



**NORTHWEST TERRITORIES
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The Honourable **Samuel Gargan**, Speaker

MEMBERS PRESENT

Honourable Jim Antoine, Honourable Goo Arlooktoo, Mr. Barnabas, Honourable Charles Dent, Mr. Enuaraq, Mr. Erasmus, Mr. Evaloarjuk, Honourable Samuel Gargan, Mrs. Groenewegen, Mr. Henry, Honourable Stephen Kakfwi, Mr. Miltenberger, Honourable Kelvin Ng, Mr. Ningark, Mr. O'Brien, Mr. Ootes, Mr. Picco, Mr. Rabesca, Mr. Roland, Mr. Steen, Honourable Manitok Thompson, Honourable John Todd.

ITEM 1: PRAYER

Oh, God, may your spirit and guidance be in us as we work for the benefit of all our people, for peace and justice in our land and for constant recognition of the dignity and aspirations of those whom we serve. Amen.

SPEAKER (Hon. Samuel Gargan):

Thank you, Mr. Ningark. Orders of the day. Item 2, Ministers' statements. Mr. Arlooktoo.

ITEM 2: MINISTERS' STATEMENTS

Minister's Statement 55-13(4): Minister Absent From the House

HON. GOO ARLOOKTOO:

Mr. Speaker, I wish to advise Members that the Honourable Jim Antoine and the Honourable Stephen Kakfwi will be late in arriving into the House as they are presently attending a funeral here in Yellowknife.

MR. SPEAKER:

Thank you. Ministers' statements. Mr. Dent.

Minister's Statement 56-13(4): Importance of Teachers

HON. CHARLES DENT:

Qujannamiik. Mr. Speaker, recently, I had the pleasure of speaking to several hundred teachers from Yellowknife and across the Territories at the opening of their annual professional development conference in Yellowknife. The role of teachers in delivering educational programs is essential. As I said in the House last fall, Mr. Speaker, teachers make a difference. Teachers are the people who go into the

classroom day after day--the ones who take the curriculum, the policies and the directives developed by the department and make them work. They are the ones who address the particular needs of students and parents on an on-going basis. Teachers must balance the competing challenges of school life and still make sure that students learn what they need to learn.

Every day of teachers' professional lives have a tremendous impact on students--how they see themselves right now and the people they will become in the future. Teachers make a difference by helping students reach their potential. Teachers provide students with an opportunity to gain the skills and attitudes required to live successfully in the 21st century. Teachers make a difference by assisting students to set goals and prepare for life-long learning.

Mr. Speaker, I have met many teachers across the NWT, and have been impressed by the high level of professionalism and dedication they bring to their work. The role of teachers is an important reminder for all of us why we do what we do: to help the people of the Territories work towards their dreams, to help them develop the skills they need to build the future they want. The Northwest Territories Teachers' Association handed out buttons with the slogan, "Teachers Make a Difference," in both English and Inuktitut at last week's conference. As a way to let the public demonstrate their support for the work the teachers do, the buttons will be distributed across the Northwest Territories. Mr. Speaker, courtesy of the NWTTA and Ms Pat Thomas who is in the gallery with us today. I have had these buttons set on each Member's desk. I hope that they will wear one proudly and join me in recognizing the important role that teachers play in our northern society. Thank you, Mr. Speaker.

-- Applause

MR. SPEAKER:

Thank you, Mr. Dent. Ministers' statements. Item 3, Members' statements. Mr. Picco.

ITEM 3: MEMBERS' STATEMENTS

Member's Statement On Labrador Winter Games

MR. PICCO:

Thank you, Mr. Speaker. Mr. Speaker, I am pleased to advise this House that as part of the upcoming

Cabot 500 celebration being held in the Province of Newfoundland and Labrador, a group of Iqaluit athletes and cultural performers have been invited to participate in the Labrador Winter Games being held in Goose Bay, March 17th to 22nd. Mr. Patrick Tagoona, President of the NWT Arctic Sports Association, has assumed the responsibility for organizing the team that will participate in this event. With the contribution of \$15,000 from the Goose Bay Hosts Society towards the total charter costs of \$19,000 and local fund raising, he and other volunteers have been able to raise the necessary finances to attend this event. Each participant is also being asked to pay a \$75 registration fee which will go to offset the costs for meals and accommodations at the games. The nine male and nine female athletes will be participating in target shooting, northern games, the labyrinth, snowshoe races, snowmobile races, ball hockey, volleyball, darts and table tennis. The athletes will compete along with 500 other representatives from the 31 communities in Labrador.

In addition to the athletes, a cultural contingent will also be travelling to the games. The cultural contingent will include two drum dancers, two throat singers and four Arctic sport demonstrators as well as four people who will take part in a fashion show. Mr. Speaker, I would like to take this opportunity to wish the athletes every success in Labrador at the 1997 Labrador Winter Games. Thank you, Mr. Speaker.

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-- Applause

MR. SPEAKER:

Thank you, Mr. Picco. Members' statements. Mr. Enuaraq.

Member's Statement On Pangnirtung Fisheries

MR. ENUARAQ:

(Translation) Thank you, Mr. Speaker. Good afternoon, colleagues. At this time, Mr. Speaker, I have some happy news to present concerning some work that has been going on in Pangnirtung which concerns the Pangnirtung Fisheries and Cumberland Fisheries Limited. They had an excellent productive month in both December and November. They hired 49 employees and contributed approximately \$93,000 directly into wages for the people of Pangnirtung. At this time, Mr. Speaker, this is extremely good news. It confirms and shows how hardworking the people of

Pangnirtung are. At this time, I would also like to say that the Pangnirtung Fisheries and the employees have worked hard in continuing the fisheries. I am very proud of their achievement. They must receive assistance from Fisheries and Oceans by the federal government and I hope that they continue to receive this support. Thank you, Mr. Speaker.

-- Applause

MR. SPEAKER:

Thank you, Mr. Enuaraq. Members' statements. Mr. Ootes.

Member's Statement On Employees Affected by Division

MR. OOTES:

Thank you, Mr. Speaker. Mr. Speaker, it appears the fate of the GNWT employees who are affected by division remains unresolved. I have spoken about my concerns on this issue before. To reiterate my position, staff outside of Nunavut who are laid off as a result of division, should be given hiring priority for jobs for which they are qualified. Existing staff in Nunavut should be automatically transferred to the new government, with all terms and conditions of employment unchanged. This is the position this government put forward in its response to Footprints 2. However, it seems NTI and Nunatsiak MP, Jack Anawak, who is also a candidate for Interim Commissioner and will oversee the hiring of the staff for Nunavut, are arguing that Nunavut's needs are different and the government should be free to hire those it wishes.

The argument by these leaders is this is a totally different government with a totally different philosophical bent. Many people have stated that we are creating two new territories. Does this mean we are going to dismiss the present members of the public service and hire a different set of employees on April 1, 1999 in the west? I do not think so. The present employees of the Government of the NWT should become employees of the new governments. We should all acknowledge this and provide a level of assurance to people who feel that their jobs are in jeopardy, to ensure that their concerns are not being ignored. Existing employees have a great deal to offer. They can be responsible in their future roles to be the trainers of new employees. As experience has shown, experience is the best teacher. Our employees need reassurances. They deserve to know

about their future. This present state of uncertainty is unacceptable. I believe that the Government of the Northwest Territories and the Government of Canada, who is funding this whole process, have an obligation to protect the employment of existing staff. Thank you, Mr. Speaker.

-- Applause

MR. SPEAKER:

Thank you, Mr. Ootes. Members' statements. Mr. Rabesca.

Member's Statement On Caribou Population

MR. RABESCA:

Mr. Speaker, today I would like to bring an issue to the House that has never really been much of a problem until this winter. For the past many years residents from across the southern Great Slave Lake area have come to Yellowknife to stock up on caribou for their families, friends and communities. This has never been much of a problem. However, this year with the lack of caribou on the Gordon Lake winter road, this hunting traffic has discovered the winter road system that goes from Rae-Edzo north to Colomac Mines and other Dogrib communities. The increased traffic brings concerns to my people. We are not told who is hunting and how much caribou this group is taking back to their communities. There is also more wasted meat from some irresponsible hunters. All of this has a direct impact on the populations of this herd. We do not want our caribou depleted.

Fortunately, both the Rae Band Councils and the Department of Resources, Wildlife and Economic Development have been working closely together to find solutions that will help protect this valuable resource and still provide the needed meat for the people. It has been decided to maintain monitoring stations that will be sponsored by the Band Councils, and will have direct contact with Resources staff in case problems occur. With the co-operation of these two groups, it is anticipated that staff from the Yellowknife office will be making occasional trips on this road system to ensure all rules and regulations are followed. We realize that people want their caribou, but at the same time the hunters should follow all necessary regulations, and should have some consideration to respect this valuable resource. Mr. Speaker, at the opportune time I will be asking the

Minister responsible questions regarding this. Thank you, Mr. Speaker.

MR. SPEAKER:

Thank you, Mr. Rabesca. Members' statements. Mr. Roland.

Member's Statement On Fairness

MR. ROLAND:

Thank you, Mr. Speaker. Mr. Speaker, I arise this afternoon to speak on the issue of fairness. I have said in this House that I was very interested to see how this budget would come down, especially when it effects the community of Inuvik. Mr. Speaker, it has been said out of sight, out of mind, and that is how the people of my community feel when it comes to this government. I have worked in this Assembly and committees to try and represent my community the best that I could, especially when it comes to the issue of fairness and how we get dealt with when it comes to the budget situation. Mr. Speaker, the closure of Delta House adds to the list of many things that people are concerned about being out of sight and out of mind. I will continue to try and remind those in this Assembly, and those who make the final decisions when it

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comes to the budget and affects our communities, that there are people out there who contribute to the Northwest Territories that are not necessarily seen on a day to day basis and that do not necessarily come to the door on a day to day basis. I grow concerned there is still a mind-set within this government that if you do not make enough noise, do not rattle the chains and bang the cans, the pots and pans, you do not get what is due.

Mr. Speaker, if it requires me to stand up and start making as much noise as possible and start getting louder about the discontent my community feels, then so be it. That might be the tactic I have to take. I hope the work I am doing in meetings, in this Assembly, the message I am trying to send is getting across and communities like Inuvik will begin to see fairness is really an issue being dealt with within this Assembly. Thank you.

-- Applause

MR. SPEAKER:

Thank you, Mr. Roland. Members' statements. Mr. Henry.

Member's Statement On GNWT Travel Expenditures

MR. HENRY:

Thank you, Mr. Speaker. Mr. Speaker, we have been looking for ways to be more efficient and to make better use of resources since we came to this Assembly. I believe we have overlooked an opportunity right under our noses. We all know that one of the challenges of governing the NWT is the tremendous distances between communities. Every year this government spends thousands of dollars on travel, both for government employees on business and medical travel. The government has taken steps to limit travel wherever possible. However, it is a fact of life in doing business in the north. Travel is always going to be necessary for those with medical needs which cannot be met in their communities.

I believe there is another way to save money on travel, through the use of the frequent flier program. Many of us have experienced the benefits of frequent flier programs. We take a trip and, in the process, gain points towards a free trip. Right now, people travelling on a ticket purchased by the government are able to accumulate frequent flier points for that travel. In other jurisdictions, the government has found ways to accumulate the travel points from employees on duty travel. They can use these points for travel awards which can be used for other government business travel. It is estimated using frequent flier points represents a possible savings of between five and ten percent of the cost of air travel. Mr. Speaker, for every \$5 million we spend on medical or duty travel, we could save up to \$500,000 by pooling frequent flier points earned from duty and other government travel.

Mr. Speaker, other jurisdictions are finding ways to spread their travel dollars further through the frequent flier point system. This is too easy and obvious for our government, which relies so heavily on air travel, to ignore. I encourage the government to investigate this opportunity and, at the appropriate time, I will be asking the Minister some questions on this later today. Thank you, Mr. Speaker.

MR. SPEAKER:

Thank you, Mr. Henry. Members' statements. Mrs. Groenewegen.

Member's Statement On Aboriginal War Veterans

MRS. GROENEWEGEN:

Thank you, Mr. Speaker. Lately, I have observed the treatment of aboriginal war veterans by our Canadian government has been brought to light in various forums. For years, the federal government dealt with the issue of the mistreatment and interment of Japanese Canadians during World War II regarding compensation, public apologies, et cetera. No doubt this was an injustice to Canadian citizens. However, there was another glaring oversight and mistreatment of Canadian citizens which has been overlooked and not addressed for too long. At last, some 50 years after the Second World War, recommendations from the report, "The Aboriginal Soldier after the Wars" and the Royal Commission on Aboriginal People, have been acted upon. Thus far at least two recommendations have been acted on. Working with the National Aboriginal Veterans' Association, DIAND has provided seed money of \$80,000 for organizations of fund-raising for an Aboriginal Veterans' War Memorial. DIAND has also provided contribution funding to set up the National Aboriginal Veterans' Association. In cooperation with a number of federal departments, DIAND has established a \$1.15 million Aboriginal Veterans' Scholarship Fund open to aboriginal students engaged in study, which will contribute to self-government initiatives.

The Department of Veteran Affairs maintains that all legislation relating to veterans' benefits was administered properly by its department. It has recently begun to contact all veterans to inform them of the benefits for which they are eligible. According to DIAND and Veterans' Affairs, all paperwork in relation to aboriginal veterans' claims is handled by the two departments. According to DIAND's records, there were no official policies or legislation which prevented aboriginal veterans from accessing benefits, or which require aboriginal veterans to give up Indian status. However, veterans testifying before the Royal Commission on Aboriginal People consistently reported differences between aboriginal and non-aboriginal veterans' benefits. Given the choice of accepting the testimony of these individuals or the official position of the federal government, I believe there was a grave injustice to aboriginal veterans. Although the measures being taken now are better than nothing, they are too little, too late. My late maternal grandfather, Sylvanus John Vivian Cann, who died in 1986 at 100 years of age, told me numerous times of his appreciation of the skills of

aboriginal servicemen with whom he served in the First World War in the trenches in Europe.

Mr. Speaker, I would like to seek unanimous consent to conclude my statement.

MR. SPEAKER:

The Member for Hay River is seeking unanimous consent to conclude her statement. Do we have any nays? There are no nays. Mrs. Groenewegen, you have unanimous consent.

MRS. GROENEWEGEN:

Thank you, Mr. Speaker. At the age of 93, my grandfather personally made a road trip to the Northwest Territories to admonish me, who he considered to be his only descendant living amongst aboriginal people, regarding this respect which he expected me to convey on his behalf. Mr. Speaker, I am using this opportunity as a Member of this Legislative Assembly today, to ask this government to

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please identify all surviving northern veterans and assure that they are adequately recognized and apprised of any and all benefits available to them. Thank you, Mr. Speaker.

MR. SPEAKER:

Thank you, Mrs. Groenewegen. Members' statements. Mr. Barnabas.

Member's Statement On Kicking Caribou Theatre Company

MR. BARNABAS:

(Translation) Thank you, Mr. Speaker. (Translation ends) In response to an alarming number of suicide attempts in Arctic Bay, the Suicide Prevention Committee of Arctic Bay was created. This committee is made up of teachers, nurses and health care workers. In September, 1995, a suicide was committed and it affected everyone deeply. Soon afterwards, a number of high school drama students decided they wanted to create a play which would address the issue of suicide in a frank and hard-hitting manner. Under the auspices of the Suicide Prevention Committee, the GNWT wellness grant was applied for, in which the students would create and perform a play called "This House has Many Rooms". From that point onward, it is the group of students, not the

committee, which is important here. The play was a tremendous success. The reaction of the home community was overwhelming. The theatre company received the same response in Igloolik. The voices of the young actors and actresses in the company struck a powerful chord with the audience. The message of suicide prevention and awareness was delivered strongly and with a great deal of feeling. Something only a live, theatrical performance could achieve. Afterwards, the actors mixed with the audience in a powerful display of emotion and healing. Word of the Kicking Caribou Theatre Company's success reached the CBC and a documentary was shot in Arctic Bay for CBC North.

This year, the theatre company has a new play. It is called, "What is the matter, Mary Jane?" This is a much more challenging play in terms of stage craft and it explores the life of troubled young teenage girls and men. Mr. Speaker, I seek unanimous consent to conclude my statement.

MR. SPEAKER:

The Member for High Arctic is seeking unanimous consent to conclude his statement. Do we have any nays? There are no nays. Mr. Barnabas, you have unanimous consent.

MR. BARNABAS:

(Translation) Thank you, Mr. Speaker and colleagues. (Translation ends) It explores the life of a troubled young teenage girl as she attempts to come to grips with suicide, alcoholism and drugs in the family, coping with her uncertain vision of the future in Nunavut. We have just finished performing the play in Arctic Bay. Again, thanks to a wellness grant, the Kicking Caribou Theatre Company has achieved a measure of success that is admirable and it speaks very highly of the skills and deep commitment of all the members of the company.

On Wednesday, February 26, at Inukshuk High School in Iqaluit, the Kicking Caribou Theatre Company will perform their play to an audience of teachers representing communities across the Baffin. It is hoped that the educators who will be at this play will take the experience back to their communities, redoubling their efforts to spread the message of suicide prevention. It is also hoped that the theatre company will be invited to tour communities in the spring as they were last year. Unfortunately, lack of funding prevented an extended tour beyond Igloolik. We foresee the same financial problem this year.

However, we are determined to raise the money needed to visit troubled communities. Thank you, Mr. Speaker.

MR. SPEAKER:

Thank you, Mr. Barnabas. Members' statements. Item 4, returns to oral questions. Mr. Todd.

ITEM 4: RETURNS TO ORAL QUESTIONS

Return To Question 235-13(4): Continuous and Non-Continuous Employees

HON. JOHN TODD:

Thank you, Mr. Speaker. I have a return to an oral question asked by Mr. Roland on February 5, with respect to continuous and non-continuous employees. During negotiations for the new collective agreement, information was shared with the UNW bargaining committee regarding the reductions in the wages and benefits required in order for the government to achieve its fiscal restraint targets. They were advised that the majority of savings required could be achieved through a reduction of gross compensation by 6.25 percent. The UNW bargaining committee proposed that the savings could be achieved through a combination of salary reductions and mandatory days of leave without pay. The problem with this proposal, from the government's perspective, was that the requirement for services provided by certain positions entails that the incumbents be replaced when they are absent from work. Accordingly, mandatory days of leave without pay for those positions does not result in any savings for the government.

The government's proposal on the matter provided the required savings would be achieved through a combination of salary reductions and mandatory days of leave without pay, where possible. Where mandatory days of leave without pay could not achieve the necessary savings, they were achieved through salary reductions only. This proposal formed part of the package that was subsequently forwarded and ratified by the UNW's membership. As a result, employees in positions that provide continuous service had their salaries reduced by 6.25 percent representing the overall targeted savings. Those who do not provide continuous service had their salaries reduced by 4.33 percent, with the remaining 1.92 percent achieved through the five mandatory days of leave without pay. Thank you.

MR. SPEAKER:

Thank you. Returns to oral questions. Item 5, recognition of visitors in the gallery. Mr. Arlooktoo.

ITEM 5: RECOGNITION OF VISITORS IN THE GALLERY

HON. GOO ARLOOKTOO:

Thank you, Mr. Speaker. It gives me pleasure to recognize Pat Thomas, the president of the NWT Teachers' Association and, on behalf of the Members here, I thank her for the nice buttons that she has provided.

-- Applause

MR. SPEAKER:

Welcome to the Assembly. Recognition of visitors in the gallery. Mr. Picco.

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MR. PICCO:

Thank you, Mr. Speaker. Mr. Speaker, it gives me great pleasure to welcome the speedskating team from Nunavut with representatives from both Pang and Iqaluit here. From Iqaluit we have Kevin Tikivik, Ootoo Maurice, Peter Jaloee, Benoit Savard, Nukasee Joamie and their coach, well-known, long-time educator in Nunavut and president of the Nunavut Teachers' Association, Mr. John Maurice.

-- Applause

MR. SPEAKER:

Welcome to the Assembly. Recognition of visitors in the gallery. Mr. Enuaraq.

MR. ENUARAQ:

Thank you, Mr. Speaker. Mr. Speaker, I would like to recognize Migitunik from Pangnirtung. She is on the speedskating team. Thank you.

-- Applause

MR. SPEAKER:

Welcome to the Assembly. Recognition of visitors in the gallery. Mr. Henry.

MR. HENRY:

Thank you, Mr. Speaker. Mr. Speaker, I would like to recognize Mike Kalnay. He works for FMBS and is in the gallery today. Mr. Speaker, as Mr. Roland just pointed out, he is a constituent of mine.

-- Applause

MR. SPEAKER:

Welcome to the Assembly. Recognition of visitors in the gallery. Item 6, oral questions. Mr. Roland.

ITEM 6: ORAL QUESTIONS

Question 349-13(4): Fairness in Allocating Funds

MR. ROLAND:

Thank you, Mr. Speaker. Mr. Speaker, my question will be directed to the Minister of Finance. Mr. Speaker, I have discussed the issue of fairness in the government departments on many occasions. I would like to know if the Minister of Finance has anything in place to deal with the issue of fairness when it comes to capital allocations and projects with go-ahead. How is this issue brought forward? Thank you.

MR. SPEAKER:

The Minister of Finance, Mr. Todd.

Return To Question 349-13(4): Fairness in Allocating Funds

HON. JOHN TODD:

Thank you, Mr. Speaker. My honourable colleague spoke many times on the issue of fairness and defended his constituency eloquently. The approach we have taken in the budgetary process is one that not only implies fairness, but provides an opportunity for each and every Member of this House to say their piece in the development of the budgets through the committee structure. It is a unique budgetary process that does not exist anywhere else in Canada. It allows both the ordinary Members and the Cabinet Ministers to work in harmony with each other, to try to meet each and everybody's requirements under the fiscal umbrella we have. I am not sure how else to answer my honourable colleague. I know that he may be taking some inordinate heat right now from his constituency, but I would like to say that we have listened very carefully to what this colleague has said. We have recognized that his constituency is suffering on the economic side right now, not just from this government's budgetary program, but because of

some of the developments taking place over the number of years. There is a great deal of empathy for my colleague and his riding. I believe the process we have in place is a unique one. We have tried to be fair to the best of our ability. I would hope that he and his constituency would see that when we finalize this difficult budget that is facing us today. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Supplementary, Mr. Roland.

Supplementary To Question 349-13(4): Fairness in Allocating Funds

MR. ROLAND:

Thank you, Mr. Speaker. My concern is more in the area of when we start losing things. I would like to know if there is anything in place that would recognize regional placements of facilities throughout the territory that would keep a balance? Thank you.

MR. SPEAKER:

Mr. Todd.

Further Return To Question 349-13(4): Fairness in Allocating Funds

HON. JOHN TODD:

If we are talking about capital expenditures, we have gone from an average of a \$180 - \$200 million in capital expenditures on an annual basis. Frankly, as part of our deficit elimination strategy, we agreed that we would take some money out of the capital budget, as well as from a variety of other areas within government. The capital expenditures for this year are somewhere in the \$130 - \$140 million range. It is natural that there are going to be less buildings built. We have tried to assess what the priorities of the government are: hospitals, schools, et cetera, to find a way in which we could manage the non-essentials on the capital side. Everybody, Mr. O'Brien, myself, others, have all taken hits. We have heard Mr. O'Brien talk eloquently about the need for his health care facility in Arviat. That came out because we put the money in Mr. Ningark's riding. These were requirements. They were done because of certain criteria. Priorities were established. It has not been the easiest task in the world, trying to determine where we put the money and where we do not. I hope that my colleague does not think that we have unfairly or unduly taken money out of his riding in isolation of

monies out of other ridings. The reality is that we have less money to spend, less buildings get built and more people will be unhappy. That is just the reality of fiscal restraint. I have accepted that reality, and I know my colleague has worked hard to assist us in accepting it also. Thank you.

MR. SPEAKER:

Thank you, Mr. Todd. Oral questions. Supplementary, Mr. Roland.

Supplementary To Question 349-13(4): Fairness in Allocating Funds

MR. ROLAND:

Thank you, Mr. Speaker. Yes, I think we have worked hard in the area of our committees putting forward our concerns and looking at where things need to go. I thank you for your answers. My concern is in the area of things that are

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already there, not things that could be there or that we want to be there. My concern is when it comes to the reductions of existing facilities and operations. Is there anything in place that would recognize where things are at the end of the day? When the dust settles, will we be balanced with what we have left in the territories? Thank you.

MR. SPEAKER:

Mr. Todd.

Further Return To Question 349-13(4): Fairness in Allocating Funds

HON. JOHN TODD:

Thank you, Mr. Speaker. You have to remember that I set the fiscal framework for this government based upon the advice and the support that I received from this House. We all agreed that we would balance the budget over a two-year period. In balancing the budget in the two-year period, I set targets for the Ministers within their portfolios. They had the responsibility and the authority to work with the committees to meet those targets. We are in what we call a reduction mode. That is how the process works. For example, I suspect my colleague is talking about Delta House because the budget is up today. Mr. Ng, who probably has one of the most difficult tasks before this House, was given certain targets. These

targets were difficult to manage, but there was a clear recognition in the overall strategy that we need to ensure there was sufficient money to sustain the system. Then, Mr. Ng has to develop a budget along with committee, to meet the targets we have set so we can balance the budget and get on with making life better for northerners. Is it fair? I think it is fair. Is it difficult? Absolutely. Are people going to be unhappy? Yes, but hopefully we are going to see some light at the end of the tunnel. Now that we have managed to control our spending we can move quickly to do some other things. My colleague knows that we are working extremely hard to meet the requirement for new health facilities in his area, which will be a huge economic stimulus, assuming we can put the right fiscal framework in place, get the correct political support, and move on with it. While there are some negatives, there are also some positives. This constituency should recognize that he has represented that issue very well, and we are moving quickly to reach some resolve, so we can demonstrate to his constituency that we are moving forward in a positive vein to put new infrastructure into Inuvik, not take away from existing.

MR. SPEAKER:

Thank you. Oral questions. Mr. O'Brien.

Question 350-13(4): Plan 2000 - Public Housing Strategy

MR. O'BRIEN:

Thank you, Mr. Speaker. Mr. Speaker, my question is to the Minister of Housing. Following the Minister's statement yesterday in this House referring to the proposed Plan 2000, which would see approximately 2,000 NWT families provided with either new housing or improved housing. Subsequent to my questions regarding this issue, the Minister inferred yesterday that the program would start in the west this year, and not necessarily in the east. I would like some assurances from the Minister that he will do everything possible to see that this program is initiated this year for the eastern communities. Thank you.

MR. SPEAKER:

Thank you. The Minister responsible for the NWT Housing Corporation, Mr. Arlooktoo.

Return To Question 350-13(4): Plan 2000 - Public Housing Strategy

HON. GOO ARLOOKTOO:

Mr. Speaker, as I indicated yesterday, we are moving immediately to implement Plan 2000. We are working on a list of interested and eligible clients. It does take some time to process these applications and to purchase materials, et cetera. What I said yesterday, it is clear that we will be able to move the material through the road system for the western Arctic this year. I have checked into it a bit further and there may be some opportunities in the Nunavut area to ship some of the materials this year.

MR. SPEAKER:

Oral questions. Supplementary, Mr. O'Brien.

Supplementary To Question 350-13(4): Plan 2000 - Public Housing Strategy

MR. O'BRIEN:

Thank you, Mr. Speaker. Mr. Speaker, I realize there are briefings forthcoming, but could the Minister briefly describe the criteria they will use to select the clients? Thank you.

MR. SPEAKER:

Mr. Arlooktoo.

Further Return To Question 350-13(4): Plan 2000 - Public Housing Strategy

HON. GOO ARLOOKTOO:

Mr. Speaker, I believe the Member is asking about the eligibility criteria. It will be similar to the Down Payment Assistance program that we have now. The EDAP program, as it is called, requires clients to be 19 years of age or older. To be residents of the NWT for five years. They are required to have a mortgage approved by the bank or, clients unable to secure interim financing for a new home construction from banks, can apply for interim financing from the Housing Corporation. Clients with outstanding arrears with any local housing organization cannot qualify for the program. However, clients may be able to enter the program by rolling their arrears into their mortgage. Clients must use available northern manufactured products where possible. Clients must either build new or purchase existing units. Prebuilt or modular units are disallowed, but may be purchased as long as the unit has been occupied in the community for a minimum of a year.

MR. SPEAKER:

Thank you. Oral questions. Supplementary, Mr. O'Brien.

Supplementary To Question 350-13(4): Plan 2000 - Public Housing Strategy

MR. O'BRIEN:

Mr. Speaker, the Minister indicated that 2,000 families will be put into new homes, or improvements will be made to others. Can the Minister indicate how many of these homes will be newly constructed homes? Thank you.

MR. SPEAKER:

Mr. Arlooktoo.

Further Return To Question 350-13(4): Plan 2000 - Public Housing Strategy

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HON. GOO ARLOOKTOO:

Mr. Speaker, the number of new homes will depend on the required assistance by the clients. Some clients require more assistance than others depending on their income. I would explain it this way. We are now spending \$40 million a year on housing, which we hope will be relatively stable over the next few years. That translates to \$120 million over three years. I have received estimates any where from an additional \$200 to \$250 million that would be financed through the banks for new homes, approximately any where between 1600 to 1800 homes, compared to about 900 which would have otherwise been available. Thank you.

SPEAKER (Hon. Samuel Gargan):

Thank you. Oral questions. Final supplementary, Mr. O'Brien.

Supplementary To Question 350-13(4): Plan 2000 - Public Housing Strategy

MR. O'BRIEN:

Thank you, Mr. Speaker. Mr. Speaker, will the Minister confirm that the communities in most need will be targeted first? That would be communities with matchbox houses and NTRs. Also, if there will be an

accountability mechanism in place to monitor the initiative? Thank you.

MR. SPEAKER:

Mr. Arlooktoo.

Further Return To Question 350-13(4): Plan 2000 - Public Housing Strategy

HON. GOO ARLOOKTOO:

Mr. Speaker, the Housing Corporation will base its allocations on relative need of the communities. We will ensure every constituency in every community will get its fair share. What I have done is made sure that we have a reporting process, where we document all the additional homes that are being built with this initiative. I put this in myself, to ensure that we get as close to the target as possible and the additions and changes we make are meaningful ones.

MR. SPEAKER:

Oral questions. Mr. Enuaraq.

Question 351-13(4): Offer to Purchase Clyde River Staff Housing Units

MR. ENUARAQ:

(Translation) Thank you, Mr. Speaker. I have a question that I would like to direct to the Minister of FMBS, Mr. Todd. There were government units in Clyde River, seven staff housing-units. The development corporation had written to the Chairman of FMBS asking to take those units. I would like to know if he has responded to their request. Thank you, Mr. Speaker.

MR. SPEAKER:

The Minister responsible for the Financial Management Board, Mr. Todd.

Return To Question 351-13(4): Offer to Purchase Clyde River Staff Housing Units

HON. JOHN TODD:

Thank you, Mr. Speaker. If my memory serves me correctly, we have responded positively to that development corporation which is owned by local people. In fact, arrangements are under way right now. I do not know if it is for all or some of those housing units, but certainly my position has been

clear. Where the tenants do not want to purchase them, we are prepared to ensure that local community groups, co-operatives, and development corporations purchase these units. It will be done in such a manner that will protect staff housing for our staff in the future. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Mr. Henry.

Question 352-13(4): Frequent Flyer Points

MR. HENRY:

Thank you, Mr. Speaker. Mr. Speaker, my question is to Mr. Todd, the Minister of FMBS. I spoke today about frequent flyer points, and many provincial governments, as well as the Yukon and federal governments have directed us, stating that government employees are not to receive any frequent flyer points as a result of travel on government business. Other jurisdictions have developed methods of pooling points accumulated by employees, and then using those points for other government travel.

For example, the province of Saskatchewan, uses a system which allows points to be accumulated by employees within the department which can be transferred to other departments. It is estimated that we are using frequent flyer points representing a possible savings of between five and ten percent of air travel. My question to the Minister is; would the Minister consider adopting similar methods for pooling frequent flyer points for use in other government travel? Thank you, Mr. Speaker.

MR. SPEAKER:

The Minister responsible for the Financial Management Board, Mr. Todd.

Return To Question 352-13(4): Frequent Flyer Points

HON. JOHN TODD:

I am certainly glad Mr. Henry brought that issue up. We will certainly take a look at that suggestion he has brought forward and analyze what is going on in other constituencies, to see if there is any volume in doing it, and if it will be a net gain to this government. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Supplementary, Mr. Henry.

Supplementary To Question 352-13(4): Frequent Flyer Points

MR. HENRY:

Thank you, Mr. Speaker. I will direct the Minister's attention, which will maybe help him in deciding the merits of this, to the Standing Committee on Finance a couple years back. I believe he will find some information which will support that position. I think he was a member of it at that time. Thank you, Mr. Speaker.

MR. SPEAKER:

Thank you. That was a comment. I did not hear any question. Oral questions. Mr. Picco.

Question 353-13(4): Nunavut College Student Accommodation

MR. PICCO:

Thank you, Mr. Speaker. Mr. Speaker, we cut all the benefits and wages of our employees, and now we are going to take away the little bit of an incentive we have as to bonus points. I do not agree with that. Mr. Speaker, over the

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past twelve months, culminating with the meeting in September with Mr. Todd and the Arctic College students in Iqaluit concerning their accommodations. I note now that the school year end is about three months away. We are going to be looking for more accommodations this fall. Can the Minister of the FMBS update this House on the status of the accommodations for students in Iqaluit and other Nunavut communities? Thank you, Mr. Speaker.

MR. SPEAKER:

The Minister responsible for the Financial Management Board, Mr. Todd.

Return To Question 353-13(4): Nunavut College Student Accommodation

HON. JOHN TODD:

Thank you, Mr. Speaker. As you know I am working in conjunction with my colleague Mr. Dent, the Minister

of Education. We have asked the colleges to submit a housing plan to the department by the end of March. We will then seek a submission both from Public Works, that have some of the money right now, and any additional monies that are required to the FMBs. We are hoping to conclude the submission and the over all plan to meet the housing needs of Arctic College students, particularly in Kitikmeot, Keewatin and the other areas by April or May. Thank you.

MR. SPEAKER:

Oral questions. Supplementary, Mr. Picco.

Supplementary To Question 353-13(4): Nunavut College Student Accommodation

MR. PICCO:

Thank you, Mr. Speaker. Mr. Speaker, I understand that the transfer of some programs to the Kitikmeot region from the Nunavut Arctic College depends on housing being made available for the students. I see that as a priority. In the Baffin region, we are using leased accommodations for a number of instances. We had some major problems there. Would the Minister be able to inform me that with this transfer coming forward, we are looking at enhancing and hopefully prolonging the duration of the leases in Iqaluit, Baffin and Nunavut students over the next x number of months, accommodating them before the division on April 1, 1999?

MR. SPEAKER:

Mr. Todd.

Further Return To Question 353-13(4): Nunavut College Student Accommodation

HON. JOHN TODD:

First of all it has to qualify subject to the FMB submission. It is our intention to ensure there is adequate housing in the Baffin region, which is Iqaluit where the campus is, and in Kitikmeot. The mayor has pointed out to me, when we were in Cambridge Bay this weekend, that there is an urgent need there. It is our intent to move as quickly as we can to provide some stability to the Arctic colleges and the need for accommodation, particularly since there is an acceleration of the educational programs that are under way to meet the requirements for Nunavut in April 1, 1999. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Mrs. Groenewegen.

Question 354-13(4): Plan 2000 - Public Housing Strategy

MRS. GROENEWEGEN:

Thank you, Mr. Speaker. I have a number of questions for the Minister of the NWT Housing Corporation, with respect to Plan 2000: A Positive Solution To The Public Housing Shortage. Mr. Speaker, in Mr. Arlooktoo's remarks made yesterday in the House, he indicated that Plan 2000 will provide a boost to the northern and local construction industries by creating up to 1000 additional seasonal construction supply and manufacturing jobs per year. Mr. Speaker, I know it is no secret to anyone that I represent a community which has a strong base in the supply, manufacture, and construction industry. I want to know what there is built into this program, what mechanism there is to ensure that we do not only realize the social benefit of more housing and more adequate housing, we also realize the economic benefit of all of the spin off we can possibly gain in terms of economic growth from this project. Thank you.

MR. SPEAKER:

The Minister responsible for the NWT Housing Corporation, Mr. Arlooktoo.

Return To Question 354-13(4): Plan 2000 - Public Housing Strategy

HON. GOO ARLOOKTOO:

Mr. Speaker, I do not have the actual percentage in front of me, but there is a set amount of the grant we would give to these new home owners that must be used for northern manufactured. Throughout the process we will strongly encourage the new home owners to use northern manufacturers and to use northern suppliers.

MR. SPEAKER:

Oral questions. Supplementary, Mrs. Groenewegen.

Supplementary To Question 354-13(4): Plan 2000 - Public Housing Strategy

MRS. GROENEWEGEN:

Thank you, Mr. Speaker. I thank the Minister for his answer. However, strongly encourage is not very

encouraging and reassuring to me. Under the old system that we are diverging from now, a client could apply to build an access home, whereby, I believe the purchasing of materials would be monitored and administered through the NWT Housing Corporations.

It is easy for me to understand how you would direct your own corporation to deal with suppliers, manufacturers, and construction companies. When each individual person will be going out and hiring a contractor and purchasing their own materials for their home, it eludes me what mechanism there is to ensure they support our local northern businesses. Could the Minister please elaborate on such a mechanism? Thank you.

MR. SPEAKER:

Mr. Arlooktoo.

Further Return To Question 354-13(4): Plan 2000 - Public Housing Strategy

HON. GOO ARLOOKTOO:

Mr. Speaker, there will be two ways a client will be able to purchase materials for a house. One, they can go out on their own to get a plan and a design and purchase materials on their own. In which case we would insist, as a condition of the grant, that a portion of that be used

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for northern manufacturers. The other way that they could get the materials is through the Housing Corporation packages we have on the shelf that are presently being used. There is already a built in system of using northern manufacturers in a high degree of use of materials from the north.

MR. SPEAKER:

Thank you. Oral questions. Supplementary, Mrs. Groenewegen.

Supplementary To Question 354-13(4): Plan 2000 - Public Housing Strategy

MRS. GROENEWEGEN:

Thank you, Mr. Speaker. In the notes provided by the Minister yesterday, he indicated that this program is designed to help families find and access suitable healthy and affordable housing, no matter what their income level. I was wondering if he could interpret

that for me. No matter what their income level, they have to go to the bank regardless of the 25 percentage down that they secure from the housing corporation. They still have to go to the bank, and they still have to borrow the money. How does this affect low income, how does this affect high income? I am curious about that remark, no matter what their income level.

MR. SPEAKER:

Mr. Arlooktoo.

Further Return To Question 354-13(4): Plan 2000 - Public Housing Strategy

HON. GOO ARLOOKTOO:

Mr. Speaker, that portion of my statement yesterday was pointed out to me also. I think an additional clarifier would have been in order. The clients that access homes through our programs must be able to one, pay for the power, the fuel, and all the operating costs of that house, plus a mortgage. In most cases the income levels start between \$35,000 and \$50,000 and upwards. Anything below that you would not be able to pay for the operation of the house plus a mortgage. Therefore, you would likely be in our low cost social housing.

MR. SPEAKER:

Oral questions. Final supplementary, Mrs. Groenewegen.

Supplementary To Question 354-13(4): Plan 2000 - Public Housing Strategy

MRS. GROENEWEGEN:

Thank you, Mr. Speaker. My final question is: has the department, or has the corporation given any consideration to the fact that this program may be perceived as being somewhat discriminatory? We have such diversity in economic costs in varying regions in the Northwest Territories. For example, in a community like Pangnirtung a \$200,000 home would just be considered basic shelter. In a community say like Fort Smith a \$200,000 home would probably be one of the nicest houses in town. How does this Plan 2000 address that disparity and that diversity of communities that comprise the Northwest Territories? Thank you.

MR. SPEAKER:

Mr. Arlooktoo

Further Return To Question 354-13(4): Plan 2000 - Public Housing Strategy

HON. GOO ARLOOKTOO:

Mr. Speaker, the Member brings up a good question. In fact, I think her numbers are not far off. The estimates that we have for a decent new house in Fort Resolution, which is near her constituency, would cost \$143,000. In Cambridge Bay, that same house would cost \$170,000. There is a recognition that there are different costs. Therefore, the payments that we will be using and the scale is a sliding scale which recognizes one, the income of the client and two, the cost of building or maintaining a home in that community.

MR. SPEAKER:

Thank you. Oral questions. Mr. Roland.

Question 355-13(4): Effects of Alcohol on Infant Mortality

MR. ROLAND:

Thank you, Mr. Speaker. Mr. Speaker, my question will be directed to the Minister responsible for Health and Social Services. Mr. Speaker, the Minister made a statement on the effects of cigarettes on infant mortality a few days ago, I believe. I would like to know if the Minister has any information on the effects of alcohol on infant mortality. Thank you.

MR. SPEAKER:

The Minister of Health and Social Services, Mr. Ng.

Return To Question 355-13(4) Effects of Alcohol on Infant Mortality

HON. KELVIN NG:

Thank you, Mr. Speaker. Mr. Speaker, there is a recognition that alcohol abuse is a contributing factor to infant mortality. However, it is more of an issue in respect to prebirth and postbirth, in regards to the FAS/FAE issue of significant developmental delays in behaviour and learning patterns after birth as a result of alcohol abuse, Mr. Speaker. Thank you.

MR. SPEAKER:

Oral questions. Supplementary, Mr. Roland.

Supplementary To Question 355-13(4): Effects of Alcohol on Infant Mortality

MR. ROLAND:

Thank you, Mr. Speaker. The Minister mentioned it is more the effects after the birth when it comes to FAE and FAS, and knowing that is something a person will carry with them lifelong. There is no cure. Does the Minister have any numbers available when it comes to the cost of someone that is affected with FAE/FAS? Thank you.

MR. SPEAKER:

Mr. Ng.

Further Return To Question 355-13(4): Effects of Alcohol on Infant Mortality

HON. KELVIN NG:

Thank you, Mr. Speaker. Mr. Speaker, I do not have any definitive costs in respect to individuals that are affected by FAS/FAE. I think it is recognized that there is a multiple affect throughout the system in having to care for an individual that has those types of problems from birth medically, through school in some of the learning disabilities that may develop and some of behaviour problems that may develop in some individuals right up to where it leads the individuals to become problems in respect to the justice system, and having a requirement in that area as well, Mr.

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Speaker. There is not a clear cut costing. I would say individuals vary on the circumstances. What impacts some of the remedial steps that are taken to try to address the causes and try to correct some of those problems while they are growing up, Mr. Speaker. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Supplementary, Mr. Roland.

Supplementary To Question 355-13(4): Effects of Alcohol on Infant Mortality

MR. ROLAND:

Thank you, Mr. Speaker. I think if we put all the numbers together, we would find out that it is extremely costly to deal with this after the fact instead

of being preventative in this area. When you take a look at all the issues related with FAE/FAS, the care in homes, the foster care, the justice system and so on. I would like to know from the Minister, what are we doing in the area of trying to deal with FAE/FAS in a preventative way, a way to try to attack this where we start dealing with things in a preventative way instead of dealing with it after the fact? Thank you.

MR. SPEAKER:

Mr. Ng.

Further Return To Question 355-13(4): Effects of Alcohol on Infant Mortality

HON. KELVIN NG:

Thank you, Mr. Speaker. Mr. Speaker, that is one of the initiatives that the government is trying to do through the partners in the social envelope. Some of the early childhood intervention initiatives try to promote the awareness of this issue. We are continuing to work with FAS/FAE support groups throughout the Northwest Territories, to develop the promotional material and programming to try to raise the profile and deal with this issue, Mr. Speaker. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Final supplementary, Mr. Roland.

Supplementary To Question 355-13(4): Effects of Alcohol on Infant Mortality

MR. ROLAND:

Thank you, Mr. Speaker. It is good to see that we are starting to do something in this area, but I would like to know if there is anything more concrete, besides awareness in the area of FAE/FAS? Thank you.

MR. SPEAKER:

Thank you. Mr. Ng.

Further Return To Question 355-13(4): Effects of Alcohol on Infant Mortality

HON. KELVIN NG:

Thank you, Mr. Speaker. Mr. Speaker, as I have indicated, for the longterm solution we have to get the awareness of it up, so that we can try to alleviate the

possibilities or minimize the possibility of individuals coming into life with FAS or FAE. We have ongoing support programs that we continue to try to work on trying to address individuals that are currently affected with it. It would have to be from a two-pronged approach in trying to deal on a preventative side in starting to expand the awareness of the issue and in dealing with individuals that are already impacted with FAS/FAE, Mr. Speaker. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Mr. Ootes.

Question 356-13(4): Maintenance of Yellowknife Staff Housing

MR. OOTES:

Thank you, Mr. Speaker. My question is for the Minister of the NWT Housing Corporation. I have been made to understand that the federal Department of Public Works is in discussions and negotiations with the NWT Housing Corporation to handle the maintenance of their staff housing in Yellowknife. I wonder if the Minister could confirm this for me.

MR. SPEAKER:

The Minister responsible for the NWT Housing Corporation, Mr. Arlooktoo.

Return To Question 356-13(4): Maintenance of Yellowknife Staff Housing

HON. GOO ARLOOKTOO:

Mr. Speaker, I can confirm that there have been talks going on between the Department of Works and Services Canada and the Housing Corporation, and the federal government's desire to have our corporation manage and maintain their staff units.

MR. SPEAKER:

Oral questions. Supplementary, Mr. Ootes.

Supplementary To Question 356-13(4): Maintenance of Yellowknife Staff Housing

MR. OOTES:

Thank you, Mr. Speaker. The concern lies with the present employees of both the Housing Corporation and of the federal Department of Public Works. I wonder if the Minister could tell us what arrangements

are being made with respect to the staff of the federal department. Will they be transferred to the territorial system? Thank you.

MR. SPEAKER:

Thank you. Mr. Arlooktoo.

Further Return To Question 356-13(4): Maintenance of Yellowknife Staff Housing

HON. GOO ARLOOKTOO:

Mr. Speaker, unfortunately I do not have that level of detail in front of me, but the arrangement would be on a fee for service basis, and only if there would be a net benefit to the Housing Corporation. The other information that the Member requested, I do not have at this time.

MR. SPEAKER:

Oral questions. Mr. Ootes, supplementary.

Supplementary To Question 356-13(4): Maintenance of Yellowknife Staff Housing

MR. OOTES:

Thank you, Mr. Speaker. I am glad to hear that it will be fee for service which is, of course, great for this government from a revenue point of view. I am wondering if the Minister could provide me with the information regarding the arrangements for the employees from the federal system that are to be transferred, and what the implications for those employees will be. In addition, how it will affect our employees? I am wondering if the Minister could ensure that I receive that information.

MR. SPEAKER:

Thank you. That was two questions. Mr. Arlooktoo.

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Further Return To Question 356-13(4): Maintenance of Yellowknife Staff Housing

HON. GOO ARLOOKTOO:

Mr. Speaker, the one thing that we need to understand is that if we were to start taking care of the federal government's staff housing, it would be to act as a contractor for services that they presently provide, with little or no effect on the staff the

Government of the NWT has. I will provide a briefing note for the Member's information.

MR. SPEAKER:

Thank you. Oral questions. Mr. Henry.

Question 357-13(4): Anti-Smoking Legislation

MR. HENRY:

Thank you, Mr. Speaker. Mr. Speaker, my question is to the Minister of Health and Social Services, Mr. Ng. Yesterday, the Minister told us about the problems of tobacco smoke. He also informed us that it was the single most contributing factor to the high infant mortality rate in the Northwest Territories. I can see the prevalence has decreased significantly across Canada over the past three decades but it has continued to remain in the north. A recent publication by the Department of Health and Social Services noted that in 1993, 69 percent of the Inuit youth, 60 percent of Dene youth and 30 percent of non-aboriginal youth became smokers by 19. Mr. Speaker, my question to the Minister is, if we have laws in place prohibiting the sale of tobacco to minors under the age of 18, is there any legislation that could be enacted to prevent them from consuming tobacco products in public places? Thank you, Mr. Speaker.

MR. SPEAKER:

The Minister of Health and Social Services, Mr. Ng.

Return To Question 357-13(4): Anti-Smoking Legislation

HON. KELVIN NG:

Thank you, Mr. Speaker. I believe a question was asked. I replied I was not aware of any territorial legislation. I was going to check into it to see if there was, not what measures could be taken to deal with the issue of minors smoking. I know that the sale is prohibited under federal laws, Mr. Speaker. I will check into the issue about legislative requirements that are in place, or could be put in place in respect to consumption of tobacco products for minors. Thank you.

MR. SPEAKER:

Oral questions. Supplementary, Mr. Henry.

Supplementary To Question 357-13(4): Anti-Smoking Legislation

MR. HENRY:

Thank you, Mr. Speaker. As the Minister of Health is also responsible for Justice, I would ask the Minister if he would make a strong stance to federal bodies that enact these laws, if they would give some consideration to putting in place something to back up what is already there, where minors cannot purchase tobacco. My understanding is that they can have it in their possession and smoke it. I would ask the Minister, as he is the Minister of Justice also, if he would lobby his counterpart in the federal bureaucracy strongly to see if something further cannot be done. Thank you, Mr. Speaker.

MR. SPEAKER:

Thank you, Mr. Henry. To remind the Members again, when you are addressing a Minister within the responsibility, you start out by asking a question, ask the Minister of Health and Social Services. Then you went to the Minister of Justice with your supplementary. I will ask the Minister of Health and Social Services if he wishes to respond.

Further Return To Question 357-13(4): Anti-Smoking Legislation

HON. KELVIN NG:

Thank you, Mr. Speaker. Mr. Speaker, the Minister of Health will advise the Minister of Justice.

-- Laughter

Thank you.

MR. SPEAKER:

Oral questions. Mr. Picco.

Question 358-13(4): Appointment of Territorial Court Judge

MR. PICCO:

Thank you, Mr. Speaker. Mr. Speaker, at the present time, to my knowledge, there is only one territorial judge living in Nunavut. I also understand there is a vacancy on the territorial court for a judge. My question is to the Minister of Justice. Will the Minister be appointing the judge in the near future? Thank you, Mr. Speaker.

MR. SPEAKER:

The Minister of Justice, Mr. Ng.

Return To Question 358-13(4): Appointment of Territorial Court Judge

HON. KELVIN NG:

Thank you, Mr. Speaker. Mr. Speaker, it is an issue I am looking at recently with the retirement of Judge Davis. Because of the need to establish a judicial system for Nunavut, and the fact that almost all the judges currently reside in the western territory, I am looking at the possibility of a term appointment of a judge to fill Judge Davis' position until March 31st, 1999. Until we can determine a plan within the Department of Justice on how we are going to address the judicial needs in the two new territories, Mr. Speaker. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Supplementary, Mr. Picco.

Supplementary To Question 358-13(4): Appointment of Territorial Court Judge

MR. PICCO:

Thank you, Mr. Speaker. Mr. Speaker, it is a concern that there is only one Judge that resides in Nunavut. The other two regions of Nunavut, Kitikmeot and the Keewatin region, do not have a judge. My question to the Minister; on this appointment, if the judge is to be based in Nunavut, would a judge be based in one of the other regions where there is no judge? Thank you, Mr. Speaker.

MR. SPEAKER:

Mr. Ng.

Further Return To Question 358-13(4): Appointment of Territorial Court Judge

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HON. KELVIN NG:

Thank you, Mr. Speaker. Mr. Speaker, I cannot speak to that today, because of the fact that there would be some additional financial requirements required if we were to position a judge outside of Yellowknife, where there are no support facilities. Or outside of Iqaluit, for that matter, where the other territorial court judge resides. The first thing that would have to be worked out is whether or not the territorial judge appointee

could be appointed on an interim basis until March 31st, 1999. I understand that is an issue that is not clear right now. We are having research done to make sure that it is allowable and acceptable by the judges. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Supplementary, Mr. Picco.

Supplementary To Question 358-13(4): Appointment of Territorial Court Judge

MR. PICCO:

Thank you, Mr. Speaker. Mr. Speaker, a lot of us are not really familiar with the process for appointing judges. My supplementary question to the Minister will be; is he going to look at the legal people that we have in place right now? For example, on the ground in Nunavut that are culturally aware of the situation in Nunavut and the communities and the settlements? Will he be looking at someone like that to fill that position of judge for this absence on the bar? Thank you, Mr. Speaker.

MR. SPEAKER:

Mr. Ng.

Further Return To Question 358-13(4): Appointment of Territorial Court Judge

HON. KELVIN NG:

Thank you, Mr. Speaker. Mr. Speaker, I believe the process is a request call for anybody that would be interested would go forward from the judicial recommendation council. They would make a recommendation to me on who they would see as a suitable candidate to fill the judicial position. At that time I would decide whether or not that candidate was acceptable, Mr. Speaker. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Mrs. Groenewegen.

Question 359-13(4): Changes to Eye Exam Program

MRS. GROENEWEGEN:

Thank you, Mr. Speaker. My question is for the Minister of Health and Social Services. I have received numerous calls from constituents concerned about a change to their access to the eye team that

travelled from community to community, providing eye examinations and prescriptions for eye glasses and also, selling the eye glasses while they were in the community. I would like to ask the Minister; has their been any substantial change in that program?

MR. SPEAKER:

The Minister of Health and Social Services, Mr. Ng.

Return To Question 359-13(4): Changes to Eye Exam Program

HON. KELVIN NG:

Thank you, Mr. Speaker. Mr. Speaker, I am not aware of any changes to that accessibility. I will check into it and get back to the honourable Member. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Supplementary, Mrs. Groenewegen.

Supplementary To Question 359-13(4): Changes to Eye Exam Program

MRS. GROENEWEGEN:

Thank you, Mr. Speaker. It was my understanding that this service used to be provided at no cost to residents in the community. The change that is being reported to me is now there is a charge being levied for certain people only, not for all. Thank you.

MR. SPEAKER:

Mr. Ng.

Further Return To Question 359-13(4): Changes to Eye Exam Program

HON. KELVIN NG:

Thank you, Mr. Speaker. Mr. Speaker, as I indicated, I will get the information for the honourable Member and follow up on it and report back to her. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Mr. Roland.

Question 360-13(4): Leave for Continuous Employees

MR. ROLAND:

Thank you, Mr. Speaker. Mr. Speaker, at this time my question will be directed to the Minister responsible for FMBS. Mr. Speaker, the Minister responsible for FMBS has returned a written question to me on the continuous versus non-continuous employees. Mr. Speaker, my question is going to be directed toward those employees that are affected by having to work throughout the year (microphone off) still receive a wage reduction of 6.25 percent, when others who were non-continuous, received 6.25 reduction overall, with the five days mandatory leave. A number of these people are concerned that they have to work throughout the year and receive the same reduction as somebody that has five days leave without pay. They would like the opportunity to take those days off at a different time than when everybody else is made to have those days off. I would like to know from the Minister if he is willing to look at changing the mandatory days being exactly around Christmas, especially those that are considered non-continuous? Thank you.

MR. SPEAKER:

The Minister responsible for the Financial Management Board, Mr. Todd.

Return To Question 360-13(4): Leave for Continuous Employees

HON. JOHN TODD:

Everything is subject to agreement and discussions with our partners, the UNW. I was not clear on the question you were asking earlier, but you have made it a little clearer now. I will take the matter under consideration, discuss it with the staff, and see if we could give consideration to asking the union if this is something we could do. I am not committing to it. All I am committing to do is look at it. Thank you.

MR. SPEAKER:

Oral questions. Supplementary, Mr. Roland.

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Supplementary To Question 360-13(4): Leave for Continuous Employees

MR. ROLAND:

Thank you, Mr. Speaker. If he would look at it. I do not know if there is a way of dealing with it that would deal with just employees who work under the title of continuous. Their concern is they do not mind the

reduction, it is just they have to work all the days of the year, so to speak. While other people, who are non-continuous, do not have to work on those days without pay. The Minister said he would discuss it with his staff, but will he look at the process that would be involved of discussing this with, if it is the UNW or with employees, who are affected by this? Thank you.

MR. SPEAKER:

Mr. Todd.

Further Return To Question 360-13(4): Leave for Continuous Employees

HON. JOHN TODD:

(microphone off) ...like I said, I am told that it was a resounding success. The mandatory leave. Everybody seemed to appreciate it during the Christmas period. We have to make sure whatever we do is manageable. I will commit to taking a look at what you are saying with the staff and see if it is manageable and if we can do it. If that is the case, we would then go talk to the UNW and see what response we would get from them. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Mr. Henry.

Question 361-13(4): Chair of the Stanton Regional Health Board

MR. HENRY:

Thank you, Mr. Speaker. My question is to Mr. Ng, the Minister for Health and Social Services and Justice. This will be a health related issue, Mr. Speaker. I wonder if the Minister could inform us as to what steps he is taking to make replacements for the Stanton regional health board chairman position, which is being vacated. What steps has the Minister taken to fill that position? Thank you, Mr. Speaker.

MR. SPEAKER:

The Minister of Health and Social Services, Mr. Ng.

Return To Question 361-13(4): Chair of the Stanton Regional Health Board

HON. KELVIN NG:

Thank you, Mr. Speaker. Mr. Speaker, I have only recently had discussions with the current sitting chair,

Mr. Tony Chang, who is leaving the position, to talk about some possibilities for replacement. I recognize some honourable Members may want to have some input into possible nominees. If it is the wish of the Members, I will certainly solicit possible names or candidates for that position, Mr. Speaker. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Supplementary, Mr. Henry.

Supplementary To Question 361-13(4): Chair of the Stanton Regional Health Board

MR. HENRY:

Thank you, Mr. Speaker. What I would like is for the Minister to give me a stronger commitment that he will indeed be soliciting suggestions as to the replacement for Mr. Chang. Thank you, Mr. Speaker.

MR. SPEAKER:

Mr. Ng.

Further Return To Question 361-13(4): Chair of the Stanton Regional Health Board

HON. KELVIN NG:

Thank you, Mr. Speaker. Mr. Speaker, I will commit to soliciting nominees from all Members on potential chairs for the Stanton regional health board. Thank you.

MR. SPEAKER:

Oral questions. Mr. Picco.

Question 362-13(4): Civil Servant Wage Clawbacks

MR. PICCO:

Thank you, Mr. Speaker. Mr. Speaker, my question is for the Minister of the FMBS, Mr. Todd. It concerns retro-activity. Mr. Speaker, my question concerns the retro clawback, or recovery of monies from employees and former employees. Mr. Speaker, is there a maximum clawback that this government can make to individual employees? Thank you, Mr. Speaker.

MR. SPEAKER:

The Minister responsible for the Financial Management Board, Mr. Todd.

Return To Question 362-13(4): Civil Servant Wage Clawbacks

HON. JOHN TODD:

I believe there is a maximum of 20 percent, Mr. Speaker.

MR. SPEAKER:

Oral questions. Supplementary, Mr. Picco.

Supplementary To Question 362-13(4): Civil Servant Wage Clawbacks

MR. PICCO:

Thank you, Mr. Speaker. Mr. Speaker, there have been some concerns in my riding and I have received several letters from employees and former employees on this matter, on the 20 percent. Is that based on the 20 percent of income generated from this government? That is what we are clawing back by? Or does it take into account, for example, if I had a garnishee on my cheque from Revenue Canada, and then we take 20 percent on top of, causing hardships? If the Minister could update us and inform us of what the 20 percent actually is?

MR. SPEAKER:

Mr. Todd.

Further Return To Question 362-13(4): Civil Servant Wage Clawbacks

HON. JOHN TODD:

Thank you, Mr. Speaker. There have been a few cases where circumstances outside of our responsibility have made it difficult for some of our employees to bear the burden of a 20 percent clawback when, as Mr. Picco rightly said, there may be other garnishees than there annual one, particular one. What we have tried to do is deal on an individual basis and make adjustments accordingly. If Mr. Picco has any

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specific cases that are not getting that kind of treatment, I would be only too happy to deal with them and correct it accordingly. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Supplementary, Mr. Picco.

Supplementary To Question 362-13(4): Civil Servant Wage Clawbacks

MR. PICCO:

Thank you, Mr. Speaker. Mr. Speaker, I am very pleased to hear that Mr. Todd will look into it. My supplementary question is on employees that are no longer working for our government, that are working for maybe the federal government, or the municipality, and now are being subject to the 20 percent clawback for overpayments on wages or benefits they may have received when they were employees of this government. Does the same policy apply to these people also? Thank you, Mr. Speaker.

MR. SPEAKER:

Mr. Todd.

Further Return To Question 362-13(4): Civil Servant Wage Clawbacks

HON. JOHN TODD:

Thank you, Mr. Speaker. I am not aware of any particular cases that Mr. Picco alludes to. I will suggest to him that if he has specific cases where there are some concerns out there, than I will deal with those. I am not personally aware of anybody who has been moved to another one and we are still clawing back on. I would be only too happy to deal with them on an individual basis. Thank you.

MR. SPEAKER:

Thank you. Oral questions. Supplementary, Mr. Picco.

Supplementary To Question 362-13(4): Civil Servant Wage Clawbacks

MR. PICCO:

Thank you, Mr. Speaker. Mr. Speaker, quite a few employees did have to pay back vacation travel assistance, payments and other monies received because of the new contract that was put in place. Mr. Speaker, can the Minister then update us on how that is playing itself out with those employees? Is most of that money now paid back, or are we still having quite a few employees that we are doing retroactively?

MR. SPEAKER:

Mr. Todd.

Further Return To Question 362-13(4): Civil Servant Wage Clawbacks

HON. JOHN TODD:

I have not heard any complaints but I am sure there are some people who are not content with the fact that we are clawing back VTAs and the monies that we took back from people. I would have to assume that it is going reasonably well. If there are any specific instances that I can assist him with in his riding or any other riding, I would be only too happy to do so. Thank you.

MR. SPEAKER:

Question period is over. Item 7, written questions. Mrs. Groenewegen.

MRS. GROENEWEGEN:

Thank you, Mr. Speaker. At the risk of making it a habit, I would like to return to recognition of visitors in the gallery please. I am seeking unanimous consent.

MR. SPEAKER:

The Member for Hay River is seeking unanimous consent to return to item 5, recognition of visitors in the gallery. Do we have any nays? There are no nays. Mrs. Groenewegen, you have unanimous consent.

ITEM 5: RECOGNITION OF VISITORS IN THE GALLERY

MRS. GROENEWEGEN:

Thank you, Mr. Speaker. I would like to recognize in the gallery two friends of mine that were from Hay River, have now moved to Yellowknife and some day may see the light and return ...

-- Applause

MRS. GROENEWEGEN:

...Yellowknife MLAs not to pound. Freda Turner and Curtis Crowther.

-- Applause

MR. SPEAKER:

Welcome to the Assembly. Recognition of visitors in the gallery. Mr. Picco.

MR. PICCO:

Thank you, Mr. Speaker. Mr. Speaker, I was just about to ask for unanimous consent and I am glad that Mrs. Groenewegen did so. I probably would not have received it.

MR. SPEAKER:

He already had recognition of visitors in the gallery. I am sorry, Mr. Picco, you already used up your item 5. Recognition of visitors in the gallery. Mr. O'Brien.

MR. O'BRIEN:

Thank you, Mr. Speaker. Mr. Speaker, I would like to recognize two long-time friends of mine and also friends of Mr. Picco. From Iqaluit, Mr. John Koe and Mr. Norm McDermitt.

-- Applause

MR. SPEAKER:

Welcome to the Assembly. Recognition of visitors in the gallery. Item 7, written questions. Mr. Picco.

ITEM 7: WRITTEN QUESTIONS

Written Question 18-13(4): Locksmiths, Security Guards and Other Security Occupations Act

MR. PICCO:

Thank you, Mr. Speaker. On process, I have two written questions for two different Ministers. Will I do both of them now?

MR. SPEAKER:

Go ahead.

MR. PICCO:

My first question is to the Minister of Justice and it concerns Locksmiths, Security Guards and Other Security Occupations Act. The Locksmiths, Security Guards and Other Security Occupations Act was passed by the Legislative Assembly and assented to on April 1, 1991. The Act has never come into force. Can the Minister indicate (1) why the Act never came into force; (2) whether there are plans to bring the Act into force; and (3) whether there are amendments necessary before the Act can come into force.

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Written Question 19-13(4): Updating the Arbitration Act

MR. PICCO:

My second written question is to the Minister of the Financial Management Board Secretariat. It concerns the updating of the Arbitration Act. The GNWT's Arbitration Act has only had two minor, written corrections since it was passed in 1980. The legislation is apparently outdated compared to similar legislation in the rest of Canada. The parties affected by the Arbitration Act have expressed concern about weaknesses in the Act. Can the Minister indicate what efforts have been made by his department to identify the necessary revisions to the Act and when he plans to bring these revisions forward in this House? Thank you, Mr. Speaker.

MR. SPEAKER:

Written questions. Item 8, returns to written questions. Mr. Clerk.

ITEM 8: RETURNS TO WRITTEN QUESTIONS

Return To Written Question 5-13(4): Attention Deficit Syndrome/Disorder

CLERK OF THE HOUSE (Mr. Hamilton):

Mr. Speaker, Return to Written Question 5-13(4), asked by Mrs. Groenewegen to the Minister of Health and Social Services concerning the identification of initiatives dealing with FAS/FAE and attention deficit disorders.

Identification of Initiatives Dealing with FAS/FAE and Attention Deficit Disorders

The Department of Education, Culture & Employment and the Department of Health and Social Services are aware of the diverse needs of children in the Northwest Territories.

Specific initiatives presently undertaken by both departments to provide supports to children with FAS/FAE and Attention Deficit Disorders include:

- Assisting various communities in the development of project proposals which incorporate a FAS/FAE prevention component. Funding for these initiatives is being assessed through community wellness resources, such as Brighter Futures and Aboriginal Head Start.
- Assisting various communities to make contact with existing FAS/FAE projects in other

regions of Canada. Materials and other supports are being shared with NWT community-based projects.

- Both departments are providing support to the Yellowknife Association for Community Living. The Association has an advisory group made up of concerned citizens and representatives from various agencies. It is developing strategies to address FAS/FAE concerns and providing coordinated support to families.

- Both departments are providing support for the development of a public information video related to FAS/FAE, in co-operation with the Yellowknife Association for Community Living and for the development of a best practices support document for teachers. Both the video and the support document will be shared with our partners in the social Envelope.

Other initiatives presently supported by both departments in providing supports to children who may be at risk or children who are already experiencing developmental delays include:

- The Department of Education, Culture & Employment and the Ministers of Education in the Yukon, British Columbia, Alberta, Manitoba and Saskatchewan are working together to share resources that provide support and raise awareness for teachers and students.

- Educational programs about lifestyle choices also serve to raise awareness. The revised NWT Health curriculum includes a section on alcohol and Drugs for Grades 7-9, as does the Career and Life Management course offered in senior secondary Schools.

- Schools work with their School-Community counsellors, program support teachers, and community agencies in an integrated approach. As part of their training School-Community counsellors have learned strategies for dealing with a diversity of student needs.

- In NWT early childhood programs, the child care user subsidy may pay the fees for licensed developmental care for children that are identified by a health care professional as being at risk. Children in several communities benefit from this support. Licensed child care providers receive enhanced operations funding for children at risk for developmental delays.

Both departments have recently developed an Early Childhood Intervention Framework entitled The Healthy Children

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Initiative. This initiative refers to support for children from 0 - 6 years, and their families, who are at risk for or who are already experiencing developmental delays.

The Framework will provide direction for early childhood intervention programs by adopting a preventative and health promotion approach to programs and services which will address the needs of all preschoolers, some of whom may exhibit tendencies typical of FAS/FAE and Attention Deficit Disorders.

Upon approval of the initiative, funding will be directed towards community level programs and services. The Healthy Children Initiative may include parenting programs, home based support services, therapeutic services or enhance existing early childhood programs. Funding for these initiatives will begin in April 1997.

Return To Written Question 6-13(4): Cancer Statistics

Return to Written Question 6-13(4) asked by Mr. Rabesca to the Minister of Health and Social Services concerning cancer statistics.

In response to the written question from the Honourable Member, later today I will be tabling the detailed statistics which identify number of cancer cases, by type, that resulted in death in the past five years. It is important to note that the number of deaths from cancer is not the same as the incidence of cancer; many cases do not result in death and people with cancer may die from other causes. So I will also be providing the member at a later date with additional statistics identifying the overall incidence of cancer for the past five years.

There is certainly a lot of public awareness about cancer. However, awareness about cancer does not necessarily mean people will change their behaviour. We see this by traditional food in people's diets. One of the objectives of the current health reform work is to try to develop health promotion materials and activities that are more culturally relevant. This means that health boards and communities will need to become more actively involved. The best hope of

prevention is convincing people of the dangers of smoking, as well as the importance of healthy eating and keeping traditional foods as an important part of their diet.

There is no lack of access for diagnosis and treatment of cancer in the NWT. Whatever diagnosis is currently not available in the NWT is provided through medical travel to southern facilities.

Screening mammography is available but has not yet been structured into an organized program. However, screening for cervical cancer in the NWT has brought deaths from this type of cancer to very low levels.

Screening should also lead to fewer deaths from breast cancer. Breast cancer screening depends on raising women's awareness of the issue, promoting and training women to do monthly breast self-examination, training health care providers to do annual clinical breast examinations in the context of well-women programs, and offering mammography to all women over the age of 50 every two years. The ministry has developed guidelines and put in place an advisory committee on this issue, but it is the health boards' responsibility to implement these programs.

Unfortunately, there is not yet a screening test for lung cancer which has a very high fatality rate. Tobacco smoking is an extremely serious issue which needs to be addressed by the department, boards, communities and individuals. This is the only hope for improvement in this area, as our rates are the worst in Canada.

There are new opportunities to bring more treatment back to the North. New technologies and easier protocols will allow a greater number of people to receive treatment for cancer closer to home in the future.

However, it should be noted that more diagnostic and treatment facilities will not decrease the total number of cancer deaths to a marked degree. It is truly on the prevention field that the war against cancer can be won or lost. As 2 out of 3 cancers are believed to be preventable, focusing on health promotion and education will contribute more to decreasing cancer deaths than all the new technologies put together.

Return To Written Question 7-13(4): Over-Budgeted Capital Projects

Return to Written Question 7-13(4), asked by Mr. Krutko to the Minister of Education, Culture and

Employment concerning over-budgeted capital projects.

On January 30, 1997 Mr. Krutko asked for a list of all capital projects in which the final cost exceeded the original budget among the departments for the last five years.

The Government of the Northwest Territories produces main and capital estimates documents each year outlining budgets and expenditures for all projects approved by the Legislative Assembly. Capital budgets are refined from one year to the next as preliminary planning estimates become final construction estimates. As a result, almost every project budget changes up or down from the original budget to the final cost.

The department must adhere to approved standards and guidelines when establishing a project, or making changes to a budget. Approved standards and criteria guide resource allocation decisions and define levels of departmental involvement. Prior approval of a project must be granted by the Department of Education, Culture and Employment, the Financial Management Board or the Legislative Assembly to alter the scope of the work, or the budget.

For all significant changes, the information the Member seeks is available through examination of capital supplementary appropriations. These changes have been made public and subject to debate in the Legislative Assembly. A process is now in place to inform Members of the Assembly of changes to capital projects between appropriations.

Since this information is publicly available, and would take considerable time to put into a report format, I am not prepared to direct departmental staff to complete such a report at this time.

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Return To Written Question 8-13(4): Housing Corporation Revenues and Expenditures

Return to Written Question 8-13(4) asked by Mr. Erasmus to the Minister responsible for the NWT Housing Corporation concerning capital expenditures and revenues.

1. The 1996/1997 capital expenditures for the Housing Corporation were \$64,470,000:

a. GNWT Capital 46,870,000

b. CMHC Capital 6,500,000

c. CMHC Remote Housing 11,100,000

Total Capital Expenditures 64,470,000

2. The NWTHC received \$11.1 Million from CMHC (Canadian Mortgage and Housing Corporation) for the Remote Housing Initiative in 1996/97.

3. The NWT Housing Corporation will not have to return any funding to CMHC as a result of not proceeding with the Rent Scale increases that were slated for this spring.

4. Further implementation of the rent scale for April 1, 1997 will be deferred for one year only. This will allow the NWT Housing Corporation time to analyse the impact of the implementation so far. It will also provide time for the review of all government subsidies to seniors, now underway. As well, the Rent Rebate Program will also be extended for one more year.

5. Over the first three years the projected revenue generated by the new rent scale will be \$6 million dollars, over the old scale. Without the phase in, the new rent scale's projected revenue would have been \$15 million over the same period. The new rent scale was implemented two years ago, therefore the second and third year results are projected since year two of the phase in is still underway and all of the figures have yet to be collected.

Return To Written Question 9-13(4): Reform Review Initiative

Return to Written Question 9-13(4), asked by Mr. Henry to the Minister of Health and Social Services concerning reform review initiative.

In response to the written question from the honourable Member, later today I will be tabling the terms of reference for the contract with Med-Emerg International Incorporated to supply a draft strategic plan for the Department of Health and Social Services. The terms of reference were approved by a Steering Committee guiding the strategic planning process. This committee is comprised of myself, as Minister, the Chairs of the Baffin and Inuvik Regional Health Boards and the chair of the Northwest Territories Health Care Association.

The department needed to hire a highly qualified consultant for the job, one that had the technical

resources and breadth of experience to accomplish a large job under some very tight time lines. There was an additional need to ensure that the consultant was fully objective and had no bias or vested interest in the current health and social services system. Because of the tight timeframe, we were unable to go to an open tender process.

In deciding which consulting firm to use, the department did first consider northern contractors. However, no northern consultant firms have the capacity, the available multi-disciplinary personnel or the breadth of experience necessary to complete this contract within the required time lines. Med-Emerg is able to bring together a large multi-disciplinary team that covers the full range of departmental programming and services, and is capable of performing the work required on a timely basis in order to complete the strategic plan by the end of the 1997/98 fiscal year.

Although a number of northern and southern firms were considered, as Med-Emerg was the only one that was able to obtain the range of expertise required in the time frame, they were the only company asked to submit a proposal.

The full value of the contract is \$701,750. This includes \$501,750 for professional fees and \$200,000 for expenses, including extensive travel for consultation with regional boards and front-line employees.

Besides department staff, staff of all the health boards as well as professional groups and other partners in services delivery are very involved in this review, ensuring substantial northern input. It is also important to note that this review is only an initial phase in our strategic planning process. It will be followed by extensive public consultation across the NWT, scheduled to take place during the spring, summer and fall.

Return To Written Question 13-13(4): Insurance for Education Facilities

Return to Written Question 13-13(4), asked by Mr. Krutko to the Minister of Finance concerning insurance for education facilities.

1. Does the government have property insurance?

The GNWT has property insurance coverage for \$1.6 billion of assets on behalf of the GNWT and

various boards and Agencies under an All Property Insurance Policy. this property insurance includes all schools operated by Divisional Education boards and Councils. It does not include single family and duplex dwellings, owned by the NWT Housing Corporation.

2. Is this insurance a replacement cost policy?

This insurance is written on a replacement cost basis.

3. If it is a replacement cost policy, what is the definition of replacement cost?

Replacement cost means that, on a total loss, the insurance proceeds will pay the cost to replace the

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building with a building of like size, kind and quality as the original structure and will include an allowance for legislated code upgrades and of course, architectural fees. the insurance also covers the replacement or repair of building contents, demolition and debris removal if required and the incremental costs of alternate facilities. However "replacement cost" will only be received if the asset is replaced. If an asset is not replaced, the policy will pay the "actual cash value" (ACV) only. (ACV is the agreed "replacement cost" of any item of property minus its accumulated depreciation).

4. What is the process followed when the GNWT is making a claim under its policy?

The process for a substantial claim is as follows:

a) The loss is immediately reported to the Risk Management & Insurance section of the Department of Finance (RM&I) which in turn immediately reports the loss to the GNWT's insurance broker and an adjuster.

b) The Adjuster visits the loss site and determines the full extent of the loss.

c) RM&I obtains original plans for the building from the Department of Public Works & Services (PW&S).

d) On behalf of the insurers, the adjuster has an engineering firm prepare, according to the plans, specifications for the repair of the

building which are then reviewed by PW&S. Any suggested changes are reviewed with the adjuster.

e) After the parties have agreed to the specifications the adjuster engages a northern contractor to provide a replacement cost estimate based on the agreed specifications. This cost estimate is also reviewed by PW&S.

f) Once agreement on this cost estimate is reached, it is established as the "Replacement Cost" for insurance purposes.

g) With this agreement, RM&I may submit an interim claim which will be limited to the least of the costs incurred to date, the agreed "Replacement Cost" or the "Actual Cash Value".

h) The replacement building does not need to resemble the destroyed building in size, kind or quality, however, the proceeds of insurance received will not exceed the lesser of the agreed "Replacement Cost" for the actual cost to replace the asset.

i) To determine the recovery for contents, a list of all contents is obtained from the department responsible with an estimate of which items are destroyed and which can be repaired.

j) Once all costs are determined and agreed, a final claim may be submitted.

5. Is there a deductible for each claim or for the whole year and if so, how much?

For losses that occurred in the 1995/96 fiscal year each loss was subject to a deductible of \$ 100,000.

6. What is the link between insurance proceeds received and the amount spent on a new facility?

Insurance proceeds are credited to the GNWT's consolidated Revenue Account. The expenditures incurred to repair or replace a damaged building are subject to the normal budgetary approval processes, whether by supplementary appropriation or inclusion in the capital and main estimates. This procedure reflects the fact that:

a) the replacement may be different than the original and therefore, is not directly linked to the insurance proceeds; and,

b) a replacement may not be made but proceeds may still be received, but will be limited to the "actual cash value".

MR. SPEAKER:

Thank you. Item 9, replies to opening address. Item 10, petitions. Item 11, reports of standing and special committees. Item 11, reports of committees on the review of bills. Mr. Enuaraq.

ITEM 11: REPORTS OF COMMITTEES ON THE REVIEW OF BILLS

Bill 2-13(4): Justice Administration Statutes Amending Act

MR. ENUARAQ:

Qujannamiik. Mr. Speaker, I wish to report to the Legislative Assembly that the Standing Committee on Social Programs has completed its review of Bill 2, Justice Administration Statutes Amending Act and wishes to report that Bill 2 is now ready for consideration of the committee of the whole. Thank you.

MR. SPEAKER:

Thank you. Reports of committees on the review of bills. Mr. Henry.

Bill 9-13(4): Forgiveness of Debts Act, 1996-97

MR. HENRY:

Thank you, Mr. Speaker. I wish to report to the Legislative Assembly that the Standing Committee on Government Operations has completed its review of Bill 9, Forgiveness of Debts Act, 1996/97 and wishes to report that Bill 9 is now ready for consideration in committee of the whole. Thank you, Mr. Speaker.

MR. SPEAKER:

Thank you. Reports of committees on the review of bills. Item 13, tabling of documents. Mr. Ng.

ITEM 13: TABLING OF DOCUMENTS

Tabled Document 52-13(4): Terms of Reference: Strategic Plan for the Department of Health and Social Services

HON. KELVIN NG:

Thank you, Mr. Speaker. Mr. Speaker, I have two documents to table. First the terms of reference for the contract with Med-Emerg International Incorporated, to supply a draft strategic plan for the Department of Health and Social Services.

Tabled Document 53-13(4): Detailed Statistics on Cancer Cases

HON. KELVIN NG:

Secondly, detailed statistics which identify a number of cancer cases by type which resulted in death in the past five years. Thank you, Mr. Speaker.

MR. SPEAKER:

Thank you. Tabling of documents. Item 14, notices of motion. Item 15, notices of motion for first reading of bills. Item 16, motions. Item 17, first reading of bills. Item 18, second reading of bills. Item 19, consideration of committee of the whole of bills and other matters. Bills 8, Committee Report 2-13(4), 3-13(4), 4-13(4), with Mrs. Groenewegen in the chair.

ITEM 19: CONSIDERATION IN COMMITTEE OF THE WHOLE OF BILLS AND OTHER MATTERS

CHAIRPERSON (Mrs. Groenewegen):

I would like to call committee of the whole to order. There are a number of things before the committee today. What is the wish of the committee? Mr. Ootes. Thank you. Mr. Barnabas.

MR. BARNABAS:

We will continue with Bill 8 and consider Committee Report 2-13(4), Committee Report 3-13(4), Committee Report 4-13(4). We will continue with Health and Social Services. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen):

Mr. Barnabas.

MR. BARNABAS:

Sorry, Madam Chair. We will continue with Committee Report 6-13(4) as well. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Barnabas. Some honourable Members are indicating a break. We will have a 15 minute recess. Thank you.

--Break

CHAIRPERSON (Mrs. Groenewegen):

I would like to call the committee back to order. If the committee is agreed, I will ask the Sergeant-at-Arms to invite the witnesses in. Thank you, Mr. Ng. For the record, could I ask Minister Ng to introduce the witnesses.

HON. KELVIN NG:

Thank you, Madam chair, to my right is Mr. David Ramsden, deputy minister. To my left is Mr. Warren St. Germaine, director of financial management services. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Could I please refer the committee members' attention to page 6-13, Health and Social Services, support and health services administration, operations and maintenance. Mr. Miltenberger.

MR. MILTENBERGER:

Thank you, Madam chair. The A-team is here so I was just wondering if the Minister would be able to clarify the issue on contributions, grants and contributions. Yesterday, it was indicated they came from positions being transferred to the health boards, but it is under a different activity where there is an \$8 million or \$12 million difference. The Minister said he would be able to reconcile these disparities for us today.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Miltenberger. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. There were a few questions that we committed to bring back the information on and maybe at this time we can go through it. Starting with the issue that Mr. Miltenberger has brought forward, I will ask Mr. Ramsden to address it and proceed from there. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you. Mr. Ramsden.

MR. RAMSDEN:

Thank you, Madam chair. First of all, as had been discussed at the tail end of the discussions yesterday, the bulk of the changes in regional social service offices moving to boards is captured in the community programs and services activity, as opposed to the support in health service administration activity. We regret any confusion we may have caused. In terms of the grants and contribution increase, the most significant area of increase in grants and contributions is in the area of medical travel. It is one of the key cost drivers that we talked about and certainly has been an area that had been habitually under funded and is still suffering from growth. There is \$6.5 million for medical travel. There is \$1.72 million in physicians inside the Northwest Territories. There is an increase there as well in grants and contributions. We have some significant offsetting reductions. \$1.5 million is being reduced with respect to reduction in expenditures on non-medical escorts. There is approximately \$800,000 being reduced in terms of contributions to the Stanton pool of specialists, specifically related to changes that are being proposed to reduce the premium on pension contributions for the salaried specialists. That is speaking to the grants and contributions. Those are the main areas that reconcile the change in that area. As I pointed out earlier, none of those are related to the social service changes. That was an error on my part and I regret the confusion. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ramsden. Operations and maintenance, total operations and maintenance, \$98,587,000. Mr. Steen.

MR. STEEN:

Thank you, Madam chair. Madam chair, yesterday I asked the Minister if there were plans to transfer health facilities in the communities to the health board. I would now like to ask the Minister if there are plans to transfer those facilities to the communities.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Steen. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam chair. Madam chair, in line with the community empowerment initiative, the community would have to want to take it on first. If he is talking about a specific health centre in a community, then that would be the case. If the

community wanted to take it on, they would be able to do that, Madam chair. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Mr. Steen.

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MR. STEEN:

Thank you, Madam Chair. I take it then the community would be making their requests to the health board, rather than the ministry?

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Steen. Mr. Ramsden.

MR. RAMSDEN:

That is correct, Madam Chair. That is what we are encouraging in the communities that are actively pursuing the transfer of social programs now. I can think of at least three, Aklavik, Cambridge Bay and Igloolik. In each case, the principle players are people doing the support work and negotiations on behalf of the community and are being encouraged by the department to deal directly with the board. We have had some amount of discussion to provide the encouragement and to provide support, but it is important that the discussions be as direct as can be between the community and regional board. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Mr. Ramsden. Mr. Steen.

MR. STEEN:

Thank you, Madam chair. I wonder if the Minister could give us an idea as to when these transfers may take place?

CHAIRPERSON (Mrs. Groenewegen):

Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair, a lot would depend on when the community would be requesting the transfer. If the request was there, we would facilitate it as quickly as possible. I think it is fair to say there is not a huge amount of interest at this point, for taking over the health centres and the health

programs. There is some interest and we are hoping as we develop a few communities, they take it on and people see the overall impact to their community, so more communities will try to take on that initiative. Madam Chair, thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Total operations and maintenance, Mr. Steen.

MR. STEEN:

Thank you, Madam Chair. On another line of questioning, I would like to ask the Minister if he is aware of any problems with the regional boards recruiting doctors?

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Steen. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. We know there are. We know some boards have problems because of the locations. In that vein, we understand the retention of positions in some of the larger municipalities. The larger communities have been identified as a problem area that has to be given some consideration, Madam Chair. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Mr. Steen.

MR. STEEN:

Thank you, Madam Chair. Could I ask the Minister what the department is doing about this problem?

CHAIRPERSON (Mrs. Groenewegen):

Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. I will ask Mr. Ramsden to speak to that. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Mr. Ramsden.

MR. RAMSDEN:

There are a variety of issues on the table that we are working with right now. First of all, on a very general level, we are trying to improve the amount of communication that goes on between the NWT Medical Association, the boards and ourselves to look at barriers to retention of physicians. We are certainly trying to involve physicians actively in the reform projects. It is our view and the view of the medical association that there are things that can be done differently to ensure we can become a more attractive jurisdiction for physicians, and we can keep physicians longer. We have granted some flexibility to the boards as well. For instance, in the Inuvik board they had the flexibility to arrange a capped fee schedule for the doctors, where they could actually give some certainty in terms of the total fee available in the Inuvik region for physician. With respect to the Keewatin Board, we have been in active discussions with the board and the Northern Medical Unit based primarily in Churchill, aimed at bringing both services and some physician positions into Rankin. The view of the board and physicians in Rankin, is that there had to be a minimum of two so they could provide mutual support for each other. We have been facilitating those discussions and it appears now that we are going to be successful, primarily on behalf of the board and their efforts, to bring two physicians into Rankin which, in their view, has been a significant success. Those are some of the approaches and efforts that all three parties have been taking. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ramsden. Mr. Steen, that was five questions. You will not mind if I move on to Mr. Henry and I will return to you if you have further questions after that. Mr. Henry.

MR. HENRY:

Thank you, Madam Chair. I would like to ask some questions on this Med-Emerg contract. I noted in the document the Minister tabled today that this contract is a value of \$701,750, \$200,000 of which is for expenses for travel and consultation. I note in the document that the Minister talks about the requirement to have this document completed in the 97-98 fiscal year. My question is, when was this first thought about and when was it first conceived that we needed this plan?

CHAIRPERSON (Mrs. Groenewegen):

Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. It was early fall of last year when a lot of the pressures, in respect to the Iqaluit and the Inuvik hospital projects, came on line in identifying the need for those facilities to come on stream. At that time, we recognized if we were to do it, we could not just independently put two hospitals out on both ends of the Territories without knowing what kind of services would be provided there and within the overall health care system of both new Territories. Madam Chair, thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Mr. Henry.

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MR. HENRY:

Thank you, Madam Chair. I think that is the first time I have heard hospitals brought up. Is this the main thrust of this study, to find out if hospitals are required, east and west?

CHAIRPERSON (Mrs. Groenewegen):

Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. No, it is not, Madam Chair, that was the thing that instigated it. Many Members know the Department of Health and Social Services was going through some major reforms in some of the programs they had. I had mentioned and have spoken to many of these, the alcohol and drug treatment one, the human resource one, the long-term care one, the core needs, and those types of things that were ongoing projects that impacted the whole territories. That was another issue that brought to light the need to have some co-ordination in the overall health and social services reform of the Territories. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Mr. Henry.

MR. HENRY:

Thank you, Madam Chair. The Minister mentioned they had started this process last fall. My understanding is the department was also in the throes of hiring a strategic planner for the department. Was there some indication that the strategic planner

could take on the responsibilities of what Med-Emerg is doing? That we could have developed this report in the North, designed by northern people, for northern people?

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Henry. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair, the strategic planner with the Department of Health and Social Services is a co-ordinating role, to try to bring together some of the information that we have in the department and would be required through this whole strategic planning process. It was thought of whether or not we could do it in-house. But because of the time frames, even without the time frames, it was a significantly sized project given the magnitude of the Territories and the magnitude and breadth of programs and services that the department provides. It was felt to be totally objective. People that were not directly involved with health care or social service care in the Northwest Territories could possibly have a better objective look in respect to what they see as wrong and what they see as right with our current programs and services, Madam Chair. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Mr. Henry.

MR. HENRY:

Thank you, Madam Chair. Madam Chair, I would like to make it very clear that I believe it is important, and I have spoken a number of times before, to have a much larger view of this. I am not saying we should not or could not use the expertise of people outside of the Northwest Territories. I had the opportunity to have lunch with one of these teen. I believe there were 17 of them who were interviewing in the department. From my discussions with this lady, it did not seem to me there was a requirement, certainly for this initial phase, of needing an awful lot of medical background. The terms of reference is reviewing a lot of work that the department or other departments of the government have already in place, through the Statistics Bureau and so forth. The point I am trying to get at, Madam Chair, is that we are spending \$700,000 on the initial phase of trying to collect information. I have absolutely no doubt, and I am sure the Minister is well aware, that there are consultants within the Northwest Territories who are certainly able

to do a lot of the leg work and could have collected all of this data for these so-called experts. I find it disappointing this revenue is going south that could have stayed in the North. I am saying we still can use the experts from the south, but do not forget that we have experts in the North, too, that could have contributed to this. I am just wondering what the great rush was to not give that some consideration. There was one firm, at least from the information we are getting from the Minister, that was picked to do this. It was already there. Was no one in the North? My question to the Minister is; is this going to be a consistent emphasis that will be coming from the department? That the south knows best and there is not any part that we can do in the North with our own forces?

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Henry. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair, I recognize that when we made this decision, there would be some controversy because of the fact that we might not have gone to northern consultant firms. There are, I agree with the Member, a lot of good consulting northern firms out there. The bottom line in this decision, Madam Speaker, is the fact that we did not believe a northern consulting firm could bring together the multi-disciplinary qualifications that some of the personnel that Med-Emerg International had available to them, in this short of a time frame to do the analytical requirements of scoping out our programs and services, based on their past experiences with other jurisdictions and their past experiences in other health and social service program system, Madam Chair. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Final supplementary, Mr. Henry.

MR. HENRY:

Thank you, Madam Chair. I would like some comments from the Minister as to why this had to be so rushed. Did no one think of this two years ago? Are we that far behind? If we are making a snap decision to spend \$700,000, I would think we could put a little more effort into finding out if there are resources available. We have, as a government, been telling companies that are doing business up here, such as BHP, "you will hire this number of people."

We are talking about partnerships here. If we have expenditures this government is responsible for, surely we can take some of these consultants from the south and tell them, "Look, we have consultant firms here in the North. We would like to ensure that you are using them." What is happening here is the exact same thing that is happening with some of the mining initiatives that have gone over the years. They fly in, fly out. There are a lot of consultants here in the North that could have participated in this work, did the leg work for these experts to participate with. That is the point I am trying to make. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Henry. Mr. Ng.

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HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair, the concern with the timing, to me, was a valid one in respect to the commitments I had made in this House to Mr. Roland and to Mr. Picco, in trying to bring on stream the start of construction for both those major capital health projects in their communities. Recognizing the Department of Health and Social Services, we had to know where we were going before we could do some of the planning for those facilities, in conjunction with the boards that oversee health care operations there. We had to have something in place by late 1997, in order to make some budgetary planning for the 1998 fiscal year, Madam Chair. That is the emphasis and the rationale for the essence of the timing on this project, Madam Chair. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. I will move on now to Mr. Roland and again, Mr. Henry, if we need to come back to you, we will. Mr. Roland.

MR. ROLAND:

Thank you, Madam Chair. My question is in the area of medical travel. Yesterday I questioned the Minister of the department in this area and the response I received was when it came to the unallocated amounts of approximately \$4.4 million, it would be based on, and how it would be divided up into the regions, volume of traffic and the prices of accessing those services of major carriers. I would like to know if there is a set amount when it comes to medical travel, per capita, in these regions?

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Roland. Mr. Ramsden.

MR. RAMSDEN:

Madam Chair, to date the department has provided funds to cover medical travel based on historical use. There has not been a formula approach taken in terms of allocating dollars on a per capita basis. I think we are moving in that direction. It is far more complicated, though, as I am sure the Member is aware, than simply a per capita basis, because the proximity to facilities and physicians varies for each region. There are a variety of drivers that are involved. I think the most critical area here and one that I believe every board has responded to positively, is in developing the information that allows us to assess why travel is taking place and to encourage a far more aggressive case management approach, so that every person who needs to travel may be accommodated or supported without the high cost medical travel. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ramsden. Mr. Roland.

MR. ROLAND:

Thank you, Madam Chair. Hearing that a lot of this is based on historical values, I do not know if there was anything put in place before. How one region versus another would get services. For example, if one region used Cessnas compared to another region using lear jets, there is a historical value there. Do we continue down that road, taking into consideration the distance that is required to travel from a major centre? I think this still needs to be looked at how, in some regions versus others, there could be quite a difference because the historical way of doing things was quite extravagant compared to others. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Roland. Mr. Ramsden.

MR. RAMSDEN:

Each of the factors that influences price is being looked at more and more closely. The issue of aircraft type came up when one of the boards recently tendered for its medevac service. The conclusion of the board, at the end of the process, is they would forego jet aircraft in favour of turbine aircraft. The view

is the amount of time given distance from Yellowknife to Edmonton, in this case, was not a significant enough factor in enough cases to make them go to the faster aircraft. I think what we are trying to focus on is where are the manageable factors and where is it that we can identify and remove extravagance, if it exists. Quite frankly, we are not finding a lot of extravagance anywhere. We believe we have to work with the companies and so do the boards that are already operating in each region. While medical travel, particularly medevac travel, is a significant source of business to these companies, we do not think the health and social service requirements should drive how a company selects its aircraft. To the extent that we can avoid that. We do not get into specific stipulation on aircraft type, per se. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ramsden. Mr. Roland.

MR. ROLAND:

Thank you, Madam Chair. Do you have figures available that would, for example, in the medevac flights from each region, say what a normal cost or what a cost would be for a medevac flight from each one of the regions to their closest centre? Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Roland. Mr. Ramsden.

MR. RAMSDEN:

No, Madam Chair. I am sorry. I do not have the per charter cost. We have looked at the historic costs by medical travel type, based on some of the discussions that went on yesterday. But we do not have an average cost per medevac. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you. Mr. Roland, final question.

MR. ROLAND:

Thank you, Madam Chair. Will the department be able to provide that information?

CHAIRPERSON (Mrs. Groenewegen):

Mr. Ramsden.

MR. RAMSDEN:

Madam Chair, within a range of average. That is certainly something that we can take from our records. Obviously there is variation, depending on the types of support equipment and staff that go with it. We will try to produce some average figures and provide them. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ramsden. Total operations and maintenance, \$98,587,000. Mr. Steen.

MR. STEEN:

Thank you, Madam Chair. Madam Chair, could I ask the Minister if there is a specific aircraft designated for medevac in the Inuvik region?

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CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Steen. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair, the responsibilities for the medevac travel have been given out to the boards to set the criteria. I do not know. I am sure the airlines do have specific aircrafts they use. I do not know what they are, offhand. No, Madam Chair. Thank you.

MR. STEEN:

Madam Chair, I am not questioning the Minister to identify the aircraft. I want to know if there is one specifically on standby for medevacs.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Steen. Mr. Ng.

HON. KELVIN NG:

I will ask Mr. Ramsden, Madam Chair. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Mr. Ramsden.

MR. RAMSDEN:

Madam Chair, I am not familiar with the specifics of Inuvik's arrangements. In previous years, certainly they had dealt with companies where there was a dedicated aircraft. In the guidelines the department

developed with boards on medevacs standards, we spoke more to a minimum level of equipment available. For instance, the company providing medevac services in the Stanton area has to have two aircraft. If those two aircraft are in use, then the company has fulfilled the minimum requirements in that area, but generally the arrangements are such that they have commitments for at least one aircraft. There are turn around times in terms of the time they have to respond from a call to take off. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ramsden. Mr. Steen.

MR. STEEN:

Thank you, Madam Chair. On another line of questioning, I would like to ask the Minister is it the board that decides how often the doctors visit the communities, or is it a policy set by the department?

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Steen. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair, it is the boards that set the schedules for doctors and for specialists for the communities within their service area. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Mr. Steen.

MR. STEEN:

Are there guidelines from the department whereby they would regulate how often? What are the minimum requirements for these visits to the communities?

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Steen. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair, there would not necessarily be minimum guidelines outlined by us. We do try to give the boards the flexibility to determine where they feel the most needs are and the least needs for that matter. They have that flexibility. We just provide them a budget amount based on

historical usage for the region, Madam Chair. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Final question on this round, Mr. Steen.

MR. STEEN:

Madam Chair, thank you. I do not know how to pose this to the Minister, seeing as how he is suggesting the board is responsible for setting the guidelines for the visits, but there are many times when the doctor comes to the communities, people miss their appointments for whatever reason and the policy seems to be that if you do not make your appointment, you wait for the next visit. Now this could be normally no less than a month. If you have a health problem, I do not know how a person would address that health problem if he had to wait another month to see a doctor. Is the Minister aware of this policy?

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Steen. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair, I guess a lot of it would depend on the individual circumstance of each case. If there was an issue of health requirement that was of urgent nature, then the board would ultimately be responsible for sending that individual out to obtain the treatment. If it is something like a regularly scheduled appointment, obviously a lot of the responsibility rests with the individual to make their appointment. If they miss it they would have to wait until the next time the doctor would be available. If it is a matter of the individual missing an appointment because the doctor was overworked or had too many appointments or for whatever various circumstances were there, that would be something that would be taken up with the board. If there is a significant backlog of need that is not being met in the community because there is not enough service to that community, then the board would be responsible for addressing that issue. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Total operations and maintenance, \$98,587,000. Mr. Picco.

MR. PICCO:

Thank you, Madam Chair. On this area of support in health and social services administration, 6-13, earlier we had discussed the Med-Emerg contract by this government. Mr. Ng, earlier today, introduced the terms and conditions and references for this agency. I understand that last week the Med-Emerg group were in Fort Simpson to meet with local leaders there. The leaders only had three days notice before Med-Emerg came in with the Department of Health people. There was little time spent in consulting with those people in Fort Simpson. I am wondering if this is going to be the case of Med-Emerg doing this consultative, this large body of work in other regions, in other areas of the Territory. What happened in the Fort Simpson example where Med-Emerg went in, had lunch, the presentation on addiction seniors forum, and then did not bring anything else up. What is going on here? Thank you, Madam chair.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Picco. Mr. Ng.

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HON. KELVIN NG:

Thank you, Madam Chair. As I have indicated in the past, this first phase of the consultation is more of an internal one for our departmental personnel to give the Med-Emerg consultants the opportunity of their experiences of what they feel works and what they feel are the problems, what they feel are potential better ways of doing things within the current operating system of environment that we operate under. It was not meant to be a broad-based consultative process with the public and groups. That, as I have indicated in the past, will come after we have a draft strategic plan that I feel comfortable we can take to the public, Madam Chair. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Mr. Ng. Mr. Picco.

MR. PICCO:

Thank you. On the same area of support and health services administration, policy, planning and evaluation or development and financial management services providing budgetary accounting and management services to the Department of Health and Social Services; could the Minister just update me and the House on this new policy on funding for the health boards in a little more detail? Does it mean, for example, historical numbers or expenditures by

the health boards will now be factored in and this is what they will get for their yearly funding, a prorated amount based on their earlier amounts received, Or is it based on some type of per diem formula? What is this new program area for funding health boards based on?

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Picco. Mr. Ramsden.

MR. RAMSDEN:

Madam Chair, the boards have been funded by the department on an historical basis and it has moved in that way for several years. The approach that the department is proposing, and the work that has been developed with boards so far, is essentially a population-based formula distribution approach. There are some modifiers that are there. It is not simply a population approach. Needs of the population are key issues that need to be factored in. There are some cost realities there, in terms of the cost of essentially operating or doing business in each region and there are differences. There are some differences in terms of access to various services that will vary that as well. Then, the challenge that we will have as system is one of transition or phase in, because of the differences in terms of the revenue that would be available to a board. We have to move from where we are today to where that formula would indicate over some period of time. We cannot see significant dislocations in the amount of revenue a board has from one year to the next. There has to be a phase in period. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ramsden. Mr. Picco.

MR. PICCO:

Thank you, Madam Chair. Madam Chair, the reductions and cuts to our health board in our region has had some very serious financial implications for the Baffin Regional Health Board. Can the Minister tell me today when this new way of funding health board will come into place? Are we looking at April 1, 1998, or are we looking at March 31, 1997? What is the date? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Picco. Mr. Ng.

HON. KELVIN NG:

Mr. Ramsden.

CHAIRPERSON (Mrs. Groenewegen):

Mr. Ramsden.

MR. RAMSDEN:

Yes, Madam Chair. The work that we have done so far will provide for each board to be aware for planning purposes of the revenue that would be calculated on the basis of the formula 4, 97-98. But the only pieces of their revenue that we are proposing to have in place for this coming fiscal year will be in the areas of home care and addictions. We need to phase the formula in over a period of time, so we will only be dealing with those two areas. The homecare will be year two because the boards this year already get a formula based distribution of funding for homecare programs. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ramsden. Final question, Mr. Picco.

MR. PICCO:

It seems that my questions, Madam Chair, seem to add up to five very fast. Thank you, Madam Chairperson. My question, my final supplementary of my five questions and I will have to make sure that it was five. No, I did not challenge the chair. My question is continuing on the same line of questioning on the funding for health boards. I have had, like I said, some very major concerns with the financial cutbacks to our health boards, with layoffs of employees and trying to cover off these essential areas. Now, under the formula financing that we are talking about here, this new formula for health boards, does that also factor in the forced growth amounts for the communities? For example, in my community because it is going to be the capital of Nunavut, we can already see an increase of population. Will those types of things be factored in, so that the monies are available for the health board so they can do the job to take care of people? Yes, thank you, Mr. Roland. It is not in the flippant manner at all because we are looking, for example in our case, our hospital serves 13,000 people with the lowest vacancy rates in the Territories. So, it is a very serious concern with the monies available to provide the essential services. So, my question again is, are they based on the historical amount plus a factor for factoring a forced growth for those years that the formula will cover? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Picco. I would like to caution the Member with respect to challenging the chair. I am deeply offended that the Member questions whether or not I have the ability to count to five. But, having said that, I do not know whether that was four or five, so I will give you one more question. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. The formula will distribute existing funds, although there would be some indicators of needs that would be able to make some amendments to the formula. It would not be all adjusted based on needs of forced growth, although there would be some factors in there that would allow for that. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Would Mr. Picco like to take up the option for another question? Thank you. Mr. Picco.

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MR. PICCO:

Thank you, Madam Chair. Just checking our notes here. I think that was my fourth, so I will try my fifth. Thank you, Madam Chair. Madam Chair, moving on the policy on funding for health boards and giving Mr. Roland or someone else to ask a question on that. I have one final question concerning the policies and standards that I asked yesterday and did not get quite the response that I was looking for. On the policies and standards, the health services administration have been following the policies and standards that the government, I have received some correspondence to date that indicates to me that over the Christmas break, with the non-continuous and continuous employment has a concern where the hospitals may not have been properly staffed for the emergencies that were presented. I am wondering if the Department of Health and Social Services and the Minister have been reviewing this as a result of the first time ever in the history of the Northwest Territories where we had to have this continuous, non-continuous employment and closures on certain days during the Christmas break. Is he reviewing that? Some people refer to them as "Donny Days", Donny and Bonny Days, Mr. O'Brien informs me. Maybe the Minister could just update us; is the department reviewing the situation in regard to these

non-continuous and continuous employment and the Donny Days and the breaks during Christmas, if the services of the hospitals were lacking as a result of these enforced policies by this government? Thank you, Madam chair and thank you very much for your ruling. I will have opportunity to check the... Yes. Mr. Ootes is telling me it was four questions. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Picco. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Health care services are an essential service and one of the deemed continuous services. I am not aware of the issue that the honourable Member is bringing up. We are in dialogue with the board's CEOs through the staff on a regular basis. If there are any issues out there, we certainly would not be hesitant to try to address them, Madam chair.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. On the list I have Mr. Henry, Mr. Steen and Mr. Ootes. I think that I will go to Mr. Ootes first, to give him an opportunity, then we will go back to the Members. Thank you. Mr. Ootes.

MR. OOTES:

Thank you, Madam Chair. I wonder if the Minister could tell us if the department has regulations regarding awarding contracts, or do they follow the regulations similar to those in the Department of Public Works or do they use the Department of Public Works regulations? Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ootes. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair, all boards have to apply by government policies and regulations because we finance them, Madam Chair. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Mr. Ootes.

MR. OOTES:

Thank you, Madam Chair. I take it the Minister is saying they follow the same regulations as the

Department of Public Works. I would just like to make reference to the document which I did table, Madam Chair. This is on non-competitive contracting. It states that government contract regulations require all contracts be issued through a competitive process, unless they meet the strict regulatory requirements for sole-sourced contracting. The only exceptions to this competitive contracting process are those that meet the regulatory requirements for sole-sourced contracting, which are: it is urgently required and delay would be injurious to the public interest, only one party is available and capable of performing the contract, the contract is less than \$1,000 or less than \$25,000. I understand that the contract with Med-Emerg International Incorporated is a sole-sourced contract. Could the Minister confirm that for me, please.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ootes. Mr. Ng.

HON. KELVIN NG:

Yes, it is Madam Chair.

CHAIRPERSON (Mrs. Groenewegen):

Excuse me. Thank you, Mr. Ng. Third question, Mr. Ootes.

MR. OOTES:

Thank you, Madam Chair. I will pose it as one question; does this meet the regulations of sole-sourced contracting as I stated previously?

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ootes. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Yes, it does.

CHAIRPERSON (Mrs. Groenewegen):

Thank you. Mr. Ootes.

MR. OOTES:

Thank you, Madam Chair. I wonder if the Minister could clarify those three specific areas that I referred to, and how they apply in this particular case?

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ootes. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair, as I indicated earlier, it is because of the urgent need to perform the work and we did not feel that the expertise was available in a timely fashion with northern groups, Madam chair. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Final question, Mr. Ootes.

MR. OOTES:

Thank you, Madam Chair. The contracting regulations state it is urgently required and delay would be injurious to the public interest. Could the Minister clarify the delay on "getting a contract out injurious to the public requirements"?

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ootes. Mr. Ng.

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HON. KELVIN NG:

Thank you, Madam Chair. In my opinion, it is because we needed to reform our health care system in as timely a fashion as possible, particularly recognizing the need to bring on those capital projects as part of that overall reform, Madam Chair. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Mr. Ootes, I believe that was five questions. I will come back to you. If you still have questions after hearing what Mr. Henry has to ask. Mr. Henry.

MR. HENRY:

Thank you, Madam Chair. I have just a few general questions to clean up on. Could the Minister make available to me the team working on that Med-Emerg contract and their qualifications and background? Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Henry. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair, yes, I would be willing to provide the names and the background of those individuals. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you. Mr. Ng.

MR. HENRY:

One final question, which budget year will these funds be allocated to, 1996/97, or the 1997/98 year? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Henry. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair, we have not approved the finances for the 1997/98 fiscal year. It is out of the current fiscal year's dollars 1996/97. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you. Mr. Henry.

MR. HENRY:

Thank you, Madam Chair. That prompts another question. The funds coming out of the present fiscal year, were they approved or is this a supplementary appropriation coming forward, or are the funds found within the department? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Henry. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair, they have been allocated out of the capital planning dollars for the capital projects. Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Mr. Henry.

MR. HENRY:

Madam Chair, the Minister committed through Mr. Ramsden yesterday, that he would report back with a snapshot of a question I posed regarding vacancies in the department. The Minister had also committed to

respond to another question I had on the affirmative action, regarding packages. Is that piece of information available? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Henry. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair, in respect to the current vacancies: Stanton Regional Hospital - 24, Baffin Regional Health Board - 24, Inuvik Regional Health Board - 18, Mackenzie Regional Health Services - 9, Keewatin Regional Health Board - 8, Kitikmeot Health Board - 4, Fort Smith Health Centre Board - 1, and the Department of Health and Social Services - 10, for a total of 98 vacant positions, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Final question, Mr. Henry.

MR. HENRY:

Thank you, Madam Chair. Yesterday I talked about employees that were terminated because of position and downsizing of the government. Have there been any GNWT employees that received packages, were rehired, and what is the policy on the rehiring of employees who have received a package? In other words, could I ask for a package today, get a package and be eligible to be rehired tomorrow? Thank you.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Henry. Mr. Ng.

HON. KELVIN NG:

Thank you, Madam Chair. Madam Chair as it has been indicated in the past in response to this question, anyone who has received this lay-off package would have been entitled to, would have been for past performance and that would not jeopardize them being rehired. They could be rehired for new positions, but to-date we have only had one laid off employee that has been rehired by the department.

CHAIRPERSON (Mrs. Groenewegen):

Thank you, Mr. Ng. Thank you. Mr. Henry and Mr. Steen have both asked five sets of questions on two occasions, I just want to get the committee's approval

to return to Mr. Steen again for another set of questions. If the committee is agreed, we will go to Mr. Steen again.

Agreed? At this time I will ask Mr. Ningark to take the chair for a few moments.

CHAIRMAN (Mr. Ningark):

Thank you. Support and health services administration, Mr. Steen.

MR. STEEN:

Thank you, Mr. Chairman. Mr. Chairman, I would hate to waste one of my five questions, but I am going to have to ask the Minister about yesterday. Yesterday, he indicated that he would have information for me. Comparison figures between the amount of funds the Inuvik Regional Health Board would be getting this year versus what they were getting last year. The Minister indicated that he would have that information for me today. I do not have it. I am going to have to ask for it again. Does the Minister have this information?

CHAIRMAN (Mr. Ningark):

Thank you, Mr. Steen. Mr. Minister.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, I would not want the honourable member to waste one of his questions. For 1996/97, the Inuvik board received \$26,327,400 for the 1997/98 budget, currently \$24,966,006. Thank you.

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CHAIRMAN (Mr. Ningark):

Thank you. Mr. Steen.

MR. STEEN:

Thank you, Mr. Chairman. Mr. Chairman, yesterday the department confirmed that the transfer for social services personnel was included in the \$24 million for this year. How could that be if they were already getting less than they were last year?

CHAIRMAN (Mr. Ningark):

Thank you. The Honourable Minister for Health and Social Services, Mr. Ng.

HON. KELVIN NG:

I will ask Mr. Ramsden to speak on that.

CHAIRMAN (Mr. Ningark):

The Deputy Minister, Mr. Ramsden.

MR. RAMSDEN:

Mr. Chairman, the numbers that the Minister referred to for '96/97 were the total of what was in the Inuvik region for both the social service office plus the board. We pull them together so there can be a comparison to what will be in the board's hands for '97/98. The salary portion for board employees and social workers is \$16,487,528 in the current year. It is \$16,555,260 in the coming year. The value of the workers is constant between the two years.

CHAIRMAN (Mr. Ningark):

The honourable Member for Nunakput, Mr. Steen.

MR. STEEN:

Thank you, Mr. Chairman. Mr. Chairman, could I ask the Minister where he would see the health board reducing their operation by \$2 million? Is that going to be a reduction in the number of nurses, number of doctors, or number of doctor visits? Or is that going to be personnel laid off?

CHAIRMAN (Mr. Ningark):

Thank you. The honourable deputy minister, Mr. Ramsden.

MR. RAMSDEN:

There are two issues here. The areas of reduction fall into the family support, child protection, and community health programs areas. I might remind the Members as well, Mr. Chair, that there are unallocated funds when we get to the details set aside for each board for the coming year. We have not finished all of the allocations. The significant areas of reduction are, for example, in the withdrawal of the program funding for the elders' care facility in Deline. Which is taken out of the community health program area. There is also a representation here because of the withdrawal of program funding for Delta House. There is not an expectation, at all, that there will be front line worker reductions in this area.

CHAIRMAN (Mr. Ningark):

Thank you. For the record, we are on page 6-13. The 1997/98 main estimates of the Department of Health and Social Services. We have Mr. Steen.

MR. STEEN:

Thank you, Mr. Chairman. If we are not going to have reductions in the personnel departments, then we are seeing reductions in the programs. Is that correct?

CHAIRMAN (Mr. Ningark):

Thank you. Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, as Mr. Ramsden has indicated, between Delta House and the Deline seniors' facility, there is a million dollars worth of reductions that account for the difference between the two years. In addition, there are some unallocated funds, in particular in the area of medical travel, that have not been added on. For all intents and purposes, the Inuvik board revenues will be the same between this current year and next year. Mr. Chairman, thank you.

CHAIRMAN (Mr. Ningark):

Thank you. Operations and maintenance. I will give you one extra, Mr. Steen.

MR. STEEN:

Thank you, Mr. Chairman. Can the Inuvik health board personnel feel comfortable that they will not be on the cut list this year? They are not going to be laid off?

CHAIRMAN (Mr. Ningark):

That was final supplementary, for the time being. Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, the funding will almost be the same. I cannot say whether or not there would be any changes internally. Again, as the board of management, the Inuvik board would have that decision making authority. If they thought they wanted to beef up some of their program areas by laying off some of the admin functions, that would be their call. Mr. Chairman, thank you.

CHAIRMAN (Mr. Ningark):

Thank you. On the list I have the honourable Member for Yellowknife Centre, Mr. Ootes.

MR. OOTES:

Thank you, Mr. Chairman. I would like to go back to my questions regarding the awarding of sole sourced contract to Med-Emerg International and the question of the time frame. Did the department and the Minister check with northern firms? Did they phone northern firms or visit northern firms or consult with northern firms about the possibility of doing this contract?

CHAIRMAN (Mr. Ningark):

Thank you. Mr. Minister.

HON. KELVIN NG:

Thank you, Mr. Chairman. No, we did not. Thank you.

CHAIRMAN (Mr. Ningark):

Thank you. Mr. Ootes.

MR. OOTES:

Mr. Chairman, I am just flabbergasted. We have a time frame problem. We go to a southern firm with a sole sourced contract for \$700,000, but we do not have time to go and check with northern firms to see if they can do part or parcel of this whole contract? My question to the Minister is; why did they not go to northern firms to check to see if they could do portions or all of this contract?

CHAIRMAN (Mr. Ningark):

Thank you. Mr. Minister.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, because we knew there would not be multi-disciplinary expertise available to northern firms, as I indicated earlier. Thank you.

CHAIRMAN (Mr. Ningark):

Thank you. Mr. Ootes.

MR. OOTES:

Thank you, Mr. Chairman. There are portions in this particular terms of reference that I think many firms in the north could do. I do not understand why the

department would feel that many portions of this could not be done by northern

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firms. My question is, Mr. Chairman, in the terms of reference, no time frame was made reference to. What is the urgency?

CHAIRMAN (Mr. Ningark):

Thank you. The honourable Minister, Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, it is not in the terms of reference, but time was critical in this and it is in the terms of the contract itself. The urgency, as I indicated before, was because of the fact that we are going through some major reforms in the health care system. I had made commitments in this House to try to bring on stream the Iqaluit and the Inuvik hospitals in as timely a fashion as possible. Trying to meet a '98 start of construction schedule required a plan for funding for the '98 budget, which would have been required by the fall of 1997, Mr. Chairman. That is why there is urgency on this matter. Thank you.

CHAIRMAN (Mr. Ningark):

Thank you. The honourable Member for Yellowknife Centre, Mr. Ootes.

MR. OOTES:

Thank you, Mr. Chairman. I will read the contract regulations once again. One of the items is: "it is urgently required," which is the argument that the Minister is making, but it clarifies that: "and delay would be injurious to the public interest." I do not understand how delaying awarding a contract of this magnitude, this size, which, in my opinion, can be done, in part, perhaps, or, in parcel, by certain northern firms, how that could be injurious to the public interest. Could the Minister tell me and explain to me why a delay of one month would be injurious to the public interest?

CHAIRMAN (Mr. Ningark):

Thank you. The honourable Minister for Health and Social Services, Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, I recognize the honourable Members concern, and the concern raised by other Members. I think, there has also been some positive comments about the need to get this done. The issue is not the need, but the timeliness of it because of the manner in which we have fast tracked this strategic planning process by using this southern firm. That is causing some concern amongst one or two Members. I go back in respect to the issue about the urgency of having it done. Not just in respect to the capital projects, I had made the commitments to try to bring on stream in as timely a fashion as possible, but also the fact that, really, there is a lot of information out there in respect to health and social services programs. We have no real basis of predicting where the needs are in our programs. Historically, the department has always had programs they are funding and have continued to fund them regardless of the efficiency of those programs. We recognize that they are not all as effective as could possibly be, and there could be better ways of using our money. The appropriateness of where we were spending our money is another matter. The later we left it, and not challenged some of our dollars into some of the higher priority areas or the more effective areas, to me, could be a waste of money. Also, we had, within the government itself, an urgent need to develop division transition plans and implementation plans in preparation for division. That was another factor. Those plans we were trying to accelerate to have done by May of this year. As all Members know, we are going to be coming back to review those plans. We are into another business planning cycle coming up in August for a fall budget session for the '98 fiscal year. There were all these factors that pressed on us, time wise, to try to see if we were heading in the right direction as a department and with some of our reforms. This was another one of the pressures that we faced in dealing with our reforms in a timely fashion. Hence, the urgency in trying to get some objective analysis of what we have in programs and services and if we are heading in the right direction with some of our changes. Mr. Chairman, thank you.

CHAIRMAN (Mr. Ningark):

Thank you. Final question for the time being. Mr. Ootes.

MR. OOTES:

In Mr. Henry's return to a written question, he states "Although a number of northern and southern firms were considered, as Med-Emerg was the only one

that was able to obtain the range of expertise required in the time frame, they were the only company asked to submit a proposal."

This is very double-speak and contradictory to each other, Mr. Chairman. As we have just heard, the Minister just stated they did not ask a northern firm to submit proposals. Yet northern firms were considered, according to his letter. But they were not asked to submit a proposal. So if they were considered, obviously they considered they may be capable of performing the job. To me, he is contradicting himself right there.

I would like the Minister to explain to me why northern firms were not telephoned, were not written to, were not consulted period. If he could explain that to me again, please? Thank you.

CHAIRMAN (Mr. Ningark):

Thank you, Mr. Ootes. Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, we did recognize the sensitivity of this, and we did consider whether northern firms could handle it. But the ultimate decision was we did not think they had the multi-disciplinary expertise available to them to carry out this project in a timely manner. And that is what I have said, time and time again. If the honourable Member thinks there are problems with it, he can pursue it. Thank you.

CHAIRMAN (Mr. Ningark):

Thank you. For the record, we are considering the activity summary of the Department of Health and Social Services. I have Mr. Roland.

MR. ROLAND:

Thank you, Mr. Speaker. My question is on Med-Emerg. From my point of view and from the people in the Inuvik region, and probably Iqaluit, the sooner we can get this process underway, the sooner we can have an idea as to when we are going to get our new hospital. So I would say, let us travel down the road as quickly as we can to know where we are going to be when it comes to our hospital.

My question is in regards to the Inuvik Health Board. The question we heard earlier, raised by Mr. Steen, when it comes to the amount of Board funding. Just to get it clear here and an understanding that other

people out there can also understand it and check in on us here.

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This year, compared to last year's funding, does the amount stay the same? For the Inuvik Regional Board funding, is the amount from 1996-97 to 1997-98 the same?

CHAIRMAN (Mr. Ningark):

Thank you. Mr. Minister.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, the salary budgets stay the same. Some of the operational and maintenance dollars change, as Mr. Ramsden indicated, because of the withdrawal of funds from Delta House, the withdrawal of funds from the seniors residence in Deline... there is approximately \$1 million dollars that would not have shown in this Inuvik Health Board budget, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Ningark):

Thank you. The Honourable Member for Inuvik, Mr. Roland.

MR. ROLAND:

Thank you, Mr. Chairman. With the existing funding that is transferred right now, there should not be a requirement for any layoffs, over and above what was done last year, because of the reduction?

CHAIRMAN (Mr. Ningark):

Thank you. The Honourable Minister Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, there would not be any requirement for any layoffs unless the Board chose to. As I have indicated to the Honourable Member for Inukput, unless the Board chose to implement some layoffs on the admin side and put them into the program side. Dollar wise, because of finances that we provided to them, unless they chose to structurally change their mix of professionals and staff, there would not be a requirement for any layoffs, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Ningark):

Thank you. Operations and maintenance, total operations and maintenance is \$98,587,000. Agreed? The Honourable Member for Thebacha, Mr. Miltenberger. No? Agreed. Thank you. We agree? Thank you. Mr. Henry.

MR. HENRY:

Thank you, Mr. Chairman, I did have my hand up. I believed I caught your attention, but you obviously missed it. Sorry about that. Thank you, Mr. Chairman.

I support Mr. Roland's position there. Let us get on with it. The decision is made. I think the questions have to be answered. I think the Minister did state it will not give you an answer whether you are getting your hospital or not, so I support you in pursuing that. But I do not think this is the avenue that will do it.

My question on this, Mr. Speaker, is it looks like 95 per cent or so of the budget is directed towards treatment and five per cent towards prevention. Does the Minister have any figures from the previous year on how much has been spent on treatment and how much on prevention? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ningark):

Thank you, Mr. Henry. Mr. Henry, I apologize. I was not watching that way. Mr. Minister.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, I do not have the specifics. I know there has not been enough attention paid towards prevention, and even now it is just the start of trying to develop some funds identified specifically towards prevention. We are hoping that we can increase that percentage as the years go by.

CHAIRMAN (Mr. Ningark):

Thank you. The honourable Member for Yellowknife South, Mr. Henry.

MR. HENRY:

Thank you, Mr. Chairman. I thank the Minister for the recognition of that particular area. Is there some possibility that during the year some programs could be looked at, as to diverting some funds from programs into prevention? We saw, in the Minister of Finance's opening remarks, and he has relayed to us, where the Social Envelope continues to grow. The monies, the dollars continue to grow, the requirement in the Social Envelope. Obviously, we are going to get

to a position where we will not have enough funds to provide treatment, particularly in Health.

My question is to the Minister; will he look at, during the year, taking some money from programs and trying to increase the amount in prevention, before it gets to a stage where we will not be able to do anything with it? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ningark):

Thank you, Mr. Henry. Mr. Minister.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, I cannot commit to decide to move money halfway through a year. I think we recognize the importance of trying to put some of the focus on prevention. There is no doubt in our minds that, in the long term, we have to deal with some of these costs to try to keep them in line. Our system would not be sustainable otherwise. I think what does not show in our budget, but the initiative you have heard many times in this House, which Mr. Dent has the lead for, is the Early Childhood Intervention Initiative, where all those dollars are spent directly towards preventative types of programs. This government is trying to shift some of their dollars from treatment to prevention. It is just different aspects and different departments, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Ningark):

Thank you. Mr. Henry.

MR. HENRY:

Thank you, Mr. Chairman. Just a final comment. I would preface it by saying I believe all of us are negligent at some time in asking for information that we believe we need, and I do not doubt that many times those requests we may consider small, put the department to a lot of work. But I would really like to see this information. Especially if it is not a lot of excess work for the department, to see figures from the last five years on a percentage of the budget that we spend on treatment as opposed to prevention. If the Minister could provide some type of a capsulization of those figures, I would appreciate it. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ningark):

Thank you. I did not hear the question, but there were some implications. Perhaps the Minister wants to respond to the honourable Member. Mr. Minister.

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HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, yes, we will obtain that information and provide it. Thank you.

CHAIRMAN (Mr. Ningark):

Thank you. Total operations and maintenance is \$98,587,000. Agreed?

SOME HON. MEMBERS:

Agreed.

CHAIRMAN (Mr. Ningark):

Mr. O'Brien.

MR. O'BRIEN:

Thank you, Mr. Chairman. Mr. Chairman, in reference to the Arviat Health Centre. Last year, as we know, the money that was approved for the Centre was moved elsewhere, and the Minister indicated that he would give a priority to see this facility constructed. What priority has he given to the Arviat Health Centre in this year's budget?

CHAIRMAN (Mr. Ningark):

Thank you. Mr. Minister.

HON. KELVIN NG:

Thank you, Mr. Chairman. Although it is not in community program services, it will be in the capital end of things, since the Honourable Member brought it up.

Mr. Chairman, we have not been able to designate dollars for this coming fiscal year for any significant start of construction. I have acknowledged the issue and the need still in Arviat. The plan was, Mr. Chairman, quite frankly, if we got to that point this fall with the strategic plan that allowed the Inuvik and Iqaluit hospitals to proceed, we would need a major capital injection of non-government dollars to facilitate those projects. And at that time I would also have put in place the possibility of additional capital dollars for other health facility needs throughout the Northwest Territories, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Ningark):

Thank you. The honourable Member for Kivallivik, Mr O'Brien.

MR. O'BRIEN:

Thank you, Mr. Chairman. Is the Minister saying that the Arviat Health Centre is contingent on the results of the Med-Emerg study and the actual funding they are looking at through that avenue?

CHAIRMAN (Mr. Ningark):

Thank you. The honourable Minister Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, it is not entirely contingent upon that, but it is certainly one factor. Because of the magnitude of the Iqaluit and Inuvik fiscal needs, it would make it easy to roll in some other fiscal needs as a package when we went for some possible private financing for health capital facilities, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Ningark):

Thank you. Mr. O'Brien.

MR. O'BRIEN:

Thank you, Mr. Chairman. The Med-Emerg study and the private funding, and so on that the Minister speaks of... Looking on the down side, and Floyd, I do not want you to get disillusioned over this, but if it should not happen, what comfort level can the people of Arviat look forward to in reference to the construction of a new health centre? What priority, and when could we see this?

CHAIRMAN (Mr. Ningark):

Thank you. That is asking the opinion of a Minister, but I will allow the question. Mr. Minister.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, it would still be a high priority in the capital needs of the department, but again, I would say that the department is strapped as far as capital dollars go in allocations when it comes to meeting our capital needs, Mr. Speaker.

CHAIRMAN (Mr. Ningark):

Thank you. The honourable Member for Arviat, Kivallivik, Mr. O'Brien.

MR. O'BRIEN:

Thank you, Mr. Chairman. Can the Minister provide any assurances that, before the life of this Assembly expires, will the community of Arviat see a new health centre? Thank you.

CHAIRMAN (Mr. Ningark):

What I said, Mr. O'Brien, was inadvertent. I did not mean to call you a Member for Arviat. It was inadvertent. Thank you. Mr. Minister.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, I could not make any commitments at this time because of the fact that we do not know our total fiscal needs. We can only make predictions on some of the forced growth issues and other factors that pressure the department in their fiscal needs. I will say that I have committed to the honourable Member to try to do everything we can to bring it on line before the end of this Assembly. I am hoping, first of all, for the possibility of some private financing as a package for health capital needs will be there. Failing that, I will have to go back to the drawing table and look at other options, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Ningark):

Thank you. The final supplementary, the honourable Member for Kivallivik, Mr. O'Brien.

MR. O'BRIEN:

Thank you, Mr. Chairman. We seem to be putting a lot of our eggs in one basket when looking at this Med-Emerg proposal and the advent of possible private funding. I just hope, for the sake of the people in Arviat who have been waiting for the past number of years for the centre to be constructed, that it does indeed take place. I hope the Minister, as he indicated in last year's budget, will give the community of Arviat the priority that he said he would. By that I assume we will see a new health centre for the hamlet of Arviat. Thank you.

CHAIRMAN (Mr. Steen):

Thank you. I believe the honourable Member was making a point, but do you want to respond, Mr. Minister?

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, as I have indicated in the past. I recognize the need and the honourable Member's issue in relation to try and bring this on stream. I share those concerns with him. Thank you.

CHAIRMAN (Mr. Steen):

Thank you. Support and health services administration, operations and maintenance, total operations and maintenance is \$98,587,000. Agreed?

SOME HON. MEMBERS:

Agreed.

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CHAIRMAN (Mr. Steen):

Thank you. Total expenditures, \$98,587,000. Do we agree?

SOME HON. MEMBERS:

Agreed.

CHAIRMAN (Mr. Steen):

Thank you, honourable Members. Page 6 - 14, community programs and services, operations and maintenance, total operations and maintenance, \$142,171,000. Mr. Roland.

MR. ROLAND:

Thank you, Mr. Chairman. Let us take our time here. I can question the Minister for quite some time on this issue. In the area of drug and alcohol, there is discussion on your strategy and the changes that are about to happen. My concerns are when it comes to Delta House and naming Delta House as a facility that is closed. What were the information and some of the items taken in for your consideration as to closing this facility?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Roland. Honourable Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, as I have indicated publicly, it was not an easy decision to make. It has had a huge impact on the community of

Inuvik. Basically, because of the fact that we had a large number of residential treatment beds in our alcohol and drug system with high vacancy rate amongst those beds. It was felt to take some of those beds out of the system, to beef up some of the occupancy levels of the facilities would not drastically impact on the delivery of residential alcohol and drug treatment services, Mr. Chairman. Of course, with that decision under consideration, we had to look at what facility that would be. Inuvik, as I have indicated in the past, looks on paper as the most logical choice because it was the smallest facility having only 12 beds. It was the oldest facility of all the alcohol and drug treatment facilities. Its location right in the middle of Inuvik did not really lend itself to assisting the delivery of the program. Those were some of the major factors that were taken into consideration when the Delta House operation was chosen for withdrawal of funds, Mr. Chairman.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Roland.

MR. ROLAND:

Thank you, Mr. Chairman. When you say it was the smallest, you said before the least cost effective to operate. What information was in that to say that it was the least cost effective per bed, per client, coming in the door, with the total cost of running the facility, paying employees, keeping the facility operating when it comes to your taxes, per bed, and the capacity? What were the costs?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Roland. Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, it was a total operating cost per bed as it worked out to. It was approximately net of the operating costs for the building itself. For just a program cost for Delta House, it worked out to about \$583,000, which worked out to about \$50,000 a bed, based on 12 beds. In comparison to \$30,000 to \$33,000 for the other two facilities based on the western side of the territories, which were Northern Addiction Services, and the Hay River Treatment Facility, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Roland.

MR. ROLAND:

Thank you, Mr. Chairman. So, you are saying Delta House with 12 beds was receiving \$583,000 per bed. That is not taking in clients, that is just having an empty bed sitting there. In comparison with the other two within the west with the number of beds and the costs taken in were approximately \$30,000 and \$33,000 respectively for the other two facilities. Were the total costs involved, like public works maintenance on one of the facilities, and all those costs taken into consideration? Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Roland. Mr. Ng

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, those costs were for the net of those operating costs for the building. They were just the program dollar costs for delivering the programs, Mr. Chairman.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Roland.

MR. ROLAND:

Thank you, Mr. Chairman. The figures worked on were just for bed spaces that were paid, for example in Inuvik, and the total amount they received was approximately \$650,000. The difference there would be approximately \$67,000 for operation costs.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Roland. Mr. Ng.

HON. KELVIN NG:

Approximately \$51,000 for operating costs for Delta House for the building costs.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Roland.

MR. ROLAND:

Thank you, Mr. Chairman. What were the operating costs of the other facilities?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Roland. Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, if I can use NAS as an example, their total budget was \$1,041,000 but after you take off the mortgage, utilities, heating costs and that type of thing. Their adjusted operating cost were \$831,000 for 28 beds. That is where you get the \$30,000 cost per bed. I would like to say, Mr. Chairman, that it was not strictly in respect to being the least efficient, respect to just operating cost. The other major factor is the fact that they had the smallest facility. They only had 12 beds. That would take the least number of beds out of the system as well. Where if you took a larger amount, obviously the vacancies would go up for the other facilities, but then we were concerned about possible waiting time. That was another issue that is out there in respect to reducing some of the availability of bed spaces, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Roland.

MR. ROLAND:

Thank you, Mr. Chairman. When we look at all the cost involved, and saying that 12 beds were the easiest decision, when it comes to 12 beds taken out of the facility versus 28, for example, on the one you just mentioned for the costs. What was the vacancy rate of all beds in the territories?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Roland. Mr. Ng.

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HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, the occupancy rates were about 54 percent over the last few years. Advocates about 46 percent vacancy rates, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. I have to recognize Mr. Erasmus now.

MR. ERASMUS:

Thank you. Mr. Chairman, I was wondering if the Minister could explain the new system of funding for the treatment centres.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Erasmus. Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, for the 97/98 year, it was proposed to go to a 50 percent core funding for the operating treatment centres and 50 percent held for per DMs based on the number of individuals being treated there, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Erasmus.

MR. ERASMUS:

Thank you, Mr. Chairman. What capacity would a treatment centre have to maintain in order to receive 100 percent of its funding?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Erasmus. Mr. Minister.

HON. KELVIN NG:

Thank you, Mr. Chairman. There would have to be 80 percent occupancies, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Minister. Mr. Erasmus.

MR. ERASMUS:

Thank you, Mr. Chairman. What happens if a centre is only 60 percent one month, 95 percent the next month, and 95 percent the month after that? Does this go over the course of a full year, or if you are less than 80 percent one month do you lose that amount of money for all time?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Erasmus. honourable Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, they would have their core funding cash flow evenly throughout the course of the year. The other 50 percent per DMs would be based on their occupancy levels which would be purchased through the boards. Mr. Chairman, thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Erasmus.

MR. ERASMUS:

Thank you, Mr. Chairman. I appreciate that information. What I want to know is what happens if one month they are less than 80 percent, then the next month they are well above 80 percent? What happens if at the end of the year they might have had two or three months where they were less than 80 percent, but overall they might have had 85 or 90 percent capacity?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Erasmus. Mr. Ng.

HON. KELVIN NG:

Generally speaking, if they were to obtain their 80 percent average throughout the year, no matter where the spikes and dips were, they would have enough funding to operate for the year, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Erasmus.

MR. ERASMUS:

Is the Minister saying if, at the end of the year, a centre has an overall average of over 80 percent, or overall capacity, then they will receive 100 percent of the funding they are eligible to receive?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Erasmus. The honourable Mr. Dent. Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, that would be correct. There is no guarantee, of course, that we are guaranteeing the funding. It would still be based on the numbers of clients that would be going through those treatment centres. If they were to achieve the 80 percent or plus over the course of the year as an average, then they would have received all the funding they would have been entitled to, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. I will recognize Mr. Ningark.

MR. NINGARK:

Thank you, Mr. Chairman. Mr. Chairman, when I was in Taloyoak in January of 1997, I had the opportunity to visit a couple. The woman of the house had a stroke some years ago and is confined to a wheelchair. Her husband is able to get around, but he has a heart condition, thereby depending upon his pacemaker. I was saddened to learn there was no service provided to the couple. When I talked to them, the lady indicated to me it would be nice if, for once or twice a week, somebody would come to the house and do some cleaning for the couple. I think there is justification in this case. I will provide the name of the couple at a later time outside this quorum, but my question for the Minister, Mr. Chairman, is there any type of program that would be there to provide some type of service to help them out with cleaning the house? Is there a program under this community and program services to provide such service to people who are in dire need? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ningark. Mr. Minister.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, depending on the circumstances and the needs of the family, as the honourable Member says. There is a homecare program we financed to boards to provide homecare services for those in need. That would not go as far as basic hoard type activities, because there is a difference there. Things like cleaning up the house and those type of things, the homecare program is not designed for that. That would be more along the lines of something that could be looked after in one of the income support reforms through Education, Culture and Employment. Thank you.

CHAIRMAN (Mr. Steen):

Thank you. Mr. Ng, you are saying there is no program ?

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, I am saying there is a homecare program, through the homecare

funding we give out to boards to provide homecare services for those in need.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Ningark.

MR. NINGARK:

Mr. Chairman, I think there is a justification in this case, and I feel badly when I went over to see the couple and found out there was no type of service given to that family. Will the Minister, if I provide him with the name of the couple, direct his official at the regional level to look into the matter? Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ningark. Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, I would be willing to bring up the issue of the specifics to the Kitikmeot Health Board, to have them address the needs of those constituents, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. I have Mr. Henry on my list. Mr. Henry.

MR. HENRY:

Thank you, Mr. Chairman, my question is on addiction programs. Do they have any statistics available to them as to the number of times the same clients access the services in these treatment centres?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Henry. Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, generally speaking, we do have those statistics.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Minister. Mr. Henry.

MR. HENRY:

Mr. Chairman, a common criticism I have heard of the treatment centres is the number of times clients re-

use the services. Has the department looked at a way of curtailing the use of the services, after two or three uses? Have they looked at setting any types of restrictions on the numbers of use by the same clients? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Henry. Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, we are aware of that issue. We know of many instances from the smaller communities, where there has been repeat clients to treatment programs for whatever reasons; if it is court ordered, if it is required to keep their children or whatever the circumstances are. There are other times, Mr. Chairman, where the individual can not come to terms with his abuse problem. It is a continual battle for them.

What we are planning on doing is to deal with this issue and to have the referrals made through the communities in the new referral system, so there is more peer pressure, more acknowledgement of the circumstances for those individuals people know are going out. There is an expectation, maybe a higher expectation, which might alleviate some of the repeat types of treatment for those individuals. As well, we are looking at putting in place a maximum number of times an individual can go for treatment. We are looking at a figure of three times right now, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Henry.

MR. HENRY:

Thank you, Mr. Chairman, a final question. The Minister mentioned they have statistics on numbers of times people access the program. Could he give me some examples of that and also what the average cost across the territories would be to have a client go through a treatment centre for one period of time. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Henry. Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, a thirty day program would run about \$4,000, given the figures that we have. Although we recognize there have been individuals that are repeat clients, I do not have any specifics here for that information, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. For the record we are on Bill 8, Appropriation Act, 1997/98, Health and Social Services, community programs and services, operations and maintenance. I have Mr. Roland.

MR. ROLAND:

Thank you, Mr. Chairman. Earlier my questions to the Minister were implied to the question of vacancy across the territories. What would the 12 beds represent in that vacancy? What percentage of all beds is the Inuvik facility?

CHAIRMAN (Mr. Steen):

Thank you. Mr. Roland. The honourable Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Roughly about 14 percent. I think it is 12 out of 97 beds for the Delta House operation, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Roland.

MR. ROLAND:

Thank you, Mr. Chairman. Using that, vacancies are an area of concern. We have so many beds. By shutting down the smallest facility, we have only addressed 14 percent of the vacancy rate. You have another 40 percent vacancy rate across the territories. When we look at the cost of those vacancies, what is the cost of the percentages and the vacancies? What is the cost of the vacancy rate in this government?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Roland. Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, if we use the figures of approximately \$3.5 million that would be funded, if we used a straight figure of remaining vacancies after taking out Delta House, 14 percent

would be about 30 percent. We would be looking at roughly a million dollars. If this were just a straight simple adding exercise, you have to recognize your net million dollars. There are a lot of fixed costs you would have for operating. It is not strictly a wastage of vacant beds, although ideally you would not have that situation, Mr. Chairman.

I am not sure where the honourable member is coming from. If he is eluding to the fact we might have beefed up the percentages more by posing a larger facility, as I have mentioned to him privately and publicly. It was something that was considered. We did not know what the impact of a larger reduction of bed spaces would do to the overall system. That

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was another factor in the overall equation, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Roland.

MR. ROLAND:

Thank you, Mr. Chairman. Looking at the figures of the vacancy rate and so on, the Minister says it was taken into consideration. When you take Inuvik's beds out of the picture, 14 percent, you are still looking at a high vacancy rate. This vacancy is over the last number of years. My concern is when division comes, as we are going that way, when everything is settled down in the Western Territory, my concern is where the facilities will be? As I made my member's statement today, there we will be, out of sight, out of mind. We seem far enough north that our concerns are unvoiced or have little attention paid to them. That is the way the community feels and the regions feel. That has been that way for some time, not only with this government. In this day and age, it seems to be impacting even more. Mr. Chairman, with saying that, I would like to make a motion.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Roland. Do you wish to come forward with a motion?

Committee Motion 16-13(4): Recommendation to Reinstate Funding for Delta House

MR. ROLAND:

Thank you, Mr. Chairman. I move this committee strongly recommends that the Executive Council reconsiders its decision to eliminate funding for the Delta House Alcohol and Drug Facility, and further the Executive Council consider amending Bill 8, Appropriation Act 1997/98, by reinstating the \$650,000 in funding that was provided in the 1996/97 fiscal year.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Roland. I do not have a quorum, so I will ring the bell.

I recognize a quorum and I have a motion on the floor. The motion is in order. To the motion, Mr. Roland.

MR. ROLAND:

Thank you, Mr. Chairman. The community I represent, Inuvik as well as myself, are very concerned with the decision to close Delta House. The questions in the community as well as here when we look at vacancy rates, the effect of closing the smallest facility, although it might be the oldest. The concern there is the representation this government will have in the territory, especially when Division comes upon us. Also, in this area, the program review that is under way for AD, alcohol and drug, is still underway. Changes are being made before the final decision is being made in regards to alcohol and drug funding. We have also heard from treatment centres there were other ways to achieve the savings without shutting down facilities.

Speaking to the executive director from Inuvik, when they were involved in this process of the reform, there was no opportunity to address how they could save this funding amongst themselves. They feel they could have achieved something without closing any facility. I have a concern. We have heard in briefings what we are trying to do in the territories comes close to matching the southern facilities. When it comes to the averages, my concern is; in the north we have a much higher rate of alcohol and drug abuse and all the affects that come with it. I might add, in the Inuvik region we have a very high rate of alcohol and drug abuse.

I think that proves to the amount of inmates we have in the southern correctional facilities. I think a point made during the public meeting in Inuvik was; why was something like the referral process not addressed before the closure of this facility? There are more than

enough people going through the system up there that could keep that place full all year round, and we would have to send some out. I think per capita, we probably add to the 46 percent occupancy rate, not only in the 12 percent of filling our facility, but in filling some of the other beds.

When the people in Inuvik asked about the impact of the closure, the financial analysis done on the closure of the facility, the cost of transportation to send people to other places for example, Mr. Chairman, out of Inuvik to get to Yellowknife, is costing over \$1,100 return trip. When you are affected by drug and alcohol, and you are having problems, I do not think pre-booking a flight would mean very much. The opportunity to help somebody in that situation is very small.

The question on the cost to maintain this smaller facility versus larger facilities that have a mortgage or have a high cost to them. Although, the Minister said the cost of beds is higher when you look at a bed per year. There is also some concern there. During the meeting, Delta House provided stats of the amount of beds and the occupancy rates that went through the system. They were different from what was being used to explain the reason for the closure of Delta House.

My main concern comes down to the fact that we need to provide for the people who are having problems to better themselves in their lives. I think it is not a proud statistic to raise, but in the region of Inuvik we have a very high rate of alcohol and drug problems. As I said earlier, it shows by the amount of inmates we have in the southern facilities. I would hope my colleagues would support me in this motion. You have heard me speak in this House on many occasions about fairness and equity on how we do things, how we build things, and how we reduce. The community of Inuvik feels we have done our fair share, and this is going well beyond it. From the public meeting, I think the Minister is aware of the concern, the unhappy mood, the angry mood on the reason this decision was made. With that, Mr. Chairman, I leave it for other Members to make comments. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Roland. To the motion, Mr. Miltenberger.

MR. MILTENBERGER:

Thank you, Mr. Chairman. I empathize with my friend and colleague, the Honourable Member from Inuvik. However, the Social Programs Committee's report is on record how they addressed the issue of the alcohol and drug programs. Therefore, I will not oppose the issue, but I will be abstaining. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Miltenberger. To the motion, Mr. Ningark.

MR. NINGARK:

Thank you, Mr. Chairman. Mr. Chairman, we all know that this government is going through a financial restraint. Difficult time. It is unfortunate. At the same time, I have seen the evil effect alcohol has on the families of

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members, the parents that are drinking. Mr. Chairman, it is not only a person that abuses alcohol that suffers. In most cases, if not all, there are times when the children suffer more than the parents. In some cases, they are stigmatized by the actions of alcoholic parents for a life-time. Mr. Chairman, I do not think that any child should be subjected to that. Where there is a way, it means that political will should be able to find some funding for the sake of children. I will be supporting the motion. Thank you.

CHAIRMAN (Mr. Steen):

To the motion. Is there any more? Mr. Henry.

MR. HENRY:

Thank you, Mr. Chairman. Mr. Chairman, I think when we came to this House, and Mr. Roland a number of times has talked about that, there would be tough decisions to make. I think in previous Assemblies, those tough decisions were not made. I think the time has come to make some of the tough decisions. I believe there is expertise in each of the departments, but this is about the Department of Health.

I believe there is expertise there. They have looked at the situation, made a recommendation, and I can certainly sympathize with my colleague who has spoken about this a number of times in representing his constituency. I can certainly empathize with him about the loss of positions and infrastructure in the community. I certainly have experienced that in my community too. Mr. Speaker, I will have to vote

against this motion, because I believe the department has presented information to tell me we have an over-supply of beds in this particular area. Some place has to go. We do not have the money any more to keep all of the facilities we have in the territories open. I will be opposing the motion. Thank you, Mr. Speaker.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Henry. To the motion. Are there any other Members that would like to speak to the motion? Mr. Roland, you have the last say.

MR. ROLAND:

Thank you, Mr. Chairman. Being a Member, it is difficult, because being a Member of the Social Programs Committee that looked at some of this information, knowing one of the facilities was being looked at. My concern comes out of the difference this makes when you cut out the facility of Inuvik. As the Minister said, it is 14 percent of the overall beds, when we have a 54 percent vacancy rate. Second to that is the fact that, at the end of the day, after Division comes the western territory. Where will our facilities be? That is another concern of mine and the concern felt in the community. With that I would request a recorded vote.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Roland. We have a request for a recorded vote. When I call, all those in favour would you please stand. All those in favour of the motion?

DEPUTY CLERK (Mr. Schauerte):

Mr. Roland, Mr. Ningark, Mr. Rabesca.

CHAIRMAN (Mr. Steen):

All those opposed?

DEPUTY CLERK (Mr. Schauerte):

Mr. Ootes, Mr. Henry, Mr. Picco.

CHAIRMAN (Mr. Steen):

All those abstained?

DEPUTY CLERK (Mr. Schauerte):

Mr. Miltenberger, Mr. Erasmus, Mr. Ng, Ms. Thompson, Mr. Antoine, Mr. Todd, Mr. Arlooktoo, Mr. Dent, Mr. Evaloarjuk, and Mr. Barnabas.

CHAIRMAN (Mr. Ningark):

Here are the results of the recorded vote. For the motion, three. Against the motion, three. Abstentions, ten. I will be voting in favour of defeating the motion to promote further discussion on the issue. The motion is defeated. I will now return to the main estimates. Community programs and services, operations and maintenance. On my list I have Mr. Erasmus.

MR. ERASMUS:

Thank you, Mr. Chairman. Just following on the line of my previous questioning, on the funding of the treatment centres. It is not clear, in my mind, how the funding is going to work for the occupancy part. I understand that the 50 percent core funding will be received monthly, but as far as the occupancy, I believe it is based on 80 percent occupancy of the treatment centre. If the treatment centre has 80 percent occupancy, it will receive its full amount of money? What would happen if, for example, in January, the treatment centre here in Yellowknife had 60 percent occupancy. How much of its money would it receive for that month?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Erasmus. Honourable Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, they would be receiving their monthly payment out of the 50 percent core funding, and 60 percent of what the per diems would have been. If they are at 60 percent occupancy, it would have been 60 percent of the per diems that they would have been entitled to. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Erasmus.

MR. ERASMUS:

Thank you. Mr. Chairman, if the occupancy part is based on 80 percent, if you get 100 percent of your funding for 80 percent occupancy, then you should receive more than 60 percent of your funding if you are only 60 percent full. What I want to know is, how do they figure that out?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Erasmus. Mr. Ng.

MR. RAMSDEN:

Thank you, Mr. Chairman. The per diem that has been worked out with each treatment centre is based on factoring in an occupancy of 80 percent, and reviewing what has historically been the contribution agreement. So therefore, the cost they need to operate as a centre.

What will then happen is 50 percent of what they need to operate as a facility will flow to them on a monthly basis from the department. The other money is being distributed to the bards. The bards will pay the treatment centre a per night fee for their program. If the target is 80 percent occupancy as a realistic number over the year, then on average the revenue will flow to the treatment centre on a per-bed basis, if they achieve over the year an 80 percent occupancy. Short of doing the math on the percentages, on a yearly basis a treatment centre will need to have an effective occupancy rate

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of 80 percent across the year in order to receive the total revenue that it receives today. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. For the record, let the record show that Mr. Ramsden responded on behalf of the Minister. Mr. Erasmus.

MR. ERASMUS:

Thank you, Mr. Chairman. What happens if in one month, they are more than 80 percent full, if they are 95 percent full? Do they get more than the full amount they are eligible for that month?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Erasmus. Mr. Ramsden.

MR. RAMSDEN:

The treatment centre will receive revenue on a per-bed basis. If they have an occupancy of 90 percent or 95 percent, then they will essentially be selling bed space in their program at that level of occupancy for the month. It is not so much more than they are entitled to. They set a bed rate which is equal to 50 percent of the revenue they need, and they will basically be selling space for the program if boards refer patients to them. They will essentially get what

they need to operate based on the level of occupancy they have for that month. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ramsden. Mr. Erasmus.

MR. ERASMUS:

Thank you, Mr. Chairman. What happens if the treatment centre here in Yellowknife is fully booked, but six people do not show up? What happens, do they get partially funded or anything for those six people who said they were going to come but did not show up?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Erasmus. Mr. Ramsden.

MR. RAMSDEN:

Mr. Chairman, I cannot speak to the exact arrangements. I cannot recall them. But I do know for a treatment centre to be able to operate a viable program, there has to be guaranteed commitments made by the boards that refer patients. There has to be an arrangement for the fixed cost to be covered by the treatment centres, so they are protected against no-shows. Most of the treatment centres are moving towards a more continuous form of intake of patients, so the suggestion would not be they would be guaranteed for necessarily the full 28 or 35 day period. But I do not know exactly what the arrangements will be for each treatment centre. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ramsden. Mr. Erasmus.

MR. ERASMUS:

Thank you, Mr. Chairman. Mr. Ramsden talked about the need to have protection to ensure stability and all the rest of that kind of stuff, and they are going to figure out how much money. Well, I guess they already know how much money it costs to operate these centres. Is there going to be a pool of money for these centres which can only be used for the bed space in those centres, to ensure they can receive 100 percent of the money they require for operating?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Erasmus. Mr. Ng.

HON. KELVIN NG:

Thank you, Mr. Chairman. No, there will be no specific terms attached to that funding, because we want to give the Boards and the communities the flexibility to set their own priorities. Although we do recognize because of that, there may be some fallout to the residential treatment centres. For example, I know concerns have been raised there be more focus on mobile treatment or other community-based treatment with those alcohol and drug treatment dollars, that it may adversely impact on the Boards. We will be monitoring the occupancy levels very vigorously to ensure we are on top of what is happening with the treatment centres, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Erasmus.

MR. ERASMUS:

Thank you, Mr. Chairman. The Minister is indicating this money can be used for other things other than the treatment centres. It is possible half of that money could go to mobile treatment and other things. Is this correct? If the communities wanted to do that, is this correct?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Erasmus. Mr. Minister.

HON. KELVIN NG:

Thank you, Mr. Chairman. Mr. Chairman, it is and it is not. If an individual still requires residential treatment at a residential treatment facility, then the boards in the communities would still be obligated to provide that service. They cannot just arbitrarily say we are not going to fund residential treatment with this money, and we are going to put it all into mobile treatment for everybody else. In that respect, they still have certain criteria and access to service that we expect them to provide for their constituents. But what would happen is, if it were to be seen that there was not the big demand for residential treatment services amongst their constituents, and they had dollars left in the residential treatment area we are funding them for, they would have the flexibility to fund a mobile program or to put it into any other area they thought there was a priority for the benefit for the service of their constituents. Thank you.

CHAIRMAN (Mr. Steen):

Thank you, Mr. Ng. Mr. Erasmus.

MR. ERASMUS:

Thank you, Mr. Chairman. From what the Minister is saying, the possibility exists that there is not one treatment centre in the north that will get 100 percent of the money they are eligible for. The possibility exists that every one of those treatment centres will be in a deficit at the end of the year, if money can be used for other things. Is that correct?

CHAIRMAN (Mr. Steen):

Thank you, Mr. Erasmus. We have 5 seconds to go, so I will recognize the clock, and thank the witnesses, and I will rise and report progress.

MR. SPEAKER:

The House will come back to order. We are on item 20, report of committee of the whole. Mr. Steen.

ITEM 20: REPORT OF COMMITTEE OF THE WHOLE

MR. STEEN:

Thank you, Mr. Speaker. Mr. Speaker, your committee has been considering Bill 8, Appropriation Act, 1997-98, and would like to report progress. Mr. Speaker, I

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move that the report of the committee of the whole be concurred with.

MR. SPEAKER:

Thank you. Seconded by Mr. Picco. The motion is in order. To the motion. Question is being called. All those in favour. All those opposed. The motion is carried. Item 21, third reading of bills. Mr. Clerk, item 22, orders of the day.

ITEM 22: ORDERS OF THE DAY

CLERK OF THE HOUSE (Mr. Hamilton):

Thank you, Mr. Speaker. Meeting of the Western Caucus immediately after adjournment this evening. At 9 a.m. tomorrow morning, meeting of the Ordinary Members Caucus. Orders of the day for Friday, February 21, 1997:

1. Prayer

2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Recognition of Visitors in the Gallery
6. Oral Questions
7. Written Questions
8. Returns to Written Questions
9. Replies to Opening Address
10. Petitions
11. Reports of Standing and Special Committees
12. Reports of Committees on the Review of Bills
13. Tabling of Documents
14. Notices of Motion
15. Notices of Motion for First Reading of Bills
16. Motions
17. First Reading of Bills
 - Bills 10 and 11
18. Second Reading of Bills
19. Consideration in Committee of the Whole of Bills and Other Matters
 - Bill 8, Committee Reports 2, 3, 4, and 6
20. Report of Committee of the Whole
21. Third Reading of Bills
22. Orders of the Day

MR. SPEAKER:

Thank you. This House stands adjourned to Friday, February 21, 1997, at 10:30 a.m.

-- ADJOURNMENT