



**NORTHWEST TERRITORIES  
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**HANSARD**

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The Honourable **Samuel Gargan**, Speaker

MEMBERS PRESENT

Honourable Jim Antoine, Honourable Goo Arlooktoo, Mr. Barnabas, Mr. Enuaraq, Mr. Erasmus, Mr. Evaloarjuk, Honourable Sam Gargan, Mrs. Groenewegen, Mr. Henry, Mr. Krutko, Mr. Miltenberger, Honourable Don Morin, 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 the constant recognition of the dignity and aspirations of those whom we serve. Amen.

**SPEAKER (Hon. Samuel Gargan):**

Thank you, Mr. O'Brien. Good morning. Orders of the day. Item 2, Ministers' statements. Mr. Arlooktoo.

ITEM 2: MINISTERS' STATEMENTS

Minister's Statement 74-13(5): Nunavut Caucus Action Plan

**HON. GOO ARLOOKTOO:**

(Translation) Thank you, Mr. Speaker. Mr. Speaker, as we all know and have said many times, April 1, 1999 is fast approaching. To successfully establish the new Nunavut government a lot of work needs to be done, by many people, at many levels. The Nunavut Caucus has an important role to play in creating a viable Nunavut government and we will continue to ensure the process occurs as smoothly as possible.

Nunavut Caucus Members have been elected by the people of Nunavut and will continue to work hard on their behalf and represent their interests. Caucus has shown strong political leadership on Nunavut issues, such as encouraging, organizing and guiding Nunavut Leaders meetings. These meetings have created a successful forum for key political representatives from all parties to work together in creating Nunavut. In January of this year, the Nunavut Caucus was well represented at the Nunavut Leader's Summit held in Iqaluit. We were successful at encouraging the parties to move ahead on critical issues affecting the

establishment of the Nunavut government.  
(Translation ends)

We are working hand in hand with our colleagues in the western Caucus to ensure that the working partnership achieved in the division process is maintained and carried forward beyond 1999, to the benefit of all northern residents, east and west. The Nunavut Caucus and the GNWT have developed a close working relationship with the office of the Interim Commissioner, Nunavut Tunngavik Incorporated, the Nunavut Implementation Commission and the federal government.

Mr. Speaker, to assist in the planning process, the Nunavut Caucus has developed the Nunavut Caucus Action Plan - Creating Nunavut which identifies implementation issues that we feel must be pursued to help make Nunavut a success. First of all, the open communication among all partners has to be maintained so that issues are resolved openly and quickly.

The first Nunavut election will be held in February, 1999. To ensure that the maximum number of Nunavut residents participate, the Caucus is actively involved in the election process. As Nunavut Act amendments are made, we will be working with GNWT Legislative staff to ensure that election preparations are on track and that the people of Nunavut receive timely and accurate information on the election process.

The Nunavut Caucus supports the decentralized model of government design and will be working with all partners to ensure that plans and implementation schedules are kept. The Caucus promotes an orderly and logical process for the establishment of the Nunavut government. A well planned and phased in approach to new government structures will assure a smooth continuation of government services.

Along with the important issue of government design, retaining a strong financial base for both new territories is critical in providing good government. The Nunavut Caucus will continue to do all it can to ensure that the fiscal needs of the future territory of Nunavut are addressed in the establishment of a new formula financing arrangement for Nunavut.

Another funding issue that the Caucus is monitoring is transitional funding, a federal responsibility. Adequate transitional funding will be vital during the first few years of the new government's decentralization activity. The new Nunavut

government cannot expect to embark on a plan of action without having resolved the costs of transitional activities.

(Translation) Mr. Speaker, the training of Nunavut residents for Nunavut government jobs is proceeding well. Training is a key component to establishing a representative public service in Nunavut, therefore, the Nunavut Caucus will continue to work closely with the parties to ensure that the successes achieved in training to date are maintained and hopefully exceeded.

This action plan as tabled, provides an agenda for the activities of the Caucus as we quickly advance toward April 1, 1999. As I have emphasized, there is much work to do. The Nunavut Caucus is willing and able to play an important role in supporting my work as Minister responsible for Nunavut Transition Planning. The Caucus will continue to work with all of our partners to create a new government for the people of Nunavut. Thank you, Mr. Speaker. (Translation ends)

--Applause

**MR. SPEAKER:**

Thank you. Ministers' statements. Item 3, Members' statements. Mr. Evaloarjuk.

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**ITEM 3: MEMBERS' STATEMENTS**

Member's Statement 313-13(5): Payment for Movement of Graves in Hall Beach

**MR. EVALOARJUK:**

(Translation) Thank you, Mr. Speaker. Mr. Speaker, I rise today to speak about my concern regarding an issue I have brought up on two occasions. In March, 1997, I questioned the Minister of MACA about the four men who moved 30 graves in Hall Beach. I brought up the issue again on the February 2nd of this year, but in my understanding is this is not a responsibility of MACA. Hall Beach workers did this work in the summer of 1968 but they did not get paid for that tedious task.

The excavation of bodies is not a duty that should go unpaid and there were 30 of these bodies moved. This task is not something that the average person would want to do. These men helped out the

community when they were needed and yet they still were unpaid for their hard work.

Mr. Speaker, I will be directing my questions to the Premier at the appropriate time. Thank you, Mr. Speaker. (Translation ends)

**MR. SPEAKER:**

Thank you. Members' statements. Mr. Barnabas.

Member's Statement 314-13(5): Nunavut Caucus Action Plan - Creating Nunavut

**MR. BARNABAS:**

Thank you, Mr. Speaker. Mr. Speaker, I am pleased to rise today to talk about the continuing role the Nunavut Caucus will play in the creation of Nunavut. As Members know, we are only a short time away from April 1, 1999 and much remains to be done. Mr. Speaker, as Members of this Assembly, we must do all that we can to make the transition process as smooth as possible. As the Honourable Goo Arlooktoo, Minister responsible for Nunavut transition has said, it is very important that the Nunavut Caucus continues to work in close cooperation with the western Caucus, maintaining an open dialogue on matters dealing with the creation of two new territories. Not only will this help the process of division, but it will also ensure future relations between the two territories are strong and harmonious.

Mr. Speaker, the Nunavut Caucus Action Plan Creating Nunavut, which I will table later today, outlines many issues related to the implementation of a new Nunavut government and that Nunavut Caucus feels is very important in ensuring the smooth transition to the two new territories. Members of the Nunavut Caucus are focused on implementing the new Nunavut government. The Nunavut Caucus will continue to work in a cooperative way in addressing the issues. We want to play a supportive and productive role with all the parties involved in the process.

As elected Members of this Assembly, the Nunavut Caucus will work very hard to ensure that creation of two territories does not affect the level of government programs and services for Nunavut residents. We remain committed to maintaining and improving the quality of life for the people of Nunavut.

Mr. Speaker, the Nunavut Caucus will continue to support the efforts of the Minister responsible for the

Nunavut Transition in promoting the creation of a new Nunavut government. I am confident that in working with our partners, the western Caucus, the office of the Interim Commissioner, Nunavut Tunngavik Incorporated, the federal government and the Nunavut Implementation Commission, a Nunavut government will be created that the people of Nunavut can be proud of. Thank you, Mr. Speaker.

--Applause.

**MR. SPEAKER:**

Thank you, Mr. Barnabas. Members' statements. Mr. Miltenberger.

Member's Statement 315-13(5): Business Credit Corporation Board Meeting

**MR. MILTENBERGER:**

Mr. Speaker, last night I returned home to Fort Smith to attend the open house of the Business Credit Corporation. The board chose very wisely, to go out to the region and communities to hold meetings. They chose Fort Smith. From what I heard, the discussion last night was a very beneficial exercise, where the board got to meet business people and vice versa, hear and exchange views and concerns about business issues and how the BCC operates.

--Applause.

**MR. SPEAKER:**

Thank you. Members' statements. Mr. Ootes.

Member's Statement 316-13(5): Housing Corporation Plan 2000

**MR. OOTES:**

Thank you, Mr. Speaker. I rise today to talk about Plan 2000, the NWT Housing Corporation's plan to build 2000 homes. Mr. Speaker, I agree with the basic principles behind this initiative to get those who can afford to maintain their own homes into homes of their own. However, Mr. Speaker, it is important to note that while this program does exactly that, gets people who can afford to maintain their own homes into a

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home, this program does not impact or free up social housing to the extent that Members may believe.

I would like to take a moment to site some statistics on the Down Payment Assistance Program and the extent of the Down Payment Assistance Program. Of the 397 units that have been built so far under Plan 2000, only 158 have been for clients who have moved out of social housing. This translates into only 40 percent. Some regions, such as the North Slave, have built 93 percent of the units for people presently occupying social housing, freeing up 27 public housing units. Other regions, such as the Baffin and Keewatin, are around 35 percent, which translates into 52 freed up social housing units in the Baffin and 23 social housing units in the Keewatin.

Plan 2000 is a good program and is meeting its stated goals. I would however, Mr. Speaker, wish to encourage the NWT Housing Corporation to make sure as many of the families as possible accessing this program, are in fact, people presently residing in social housing. We must also, Mr. Speaker, make sure that the federal government does not abdicate its responsibility to the people of the Northwest Territories. We must impress upon the federal government that any successes resulting from Plan 2000, will not significantly diminish the ongoing need for social housing units. The Northwest Territories has a young population, limited economic opportunities and a social safety net stretched to its breaking point.

We must ensure that young people of the Northwest Territories have access to adequate, affordable housing. It is only by increasing the total available number of social housing units that we can address the serious social conditions that exist in some of our smaller communities and improve the health and well-being of our citizens. Thank you.

--Applause.

**MR. SPEAKER:**

Thank you. Members' statements. Mr. Rabesca.

Member's Statement 317-13(5): Federal Budget Day

**MR. RABESCA:**

Thank you, Mr. Speaker. Mr. Speaker, today, as the entire country knows it, is budget day for the liberals in Ottawa. There has been speculation that our federal government will have a balanced budget, with a possible surplus. This is, indeed, good news for us all. I would like to congratulate the Honourable Paul Martin for his guidance in achieving this. Over the

past number of years, Canadians have suffered from budget cuts and belt tightening that most jurisdictions across our country have experienced and hopefully, this budget will give us all the rewards we expected.

During Sunday's brunch where Mrs. Blondin-Andrew and Andrew Mitchell spoke, both stressed that the north would get its fair share. I hope this will happen. We have heard over and over the need for more housing, better housing and lower rents for staff in remote communities and many other issues, hopefully, this budget will address.

I hope this budget addresses the recommendations put forward in the Royal Commission on Aboriginal Peoples Report as suggested. The federal government has recognized the needs and the despair that our native people across the country live under.

Previous budgets have taken their toll on our people. Many areas of Canada have unsuitable housing, higher than average unemployment, lower than average education levels and very high incidents of social problems. In most cases, these are our native aboriginal Canadians. Our people need many things to live a normal life as the rest of Canada and I hope that Mr. Martin will address these very important issues. Thank you, Mr. Speaker.

--Applause.

**MR. SPEAKER:**

Members' statements. Mr. Roland.

Member's Statement 318-13(5): Tourism Advertising and Marketing

**MR. ROLAND:**

Thank you, Mr. Speaker. Mr. Speaker, on a number of occasions in this forum, I have raised the issue of jobs and jobs for northerners and the transition from a lifestyle to taking part in business activities. Mr. Speaker, continuing in that area of looking for more jobs and putting people to work and becoming productive, an issue in the community I represent, as well as the region, is in the area of tourism. More and more people, local hunters and trappers, are trying to take an active role in this area because they are the ones that know the land, the river system and the animals, so they have become more and more and involved.

Mr. Speaker, I have brought some information in regard to a comparison between the Yukon government and the Government of the Northwest Territories. Although we are very dependant on new monies coming from people who travel into the north on a yearly basis, we seem to be lowering the amount we spend on tourism advertising and marketing. For example, Mr. Speaker, in 1996-97, a total budget of marketing and advertising for the whole of the Northwest Territories was \$1.9 million and in 1997-98, for the west alone, the total budget for marketing and advertising is \$593,000.

Mr. Speaker, when we bring in, by our own statistics, it shows that in the NWT, the travel industry brings in, according to a 1994 exit survey, \$76.9 million and the NWT Tourism Marketing Strategy showed \$133.9 million on a yearly basis. This is an area we need to focus on. We need to show the people who are involved in tourism and the transition from trapping and hunting to tourism, that we support them. I believe this is an area we can focus on. If we are going to draw new money into the Northwest Territories, we have to start spending a bit of money ourselves to attract the people into the territories. Hopefully, this government is looking at this area of how to bring in new dollars, not just recirculating old dollars. Thank you, Mr. Speaker.

--Applause.

**MR. SPEAKER:**

Thank you. Members' statements. Mr. Picco.

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Member's Statement 319-13(5): Transfer of Yellowknife Liquor Warehouse

**MR. PICCO:**

Thank you, Mr. Speaker. Mr. Speaker, as elected representatives of this House, we are elected to represent the people of the Northwest Territories. At times, specific constituency issues are raised and other times, transterritorial issues, although sometimes constituency specific issues have territorial implications. An example was the Keewatin health issues. Mr. Speaker, the assets of this government were paid for and financed by all residents of the Northwest Territories. How does the government decide what is surplus and what is redundant?

Mr. Speaker, specifically, I speak about the government's consideration to transfer the NWT liquor warehouse to the city of Yellowknife for a dollar. Mr. Speaker, the liquor warehouse, information provided to me shows, has a value of \$2.39 million. I have never heard about any situation in the past where a \$2.39 million asset would be transferred for a nominal sum of a dollar and then be torn down just to make available a building lot.

Mr. Speaker, the transfer of an asset to a community or an organization in the past has been facilitated to help a community or that organization, not to be destroyed to make way for another project. How was this decision reached? Mr. Speaker, later today, I will ask questions to the Minister responsible for this matter. Thank you.

--Applause.

**MR. SPEAKER:**

Members' statements. Item 4, returns to oral questions. Item 5, recognition of visitors in the gallery. Item 6, oral questions. Mr. Miltenberger.

ITEM 6: ORAL QUESTIONS

Question 419-13(5): Pastoral Visits at Stanton Regional Hospital

**MR. MILTENBERGER:**

Thank you, Mr. Speaker. My question is addressed to the Minister of Health and Social Services. I was speaking to Reverend Paul Bauchman, an Anglican minister who has served 18 years in the north in Cambridge Bay and Fort Smith. As well, he has written a letter about his concern. Back on January 23rd, he was in Stanton Hospital and asked if he could make pastoral visits to provide relief and support to the injured and sick of his congregation. For some unfortunate reason, this privilege, for the first time, was denied to him and he was not allowed to go in as a member of the clergy, as a minister of the Anglican church or to provide support to his flock.

I would like to ask the Minister if this is, indeed, hopefully a one-time unfortunate incident that can be remedied and things put right, so this kind of very important support to patients is, in fact, encouraged and not hindered. Thank you.

**MR. SPEAKER:**

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

Return To Question 419-13(5): Pastoral Visits at Stanton Regional Hospital

**HON. KELVIN NG:**

Thank you, Mr. Speaker. Mr. Speaker, I do find it disturbing. The honourable Member and the Reverend Bauchman did provide me yesterday with a copy of a letter outlining his complaints and concern on this issue. I plan on addressing it directly with chair of the Stanton Regional Health Board. I am sure it is a one-time occurrence that regrettably happened. We will do all we can to make sure it does not happen again, Mr. Speaker. Thank you.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Miltenberger.

Supplementary To Question 419-13(5): Pastoral Visits at Stanton Regional Hospital

**MR. MILTENBERGER:**

Thank you, Mr. Speaker. I would like to thank the Minister for that quick and positive response. In his discussions with Mr. Cleaver, would the Minister also pass on information that, in fact, the Reverend Bauchman is in Yellowknife for the next three or four days, staying at the Anglican church diocese in Yellowknife, should he want to, in fact, talk to him to ensure that there is no misunderstanding in the future. Thank you.

**MR. SPEAKER:**

Mr. Ng.

Further Return To Question 419-13(5): Pastoral Visits at Stanton Regional Hospital

**HON. KELVIN NG:**

Thank you, Mr. Speaker. Mr. Speaker, I will have my deputy minister contact Mr. Cleaver today to make sure that this issue is straightened out before I have a chance to speak to the chair on the matter. Thank you.

**MR. SPEAKER:**

Thank you. Oral questions. Mr. Picco.

Question 420-13(5): Transfer of Yellowknife Liquor Warehouse

**MR. PICCO:**

Thank you, Mr. Speaker. Mr. Speaker, my question is concerning the Government of the Northwest Territories liquor warehouse in Yellowknife. Mr. Speaker, my question is, why would the government transfer an asset valued at \$2.39 million to the city of Yellowknife to be destroyed or torn down to make way for another building? Thank you, Mr. Speaker.

**MR. SPEAKER:**

Mr. Premier.

Return To Question 420-13(5): Transfer of Yellowknife Liquor Warehouse

**HON. DON MORIN:**

Thank you, Mr. Speaker. This is normal, good government to do things like this in partnership with our communities. We have done it in many other communities. For the Member's information, we are transferring this parcel of land to the city of Yellowknife and the building will be sold. Thank you.

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--Applause.

**MR. SPEAKER:**

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

Supplementary To Question 420-13(5): Transfer of Yellowknife Liquor Warehouse

**MR. PICCO:**

Thank you, Mr. Speaker. Mr. Speaker, is there something wrong with the present building? It was built in 1976, it contains 33,000 square feet, 7,000 square feet is the mezzanine. So it has 40,000 square feet and it is only a little over 20 years old. What is wrong with the building? Thank you, Mr. Speaker.

**MR. SPEAKER:**

Mr. Morin.

Further Return To Question 420-13(5): Transfer of Yellowknife Liquor Warehouse

**HON. DON MORIN:**

Thank you, Mr. Speaker. It is a perfectly good building. Thank you.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Picco.

Supplementary To Question 420-13(5): Transfer of Yellowknife Liquor Warehouse

**MR. PICCO:**

Thank you, Mr. Speaker. Mr. Speaker, I am not trying to ask the question in a facetious manner. I am not trying to debate the issue. I would like to ask some questions on this area. You are talking about an asset of \$2.39 million, paid for by the people of the Northwest Territories. I think we have a right to know what is happening with this building. If the building is perfectly fine, why are you trying to get rid of this lot to make way for another building on the lot? I understand the building would be taken down, if it is \$2.39 million. Could the Premier tell me what is happening with the 33,000 square feet, the space for the liquor warehouse and the Public Works and Services warehouse and the Public Works and Services records that are kept in the warehouse? Have they been transferred somewhere else?

**MR. SPEAKER:**

Thank you. Mr. Morin. You have used up all your supplementaries, Mr. Picco.

Further Return To Question 420-13(5): Transfer of Yellowknife Liquor Warehouse

**HON. DON MORIN:**

Thank you, Mr. Speaker. The liquor warehouse portion of it that is privatized and there is another one being built from the private sector to supply that to the government. We have other places to put the records and the building itself. The city of Yellowknife requested us to give them that land to put two arenas on there, I believe they are going to build a double arena. The taxpayers in Yellowknife are going to pay for those arenas and the intention of the government is to sell the warehouse and we will get paid for that portion of it. Thank you.

**MR. SPEAKER:**

Thank you. Could we have some order in the House, please? Oral questions. Mr. Evaloarjuk.

Question 421-13(5): Payment for Movement of Hall Beach Graves

**MR. EVALOARJUK:**

(Translation) Thank you, Mr. Speaker. My question is directed to the Premier. Mr. Speaker, four Hall Beach workers have not yet been paid for the removal and replacement of 30 graves in 1968. Back then, they were to be paid approximately \$4,000 for the work. I understand this would be the responsibility of the federal government. I would like to ask the Premier if he would be willing to contact the federal government to request that these workers in Hall Beach be paid for the work they did in 1968? Thank you, Mr. Speaker. (Translation ends)

**MR. SPEAKER:**

Mr. Premier.

Return To Question 421-13(5): Payment for Movement of Hall Beach Graves

**HON. DON MORIN:**

Thank you, Mr. Speaker. I will be pleased to work with the Member to try and solve this issue on behalf of his constituents and to contact the federal government. Possibly if he and I could have a meeting to find out, I believe we have on record the names of the gentlemen who did the work. I would like to know exactly when it was done so we can somehow track who was the federal government's contact person in the community at that time. We then can help his constituents build a case that we could take to our MP for the Nunavut area as well as to the federal government. Thank you.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Evaloarjuk.

Supplementary To Question 421-13(5): Payment for Movement of Hall Beach Graves

**MR. EVALOARJUK:**

(Translation) Thank you, Mr. Speaker. Can the Premier tell me when he will contact the federal government? (Translation ends)

**MR. SPEAKER:**

Thank you. Mr. Premier.

Further Return To Question 421-13(5): Payment for Movement of Hall Beach Graves

**HON. DON MORIN:**

Thank you, Mr. Speaker. As soon as myself and the Member have the opportunity to meet to get all the information. Immediately after that, I will write a letter to the federal government.

Thank you.

**MR. SPEAKER:**

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

Supplementary To Question 421-13(5): Payment for Movement of Hall Beach Graves

**MR. EVALOARJUK:**

(Translation) Thank you, Mr. Speaker. Is the Premier indicating that he will be able to communicate with me first before he can get the federal government's response? Thank you. (Translation ends)

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**MR. SPEAKER:**

Thank you. Mr. Premier.

Further Return To Question 421-13(5): Payment for Movement of Hall Beach Graves

**HON. DON MORIN:**

Thank you, Mr. Speaker. Hopefully, this week while we are in session, we can take a few minutes of the Member's time, sit down and discuss the issue so I have background on the issue and then we will contact the federal government and write to them shortly after that, seven days. Thank you.

**MR. SPEAKER:**

Oral questions. Mr. Henry.

Question 422-13(5): Hay Job Evaluation System

**MR. HENRY:**

Thank you, Mr. Speaker. My question, is to the Minister responsible for the Financial Management Board, Mr. Todd. It is in regard to the new job evaluation system. Mr. Speaker, this new job evaluation system still is of great concern to many employees of the Government of the Northwest Territories. At this stage, the last couple of days in



the House the Minister alleviated some concerns about the present employees and indicated that their positions will be frozen as regard to pay and remuneration. The concern that is raised now is, Mr. Speaker, how the positions were evaluated and where they finish up on the scale. I note that the evaluation was performed by Hay and Associates. In the documentation that was presented to all government employees, it lays out some of the conditions how that was arrived at. My question to the Minister is, in what other jurisdictions other than Manitoba does the Hay and Associates perform these services for other governments? Thank you, Mr. Speaker.

**MR. SPEAKER:**

The Minister of Finance, Mr. Todd.

Return To Question 422-13(5): Hay Job Evaluation System

**HON. JOHN TODD:**

If my memory serves me correct, I understand they have done work in Manitoba, Ontario, some of the maritime provinces and I believe British Columbia. They have also done a variety of work for the private sector, not just governments. I know for sure Ontario, Manitoba and I believe some of the maritime provinces. I could get a full description of their government work, for my colleague, if he so wishes. They certainly have significant national/international experience. Thank you.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Henry.

Supplementary To Question 422-13(5): Hay Job Evaluation System

**MR. HENRY:**

Thank you, Mr. Speaker. If the Minister could also at that time provide information as to job evaluation systems that they have done in other governments as to how they have worked out and how long they have been in place. I also note on this particular document, Mr. Speaker, it talks about the government explaining the new job evaluation system to employees. What provisions does the Financial Management Board have in place to respond to employees who have concerns about this new job evaluation system? Thank you, Mr. Speaker.

**MR. SPEAKER:**

Mr. Todd.

Further Return To Question 422-13(5): Hay Job Evaluation System

**HON. JOHN TODD:**

I do not think there is any doubt that some employees whose pay level is going to be reduced would be concerned. Of course, the employees whose pay level is going to be increased will be pleased with that in terms of the job evaluation. I have talked to Mr. Voytilla and indicated to him that we have to deal with this on a one-to-one basis. We will. We are trying to communicate to the best of our ability as to why some things have happened. I did have a discussion early this morning, with my colleague from Inuvik, Mr. Roland who has a number of concerns. We will try to address them on an individual basis. I hope we are going to be able to demonstrate to our employees that we treat people in a fair and reasonable way. I believe there are more employees who will be getting a more pay level increases, if you want rather than those who are being reduced. Thank you.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Henry.

Supplementary To Question 422-13(5): Hay Job Evaluation System

**MR. HENRY:**

Thank you, Mr. Speaker and thank you, Mr. Todd for that. You will agree the more information people have the better informed they can be and the easier it is for them to accept some conditions especially if they are well informed. Would the Minister consider setting up a position, for at least a two-week period, where employees can call in and dedicate an employee who is well informed about how this evaluation system was done? Would the Minister consider setting up and dedicating an individual employee or a member of the Hay Plan to answer questions that the government employees have with regard to how the evaluation system is done? Thank you, Mr. Speaker.

**MR. SPEAKER:**

Mr. Todd.

Further Return To Question 422-13(5): Hay Job Evaluation System

**HON. JOHN TODD:**

These are extremely important questions my colleague asks and I concur there is clearly a need to communicate with our staff and explain both positive and negative ramifications of the job evaluation system. I will be meeting with my deputy minister at noon, during the break. I will see what would be an appropriate process to give the employees access to either somebody or a group of people to try an answer their questions and will be in touch with my colleague and advise him what we are going to do. I will try to do it as quickly as possible. Thank you.

**MR. SPEAKER:**

Oral questions. Mr. Roland.

Question 423-13(5): Support for the Tourism Industry

**MR. ROLAND:**

Thank you, Mr. Speaker. Mr. Speaker, my

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question at this time will be directed to the Premier. Mr. Speaker, in my Member's statement, I raised the issue of funding for the tourism sector. We have heard in this Assembly many times, when we talk about more funding, the question seems to come back, from where? We have a number of areas we can work on. We do a lot of forgiveness of debts and so on. Maybe that is an area we can work on tightening up. I would like to know from the Premier, in the area of tourism and funding, does this government support this initiative and this activity? Thank you.

**MR. SPEAKER:**

Mr. Premier.

Return To Question 423-13(5): Support for the Tourism Industry

**HON. DON MORIN:**

Thank you, Mr. Speaker. I do not know the exact number of dollars we do have in support of marketing in the Northwest Territories. I do know that we market the Northwest Territories and we do have programs to assist tourism and people to market the Northwest Territories. Thank you.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Roland.

Supplementary To Question 423-13(5): Support for the Tourism Industry

**MR. ROLAND:**

Thank you, Mr. Speaker. Knowing that we do support, to some degree, the tourism industry, I would like to know if this government, knowing that by spending a little more money, we can bring in new dollars to the Northwest Territories, which is dearly needed. Will you direct your Ministers to work on this issue to try and find some resources or the necessary funding to improve the area of tourism? Thank you.

**MR. SPEAKER:**

Mr. Morin.

Further Return To Question 423-13(5): Support for the Tourism Industry

**HON. DON MORIN:**

Thank you, Mr. Speaker. I will be pleased to work with the Member as well as the Minister responsible for marketing of tourism in the Northwest Territories, to look at how we are doing and whether we can do a better job or not and sometimes we can do a better job possibly, without spending more dollars. Maybe it is just the way we are doing our marketing. We are doing a fairly good job on marketing. My understanding is tourism numbers are increasing by the year. I see there a lot of down-filled red jackets in Yellowknife throughout the winter months. By talking to those tourist operators and marketing of northern lights, tourism has grown from where it started off at approximately 400 tourists and then it jumped to 1,200. Last year it was 1,800. This year it is 4,000 with a good potential of growing to at least 10,000 tourists a year. Thank you.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Roland.

Supplementary To Question 423-13(5): Support for the Tourism Industry

**MR. ROLAND:**

Thank you, Mr. Speaker. From the Premier's answer, which leads me to the question of although there are

increasing tourists especially in the Yellowknife area, that is not the same in the rest of the territories. There has been a slight reduction in the amount of tourists coming north. I think that we can draw a correspondence to the amount of funding we have been putting into tourism marketing. Although we know there are benefits, will there be the possibility of working together? I would like to see that happen as soon as possible that we may address some of the issues of all the regions in the territories. Thank you.

**MR. SPEAKER:**

Mr. Morin.

Further Return To Question 423-13(5): Support for the Tourism Industry

**HON. DON MORIN:**

Thank you, Mr. Speaker. The people who are involved in the tourism business as well as aboriginal groups who are involved in the marketing of tourism are talking and dealing with the Minister on creating a new marketing plan for tourism for the western Arctic. The eastern Arctic and Nunavut area have already embarked on marketing Nunavut and tourism over there. With marketing in the west, it is a matter of all the partners coming together to develop a marketing plan. Those marketing plans should also include all the regions. Thank you.

**MR. SPEAKER:**

Oral questions. Final supplementary, Mr. Roland.

Supplementary To Question 423-13(5): Support for the Tourism Industry

**MR. ROLAND:**

Thank you, Mr. Speaker. One of the concerns with our marketing of tourism is, it focuses on the very large places. I would like to know if any work will be done in the area of trying to make sure the funding goes right to the source, the operator who is out on the river boat or fishing camp, and so on. If we could improve that and how the money gets to that person, I think we will see some definite bonuses. Thank you.

**MR. SPEAKER:**

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

Question 424-13(5): Arctic Bay Sewage Lagoon Project

**MR. BARNABAS:**

Thank you, Mr. Speaker. Mr. Speaker, my question will be directed to the Minister of MACA. Mr. Speaker, I learned that the Arctic Bay sewage disposal lagoon dump improvement was reduced by \$210 in order to purchase a bulldozer for the hamlet. Mr. Speaker, my question is why the project was reduced when there is a local contractor with full equipment in the community? Thank you, Mr. Speaker.

**MR. SPEAKER:**

The Minister of Municipal and Community Affairs, Ms. Thompson.

Return To Question 424-13(5): Arctic Bay Sewage Lagoon Project

**HON. MANITOK THOMPSON:**

Thank you, Mr. Speaker. My

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regional staff is very good at speaking to the communities and finding out what the priorities are. I do not know why he said \$210. I think that is probably \$210,000. I do not know what happened with the bulldozer and the sewage lagoon as to why it was reduced. I will get back to the Members. I will take it as notice. Thank you, Mr. Speaker.

**MR. SPEAKER:**

The question is taken as notice. Oral questions. Mr. Ootes.

Question 425-13(5): Tourism Coordination Strategy

**MR. OOTES:**

Thank you, Mr. Speaker. My colleague, Mr. Roland, spoke a few moments ago about tourism and the importance in creating jobs and the relationship of that. I, too, in Yellowknife am aware we have had a drop in tourism. It is my belief it is a direct result of the cutbacks in funding to promote tourism. I wonder if the Premier could tell me if they have discussed this as a Cabinet because Mr. Kakwi has stated previously he is awaiting word from the Tourism Association of the western Arctic on a strategic plan

on their part, but in the meantime if promotion is not done at this time of year, then we are going to probably see a reduction in tourism this upcoming year. Yellowknife can take that reduction but other communities are very dependent upon tourism. My question to the Premier is, has this been discussed as a Cabinet strategy? Thank you.

**MR. SPEAKER:**

Mr. Premier.

Return To Question 425-13(5): Tourism Coordination Strategy

**HON. DON MORIN:**

Thank you, Mr. Speaker. I do not think I can tell the Member what we discuss in Cabinet. Thank you.

**MR. SPEAKER:**

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

Supplementary To Question 425-13(5): Tourism Coordination Strategy

**MR. OOTES:**

Thank you, Mr. Speaker. Could the Premier take this up as a discussion matter with Mr. Kakfwi? I have every confidence in Mr. Kakfwi and his strategy. It is just that we are starting to face a bit of a time crunch problem for tourism operators. They need to have some program in place to promote. Could the Minister address this with Mr. Kakfwi? Thank you.

**MR. SPEAKER:**

Mr. Morin.

Further Return To Question 425-13(5): Tourism Coordination Strategy

**HON. DON MORIN:**

Thank you, Mr. Speaker. Tourism is very important for the economy of the Northwest Territories. We have a lot to offer the world in places to come and see, fish, hunt and to look at northern lights. We do not want to see our tourism industry floundering. I would be pleased to take it up with the Minister. I am sure that the Minister is working with the other people in the Northwest Territories who are involved in

tourism to try to make sure that we market it properly. I will discuss it with the Minister. Thank you.

**MR. SPEAKER:**

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

Question 426-13(5): Contribution to the City of Yellowknife

**MR. O'BRIEN:**

Thank you, Mr. Speaker. Mr. Speaker, my question is to the Minister responsible for FMBS. Mr. Speaker, it is my understanding that approximately \$400,000 was donated or transferred to the City of Yellowknife. The apparent purpose was to help offset the downturn to the economy due to the loss of jobs, so on and so forth. Can the Minister confirm whether this amount of money was transferred, indeed, to the City of Yellowknife? Thank you.

**MR. SPEAKER:**

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

Return To Question 426-13(5): Contribution to the City of Yellowknife

**HON. JOHN TODD:**

Yes, Mr. Speaker. In an effort to assist the city in its fiscal crisis and the fact that we are in a huge downturn, as it relates to division and as the majority of cuts in the budget strategy are coming out of Yellowknife; Yellowknife requested some assistance and we provided it. Thank you.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. O'Brien

Supplementary To Question 426-13(5): Contribution to the City of Yellowknife

**MR. O'BRIEN:**

Thank you, Mr. Speaker. Can the Minister confirm to this House where this money came from, how it was facilitated?

**MR. SPEAKER:**

Mr. Todd.

Further Return To Question 426-13(5): Contribution to the City of Yellowknife

**HON. JOHN TODD:**

Yes, Mr. Speaker. It could have come through the community infrastructure funding, but I would have to double check. Certainly, at the request of three MLAs from Yellowknife and with my and the city's support, we moved on this important initiative to stabilizing the Yellowknife economy, et cetera.

--Applause

**MR. SPEAKER:**

Thank you. Oral questions. Could I have some order in this House please? Supplementary, Mr. O'Brien.

Supplementary To Question 426-13(5): Contribution to the City of Yellowknife

**MR. O'BRIEN:**

Thank you, Mr. Speaker. Mr. Speaker, I realize that Yellowknife has had some difficult times over the last year or so. This is not to say that the smaller communities in the eastern Arctic that are suffering from 72 to 75 percent unemployment also have had difficult times over the last many,

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many years. My question to the Minister, I am not concerned or upset about the fact that Yellowknife has received \$400,000. All the power to them. My question, Mr. Speaker, is how can communities like my two communities, Arviat and Baker, access this type of funding and get on this gravy train, so they can have the same benefits as the city of Yellowknife? Thank you.

**MR. SPEAKER:**

Mr. Todd.

Further Return To Question 426-13(5): Contribution to the City of Yellowknife

**HON. JOHN TODD:**

I would not define the request from city hall with the support of four MLAs for Yellowknife as a gravy train, Mr. Speaker. If my honourable colleague wishes to make a reasonable question, I am prepared to answer with a reasonable answer. What I will say to him is,

there are a variety of programs out there in which his community has accessed. I know his community very well has accessed the Community Infrastructure Fund for the Kivalliq partners, et cetera. City hall and Yellowknife have historically not accessed that. This was and is a unique situation. It is a city that has taken some of our biggest hits in terms of layoffs. It is a city that is under siege with respect to the mining industry. This is a city that needs some assistance. My colleagues, I and others chose to give it to them. This is a one-time assistance to see if they can get out there to market the city and bring some new life to it. I would hope that all of my colleagues in this House would see the value of that. Historically and certainly presently, communities like my home community of Rankin Inlet, Mr. O'Brien's communities like Baker Lake and Arviat have been able to access a whole bunch of programs as level two and level three communities that level one communities have not been able to access. It is no different from the assistance that we want to give in Inuvik which is currently assigned as a level one community but, in fact, has a level two, level three economy. This was the reason why we did this. Thank you.

--Applause

**MR. SPEAKER:**

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

Supplementary To Question 426-13(5): Contribution to the City of Yellowknife

**MR. O'BRIEN:**

Thank you, Mr. Speaker and Mr. Todd for those comments. Mr. Speaker, can the Minister tell this House who authorized this transfer of funds to the City of Yellowknife and which department was involved? Thank you.

**MR. SPEAKER:**

Mr. Todd.

Further Return To Question 426-13(5): Contribution to the City of Yellowknife

**HON. JOHN TODD:**

I am not sure who authorized it. RWED was the department that was used as a means to provide the city with the funding. I was involved as the Finance Minister at the request of the three MLAs and the city.

I would have to check into exactly which department. I believe it was RWED that gave the funding. I was actively involved as the Finance Minister in ensuring that the funding was there. Thank you.

**MR. SPEAKER:**

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

Supplementary To Question 426-13(5): Contribution to the City of Yellowknife

**MR. O'BRIEN:**

Thank you, Mr. Speaker. The Minister indicated that RWED was involved. Would the Minister confirm that the Minister of RWED approved this transfer of funding to the City of Yellowknife?

**MR. SPEAKER:**

Mr. Todd.

Further Return To Question 426-13(5): Contribution to the City of Yellowknife

**HON. JOHN TODD:**

I cannot confirm whether the Minister of RWED approved or not. I am saying to you as the Finance Minister, I was active in the process of trying to find the additional dollars required on a one-time basis to help the city that is currently under economic siege and has taken these large hits as it relates to the Deficit Elimination Strategy, as it relates to the division of 150 people of which Mr. O'Brien and others, will reap the rewards from in the decentralized government. I was involved in providing assistance to the city and RWED was the mechanism in which we transferred the money through. Thank you.

**MR. SPEAKER:**

Oral questions. Mr. Erasmus.

Question 427-13(5): Presentation to United Nations Rapporteur

**MR. ERASMUS:**

Thank you, Mr. Speaker. Recently, Dr. Alphonso Martinez, special rapporteur for the United Nations, visited the Hay River Reserve at which time there were several representations made to him. I would like to ask a question to the Minister responsible for Aboriginal Affairs. There were several

representations made to the special rapporteur by the aboriginal governments in the Northwest Territories which clearly voiced their dissatisfaction with what they perceive as Canada's violations against the treaties. They indicated that Canada is in breach of their obligations. Also, they expressed concern that the passing of legislation by the territorial and federal governments further erodes their treaty rights. What I would like to know is, did this government make a presentation to the special rapporteur from the United Nations? Thank you.

**MR. SPEAKER:**

The Minister of Aboriginal Affairs. Mr. Antoine.

Return To Question 427-13(5): Presentation to United Nations Rapporteur

**HON. JIM ANTOINE:**

Thank you, Mr. Speaker. Mr. Speaker, the UN rapporteur on treaty rights who attended the meeting was invited there by the Deh Cho First Nations and other First Nations. Treaty 8 and other First Nations attended this meeting. The purpose of the meeting was to meet this gentleman. Initial contact was made by the Grand Chief of Deh

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Cho when he went to the UN in Geneva last year. From there, I find out that this gentleman was doing a study on treaty issues. The purpose of the meeting was for the First Nations to explain to the UN rapporteur their concerns in regard to their treaty rights. The Northwest Territories government was not involved in this process and, therefore, would not make any presentation to this person. Thank you.

**MR. SPEAKER:**

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

Supplementary To Question 427-13(5): Presentation to United Nations Rapporteur

**MR. ERASMUS:**

Thank you, Mr. Speaker. Considering the implications of the report that the rapporteur makes, I would think that it is incumbent that this government bring some sort of a written report or presentation and have it sent to Mr. Martinez. Does this government

intend to make a written submission to the UN representative?

**MR. SPEAKER:**

Mr. Antoine.

Further Return To Question 427-13(5): Presentation to United Nations Rapporteur

**HON. JIM ANTOINE:**

Thank you, Mr. Speaker. Mr. Speaker, no, this government does not intend to make any statement at all to this UN rapporteur. He was here on the invitation of the First Nations and the First Nations wanted to make a presentation to him. The UN rapporteur will be making a major statement, not only for the Northwest Territories, Canada and the United States, but a statement throughout the whole world on treaty issues for indigenous people that they see there are injustices to them. As a result of that, we are part of the government and I think some of the concerns that were raised were aimed toward us. It would have been good to meet this gentleman but unfortunately because of this House sitting we were not able to attend the meeting. Thank you.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Erasmus.

Supplementary To Question 427-13(5): Presentation to United Nations Rapporteur

**MR. ERASMUS:**

Thank you, Mr. Speaker. It is precisely because this government could not make a presentation that I feel we should be making a written submission. I would like to know then, is this government content to let the representative from the UN only hear one side of the story before they make their report and publish it for the world to see? Thank you.

**MR. SPEAKER:**

Mr. Antoine.

Further Return To Question 427-13(5): Presentation to United Nations Rapporteur

**HON. JIM ANTOINE:**

Thank you, Mr. Speaker. Mr. Speaker, I see the point of the honourable Member and I think it is a very good

point. The UN rapporteur, Dr. Alphonso Martinez, may have seen only one side of the picture here in the Northwest Territories. I think as this Government of the Northwest Territories, we are working in partnership with the Aboriginal Summit Leaders and we are attempting to try to resolve some of these outstanding issues. It is important that our side of the stories get viewed. I will look into it with the rest of my colleagues here in the Cabinet and see if there is a possibility of writing a letter to the UN rapporteur and find out how he intends to do his report. It is incumbent upon us to make our own representation. Thank you.

**MR. SPEAKER:**

Oral questions. Final supplementary, Mr. Erasmus.

Supplementary To Question 427-13(5): Presentation to United Nations Rapporteur

**MR. ERASMUS:**

Thank you, Mr. Speaker. As I have indicated before, there could be serious repercussions from this report, particularly since Treaty 8 indicates the report from the commissioner indicated that the Indians were promised that they would never have to pay taxes. I would like to know if this government has a position already on some of these issues that they could make known to the special rapporteur. Thank you.

**MR. SPEAKER:**

Mr. Antoine.

Further Return To Question 427-13(5): Presentation to United Nations Rapporteur

**HON. JIM ANTOINE:**

Thank you, Mr. Speaker. Mr. Speaker, I do not know what kinds of presentations were made to the UN rapporteur. We are not subject to the presentations he received and that will be something we should look into. If there are areas where we feel we should be explaining ourselves and the different concerns that may have been raised from the different personations, like the example the honourable Member made of Treaty 8 promises that were made that they would not have to pay taxes. I know this is a very important outstanding issue for treaty people in the Northwest Territories and in Canada. This government does not have a position on it, but we see it as a bilateral process between the First Nations and the federal government. We need to get further information on

what kind of presentations were made to the UN rapporteur. Thank you.

**MR. SPEAKER:**

Oral questions. Mr. Krutko.

Question 428-13(5): Contribution to the City of Yellowknife

**MR. KRUTKO:**

Thank you, Mr. Speaker. My question is to the Minister of Finance regarding the \$400,000 the city of Yellowknife received. In my riding, there was a motion passed in the committee of the whole asking for financial support and support from this government for the Tl'oondih Healing Society in which 30 people were laid off. I would like to ask the Minister, how seriously do they take motions which are passed in the committee of the whole, in which this government gets direction from all Members of the House, versus allocating \$400,000 to one large municipality?

**MR. SPEAKER:**

The Minister of Finance.

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Return To Question 428-13(5): Contribution to the City of Yellowknife

**HON. JOHN TODD:**

Thank you, Mr. Speaker. We take all motions in this House seriously. Thank you.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Krutko.

Supplementary To Question 428-13(5): Contribution to the City of Yellowknife

**MR. KRUTKO:**

Thank you, Mr. Speaker. In regard to the \$400,000 the city of Yellowknife received, why was not the Tl'oondih Healing Society also considered in allocating funding, in which 30 people were laid off?

**MR. SPEAKER:**

Minister of Finance, Mr. Todd.

Further Return To Question 428-13(5): Contribution to the City of Yellowknife

**HON. JOHN TODD:**

It will take some time to answer this question, so my colleague understands the concept in which it was done. The reality is that the city of Yellowknife has taken the largest amount of hits in the Deficit Elimination Strategy. Coupled with that, there is going to be 150 to 200 jobs that are going to disappear with division. With that, you have the crisis in the gold market which laid off even more people. As Finance Minister, I am concerned. I was as concerned then, as I am now. There is a requirement for stability in the investment community, a requirement for stability within the banking community and there is a requirement to ensure that Yellowknife gets treated no differently than anybody else. The \$400,000 which I was actively involved in, and I am proud to say that, is a one time effort to assist Yellowknife to get out there and find alternatives to the hits it has taken over the last two or three years. I fundamentally believe that if the centre gets weakened to the point where the investment community is not prepared to continue to invest, it has a ripple effect outside of Yellowknife, whether it is in Iqaluit, Arviat, Cambridge Bay or Fort McPherson. That is the reason that request had my support and I requested it be done. It was a one-time deal and an effort to try and bring some support to Yellowknife for the first time in 25 years, in a time of extreme difficulties. I believe it warranted it then and still believe it warrants it now. Thank you.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Krutko.

Supplementary To Question 428-13(5): Contribution to the City of Yellowknife

**MR. KRUTKO:**

Thank you, Mr. Speaker. Mr. Todd talks about fairness, yet he mentions that he has done all these great things for all these communities, which \$400,000 was given to the city of Yellowknife. How much was given to all the other ridings to offset the impacts that they have had to incur because of the deficit elimination that we had to do in this government? I mentioned one area in which there were 30 people laid off in my constituency where we lost a lot of economic opportunities and programs that were there before. Why is that?



**MR. SPEAKER:**

Mr. Todd.

Further Return To Question 428-13(5): Contribution to the City of Yellowknife

**HON. JOHN TODD:**

Mr. Speaker, everybody took its share of hits. Yellowknife took more than its share of hits, coupled with the fact that division is taking place and there are more hits to come. As the Finance Minister, I am concerned about fiscal stability within the overall territorial framework. We could be sitting in Yellowknife, a year from now, with 300,000 square feet of office space empty. That has an impact, my belief as Finance Minister, on what takes place in Inuvik, Rankin Inlet, et cetera. In fact, we did put more money back into the budget, \$16 million in the employment side, in which communities like my honourable colleague represents, received its fair share.

--Applause.

If I may, Mr. Speaker, in the ten-year allocation by community, for example, in Fort McPherson, the average, which my colleague frequently criticized us for, the per capita dollars were \$25; the per capital dollars in Yellowknife were \$7. Thank you, Mr. Speaker.

**MR. SPEAKER:**

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

Supplementary To Question 428-13(5): Contribution to the City of Yellowknife

**MR. KRUTKO:**

Thank you, Mr. Speaker. I would like to thank the Minister for those numbers. When you are talking about 150 people out of 2000, you have quite a ratio. When you are talking 30 people out of 700, it affects the community more drastically than 2000 people. Maybe he should consider looking at his statistics and see exactly how they affect the communities, based on percentages, not based on the size of the community. If you have 2000 people, there is a difference between 2000 and 700. I would like to ask the Minister, why is he trying to use this scenario now, yet the other communities are probably worse off now than they were compared to Yellowknife? That is why

a lot of our people are having to come to Yellowknife to try to find those opportunities because there are none in our communities. Maybe he should take that scenario into account when he does his calculations.

**MR. SPEAKER:**

Thank you. Oral questions. Mr. Evaloarjuk.

Question 429-13(5): Arena Opening in Hall Beach

**MR. EVALOARJUK:**

(Translation) Thank you, Mr. Speaker. My question is directed to the Minister of Municipal and Community Affairs. About a week ago, February 20th, the arena was supposed to be open in my constituency of Hall Beach, but it was delayed until March 2nd. The reason was that the Minister informed my constituents that she could not attend. Now it is supposed to be open on March 2nd because of the Minister not being able to go to Hall Beach. Will the Minister be in Hall Beach on March 2nd to open the arena? Thank you. (Translation ends)

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**MR. SPEAKER:**

The Minister of Municipal and Community Affairs, Ms. Thompson.

Return To Question 429-13(5): Arena Opening in Hall Beach

**HON. MANITOK THOMPSON:**

(Translation) Thank you, Mr. Speaker. The reason why I delayed the opening of the arena was, and I told the regional office in Iqaluit, I will not be able to attend at that time. I also asked them if we could delay it further for March 2nd. I would like to say today that I will not be able to go to Hall Beach. It is very unfortunate. I cannot attend. Thank you, Mr. Speaker (Translation ends)

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Evaloarjuk.

Supplementary To Question 429-13(5): Arena Opening in Hall Beach

**MR. EVALOARJUK:**

(Translation) Thank you, Mr. Speaker. During the Legislative Assembly session some of the Members

are not able to attend the session. I wonder why you cannot go to my community to open up the arena. It would have been fair for me as a constituent of Hall Beach that you should be able to attend the opening of the arena. Thank you. (Translation ends)

**MR. SPEAKER:**

Ms. Thompson.

Further Return To Question 429-13(5): Arena Opening in Hall Beach

**HON. MANITOK THOMPSON:**

(Translation) Thank you, Mr. Speaker. I am not saying that Mark Evaloarjuk's riding is a low priority, but we were given some instructions by the Premier that we could attend important functions. It is unfortunate we could not change it. I have to get approval from the Premier to do stuff like that. Thank you. (Translation ends)

**MR. SPEAKER:**

Oral questions. Mr. Henry.

Question 430-13(5): Amending the Workers' Compensation Act

**MR. HENRY:**

Thank you, Mr. Speaker. I am a little flustered, Mr. Speaker, all these attacks on Yellowknife today, will you please excuse me. My question, Mr. Speaker, is for the Minister responsible for the Workers' Compensation Board. A number of times in this House, I had requested the Minister to look at modernizing the Workers' Compensation Act, particularly one section, the section which the WCB retains the right to sue their own individuals whom the organization was set up to protect. Mr. Speaker, I note in the review of the Workers' Compensation Act, there is a report of the chief commissioner of boards and agencies. There are a couple of very interesting statements made here. It supports the position I am taking that this particular part of the section should be removed. The chief commissioner noted this particular section was, indeed, archaic. It was a unique provision in the act that was never intended to continue for the long term. It also goes on to recommend the particular offending section should be removed and the balance of the section reworded to reflect the protection of all employers and their workers covered by the act. Mr. Speaker, I will again ask the Minister responsible for the Workers'

Compensation, if he will consider introducing legislation in the fall, minor legislation, to remove this particular section from the Workers' Compensation Act as has been recommended by Members of this House and by the chief commissioner on boards and agencies? Thank you, Mr. Speaker.

**MR. SPEAKER:**

The Minister responsible for Workers' Compensation Board. Mr. Todd.

Return To Question 430-13(5): Amending the Workers' Compensation Act

**HON. JOHN TODD:**

Thank you, Mr. Speaker. As my honourable colleague knows the Workers' Compensation Board Legislation, has not been touched since 1988, if my memory serves me correctly. There was a requirement given in 1990, for some change to that act. I will take into consideration my colleague's suggestion. I would not want to commit today to say I will bring a minor amendment in the fall. I will certainly take his question and talk to the staff and see if, in fact, I can respond in a positive way. Thank you.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Henry.

Supplementary To Question 430-13(5): Amending the Workers' Compensation Act

**MR. HENRY:**

Thank you, Mr. Speaker. I do note in the same report the act was established in 1977, and as the Minister has sort of confirmed, there have not been any major revisions to it. The Minister has committed to looking at it and I would ask that he report back to the House as to when will he give a report advising us that, indeed, there are merits to changing this particular section? If it is minor, will he proceed with introduction of that later on this fall? Thank you, Mr. Speaker.

**MR. SPEAKER:**

Thank you. Mr. Todd. Two questions.

Further Return To Question 430-13(5): Amending the Workers' Compensation Act

**HON. JOHN TODD:**

I would not want to be misunderstood. I am not suggesting, for one minute, that this is not an important amendment. I am saying there are a variety of other amendments that I certainly want to see in the act at the time. I have said in previous questions that part of our problem, of course, is that the Legislative agenda keeps jammed up, First, when you say that, people are critical in the press. The reality is we are jammed up. I will undertake to discuss the matter and recommendation by my colleague with the chairperson of the WCB and report back to my colleague in the House as quickly as I can. Thank you.

**MR. SPEAKER:**

Oral questions. Mr. Picco.

Question 431-13(5): Disposal of GNWT Warehouse

**MR. PICCO:**

Thank you, Mr. Speaker. Mr. Speaker, the Premier said earlier that the GNWT will transfer the \$2.3 million

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asset to the city of Yellowknife. That was not the line of my question. What I am trying to say is, why does the GNWT not take this asset and sell the warehouse to themselves and then transfer the lot to the city of Yellowknife, so tax payers can recoup some of the money they put into this warehouse? Thank you, Mr. Speaker.

**MR. SPEAKER:**

Mr. Premier.

Return To Question 431-13(5): Disposal of GNWT Warehouse

**HON. DON MORIN:**

Thank you, Mr. Speaker. That is an excellent plan. I commend the Member on figuring it out. I am sure that is what we will do. Thank you.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Picco.

Supplementary To Question 431-13(5): Disposal of GNWT Warehouse

**MR. PICCO:**

Thank you, Mr. Speaker. I thank my colleagues and the Premier for complimenting me on that nice question. My supplemental question is, will the Premier report back to this House exactly what is going to happen to that asset that has been identified to be transferred to the City of Yellowknife? Thank you, Mr. Speaker.

**MR. SPEAKER:**

Mr. Morin.

Further Return To Question 431-13(5): Disposal of GNWT Warehouse

**HON. DON MORIN:**

Thank you, Mr. Speaker. That was an excellent question by the honourable Member from Iqaluit. Once again, I will be pleased to report back to this House to tell them exactly what is going to happen with the twin pad arena and the warehouse. Thank you.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Picco.

Supplementary To Question 431-13(5): Disposal of GNWT Warehouse

**MR. PICCO:**

Thank you, Mr. Speaker. Earlier, when I had asked, following up on this line of questioning, the Premier had said that areas like this were assets that have been transferred to community organizations happened in the past. I tried to say that, indeed, there was no precedent. You will transfer a \$2.39 million asset, then it will be torn down or sold. Would the Minister commit at this time to provide to this House and this Member a list of those assets that have been transferred, like the liquor warehouse? Thank you.

**MR. SPEAKER:**

Mr. Morin

Further Return To Question 431-13(5): Disposal of GNWT Warehouse

**HON. DON MORIN:**

Thank you, Mr. Speaker. I will be pleased to provide the Member with all the liquor warehouses we have transferred in the past. Thank you.

**MR. SPEAKER:**

Thank you. Oral questions. Mr. Krutko.

Question 432-13(5): Detail of Contributions to Rankin Inlet

**MR. KRUTKO:**

Thank you, Mr. Speaker. My question is to the Minister of Finance if he could give me a breakdown on the capital expenditures for Rankin Inlet in the last ten years?

**MR. SPEAKER:**

I must rule the question out of order. The Member is asking a detailed question that normally would be a written question. Oral questions. Mr. Krutko.

Question 433-13(5): Aurora Fund Management Guidelines

**MR. KRUTKO:**

Thank you, Mr. Speaker. My question is to the Minister of Finance in regard to the Aurora Fund and individuals who work within the Aurora Fund and the accessibility they have to financial institutions in Canada. I would like to know if there are any guidelines or standards that have been in place for members who basically manage the fund or use the fund for their personal ability by having influence over financial institutions, where they may be able to access funding a lot easier than regular members because of using financial institutions? I would like to ask the Minister, does this government use the Pacific Western Trust as one of the financial institutions for the Aurora Fund?

**MR. SPEAKER:**

The Minister of Finance, Mr. Todd.

Return To Question 433-13(5): Aurora Fund Management Guidelines

**HON. JOHN TODD:**

I have to recognize that my colleague is perhaps upset this morning but his line of questioning is questionable. I have to say that publicly. I am

disappointed he would imply anything other than what we have indicated in this House on a regular basis. I want to tell you that, quite frankly, he knows full well, I have answered this question a million times in the House. Pacific Western, thank goodness, is the lending institution that provides support to the Aurora Fund that provides long-term funding to northerners including northerners in his riding in Fort McPherson.

**MR. SPEAKER:**

I caution the Member regarding the rules under 23(i) imputing motives. Mr. Krutko. Oral questions. Supplementary.

Supplementary To Question 433-13(5): Aurora Fund Management Guidelines

**MR. KRUTKO:**

Thank you, Mr. Speaker. Are there guidelines in place to ensure that individuals who work with the Aurora Fund are regulated and they do not have the ability to access funds from institutions, who presently fund the Aurora Fund? As well to ensure that there is no conflict of such a process?

**MR. SPEAKER:**

Mr. Todd.

Further Return To Question 433-13(5): Aurora Fund Management Guidelines

**HON. JOHN TODD:**

I think I know where my honourable

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colleague is going and I think he is suggesting, let us be blunt about it, he is suggesting the current general manager of the Aurora Fund, Mr. Bailey, has access to Pacific Western to finance other things he wants to do as a private sector person. The answer is yes. My understanding, considering we talked about, I want to bring it back up again, the Lahm Ridge Tower. I believe it was financed through Pacific Western. That has got nothing to do with the Aurora Fund. I, frankly, do not know where this line of questioning is going. If my colleague has a specific question on a specific issue, I will be only too happy to answer it.

**MR. SPEAKER:**

Oral questions. Supplementary, Mr. Krutko.

Supplementary To Question 433-13(5): Aurora Fund Management Guidelines

**MR. KRUTKO:**

Thank you, Mr. Speaker. This is why it is important that we do have some guidelines that spell out exactly what the connection is between the manager, the financial institutions and this fund, so that everybody understands what the rules are, so we do not find ourselves in a conflict of interest. There are rules laid down, so this fund is basically credible and people do not see it as some way of double dipping or whatever. There have to be guidelines in place to ensure that it is used right.

**MR. SPEAKER:**

Mr. Todd.

Further Return To Question 433-13(5): Aurora Fund Management Guidelines

**HON. JOHN TODD:**

We finally got a reasonable civilized question and I will respond in a civilized way except for his comment about double dipping. I do not know why Members, when they ask a reasonable question, have got to add to it a bunch of rhetoric that has no reference to the question. Mr. Speaker, if my honourable colleague is concerned about the perception that there may be the ability to influence the lending institution because a particular person is the manager of the Aurora Fund, and he would like us to put together some guidelines and policies to make sure that does not happen, I would only be too happy to do that. Thank you.

**MR. SPEAKER:**

I respectfully remind the Members, including the Ministers, in answering the questions not to provoke debate. Mr. Krutko. Final supplementary.

Supplementary To Question 433-13(5): Aurora Fund Management Guidelines

**MR. KRUTKO:**

Thank you, Mr. Speaker. Can the Minister tell me how soon will he have these guidelines in place, so we can possibly get a copy of it to the Members of the House?

**MR. SPEAKER:**

Mr. Todd.

Further Return To Question 433-13(5): Aurora Fund Management Guidelines

**HON. JOHN TODD:**

Mr. Speaker, I stand to be corrected but I hope they are in place. There would be some professional guidelines in place that the lending institutions would make mandatory. If they are not, I will move as quickly as we can to put them in place. I would like to add since we are talking about the Aurora Fund that Pacific Western does, in fact, finance a number of municipalities at a much lower cost than a lot of the lending institutions across the Northwest Territories. In fact, they do save a number of municipalities including Yellowknife, dare I say this morning, a significant amount of money and I certainly appreciate their involvement in lending to municipalities and individuals in the territories. I have just been passed a note I am told we already have guidelines. It is contained in the offering memorandum. It is at arms length. It has a conflict of interest component in it. I will double check with that when we finish here. I would like to thank my MLA colleague for that advice and I will get the information he requires, so he can take the time to read it in a constructive way. Thank you.

--Applause

**MR. SPEAKER:**

Thank you. Item 7, written questions. Item 8, returns to written questions. Item 9, replies to opening address. Item 10, petitions. Item 11, reports of standing and special committees. Item 12, reports of committees on the review of bills. Item 13, tabling of documents. Mr. Ng.

ITEM 13: TABELING OF DOCUMENTS

Tabled Document 57-13(5): Recruitment and Retention of Health and Social Service Professionals - A Plan to Address Critical Needs

**HON. KELVIN NG:**

Thank you, Mr. Speaker. I wish to table the following document entitled, Recruitment and Retention of Health and Social Services Professionals, A Plan to Address Critical Needs. This document was developed jointly by the Department of Health and Social Services and boards, the NWT Health Care Association, NWT Medical Association and the NWT

Registered Nurses' Association. The plan has three components creating a stable workforce, increasing the competencies of staff and developing a northern workforce.

Mr. Speaker, this plan will begin to address the immediate and critical concerns about the recruitment and retention of health and social services professionals. Thank you, Mr. Speaker.

--Applause

**MR. SPEAKER:**

Thank you. Tabling of documents. Mr. Barnabas.

Tabled Document 58-13(5): Creating Nunavut - The Nunavut Caucus Action Plan

**MR. BARNABAS:**

Thank you, Mr. Speaker. Mr. Speaker, as co-chair of the Nunavut Caucus, I wish to table a document entitled, Creating Nunavut, the Nunavut Caucus Action Plan.

Mr. Speaker, this plan highlights important issues related to the creation of Nunavut and outlines actions that the Nunavut Caucus will take in cooperation with the Nunavut partners. Thank you, Mr. Speaker.

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--Applause

**MR. SPEAKER:**

Thank you. Tabling of documents. Item 14, notices of motion. Mr. Erasmus.

**ITEM 14: NOTICES OF MOTION**

Motion 13-13(5): Resolution Of Pay Equity Issue In The NWT

**MR. ERASMUS:**

Thank you, Mr. Speaker. I give notice that on Thursday, February 26, 1998, I will move the following motion:

Now therefore I move, seconded by the honourable Member for Yellowknife South, that this Legislative Assembly supports the principle of equal pay for men and women doing work of equal value;

And further that the Legislative Assembly strongly urges the Government of the Northwest Territories and the Union of Northern Workers to work together in collective bargaining to negotiate fair compensation to affected employees and rates of pay that treat men and women equally for performing work of equal value;

And furthermore that the Government of the Northwest Territories makes every reasonable effort to achieve pay equity and resolve the pay equity complaint and other employee wage and benefit cost issues, within the timeframe for inclusion in a new collective agreement and in a manner that minimizes the impact of the settlement on government employment and client service levels. Thank you, Mr. Speaker.

--Applause

**MR. SPEAKER:**

Thank you. 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. Mr. Ng.

**ITEM 18: SECOND READING OF BILLS**

Bill 14 An Act to Amend the Legislative Assembly Retiring Allowances Act and the Supplementary Retiring Allowances Act

**HON. KELVIN NG:**

Mr. Speaker, I move, seconded by the honourable Member for Aivilik that Bill 14, An Act to Amend the Legislative Assembly Retiring Allowances Act and the Supplementary Retiring Allowances Act, be read for the second time. Mr. Speaker;

This bill amends the Legislative Assembly Retiring Allowances Act, to change the calculation for the amount of contribution to be made by a Member as of October 16, 1995, and to limit the effect of the actuarial increase to an allowance paid in respect of service before 1992, for a Member who elects to commence receiving the allowance after obtaining the age of 55 years.

This bill also amends the Legislative Assembly Retiring Allowances Act, so that it complies with the Income Tax Act (Canada) by making changes to the following in respect of service after 1991:

- the way in which maximum benefits are calculated;

- the time at which a Member may take a full pension;
- the pension to which a spouse is entitled upon the death of a Member or former Member;
- the way the amount of a pension is calculated, when a Member of former Member wishes to commence receiving it before or after a certain time;
- the form that a pension may take.

This bill also amends a Supplementary Retiring Allowances Act, to limit the effect of the actuarial increase to an allowance paid for a Member who elects to commence receiving the allowance after attaining the age of 55 years.

Thank you, Mr. Speaker.

**MR. SPEAKER:**

Thank you. The motion is in order. To the principle of the motion. Question has been called. All those in favour? All those opposed? The motion is carried. Bill 14, has had second reading. Mr. Ng.

**HON. KELVIN NG:**

Mr. Speaker, I seek unanimous consent to waive rule 69(1) and have Bill 14, moved into committee of the whole. Thank you.

**MR. SPEAKER:**

The Member for Kitikmeot is seeking unanimous consent to waive rule 69(1). Do we have any nays? There are 110 nays. You have unanimous consent. Bill 14, is moved into committee of the whole. Second reading of bills. Item 19, consideration in committee of the whole of bills and other matters. Bill 8, Appropriation Act, 1998-99; Bill 11, Supplementary Appropriation Act, No. 3, 1997-98; Committee Report 2-13(5); Committee Report 3-13(5); Committee Report 4-13(5); Committee Report 5-13(5); Tabled Document 15-13(5), and Tabled Document 19-13(5). With Mrs. Groenewegen in the Chair.

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

**CHAIRPERSON (Mrs. Groenewegen):**

I will call committee of the whole to order. What is the wish of the committee this morning? We have 25-minutes before we break for lunch. Mr. Ootes.

**MR. OOTES:**

Thank you, Madam Chairperson. I would recommend that we continue with Bill 8, Appropriation Act, 1998-99; Committee Report 02-13(5), Standing Committee on Government Operations; Committee Report 03-13(5), Standing Committee on Infrastructure; Committee Report 05-13(5), Standing Committee on Social Programs and carry on with the Department of Health and Social Services followed by the Department of Transportation.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Is the committee agreed?

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**SOME HON. MEMBERS:**

Agreed.

**CHAIRPERSON (Mrs. Groenewegen):**

We will ask the Minister of Health and Social Services if he would like to call his witnesses and take the witness table. Thank you. Is the committee agreed?

**SOME HON. MEMBERS:**

Agreed.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. There are no witnesses. Thank you. We will talk to Minister Ng. Thank you. We are on page 6-6, Department of Health and Social Services, administration, detail. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Madam Chairperson. I have a number of questions with regard to the ongoing strategies. Could the Minister give us an update specifically, the alcohol and drug reforms and the strategy to do that? Have they had the desired effect? Are referrals to our northern institutions up, like the plan was, or are there a lot of people still going south?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Miltenberger. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, the information I have, because we do

monitor it quite vigilantly with the boards and their travel patterns and also with the facilities that are providing the alcohol and drug residential services that, they are meeting the levels of service in respect to being able to maintain their ongoing operations at this time. The amount of out-of-territories travel is minimal. I will have more statistics once my officials arrive because we were forewarned about this coming up as a discussion item, Madam Chairperson. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Madam Chairperson. I will have to come back to that question, then. Does the Minister know how long it will be before his officials are here?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Miltenberger. Mr. Ng has already indicated his officials will be here momentarily. Anything further, Mr. Miltenberger?

**MR. MILTENBERGER:**

Thank you, Madam Chairperson. Could the Minister possibly update us on this long outstanding care facilities reform that we have discussed? It has been our third budget that we have talked about it and what has been done to rationalize those kinds of care facilities, the service provided, to make sure they are integrated, elimination of duplication and all these other laudable goals. Could the Minister indicate when that reform will finally be finished?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Miltenberger. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, I will have to apologize. I will have to wait for my officials on this one because they are involved with that on a day-to-day basis versus myself. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Madam Chairperson. I will move onto another issue I had some questions on with regard to this think tank that has been formed and is housed on the one of the higher floors of the NorthwTel Building. This is supposed to be doing good social economic work as I think a lot of key members from the Minister's department are doing. Could the Minister indicate what their mission and mandate is? What are they going to achieve? Is it geared to a definite plan? Are there goals they are trying to meet or are they sitting there blue skying it and thinking about the world as it could be? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Miltenberger. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, this social economic group was established as a direct result of some of the more national program reforms that were being undertaken with a lot of my colleagues, particularly as it related to the provincial/territorial jurisdictions versus the federal jurisdiction, and overlap and duplication of programs. It is recognized there are a lot of consistencies but at the same time there are inconsistencies in programs throughout the country. What is highlighted to us, not even nationally, but within our own programs within this government, I use for example, the seniors' programs we have. There is an inconsistency in some of the ages of eligibility across different departments. There are some which are means tested and other that are not. There were some inconsistencies even in territorial government programs.

This group was tasked with trying to look at these issues across government on a broader perspective instead of departmentally to identify where those inconsistencies were and how some of the social programs interrelated with some of the national programs. Again, in respect of consistencies and inconsistencies to try to move toward better coordination of programs territorially as it related to federal programs on a longer term. Basically, that is where the group's focus is and how to guide some of the future decisions of government as it relates to the broader social economic aspects of government policy. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**



Thank you, Minister Ng. Mr. Miltenberger.

**MR. MILTENBERGER:**

Will this think tank, in fact, be producing position papers or option documents on some of the areas that the Minister has talked on? They sound very interesting and they are important to how this government will evolve. In fact, will they see the light of day and provide a basis for possible further discussion and feedback? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Miltenberger. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam

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Chairperson. Madam Chairperson, the intent is, this group will have an opportunity to provide input into Cabinet policies in respect to how they impact territorially on a broader socio-economic perspective. Again, to make comments on what is consistent and to make recommendation on what the shortfalls would be if you made decisions one way or another, to outline the options, basically, to give Cabinet the options to see whether or not they were consistent and some of the implications were to the decisions that were being considered at the Cabinet level, Madam Chairperson. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Madam Chairperson. Will these types of documents also be shared with this House, so that we can, in fact, see the scope and the depth of the discussion and some of the factors that are influencing decision-making and development of policies and procedures, some of these position papers put forward by this think tank? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Miltenberger. Mr. Minister.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. This group just got off the ground late last year. I do not know how much

of their work is actually on paper and ready to be put forward in a different kind of forum. I can check into that. I would have no problems with that provided how substantive the work is to date, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. The witnesses have arrived. Is the committee agreed that they should join the Minister?

**SOME HON. MEMBERS:**

Agreed.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Sergeant-at-Arms. Thank you. I will welcome back the witnesses. For the record, I will just introduce Mr. Dave Ramsden, the deputy minister and Warren St. Germaine, the director of finance for the department. I have Mr. Miltenberger.

**MR. MILTENBERGER:**

Madam Chairperson. I have some questions on board development, but I will save those until after other questions have been asked. I would appreciate that in the time left whether, in fact, the Minister could provide the information in regard to the strategic reforms of alcohol and drugs and this long anticipated, much awaited care facilities reform.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Mr. Miltenberger. I do not believe you had a question. Did you want the Minister to comment on that? Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Madam Chairperson. I was just assuming that the questions I asked initially that the Minister basically said he would apply to, would be the ones he would answer when his staff got here. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. I will ask Mr. Ramsden now to speak on the alcohol and drug reform, the long-term care reform and the status of those two initiatives. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Madam Chairperson. With respect to the alcohol and drug reforms, the department has had a series of discussions and has spent considerable effort working with treatment centre executive directors and boards. There is some element of support directed at the community programs. To back track a bit, there was a set of standards that was developed concurrently or in a consensus environment with the treatment centre executive directors and their boards. The standards were adopted by the department and put forward. The treatment centres are complying with those standards. There is a uniform assessment process now that has been put in place. It is our view based on the evaluations we have done that the assessment tool is being complied with, that it is a practical tool. Obviously, over time, it will evolve, but we think it is relevant tool. It is our view, people who are assessed to both need and be ready for treatment for addictions are getting the access they need. It was our view and we made a recommendation to the Minister which he accepted that we go no further in terms of adjusting the way we pay treatment centres for the coming year. As Members of the committee will recall, we are at a ratio now of 50 percent revenue by contribution and 50 percent by per diem. It was felt by the treatment centres and the department that we could not go any further into a totally per diem environment.

We have made considerable progress in terms of both resourcing and having training for treatment centre workers conducted. In terms of an evaluation of funding for the community drug and alcohol programs, we made a further recommendation to the Minister which he accepted that we not adjust the way in which those community projects were funded for the coming year. We had put forward some amount of change in 1997-1998, and it was felt community projects would not be able, quite frankly, to cope with any adjustments downward. Obviously, communities could benefit from more money but there was no ability to cope with a further reduction, so we stood down that change.

With respect to care reform, the focus of the department, various facilities and boards had been on a couple of different elements. One of them was either the closure or the changing of services provided in smaller facilities. We went through a

series of decisions that focused on three and four-bed care facilities. In each case, to the best of my knowledge these facilities are still able to operate as independent housing units but there was no way we could sustain 24-hour care in those facilities. The team went through a very extensive needs assessment with a variety of groups in the Deh Cho about how care could be provided in the Deh Cho and how the facilities needed to be adjusted. In fact, the report was adopted and the design work around the changes is underway with the board. There have been some preliminary steps taken in terms of care reform in Fort Smith. The area that the department is primarily focused on at this time is in the area of care and treatment

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facilities for children. There have been two meetings. There is an extensive series of discussions going on that are assessing both the needs and the gaps around services for children. This is certainly where that project has taken us now. It is very much into assessing and altering the range and mix of services that over time we will be able to develop for children. Thank you, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Mr. Ramsden. Operations and maintenance, total operations and maintenance Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. My question to the Minister is in regard to motions that are passed by committee or in committee of the whole. Exactly what does the department do with those motions once they have been passed?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, the department, as a government, takes all committee motions and the recommendations that come forward from committee of the whole and try to work with them when we can. Unfortunately, we cannot support all of them because of implementing them to our other programs. Thank you, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. In regard to other interested groups like the RCMP in which basically they have a lot of concerns, especially dealing with the communities and health and social issues that have an effect on their area, which is justice. There is an overlap, especially when you talk about treatment programs and dealing with a lot of these alcohol and drug related offenses, where they could, hopefully, be dealt with in the communities. Does the department or the Minister take the positions of the different groups such as the RCMP, health board or community organizations? How do they develop them into new proposals that this government is looking at to possibly consider making changes to the way we do things now? Is there a process that the government uses? Who makes the final decision? Is it the department itself, the deputy minister or yourself as the Minister? How does that scenario work in regard to trying to get the input from other groups and agencies that do have an interest in health and social services?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, a lot would depend on what type of initiative or program they would be trying to get off the ground. If I can use an analogy, if there was something in the honourable Member's riding, and I know he refers a lot to the Tl'oondih program. If they had a program they wanted to get off the ground and there is a recognized and supported need in the community then they would work at the community level to develop a proposal that could be forwarded to the board. If I use, again, an example of some of the Strategic Initiative Funds that we have in Inuvik, a board will have an amount of money accessible to do mental health programs, for example. If it is chosen as to what they feel is a priority, then they can gear a program toward what could theoretically be run out of the Tl'oondih program or on that site, particularly, if it is supported at the community and regional level, Madam Chairperson. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. Has your department looked at the possibility of formulating joint venture agreements between Justice and yourself, dealing with the large cost to the government, especially when you are transferring inmates and trying to find some sort of program within the communities, so it is developed closer to home and you are dealing with the problem in your communities? Dealing with the cost locally is probably going to be a lot cheaper than trying to deal with it in a large institution such as a jail or a facility outside of the riding or the community. Has there been every effort made between yourself in regard to other departments trying to consolidate some sort of working relationship to deal with a lot of these issues that have overlapping implications on both sides? It does not just affect one group. It also affects other agencies within the government. Has anything been done to look at developing programs, so that they can basically do that?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, first of all we have tried to allow the communities, whether it is at the community level or at the board level to have as much autonomy as possible by giving them the resources and the tools to try to develop programs to address the issues in their service area. A lot of our communities, if not all of them, have interagency committees that bring in the spectrum of health and social services care professions, including the RCMP as a part of that. The boards recently have taken on the committee's supervision initiative through the Department of Justice to provide some of the supervision for some of the individuals who are held in their communities.

We also have on a broader territorial level our social envelope committee of Cabinet that has the social envelope departments. It fits right in hand with what I had spoken on earlier on the socio-economic group and some of the broader cross-departmental issues that we could possibly put together on a longer term to try to address some of these issues in supporting individuals and communities, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. A lot of times a development of such a scenario takes resources and infrastructure. It is great to have these committees and scenarios, but it seems like the biggest problem you have at the community level is, there are not enough financial resources to do an adequate job. Basically, everybody is limited. The

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aspect of their funding is limited to that particular item through income support, social services or health or whatever. There has got to be the ability to move resources around and develop something that is workable and it is there for the long term. You cannot give it a quick fix and the problem goes away. The problem is going to continue on. You cannot continue on from year-to-year by putting proposals forth. There has to be some ability when these scenarios are looked at, the long-term planning in regard to knowing that you are developing five and ten-year plans in which you may have to fund these programs for five or ten years. You look at the financial savings to this government regarding the other costs associated with having to deal with social services regarding welfare and looking at the costs of policing, enforcement and all these other factors have to be looked at. There is sort of a balancing act of where you may see savings, but also that there has to be funds put in place in the long term. Have there been any programs developed to consider looking at developing a long-term scenario to deal with a lot of these health, alcohol, drug and social issues that a lot of communities find themselves in? We all realize they are there, but it is a question of looking at it as a long-term solution, not just a quick fix and hopefully it will go away. What has been done to look at such a proposal or scenario to remap the way we do things now with the idea that we talk about community empowerment and regional empowerment? At the end of the day, because of the geography and the size of the communities, they are limited on what, if they really want to do an adequate job, they either have to develop the infrastructure or look at long-term funding. I think that we have to go back to that scenario of long-term funding. Has the department looked at such a scenario so that we can look at it as a long-term fix, not just a short-term fix?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, there have been several initiatives, that have been ongoing. This government had the community action plan where we tried to assist communities in developing their own wellness plans. In the past, we know that we did eliminate that funding, or reduced it, through the federal government.

There is the wellness action plan whose work is ongoing right now in conjunction with our government and with the aboriginal organizations through the brighter futures. Our government also has community development funds through Education, Culture and Employment and through Municipal and Community Affairs in respect to developing and training resources at the community level. I think what is important to note as well, in respect of financial resources, we recognize that there is a lot of duplication in administration out there of resources. One of the community empowerment and community wellness initiatives was to try to pool some of those resources to get some efficiencies there; to get some fiscal flexibility to communities at a local level or regionally; to allow them to make decisions so that hopefully they can enhance their programs and break down some of the barriers between agencies and between government departments, Madam Chairperson. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko, that was ten minutes. I would like to remind all government operations Members that they have a noon hour meeting and we will recess committee of the whole for a one hour break. Thank you.

--Break

**CHAIRPERSON (Mrs. Groenewegen):**

I call committee of the whole back to order. We are on activity summary, administration, Department of Health and Social Services, operations and maintenance, total operations and maintenance, \$29.538 million. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Madam Chairperson. I just have a few more questions on this particular activity. I would be more than happy to move on. Could the Minister or the deputy minister speak a bit more specifically about this alcohol and drug reform? The concern was, when we moved to per diem and started giving communities funding that there would, in fact, be a wholesale drop in northern referrals and that communities would use the money and not send people to treatment facilities. Could the Minister indicate whether, in fact, referrals are fairly constant, have they gone up, gone down? What about southern referrals? The Minister indicated that he was not quite sure.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Miltenberger. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Madam Chairperson. I do not have the specifics of our review with me, but in terms of southern referrals there has been no upward trend. We have very, very few southern referrals, that is, people being referred out of the territories. There has been a slight drop overall in terms of the number of people that are being placed in treatment at NAS. In the early part of this year, there has been a fairly significant increase at Nats' ejee K'eh on the Hay River Reserve and there has been an increase into the Iqaluit centre. Recently, we have done an extensive amount of developmental work among the three Nunavut boards and that treatment centre and they have actually recently completed a full program with almost 100 percent occupancy, so it was a significant success. There has been no downturn in significant numbers in terms of people accessing treatment and no increase in terms of people leaving the territories for treatment. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Madam Chairperson. A final question as well on this care facilities reform with its shifting focus. Will there, at some point in time prior to division, be a document that elaborates and puts down exactly what is the strategy, what is the focus and puts it together so that it looks like a comprehensive, unified work? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Miltenberger. Mr. Ramsden.

**MR. RAMSDEN:**

Our expectation is that we can do that through the next four to five months. We are awaiting the opportunity to have preliminary discussions with the new

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Nunavut deputy so that we can do the work on a future two territories basis, but we expect to complete this first round of assessment and put forward our recommendations in the next four to five months. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Madam Chairperson. I would like to move on briefly to the issue of board support, board training and of course, the approval process that one has to go through to get a name once it is sent from the community up here, approved. My major concern is the board training and how that is monitored, some sort of standard curriculum the boards are required to take, a way of monitoring how boards or Members may commit on a board so there are no gaps. I know it was mentioned earlier that Mr. Chang does the... I cannot remember the name of the training he does now, carver model training and I do not know if that is by chance or is that part of a broader, a more coordinated plan? My concern is does the department have a plan and a structure for board training so that it is done in a coordinated way, that there is a standard that everybody has to take so that boards are operating from the same basic starting point in terms of common knowledge. Then it also makes it easier to understand and relate to what the department is doing as well. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Miltenberger. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Madam Chairperson. The first efforts the department did, certainly in their recent history, we worked with the Health Care Association to adopt and then do some adaptation to the carver model and there was a fairly extensive round of workshops done

with all boards? To my knowledge now, there are three or four people in the NWT who have received the training to actually deliver the carver model training. It is not narrowed down to a specific person. In the work that we are developing now with respect to board evaluation, we have included a section in there to ensure that we monitor the ongoing currency of training for all trustees. We have one person who is focused on monitoring the process of trustee appointment and then monitoring both the currency of their appointment and the currency of their training. With some of the new appointments, obviously we are not at 100 percent in terms of our satisfaction on training, but we are positioned to get there. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Thank you, Mr. Miltenberger. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Madam Chairperson. Yesterday I had asked some questions in relation to tuberculosis in the Northwest Territories and the reply had indicated that they would try to provide me with some information today. I was wondering if that information is available.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Erasmus. Mr. Minister.

**HON. KELVIN NG:**

I will ask Mr. Ramsden to respond. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Mr. Ramsden.

**MR. RAMSDEN:**

Madam Chairperson, I had the opportunity to confer with the chief medical health officer today and he advises me that we have no cases that we are dealing with at this time where drug resistant tuberculosis has developed. The answer at this point, the incidence is zero. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Madam Chairperson. In another area, we had met with the NWT Medical Association and one of their concerns was the need to resolve the definition of the most appropriate provider for health care in the communities of the north. Has there been any movement in this area to properly define this term, most appropriate provider?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Erasmus. Mr. Ramsden.

**MR. RAMSDEN:**

Madam Chairperson, the medical association and the registered nursing association are engaged at this point in a formal dialogue. The department has participated in that and what they are trying to do, at least in that particular area, is delineate roles and responsibilities for particularly family physicians and nurse practitioners. I think what we find most helpful in that kind of an area is that it will help us to determine the kinds of, both upfront and ongoing, education and training that family physicians and nurse practitioners need to be both working together and be fully competent in terms of their respective roles. The whole issue of most appropriate care provider needs to go much beyond the debate between physician and nurse. We anticipate exploring areas of role definition for CHRs, social workers, mental health workers and family counsellors, there is still a significant amount of work to do to formally delineate roles and responsibilities. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Madam Chairperson. Did the deputy minister indicate that work is proceeding in all those areas that he mentioned toward the last part of his answer?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Erasmus. Mr. Ramsden.

**MR. RAMSDEN:**

No, what I had suggested is that there is further work needed. The work that is actually proceeding at this point in a very tangible way is between the medical association and the nursing association. There have

been workshops and there has been some work started in terms of the whole approach to an integrated care provider team in a community and in a region. Coming out of those discussions is where we anticipate doing additional work in terms of the role for each provider and the training and supports needed for each. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Erasmus.

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**MR. ERASMUS:**

Thank you, Madam Chairperson. In those other areas, the first step is to recognize the fact that work has to be done in that area and the recognition is there, so I appreciate that. Another concern that was brought up by the medical association was the fact that changes to health care should be done to improve programs and services rather than just to save money. I was wondering if the recent changes in the last couple of years have been made primarily in an effort to save money or have they been made in order to improve programs and services? If it has been done to improve programs and services, can we get examples?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Erasmus. Mr. Ramsden.

**MR. RAMSDEN:**

Madam Chairperson, I had this very discussion with a variety of organizations and what we continue to put forward to people is that we deal in a very real environment. We take the quarter of a billion dollars of resources that we have available to us to invest in supporting the health and well being of residents of the Northwest Territories. We attempt to use that quarter of a billion dollars to achieve the most effective gains for people. There has been a whole series of areas where we believe we are either accomplishing or able to accomplish an improvement to programs and services. There has been extensive expansion of home care programs in communities so that people can be maintained in their own home in their own community. We are achieving significant success at this point simply in being able to support the training of northern nurses. The work that is going on around the identification of core services, the improvement of clinical standards and the identification of training needs for social workers and

counsellors, all point to areas of improvement in our view. In summation, what we have suggested to people that it is our burden to balance the fiscal realities to invest the quarter of a billion dollars wisely and to ensure that we measure the quality of care and seek to improve it wherever we have opportunity. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Madam Chairperson. It seems to me that perhaps one of the problems is that all these different areas are dealing with one particular part of a person and nobody is dealing with a whole person and coordinating all the different aspects of work that is being done. Is the department, having a look at this area to see if they could take a coordinating role to ensure the work that is being done? Everyone is working at different aspects. There is Education doing a little bit, there is RWED doing a little bit and Social Services and Health, they all affect the person and the person's health. Is the department looking at undertaking some type of coordinated effort?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, I believe the honourable Member from Mackenzie Delta also brought up this issue about coordination at a community and regional level. I believe I have outlined the interagency committees that a lot of the communities operate with right now that bring all the social partners in the community together under one group to deal with the common issues as it affects individuals within their communities. We have actively tried to provide the decision making, authority and resources to communities whether it is directly or through the boards, to try to stimulate and encourage some collaboration and spirit in order to try to eliminate or minimize some of the barriers that are there as a result of different departments trying to deal with individuals on more of a holistic case management basis instead of departmentally in a stove pipe type of delivery service. The amalgamation of Health and Social Services itself was another major step toward bringing together health care professionals and social

services professional to deal again on a more holistic case management type of basis, trying to treat individuals and recommend solutions and provide services to our constituents. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. At this time, before we proceed with the other Members on the list, on behalf of the Member for North Slave, Mr. James Rabesca, I would like to introduce some visitors he has today from his community, some elders from Rae-Edzo. We have a bit of latitude in committee of the whole, so I would like to introduce them individually. We have Jimmy Mantla, Paul Quitte, Alphonse Tsatchia, Pierre Tlokka, Eddy Camille, Jimmy Nedlen, Margaret Tsatchia, Mary Adele Desjardin, Mary Adele Tlokka, Mary Adele Gon and Rosa Ann Mantla. They are here today visiting the Legislative Assembly and the museum and back to Rae-Edzo on the Friendship Express. Welcome to the Legislative Assembly.

--Applause

I have on my list, Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. My question is along the lines of what type of training and standards in place with the health boards. What you see happening is we are taking individuals who may not have a background in health care but have been put in a situation where they have to make decisions that affect the health care of residents of the different communities and ridings. There has to be more initiative given to ensuring that these people are aware of the issues they are dealing with and the financial implications we find ourselves when they make those decisions, in having to choose what is good for the government and for the community. They have to aware when they get into what role they play as a board of directors and exactly who calls the shots, is it the executive directors, the boards, the Minister of Health or his deputy minister? We have to clear that up because I have the feeling that a lot of people from the communities have always asked for more control in the communities and more say in regard to health care and social programs we deliver at the community level. We establish regional health boards not only dealing with health but dealing with social issues on top of that. Again, it is the communities having to go to another institution for their needs. It is true they appoint people to the boards but the people who they appoint may not have

a background in health or social services. The decisions they make might be good ones, but if they do not have the training or a learning curve of realizing what they got themselves into, they may not be doing

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justice to the people who put them there. I would like to ask the Minister if there are any guidelines or training requirements these people have to fulfil in place now? Does that affect all boards in all regions?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. We do recognize this as an issue. Different boards are at different levels in respect to their capabilities, their knowledge of the responsibilities, how to carry out their responsibilities in relation to the people they serve, the CEO and the senior management of the regional health and social services boards. Over the past couple of years there has been a significant effort of all boards in trying to undertake trustee development through the NWT Health Care Association.

As noted in the past, Mr. Tony Chang, a former chair of the Stanton Regional Health Board, does undertake a significant amount of board development throughout the Northwest Territories from east to west. He works on the carver model, as it is called, and it clearly distinguishes between a board trustee's responsibility of making policy, setting direction for the CEO to carry out and having the awareness of the day-to-day operational functions are in the realm of the responsibility of the CEO and the senior staff but not board responsibilities. Having said that, we recognize that certainly a large majority, if not all of board trustees, when they come in have no background or no significant background in Health and Social Services. It is safe to say, they have a legitimate interest in that field otherwise they would not have put forward their names for consideration as a trustee. I would like to think they had some broad support from the group or the community they represent in putting forward their name to represent the interest of their community and of the regional health and social services board in trying to provide programs for their constituents. It is an area of board trustee development that we are continuing to work with the health care association, on in trying to firm up



and coordinate and standardize some of the training so that it is consistent. We do recognize there are some individuals who are probably lacking as a result of turnovers. That is going to happen when you have as many boards as we do and as many trustees as we do across the territories. Overall, there has been a lot of progress made in trustee development. I can see it when I meet with the boards.

I recall one of the first Beaufort Delta Leaders meetings when I first became Minister. There was concern about the Inuvik Regional Health and Social Services Board at the time. The issue I mentioned yesterday about how large the board was, how ineffective it was, what could we do about it and what powers did they really have? I express to the Beaufort Delta leaders at that time, they basically do the delivery of health and social services in the programs they service for the whole Inuvik area. These trustees make those decisions. It caught the attention of the leaders and they recognized they had, not to say they were not capable individuals before that, to put forward individuals they knew would directly represent them. They also dealt with the issue of trying to make the board more effective by downscaling it to make it a smaller group who they thought would represent their interest. Since that time they have made tremendous progress as we do not hear very many, if at all, major issues come out of the Inuvik area in respect to the services being provided under the leadership of the trustees there, Madam Chairperson. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Minister. Mr. Krutko

**MR. KRUTKO:**

Thank you, Madam Chairperson. Could the Minister tell me exactly what programs are in place to look at the evaluation and monitoring of the different boards and what exactly has happened with the scenario of the cuts and the amalgamation of the Department of Health and Social Services? Has a plan been put in place or is there a report where they did an evaluation or monitor the changeover from the previous way we did things in Health and Social Services to where we are today where we amalgamated those departments?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. On the two issues the Members has brought up, first on the monitoring evaluation of the board. The two facets, of course, are the board trustee development Mr. Ramsden spoke of earlier, having an individual monitor the appointment processes, what individuals have or have not undertaken, board trustee development. By the same token, we had mentioned yesterday about the monitoring evaluation unit. Two individuals specifically, geared toward dealing with the boards on a staff level to provide operational reviews and provide assistance if required, drawing upon the expertise of other individuals within the management of the Department of Health and Social Services.

For the issue of cuts and amalgamation, we know that when we undertook the amalgamation of Health and Social Services, there were some overlap and duplication in the administrative components. Both health boards and the Department of Social Services, at that time, had administration officers, regional superintendents, finance officers, clerks and et cetera. We understood that when they did do the amalgamation there were individuals impacted by that who either took the layoff packages or went to other departments in finding employment. The savings that were obtained from that, the boards put back into the programs staff primarily. In my area, they hired some staff development officers to support the social workers. Those are some of the reinvestments that came about as a result of some of those savings that were put forward as a result of amalgamation, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. Are there guidelines and standards developed for all boards in the territories at the present time?

**CHAIRPERSON (Mrs. Groenewegen):**

I assume you are referring to all health boards. Thank you. Mr. Ng.

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**HON. KELVIN NG:**

Thank you, Madam Chairperson. I guess if the honourable Member is referring to in respect to services being delivered, we had spoken on this again yesterday, in that there is a statement of core services the department is working on in conjunction with the boards. It is close to being finalized. It is going to outline exactly what expectations there are for services to be provided by boards across the territories. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. The Minister is correct. Yesterday, he did respond to a number of questions regarding guidelines and standards and also questions surrounding the issue of monitoring. Mr. Krutko.

**MR. KRUTKO:**

My time is up.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Administration, Department of Health and Social Services, operations and maintenance, total operations and maintenance, \$29.538 million. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Madam Chairperson. Again in the area of disease surveillance, I noticed that in the winter issue of Eppie North, which is produced by the health protection unit of health and social services, it indicates that there were nine cases of rabies exposure in the Inuvik area in the past year. This is the first that I have heard of this. Do we know how this has occurred? Or is it all one related to the same incident? What is the situation here?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, not being totally certain, I would make this assumption because it is nine cases that it would be related to the one incident of one dog or fox being rabid and having individuals possibly exposed to that and that risk as a result of that Madam Chairperson. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Madam Chairperson. Is it possible to find out and to report back, please?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Mr. Ng.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. I have Mr. Rabesca.

**MR. RABESCA:**

Thank you, Madam Chairperson. I have a question regarding what my honourable colleague, Mr. Krutko, is referring to regarding the board memberships. What might happen to the future board memberships when the Nunavut vision comes along? Is the west going to have its own members and Nunavut going to have its own members and the size of the membership that the west might have if division occurs? Thank you, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Rabesca. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, in the Nunavut area, as you know, the Nunavut Implementation Commission Report recommended the dissolution of health boards and establishing a ministry of health to deliver and carry out the functions of the ministry, plus the delivery of health and social services. This government did not accept that recommendation. We continued to operate in the method that we do and moving toward a ministry function having boards carry out the program service delivery at a regional level. It will be up to the new Nunavut government post 1999 to decide on what form of mechanism they would like for their health and social services system in Nunavut. We cannot make that determination at this time for them Madam Chairperson. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Operations and maintenance, total operations and maintenance, \$29.538 million. Mr. Krutko.

Committee Motion 21-13(5): To Establish Guidelines and Standards for the Operation of all NWT Health Boards

**MR. KRUTKO:**

Thank you, Madam Chairperson. I would like to move a motion. I move this committee recommend that the Minister of Health and Social Services works toward the establishment of guidelines and standards developed for all health boards in the Northwest Territories.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. I do not have a copy of the motion. We will have to take a five-minute break and have the motion translated. Thank you.

--Break

**CHAIRPERSON (Mrs. Groenewegen):**

I would like to read the motion for the record, moved by Mr. Krutko, Member for the Mackenzie Delta. I move that this committee recommends that the Minister of Health and Social Services work toward the establishment of guidelines and standards for the operation of all health boards in the Northwest Territories. The motion is in order. To the motion. Question has been called. Mr. Henry.

**MR. HENRY:**

Madam Chairperson, may I ask a question on this, of the Minister?

**CHAIRPERSON (Mrs. Groenewegen):**

The motion has been put forward by Mr. Krutko. You may speak to the motion. It is not the Ministers' motion, obviously. To the motion. Mr. Henry.

**MR. HENRY:**

Thank you, Madam Chairperson for giving me permission, even though others may not. I am not opposed to the motion, but I would be very surprised and I would say the government would be remiss if they did not have some guidelines and standards in place prior to these boards being set up. As I say, I am not opposed to the motion, but I would be interested in knowing if the motion is potentially redundant. Thank you, Madam Chairperson.

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**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Henry. To the motion. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, the honourable Member from Yellowknife South brings up a good point. I wanted to make that same point, although, we will not be voting for or against the motion, we do, in fact, have guidelines and standards in place for operation of boards and some of them are far reaching. The set up of the program and clinical standards we assumed as has been noted in Hansard when we took over Health and Social Services from the federal government. What we have discussed is the fact we are moving on developing a statement of core services as refined of some of those standards and guidelines for our partners, the boards. Madam Chairperson, with that, I will not be voting for or against the motion. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. To the motion. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. In regard to the whole idea of guidelines and standards, we do not only have territorial standards and guidelines that we have to follow. We also have to follow national standards that are presently in place which affects everybody. The boards should be made aware these national standards also exist. Your responsibility and your taking that oath of office to be a board of director, you are also liable in regard to what you are getting yourself into, knowing that there are certain national standards and guidelines you have to fulfil as part of your obligations as a board member.

It is important that these things are spelt out and all boards in the territories follow the same standards and guidelines right across the board. There is not one board going to be any different from the next in delivering health care to the residents of the Northwest Territories. This is why it is critical we have consistency as to how these boards operate in the Northwest Territories.

That is why I put the motion forth in light of the Ministers' statement saying this is what they have done. Great, but this is just to ensure that will be carried out, so the next time the Minister is held accountable to ensure these things are all in place at

the appropriate time and they do follow national standards and also the guidelines.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. To the motion. Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. Madam Chairperson, I am not opposed to the motion, either. If the motion would help to identify that, in fact, there are guidelines as to how many nurses are available per capita in a community, and the health boards can, in fact, meet those guidelines at all times. I presume this would also apply to doctors being available at any one time and to ensure health boards do, in fact, have that service available. There seems to be a suggestion of a lack of guidelines in the past whereby, when would the department step in, for instance, to take over the operation of the Kitikmeot Board or the Keewatin Board, I would say? If this motion serves to identify those guidelines that presumably exist according to the Minister, then there are no drawbacks to the motion. I am concerned with the ability of this government to step in when it is necessary. Therefore, in that sense I could support the motion. Thank you, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. To the motion. Question has been called. All those in favour? All those opposed? The motion is carried. Department of Health and Social Services, administration, operations and maintenance, total operations and maintenance, \$29.538 million. Agreed?

**SOME HON. MEMBERS:**

Agreed.

**CHAIRPERSON (Mrs. Groenewegen):**

Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. I have one question to the department and that is, if they could give me some information as to what does the department has in place as far as ensuring up-to-date x-ray equipment that every health centre that should have, like the larger centres? When or what format do you have in place for having these facilities inspected? Are they inspected on a regular basis to ensure they conform?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ramsden.

**MR. RAMSDEN:**

Madam Chairperson, there is an ongoing process that each board undertakes to do annual maintenance and assessment of the diagnostic equipment it has in its inventory. The work involved in both, repairing this equipment and assessing its condition is used annually in a dialogue between the boards and the department around decisions on minor capital replacement for equipment. In the previous year the board CEOs and the director of Financial Management Services met to determine the most pressing priorities. The money was allocated according to that forum. It was used to replace existing equipment. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. Just a followup question. Who does the inspections for the department? Is that self-inspected or is there another body from another jurisdiction who inspects the equipment?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ramsden.

**MR. RAMSDEN:**

Madam Chairperson, the department does not have the expertise inside of the department to do it. Most boards, with the exception of Stanton, who has part of that expertise on staff, most boards retain by contract, expertise from other jurisdictions. Typically, the Baffin uses staff out of McGill. There are arrangements in Alberta for some of the western boards, but each board retains a kind of inspection expertise. One of the benefits of multiboard discussions we had this year, is that there is some board sharing. They share resources on inspection to bring these people up to support

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them. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. Do I understand then, there are standards set the boards would have to meet on an annual basis to have their equipment inspected and their operators of the equipment are, in fact, qualified?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ramsden.

**MR. RAMSDEN:**

Yes, Madam Chairperson. There are standards in terms of the performance of the equipment and there are training standards around use of the equipment, as well.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Steen.

**MR. STEEN:**

Madam Chairperson, is there a training program in place whereby people from the territories could have training in this type of field? Is there such a program in place right now?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ramsden.

**MR. RAMSDEN:**

Training around the testing and calibration of equipment is highly specialized. Certainly, if there were people interested in pursuing that kind of training, it would be available to northern residents. We have not, given the fact the amount of training needed versus the amount of use of this expertise, has not made it one of our first priorities in terms of developing or supporting the development of that resource inside the NWT. It would certainly be the kind of training that would be available to northern residents.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. Are we talking about the same thing here? For instance, I am referring to where they have Nurses Training Programs. I am asking whether or not you have training programs specifically for people who handle x-ray equipment. In that field, would there be a course available under Arctic College?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ramsden.

**MR. RAMSDEN:**

My apologies, Madam Chairperson. I thought we were talking about the repair, diagnostic or the testing of that equipment. There certainly is the ability for support programming. There already has been some preliminary work around setting up a radiology program. I do not have the specifics on where they are at in that discussion, but there has already been some preliminary discussion in that area. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Steen.

**MR. STEEN:**

Madam Chairperson, I would have thought this would have been one of the programs where we would be encouraging people to enter. Judging by the number of facilities that have x-ray equipment, I presume there is one in every big centre. I would have thought the department would have been pushing this as much as they would push, for instance, nurses' training. Thank you, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Madam Chairperson. It is an area of training that represents an opportunity. What we created as a first priority was to make sure the people who currently use imaging equipment are competent and trained in its use. There has always been somebody trained in each community to operate the equipment that is in that community. Often times it is not the nurse practitioner, it has been other staff in the health centre. I could not agree more that it is an opportunity. In terms of priorities we had focused first on the nursing program in this area because the employment opportunity is much broader than it is in

radiology. There is no question. It is an excellent area for development. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Steen.

**MR. STEEN:**

Madam Chairperson, I thank the deputy minister for that, but it seems to me one of the concerns expressed by the recent nursing graduates was that there were no jobs. I am taken aback as I would have thought this type of radiology, for instance, would have been one field of expertise where there may be more opportunities for northern residents to qualify. I get the impression the department does not even give it all that much priority. I would have thought any jobs in the nursing field or health and social service field would be of a fair amount of priority to have local people get interested in that type of career. Would the department take into consideration or consider discussing with the proper departments, whether or not this type of program could be put through Arctic College or whoever the appropriate body would be? Thank you, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, we are not disagreeing with the honourable Member. There are some long-term benefits of looking at that. We have set as a priority the health care professionals themselves. I would disagree with the Member's statement about there not being opportunities for nursing graduates. There was a slight problem in identifying the mentors coming out of the graduate program, but that has been resolved. We are trying to focus, primarily, on the broader staffing needs, nurses, social workers, community health representatives, alcohol and drug workers. The ones where there are opportunities in every community, that has been our main focus.

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Although the honourable Member brings up a good point, it is something that we would see a bit further down the road in respect to some of the more specialized types of needs where those opportunities are not available in every community, Madam Chairperson. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. I have on the list, Mr. Picco.

**MR. PICCO:**

Thank you, Madam Chairperson. Madam Chairperson, for clarification before I ask a couple of questions in this area. I want to clarify that, indeed, I am on the right page for it. I wanted to ask about pharmaceutical regulations, pharmacists positions and also questions on continuous workers in the hospital. Would it be acceptable to ask under the administration page or should I wait for another page? Could I have that page identified? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Picco. It may be on the next page. Perhaps, Mr. Ng could indicate if it falls under administration activity. Thank you. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. We could respond now or on the next page. It does not matter, Madam Chairperson. I will ask Mr. Ramsden to speak to that.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Madam Chairperson. I believe we have confirmed this is the page to ask the question. I am not sure exactly what the question was. My apologies. Perhaps, I could have the Member restate his question on pharmaceuticals.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. I am not sure if Mr. Picco asked a question either. Mr. Picco.

**MR. PICCO:**

Thank you, Madam Chairperson. I was trying to figure out if, indeed, this was the correct page to ask questions on this area. It has now been confirmed by the Minister and his staff, that it is. I will begin. Recently, I understand there was some talk a few months ago about creating a position of regional pharmacists for the Northwest Territories. The last I heard was that it had been delayed until this April. The duties of the regional pharmacist could also

include the inspection of pharmacies. This is going back to some earlier questions I had about pharmacies and how drugs and so on are actually locked up and taken care of because of the recent break-in in our community.

My question would be first of all, are there any more discussions on the regional pharmacist's position? If so, are you trying to look at it for April and if not, why not? Thank you, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Picco. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Madam Chairperson. To the best of my knowledge the department, the various boards and health care associations had a fairly free ranging set of discussions around shared services. One of the areas where they began to do some very specific work was in the area of pharmaceuticals and pharmacy support. The Baffin Regional Health Board is one of the very few boards that have a pharmacist on staff and was quite helpful in supporting this work.

The working group recommended, and the recommendations were accepted by all parties, that they would establish a regional pharmacist position and that they would do it in the coming fiscal year. The regional pharmacist would work in support with the department in terms of its formularity and its pharmaceuticals program and in support of any board that did not have the resources or the demand for a full-time pharmacist. It is very much set to proceed, Madam Chairperson. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Picco.

**MR. PICCO:**

Thank you, Madam Chairperson. Indeed, sometime after April 1, we might have a regional pharmacist in place. That is good news. Would the department be directing the regional pharmacist when that position is in place? One of the duties is to check on the pharmacy regulations to make sure that over the counter drugs and prescription drugs are actually locked up or taken care of in a secure way? I understand the pharmaceutical storage of drugs in the Northwest Territories are governed by the Federal Drug Act. I believe that was what was said in questions in the House. Would that be one of the

roles and if it has not been contemplated as one of the roles, would the department look at having that duty assigned to the regional pharmacist. Thank you, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Picco. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Madam Chairperson. It is certainly one of the responsibilities that we see being placed with the regional pharmacist. More pointedly, it would be to support current managerial staff in the boards who already undertake a fairly extensive set of narcotics and pharmaceutical audits in every one of their own facilities. There are standards that are in place that are quite tightly adhered to in terms of the monitoring of storage and use. What we are attempting to do with this regional pharmacist is to bridge the gap in boards where there are no pharmacists on staff. Of course, in the Baffin region, they already have that kind of approach. We will be able to bring a greater level of uniformity of service to each board in that regard. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Picco.

**MR. PICCO:**

Thank you, Madam Chairperson. Moving on to the next area, it concerns health care workers, but it might be an FMBS question because it has to do with salaries. I will ask it to the Minister and his staff to see if they are aware of it. There are several hospital workers at the hospital in Iqaluit, and at least one other hospital, who have written recently to the government because of their designation as continuous

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workers and by virtue of the collective agreement negotiated between the UNW and the GNWT, they have been put on a lower salary scale than their noncontinuous counterparts and are not paid for essential services during the December holiday period. Over the last two years of this collective agreement, they have lost about \$2,000 in salary. Because of the lower hourly rate, it also affects their earnings in after hours work, overtime, call back and in their pensions. Has the concern come forward to the Minister and his staff and have they contacted

FMBS or other departments to see, indeed, what can be done to help our health care workers? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Picco. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, this is the first I have become aware of it. Certainly, I can gain the information from Mr. Picco and speak to the chairman of the Financial Management Board Secretariat on it. It is an issue that is wrapped up with the collective bargaining process that ongoing. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Picco.

**MR. PICCO:**

Thank you, Madam Chairperson. Mr. Roland has brought it up before in question with FMBS in the House. That was in the new collective agreement to try to address anomalies within the contract. What I am trying to point out here is that, indeed, because of the contract that was in place, people feel discriminated against because of the way they were placed in those positions. Although, the collective agreement would be negotiated new and would start off new on April 1st, hopefully with the new agreement 1998, still does not help them where they have lost over \$2,000 in salary and pensionable earnings. This was the concern. I will forward a copy of this letter that I have from those employees on to the Minister and your staff for further clarification. Thank you, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Picco. I have Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. My question is regarding the long-term care facility in Inuvik where they have a lot of the aged people and handicapped people in one wing of the hospital, which can get very tense, especially when you have the elderly and disabled persons in the same facility. It is very stressful on the elderly who are trying to get their rest where noise seems to be a problem for them. I would like to ask the Minister as to what has been done to try to find an alternative place or some sort of initiative

to try to keep the elderly in one unit and the handicapped in another. Have you considered looking at that as policy or is it for the sake of convenience that they put everybody into one wing?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. I believe this item comes up under Community Health Programs, on page 6-10, but if the Minister would like to answer the question now as opposed to then, that would be fine. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. I would prefer to wait until we get there otherwise we will stay on this page for the rest of the day and tomorrow, possibly. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

I am sure you would like to. Some of the other Members would like to see some progress. Could you hold that question until that activity, Mr. Krutko?

**MR. KRUTKO:**

For clarification. Did the Minister say that he was going to get back to me tomorrow or the next day?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. I believe the Minister will deal with your question when the activity of Community Health Programs comes up on page 6-10, which is only four short pages away. Agreed?

**SOME HON. MEMBERS:**

Agreed.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Mr. Krutko.

**MR. KRUTKO:**

In regard to the Administration Act, it talks about special reform initiatives. Could the Minister tell me what new initiatives have been taken place in his department, what has been worked on?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**



Thank you, Madam Chairperson. Madam Chairperson, these are some of the major reforms we have been discussing in quite some detail, alcohol and drug reform has been discussed, long-term care reform, reprofiling of some of the facilities, mental health strategy and in particular as it relates, recognizing the Strategic Initiatives Fund, Madam Chairperson. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. Regarding these new initiatives, do you see a role for community based projects such as the TI'oondih Healing Society or the Knut Lang Camp, those types of operations considered in taking on some of these initiatives and running them out of the communities for the regions?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson. I do see a role. We always try to emphasize the solutions. The support has to come from the community level. There is that support for facilities and programs that are in the community or within the proximity of the community. I would certainly think that leaders would support that approach. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. Can the

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Minister tell me, what does the aboriginal organization or group that represents an aboriginal constituent, what clout do they have in regard to establishing these things as a priority to them versus say, a board? Do you take direction from aboriginal assemblies and what clout do those motions from the assemblies have on this government?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, I do not take direction from aboriginal groups. I certainly take input from any recommendations that might come forward from them. Where the direct link, Madam Chairperson, is right from the aboriginal groups to their trustees who are their representatives on the Inuvik Regional Health and Social Services Board. I use the example of the honourable Member's riding where the Gwich'in have a seat on the board, the Sahtu Secretariat has a seat on the board, the Inuvialuit have a seat on the board, in addition to the town of Norman Wells and the town of Inuvik, plus the chair, for the Inuvik chair. Those are the six members that are the trustees for that board. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. If a motion was passed at the Gwich'in Tribal Assembly that it has no bearing on this government in regard to how you work along side with aboriginal organizations, they have no say or clout if they pass a motion at an assembly which is directed to the Government of the Northwest Territories to do something. It does not mean anything. This is what you are getting at. The only direction you will take is from a board, but not from the people within the particular riding, which consists of 2,000 members.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, I am not saying aboriginal groups have no input or no say. What I am saying is any recommendations they put forward would be taken into consideration by myself as the Minister. I am responsible to all constituents throughout the Northwest Territories. The power that is given to me through this Assembly that appoints me, the executive council and myself, through the Premier, who appoints me as Minister of Health and Social Services, is where the accountability is, Madam Chairperson. We recognize there are aboriginal

interests who have points of view on issues, not just health and social services issues, but on all government issues. As a government, we take those issues and their positions into consideration when we formulate our policies and as we try to change our programs to try to reflect as best as possible the needs and the interests of groups and individuals across the territories, Madam Chairperson. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. The reason I raised the concern is, there has been a motion passed at the Gwich'in Assembly regarding the Tl'oondih Healing Camp. There have been motions passed in this House on the Tl'oondih Healing Camp in the committee of the whole. Yet today, it seemed like it is someone within, the Minister basically his department is steadfast and said there is no way they are even going to budge on this one. When you talk about community involvement and the direction you get regarding these different reforms, I believe that the only area that we have to change direction of this government is either through motions, petitions, resolutions or direction in committee of the whole. Yet, I have tried every avenue I can to convince your department, especially reviewing the way you deliver alcohol and drug programs to the different regions and also the whole system you have in place now. That is why I asked my questions. There have been motions passed in these different areas and petitions passed in this House. When you talk about reforming initiatives, do you not take direction through these processes that are presently in place? Why has nothing been done on that particular matter, especially with the Tl'oondih Healing Society?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. The issue of financing programs for the Tl'oondih Healing Camp has been an issue right from day one in this House. It is regrettable that we cannot provide funding and programs for all groups and societies that want it when we have to set our priorities and try to meet the demands across the whole territories. It was not a

pleasurable thing to have to eliminate the funding for the alcohol and drug centre for Delta House in Inuvik. It was not by choice. It was based on some of the restraints that we had to make some tough decisions. We, as I said, as a government, as a Minister, we do take motions in this House and motions from aboriginal groups. If we can accommodate them, we try to take that into consideration when we finalize and make decisions. However, you cannot accommodate every single one.

We have tried to work with the Tl'oondih group on numerous occasions and we have been able to support them. I believe as a department, as a government, we have gone out of our way to assist them in trying to provide some programming. Albeit, it is not on a regular, core funded basis as we have said before. It was never one of the government facilities, so it could not be expected to receive core funding from the government. From my recollection, after the last meeting my officials had with the Tl'oondih officials, there was some information that we had requested in respect to an independent evaluation that was done of the Tl'oondih Healing programs, I do not believe we ever received that. There were some discussions about them adopting some of the standards and guidelines that we have for alcohol and drug treatment centres. I do not believe the Tl'oondih Society agreed to those terms. There has not been a lot of progress made in that area, Madam Chairperson. Having said that, there are still opportunities for them. I mentioned to the honourable Member in meetings with himself and Mr. Alexi that I believe there are going to be some significant opportunities through some of the healing programs

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with DIAND funding in response to the Royal Commission on Aboriginal Peoples. The amount and the mechanism for distribution have not been resolved yet, but there certainly are going to be some accessible to the Northwest Territories. There is the Strategic Initiatives Fund we have for our boards, the partners. They can choose to focus on mental health initiatives that the Tl'oondih Society could possibly be able to provide some services along those lines. There are opportunities out there, Madam Chairperson. I believe it is a matter of finding those opportunities and continuing to work toward a suitable solution. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. This is the end of another ten-minute segment. I will call the activity administration, operations and maintenance, total operations and maintenance, \$29.538 million. Mr. Krutko.

**MR. KRUTKO:**

Just a question in regard to the grants and contributions, \$4.772 million. Is \$4 million an increase from the previous year? Could the Minister tell me why there has been such a large increase in that particular area of grants and contributions?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, this is primarily the \$4 million for the Strategic Initiative Funds that I announced in this House a week ago which has been spoken on a couple of times now. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Total operations and maintenance. Mr. Krutko.

**MR. KRUTKO:**

Could the Minister give me an idea of where this money is going to be spent? What happened last week? What we are doing now are two different things. I asked a question on exactly what is the \$4 million going to be spent on?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. I just wanted to clarify. Does he mean in respect to the programs or does he mean in respect to the region, the breakdown and so on? If he could clarify that.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko, could you provide clarification of which information you are looking for?

**MR. KRUTKO:**

Thank you, Madam Chairperson. It would be nice to get \$4 million in my region. I will settle for that.

**CHAIRPERSON (Mrs. Groenewegen):**

Mr. Krutko, are you looking for specific information with respect to programming items or are you looking for program allocations per region?

**MR. KRUTKO:**

Thank you, Madam Chairperson. Program allocation by regions, in particular, mine.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. The 1998-99 allocations by board, and I can provide Members with a copy, if they wish: Baffin, \$1,046,919; Keewatin, \$673,491; Dogrib, \$279,590; Yellowknife, \$397,490; Inuvik, \$606,648; Kitikmeot, \$390,892; Hay River, \$178,852; Deh Cho, \$241,513; Fort Smith, \$109,442; Fort Resolution, \$48,026; Lutselk'e, \$27,137. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. If the Minister could make a copy of that available to the deputy clerk, perhaps we could circulate it to the Members in the House? Total operations and maintenance, \$29.538 million. Agreed?

**SOME HON. MEMBERS:**

Agreed.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Health Insurance Programs, operations and maintenance, total operations and maintenance, \$59,435 million. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Madam Chairperson. I have one question in regard to non-insured health benefits, I believe, where my concern comes from, I was approached by some of my constituents who are band members, indicating they have been cut back on the kind of drugs they are allowed to be prescribed. Generic drugs versus possibly better quality brand name drugs. I was wondering if the Minister could speak to

that particular issue and clarify how that works and what is happening? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Miltenberger. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, I think I have spoken in the House previously on this issue. As you know, non-insured health benefits are a federal program, Medical Services Branch of Health and Welfare Canada. We administer it on their behalf but they have total say in what medication, what prescriptions and what services are eligible under this program. They have, on an ongoing basis, done reviews of their formulary list and although they say it is to be consistent, they usually end up reducing the amount of coverage as a result of shrinking the list or making cheaper or less costly alternatives available, Madam Chairperson. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Madam Chairperson. Is that down to the level where doctors or health centres are provided with lists of what can and cannot be prescribed?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Miltenberger. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, it is my understanding that all pharmacists and doctors are provided with lists of what is eligible. Thank you.

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**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. Madam Chairperson, my question is in medical travel. I believe I asked this question of the Minister before, but I wonder if he has some figures for the cost of

medical travel in the Beaufort Delta region versus other regions? I am being supplied with it here, thank you. Thank you, Madam Chairperson, I just received the information here. These people are reading my thoughts. I will just hold my question for now.

**CHAIRPERSON (Mrs. Groenewegen):**

Mr. Steen, if you are referring to the document that has just been circulated, it does not have to do with medical travel.

**MR. STEEN:**

What is this here?

**CHAIRPERSON (Mrs. Groenewegen):**

Mr. Steen, this is what was just discussed under the last activity, which has to do with strategic initiatives. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, what the honourable Member has before him is the regional allocations by board for the Strategic Initiatives Fund, the \$4 million that is going to be used toward, hopefully, preventive new programs. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. I have that straight. My question is, does the department have specific cost figures for medical travel in the regions? I believe the Minister has been asked this question before. He did promise to supply that information before? I will ask him again if he has the cost for medical travel in the Beaufort and the other regions.

**CHAIRPERSON (Mrs. Groenewegen):**

Under Health Insurance Programs. Mr. Minister.

**HON. DON MORIN:**

Thank you, Madam Chairperson. We do not have the actual costs. The boards have those and we are trying to compile that information, but what I do have are the budget allocations for the 1997-98 year. I understand that they are pretty reflective of their spending patterns.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. I would appreciate that information breakdown.

**CHAIRPERSON (Mrs. Groenewegen):**

Would the Minister be able to make that available to be circulated to the Members?

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Not today. I can have the information prepared and submitted. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Would that be for the 1997-98 allocations?

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Yes. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Tomorrow?

--Laughter

I am asking the questions now for the Members. The Minister indicated that will be available tomorrow. Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. On medical travel and this relates some to escorts. The whole question is, are there different policies and different boards as to who can qualify for escort travel, as well as, are there different standards or guidelines for what patients would be deemed to be requiring escorts? Are there different standards set by the boards or is that set by the Department?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ramsden.

**MR. RAMSDEN:**

With a certain amount of flexibility, the Department has constructed the parameters that each board must

follow in the area of medical travel. We speak of flexibility because circumstances change from time to time throughout the year. Primarily, we establish the territorial standard that speaks to supports for children and the absolute priority on expenditures first, for the person who is in need of support. It speaks to the need to provide for escorts in areas where the normal provision of interpretation services is not available on a specific occasion. Within those areas of flexibility the department has established a standard. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Steen.

**MR. STEEN:**

Would it then follow, Madam Chairperson, those areas that require more interpreters to travel with patients would have a higher budget for travel?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ramsden.

**MR. RAMSDEN:**

Madam Chairperson, no, because the system is staffed and the resources are in place normally to provide a consistent level of interpretation or translation support. The allocation per board is far more influenced by distance, number of communities, population and the range of services that are available in each region. For regions where there is less service available right in the region, then medical travel resources are used to replace other infrastructures which are in other regions. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Next on the list, I have Mr. Roland.

**MR. ROLAND:**

Thank you, Madam Chairperson. In the area of medical travel, has there been an increase as a result of the closure of the alcohol and drug centre in Inuvik? Have you noticed an increase in medical travel?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Roland.

Mr. Ramsden.

**MR. RAMSDEN:**

In general terms, the Inuvik board has been one of the best performers in terms of both managing and reducing its medical travel expenditures, year by year. When the Delta House facility was closed, the department contributed to the board an incremental amount of medical travel money, because we anticipated that they would need to send people out of their region that they otherwise would have been able to support inside their region. We have been tracking the volume of travel outside of the region for addictions treatment. At last report, that volume was in the area of 60 clients that had left the region for treatment. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Roland.

**MR. ROLAND:**

Thank you, Mr. Chairman. In the area of non-insured health benefits, have there been any changes to the way the people who receive support under this system? Have there been changes to the dental program? What changes are there? Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Roland. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, yes, there was a change in dental services. Primarily, the main change was that there has to be a predetermination of the dental services now, before work can be undertaken. What it means is, they have to get preapproval before work can proceed.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Roland.

**MR. ROLAND:**

Thank you, Mr. Chairman. For example, if somebody needed dentures, they would have to get approval from somebody in Ottawa or is there a different location? How was it done before, this predetermination factor that has come into effect?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Roland. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, the Member is correct. There is an approval centre in Ottawa, whereas before that, we used to be able to make that approval as the administrators of the Non-insured Health Benefits Program. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Roland.

**MR. ROLAND:**

Thank you, Mr. Chairman. So, somebody in Inuvik who needs dentures would have to wait for an approval process from Ottawa before they can receive those. For example, if an elderly patient who needed dentures would have to wait, how long would it take? Days, weeks before they could receive that kind of approval?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Roland. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. That is correct. It is my understanding that approval normally takes between four to six weeks. Just to qualify what I think I said before, about the predetermination level. There was always a predetermination level there. What they have done is lower it, so in effect, any value of work that is over \$600 in the 12-month period is the criteria which require predetermination. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Roland.

**MR. ROLAND:**

Thank you, Mr. Chairman. Is the Minister aware of the reason why they have done this change? Do they not feel that the Northwest Territories, GNWT was capable of doing the work before this? Why would they pull something from the territories back down to Ottawa? Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Roland. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, it was not just the Northwest Territories that was impacted by these changes as nationally they did it throughout all jurisdictions. They centralized the function back in Ottawa, Mr. Chairman. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Roland.

**MR. ROLAND:**

Thank you, Mr. Chairman. Was the Government of the Northwest Territories notified for the reasoning behind this, because it will impact and has impacted many northerners in a negative way? Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Roland. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, we have a minor role in respect that we administer the dollars that come from the federal government for the Non-insured Health Benefits Program. The main stakeholders are the aboriginal groups because these benefits are for aboriginal peoples. It is our understanding that they did provide information to the First Nations and Inuit organizations back in the fall of 1997, before they implemented these changes to the dental services and the non-insured health benefits drug formulary changes that took place.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Roland.

**MR. ROLAND:**

Thank you, Mr. Chairman. It is fine they let the aboriginal organizations know, but there are a lot of people out there who do not hear much about any changes until they go for a service. Although we administer it, people look to us as the changers of the service because, we, at one time administered it or to a certain degree, still do. Has there been any advertising program or a program where people who received this type of service before are made aware of it as soon as they go to receive that service? I have been approached by a number of people in my constituency with this type of concern. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Roland. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, the aboriginal organizations, as I indicated, are the representatives for the aboriginal constituency on this issue. They deal directly with the federal government, Health and Welfare Canada. We have very little to say in this respect,

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although because of the fact that we pass on some of the non-insured health benefit funding to the boards. We certainly made them aware that these changes were coming into effect as we learned about them, as we were notified through Health and Welfare Canada. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Roland.

**MR. ROLAND:**

Thank you, Mr. Chairman. Just to summarize, this decision was made by the federal government of their own desire to make some changes they felt necessary and that was it. Are you saying the GNWT had a very little role to play in this decision? Thank you, Mr. Roland.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Roland. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, that is correct. We have no role in this except for the administration of dollars that comes from the federal government. Thank you.

**CHAIRMAN (Mr. Steen):**

Health Insurance Programs, activity summary, operations and maintenance, total operations and maintenance, \$59.435 million. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Mr. Chairman. My question is in regard to the non-insured health benefits. I think a lot of the funds, especially when it comes to aboriginal people

in the different regions and communities who feel that the whole health care program in which they thought they were protected under treaty rights or as an aboriginal right is slowly deteriorating that are presently being allocated to this government from Ottawa seems to be declining or basically are not really being identified so that they know exactly what those benefits cover and exactly how they are benefiting the different aboriginal groups. I would like to ask the Minister, is there a formula in place to allocation based on aboriginal per capita breakdown by a particular riding or region? How do you know how much money is being allocated to which particular region out of the non-insured health benefit dollars that we get from Ottawa? Is there a formula or scenario of how that is being allocated?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, we do not provide regional allocations on this funding. As I said, we administer them on behalf of the federal government and as claims come in we pay it from the pot we have available from the federal government which, for the 1998-99 year, is approximately \$14.7 million. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Is Ottawa the one who sends you the bill? There must be some basis for how they come up with the scenarios. Is it based on who is on the band list or who is registered as an aboriginal person, Indian, Inuit or Metis? If we get direct billing from Ottawa, there must be some sort of a system in place to notify the federal government of who is eligible and who is not. How do you know at any one time? I am not sure on your numbers, maybe you could elaborate on it. I thought you said \$14 million or something for non-aboriginal, non-insured health benefits. What is the number we get from Ottawa? How much is it and exactly how does Ottawa know what to bill to this government?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, I guess I can say that there has not been any real rationale for how Health and Welfare Canada Medical Services Branch allocated their dollars for non-insured health benefits. It is something that aboriginal groups certainly have been trying to find out about. The \$14.7 million, as I indicated that comes in, we pay out based on claims that come in under the approved guidelines. If they require preapproval from Ottawa after it is approved there or if it does not require preapproval from Ottawa that fits within the guidelines based on pharmaceutical invoices or dental services invoices that come in. That is how we pay it out, Mr. Chairman. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Mr. Chairman. In regard to the non-insured health benefits for the Tl'oondih Healing Society, the only bills this government was covering at the time were the non-insured health benefits. Based on that, is that still the practice of this government in regard to billing for the other alcohol and drug treatment facilities in the territories? Do they have to identify where the billing is going to and exactly if it is non-insured health benefits? Those were the only funds the Tl'oondih Healing Society was receiving were funds based on non-insured health benefits for aboriginal people. Is this practice presently being delivered in the other treatment facilities?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, the last fiscal year, I believe, there was an unexpended amount in non-insured health benefits, and we requested and received approval from Health Canada that allowed us to use that money toward alcohol and drug counselling and training that took place at Tl'oondih or with the workers. That was an exception versus the norm, Mr. Chairman. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Krutko.



**MR. KRUTKO:**

Thank you, Mr. Chairman. In regard to the allocation of regional breakdowns, is there a certain percentage of the \$14.7 million given to each region for the regional health boards to administer in regard to non-insured health benefits?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. Mr. Ng

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, no. As I indicated, we hold that pot centrally at headquarters and when the invoices come in we disburse them based on services provided. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Mr. Chairman. As you know, in my

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region, there is a self-government negotiation process going on and self-government is based on aboriginal rights in regard to the inherent right. It is under section 35 of the constitution. I believe one of the things they are presently looking at is the funding that has been allocated to this government from Ottawa. This is one of the federal dollars that is being considered is the \$14.7 million. Has this government made an effort to try to figure out exactly how that \$14 million fits into the different aboriginal groups, especially the ones looking at self-government, to see what program dollars are being allocated on their behalf and exactly how it is being distributed? Have they looked at the formula and the allocation of these funds, which presently come from Ottawa, in regard to aboriginal people when you talk about non-insured health benefits?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. I think the bigger issue that the honourable Member is speaking around is the fiduciary responsibility of the federal government for

providing health care, generally not just non-insured health benefits, but all health care for aboriginal peoples throughout Canada. That has been an issue that has not been resolved. It is shared by my provincial colleagues at provincial/territorial health ministers' meetings. That issue is always on the agenda. The federal government does not recognize the fiduciary responsibility for health care. They determine that it is a policy issue for them. They provide benefits to aboriginal peoples by policy. We always speak of the inadequacy of the funding, never mind on reserve, but off reserve as well. As you know in the Northwest Territories, we only have the one reserve, but in a lot of the southern jurisdictions, the aboriginal people are coming off the reserves into some of the larger urban centres. The federal government is not recognizing costs for providing services to those individuals. It is an ongoing major issue that remains unresolved between the federal government and provincial/territorial jurisdictions who see it as federal off loading their responsibilities, Mr. Chairman. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. I am getting some indications we want a break here. Operations and maintenance, total operations and maintenance, \$59.435 million. Agreed?

**SOME HON. MEMBERS:**

Agreed.

**CHAIRMAN (Mr. Steen):**

I will put Mr. Krutko and Mr. Ningark first after the break.

--Break

**CHAIRPERSON (Mrs. Groenewegen):**

I would like to call the committee back to order. We are on Health and Social Services, health insurance programs, operations and maintenance, total operations and maintenance, \$59.435 million. Agreed? Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. My question to the Minister is, is there any way of evaluating or monitoring how funds are given to this government in health and social services from the federal government for aboriginal people?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, we receive some funding from the federal government. The programs that we provide are a lot broader and more encompassing, so we spend quite a significant amount of dollars more on our programs than we get in. We do not track, per se, the dollars spent on aboriginal people and dollars spent on non-aboriginal people, unless it is specific to a program such as non-insured health benefits. We have to account to the federal government for those expenditures. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. If you do not monitor, how do you know we spend more from this government than the federal government does on aboriginal people? If you have not worked out the scenario, where the money is allocated, where it comes from and what not. How do you make the conclusion that we spend more money on aboriginal people than the federal government does?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, general speaking, Madam Chairperson, we receive approximately \$90 million from the federal government for different aspects of health programs, including those for aboriginal peoples. Our budget is \$260 million, somewhere around those lines, that is why I am saying we spend significantly more than what we receive from the federal government, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. Has your department tried to sit down with the federal

government to work out some mechanism to tracking the exact amount of federal program dollars that are spent in the north which are basically earmarked aboriginal funds?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, no, like I said, unless it is specific for aboriginal programs, like non-insured health benefits, we do not.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. The reason I ask the question is, especially coming from an aboriginal community where they feel that they should be receiving more in the way of health care and also because of their status as aboriginal people, that there is a responsibility of the federal government who funds this government to deliver programs and services on their behalf. We always seem to come to the

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conclusion, no one knows exactly what that amount is or exactly how much is really going into the overall part of this government. We all know that a large majority of the funds that we do get from this government come from Ottawa. There are program dollars that are delivered to this government from the Department of Indian Affairs in Ottawa because of treaties. I would like to know exactly when self-government agreements come into play, the role in the territories for aboriginal groups has the right to deliver programs and services on behalf of the people they represent. In the case of the aboriginal groups I represent, the Gwich'in and the Inuvialuit, basically if they decide they want to take over the whole health care system in the Inuvik region for the Inuvialuit and the Gwich'in, that it has to be based on some formula or some scenario of how much does it cost to deliver health care and exactly how much money is there in the overall pot which will be divided up by the different regions in the west and the different political structures we have. I would like to know exactly what is being done so that when that scenario comes to be,

that there will be some number crunching done to identify exactly what is going to be classified as fair allocations and how do you determine those allocations. Can the Minister tell me exactly if any of that work has been done and exactly how soon can we get an idea of what these amounts are going to look like?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Madam Chairperson, I may not have provided the proper information in respect to that area of the billing for aboriginal health care, and I will ask Mr. Ramsden to speak in more detail on that. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Madam Chairperson. With the main estimates that are before the committee today, we have an operations and maintenance budget that is some \$255 million that being used to support the delivery of programs and services to all people in the Northwest Territories. It is a public system that supports a public that has a significant aboriginal component in it. In reflection of that, we bill and obtain revenue from the federal government for some small fractions. We bill them for hospital care for status Indians and Inuit that is some \$29 million. We bill for general medical care for status Indians and Inuit, some \$8 million. We have a very, very defined billing process that is audited annually that provides for a process to delineate the costs of hospital and essentially, physician care for status Indians and Inuit. In the course of discussions in the Beaufort Delta, we have shared on an ongoing basis information around the amount of money that is available for the overall system in the Beaufort Delta. Discussions, as I understand it to date in that whole area, have been in regard to the operation of a public system and the information has been shared continuously. There has been no effort to date to try to cost a parallel system for aboriginal people in the Beaufort Delta. I am not sure that the department is able to undertake the costing and the design of a system to run two parallel health care systems in the Beaufort Delta, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. In regards to the way the regional government in the Beaufort region is going to look like, I think it is up to the people to make that final decision. I think, my personal view is that aboriginal self-government is based on an aboriginal inherent right in which the aboriginal people have the right to run programs and services on behalf of the people whom they represent. This thing about a public government structure, at the end of the day, it may fly or it may not. I think that the choice has to be in light of the people who basically are going to benefit in the long run, which are the aboriginal people where this right originally came from. I think if they want to deliver programs and services on behalf of their own membership, there has to be a clear understanding that the pot of money that they are talking about may be over and above what the existing structure may maintain or hold today. So with that, Madam Chairperson, I would like to move a motion.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, go ahead Mr. Krutko.

**MR. KRUTKO:**

I move that the Minister of Health and Social Services work with the federal government to clearly define the dollar allocation to all aboriginal people in the western territories.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Your motion will have to be typed and translated for the Members. If the committee agrees, what we could do is continue on this activity, if there are Members wishing to speak to it, and just stand the motion down until it is returned to us in typed and translated format. What is the wish of the committee?

**SOME HON. MEMBERS:**

Agreed.

**CHAIRPERSON (Mrs. Groenewegen):**

Agreed. Okay, thank you. Is there anyone else who would like to speak to health insurance programs? Mr. Roland.

**MR. ROLAND:**

Thank you, Madam Chairperson. The issue that Mr. Krutko spoke on does raise some concerns when you look at the availability of health care to everybody in the Inuvik region. As the deputy minister informed, there is some ongoing work in that area. If they could go a little further, there is a couple of conflicting numbers or maybe there are two different areas, but the Minister when he first came back, mentioned a \$90 million figure and the deputy minister followed up with, I believe, a \$37 million figure of \$29 million in billing and another \$8 million in another area. Could we have that information as to which number is correct or is it a combination?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Roland. Mr. Ramsden.

**MR. RAMSDEN:**

Madam Chairperson, the numbers I am using are from page 6-22, some point in our future. Included in the \$91 odd million is an estimate of revenue under the Canada Health and Social Transfer, which is a transfer of funds from the federal to the territorial government, in broad form.

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Included in that \$91 million is some \$12.4 million and some \$2.27 million that comprised the non-insured health benefits, which is simply the sum equal to the amount of money the federal government places into its supplementary health benefit program called the Non-Insured Health Benefit Program. We have already spent some considerable time there. There is also a figure of \$1.7 million in revenue related to the vocational rehab for Disabled Persons Program which is a federal program but again, is a broad form transfer with criteria around support for the disabled.

The numbers I spoke to are a piece of the gross figure of \$91 million. Thank you, Mr. Ramsden. Mr. Roland.

**MR. ROLAND:**

Thank you, Madam Chairperson. In the area of the Beaufort Delta, the ongoing work that will at some point impact the residents and possibly the rest of the territories, what has been going on in that area, when it comes to funding that is being provided? We have heard many times that for different structures, unless the federal government will come up with the money,

there are no new dollars. You were saying earlier, the funding that is provided to the regional health boards is public funds. Can you clarify with the discussions that are going on, if this is the approach that has been taken? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Roland. Mr. Ramsden.

**MR. RAMSDEN:**

The manner in which Cabinet directed us to participate in this process was with a view to constructing financing and resourcing of public form of delivery of health care. Health and social service deliveries, as the Member will know is only part of the whole discussion around regional governance. We have had a series of discussions in both the health and the social service area around the interest of the three parties, because there are three parties at that table; federal, territorial and aboriginal groups as well. All of the discussions we have had have been around the public system. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Anyone else? Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Madam Chairperson. Could the Minister or someone else in his delegation indicate the types of changes which have been implemented or are going to be implemented for dental care that will be offered to treaty people? I am assuming it is through the non-insured health benefits.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. I will try to summarize my answers from before. Basically, what has happened is Health Canada has centralized their approval back from all jurisdictions back to a central approval centre in Ottawa. The major change is the predetermination level of service is decreased to where there is a treatment plan which the value is \$600 or more, in a 12-month period. Primarily, that type of procedure has to be authorized before it can be undertaken, along with whatever else was in the

schedule that required authorization out of Ottawa.  
Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Minister Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. I believe the Minister indicated that anything over \$600 in the course of a 12-month period needs to go to a central agency for approval. Is that correct?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Yes, that is correct. As I indicated, it is not just our jurisdiction but Non-insured Health Benefits Programs across the country, where these changes came into effect. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. Have there been any noticeable problems with this process? It seems to me, particularly in areas where they do not have a dentist available on a daily basis, if you have to send things out for approval to a central location before you are able to do work for more than \$600.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, certainly I believe it has made the process a bit more cumbersome in that, for timing. First of all getting the approval, which I had indicated from our understanding, takes about four to six weeks, once the request is put in. Then having, if the Member is correct in, communities where there may not be a dentist, having to wait for a dentist to return or having to send the individual out and coordinating the travel so that the services can be available. It will certainly add to the length of time it is going to take for an individual, once they are assessed, to the time they receive their full treatment. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. Would this also potentially add to the cost of services?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, I would say that in respect of bureaucratic requirements, certainly, you need an individual to be processing the applications. In that respect, it is hard to quantify, but I would make the assumption that yes, it would add to the costs. It is a matter of where those costs are borne.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. I suppose I should have made myself more clear. I mean, as far as providing the service to the clients, could it be more expensive by doing it this way?

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**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. In respect of some of the paperwork from the dental clinic and having to put together the requests and monitoring it, coming in and out, there would be some costs attached to that. Is that what the honourable Member is referring to? Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. Mr. Ng had indicated the process is more cumbersome. Are they allowed to

use faxes in this process or do you have to send letters or can we speed things up through technological means?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. It is my understanding that fax authorization requests are deemed acceptable. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

What are the determining factors for a person to receive the additional work? Would it just be based on the fact that a person needs more work done or would it include a means test? Would it include your age? That type of thing. What types of factors are involved in determining if a person is allowed to get more than \$600 in one year?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, it is my understanding that it is not reflective of age or a means test of whether or not you are eligible. It is whether or not the services are eligible under the schedule of services that are authorized to be paid by Health Canada. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. Is this an effort, then, to curb dental care that might not be needed where people in a dental services area may have been a little too exuberant in providing their services? Is this an effort to curb work that may not be necessary?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Chairman. I cannot really speak to that because it is a Health Canada Program. I cannot

speak to the rationale of changes they would have contemplated. They might have come out during their discussions or outlining the changes to the aboriginal organizations, but I am not aware of that. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. Has the department or the Minister's office received written information in this area outlining the changes, as well as, why the changes were made?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. We were made aware after the changes were made. As I indicated previously, the First Nations and Inuit organizations in the fall, were given notice of the information from Health Canada on what changes were going to be put in place for the dental program. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. Did that information include any rationale for the changes to this program?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, we understand there is some rationale, but we do not have that here with us. We can certainly provide it to the Member. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. HENRY:**

Thank you, Mr. Chairman. Could the Minister undertake to provide that to us perhaps tomorrow or

sooner? I do not imagine it would be that hard to dig up.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Tomorrow or sooner. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Which one? Mr. Chairman, I have a letter from the Alberta Dental Association that was sent to the medical services branch indicating that if there were some changes made to the proposed new dental services the medical services branch was proposing, that if there were not changes made, they were going to stop providing services to treaty Indian people, unless they paid up front. Has this actually happened?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, we are not aware of any withdrawal of services at this time. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Mr. Chairman, the Alberta Dental Association had indicated that the current program would be in place until March 31, 1998. Could the department undertake to find out if the Alberta Dental Association has actually withdrawn from their current contract or are not going to sign another one to continue after March 31, 1998?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Yes, we will try to find out that information as well. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus,

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would you be prepared to supply a copy of that particular letter to the Minister?

**MR. ERASMUS:**

Yes, Mr. Chairman, I would be. The reason I am interested in this, of course, is that a lot of people from the north travel to Alberta, and they should know what type of services will be available to them if they have to have dental work provided. They should know they are going to have to pay up front or whatever. Also, I suppose it is an indication to us just how serious this situation of the new program actually is. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. I do not hear a question there. Would you like to respond, Mr. Ng?

**HON. KELVIN NG:**

Just briefly, Mr. Chairman. Mr. Chairman, I do not think any NWT dentist who may make a referral for services that are not available in the Northwest Territories would refer an individual to a specialist in any jurisdiction if that specialist was not willing to provide the work. But it is a legitimate concern that the honourable Member raises. Thank you.

**CHAIRMAN (Mr. Steen):**

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

**MR. NINGARK:**

Thank you, Mr. Chairman. Mr. Chairman, are we on page 6-7?

**CHAIRMAN (Mr. Steen):**

Yes, Mr. Ningark, we are.

**MR. NINGARK:**

Thank you, Mr. Chairman. Looking at information provided by the department on the 1998-99 allocation by board as the numbers on them, looking at the

figures here, Baffin and Keewatin are significantly higher, much higher than the Kitikmeot. I want to know how the funds are allocated to regions. Is it based on need or is it based on per capita? Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ningark. Mr. Ng.

**HON. KELVIN NG:**

Mr. Chairman, this was an item under the last page, 6-6, I believe it was. I do not know if we have to go back to that or if you want me just to respond. The Strategic Investment Fund, Mr. Chairman. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. I am not sure either where your question was related to, Mr. Ningark. We are on page 6-7, Health Insurance Programs. Mr. Ningark.

**MR. NINGARK:**

Thank you, Mr. Chairman. Perhaps I was not here when this sheet was provided to Members. I assume it was part of Health Insurance Programs. If not, then I will not ask questions. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ningark. I get the indication the Minister wishes to respond to you. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Out of courtesy to the Member, as he was not here when this was discussed, I will just briefly advise him that the amounts were based on population as one factor, the social economic index was another factor in making the determination of the allocations and also the level of funding that was available to boards. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Health Insurance Programs, page 6-7, activity summary, operations and maintenance, total operations and maintenance. I recognize Mr. Krutko with a motion. Mr. Krutko, would you reinstate your motion for the record?

Committee Motion 22-13(5): To Identify the Amount of Federal Funding for Western NWT Aboriginal Health Care

**MR. KRUTKO:**

Thank you, Mr. Chairman. I move that the committee recommends the Minister of Health and Social Services work with the federal government to clearly identify total federal funding, amount allocated for health care to aboriginal people in the western Northwest Territories.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. Your motion is in order. To the motion. Question has been called. All those in favour? I do not recognize a quorum, so I will ring the bell. I will call again. All those in favour of the motion? Opposed? The motion is carried. Bill 8, Appropriation Act 1998-99, Health and Social Services, activity summary, Health Insurance Programs, page 6-7, operations and maintenance, total operations and maintenance, \$59.435 million. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. I do not remember, in the Minister's response, whether the new dental program for treaty people has actually been implemented already or is it going to be implemented in the new fiscal year?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. The last changes came into effect October 1, 1997. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. One thing I forgot to mention, is my concern that in communities that do not have a resident dentist, if they cannot get approval for treatment for four to six weeks, has this resulted in patients being left with temporary dressings for prolonged periods of time and perhaps



even infections caused by waiting because they cannot get the approval for four to six weeks?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, we are not aware of any situation like that, but obviously it would be our responsibility if a situation like that occurred where we would have to provide the immediate treatment necessary not to have the individual suffer as a result of having to wait. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. If this did occur, then it would be an increase in the cost of treatment. One other item I wanted to touch on is the fact that I do not believe there

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is currently a territorial preventative program for children across the Northwest Territories in the dental area. Could the Minister indicate what is being done in this area?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, there is a Dental Therapist Program that is run throughout the Northwest Territories. In addition to that, there are also dental preventative programs that are taught in the schools for dental care. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. That is fine for the children who are in school. What about the children who are younger than that? I have seen young children with very, very bad teeth particularly because mothers may not know the difference, but often people provide

juice to babies in bottles because the kids like the juice, it is sweet and it keeps them quiet. But obviously, it would be very bad for their teeth. So what is in place for children who are younger than school age?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, a lot of those types of preventative programs are addressed through some of the prenatal programs, through some of the well-women clinics that take place in our health centres, through some of the well-baby clinics as well, Mr. Chairman. Some of the Brighter Futures Programs that are stressing some of the nutritional aspects, healthy nutrition and that type of an educational component to the funding for Brighter Futures. So there are various avenues and programs out there for not just in school but preschool, as well, as I indicated. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. From the Minister's response it seems quite clear that there is not a territorial program. It is relying on the good will, the intelligence and the ideas of the people in the communities. To me, it seems that this is such an important area that we should have a territorial program. I think we were talking about core programs under the administration area. Should this not be a territorial program that should be done across the north? Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, I beg to differ with the honourable Member in the respect that the prenatal programs and the Well Women Clinic Programs are core services that all boards are required to provide to their constituencies. Part of that component, as I indicated, is healthy children and looking after both prenatal and postnatal. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. If those are core programs, could the Minister indicate whether this program would be administered the same across the Northwest Territories or do the various regions and boards have their choice of what priority to place on these programs and how they are to implement them?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, as I indicated, there are core programs and there are those services that have to be provided by all the boards. I do not have all the specifics here in front of me, but certainly it is one of the areas that we will continue to work toward when we are finalizing our agreements with our partners, the boards and the services they deliver. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. It seems to me that what we call a core program is still up to the discretion of the boards. Is this correct?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, I do not know how to explain it. The boards have a responsibility to carry out the prenatal programs at the well- women clinics and the well baby clinics. A major part of that, of course, is the nutritional aspect and the preventative aspect of keeping those children healthy. It is up to the boards. They are required to provide the service. How they provide that service is up to them in respect to how they deliver those programs, but it is certainly a core service that we ask them to provide. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. If one board here, say in the Mackenzie region, I could place top priority in a preventative program for children for their dental care and another one as an example, say over in Inuvik, they could place a totally different priority, so it could be done not as well. Is that what I am hearing? It could be say, fifth on the list as a priority? Is that the way it could happen?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. I will ask Mr. Ramsden to try to elaborate on it a bit more. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Mr. Chairman. It is the difficulty I have in trying to find the words to make this clear to Members. Whether something is first, second or third on the list, what we are saying to the boards is that these services must be provided. We also sit with the boards and look at the dental health statistics, the issues or the numbers, as we see the kinds of either teeth missing, filled or decayed teeth. We will work with the boards on changing or deciding that their approach in this area is appropriate at this time. The boards can use their discretion, region by region or community by community in terms of who is best able to do a good job of conveying the information and providing the support to parents to creating the

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knowledge base, but there is not a debatable point here. They must provide the programs and they must attain the performance or make the improvements in dental health that the Minister and the board chair sign off on. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. I am on operations and maintenance, total operations and maintenance, \$59.435 million. Agreed?

**SOME HON. MEMBERS:**

Agreed.

**CHAIRMAN (Mr. Steen):**

Agreed. Thank you. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. Is this the case with every board then that the department would work with the board to determine what is the best action at the time, say based on the dental services that had to be provided to the previous year, to decide how to implement a preventative program for that particular year?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ramsden.

**MR. RAMSDEN:**

Mr. Chairman, these are exactly the areas of flexibility. What we are relying significantly on boards for is an identification of the best way to make the improvements that we desire to have made. One program delivered one way, on the same day, in the same colour room, with the same brochures, in every community, in the same language in the Northwest Territories does not work. We know it does not work. We need the flexibility at a community and regional level to achieve the results that everybody agrees need to be achieved. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Erasmus.

**MR. ERASMUS:**

Thank you, Mr. Chairman. I am not suggesting that we should have one program in the same language, with the same colour brochures in the same wording, and that has been shown to not work. What I am suggesting is that this is such a high priority, I believe that we should have a territorial program that each board places the same priority upon and is done consistently across the territories. I would ask the department to consider that this should be a territorial program, not just something that is totally left up to the boards on how they are going to implement and what priority basis that they place upon the service.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Erasmus. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, I will take the Member's comments into consideration, particularly as relates to our next discussions with the health care association, which is representative of all the boards. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Erasmus. I have operations and maintenance, total operations and maintenance, \$59.435 million. Agreed?

**SOME HON. MEMBERS:**

Agreed.

**CHAIRMAN (Mr. Steen):**

I have on page 6-8, activity summary, primary and acute care programs, operations and maintenance, total operations and maintenance, \$129.158 million. Agreed?

**SOME HON. MEMBERS:**

Agreed.

**CHAIRMAN (Mr. Steen):**

Thank you. On page 6-9, activity summary, children's programs, operations and maintenance, total operations and maintenance, \$9.691 million. I have Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Mr. Chairman. I have questions dealing with child welfare services and I would like an update from the Minister and staff about the superintendent of child welfare and the kind of services that are capable of being provided out of headquarters to the regions, communities and social workers when, in fact, child welfare issues are raised and they require some guidance or approvals. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Miltenberger. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Mr. Chairman. The role and responsibilities of the superintendent of child welfare

are varied and are quite significant. I think the person and delegates of that person need to be available to offer advice, whether it be in terms of case management or of advice related to preparations when a matter is heading for court. The person is able to offer advice in terms of dispute resolution, whether it be between various types of caregivers or caregivers and parents. The superintendent needs to make judgement on compliance with both legislation regulation and policy. The superintendent needs to be able to assess and take action where training is deemed necessary so that the people working in each of the boards can perform their responsibilities confidently. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Mr. Chairman. Could the Minister indicate what kind of expert or qualified support services are there to assist the superintendent of child welfare who indicated that child welfare is not the forte or the area that she has training in. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Miltenberger. Mr. Ramsden.

**MR. RAMSDEN:**

Mr. Chairman, the superintendent of child welfare has access to each area of expertise that the department holds, whether they be psychologists, trained counsellors, lawyers or family counsellors. There is a broad range of expertise available to that individual. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Mr. Chairman. Could the Minister or Mr. Ramsden indicate, is there in fact, in headquarters as there used to be in days of yore, a section for child welfare where there was a whole floor of people who were

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dedicated to dealing with child welfare issues as opposed to, I am not sure what the deputy is saying,

whether you have to pick up the phone and track down these people? Are there people there who can respond and provide support services when a tough issue is brought to light? You do not have the case apparently where the social worker was told to figure it out, we are pretty busy right now, and get back to them later. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Miltenberger. Mr. Ramsden.

**MR. RAMSDEN:**

Mr. Chairman, it is difficult to respond to an anecdote. It is my view, both the Minister and myself, who received the advice directly of this individual, hold our confidence without fail. It is a constant process of development. It is certainly an area where when tough decisions are made, I insist and I am sure that this person insists that people in the field do their job to the best of their ability. When they have concerns that their ability is exceeded in terms of the challenges the situation represents, they need to seek advice and the department remains prepared to offer that advice when it is needed. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Mr. Chairman. I will try not to base my concerns on anecdotal evidence. So in response to that general reassurance, I would like to know, from an organizational point of view, who in the organization, besides the superintendent of child welfare, is in headquarters who are tasked to respond to child welfare issues to work with communities that can speak to child welfare legislation, that can respond to foster parenting issues, adoption issues, that can respond to issues related to the new legislation we have with these committees we are going to be setting up other than the superintendent of child welfare. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Miltenberger. Mr. Ramsden.

**MR. RAMSDEN:**

Mr. Chairman, it is probably not appropriate that we introduce a lot of names of public servants into the House at this point. What I might suggest is that I

write to the Member and share with him the range of positions and the competencies that we believe are available to provide this support. What we are trying to do is suggest that our support for children comes in a broad range of areas. We are most interested in insuring that we have the types of expertise available to respond to the matter at hand whether it be a facility care matter, an adoption matter, around preparations for a foster placement or access to a lawyer who can give us advice in terms of a legal preparation and certainly I can undertake to lay out the names of the people and the sets of skills that we think are available in terms of our ongoing support to boards in this area. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Miltenberger.

**MR. MILTENBERGER:**

Maybe I did not make my question as clear as I should have. I am not asking for the names of employees. I am not asking that you stand up and say Joe Blow and Ingebor Zilch are in these particular positions. I am interested from an organizational point of view if you layout an organizational chart with all those nice little boxes and you tell us for instance, you have a board's support section that you have just set up that does all these things for board support. Is there a child welfare section in the department or is the superintendent of child welfare the only box there that provides support on child welfare issues? Like the legislation that we are implementing with all these committees and all the work that has to be done, is it up to the superintendent of child welfare then to pick up the phone book and phone around to try to find information or is there somebody, a coordinated group dealing with this very important part of the department's mandate implementing this brand new legislation, looking after the children in the communities in a way that provides consistent support to the boards to the social workers in the communities? That is what I am asking.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Miltenberger. Mr. Ramsden.

**MR. RAMSDEN:**

Mr. Chairman, it is certainly possible for me to provide a layout of our organizational chart and the resources. The answer to the question, do we have a separate section dedicated to child welfare, is no. In fact, we

have established ourselves on a broader mandate than that. In terms of the area of whether we have a department that is specifically set up to support children, I can identify that area of the organization to the Member and would be quite prepared to do that. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Mr. Chairman. I will be going one-on-one with the deputy on Thursday morning. I think this issue of child welfare is a critical one to every constituency, to everybody in this Assembly and to every family and every child in the Northwest Territories. It would be a benefit if you could indicate, not just to me, but to this House, what structure is in place so there is no special dedicated section or body of people dealing with child welfare. Obviously you must have some jobs that have a child welfare component in their duties and functions that can provide support. Social workers or people, when they listen to this debate, can know that when they pick up the phone and phone Yellowknife that, in fact, there is going to be someone there who has experience in the field who has the qualifications and can respond to specific issues. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Miltenberger. Mr. Ramsden.

**MR. RAMSDEN:**

Mr. Chairman, we would certainly be quite prepared to that. The superintendent of child welfare has already sponsored three extensive workshops with board staff representing every single board introduce all of the people that are in support of the child welfare program. We can both lay out that and provide further documentation to people in terms of where those resources rest in the organization. Thank you.

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**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Mr. Chairman. I think you have given me an extra ten minutes. I would be happy to use it. Thank you, Mr. Chairman. On the issue of child welfare and the child welfare legislation, the information you provided to the communities or to the social workers, I am assuming you could, in the same way as you have been able to, very quickly give us one or two pages of this, that is all I am interested in. I just want a sense from an organizational chart point of view how this service is going to be met.

Mr. Chairman, there is a concern that has been raised to me that there is an erosion of the social work professions and that things are being blended into the health model. A lot of things, like child welfare, are getting minimized or absorbed in as an adjunct without a real clear recognition by the larger health department component how very critical the child welfare issue is. Mr. Chairman, I have some experience in this field and I know this is a big issue. I am not completely reassured that, in fact, we have the kinds of support services we had in days of old now that we have made the move to put the departments together. Are there people with experience in child welfare who have actually had hands on experience in the communities working with child welfare issues, who have some sort of expertise or are they people qualified in other areas who just had this duty tacked onto their job description because they are there and will make it go and hope for the best? The legislation the department brought forward is very progressive, and I would hate to see it falter because we do not have the proper mechanisms and forces to put it into play in the communities and headquarters. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Miltenberger. Mr. Krutko following Mr. Miltenberger. Mr. Minister.

**MR. NG:**

Thank you, Mr. Chairman. Mr. Chairman, I have heard the concerns that the honourable Member has raised, and we did make a commitment to provide that information of what supports are there, so I will recommit to that. If there are any further concerns as a result of that of information I would more be more than willing to discuss it with any Member. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Miltenberger.

**MR. MILTENBERGER:**

If I could switch focus then back to the Trail Cross Facility which is a territorial facility for child welfare clients in Fort Smith. I was wondering if the Minister could indicate what the plan is for Trail Cross. I know they signed the contract. There were a certain number of renovations planned to upgrade it and to build in separate bedrooms. It would minimize the risk for children and staff in terms of any possible complications resulting from accusations from sexual abuse or misconduct. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Miltenberger. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. In respect to the Trail Cross Facility first of all, some of the renovations which were contemplated, the tenders came in way over budget so we have had to scale back on that, from what I understand, and start first of all on a phase approach starting with the code upgrades. It is my understanding the Public Works and Services will be going out to tender fairly shortly if they have not already, for those upgrade renovations. In respect to the program changes that has been postponed as a result of some of the review that we are doing on the children's services in the NWT, it is expected that work will be completed in a very short time frame to allow us to determine where we want to go with children's services. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. For the record I am on activities summary, children's programs, operations and maintenance, total operations and maintenance, \$9.691 million. I recognize Mr. Krutko.

**MR. KRUTKO:**

Thank you, Mr. Chairman. In regard to children's programming and a question I have raised in the House several times about the need for a child advocacy group for the Northwest Territories. This issue was also raised by Mr. Mike Ballantyne, with the previous government. I have tried to find a way to establish a child advocacy group in the Northwest Territories and to work along with other advocacy groups across Canada. In light of the conference I attended in Winnipeg with regard to the whole area of child advocacy and how it is proceeded to be given a lot more powers and abilities to ensure that there is

that independence from that whole area of social services to allow it the ability be there to represent the youth, the children especially, in regard to knowing that there is a mechanism for raising grievances and also taking into account child issues when we are dealing with policies and establishing different programs and services. Children have to be always involved in any decisions we have made to ensure their well-being is protected and also that there is a group that represents them. I would like to ask the Minister, has he looked at the whole area of child advocacy in the Northwest Territories to work along with the other advocacy groups across Canada?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. Mr. Minister.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, I believe, going back to when our new child welfare legislation came into effect and while it was being developed, the issue of a child advocate was taken into consideration. It was determined at the time that we felt that we did not require one. Some of the provisions in the new act allowed for greater community involvement. There are strong advocacy groups generally in our communities. It was felt that with the services that were already being provided that we thought they could fill the needs in that area. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Minister. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Mr. Chairman. In regard to other interested groups such as the Status of Women and the Native Women's Association, they have been consulting me in regard to how they feel about the whole child advocacy area. They feel very strongly that there has to be some sort of an advocacy group to represent children in the north especially the problems we see within our society, especially in relation to the Young Offenders Act. Looking at the problem we see as dropouts, also with children who are runaways, there has to be something

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there for them where they feel that they are part of the overall decision-making process that seems to be always run by adults. A lot of times we forget that

there is a sector of our population which makes up a large percentage of the overall population of the Northwest Territories, that is the youth and the children. I think, from what I have been hearing from them, that they feel there is a real need for such an advocacy group to be developed and established in the north to work with the Government of the Northwest Territories, especially with the different federal programs that we see coming along, where the federal government sees a real need to assist the children and the youth to develop them because they are going to be the next leaders. They will be having to deal with a lot of the problems we are dealing with today. I think it is critical we do formulate some sort of a group such as a child advocacy in the Northwest Territories. I would like to ask the Minister, has he been aware of the concerns of other interested groups besides myself in this particular area, especially with the Status of Women?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, I cannot recall offhand if there are any requests from other organizations out there. That is not to say there are not any requests or concerns on that issue out there. As I indicated, we think there are sufficient mechanisms in place now that are able to address children's advocacy issues. Albeit, there is always room for improvement, I guess. One of the issues in establishing an advocacy office or a children's advocate, if that is what the honourable Member is referring to, is, of course, some of the costs attached with that and setting up a separate mechanism and the support mechanisms that have to be put around supporting that type of position. That would be one concern, I guess, Mr. Chairman, that I would have. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Mr. Chairman. I think there is always a concern of cost, but you have to look at the bureaucracy we have. We do have sort of an advocacy group through the language commissioner and there is the possibility of room within the department where there are areas that can take on

this responsibility without any major extra costs to this government. Presently we fund the native association in the Northwest Territories native groups, especially in light of core funding. On talking to them, they feel they can take on this responsibility and deliver it on behalf of this government through the existing funds that are presently there. I think if this government had the will to consider looking at this initiative seriously, there are ways that we can implement such a program. I believe there are avenues out there where we presently have systems in place in regard to the language commissioner. I mentioned the Native Women's Association in the Northwest Territories who are presently being funded by this government to carry on responsibilities similar to an advocacy group. I would like to ask the Minister if he would consider looking at trying to work on the scenario with the different interest groups and also within the government bureaucracy we have now, if there is a way or a mechanism to implement such a needed body in the Northwest Territories.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, there is an interest group out there that is representative of the territories that is interested, and as the Member says, if there are no additional costs as a result of that, it certainly something that I would be receptive of taking a looking at. If he is aware of that type of group, then I would be more than willing to look at it, Mr. Chairman. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Mr. Chairman. I strongly believe there has to be some means and mechanism in place to allow children, especially children who find themselves in comparable situations, where they are being interrogated or being transferred from one community in Fort Smith or where they are housed in jail cells with adults. These things do occur where they are transferred from one community to another in regard to movement by air craft where they are with other criminals, yet they are classified as young offenders. I think we have to take into account that these things happen, but there is no real process of

how a youth, who is in trouble with the law or what not, has an avenue where they can grieve concerns of how they have been treated. Because a lot of times, the person you are grieving to is the same department that put you there to begin with, which is social services. There has to be, that arms length, distribution of how they are being dealt with and being allowed the ability to have a mechanism that they can grieve these grievances with the government. With that, Mr. Chairman, I would like to move a motion.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. State your motion, please.

**MR. KRUTKO:**

Thank you, Mr. Chairman. I move that the committee recommends that the Minister of Health and Social Services work toward establishment of a child advocacy in the Northwest Territories before division. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. I understand your motion is being translated, so while it is being translated, we will continue on with the activity, if there are any more questions on the activity. If not, we will return to your motion or we will have a break while it is being translated. Maybe I should ask the Minister if he would like to respond first to what Mr. Krutko had to say? Mr. Minister.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, just to say, I guess, that in respect of young offenders, there are pretty stringent requirements as a result of the federal Young Offenders Act in how the justice system, or any system, can deal with individuals who are incarcerated or being held as a result of charges, particularly in relation to how they have to be segregated from adults during most of the process, if not all of it. There are, of course, avenues of appeal if they feel a young offender's or anyone's individual rights are infringed upon. Normally the recourse we have is through the legal system, through the representation they have and are entitled to as they go through the judicial process, Mr. Chairman. Thank you.

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**CHAIRMAN (Mr. Steen):**



Thank you, Mr. Minister. Mr. Krutko, do you agree to stand down your motion while we get it translated?  
Mr. Krutko.

**MR. KRUTKO:**

Agreed.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. In that case, I recognize Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Mr. Chairman. I was wondering if the Minister could indicate the status of the Adoption Act and when we can anticipate that being brought into the House so we can get that last component cleared off our legislative schedule? Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Miltenberger. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, the intent is to get it to Cabinet tomorrow and bring it to the House for first and second readings, I believe, on Thursday and to deal with it in the normal fashion.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you. Could the Minister also indicate, at some point, the status of the Child Welfare Information System that I recollect seems to have been discussed at some point in the past and the status of that particular information system that was going to computerize all the statistics and data that are out there, a lot of it which is done manually through hard copy? Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Miltenberger. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Mr. Chairman. The Child Welfare Information System has not made great progress. We ran a pilot in Yellowknife of the Alberta system. It proved, for the social workers, to be quite

cumbersome and difficult to use. Our view, based on proposals we received, is that it would cost something in the order of a million dollars to make refinements to it that the workers had suggested and also to convert it or embrace our new legislation. Subsequent to that, people from the boards and people from our department have had discussions and framed up the proposal for a much more straightforward system. It is our view that we will go out and do a proposal caller on the design of a much more basic system. It is quite a leap to go from the current method of storing and using the data to what was proposed or envisioned by that Alberta system because we want to take a more humble approach. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Mr. Chairman. Could the deputy minister indicate then, how he would characterize the current state of information with child welfare? Would he consider it adequate, for instance, if I asked him how many kids are in foster care, how many group homes, how many temporary wards, permanent wards and adoptions, he had in the department? Would those be figures that could be obtained relatively easily and would they be relatively accurate and up to date? Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Miltenberger. Mr. Ramsden.

**MR. RAMSDEN:**

There are a variety of issues there. We have spent some time in each of the offices of boards getting to the point where at least their information is current. It is clear, at least in my view, that the information is manual and accuracy became critical. We needed to know that, in fact, there was an accurate data set. We cannot summarize it on a territorial basis easily or quickly at this point, but I have got a greater comfort level that we have an accurate view today that I did a year ago. But we have a long way to go before we can actually pull that information out and use it on a pan-territorial or pan-board basis. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Mr. Chairman. This speaks to the issue, I suppose, of the coordinating role of headquarters and I suppose is almost an impossible situation you may place your superintendent of child welfare in who is legally responsible for all these children in care when, if asked, from what you are telling me, you would not be able say very immediately or accurately how many children you did have in care in any number of wardships or arrangements? When you say you have improved from last year to this year, you take a great deal of comfort in that, exactly how bad was it last year?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Miltenberger. Mr. Ramsden.

**MR. RAMSDEN:**

In my view, from the days of yore until a year ago, I do not think we have come very far in terms of knowing whom we had in our guardianship. In the process of going through files, we found some things that were tremendously upsetting and tremendously unacceptable to us. As I say, we have been working hard board-by-board and very much on a pay per basis at this point, to make matters right for each of the children who are in our care, to improve the records around them and to improve the issues, the care management plan around them. What we need to do in the next steps is to create a way to test that data, to have access to it inside our offices from very board, but we need a way to support both field workers and the superintendent to do updates on files or to do file monitoring around agreements and court appearances. We have a tremendous amount of work to do to automate that whole area. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Mr. Chairman. Just a question related to division, which is about 400 days away. Is this particular system, given the state it is in, will we be able to, upon April 1, 1999, east and west, still be able to know fairly clearly what the status is in terms of child welfare issues at a territorial level so that the new legislatures will have a certain amount of comfort that children have not fallen through the

cracks or maybe in jurisdictions they are unaware of or any surprises of that nature? Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Miltenberger. Mr. Ramsden.

**MR. RAMSDEN:**

Mr. Chairman, first of all, we need to be in that position. The reason why we broke off on the developmental work around the Alberta system is, we did not believe we could get staff comfortable with it, get it changed and done it in time for division. It is our view that we can actually have an established pilot and have it tested and in place, prior to the introduction of the new Family Law, which will give us some opportunity prior to division to work on that.

In the area of information management, it is also, perhaps, one of the areas of most significant cooperation between the Interim Commissioner's office and ourselves because we realize we need to be in a position to very seamlessly hand off our information management systems. There has been some willingness to allow for some overlap in that area, so that, in fact, we do not cause a loss of understanding or a loss of data around residents, whether they are eastern or western residents. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Miltenberger.

**MR. MILTENBERGER:**

Thank you, Mr. Chairman. Would it be possible to provide the vacancy rate of social workers by region? One of their fundamental or primary responsibilities is, of course, administration, provision of child protection services, through the whole spectrum of need.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Miltenberger. Mr. Ramsden.

**MR. RAMSDEN:**

Mr. Chairman, I can commit to making that available by tomorrow. We have been in the process of going through monthly updates with all boards in all areas of care giving and we can undertake to provide that summary.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. In consideration of how long we have been sitting here, I am going to take a five minute break, and then we can come back and deal with Mr. Krutko's motion.

--Break

**CHAIRMAN (Mr. Steen):**

The committee will come back to order. I will recognize the Member from Mackenzie Delta, Mr. Krutko. Would you please read out your motion, Mr. Krutko?

Committee Motion 23-13(5): To Establish a Child Advocate in the NWT Before Division

**MR. KRUTKO:**

Thank you, Mr. Chairman. I move that this committee recommends that the Minister of Health and Social Services work toward establishing a child advocacy in the Northwest Territories before division. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. The motion is in order. To the motion. Question has been called. I do not recognize a quorum. I will ring the bell. I recognize a quorum. Question has been called. All those in favour? All those opposed? The motion is carried.

We are on Bill 8, Appropriation Act, 1998-99, Health and Social Services. Activity summary, children's programs, operations and maintenance, total operations and maintenance, \$9.691 million. Agreed?

**SOME HON. MEMBERS:**

Agreed.

**CHAIRMAN (Mr. Steen):**

Mr. Krutko.

**MR. KRUTKO:**

Thank you. Mr. Chairman, could the Minister tell me who, within the department, is presently in charge of child welfare matters, or basically, who does inquiries into allegations of abuse or physical abuse of children? Is there someone within the department that presently does that? If so, who, and how many people are working within that development?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Mr. Chairman. Mr. Chairman, the primary function is carried out at the community level by social workers. There is a superintendent of child welfare that is at the headquarters level, but primarily, if I understand the Member's question, for allocations of child abuse and the investigation preliminary work is done at the community level right where the occurrence takes place. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Mr. Chairman. Say there is an investigation called. Who is the one that basically does the inquiries? Is it headquarters that can call this or is it somebody from the regional office who directs the person in the community to carry out this investigation?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

I will ask Mr. Ramsden to go through the steps, Mr. Chairman. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ng. Mr. Ramsden.

**MR. RAMSDEN:**

Mr. Chairman, as the Minister indicated, the expectation is the primary and first response comes from the community. There is support staff, senior staff at a regional level who will either step in to create some distance between the worker and the community or to assist in the investigation and support, particularly for the children. The department's role, in terms of the office of the superintendent of child welfare will do one of at least two things. If there is concern that the response from board staff has not been appropriate, then the superintendent of child welfare has a responsibility to inquire themselves. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Krutko.

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**MR. KRUTKO:**

Thank you, Mr. Chairman. At what time do they call in the Department of Justice, or the RCMP, into an investigation? Is that before they do their preliminary work or is that done as soon as an incident comes forth or an allegation is made?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. Mr. Ramsden.

**MR. RAMSDEN:**

Mr. Chairman, to get into specific steps I would have to go to the protocol that has been established between the Department of Justice, the RCMP, education and the Department of Health. There is an obligation to report allegations of abuse. My sense of that is there is an involvement very, very early on in the process, to at least flag Justice and the police to the matter. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Krutko.

**MR. KRUTKO:**

Has the department seen a real increase or decrease in the number of incidents where they had to call for such an investigation in the last couple of years?

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Krutko. Mr. Ramsden.

**MR. RAMSDEN:**

Mr. Chairman, certainly it is not an issue that I could at this point, characterize as being on the rise and we would want to consult our statistics before I gave it a definitive answer in that regard. I am not aware, from my access to the information, that it is a matter which is significantly on the rise. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. In regard to the area of intervention and involvement, basically a lot of times a social worker is usually not the one who identifies this. It is usually a teacher in a classroom or somebody told someone of an incident that might have happened to them. It is a legal or is it a policy matter that all allegations have to be investigated, regardless of how small or how minute the allegation is? Is that the policy of this government?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ramsden.

**MR. RAMSDEN:**

Madam Chairperson, there is very specific direction that the NWT has embraced that requires a response when any individual becomes aware or has concerns of a matter of child abuse. The reporting to responsible authorities must be immediate. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. In regard to the policy of the government, there is a way of monitoring how many of these incidents have occurred based on the assumption that every one of these cases has to be filed somewhere? Is there basically a report that is given, in any given year to the number of these inquiries that take place if there has to be a report filed somewhere? Who monitors that?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ramsden.

**MR. RAMSDEN:**

Madam Chairperson, the department and certainly specifically, the superintendent of child welfare monitors it. What I referred to earlier is, I do not have recent data with me. We can certainly obtain that data and share it, but we have current information on a year-by-year basis. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Krutko.

**MR. KRUTKO:**

Is it fair to say that because of the amount of cuts they have taken in the area of child welfare, the individuals they had working within the Department of Social Services, is that why we are not able to get a clearer number or the whole area of enforcement has been slack because of the number of limited human resources we have within that sector? Which before, we had more people than what we presently have in that office.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ramsden.

**MR. RAMSDEN:**

Madam Chairperson, first of all, just so that I can correct any confusion I may have caused, I am not suggesting it is difficult at all to obtain and share that information. I simply do not have it today, but it is information that is at hand. We worked very hard in the amalgamation process to ensure that social worker resources were not targeted and were not cut. Further to that, the combined efforts of the Ministers of Justice; Education, Culture and Employment and Health and Social Services have caused there to be additional front line resources dedicated to community supervision and income support work which has had the net effect of actually giving the social workers additional time and resources to deal with matters of child protection and child welfare. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Thank you, Mr. Krutko. Children's programs, operations and maintenance. Total operations and maintenance, \$9.691 million.

**SOME HON. MEMBERS:**

Agreed.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you. Community health programs, operations and maintenance. Total operations and maintenance, \$27.437 million. Agreed? Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. In regard to the community wellness programs in different communities, especially where you have different interest groups such as say, you have a band council, Metis local or hamlet, where there seems to be a real

problem in identifying exactly who should have the authority to deliver the different programs and

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where you have competing interests that people are going after the same program and wanting to administer it. In regard to how those programs are administered, are there certain criteria that will allow, say an aboriginal group, such as a band council or Metis local, to deliver a certain sector of that program to their membership in the community?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ramsden.

**MR. RAMSDEN:**

Madam Chairperson, there is certainly an opportunity. We look at areas of programming that fall into this area. They occur at a community level. We have seen tremendous success in terms of the response from community groups, whether they are a few individuals, the band, Metis local or hamlet council for that matter, around the combined use of their funds that flow from the federal government and from our department. The report that we sponsored in terms of community wellness and action for 1996-97 details some of the tremendous success in that area. I think that the Member would find that many of these programs have, in fact, been sponsored by individual aboriginal groups. Thank you.

**CHAIRMAN (Mr. Steen):**

Thank you, Mr. Ramsden. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. Can the Minister tell me if any aboriginal group is able to deliver the community wellness program on their own?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ramsden.

**MR. RAMSDEN:**

Well, 100 percent of the Brighter Futures and Building Healthy Communities funding flows directly to aboriginal groups and they are responsible for supporting, designing and delivering all of those programs, so those are certainly examples where they are very much involved. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Krutko.

**MR. KRUTKO:**

I will try to ask this question again, put a little different slant on it. Is there any aboriginal group in any of the communities or municipalities that deliver the community wellness program by themselves?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ramsden.

**MR. RAMSDEN:**

Madam Chairperson, I am not sure how to answer the question, unless we are dealing with a different matter. In the Beaufort Delta area, the Inuvialuit Regional Corporation delivers 100 percent of its own programming in the Brighter Futures and Building Healthy Communities area, so that is an example that I can offer where they are exclusively involved in the delivery of that programming. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. I do not believe that I am talking about Brighter Futures, I believe that is a federal program. I am talking about the community wellness programs that this government delivers at the present time. How much simpler can I put it? Do they have any statistics on aboriginal groups such as band councils, Metis locals or Inuvialuit, who solely deliver the community wellness program on behalf of their membership.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ramsden.

**MR. RAMSDEN:**

Madam Chairperson, the area that we are dealing with in terms of community wellness programming is a broad area that ranges from residential care, alcohol and drugs to family violence shelters. I cannot give you the specifics today, but I know for a fact that in the 44 communities that offer home care, there are some of those home care programs that fall within the community wellness programming that are run by

bands. I cannot be more specific until tomorrow when I can provide a list of which communities directly deliver home care, which is one of the community wellness programs. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. Are there any guidelines for this program that basically disallow aboriginal groups to partake in delivering this program on their own?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ramsden.

**MR. RAMSDEN:**

Madam Chairperson, if I can stick to the example that I used in terms of home care programming, there are very specific guidelines that lay out how to design and deliver a home care program and yes, they are made available to each community. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Barnabas.

**MR. BARNABAS:**

Thank you, Madam Chairperson. Madam Chairperson, I would like to know how the community wellness programs are being allocated. In the community of Arctic Bay, the hamlet of Arctic Bay had requested under this program to improve the church to have a small office for the Minister and probably a small morgue included in that. They were to hire the young offenders or people that are not employed to work on this church and it was turned down by the Department of Health. I would like to know how these community wellness programs are allocated? Thank you, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Barnabas. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, there are regional allocations of the Brighter Futures and Building Healthy Community's dollars that are provided directly to the health and

social services board who distributes it to the communities. That is where I understand that the approval process is.

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**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Barnabas.

**MR. BARNABAS:**

Thank you, Madam Chairperson. Madam Chairperson, are there any clauses that when communities try to help out these people in respect to the community wellness, why they were turned down. Can the Minister answer me why this program was turned down when this proposal was trying to help out the community itself? Thank you, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Barnabas. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Not knowing the specifics of the proposal and the approval or the process it went through, all programs and applications have to fit certain criteria to receive funding. That is why you have a regional committee that approves that. I would suggest to the honourable Member to get the background. Certainly if we can provide the information, we can find out why the program might not have fit the criteria or why it was turned down. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. Madam Chairperson, I hope I am asking questions on the right activity here. What I would like to know involves community transfers of health and social services to the particular hamlet body. I am wondering just exactly what that would include. I have never seen an actual transfer agreement, so I am not sure just what that includes. I have been told that it may include all health facilities in the community, like the nursing stations and the nurses, as well. I wonder if the Minister could give me some clarification on that?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Madam Chairperson. In terms of community transfers, there is a broad range of opportunity. What we first suggested is that discussions need to take place between the regional board and community. I personally have attended a variety of meetings where those kinds of discussion take place. We really have not tied very tight parameters around this. What we are suggesting to people is they need to understand the kinds of resources available in the community, and they need to understand the range of services that residents of that community draw on, that really are held outside the community, whether they be in the regional centre or in Yellowknife or in a southern province. We need to share quite clearly, and we do it in the kinds of guidelines that the community gets involved and direct delivery needs to comply with in terms of the legislation, the guidelines and standards that are in place. If I look to discussions that took place in the community of Hay River, created a board, has direct program responsibility, employs the staff and owns the buildings and delivers all programs that can be delivered inside that community, then they rely on Stanton and Edmonton for other aspects of service. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. In fact we could have another level of a board, so to speak? Whatever authority was at the board level could be transferred to the community level including recruiting of nurses and authority over the nurses? Is that correct?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ramsden.

**MR. RAMSDEN:**

Certainly, I can see these discussions going to the point where a community might employ the employees who work in that community. It is one of the cautions that we put on the table at the same time though because when we have small boards that have a tough time recruiting across the country for

adequate resources, our advice to communities is that they make sure they do not get too far out on their own in terms of how they support those kinds of programs. Certainly we do not see the possibility to duplicate things in a community that are already available at the regional centre. I think we have to take a fairly practical approach in terms of what is actually possible to be allocated on a community by community approach. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. Does the department have some guidelines then or limitations as to what could be transferred to communities?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ramsden.

**MR. RAMSDEN:**

I think we do. Again, to make sure I am using the right terminology here, but what we have said, first of all, is that a community cannot have direct control over a resource, a person, a building or a piece of equipment that is not already located in that community. A community cannot rewrite the laws or the policies or the regulations. They have to endorse them and work within them. I can think of examples that we have already completed agreements in the social services area with the community of Igloolik, for example, between that community and the Baffin Board. Cape Dorset is another example. In each of these areas we have laid out very clearly what is possible to include and what needed to still be part of a regional organization.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. Obviously, it would be beneficial to a particular Member to have copies of this transfer agreement, so that we know who is responsible for what. I only found out, for instance, the hamlet of Tuktoyaktuk has the most, whereby they are requesting a transfer of health and social services to the hamlet, but that is all I know. I do not know what the public knows either about what is involved in

the transfer agreements, for instance, who is going to be totally responsible for health. Will it be the hamlet, the boards or the

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department? After awhile my concern would be, not so much at this point in time, what the department is willing to transfer, but my concern is more to the affect that we do not seem to have it straightened out at the regional board level as to how to address all of the problems and concerns we are talking about transferring services down further to the smaller communities. I am not sure whether this will create more problems than we already have in this point of time. This is why I am asking questions as to whether or not there is, for instance, a time line, on a trial basis we would transfer something and then review the agreement or the transfer after six months or a year to see how effective it is. I have concerns even with that because it seems when a department transfers something, they never take it back no matter how bad it is doing. I have problems with that too. The other concern I have is, every time we transfer something, we transfer less money than we would have used to do it ourselves. There again, I have a concern in that we are going to transfer responsibilities to the communities without sufficient funding. We are almost dooming them to failure.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Madam Chairperson. The copies of agreements that we have used to support other discussions can be made available. We will certainly do that. We are working in every area where there is a discussion around a shift of every responsibility. We are working with MACA so we can make sure that we have a uniform approach. I would characterize our activity in this area as extremely cautious for a lot of the reasons that the Member has already shared. We do not think there is anything to be gained by rushing into these kinds of areas of change. One of the greatest areas of caution that we have put forward very plainly is when something is done by one person for twelve communities at a certain cost. For example, if it is a recruitment for nursing, you take one person and you recruit for twelve communities. If a given community is going to undertake recruitment on its own the board still needs that one person to recruit for eleven communities and so there are no



opportunities to reduce the cost the board already incurs. We have been encouraging communities where they want to undertake certain things on their own to do it in a cooperative manner with the region. While we are not trying to save money through transfers, we simply cannot increase our expenditures as we change the responsibility centres. There is no opportunity to invest further in areas where decentralization or an empowerment takes place. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. Mr. Steen, it is ten minutes. I have to apologize to Mr. Krutko, when I recognized Mr. Barnabas before your ten minutes was up. I thought Mr. Barnabas had a motion to report progress or something and I recognized him out of order. Did you have anything further, Mr. Krutko?

**MR. KRUTKO:**

Definitely, yes. Thank you, Madam Chairperson. In regard to the community wellness programs in the communities where there are real efforts made by different community agencies to work together to try to find some mechanism, so they can consolidate all their ideas and needs, whether it is dealing with early childhood development, mental health or addictions. It is to the advantage of the community to formulate all their efforts into trying to find a central location to streamline their activities, especially where you have competing interests, as the aboriginal organizations, alcohol and drug treatment facilities, municipalities, the police and the health centres. In regard to community efforts that were mentioned by Mr. Steen and other Members, this is the only way a lot of these communities are able to carry out these activities is by putting all of their money in a pot and hopefully being able to have enough to carry out one good idea because of the limited resources they have. Often, because of having them be approved by the regional committee. They feel that on one hand you are giving them the authority to make a decision, then on the other hand there is really someone else at the regional level making the decision for you. I mentioned earlier that the whole idea of communities passing motions and petitions, that it is the way they try and express themselves in how they see dealing with the problems in their community, which they have to deal with day in and day out. I would like to ask the Minister, why could the communities not make the decision in regard to how those monies are going to

be spent on their own without having to go to a regional community?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, that item could happen. Theoretically, if the communities agreed on the allocations and the board supported that, then there could be a designated amount of funding the community could use at their discretion to put toward the program of their choice. A lot of it depends on the programs they are trying to access. Thank you, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. If that is possible, what will it take for the community to have the authority to make the decisions on their own and override their regional council? Will that take a direction from yourself, as Minister, or a change of policy or what?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, if that is what the communities want, then they have to be in agreement and a consensus reached. This is the method they would want to allocate some of their funding and

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programs. They would have to take that up with some of their trustees and bring it to the board level to put in that policy or that decision to have it implemented. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. The reason why I raised the concern is, the Tl'oondih Healing Society in which they have made foreign attempts where they develop proposals in regard to how they can use and develop these resources to develop workshops and what not for the community. To be able to deal with the different concerns in regard to alcoholism, mental health and develop a scenario, so people can deal with their emotions and problems in the community. Basically, out of four tries they finally got an approval for this last program which is going to be happening in the next two weeks. It is a three-week program which the community has been asking for, but out of that proposal they made four attempts to get one approval for a proposal. A lot of time and effort are put into developing these proposals at the community level and then submitting it to the board. I would like, what I am hearing from the Minister is to ensure that communities will have the ability to make decisions on different reports or workshops they would like to hold in the communities. I would like to ask the Minister, how soon can his department publicly make a statement to that affect that the communities will be able to do that?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. Madam Chairperson, I said, in my previous response, that in order for that to happen that there would have to be a community consensus as to how all the communities wanted to deal with their allocations. If that were the case, then the trustees could bring that forward to the board. They could develop a policy or make a decision and have that decision implemented so that could happen. Thank you, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Mr. Krutko.

**MR. KRUTKO:**

Thank you, Madam Chairperson. It seems like there is always funding in this government, I know they call it mad funding, where once February/March comes around at the end of the year everybody goes crazy trying to spend the money because they do not want to carry over any surplus. That is when they finally decide to approve these proposals. In this case, the communities have to deal with these programs and

problems every day of the month and every month of the year. These problems in the communities are always there. You always find yourself reacting to an instance where someone might have committed suicide or died a violent death. It affects not only the families but the whole community. They deal with these efforts in regard to instances that happen where they seem like they are more in relation to reacting to issues than trying to find solutions to deal with these matters before they happen. There has to be more effort made to allow the communities to carry out their community-based health programs, deliver and administer them on their own. I thought this whole idea of community empowerment, that is what it is about, not allowing some regional board or agency out of Yellowknife when you are going to get your money and how you are going to spend it. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Krutko. Mr. Ng.

**HON. KELVIN NG:**

Thank you, Madam Chairperson. The honourable Member and I have a difference of opinion in respect to boards. To me, the boards are the communities, their representation comes directly from the communities and if groups or societies in communities have the support that he seems to suggest, and I do not think there would be a problem in funding those types of programs, given that it has to be within the parameters of the funding that we provide to the boards. They do not have a lot of flexibility and they do not have any new dollars as it stands in this current year for new initiatives. They will have a bit more flexibility in the coming fiscal year as a result of this new Strategic Initiatives Fund. Even that is limited in that we are talking \$4 million spread over the whole Northwest Territories. Thank you, Madam Chairperson.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ng. Community health programs, operations and maintenance, total operations and maintenance, \$27.437 million. Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. I am going to ask some more questions on this community health and social services transfer. I would like to know what exactly the authority would be transferred to the

hamlets. I do not understand what would be involved, setting hours for the nursing station. What exactly would the hamlets have authority over?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Madam Chairperson. There is a range of opportunities, if I can use an example of the community of Taloyoak, they have been involved for some period of time now in managing the Income Support Program and the local housing association. Their relationship in terms of managing the social service program has allowed them to make tremendous strides in terms of supporting single moms with kids, women who are in a violent relationship because they have the ability to meet the financial needs, the shelter needs and the counselling needs. They have been able to develop a very seamless approach to looking after these people. They create a single office, a single point of entry in some respect. They have been able to adjust the hours of operation and the way in which people reach out, call or get help. There is a range of flexibility at the delivery end. They do not have any flexibility to opt out of the basic package of programs. They do not have any flexibility to spend more than they give them unless they take it from somewhere else. I do not think there is much room there. They do not have any room to rewrite or design the kinds of qualifications. We set standards in terms of the qualifications for caregivers but on a delivery end there is a reasonable range of flexibility. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr.

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Ramsden. Mr. Steen.

**MR. STEEN:**

Thank you, Madam Chairperson. Madam Chairperson, I have an easier time understanding the transfer of social services. I am not clear yet what exactly would be transferred in Health. For instance, is the hamlet going to be responsible for recruiting nurses and would they be responsible for setting salaries of these nurses? I understand we are already having a difference of working conditions and benefits for nurses in the board levels whereby some

are on contract and others are on long term for the government. In that sense, is that going to be one of the responsibilities of the hamlet to recruit and pay salaries and benefits for the nursing staff?

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Steen. Mr. Ramsden.

**MR. RAMSDEN:**

Thank you, Madam Chairperson. If we use that example, I would have all kinds of caution for the hamlet. It is very expensive to recruit and they would not be given a budget that would allow them to be out there across Canada recruiting on their own, in my opinion. My suggestion is that they would not want to be independent of the regional board as it relates for recruitment. You can have all the flexibility you want, in terms of setting salaries, but you have to pay what the market demands and you only get so much money. You have to be very responsible in terms of what that flexibility translates into when you make decisions. I do not think that having the ability to do it necessarily makes one want to take all those responsibilities. Somewhere along the way, the hamlet can become very formally involved in the recruitment, to participate in interviewing and provide for a better way to have health reporting put in place at the same time social and police reporting so that there can be a better integration of the kinds of responses for residents. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):**

Thank you, Mr. Ramsden. We can continue on with this tomorrow, at this time I will recognize the clock, rise and report progress. Thank you, Mr. Ng, Mr. Ramsden and Mr. St. Germaine.

**MR. SPEAKER:**

Good evening. The House will come back to order. We are on item 20, report of committee of the whole. Mrs. Groenewegen.

ITEM 20: REPORT OF COMMITTEE OF THE WHOLE

**MRS. GROENEWEGEN:**

Thank you, Mr. Speaker. Mr. Speaker, your committee has been considering Bill 8, Appropriation Act, 1998-99 and would like to report progress with three motions being adopted. Mr. Speaker, I move

that report of committee of the whole be concurred with. Thank you.

**MR. SPEAKER:**

Thank you. Seconded by Mr. Henry. The motion is in order. To the motion. Question has been called. All those in favour? All those opposed? The motion is carried. Mr. Todd.

**HON. JOHN TODD:**

Mr. Speaker, I apologize to my colleagues, but I would like to seek unanimous consent to return to tabling of documents please. Thank you.

**MR. SPEAKER:**

Thank you. The Member for Keewatin Central is seeking unanimous consent to go back to item 13, tabling of documents. Do we have any nays? Sorry, Mr. Todd, you do not have unanimous consent. Tabling of documents. Item 21, third reading of bills. Mr. Arlooktoo.

**ITEM 21: THIRD READING OF BILLS**

BILL 10 Miscellaneous Statutes Amendment Act, 1998

**HON. GOO ARLOOKTOO:**

Thank you, Mr. Speaker. I move seconded by the honourable Member for Keewatin Central that Bill 10, Miscellaneous Statutes Amendment Act, 1998 be read for third time. Thank you.

**MR. SPEAKER:**

Thank you. The motion is in order. To the motion. Question has been called. All those in favour? All those opposed? The motion is carried. Bill 10 has had third reading. Third reading of bills. Mr. Todd.

BILL 6 An Act to Amend the Income Tax Act

**HON. JOHN TODD:**

Thank you, Mr. Speaker. I move seconded by my honourable Member for Tu Nedhe that Bill 6, An Act to Amend the Income Tax Act be read for third time. Thank you.

**MR. SPEAKER:**

Thank you. The motion is in order. To the motion. Question has been called. All those in favour? All

those opposed? The motion is carried. Bill 6 has had third reading. Third reading of bills. Item 22, orders of the day. Mr. Clerk.

**ITEM 22: ORDERS OF THE DAY**

**CLERK OF THE HOUSE (Mr. Hamilton):**

Mr. Speaker, there is a meeting of the Ordinary Members' Caucus at 9:00 a.m. tomorrow.

Orders of the day for Wednesday, February 25, 1998:

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

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12. Reports of Committees on the Review of Bills
13. Tabling of Documents
14. Notices of Motion
15. Notices of Motions for First Reading of Bills
16. Motions
17. First Reading of Bills
  - Bill 5, An Act to Amend the Financial Administration Act, No. 2
  - Bill 7, An Act to Amend the Territorial Court Act
18. Second Reading of Bills

19. Consideration in Committee of the Whole of Bills and Other Matters

- Bill 8, Appropriation Act, 1998-99

- Bill 11, Supplementary Appropriation Act, No. 3, 1997-98

- Bill 14, An Act to Amend the Legislative Assembly Retiring Allowances Act and the Supplementary Retiring Allowances Act

- Committee Report 02-13(5), Standing Committee on Government Operations, Report on the 1998- 99 Main Estimates

- Committee Report 03-13(5), Standing Committee on Infrastructure, Report on the 1998-99 Main Estimates

- Committee Report 04-13(5), Standing Committee on Resource Management and Development, Report on the 1998-99 Main Estimates

- Committee Report 05-13(5), Standing Committee on Social Programs, Report on the 1998-99 Main Estimates

- Committee Report 06-13(5), Standing Committee on Government Operations, Report on the Review of the Report of the Auditor General to the NWT Legislative Assembly for the Year Ended March 31, 1996

- Tabled Document 15-13(5), 1998-99 Budget Address

- Tabled Document 19-13(5), Guidelines for Implementing Public/Private Partnerships

20. Report of Committee of the Whole

21. Third Reading of Bills

22. Orders of the Day

**MR. SPEAKER:**

Thank you, Mr. Clerk. This House stands adjourned to Wednesday, February 25, 1998 at 10:00 a.m.

--ADJOURNMENT