Thompson: Thank you very much for the question. With regard to the health care, a lot of the programs we administer are on-demand programs. We have to ensure on a yearly basis that we have sufficient funding to serve the demand. Every year we make additional requests for additional funding, almost on a yearly basis, for non-insured health benefits. You see that we have requested \$458 million. It's mostly for program integrity funding. Of that amount, there's also \$10 million for glucose monitoring systems that was announced in Budget 2023.

In this budget we also have some funding that is reprofiled from the previous fiscal year. That refers to the amount you were referring to. Because of the budget cycle, we have to ensure that we have sufficient funding to cover the demand. If we have surpluses at the end of the year, we have to make sure those surpluses can be profiled to the next year so they can be used to meet the demand.

In terms of the challenges, we have a number of challenges. Of course, health and human resources being one of the big challenges, recruiting nurses to support the program. I don't know if I have a colleague from the health program who can provide more details. I'm not sure whether they have joined us tonight.

Basically, health and human resources would be one of the big challenges right now that we are dealing with in the organization, having the personnel that we need to be able to administer those programs, coping with technology with regard to the funding that we have, modernizing the operations, working in remote environments. Medical travel is also always a big challenge and the availability of the travel, the cost of travel. We serve so many remote communities that the challenge with travel and inflation, providing the personnel, that's among the biggest challenge that we are dealing with. That contributes to the funding pressures that we have on a yearly basis. We have to ensure we anticipate the demand. We are using historical figures to be able to come up with our numbers and provisions. That's basically the situation with regard to health resources.

Senator MacAdam: Thank you.

The chair: To follow up on what Senator MacAdam asked, when we talk about health services and especially health professionals and employees, could you provide a clearer answer in writing, please, Mr. Thompson?

(French follows — Mr. Thompson: Cela nous fera plaisir de ...)

(après anglais — The chair: ... answer in writing, please, Mr. Thompson?)

M. Thompson: Cela nous fera plaisir de vous fournir plus d'informations.

Response:

Indigenous Services Canada is committed to working with all partners to improve the quality of healthcare services delivery. Federal funding is provided through annual appropriations and is subject to discretionary increases or reductions by the federal government. This is in contrast to the way the federal government provides support to provinces and territories for health care to all residents, where stable, long-term funding (i.e., the Canada Health Transfer) is protected in statute and underpins the national principles established under the Canada Health Act. As a result, routine requests for additional funding are required to renew sunset program funding, keep pace with population growth through birth rates and self-identification, and meet emerging and growing health needs across all service areas.

ISC funds and delivers a range of primary care, public health, environmental health, oral health, and mental health services to Indigenous peoples and communities across Canada. These services are delivered by a multidisciplinary workforce of health professionals (e.g., nurses, physicians, dental hygienists, etc.) and community health workers (e.g., addictions, oral health aides, home care support workers, etc.). While most of these services are provided on reserve in First Nations communities, a limited number are provided directly to eligible Indigenous peoples regardless of where they live. The role of ISC health human resources is particularly critical in 79 remote and isolated First Nations communities, where access to provincial and territorial services is limited and ISC is the main provider and/or funder of health care services. While ISC does not deliver services directly in Inuit communities, health professionals are available to provide guidance where appropriate (e.g. COVID-19, tuberculosis elimination).

Findings from Indigenous Health Legislation Engagement highlighting the current state of Indigenous health in Canada

Over the last two years, ISC and Indigenous leadership have led extensive engagement with Indigenous Peoples across Canada related to distinctions-based Indigenous health legislation (IHL). The engagement, which was launched in early 2021, resulted in 42 engagement reports and position papers being received from partners to inform the development of the *What We Heard: Visions For Distinctions-based Indigenous Health Legislation* report, which was released in January 2023. The report highlighted the state of Indigenous health in Canada, and detailed actions that could be taken to improve access to high-quality, culturally-relevant, and safe health services.

Inadequate funding was emphasized across distinctions-based+ groups¹, particularly when considering the need to address the many existing gaps and inequities between Indigenous and non-Indigenous Peoples' health. Indigenous communities and organizations highlighted that Indigenous communities cannot exercise self-determination over the health and wellness of their communities without equitable, adequate, sustainable, inclusive, and flexible funding.

Specific to health human resources (HHR), Indigenous partners stressed the challenges of recruiting and retaining health professionals, particularly in remote areas and in the north, and identified the need to

¹ Aligned with the work of National Indigenous Women's organizations on Culturally Relevant Gender-Based Analysis Plus, Distinctions-based + asks us to acknowledge that each community has a unique cultural, territory, history, and relationship with the Government of Canada, as well as unique strengths to build on and challenges to face. A distinction-based+ approach means working independently with First Nations, Inuit, and Métis Peoples, including sub-groups experiencing multiple compounding forms of discrimination, in recognition of their unique attributes.

support and build capacity in HHR. In addition, they highlighted that it is important for health care workers to develop locally-based cultural competencies to provide person-centered care and build relationships among providers, clients and communities. Efforts are needed to make health care more Indigenous-centered, so that Indigenous Peoples are encouraged to seek care and to prevent health care interactions from causing further harm or trauma. It was recommended that careers in health professions be promoted for Indigenous students, and that: recruitment efforts for Indigenous health professionals increase; training programs be developed and offered locally; and appropriate training be provided for non-Indigenous health professionals.

Operational challenges exacerbating the current situation

The operational environment poses several barriers and constraints that have impacted the ability for ISC and Indigenous communities to recruit and retain health human resources, including: uncompetitive and inflexible compensation models for certain groups (e.g., nurses); workplace stress associated with heavy workloads, long hours and lack of administrative support and technical staff, resulting in burnout; challenging work environment, professional isolation and limited and/or inadequate living conditions, particularly in remote and isolated communities; geographic isolation leading to extended periods away from family and travel delays; and, pay issues related to the Phoenix Pay System. These factors are exacerbated by broader challenges in the health labour market, including: an aging workforce; national shortages of nurses, environmental public health officers, and other health professional groups; and a lack of national approaches to education, training, and licensing.

In the context of Public Health, the absence of dedicated public health nurses in many First Nations communities exacerbates the strain on primary care providers, unnecessarily exposing First Nations communities to preventable adverse health outcomes. The COVID-19 pandemic further highlighted these gaps, as unmet public health needs contributed to ongoing deficiencies in communicable disease programming, leading to communicable disease outbreaks (e.g., measles) and public health emergencies (e.g., tuberculosis). During the pandemic, many standard public health programs were paused due to the need to divert health human resources to the pandemic response. As a result, Indigenous communities are experiencing a backlog in providing childhood and school age immunizations, a resurgence in HIV and syphilis infections requiring contact-tracing, treatment and follow-up, as well as ongoing tuberculosis outbreaks that require health human resources for clinical support and community-wide screening.

Recent Investments and Initiatives

Given the significant shortfall in the Canadian nurse labour market and its highly competitive nature of talent acquisition and retention, ISC prioritizes investments in direct labour costs (salaried and contracted resources) and transportation costs associated with moving these healthcare providers to/from these remote locations where they work, as well as indirect costs associated with delivering these services, such as: medical supplies and equipment; and, living and workplace maintenance and repairs. For example, in 2022/23, ISC spent \$399.2M on the Clinical and Client Care Program, which aims to improve access to and the quality of essential health care (including nursing services) in First Nations communities and provide primary care services in remote and isolated First Nations communities.

In addition, as part of the department's efforts to ensure quality healthcare services through the recruitment and retention of top talent, ISC established the Nursing Health Human Resource Framework. This framework includes five key commitments: acquiring and managing talent;

modernizing the practice environment; ensuring the wellbeing of the workforce; becoming a labour workforce influencer; and maintaining a nimble and agile surge response. Funding to advance this framework included:

- \$354M over 5 years (Budget 2021) for Primary Care Integrity - that supports the modernization of ISC's practice environment through the diversification of the skill mix in community, the adoption of technology in the delivery of care and workforce training, as well as the adoption of a talent acquisition and management strategy that strengthens ISC ability to compete in this market; and,
- \$40.5M over 4 years (Budget 2022) for Health Human Resources – that supports the wellbeing of this workforce through the establishment and operation of a dedicated team of corporate support services (compensation/ IT/ occupation health and safety/ security/ employee assistance) to ISC's 900 nurses. This investment has been responsible for improved moral, reduced stress and nurse retention.

Over the past few years, the COVID-19 global pandemic exacerbated underlying challenges within Canada's health care systems. That is why, on February 7, 2023, the government of Canada announced plans to increase health funding to provinces and territories by \$198.6 billion over ten years, including \$46.2 billion in new funding. This included a significant investment of \$2 billion over ten years to address the unique challenges that Indigenous peoples face when it comes to fair and equitable access to quality and culturally safe health care services. The Indigenous Health Equity Fund will be distributed to ensure support to First Nations, Inuit, and Métis communities in developing their own approaches to accessing quality and culturally safe health care services.

Réponse

Services aux Autochtones Canada (SAC) s'engage à travailler avec tous les partenaires pour améliorer la qualité de la prestation des services de santé. Le gouvernement fédéral apporte son soutien aux provinces et aux territoires pour les soins de santé à tous les résidents par le biais d'un financement stable et à long terme (c'est-à-dire le Transfert canadien en matière de santé) qui est protégé par la loi et qui sous-tend les principes nationaux établis en vertu de la *Loi canadienne sur la santé*. En revanche, le financement des services de santé par SAC est assuré par des crédits annuels et peut faire l'objet d'augmentations ou de réductions de la part du gouvernement fédéral. Par conséquent, SAC doit régulièrement demander des fonds supplémentaires afin de renouveler le financement des programmes arrivant à échéance, de suivre la croissance de la population par le biais des taux de natalité et de l'auto-identification, et de répondre aux besoins émergents et croissants en matière de santé dans tous les domaines de service.

SAC finance et offre une gamme de services de soins primaires, de santé publique, de santé environnementale, de santé buccodentaire et de santé mentale aux peuples et communautés autochtones partout au Canada. Ces services sont offerts par une main-d'œuvre multidisciplinaire composée de professionnels de la santé (p. ex. infirmiers, médecins, hygiénistes dentaires, etc.) et d'agents de santé communautaire (p. ex. toxicomanie, aides en santé buccodentaire, travailleurs de

soutien à domicile, etc.). Le rôle des ressources humaines en santé de SAC est particulièrement déterminant dans 79 communautés éloignées et isolées des Premières Nations, où l'accès aux services provinciaux et territoriaux est limité et où SAC est le principal fournisseur ou bailleur de fonds des services de santé. Bien que le Ministère n'offre pas de services directement dans les communautés inuites, des professionnels de la santé sont disponibles pour fournir des conseils, le cas échéant (p. ex. COVID-19, élimination de la tuberculose).

Conclusions de la mobilisation en faveur des dispositions législatives sur la santé des Autochtones soulignant l'état actuel de la santé des Autochtones au Canada

Au cours des deux dernières années, SAC et les chefs autochtones ont mené une vaste mobilisation avec les peuples autochtones partout au Canada quant aux dispositions législatives sur la santé des Autochtones fondée sur les distinctions. La mobilisation, qui a été lancée au début de 2021, a mené à la réception de 42 rapports de mobilisation et exposés de position de la part de partenaires afin d'éclairer l'élaboration du rapport *Ce que nous avons entendu : Visions pour les dispositions législatives sur la santé des Autochtones fondées sur les distinctions*, qui a été publié en janvier 2023. Il a souligné l'état de la santé des Autochtones au Canada et les mesures détaillées pouvant être prises afin d'améliorer l'accès à des services de santé sécuritaires, adaptés à la culture et de grande qualité.

On a mis l'accent sur le financement inadéquat dans l'ensemble des groupes fondés sur les distinctions², surtout lorsqu'on tient compte de la nécessité de combler les nombreuses lacunes et inégalités existantes entre la santé des Autochtones et celle des non-Autochtones. Les organisations et communautés autochtones ont souligné que les communautés autochtones ne peuvent pas exercer leur autodétermination sur la santé et le bien-être de leurs communautés sans un financement équitable, adéquat, durable, inclusif et souple.

En ce qui concerne les ressources humaines en santé, les partenaires autochtones ont souligné les défis liés au recrutement et au maintien en poste de professionnels de la santé, surtout dans les régions éloignées et dans le Nord, et ont cerné le besoin de soutenir et de renforcer la capacité en matière de ressources humaines en santé. Ils ont également souligné qu'il est important pour les travailleurs de la santé d'acquérir des compétences culturelles locales afin de fournir des soins axés sur la personne et d'établir des relations entre les fournisseurs, les clients et les communautés. Il est nécessaire de déployer des efforts afin que les soins de santé soient davantage axés sur les Autochtones, pour que les peuples autochtones soient encouragés à demander des soins et pour éviter que les interactions en matière de soins de santé ne causent aucun autre préjudice ou traumatisme. On a recommandé de faire la promotion de carrières dans les professions de la santé pour les étudiants autochtones et d'accroître les efforts de recrutement de professionnels de la santé autochtones, d'élaborer et de proposer des programmes de formation à l'échelle locale ainsi que d'offrir une formation appropriée aux professionnels de la santé non autochtones.

² S'harmonisant avec le travail des organisations nationales de femmes autochtones sur l'analyse comparative entre les sexes plus culturellement pertinente, Fondé sur les distinctions+ nous demande de reconnaître que chaque collectivité a une culture, un territoire, une histoire et une relation uniques avec le gouvernement du Canada, ainsi que des forces uniques à exploiter et des défis à relever. Une approche fondée sur la distinction+ signifie travailler de façon indépendante avec les Premières Nations, les Inuits et les Métis, y compris les sous-groupes qui subissent de multiples formes cumulatives de discrimination, en reconnaissance de leurs caractéristiques uniques.

Défis opérationnels exacerbant la situation actuelle

L'environnement opérationnel dresse de nombreux obstacles et contraintes qui ont eu une incidence sur la capacité de SAC et des communautés autochtones à recruter et à maintenir en poste des ressources humaines en santé. Ces obstacles comprennent : des modèles de rémunération non concurrentiels et rigides pour certains groupes (p. ex. les infirmières et infirmiers); le stress en milieu de travail associé à de lourdes charges de travail, à de longues heures de travail ainsi qu'au manque de soutien administratif et de personnel technique, ce qui entraîne l'épuisement professionnel; un milieu de travail éprouvant, l'isolement professionnel et des conditions de vie limitées ou inadéquates, surtout dans les communautés éloignées et isolées; l'isolement géographique entraînant des périodes prolongées d'éloignement de la famille et des retards de voyage; les problèmes de paye liés au système de paye Phénix. Ces facteurs sont exacerbés par les défis plus généraux du marché du travail en santé, notamment le vieillissement de la main-d'œuvre, les pénuries nationales d'infirmières et d'infirmiers, d'agents de santé publique en environnement et d'autres groupes de professionnels de la santé, ainsi que l'absence d'approches nationales en matière d'éducation, de formation et d'octroi de permis.

Dans le contexte de la santé publique, l'absence d'infirmières et d'infirmiers spécialisés en santé publique dans de nombreuses communautés des Premières Nations exacerbe la pression sur les fournisseurs de soins primaires, ce qui expose inutilement ces mêmes communautés à des résultats indésirables et évitables en matière de santé. La pandémie de COVID-19 a davantage mis en évidence ces lacunes, car les besoins de santé publique non comblés ont contribué aux lacunes continues des programmes de lutte contre les maladies transmissibles, ce qui a entraîné des éclosions de certaines de celles-ci (p. ex. la rougeole) ainsi que des urgences de santé publique (p. ex. la tuberculose). Pendant la pandémie, de nombreux programmes normalisés de santé publique ont été interrompus en raison de la nécessité de réaffecter les ressources humaines en santé à l'intervention face à la pandémie. Par conséquent, les communautés autochtones accusent un retard dans la vaccination des jeunes enfants et des enfants d'âge scolaire, une résurgence des infections au VIH et à la syphilis nécessitant la recherche des contacts, un traitement et un suivi ainsi que des éclosions continues de tuberculose exigeant des ressources humaines en santé pour le soutien clinique et le dépistage à l'échelle de la communauté.

Initiatives et investissements récents

Étant donné l'importante pénurie de personnel infirmier au Canada et de la nature hautement concurrentielle du marché de travail en matière d'acquisition et de maintien en poste des talents, SAC accorde la priorité aux investissements dans les coûts directs de la main-d'œuvre (ressources contractuelles et salariées) et les coûts de transport associés au déplacement de ces fournisseurs de soins de santé à destination ou en provenance de ces endroits éloignés où ils travaillent, ainsi que les coûts indirects associés à la prestation de ces services, comme le matériel et l'équipement médicaux, ainsi que l'entretien et les réparations des locaux et des lieux de travail. Par exemple, en 2022-2023, SAC a dépensé 399,2 M\$ pour le Programme des soins cliniques et aux clients, qui vise à améliorer l'accès aux soins de santé essentiels (y compris les services infirmiers) dans les communautés des Premières Nations et à fournir des services de soins primaires dans les communautés éloignées et isolées des Premières Nations.

De plus, dans le cadre des efforts déployés par le Ministère pour assurer des services de soins de santé de qualité par le recrutement et le maintien en poste des meilleurs talents, SAC a établi le Cadre des ressources humaines de la santé en soins infirmiers. Ce cadre comprend cinq principaux engagements, à

savoir l'acquisition et la gestion des talents, la modernisation du milieu de pratique, l'assurance du bien-être de l'effectif, le fait de devenir un influenceur de la main-d'œuvre ainsi que le maintien d'une intervention de pointe souple et agile. Le financement pour faire avancer ce cadre comprend :

- 354 M\$ sur cinq ans (budget de 2021) pour l'intégrité des soins primaires, qui appuient la modernisation de l'environnement de pratique de SAC par la diversification de l'éventail des compétences dans la communauté, l'adoption de la technologie dans la prestation des soins et la formation de la main-d'œuvre ainsi que l'adoption d'une stratégie d'acquisition et de gestion des talents qui renforce la capacité de SAC à soutenir la concurrence sur ce marché;
- 40,5 M\$ sur quatre ans (budget de 2022) pour les ressources humaines en santé, qui appuient le bien-être de cet effectif par la mise en place et l'exploitation d'une équipe d'experts en matière de services de soutien ministériels (rémunération, TI, santé et sécurité au travail, sécurité, aide aux employés) pour les 900 infirmières et infirmiers de SAC. Cet investissement a permis d'améliorer le moral, de réduire le stress et de maintenir en poste un effectif infirmier.

Au cours des dernières années, la pandémie mondiale de COVID-19 a amplifié les défis sous-jacents au sein des systèmes de santé du Canada. C'est pourquoi, le 7 février 2023, le gouvernement du Canada a annoncé son intention d'augmenter les fonds destinés à la santé aux provinces et aux territoires de 198,6 milliards de dollars sur dix ans, dont 46,2 milliards de dollars en nouveaux fonds. Cette augmentation de fonds comprenait un investissement important de 2 milliards de dollars sur dix ans pour relever les défis uniques auxquels font face les peuples autochtones lorsqu'il s'agit d'un accès juste et équitable à des services de santé de qualité et adaptés à la culture. Le Fonds d'équité en santé pour les Autochtones sera réparti afin d'assurer un soutien aux communautés des Premières Nations, inuites et métisses dans l'élaboration de leurs propres approches pour accéder à des services de santé de qualité et adaptés à la culture.

Question Five: Cost of taxes and management fees on Trusts

Transcript of Question:

Le sénateur Dagenais: Évidemment, il n'était pas question de laisser partir M. Thompson sans lui poser une question. J'ai une question même pour les deux ministères. Puisqu'on parle ouvertement que l'administration d'importants budgets destinés aux Premières Nations ne se fait pas par les fonctionnaires du gouvernement, que c'est confié à des trusts si j'ai bien compris, j'ai une question simple pour les deux ministères : étant donné que les trusts ne travaillent pas pour rien, pouvez-vous nous fournir chacun de votre côté combien vos ministères dépensent respectivement en argent des taxes pour la gestion par les trusts auxquels vous confiez l'argent destiné aux Autochtones?

(anglais suit — Ms. Bess: Thank you for the question...)

(following French — Senator Dagenais — . . . aux Autochtones?)

Ms. Bess: Thank you for the question. I'll have to get back to you in writing on that. I don't have that information handy.

(French follows — Senator Dagenais: Excellent. Merci beaucoup . . .)

(après anglais — Ms. Bess: ... I don't have that information handy.)

Le sénateur Dagenais: Excellent. Merci beaucoup. Une réponse par écrit?

M. Thompson: On peut vous répondre par écrit avec plaisir.

Le sénateur Dagenais: Merci.

Le président: Vous allez répondre par écrit.

Response:

In the fiscal year 2022-23, ISC recorded an amount of \$50M paid into a trust administered by The Bank of Nova Scotia Trust Company under expenses related to Other Professional Services for the Out-of-Court Settlement for the Safe Drinking Water Class Action Claim (Court Number T-1673-19). As part of the settlement agreement, Canada was required to pay \$50M for the costs of administration of the settlement, including the costs of the administrator, third-party assessor, trustee, auditors, and settlement implementation committee. This amount has been reported in the Public Accounts of Canada 2023, Volume III – Section 3 – Professional and Special Services.

Réponse:

Au cours de l'exercice 2022-23, SAC a enregistré un montant de 50 millions de dollars versé à une fiducie administrée par la Société de fiducie Banque de Nouvelle-Écosse au titre des dépenses liées aux autres services professionnels concernant le règlement à l'amiable pour l'action en justice du recours collectif relatif à l'eau potable (numéro de cour T-1673-19). Dans le cadre de l'accord de règlement, le Canada devait payer 50 millions de dollars pour les frais d'administration du règlement, y compris les frais de l'administrateur, de l'évaluateur tiers, du syndic, des auditeurs et du comité de mise en œuvre du règlement. Ce montant a été déclaré dans les Comptes publics du Canada 2023, Volume III – Section 3 – Services professionnels et spéciaux.

Question Six: Restoule settlement and the Public Accounts

Transcript of Question:

Senator Marshall: I'll start with Crown-Indigenous Relations and Northern Affairs Canada. Welcome to all of our witnesses. Ms. Bess, the largest item in Supplementary Estimates (B) is the \$5 billion for the Restoule settlement agreement. When I add up all of the amounts of the claims, I was trying to match it up with what's in the Public Accounts. The Public Accounts say that, last year, there was \$26 billion related to Indigenous claims.

Would that \$5 billion be part of that?

Ms. Bess: Thanks for the question, senator. I'm trying to remember if we had accrued that in that amount. I might have to get back to you on that.

Senator Marshall: Could you tell us or send in information as to what exactly is in that \$26 billion? It's possible it's not just your department; Indigenous Services Canada could also have some claims in that. I'm happy that both of you are here tonight. Between the two of you, could you let us know what's in the \$26 billion so we can match it up? It's a bit confusing when the cash is in one year and the accruals are the other year.

Are you expecting to pay out the \$5 billion this year?

Ms. Bess: That's right.

Senator Marshall: But if it's not paid out, will we see it again next year in the estimates?

Ms. Bess: We would have to carry forward the funding for the following year if the settlement is not reached.

But I will pass it over to my colleague Martin Reiher to provide more information on the agreement.

Senator Marshall: Thank you. Tell us about how it will lapse and whether it will show up again. My recollection is that it could show up again.

Martin Reiher, Assistant Deputy Minister, Resolution and Individual Affairs Sector, Crown-Indigenous Relations and Northern Affairs Canada: We anticipate that we will be successful in reaching the settlement agreement. It has been ratified by the communities, so hopefully, with the vote of this money, we'll be able to make the payment.

That being said, if it were delayed, it would indeed reappear.

Senator Marshall: Is it paid out in a lump sum, or is it paid out to an independent party to administer?

Mr. Reiher: It is paid out in a lump sum to a trust fund.

Senator Marshall: And then the trust fund will administer?

Mr. Reiher: For the First Nations.

...

Ms. Bess: It is. To go back to your previous question regarding Restoule, it was already booked as a contingent liability and hit the fiscal framework. Now, this funding is just for the actual payment.

Senator Marshall: Right. So the \$5 billion for the Restoule settlement agreement — is it part of that \$26 billion?

Ms. Bess: That's right.

Senator Marshall: Okay, so you'll give me a breakdown, and I'll see the \$5 billion there?

Ms. Bess: Yes.

Response:

Of the \$26 billion for Indigenous claims recorded in the Public Accounts, \$3.3 billion relates to Indigenous Services Canada (ISC). Below you will find a table providing details of these expenses by the main categories highlighted in the Public Accounts. Due to the sensitive nature of the ongoing negotiations and litigation of these claims, we are unable to provide a further breakdown at the claim level.

Indigenous Claim Expenses - ISC	2022/2023
Litigation Claim Expenses	3.3 B
Non-Litigation and Special Claim Expenses	0.0 M
On-Reserve Housing Guaranteed Loans	0.4 M
Indian Economic Development Guarantee Program	0.0 M
Total Indigenous Claim Expenses	3.3 B

Réponse:

Sur les 26 milliards de dollars pour les revendications autochtones enregistrés dans les Comptes publics, 3.3 milliards de dollars concernent Services aux Autochtones Canada (SAC). Vous trouverez ci-joint un rapport fournissant des détails sur ces dépenses enregistrées selon les principales catégories mises en évidence dans les Comptes publics. En raison de la nature délicate des négociations et des litiges en cours sur ces revendications, nous ne sommes pas en mesure de fournir une ventilation plus détaillée au niveau des réclamations.

Dépenses liées aux demandes de règlement des Autochtones - SAC	2022/2023
Frais de réclamation en cas de litige	3,3 B
Frais hors litige et réclamation spéciale	0,0 M
Dépenses liées au programme de garantie de logement dans les réserves	0,4 M
Dépenses liées au programme de prêts garantis pour le développement économique des Indiens relatives aux demandes spéciales	0,0 M
Total des dépenses liées aux demandes de règlement des Autochtones - SAC	3,3 B

Question Seven: Seeking a breakdown of the increase to contingent losses

Transcript of Question:

Senator Marshall: Okay.

Going back to the Public Accounts, the provision for contingent losses went from \$53 billion last year to \$75 billion. Would some of that be related to either CIRNAC or Indigenous Services Canada? Ms. Bess, you seem to know what I'm asking; you're looking for something there. Are you able to give me some information on that? It's quite a significant amount of money — \$20 billion.

Ms. Bess: It is. To go back to your previous question regarding Restoule, it was already booked as a contingent liability and hit the fiscal framework. Now, this funding is just for the actual payment.

Senator Marshall: Right. So the \$5 billion for the Restoule settlement agreement — is it part of that \$26 billion?

Ms. Bess: That's right.

Senator Marshall: Okay, so you'll give me a breakdown, and I'll see the \$5 billion there?

Ms. Bess: Yes.

But to answer your question, the bulk of the contingent liabilities for the Government of Canada is mostly CIRNAC and partly ISC. I think we've accounted for a large portion of the increase in the contingent liabilities for this past fiscal year.

Senator Marshall: Is it possible to get some sort of breakdown of that increase of \$20 billion? I understand that the \$20 billion flows into the deficit.

Ms. Bess: That's right.

Senator Marshall: When you look at the Public Accounts, every other number has a table where you can look at the breakdown, but for the contingent losses, there's no breakdown.

Ms. Bess: That's right. You would be happy to know the Parliamentary Budget Officer is also looking at that and has made the same request.

Senator Marshall: Okay. It could stem from our meeting the other day. That's good. Thank you.

Response:

ISC's contingent liability balance increased by \$3.3 billion from \$20.7 billion in 2021-22 to \$24.0 billion in 2022-23 (Source: [Financial Statements for the Year Ended March 31, 2023 \(Unaudited\) \(sac-isc.gc.ca\)](#))

ISC represents 32% of the Government of Canada's \$76 billion in contingent liabilities reported in the 2023 Public Accounts of Canada. Due to the sensitive nature of the ongoing negotiations and litigation of these claims, we are unable to provide a further breakdown than the information provided in the Public Accounts note disclosure for the Government of Canada (see below).

Claims	2022-2023	2021-2022
Pending and threatened litigation and other claims	42.7 B	30.8 B
Specific claims	23.6 B	15.2 B
Comprehensive land claims	9.3 B	7.1 B
Provision for guarantees provided by the government	0.5 B	0.4 B
Total - Contingent liabilities	76.0 B	53.4 B

Source: [Public Accounts, Statement of Financial Position, Note Disclosure 8.](#)

Réponse:

Le solde du passif éventuel de SAC a augmenté de 3,3 milliards de dollars, passant de 20,7 milliards de dollars en 2021-22 à 24,0 milliards de dollars en 2022-23 (Source: [États financiers pour l'exercice s'étant terminé le 31 mars 2023 \(non vérifiés\) \(sac-isc.gc.ca\)](#)).

SAC représente 32 % des 76 milliards de dollars de passifs éventuels du gouvernement du Canada. En raison de la nature délicate des négociations et des litiges en cours sur ces revendications, nous ne sommes pas en mesure de fournir une ventilation plus détaillée que l'information déjà fournie dans les notes des comptes publics pour l'ensemble du gouvernement du Canada (voir ci-dessous).

Revendications	2022-2023	2021-2022
Causes en instance et imminentes et autres réclamations	42,7 B	30,8 B
Revendications particulières	23,6 B	15,2 B
Revendications territoriales globales	9,3 B	7,1 B
Provision pour garanties accordées par le gouvernement	0,5 B	0,4 B
Total - Passifs éventuels	76,0 B	53,4 B

Source: [Comptes publics du Canada, États financiers consolidés, Notes afférentes 8.](#)