



# **NORTHWEST TERRITORIES LEGISLATIVE ASSEMBLY**

**4<sup>th</sup> Session**

**Day 20**

**16<sup>th</sup> Assembly**

## **HANSARD**

**Tuesday, February 2, 2010**

Pages 3873 - 3910

**The Honourable Paul Delorey, Speaker**

# Legislative Assembly of the Northwest Territories

## Members of the Legislative Assembly

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**Hon. Paul Delorey**  
(Hay River North)

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(Great Slave)

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(Tu Nedhe)

**Ms. Wendy Bisaro**  
(Frame Lake)

**Mr. Bob Bromley**  
(Weledheh)

**Mrs. Jane Groenewegen**  
(Hay River South)

**Mr. Robert Hawkins**  
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*Minister responsible for the Workers' Safety and Compensation Commission*  
*Minister responsible for Youth*

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(Nahendeh)

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*Minister of Aboriginal Affairs and Intergovernmental Relations*  
*Minister responsible for the NWT Power Corporation*

**Mr. Norman Yakeleya**  
(Sahtu)

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**YELLOWKNIFE, NORTHWEST TERRITORIES****Tuesday, February 2, 2010****Members Present**

Mr. Beaulieu, Ms. Bisaro, Mr. Bromley, Hon. Paul Delorey, Mrs. Groenewegen, Mr. Hawkins, Mr. Jacobson, Mr. Krutko, Hon. Jackson Lafferty, Hon. Sandy Lee, Hon. Bob McLeod, Hon. Michael McLeod, Hon. Robert McLeod, Mr. Menicoche, Hon. Michael Miltenberger, Mr. Ramsay, Hon. Floyd Roland, Mr. Yakeleya

minimum wage, to recruit and retain skilled workers.

The House met at 1:36 p.m.

**Prayer**

---Prayer

**SPEAKER (Hon. Paul Delorey):** Good afternoon, colleagues. Welcome back to the Chamber. Orders of the Day. Item 2, Ministers' statements. The honourable Minister of Education, Culture and Employment, Mr. Lafferty.

**Ministers' Statements**

MINISTER'S STATEMENT 51-16(4):  
INCREASE TO MINIMUM WAGE

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. Mr. Speaker, the Department of Education, Culture and Employment would like to announce that starting on April 1, 2010, minimum wage in the Northwest Territories is going up.

This is the first increase to the minimum wage in the Northwest Territories since 2003. Despite the high cost of living, the Northwest Territories' minimum wage rate fell behind the national average and has not kept up with increases in other costs like rent, groceries and fuel.

The Department of Education, Culture and Employment is phasing in the changes over the next two years. In 2010 the rate increases to \$9 an hour and effective April 2, 2011, the rate goes up to \$10 an hour.

During the development of the Employment Standards Act and Regulations in 2008, we had very few comments from workers and businesses in the Northwest Territories about minimum wage. But as the economy began to falter in late 2008 and 2009, we began to hear that it was time for an increase. It is important that people are able to earn sufficient wages to be independent, while contributing to the economic activity of the Northwest Territories.

Mr. Speaker, the department contacted more than 80 employers during the summer of 2009, to learn the potential impacts of an increased minimum wage.

Overall, most employers felt the existing rate of \$8.25 an hour was not enough. In fact, most employers are already paying more than the

There are some businesses that will have to adapt to the increases. The hospitality and service industry appear to be the area that may be most affected. The department is confident the two-phased approach will ease the financial burden on employers in these sectors.

Mr. Speaker, to inform employers and employees on the minimum wage increase, the department is launching a public awareness campaign across the Northwest Territories in the coming weeks.

Moving forward, the department is considering ways to implement future increases that will see regular and reasonable increases linked to other economic factors such as inflation and cost of living.

I trust that workers across the Northwest Territories welcome this change and will continue to contribute to a strong northern economy. Mahsi, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Lafferty. Item 3, Members' statements. The honourable Member for Mackenzie Delta, Mr. Krutko.

**Members' Statements**

MEMBER'S STATEMENT ON  
SALE OF GOVERNMENT ASSETS  
OUTSIDE OF THE NWT

**MR. KRUTKO:** Thank you, Mr. Speaker. Mr. Speaker, the Northwest Territories government has been looking at the so-called ATCO proposal. Mr. Speaker, there have been discussions between the Premier, the Minister of Finance and Nancy Southern of ATCO.

Mr. Speaker, with regard to assets this government owns, in excess of almost \$200 million, it's one of the largest assets this government has been able to retain after division. Mr. Speaker, the asset is owned not only by the Government of the Northwest Territories but the people of the Northwest Territories, which was transferred back in 1988 from the federal government.

It is very important that anything that happens by way of selling government assets should be retained by Northerners in regard to share equity and also looking at the possibility of equity of large

aboriginal corporations, development corporations, settlement corporations, yet nothing has been mentioned in discussions with First Nations governments or aboriginal corporations to see if they are interested in this project.

I know this is an issue that came up at the Beaufort Leaders' Meeting. The Gwich'in Tribal Council were asking us why can't the Gwich'in Development Corporation or the Gwich'in Tribal Council retain equity in the Taltson project or the selling off of any public assets whether it's the Power Corporation in the Inuvik region or the potential of buying into high-scale hydro projects.

Mr. Speaker, this government has to be open to everyone and not just the first application that comes forward and gets dumped on Cabinet's desk and then everyone else falls in line.

Mr. Speaker, I will be asking the Premier questions on this matter on the consideration of aboriginal participation in any hydro projects and also allowing for equity participation, ensuring the assets we all own stay with the residents of the Northwest Territories. Thank you.

**MR. SPEAKER:** Thank you, Mr. Krutko. The honourable Member for Weledeh, Mr. Bromley.

#### MEMBER'S STATEMENT ON SOLE-SOURCE CONTRACTS AND GNWT ACCOUNTABILITY

**MR. BROMLEY:** Thank you, Mr. Speaker. Mr. Speaker, I'm returning to the topic of sole-source contracts to former Ministers in yet another attempt to wring some accountability and transparency from this government.

Mr. Speaker, in the last session, I filed a written question asking three very simple questions about sole-source contracts awarded to two firms. The firms -- John Todd Holdings and the Northern Strategy Group -- were hired at the same time to provide exactly the same services, each described as "uniquely" able to provide the service, for a total value of up to \$228,000 at \$1,500 a day.

My written question asked what federal, provincial or territorial meetings resulted from the contracts. The written answer gives no information on meetings and says only that the contractors, "...helped build relationships and offered advice."

I asked what the subjects of discussions were. The written answer states no subjects, says only that, "...since the beginning of the 16<sup>th</sup> Assembly, the GNWT has advanced four key political priorities with the federal government," and then gives a website quality list of topics.

Finally, I asked the Minister to provide documents demonstrating that the services were received, which is a mandatory verification before payment can be approved. I was told -- and this is the most

disturbing answer of all, Mr. Speaker -- that, "...payment of invoices...indicates the acceptance of their work based on the terms of the contract." In other words, the fact that they got a pay cheque is the proof that they did the work.

Mr. Speaker, this is outrageous. When Members are pushed to the extreme of prying information from the government with written questions, it is evasive, mischievous and disrespectful to the Assembly not to answer the question being asked. When this government signs contracts for almost a quarter of a million dollars of work, there had better be more evidence than a cheque stub to prove we got our money's worth. When two firms are sole-source contracted to do the same thing at the same time, we had better be able to demonstrate we didn't just pay twice for the same thing. That's why I ask my questions and I want answers. I will file my question again today with the expectation that the services will finally be provided in detail.

I expect to receive a detailed description of these deliverables in a form that would actually pass muster with the Auditor General or public. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Bromley. The honourable Member for Nahendeh, Mr. Menicoche.

#### MEMBER'S STATEMENT ON HEALTH ISSUES IN FORT LIARD

**MR. MENICOCHÉ:** Mr. Speaker, mahsi. [English translation not provided.]

Today I want to speak about a concern that one of my constituents has raised about the health of the people in Fort Liard. Ms. Sonia Timbre has become aware that another person in her hometown of Fort Liard has been diagnosed with stomach cancer. She advises this brings the total number of diagnosed cases of stomach cancer and the number of deaths from stomach cancer up to 15. According to the 2006 Census, the population of Fort Liard was only 583 people, and 15 appears to her to be an extraordinarily large number of people with the same medical condition. Ms. Timbre decided to look into the causes.

She found that no specific causes had been identified but there are, however, several factors that are thought to cause this type of cancer. Diet is one. Also environmental factors such as exposure to certain dusts, moulds, fumes and other environmental agents is linked to a higher than average risk of stomach cancer. An infection, in particular infection by H. Pylori, which is usually found where there is pollution and has been found in other NWT communities, is also thought to be a cause. Ms. Timbre suspects it might be an environmental issue in and around Fort Liard that has caused such a high rate of stomach cancer and would like the government to examine this concern.

Mr. Speaker, I would like to thank my constituent for raising this issue. I think that Sonia Timbre has made a very good case for some research on this to be completed. Many of us have seen the suffering of friends and family who contract stomach cancer and it is a terrible disease and we need to try to find a way to prevent it.

I believe the Minister of Health and Social Services should investigate what is causing such a high rate of illness and death for Fort Liard residents. I support this and request an in-depth study into the serious condition and serious concern. Mahsi cho, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Menicoche. The honourable Member for Hay River South, Mrs. Groenewegen.

MEMBER'S STATEMENT ON  
HAY RIVER CELEBRATIONS FOR  
2010 WINTER OLYMPICS

**MRS. GROENEWEGEN:** Thank you, Mr. Speaker. Mr. Speaker, excitement is growing everywhere about the 2010 Winter Olympics being held in Vancouver. Yesterday, in our home community of Hay River, hundreds of people gathered at the Don Stewart Recreation Centre at a pep rally to celebrate the volunteers, artists and Hay River's Olympic athlete, Brendan Green, who will be going to the Olympics.

Bob White and his pep rally committee worked hard to put together an outstanding presentation in only a few days.

Hay River Mayor Kelly Schofield had on his Team Canada jersey and a maple leaf, full face paint. The stands were overflowing. There was a sensational sound system, fog machine, laser lights and RCMP in red serge. Kevin Wallington was MCing the event draped in a Canadian flag. School choirs sang O Canada in Slavey, French and English. Dene drummers performed along with other Hay River entertainers.

Wally Schumann had a brand new banner and a custom painted "Support Brendan Green" red and green smart car that was driven out on the ice surface at the arena.

Hay River Olympic torch bearer Joseph Lirette, along with Hay River biathletes and Arctic Winter Games skiers came in with the track torch lit and fired up our track cauldron. The crowds roared and chanted. Young figure skaters carrying the Canadian, NWT and Hay River flags and minor hockey players skated through the fog and spotlights to heart thumping music and everyone had a Canadian flag.

The Hay River Ski Club has dedicated a trail to Brendan named the Brendan Green Olympic Trail. Glenn Smith had early home movies of Brendan just learning to ride his bike, catching his first fish,

driving his first golf ball, winning at track, from then to now in his world cup skiing. Craig Kovatch filmed it all and a video will be sent to Brendan and to the Legislative Assembly.

As I was unable to attend the pep rally, I would like to recognize the people from Hay River going to the Olympics and wish them good luck at the games: Hay River's fiddler, Richard Lafferty; Cecile Deneyoua, a local artist and skilled moose hair tufter; Hay River's Brendalynn Trennert, who does amazing caribou tufting and will have her work displayed at the Whistler Athlete Centre during the games; and, Andy McKay, a school counsellor at the Chief Sunrise School, who will be coaching the Dene games.

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

---Unanimous consent granted.

**MRS. GROENEWEGEN:** We have three youth ambassadors from Hay River: Michelle Daigneault, Rena Squirrel and Colton Yee. Tracy Cross was chosen as a volunteer to meet and greet guests and the airport in Vancouver. Desiree Boulanger-Rowe will be representing the NWT's Francophone youth at the French pavilion. Hay River's Brendan Green will be participating on the Canadian Biathlon Team.

To the volunteers, artists, and to Brendan, all of us again, from home, wish you every success in the Olympics. Good luck to everyone. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mrs. Groenewegen. The honourable Member for Tu Nedhe, Mr. Beaulieu.

MEMBER'S STATEMENT ON  
CONDOLENCES TO THE FAMILIES OF  
THE LATE RAYMOND BECK JR.  
AND DELORES BEAULIEU

**MR. BEAULIEU:** Mahsi cho, Mr. Speaker. [English translation not provided.]

Mr. Speaker, today I would like to talk about two friends who recently passed away in Fort Resolution. Raymond Beck Jr. Passed away on Christmas Day 2009. He was 47 years old. He is survived by his mother, Doris; daughter, Chantel; brothers, Stanley, Roger, Arthur and Eric; and sisters, Barb, Verda, Della and Rebecca. He is predeceased by his father, Raymond Beck Sr.

Mr. Speaker, there was Delores Beaulieu, who was known as Dee Dee, who passed away just now, January 22<sup>nd</sup>. She was just 41 years old. She is survived by her parents, Leonard and Terri Beaulieu; daughter, Tahnee; two sons, Brendon and Trystan; and granddaughter, Emma. She also leaves behind her sisters Mary-Lynn Delorme and Dawna Beaulieu and her brother Leonard Beaulieu

Jr. She was predeceased by one sister, Roseanne Beaulieu; granddaughter, Thyton Sayine-Beaulieu; grandparents, Pierre and MaryRose King and Johnny and Alice Beaulieu.

Mr. Speaker, I would like to take this opportunity to pass my condolences on to the families of Dee Dee Beaulieu and Raymond Beck Jr. Mahsi cho.

**MR. SPEAKER:** Thank you, Mr. Beaulieu. The honourable Member for Yellowknife Centre, Mr. Hawkins.

#### MEMBER'S STATEMENT ON PARKING FOR PEOPLE WITH DISABILITIES

**MR. HAWKINS:** Thank you, Mr. Speaker. Today I'd like to use my Member's statement to sort of paint a picture about an experience that was brought to me by a constituent. Could you imagine your life if you were handicapped or a child of yours was handicapped? Moving around in this city is difficult enough with a child who is in a handicapped situation, but could you imagine how difficult it is from time to time finding parking spaces and you pull up to a parking lot to find that the vehicle occupying that space doesn't have a handicap placard?

They came to me with this concern, and I've seen it many times myself, and realizing how challenging this must be. The discussion started by asking if people get extra demerit points for parking in handicap stalls when they're not designated there. I approached the Department of Transportation and asked them, do we cause anything extra, above and beyond a fine of some sort, for people who park in handicap stalls? The response from the department is, of course, and probably rightly so, that this is a particular municipal issue and falls under their purview and authority. So no demerit points are issued because it's not a moving violation.

I wonder if a \$250 fine applied by municipal services is an accountability measure being met for people who park in these stalls. I certainly don't think it is. I certainly can tell you that a constituent feels very strongly about this fact as well. They wonder why there are no demerits deducted from a particular person's driver's licence when they're fined on these particular cases. Furthermore, they've said, why don't they have court appearances where they have to account for their type of parking and behaviour?

It's not asking a lot. A lot can be said about how a society treats their most disadvantaged and I wonder what message we're sending here. Perhaps this is a chance to turn it around and send the right message that we stand with them through their difficult efforts and we certainly support them by sending the right message to people who cause this type of breach.

Later today I will ask questions of the Minister of Transportation to say if we can't do this, what's stopping us? If other jurisdictions don't want to do this, why don't we lead and show that we care about the most vulnerable? I will have questions later today for the Minister of Transportation.

**MR. SPEAKER:** Thank you, Mr. Hawkins. The honourable Member for Nunakput, Mr. Jacobson.

#### MEMBER'S STATEMENT ON ADDICTIONS AND SUBSTANCE ABUSE PROGRAMS IN NUNAKPUT

**MR. JACOBSON:** Thank you, Mr. Speaker. Today my Member's statement is on addiction to substance abuse programs. The substance abuse situation and the lack of real support services is in crisis in the Northwest Territories. It has one of the highest levels of addictions needs per capita in Canada with one of the lowest expenditures program assistance. This government continuously is criticized for the lack of real initiatives when it comes to the war against drugs and other forms of substance abuse, especially for the youth. The government is in an excellent position to take a lead role with all levels of government, including the federal government and organizations, to create meaningful programs and infrastructure. I cannot understand why this government continues to spend millions on out-of-province support and resources only to have participants return to their home communities with no aftercare. Not only is this uncompassionate, it makes no business sense. People need post-program care. It takes the same as sending a person to Edmonton with a serious back injury and not providing post-physiotherapy on their return to their home community.

I challenge this government to adopt a dual system to provide an equal number of days post-program assistance in their home community so if a participant spends 30 days in an addiction program, they'll be given a minimum of 30 days professional support in their home communities.

All across the Territory community governments and organizations are saying the same thing. The community's number one problem is not enough counselling support. The root of all problems comes from these issues: kids not doing well in school, people in endless cycles of social assistance, and dependencies on drugs and alcohol. The fact that the community's real lack of support for people returning from substance abuse treatment is a shame.

I will have questions for the Minister of Health and Social Services at the appropriate time.

**MR. SPEAKER:** Thank you, Mr. Jacobson. The honourable Member for Frame Lake, Ms. Bisaro.



MEMBER'S STATEMENT ON  
NEED FOR COORDINATED  
NWT ENERGY STRATEGY

**MS. BISARO:** Thank you, Mr. Speaker. Mr. Speaker, after considering the budget address for awhile, I note that the 2010-11 budget does not include a coordinated NWT energy plan, and I'm disappointed in that. I may begin to sound like a broken record, and I apologize if I'm boring you, but I figure it bears repeating and I will keep harping away in the hope of a positive response eventually.

I can't deny that this government has plans to pour, quite literally, millions of dollars into energy initiatives and projects. We heard the Finance Minister say last week that over four years we will spend \$60 million on the GNWT Energy Investment Plan. I support these investments, but I still believe that if we had a coordinated plan of action for energy, a secretariat perhaps, that oversees, monitors and implements all things energy, we would accomplish more and in a better way. The work of this secretariat must encompass all of the NWT, not just the government and its employees. Any plan must include specific actions from the little things such as encouraging people to turn off lights when leaving a room, to the mega energy projects like the Taltson expansion and everything in between. We need to ensure that our communities are part of this secretariat, because all NWT residents must be involved, and we all live in a community somewhere in our Territory.

Our energy secretariat would lead the way to establishing greenhouse gas targets for the GNWT and the whole Territory, would lead the way to put in place incentives, or maybe disincentives, to help residents, businesses and the government achieve the greenhouse gas targets. It could lead the way on making our infrastructure developments carbon neutral, for instance, could lead the way with an energy strategic planning process and subsequent action plan, and would lead the way on monitoring and reporting on that action plan.

I've said before and I will say again, we would do well to follow the example of the City of Yellowknife and their energy planning process. They did the planning, designed and adopted a plan, then put staff in place to make sure the plan was actioned, and they've been eminently successful in their endeavours. We can have that same success, but not by continuing to implement and plan in a piecemeal way as we do now. This government does lots in the area of energy already, but we could be so much more successful if we had one energy leader, one area of government that looks after it all, that would ensure the planning happens and the job gets done, that directs the energy traffic, so to speak, and instills a culture of...

**MR. SPEAKER:** Ms. Bisaro, your time for your Member's statement has expired.

**MS. BISARO:** Thank you, Mr. Speaker. I seek unanimous consent to conclude my statement.

---Unanimous consent granted.

**MS. BISARO:** I'm almost done. Mr. Speaker, we need that leader, that secretariat, so we have a common goal, so we can work cooperatively and in a coordinated manner to achieve that goal. Thank you.

**MR. SPEAKER:** Thank you, Ms. Bisaro. The honourable Member for Sahtu, Mr. Yakeleya.

MEMBER'S STATEMENT ON  
IMPORTANCE OF NATURAL RESOURCES  
TO ABORIGINAL PEOPLES

**MR. YAKELEYA:** Thank you, Mr. Speaker. Mr. Speaker, when I was in Fort Good Hope I sat down with an elder named Jim Pierrot. Jim Pierrot and I sat there and had some tea and Jim Pierrot said to me while talking with me over a cup of tea for about two and a half hours, and one statement he said to me, "Our land is holy." I couldn't get what he meant when he said "our land is holy." I've been thinking about it for awhile, Mr. Speaker. Our elders tell us these certain phases for us to figure it out and to work on. One of the things that as young people when you go see the elders, as our parents tell us, is that when you go sit with the elder, they'll give you words and you try to live and work with the elders' words. Mr. Speaker, the elders have always talked about the animals on our land, and the elders from Colville Lake talk about living with the caribou. They have a special relationship with the caribou, and they talk very strongly on this issue. We need to go in to see these elders and bring them into this Assembly and have them talk about these important things that are affecting us today.

Mr. Speaker, the elders also talk about the water, the importance of water. The Minister of ENR has initiated a strategy in terms of dealing with water. As we speak today, they're pouring poison in the Mackenzie River through the Slave River, through Great Slave Lake down to the Mackenzie River. There's actually poison coming down our river here and we're doing nothing about it. We have strategies, we are doing things that we want to look at, but my people down the Mackenzie Valley are very, very concerned about the water issue, Mr. Speaker.

Mr. Speaker, we're talking about our future today and it's very important that we listen to our elders, bring them into the Assembly and talk about our future. We take care of the elders; the elders surely will take care of us and give us strong words to live by to do what is right in the future and to do what is right will make the people very happy, Mr. Speaker.

Mr. Speaker, I am talking about our survival as people in the Northwest Territories, aboriginals, Metis, Dene, Inuvialuit. Mr. Speaker, I am talking

about our survival as a nation of people, that we have done for thousands and thousands of years. We have only done this by the advice and the guidance of our elders and to this government, we need to practice that today. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Yakeleya. The honourable Member for Kam Lake, Mr. Ramsay.

#### MEMBER'S STATEMENT ON HIGH COST OF LIVING IN THE NWT

**MR. RAMSAY:** Thank you, Mr. Speaker. Today I want to discuss an issue that touches each and every Member of this House and our constituents and that issue is the exorbitant cost of living in our communities, the single biggest issue facing this Territory. As Northerners, we pay more for everything. My perspective, Mr. Speaker, is obviously Yellowknife based. However, I have travelled to many of our smaller communities and have a solid understanding of the cost of living outside of Yellowknife and how these costs are affecting the livability and social fabric of our communities.

Mr. Speaker, it is little wonder why I am so concerned over the status of the Deh Cho Bridge and the potential to increase the cost of living here in the North Slave region and all the communities that are serviced by air out of Yellowknife. A constituent of mine has recently started a Facebook group rallying support against the high cost of living here in Yellowknife. If we wonder why people are leaving, we don't have to search very far for answers. It is the high cost of living. Home heating fuel, gas, power, water, food, rent, home prices and taxes are all sky high.

Interestingly enough, Mr. Speaker, at the onset of this government, Cabinet decided that it would develop specialized Strategic Initiatives committees to deal with the variety of government priorities. One of these committees was the Strategic Initiatives committee to deal with none other than the high cost of living. We are 27 months into the life of this government and I can recall only one update coming from this committee in the time that we've been here. Given the importance of this issue, it is very hard to understand why the work being done by this committee is being kept under wraps. Regular Members are in the dark, the public is left wondering what this government is doing to alleviate the high cost of living. Is any work actually getting done, Mr. Speaker? Where is the lead Minister of this strategic committee in addressing the high cost of living, Ms. Lee? How is she showing both Members and the public that this committee is advancing any meaningful ideas? Quite frankly, Mr. Speaker, she is invisible on this very important watch and I will have questions for

the lead Minister on the high cost of living at the appropriate time. Thank you.

**MR. SPEAKER:** Thank you, Mr. Ramsay. Item 4, returns to oral questions. Item 5, recognition of visitors in the gallery. Colleagues, I would like to draw your attention to the gallery today to the presence of our Conflict of Interest Commissioner, Mr. Gerry Gerrand, who is with us today.

---Applause

We welcome everyone in the gallery today. I hope you are enjoying the proceedings. It is always nice to have an audience in here. Item 6, acknowledgements. Item 7, oral questions. The honourable Member for Weledeh, Mr. Bromley.

#### Oral Questions

##### QUESTION 233-16(4): CARIBOU MANAGEMENT MEASURES

**MR. BROMLEY:** Thank you, Mr. Speaker. Mr. Speaker, my questions are on caribou today. I am wondering, first of all, for the Minister, in consultation leading up to the ban, how did the Minister take into consideration the fact that the Yellowknives Dene had not settled their land claims negotiations? Thank you.

**MR. SPEAKER:** Thank you, Mr. Bromley. The honourable Minister of Environment and Natural Resources, Mr. Miltenberger.

**HON. MICHAEL MILTENBERGER:** Thank you, Mr. Speaker. We recognize very clearly that this is a politically complex part of the country with Tlicho with settled claims, and the Yellowknives Tlicho with unsettled claims, along with the Northwest Territories Metis, the largest population centre, the most heavily drawn upon herd in the Northwest Territories. We recognize that this whole process we are engaged in the longer term process for our Caribou Management Plan is going to require whole involvement of all the aboriginal governments. We are committed to doing that. When we looked at the ban, we looked at the caribou numbers that were done, recognizing, as the Premier pointed out, that caribou don't look at political jurisdiction, they just do what they do. The numbers are precipitously dropped over the last three years and we made the decision based on the conservation aspects. Thank you.

**MR. BROMLEY:** I appreciate those remarks. I recognize there is the conservation issue for the caribou. According to the Minister's experts, mineral developments have removed about 4 percent of the Bathurst range from them, through disturbance and avoidance. The experts also say that the harvestable rate, the maintainable rate is about 4 percent. With the range diminished by that much, ongoing harvest would be focussed on either fewer caribou or on caribou with reduced vigour and

unable to handle the same amount of harvest. This could contribute to the decline and it requires consideration and management action. Along with the ban on hunting, what restrictions is the Minister placing on mineral development activity to protect the caribou, and if it is beyond the range of this jurisdiction, what recommendations is he making to the federal government in that direction?

**HON. MICHAEL MILTENBERGER:** Each of the diamond mines was reviewed and I've given approval. The issue of cumulative impact is one that has come more and more into the forefront as we look at resource development. What we're dealing with, with the band, is a short-term period of three to four months that will get us through the hunting season and allow the longer-term process for a harvest management plan to be put into effect. It's during that longer-term process that the work done to look at what the effects are, what are the variables that are driving the caribou numbers down have to be taken into consideration so that we can make the best decisions possible. If out of that process comes the issue of requirement for review of the cumulative impact, then we'll be responding to those recommendations as they come forward.

**MR. BROMLEY:** I'm looking forward to action on that front. Obviously they are having impact, as the Minister's own staff are telling us. What monitoring is being one to at least measure the continuing harvest of Bathurst caribou from the range that's under the restriction of the ban?

**HON. MICHAEL MILTENBERGER:** We've enhanced the coverage with the officers around Yellowknife. As well, they're working in Behchoko with staff. We've also taken on some part-time seasonal staff to assist the officers that are currently on the job.

**MR. SPEAKER:** Thank you, Mr. Miltenberger. Final supplementary, Mr. Bromley.

**MR. BROMLEY:** Thank you, Mr. Speaker. Thank you for those comments. We've become pretty good over the years at monitoring the caribou at their calving grounds. It's been a long process, but I think the counts now are at least statistically sound and so on, and increasingly reliable. But to date we have not been able to measure or count dead caribou. That has greatly reduced our ability to manage the current situation and the past situation that's allowed this to develop. What is the Minister doing to enable us to be able to count accurately dead caribou and thus actually manage the harvest in a sound and reasonable way before it gets to an emergency situation?

**HON. MICHAEL MILTENBERGER:** The Member makes a good point. There is a wide range of numbers in terms of the harvest in the North Slave on the Bathurst; anywhere from 7,000 to 10,000 a year, depending on who you talk to. The issue is, and part of the harvest management plan is going

to have to deal with the issue, the requirement for mandatory reporting from all harvesters. Right now we can tell how many outfitters there are, how many resident tags there are, but we have no clear idea except on a voluntary basis on the aboriginal harvest. So part of the ability to have a good harvest management plan is to set up a process agreeable to all parties that is going to allow us to get that information so we can count with considerably more accuracy the amount of animals taken out of any given herd, be it the Bathurst, the Cape Bathurst, the Porcupine, Bluenose-West, East, Ahlak, or the Beverly.

**MR. SPEAKER:** Thank you, Mr. Miltenberger. The honourable Member for Sahtu, Mr. Yakeleya.

QUESTION 234-16(4):  
CARIBOU CONSERVATION MEASURES  
AND TRADITIONAL KNOWLEDGE

**MR. YAKELEYA:** Thank you, Mr. Speaker. I want to ask the Minister of ENR regarding the traditional knowledge policy this government is leading in terms of this very important issue of caribou survival. I want to ask the Minister in terms of the type of involvement. Can he indicate to me the traditional knowledge information from the elders? Is there any indication of records and meetings? The elders have spoken about this issue here and what could be done with the survival of the herd. What have the elders told him?

**MR. SPEAKER:** Thank you, Mr. Yakeleya. The honourable Minister responsible for Environment and Natural Resources, Mr. Miltenberger.

**HON. MICHAEL MILTENBERGER:** Thank you, Mr. Speaker. The elders, aboriginal governments, aboriginal leaders, all Northerners have told us that caribou are of critical importance. I quoted part of a motion that was made in the Dene Assembly in 2007 that exemplifies and gives voice to that concern through our traditional knowledge process. I can point to some very specific things we have done. For example, on the Water Strategy we have done it with an aboriginal oversight committee. We have worked with all the communities up and down the valley. We have held workshops with our Species at Risk Act. We've worked very closely with the co-management boards and their representatives to do the drafting the same as we're doing with the Wildlife Act. We work on a daily basis, almost, on all the caribou issues with the boards constituted through land claims, to deal with various issues like the caribou.

In this region at all the tables that we have had these consultations and work, there's been a seat for the Akaitcho and for the Yellowknives. I can tell you, unfortunately, for example with the Water Strategy, that the seat has remained unoccupied. With the Species at Risk Act the seat has remained unoccupied. With the Wildlife Act the seat has

remained unoccupied. We would be very welcoming and happy to have all the aboriginal governments and their representatives at the table, but we are fully committed to the process of involvement and traditional knowledge.

**MR. YAKELEYA:** The Minister has indicated the number of successful points in terms of him getting feedback from the aboriginal governments and leaders, and probably through the elders. I want to ask the Minister in terms of this specific issue of the caribou with respect to what the elders specifically said to him about the issue of the caribou in terms of the survival to the aboriginal people. What has the Minister heard from the elders down the Mackenzie Valley regarding the caribou and how to deal or live with the caribou?

**HON. MICHAEL MILTENBERGER:** I can point to the two workshops that were held I believe in October, here at the ski chalet, where we brought in representatives from all the stakeholders from around the lake and from some southern jurisdictions. Many of them were elder status, if we use 50 or 60 as the gauge for elder status. The information, insight, exhortation that we got was very similar to what we hear up and down the valley about the value and importance of the caribou, the need to respect the animals, the need to make sure we do the right thing so that our grandchildren and future generations are in fact able to exercise their rights, because there will be caribou going far into the future.

**MR. YAKELEYA:** A difference of opinions for the elders; Mr. Miltenberger has used the status of 50 years and over as an elder. If you have that number, then I think you have a few elders sitting around this table here. He also indicated to respect the animals. I guess I wanted to ask what the Minister has heard from the elders. I've heard the elders saying they put collars onto our caribou, and the elders don't like that. They say to take the collars off. What collars are on the animals? That's showing a real disrespect to the caribou. I want to ask the Minister if he has heard this from the elders, of putting collars on the caribou.

**HON. MICHAEL MILTENBERGER:** We have heard that concern from some elders, but we also know that if you take the long view that it is actually out of respect, that we're doing this to try to get the best understanding possible about the caribou, which covers vast tracks of land and moving as only caribou know how they're going to move, so that we can have the information to make the most informed decision both as co-management boards and as the territorial government. We do it very carefully. We do it with as much involvement of the local aboriginal governments and co-management boards as possible, recognizing that there is a fundamental need for some very basic up-to-date and comprehensive information on numbers.

**MR. SPEAKER:** Thank you, Mr. Miltenberger. Final supplementary, Mr. Yakeleya.

**MR. YAKELEYA:** Thank you, Mr. Speaker. Last summer when we completed the hike on the CANOL Trail, the last 50 miles, the first thing that we did was we went to see the elders and talk about the last 50 miles of the CANOL. The elders talked about the trail and what we should be looking for, because the elders have travelled on that land, similar to what the caribou have travelled. Our elders have travelled all over the land on this vast tract of land. I want to know from the Minister about the involvement and input of elders when they say things about the caribou. It seems that we give more weight to the scientific method of evidence and more weight to decision-making than to our traditional knowledge expertise in the communities. Can the Minister indicate to me, in terms of going forward, that this issue on banning caribou and this specific issue, more weight went on the scientific evidence than the traditional knowledge by our elders?

**HON. MICHAEL MILTENBERGER:** I would submit to the Member and to this House that, in fact, this government has a very aggressive, very positive, forward-thinking Traditional Knowledge Strategy. It's formalized. It applies to all government. ENR has a lead role to play, but it's involved in all the critical work we do with water, with caribou, with legislation, with education, with health. We have made, and we're going to continue to make, a strong commitment. We've invested money. It's part of our corporate mentality going forward, and it's recognized as a very fundamental need. Our science agenda makes very, very clear reference to the need to balance both the scientific and the traditional knowledge.

So I would suggest to the Member that he should be congratulating this government on the investment in farsighted attempts they have made and practices they have put into place with traditional knowledge, and we're going to continue to do that. Thank you.

**MR. SPEAKER:** Thank you, Mr. Miltenberger. The honourable Member for Frame Lake, Ms. Bisaro.

QUESTION 235-16(4):  
COORDINATION EFFORTS FOR  
NWT ENERGY INITIATIVES

**MS. BISARO:** Thank you, Mr. Speaker. Mr. Speaker, my questions today are addressed to the Finance Minister and the lead Minister for the Refocusing Government committee. I'd like to ask the Minister, in the preparation of the 2010-11 budget by the Minister, what consideration was given to the coordination of energy projects and initiatives to coordinate them into one area or one body, and was that reflected in the budget. Thank you.

**MR. SPEAKER:** Thank you, Ms. Bisaro. The honourable Minister of Finance, Mr. Miltenberger.

**HON. MICHAEL MILTENBERGER:** Thank you, Mr. Speaker. We have a Ministerial Energy Coordinating Committee that plays a very lead role in terms of bringing together all the resources and planning functions that relate to that. Tied into that, in an advisory capacity of course, we have the Climate Change Committee. There are tie-ins with other work that's being done in terms of electrical rate reviews and those types of things. We've also committed to the broad government approach to redo our Greenhouse Gas Strategy, but the central focus for government here in this Assembly has been the Ministerial Energy Coordinating Committee chaired by my colleague Mr. Bob McLeod.

**MS. BISARO:** Thanks to the Minister for that response, but I think he kind of made my point for me. We have a strategy. We have a plan. We have a committee. We don't have one body, one organization, which takes everything that we are doing in terms of energy and puts it under one roof, which, as I said in my statement, directs the traffic. I think that's something that's necessary. I'd like to know from the Minister what sorts of Cabinet discussions have taken place in regard to the possibility of establishing something like an energy secretariat. Thank you.

**HON. MICHAEL MILTENBERGER:** I'll restate my answer a little more clearly. The Ministerial Energy Coordinating Committee plays that function. It's comprised of the chair, Minister McLeod, the Premier sits on that, Minister Michael McLeod sits on it, I sit on it, and I believe Minister Robert C. McLeod sits on it as well, and we have some of the senior staff of government as we look at how do we best put into play all the resources we've dedicated, as well as making sure we have the appropriate planning processes to best marshal all our forces going forward. Thank you.

**MS. BISARO:** I accept the Minister's response, but again, that plan, the Ministerial Energy Coordinating Committee does not look beyond the Government of the Northwest Territories. If we're going to have anything that is going to get us to a good place, we need to involve all the residents of the Territories, not just this government and its employees. Again, there is no one body which is looking at all of the things that we do in terms of energy and putting it under one roof. The Ministerial Energy Coordinating Committee, for instance, I don't believe is involved in an education campaign to try and get people to turn off the lights when they leave a room.

Having said that, I'd like to ask the Minister: we have an NGO who does an awful lot of work for us, the Arctic Energy Alliance. I'd like to know from the Minister why we can't put them to work for us, either to act as an energy secretariat or to help us

develop an NWT-wide coordinated energy plan. Thank you.

**HON. MICHAEL MILTENBERGER:** Mr. Speaker, I would suggest that the territorial government, in fact, looks far beyond its own operations as we look at things like the Taltson hydro project to get power up in the North Slave Geological Province. We're working with communities to help them get their community energy strategies in place. We are a major funder for the Arctic Energy Alliance, which we, I would point out, have taken from death's door one Assembly ago and we've funded them to the point where now they are doing a significant amount of work with us on conservation, on advice on a lot of other energy initiatives. We have a Biomass Strategy. We're coming forward with mini-hydro. We're redoing our Greenhouse Gas Strategy. We're doing an extensive amount of work as a government, both in our own operations as well trying to plan for the whole Territory, working with communities and other organizations. Thank you.

**MR. SPEAKER:** Thank you, Mr. Miltenberger. Final, short supplementary, Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Speaker. Again, I have to thank the Minister for making my point for me. He said we have this, and then we have this, and then we have this, and then we have this. We need a coordinated plan. I would like to know from the Minister, if the Ministerial Energy Coordinating Committee is so coordinated, where is the plan on paper that I could get from the Minister and when can I have it? Thank you.

**HON. MICHAEL MILTENBERGER:** Mr. Speaker, We have a number of... You can look at departmental strategic plans. You can look at the business plan. You can look at the Energy Plan that is in place along with the Greenhouse Gas Strategy, both of which are in the process of being updated to reflect the changes over the last number of years. We have, of course, the work that we've pulled together and offered to committee in terms of briefings on the ongoing work of the Ministerial Energy Coordinating Committee. Thank you.

**MR. SPEAKER:** Thank you, Mr. Miltenberger. The honourable Member for Kam Lake, Mr. Ramsay.

QUESTION 236-16(4):  
COST OF LIVING INITIATIVES INCLUDED  
IN THE 2010-2011 MAIN ESTIMATES

**MR. RAMSAY:** Thank you, Mr. Speaker. Mr. Speaker, I've got some questions today for the lead Minister on the Strategic Initiatives Committee on the Cost of Living. I'd like to start off by saying, obviously, it's an important issue to everybody across the Northwest Territories. Many of my constituents and everybody else's constituents all face an exorbitant cost of living. I'd like to ask the

Minister what specific areas is her committee currently working on. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Ramsay. The honourable Minister responsible for the Strategic Initiatives Committee on the Cost of Living, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. Just to jog the memory of everybody here, Mr. Speaker, the Strategic Initiatives committees were set up at the beginning of this Assembly in order that our government could work across the departments to advance the priorities that were set out by the 16<sup>th</sup> Assembly. All of the work that we have been doing in these committees -- and there were five committees set up: Building Our Future, Managing This Land, Reducing the Cost of Living, Maximizing Opportunities and Refocusing Government -- had been added to the budgets that we have considered and approved, both in O and M and capital. I understand from Member Bisaro and Member Ramsay today that they would like more information on that. Last time we offered to have a briefing we were told they didn't really like us very much and they just wanted to talk to Refocusing Government. But we will be happy, as soon as committee has time, to come and give the Members in-depth information on what we've been working on.

Just to give the Members a little bit of an update, much of the work of the committee has focused on reducing the cost of living in communities by investing in transportation projects, highways, airports, winter roads, investments in housing to do with the quality issues, as well as to make some changes to income support and the Power Subsidy Program. A lot of our work had to do with energy initiatives, and as Minister Miltenberger mentioned, we have agreed, between all of us, that the Ministerial Energy Coordinating Committee will take on the two big projects, which is the hydro and electricity review. Once that's completed, if it gets incorporated into action, it will come back to us. Thank you, Mr. Speaker.

**MR. RAMSAY:** I'd like to ask the Minister, and that's a good statement that she's made today, but what specific initiatives has the Cost of Living Strategic Initiatives Committee taken to Cabinet for inclusion in the budget. She talked about a myriad of different things. Specifically, what has that committee taken to Cabinet for inclusion in this year's budget? Thank you.

**HON. SANDY LEE:** Mr. Speaker, I'd be happy to give the Member a list of them, because we have already approved some of them in our capital project last year, and we are into year two and three of those projects. Those are investments in winter roads in the Sahtu area, extending the runway at some of the airports in the Sahtu and other communities. I don't want to miss out any

other communities. We have put investments into the NWT Housing Corporation. We have made investments into income support and power subsidy programs. The money that Minister Miltenberger talked about investing in the Arctic Energy Alliance so that we could give information awareness and investments about benefits to consumers in terms of the cost of living, those come out of this committee. Mr. Speaker, there is a whole list of them that already are in our capital budget. I would be happy to give them a rundown on that. Thank you, Mr. Speaker. I will provide them as soon as I can. Thank you.

**MR. RAMSAY:** I would like to ask the lead Minister for the cost of living if her committee is taking a look at the Deh Cho Bridge Project and its potential impact on the cost of living to residents in the North Slave region and all communities serviced by air out of Yellowknife. Has that gotten to her committee? Thank you.

**HON. SANDY LEE:** Mr. Speaker, as the Member is aware, the Deh Cho project is quite advanced and it is in charge of the Minister of Transportation. I believe the Minister of Transportation has answered some questions about cost of living implications. I beg to differ on some of the opinions the Member has on that. I think the Minister, and department, and the government has been willing to provide information that the Member is looking for. Thank you.

**MR. RAMSAY:** I will take that as a no. I guess the other thing I wanted to ask the Minister is how often does the committee meet and whether or not she could share the agendas of the meetings with Regular Members. Thank you.

**HON. SANDY LEE:** Mr. Speaker, as I have stated, at any time the committee wants to meet with us, we are available. We are ready to give the Member information. I will say it again, that all of the budget items that have gone, that we have talked about in this committee are in our budget to consider. If you would like that identified, we would be happy to do that. Any other documents that the Member wants, I will provide that to him. Thank you.

**MR. SPEAKER:** Thank you, Ms. Lee. The honourable Minister for Mackenzie Delta, Mr. Krutko.

QUESTION 237-16(4):  
ABORIGINAL OWNERSHIP OF  
NWT HYDRO PROJECTS

**MR. KRUTKO:** Thank you, Mr. Speaker. In regards to my Member's statement, in regards to the Robertson report, very simply is that proposed NWT residents will receive the first right to purchase shares and no individual or group could own more than 10 percent of the shares. That was in the Robinson report. Now it seems like we are in

the game of selling all possible assets of the Power Corporation, looking at venture capital by way of the Taltson project. I know that at the Beaufort leaders meeting, especially with the Gwich'in leadership, the issue came up in regards to equity partnership or ownership of any sales of the Power Corporation or the possibility of buying them or allowing them to buy into the Taltson project. Has the Premier taken that into consideration? Is that an option that is being considered by this government?

**MR. SPEAKER:** Thank you, Mr. Krutko. The honourable Premier, Mr. Roland.

**HON. FLOYD ROLAND:** Thank you, Mr. Speaker. First and foremost, let's be clear: we are not selling off pieces of the Power Corporation. We are not selling off our assets. We had a proposal put on the table by ATCO to look at a partnership arrangement. We have not gone down that line to see if, in fact, that is where we are going to go.

We talked about a process of reviewing electricity rates. Review of that was done. We are preparing our response to that. The NTPC report, we are sitting down with Members to go over that report and look at how we go forward on that initiative, but the issue that we need to deal with is how do we expand our abilities to generate electricity in the Northwest Territories that is affordable for people in the Northwest Territories. We looked at some options of that partnership. For example, on the existing Taltson project as it sits, we have partnered up with the Metis and the Akaitcho on the Deze front. On the issue of the ATCO proposal, back in January of 2009, when we sat down in Fort Simpson with the regional leaders, this issue was raised by the regional leaders. Would we be willing to look at a proposal from aboriginal businesses in the Northwest Territories? I informed them at that time, by all means, we are willing to look at that, so that if they felt that they wanted to put a joint proposal in, we are willing to look at those. To date we haven't got a proposal from them, but the door is open to those types of partnerships. Thank you.

**MR. KRUTKO:** Mr. Speaker, in the case of request for proposals, government seems to do that a lot. I am just wondering in regards to comments made by the Premier, is there a formal request for proposal that has been put out there in regards to allowing the interested parties or aboriginal organizations or formally some corporations in the Northwest Territories to look at the possibility of partnering on some of these large-scale projects.

**HON. FLOYD ROLAND:** Mr. Speaker, the formal arrangement we do have is Deze, as I mentioned. The formal call for proposals on the Power Corporation, we have not done that. We have accepted the actual proposals in the sense of reviewing it, but that hasn't gone anywhere. I put in a public meeting with the regional leaders back in, as I have stated earlier, January of 2009 in Fort

Simpson, said that we are willing to look at a proposal, whether it is joint or a proposal from aboriginal leaders, as well as the meetings held in Dettah in November of 2009. Again, the issue about proposal and open the door, that we would be willing to look at such a proposal if they were to come in. Thank you.

**MR. KRUTKO:** Mr. Speaker, again, we are not privy to the ATCO proposal. We haven't seen it. There have been meetings between the Premier and the Minister of Finance in regards to meetings with Nancy Southern. And yet I know that the Minister is responsible for the Power Corporation. The Minister of Finance is responsible for Finance. I would just like to know in regards to those discussions, if at some point the framework of the ATCO proposal will be put out there so we can get an idea of exactly what is in it, what the benefits are or the advantages or disadvantages are to the people of the Northwest Territories, and also what is it going to cost ourselves as ratepayers in regards to the cost of power if we decide to sell.

**HON. FLOYD ROLAND:** Mr. Speaker, over a year ago, I believe, I presented information to Members of this Assembly on what we had received. In fact, there may have been a meeting as well with members to provide that information. At the same time as we laid out our process of how we would look at electricity generation rate subsidies, the Power Corporation itself and this proposal. We have not done any further work on the proposal. There are some very preliminary meetings with some of our senior staff to talk about what that proposal actually meant, if it was a starting position or what. We haven't gone any further than that. As we decide on these first two pieces on the energy rates regulation piece and the Power Corporation review, we will decide if, in fact, that initial proposal is now ready to go or are we going to deal with these first two reports and go forward on that basis. Thank you.

**MR. SPEAKER:** Final supplementary, Mr. Krutko.

**MR. KRUTKO:** Mr. Speaker, I didn't hear anything in regards to the meetings held between the Minister of Finance and Nancy Sothern. Was that a pitch for Nancy Southern to come up with \$6 million to basically kick-start the Taltson proposal?

**HON. FLOYD ROLAND:** Mr. Speaker, it has been our practice, and we talked about the agents and companies but we try to not raise individual members' names. It is not part of our process in this forum but the proposal or the recent meetings that were held are not tied to that proposal that we initially received. The meetings that Minister Miltenberger spoke of in this House as well as in his budget address was very preliminary talking about would there be interest in looking at partnering up on a project specific basis. Again, we are, as we have shown on Deze already with Taltson, we have

partnerships with aboriginal governments in there. We are going to have to continue to work along those lines. Thank you.

**MR. SPEAKER:** Thank you, Mr. Roland. The honourable Member for Hay River South, Mrs. Groenewegen.

QUESTION 238-16(4):  
CONSTITUENT'S HEALTH ISSUES

**MRS. GROENEWEGEN:** Thank you, Mr. Speaker. A number of weeks ago I wrote a letter to the Minister of Health and Social Services to express to her my concern about a constituent of mine. This constituent had a very severe stroke about 10 months ago. Since that time, he has been cared for at Stanton Territorial Hospital and is currently in the ICU department. I had an opportunity to visit with my constituent last night. His partner is advocating for him. They would like to see him transferred to a facility that could assist him in being the recipient of physical rehabilitation as a result of this stroke. It's my understanding that there is nothing more that can be done for him at the Stanton hospital. We do not have a neurosurgeon on staff at Stanton. I would like to ask the Minister if there is any encouraging news that I could share with my constituents with respect to this gentleman's care.

**MR. SPEAKER:** Thank you, Mrs. Groenewegen. The honourable Minister responsible for Health and Social Services, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. The Member communicated this to me a couple of weeks ago, I believe. We are in the process of looking into that. Obviously, we don't normally talk about individual medical situations here, but the Member did provide detailed information about the status of the situation and what the family is looking for. I'd like to just tell the Member that generally it is a practice for us to review a patient's situation to see if the care being provided is acceptable or good, where we are doing it. If other options should be considered, we will be doing that. So I will confirm with the Member that this situation is being reviewed and what options we have. Given that this person is in ICU, it may be that person needs more ICU care and may not be able to be moved to some of the long-term care facilities.

**MRS. GROENEWEGEN:** I realize that we don't normally discuss the details or specifics of a particular patient or particular constituent, but I believe that this is a situation where someone needs to advocate on behalf of this constituent. He has been in the ICU department of Stanton for 10 months now. It is becoming very stressful for his partner to continue to travel from Hay River every weekend to be with him. His medical circumstances are unique. The family has signed a consent, a waiver, a release for medical information to be shared with myself as MLA. It really speaks to the

desperation of the situation. I appreciate the care that he is getting, but he is going to require very specialized care.

I'd like to ask the Minister what this government's policy is. It's my understanding they're having a difficult time finding a rehab facility that will take him, because at night he's required to be put on a ventilator and a lot of rehab facilities will only take people who do not require assistance with breathing. For him it's only during the night when he's sleeping, when he goes into a deep sleep. If there were a medical facility in the U.S., because I understand that there is a possibility of that, what is our government's policy with respect to covering the cost of something like that?

**HON. SANDY LEE:** Broadly speaking, we will first look at what services we have within the Territories, because we do want to keep our residents in the Territories as much as possible. We do know that we have at least a couple dozen patients from the territories in various jurisdictions all across Canada. I'm not aware of anybody that we have sent to the States. The decision on where to send the person will depend on what comparable services are available and we would try to find care for the patient closest to home as much as possible. So we would first look at southern jurisdictions before we would consider the US.

**MR. SPEAKER:** Thank you, Ms. Lee. Short, final supplementary, Mrs. Groenewegen.

**MRS. GROENEWEGEN:** Thank you, Mr. Speaker. I am certainly not a doctor. There may be circumstances about this case that I am not familiar with. Having visited my constituent, he is certainly very alert mentally. He has mobility within his limbs. He can move his arms, he can move his legs, he can respond, nod his head. It seems like the unique and troubling part of it is his inability to continue breathing once he falls into a deep sleep. I know there are medical advances all the time that have to do with neurology. I'm asking the Minister to please commit to attempting to get this patient out of Stanton where he has been languishing -- I mean, he's receiving good care, but not the kind of care he needs -- for the last 10 months. Would she commit to getting involved personally and seeing if he can be transferred to a facility with more resources?

**HON. SANDY LEE:** Yes, I would be happy to do that and get back to the Member as soon as possible.

**MR. SPEAKER:** Thank you, Ms. Lee. The honourable Member for Tu Nedhe, Mr. Beaulieu.

QUESTION 239-16(4):  
HIGH UNEMPLOYMENT RATES  
IN SMALL COMMUNITIES

**MR. BEAULIEU:** Mahsi cho, Mr. Speaker. Today I have questions for the Minister of Education,



Culture and Employment in the area of employment. The employment rates in the small communities such as Fort Resolution and Lutselk'e are in the 40 percent range. This basically means that of people between 15 and 65, less than half of them are working in those communities. The employment rate in Yellowknife is around 80 percent.

I want to ask the Minister what he plans to do about the employment rates and low incomes in small communities, as it appears to be the responsibility of the Department of Education, Culture and Employment.

**MR. SPEAKER:** Thank you, Mr. Beaulieu. The honourable Minister responsible for Education, Culture and Employment, Mr. Lafferty.

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. I'd like to thank the Member for asking that important question for small communities. We are looking forward to debating this budget that's before us. There is a new initiative in there that deals directly with employment in small communities. That will result in outstanding challenges or issues in the small communities of hiring, directly hiring summer students that are going back to school. Definitely, I'm looking forward to more opportunities to discuss the budget that's in the process and this will surely shed some light into the small communities.

**MR. BEAULIEU:** I'm assuming that's to try to get the people in the small communities prepared for employment. I'm wondering if the staff are fully aware of what the employment possibilities are in the communities they serve, considering that the high school diploma rate in small communities is also in the 40 percent range.

**HON. JACKSON LAFFERTY:** Those logistics are still being worked on as we speak. It's in the planning stages, but certainly those preferences and priorities will be given to the students that are returning to school. We want every student to succeed in our school system and succeed in life as well. At this point all I can say is it's in the planning stages and, certainly, those considerations will be taken into effect.

**MR. BEAULIEU:** I guess just a little bit more background to put a context of what I'm referring to here. Employment income in a place like Lutselk'e is 2.5 times lower than the average employment income in a place like Yellowknife. Are the staff fully equipped -- actually, and I'm wondering about the staff's abilities here -- to deal with the employment needs in the small communities?

**HON. JACKSON LAFFERTY:** We will continue to work with employment development officers in the communities; also with the organizations we'll continue to work with. Whether it be client service officers, employment officers in the communities

and the regions we'll certainly be prepared to deal with the new initiatives that will be before us. We'll be prepared as much as we can when the time comes.

**MR. SPEAKER:** Thank you, Mr. Lafferty. Final supplementary, Mr. Beaulieu.

**MR. BEAULIEU:** Thank you, Mr. Speaker. The cases of income support, on an average basis, are eight times higher in the smaller communities than it is in Yellowknife. Does the department do any work with potential employees to actively try to match people who are seeking employment and to get off income support and go to work in these smaller communities? Thank you, Mr. Speaker.

**HON. JACKSON LAFFERTY:** That is our primary target, to get people off of income support as much as we can, working with different programs that we've initiated within our Department of Education, Culture and Employment's Ready to Work Program and just maximizing opportunities for income support clientele. If they could work, if they're workable, then we like to fully utilize them in different areas. We do provide training programs for them to deal with the productive choices. So, Mr. Speaker, we can certainly provide the detailed information to the Members so they can share it with their constituents as well. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Lafferty. The honourable Member for Nahendeh, Mr. Menicoche.

QUESTION 240-16(4):  
HIGH RATE OF STOMACH CANCER  
IN FORT LIARD

**MR. MENICOCHÉ:** Thank you very much, Mr. Speaker. I just want to follow up on my Member's statement to the Minister of Health and Social Services. A resident of Fort Liard detailed her concern about stomach cancer and the rates of it in Fort Liard. As well, we have examined other communities in the past when they have similar concerns, especially just her cursory research, Mr. Speaker, talked about H. Pylori, which was a concern in other communities as well. So I'd like to know what processes are in place in the Department of Health that such an in-depth examination for environmental causes which may cause stomach cancers in Fort Liard can be examined. Thank you.

**MR. SPEAKER:** Thank you, Mr. Menicoche. The honourable Minister of Health and Social Services, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. The department does analyze and review data such as the cancer rates in the Territories. My information is that the cancer rates vary across the Territories, but in general, our rates of cancer in the NWT are similar to that of the rest of the country except in colorectal cancer, which is the reason why the

government issued a new clinical guideline for screening colorectal cancer more aggressively. Having said that, the information that the Member brought to me is new. I've not heard that before, and it's one that I am interested in looking to see further. We would have to get into touch with the person in question and get the information and see if we can at least do a preliminary study and see where we could go from there. Thank you, Mr. Speaker.

**MR. MENICOCHÉ:** I think the stats and the Minister's department should have those. I think that's a baseline to start from. I think, of course, there are many, many types of cancer, and she's not a professional, but her initial assessment and talking with family and friends in the community is that a lot of it is indeed stomach-type cancer and that's the concern. So that's what she would like examined, and I support her that we examine that. I would like to ask the Minister again what process do we have in place that we can initiate such an examination of this concern in Fort Liard. Thank you.

**HON. SANDY LEE:** The number of 15 cases, that the Member stated, in a population as small as 583 is huge. So I need to get more information on the names and just get more information on that to start with. The department will work with the Deh Cho Health and Social Services Authority to look into this further and be able to get back to the Member on what our next steps could be on that. Thank you.

**MR. MENICOCHÉ:** I would be pleased to work with the Minister and the Department of Health and Social Services and the Deh Cho Health and Social Services, as well as get the young lady involved that had contacted my office in getting the assessment if there indeed is a root cause in Fort Liard. As I said, we had done it in other communities, especially when... It's not yet been determined if H. Pylori has been the root cause, but the concern is if this is the case, then we should examine it. I'd like to get the Minister's commitment, for the record one more time, that this serious concern will be examined. Thank you.

**HON. SANDY LEE:** The H. Pylori project in Aklavik was initiated by an educational institution. It was initiated by a university who wanted to take a look at it. The Department of Health and the Beaufort-Delta Health and Social Services Authority provided all the support that we could possibly give them to get that work done. My understanding is that the results of that will not come out for another year or two. They need to do an in-depth analysis of the data that they had collected. In the meantime, the H. Pylori tests are available to any resident that might be interested in getting tested for that, if that is their concern.

Going back to the Member's question, I will look further into the cases and advise the Member as

soon as possible on what we can do there. Thank you.

**MR. SPEAKER:** Thank you, Ms. Lee. Final, short supplementary, Mr. Menicoche.

**MR. MENICOCHÉ:** Thank you very much, Mr. Speaker. I'm glad that the Minister is well aware of the process that occurred in the community of Aklavik. If the Minister can give that to me as well, about how to begin that process is the concern and is something that I, of course, support, and to see how much in-depth examination of the environmental and of maybe pollution concerns in Fort Liard can be determined, and if there is indeed a relation to the increase of stomach cancers in Fort Liard. Thank you.

**HON. SANDY LEE:** Yes.

**MR. SPEAKER:** Thank you, Ms. Lee. The honourable Member for Nunakput, Mr. Jacobson.

QUESTION 241-16(4):  
COMMUNITY AFTERCARE PROGRAM  
ADDRESSING ADDICTIONS AND  
SUBSTANCE ABUSE

**MR. JACOBSON:** Thank you, Mr. Speaker. Today my Member's statement, Mr. Speaker, was substance abuse and aftercare. I have a question for Minister Lee of Health and Social Services. Will this government adopt a dual system to provide an equal number of days for post-program assistance in their home community? For example, the participant spends 30 days in an addiction program and there will be a minimum of 30 days of professional support in their home community. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Jacobson. The honourable Minister of Health and Social Services, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. I'm not familiar with the program that the Member is mentioning, but I'd be happy to look into that. At the same time, Mr. Speaker, I'd like to advise the Member that the Department of Health and Social Services is working with the Gwich'in Tribal Council and IRC. We are investing \$600,000 over three years to do an aftercare program in Tuktoyaktuk. We are working in partnership with IRC. IRC is working with Tuk to develop the Aftercare Program. I had the occasion to talk to Mayor Gruben when I was there for the Beaufort-Delta meeting, and he was pleased with this development. At the same time, IRC has separate money where they are doing a community needs survey of addictions programs for the entire Beaufort-Delta region, and they are working with GTC in this regard. So we have lots of things happening in the Beaufort-Delta. Thank you.

**MR. JACOBSON:** Mr. Speaker, this is a new program I'm asking for. It's nothing to do with what

you're initiating right now. It's a program that we've seen people get sent out of the community and coming back, no aftercare, and the next thing they're back doing their passive abuse.

Mr. Speaker, given that across the Territory community governments and organizations are saying the same thing -- the communities' number one problem is not enough counselling support -- will this government commit to a small, fully functional, around-the-clock, fully equipped addictions centre with nurses and counsellors in every community?

**HON. SANDY LEE:** Tuktoyaktuk does have a community wellness worker as well as a mental health and addictions counsellor. As Member Jacobson as well as the community have told us, that they would like to see an enhanced aftercare program in Tuktoyaktuk, especially in light of the fact that they voted to go restricted. I don't know about the program that the Member is asking. I have to look into that. But I think, as I said, IRC is working with us to use this money to do up pilot projects in Tuktoyaktuk. They want to concentrate on aftercare and family wellness. They are looking into doing family counselling and workshops, and coming out of this pilot project, they will have more concrete ideas about what more they want to do. I think definitely the Member's idea could put into this to see if we could incorporate that somehow. Thank you.

**MR. JACOBSON:** Again, I love my home community of Tuktoyaktuk and my other three communities I represent in my riding. As mentioned in my previous Member's statement, during my community visits in Nunakput and the mayors and the community leaders all identifying the lack of professional and social support as one of the most serious issues in the communities, Mr. Speaker. People are very passionate about these issues and have lots to say. As a government, we must listen and we must act. I think this government should review our current territorial strategy on addictions and other counselling programs that can conduct comprehensive community-based decision...

**MR. SPEAKER:** Question, Mr. Jacobson.

**MR. JACOBSON:** ...on a go forward plan. Thank you, Mr. Speaker.

**MR. SPEAKER:** I don't know if I heard a question there. Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. Yes, to the Member. We are reviewing the Mental Health and Addictions Program. Yes, we are working with IRC to do what the Member is saying, aftercare programming in Tuk. Yes, I agree with the Member that there is a need in all of the Beaufort-Delta, which is the reason why IRC is doing a community needs survey for the entire region. The Member mentioned earlier that we should work with the

federal government. I want to let him know that the Department of Health has submitted an application to the Mental Health Commission to get more money. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Ms. Lee. The honourable Member for Yellowknife Centre, Mr. Hawkins.

QUESTION 242-16(3):  
INCREASED PENALTY FOR  
ILLEGAL PARKING IN IDENTIFIED  
HANDICAPPED PARKING AREAS

**MR. HAWKINS:** Thank you, Mr. Speaker. In my Member's statement today I talked about my concern and, may I add, my disgust about people who park in handicapped parking who do not have the appropriate placard to be there. I would like to ask questions to the Minister of Transportation to see if the department would be willing to take a lead on this type of initiative to demonstrate its position as well as lend its voice to the fact that this is a wrong we should help correct by enforcing this not stricter but with a clear message.

Mr. Speaker, to the Minister of Transportation: would he be willing to investigate this process about causing a demerit system being added to those who park in the handicapped parking who do not belong there and who do not have a designated placard to be there? Thank you.

**MR. SPEAKER:** Thank you, Mr. Hawkins. The honourable Minister of Transportation, Mr. Michael McLeod.

**HON. MICHAEL MCLEOD:** Thank you, Mr. Speaker. That is an issue that we all share a frustration and has been voiced as a concern by many of the people that have valid placards. When we find people parking in their stalls it is also quite complicated because this is an area that is dealt with, for the most part, by the Department of Municipal and Community Affairs. Parking and municipal bylaws are under that department. We, as the Department of Transportation have not looked at the possibility of including this as part of our demerit point system and we feel very reluctant. We would probably have to require some change in legislation or possibly diluting our program that is restricted for moving vehicles and vehicle speeding tickets and things of that nature. Thank you.

**MR. HAWKINS:** Mr. Speaker, understanding the experience and certainly sharing the frustration is much appreciated. Mr. Speaker, I have seen people sort of challenge these on their own. I know a particular father out there who has a child who is handicapped. They are challenging people face to face who park in handicapped parking. I fear for them because one of these days it is not going to be just two people arguing in a parking lot. We need some type of trepidation that sends a

message. Mr. Speaker, what can the Department of Transportation do at this stage to help sort of build up this issue to make sure it is clear? Demerit points are a clear signal that this is wrong. Rather than saying how we can't do this, let's try to turn it around and say, can we find a way to do this? Thank you.

**HON. MICHAEL MCLEOD:** Mr. Speaker, I'm being very careful, not because I don't see a need to increase and add to the deterrents that are in place already. I would think the fine of \$250 is pretty significant for anybody to be considering parking in one of those stalls. However, this is a responsibility that falls under another department. The Member is asking what I would do for an area that I am not responsible for.

Mr. Speaker, we certainly can commit to having that discussion with the Minister of Municipal and Community Affairs and the City of Yellowknife, if need be, to see what else we can do. At this point, we are not aware of any other jurisdiction that is utilizing demerit points as deterrents. I say again that a \$250 fine out of your wallet would be fairly significant. If that is not working, maybe there are other things that can be done, but the demerit points is not something or not an area that we would like to consider as a deterrent. Thank you.

**MR. HAWKINS:** Mr. Speaker, I can appreciate the willingness or the lack of willingness that the Minister shows interest on this particular issue beyond the fact he turns around and says I understand the concern, but I am sure \$250 makes people worry. Well, Mr. Speaker, it is about upping the ante and sending the correct message that needs to be sent, Mr. Speaker. All we have to do is have the ticket submitted to our process, change a regulation so it reflects that. Mr. Speaker, would the Minister show some national leadership on this particular issue and step forward and say we will see if we could find a way? Thank you.

**HON. MICHAEL MCLEOD:** Mr. Speaker, no. We are not going to consider changing legislation to include demerit points for parking violations under the municipal bylaw. Thank you.

**MR. SPEAKER:** Final supplementary, Mr. Hawkins.

**MR. HAWKINS:** Mr. Speaker, is it because the Minister isn't interested? Is it an issue that he doesn't care about, or does he think it is too much of an effort to even put a focus on from the department's point of view? Thank you.

**HON. MICHAEL MCLEOD:** Mr. Speaker, obviously the Member is not listening. I said on two occasions now that it deeply concerns me. I mean that. It is an issue that is outside of my responsibility. We feel that there are other ways to create deterrents if the current fine system is not adequate to do what he is requesting. We don't feel

that including the lost demerit points is going to do what he is expecting. Thank you.

**MR. SPEAKER:** Thank you, Mr. McLeod. Item 8, written questions. The honourable Member for Weledeh, Mr. Bromley.

### Written Questions

#### WRITTEN QUESTION 16-16(4): DETAILS ON CONTRACTS AWARDED TO FORMER MINISTERS

**MR. BROMLEY:** Thank you, Mr. Speaker. My questions are for the Minister of Executive.

1. In regards to the two contracts TD 7-16(4) and TD 8-16(4), one with the Northern Strategy Group, dated December 21, 2007 and extended August 18, 2008, and the other with John Todd Holdings Ltd., dated January 1, 2008, for each of the contacts:
  - a) Can the Minister provide an explanation why these services could not have been supplied by in-house resources?
  - b) Can the Minister provide copies of the documentary evidence supplied by the contractor to demonstrate that the contracted services were provided?
  - c) Can the Minister provide an explanation why two contractors would be described as "uniquely" able to provide the services, when both contractors were hired to provide services of identical descriptions during overlapping time periods?

Mahsi.

**MR. SPEAKER:** Thank you, Mr. Bromley. Item 9, returns to written questions. Item 10, replies to opening address. Item 11, replies to budget address. Item 12, petitions. Item 13, reports of standing and special committees. Item 14, reports of committees on the review of bills. Item 15, tabling of documents. Item 16, notices of motion. The honourable Member for Frame Lake, Ms. Bisaro.

### Notices of Motion

#### MOTION 9-16(4): EXTENDED ADJOURNMENT OF THE HOUSE TO FEBRUARY 8, 2010

**MS. BISARO:** Mr. Speaker, I give notice that on Thursday, February 4, 2010, I will move the following motion: I move, seconded by the honourable Member for Thebacha, that, notwithstanding Rule 4, when this House adjourns on February 4, 2010, it shall be adjourned until Monday, February 8, 2010; and further, that any time prior to February 8, 2010, if the Speaker is satisfied, after consultation with the Executive Council and the Members of the Legislative

Assembly, that the public interest requires that the House should meet at an earlier time during the adjournment, the Speaker may give notice and thereupon the House shall meet at the time stated in such notice and shall transact its business as it has been duly adjourned to that time. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Ms. Bisaro. Item 17, notices of motion for first reading of bills. The honourable Minister responsible for the Workers'; Safety and Compensation Commission, Mr. Robert McLeod.

### Notices of Motion for First Reading of Bills

BILL 11:  
AN ACT TO AMEND THE  
WORKERS' COMPENSATION ACT

**HON. ROBERT MCLEOD:** Mr. Speaker, I give notice that on February 4, 2010, I will move that Bill 11, An Act to Amend the Workers' Compensation Act, be read for the first time. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. McLeod. Item 18, motions. Item 19, first reading of bills. Item 20, second reading of bills. Item 21, consideration in Committee of the Whole of bills and other matters: Bill 2, Forgiveness of Debts Act, 2009-2010; Bill 4, An Act to Amend the Child and Family Services Act; Bill 7, An Act to Amend the Summary Conviction Procedures Act; Tabled Document 62-16(4), NWT Main Estimates, 2010-2011; and Minister's Statement 47-16(4), Transfer of the Public Housing Rental Subsidy, with Mr. Krutko in the chair.

### Consideration in Committee of the Whole of Bills and Other Matters

**CHAIRMAN (Mr. Krutko):** I'd like to call Committee of the Whole to order. We have several items to deal with: Bill 2, Bill 4, Bill 7, Tabled Document 62-16(4), Minister's Statement 47-16(4). What is the wish of committee? Mrs. Groenewegen.

**MRS. GROENEWEGEN:** The wish of the committee today is to continue with general comments on the Department of Health and Social Services and then to hopefully make some progress on the detail of the department. Thank you.

**CHAIRMAN (Mr. Krutko):** Committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Krutko):** With that, we'll take a short break and then begin with Health and Social Services.

---SHORT RECESS

**CHAIRMAN (Mr. Krutko):** I'd like to call Committee of the Whole back to order. Prior to the break we agreed we'd continue on with the Department of Health and Social Services. With that, at this time, I'd like to ask the Minister if she'd like to bring in any witnesses. Ms. Lee.

**HON. SANDY LEE:** Yes, please, Mr. Chairman.

**CHAIRMAN (Mr. Krutko):** Does committee agree that the witness brings in witnesses?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Krutko):** Agreed. Sergeant-at-Arms, escort the witnesses in.

For the record, Ms. Lee, would you introduce your witnesses?

**HON. SANDY LEE:** Thank you, Mr. Chairman. To my left is deputy minister of Health and Social Services, Paddy Meade; and to my right is director of finance, Mr. Derek Elkin.

**CHAIRMAN (Mr. Krutko):** Welcome, witnesses, Minister. General comments. Mr. Beaulieu.

**MR. BEAULIEU:** Thank you, Mr. Chairman. Mr. Chairman, I guess just a few very general comments I'd like to make. In my travel to my constituency, I had an opportunity to ask health professionals what they felt was the number one cause of the high cost of health care in the NWT, and from the nurses' perspective, from what I'm told, the number one cause of the high cost of health care in the NWT is alcohol.

I know that a few years back, there was some sort of health reform that was presented by this government, by the GNWT, I should say. It wasn't this government, but there was some sort of health reform where they got away from drug and alcohol treatment and tried to move more towards the outpatient type of treatment for drugs and alcohol and provide the communities with the money to be able to address the issues in that fashion with just one treatment centre remaining within the Northwest Territories. From what I understand, however, the budget at that time, at the beginning of that reform, 14 percent of the Health and Social Services budget was being spent on alcohol and drugs or addictions and wellness, the whole area of treatment and perhaps even the prevention of addictions. After that reform, the budget that addresses that portion dropped to 3 percent.

So I guess I'm more or less just looking at the budget overall. It's hard for me to kind of extract out of the budget exactly what is there to address, targeted specifically to address what the health professionals in the smaller communities consider to be the number one cost driver in health and that being alcohol addiction. Of course, there are other addictions that are slowly becoming a major issue in the Territories, but I'm wondering right now, our health care seems to just continue to grow and I

think that's because we are addressing the health issues. Almost like managing in a crisis, you know, a reactionary type of management. I'm not really saying that that's the philosophy of the department, it just appears that there is not really a whole lot else that can be done. I think what can be done is to start paying more attention to the prevention side and the treatment side of things. An example, I guess, is that if we had absolutely no alcohol consumption in a particular small town where it would be an issue, according to local health professionals, the cost of health in that community would drop to almost zero. It causes all kinds of other sicknesses and other things that are related to heavy consumption of alcohol.

Cigarettes, I know that there's some work being done with the kids and cigarette smoking and so on, but I guess I was just hoping that there would be more attention paid to that area in the small communities. I know that in my communities, at least one of the communities, the addictions counsellors are right in the main building of the community, so it's very difficult for people to go there and receive counselling for whatever addictions that they have and so on. You know, like money to maybe build something that's more private for the community to take advantage of perhaps will bring more people into the program and more people participate in trying to do what they can for their addictions, especially addictions in alcohol and drugs. I guess as we go through the budget page by page, at the appropriate places I'll be asking the Minister on what the plan is to address those issues that seem to be hindering the small communities and driving the cost of health in small communities through the roof. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Krutko):** Thank you. Next on the list I have Mr. Hawkins.

**MR. HAWKINS:** Thank you, Mr. Chairman. Mr. Chairman, with the budget before us some things sort of pop out and I'm certainly pleased to see the evolution of our downtown clinic. Through this budget it will help support that. Our budget also supports the soon to be opening dementia centre, which is excellent news and I think it is a step forward in the treatment of people with this chronic ailment. It's certainly a good thing to see that we have a facility that's up to date with an appropriate way of helping people through this problem. The day shelter, there will be funding for the day shelter or drop-in centre. It was a primary issue I had been raising for some time about public access or public washrooms for the general public that is specifically, obviously, the homeless or street people. It's been my understanding from speaking to people who have been running the shelter, to speaking to staff, to speaking to different people at the hospital to hear that since that facility is now open, it has had a significant and hugely positive

impact on this community. People have recognized it from the malls to see less people loitering, causing problems, demands on their facilities. And, of course, conversely, the pressure being put back on the homeless, I always thought was significantly unfair because, I mean, they have rights too. It's very fortunate that we've been able to find a way to balance that out and, of course, through the partnership it wouldn't work.

Treatment centres, in my view, still need to grow. I know the department continues to argue that, for example, the treatment process offered through the Salvation Army or the Tree of Peace is significant enough, but in my view, the department needs to refocus its issues for the severe drug problems and alcohol problems such as a detoxification centre here in the North. Speaking as a Yellowknife MLA, I don't necessarily think this type of service centre needs to just be here in Yellowknife. I think in any community a detoxification centre could exist, and I would welcome to see it put into an area that could use some territorial stimulus money, if I may define it that way, because I think this is a type of service that could go anywhere, and, if anything, it's probably best that we put it out into an area that could bolster the local economy as well as make it difficult for the person to just get up and go.

Member Jacobson today was talking basically about follow-up treatment for those in a treatment program. I spoke to this issue a year and a half ago, and I think he's on the right track. The Department of Health and Social Services doesn't offer a follow-up treatment program that I'm aware of, unless it's an individual group that chooses to follow up with someone. The example that I provided at the time was Poundmakers out of Edmonton, which if a person travels down there for treatment, they endeavour to follow up your progress after you leave the centre. I think that's a significant portion of your treatment. I mean, it's great that you go down to get the million dollar therapy immediately, but then you're left to your own devices. In many cases -- and I think the counsellors are right -- we end up putting people right back in the exact same circumstances and circles that they were in prior to the beginning of treatment. So in other words, we put them back into maybe the circle of influence of where their problems were. I often believe that the follow-up treatment and support programs need to be a critical, fundamental element of anyone's treatment at all, because without that follow-up, I believe quite strongly that a person doesn't have the same type of strength on many occasions to go through it alone. This gives them the extra ability to have contact with someone regular who will help support them, whether they just need to talk or it becomes a crisis that they have an emergency.

Mr. Chairman, I am curious what the Minister will have to say on this year's theoretical budget, if I may define it that way, on medical travel. A lot of calls and e-mails are coming into my office in the last little while regarding denials for medical travel and people have no way of receiving, whether it is back pain services in Edmonton or whether it is specialized treatment in other areas where they have been going to private clinics in the past in Edmonton. It is not just this is the first time. This is happening with a number of people. People who have gone out for specialized weight loss clinic programs are now being denied. I fear that the medical travel system, perhaps rightly so is evaluating what it is paying for and perhaps it is a wise decision to evaluate what programs we are going to pay for as well. But yet it seems as if it has decided to cut people off cold turkey without either announcing to MLAs to spell it out as simple as these are the programs we are going to start trimming back and create a transition program at the same time. It seems to be as if a bucket of cold water dropped on people. The shock starts to set in and then people are wondering what they could do next. Told that diabetic services as one example is coming provides little warmth for those people who had been attending another program or it had furthermore looked forward to attending a particular program that was offered in perhaps Edmonton or elsewhere. Really, what we are talking about is services that are recommended by specific doctors saying that these clients need these types of health services and now pulling the carpet from underneath them provides a bit of a moral setback and emotional setback for these people but really we are counting on these things to move forward on their treatment.

Mr. Chairman, although I don't see specifically in the budget on my perusal, but I certainly would like to hear a little bit about what is today's Stanton deficit. I would like to hear on perhaps how, if there still exists one, what is the updated figure and I would certainly like a copy of the plan as to how they plan to get out of a particular deficit. What is missing in this particular budget that I am not seeing and I think it is probably critical to emphasize is the NIHB money that is owed to this government where we provide health services to First Nation folks and the federal government still owes us a responsibility. It needs to be an item written in red ink here that emphasizes where our government is covering an obligation that should be out there by the federal government.

Finally, Mr. Chairman, in the area of extended health benefits or self-health benefits, depending on what day of the week we want to call them, continues to be a significant concern in my constituency. I know proposers suggest I have the most seniors in my community, but I can tell you I have a significant amount of seniors in my

community. They are very concerned about what the government may or may not be doing on their behalf. That also scares them that the government is re-evaluating these programs on their behalf. There seems to be little communication as to what is actually happening. Furthermore, it has created a fair amount of destruction and discomfort in knowing that the government is acting on their behalf without them having sort of a guiding principle being sent out to them.

Many issues have come into the forefront as to areas of protection. As I have said on a number of occasions, I think that what the department has intended to fix a year ago or two years ago, I think there was little understanding as to what was actually being fixed without identifying the actual number that the department needed to find. I think that challenges are recognizable, that there is a situation where we will define a group of individuals, whether they are families or individuals, that are not covered by health services. I think incumbent upon presenting this government, this House, this Legislative Assembly, individual Members the detail as to what these actual costs can be and I am very confident we will find a way to work our way through it. It means that we have to give up an individual program one particular year because, and I apply this example not to a specific project, but, I mean, we need to ask ourselves is chipsealing as important as someone's pain medication. I would certainly think that all of us would choose pain medication.

I am not picking on a particular project. I am just emphasizing the fact that we could make those types of choices to say we will put health care before a particular project that really has the label of convenience on it as opposed to a label of necessity.

Mr. Chairman, at this time, I will leave that as my opening comments. I certainly look forward to the detailed answers to the issues I have raised. Furthermore, if the Minister is unable to provide them today, I will certainly accept them in a timely way forwarded to me through a letter, of course, and I will deal with them individually at that period. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Krutko):** General comments. I am not seeing anyone. I would like to give the Minister an opportunity to respond to the general comments that were raised yesterday and today. Madam Minister.

**HON. SANDY LEE:** Thank you, Mr. Chairman. There were a lot of good comments made by the Members yesterday and today. I do appreciate that as we go line by line that there will be more specific questions which I would be happy to answer too.

First, something that I want to mention is the Foundation for Change Action Plan, because it is something that I have been speaking about often

and other Members have mentioned. I agree with MLA Groenewegen that we should have a healthier version to having consultant studies and fancy books. I just want to reiterate that this is a working document. It is a to-do list. It is about how our health and social services system will go through a transformational change over the next three years. It is a three-year action plan. It was not prepared by a consultant but by the department staff. I guess one of the biggest reasons we need to have this is we have a lot of stakeholders in the health and social services system. Not only the clients that we serve and the residents we serve but also the MLAs in the House, the health authorities, medical professionals, allied health care professionals, they all need to know in writing what it is that the system is trying to do. That is where it is.

Member Bisaro and others have stated that they gave us preliminary support but they would like to see more update on that, and on that I agree. We have committed to give regular updates and seek input from the Standing Committee on Social Programs, so we are scheduled to appear before the committee at a neutrally convenient time to do that.

There were lots of issues about services and especially in small communities as well as what MLA Beaulieu mentioned today about the cost of health care. I think obviously the Member is... We couldn't disagree with what the Member said, and that is alcohol use and misuse contributes to general health negative indicators, but also added to that is tobacco and poor eating habits and lack of exercise. This morning, Dr. Hendricks, who is an intern, was on CBC and she talked about the fact that there is a response for economic projects and everything else. That just places more importance on the fact that we need to make sure that we do everything we can while we can control it. I believe that in the NWT we could still do this by making transformational changes, making sure that we use our health care resources as efficiently as possible. That requires all of the authorities working together. That requires investment in technology. That requires lots of thinking together to make sure that we keep what we have and we continue to enhance what we have, if possible.

Just going back to demographics, Mr. Chairman, it is the alcohol use and all the other personal habits. But just demographically speaking, in the last 10 years the NWT's population grew by about 4 percent. Our health care budget almost doubled. Our seniors population grew by half, so our senior population grew by 50 percent. I am not going to suggest that the seniors are responsible for our health care costs. That is not what I am saying at all. I have a mom who is a senior who is quite healthy. She does everything right but she still goes to doctors more than me. Your body is used more and there are more costs involved in that. Looking

forward, we are looking at demographics that suggests to us that our health care costs will continue to rise. So demographic challenges are not just the clients, it's the service providers. It's the great tsunami that everyone is talking about that we are going to have less and less care providers to share and so that just puts more onus on the government to make sure that we look at what we are doing constantly and try to change the system so that we are better equipped to handle the demand and expectations that our residents have of us, that we provide the services that they're looking for. Things like medical travel, treatment services, cancer treatment, chronic management, chronic disease management, prevention and treatment. All that is listed on Foundation for Change as to how we suggest that we can go forward for the next three years.

MLA Beaulieu mentioned an interesting point about the fact that way back when, 14 percent of the budget was on alcohol and drug treatment. I don't have information on that, because 14 percent of our budget would be over \$100 million on alcohol and drug treatment. I can tell you right now, we're not... No, that's not it. My math is bad. Okay, 10 percent of \$320 million is \$32 million...\$32 million. Okay, so about \$40 million we would have to spend on alcohol and drugs. I think we're somewhere near \$10 million, so we are spending a lot less.

The same with prevention. The ideal situation for any government is to spend 4 to 5 percent of their budget on prevention. I have to tell you most governments are not able to do that because we spend most of our energy and time treating the sick and the people that show up after they have developed something.

So my dream, and I think the dream of all Ministers of Health, and we talk about that often, is to work on prevention and promotion, but we are constantly having to address the after effects of natural causes and induced effects of health indicators.

Anyway, I want to start with that opening statement and I would be happy to go page by page and provide any detailed information that the Members might require. Thank you.

**CHAIRMAN (Mr. Krutko):** General comments. Mr. Yakeleya.

**MR. YAKELEYA:** Mr. Chair, I want to say a few comments and maybe get a response from the Minister. She's talked about a document called Foundation for Change. Again, I want to say to the Minister regarding health care services in our small communities, the standard of health care services in our small communities, we really need to ensure that when they walk into the health care centre, you know you're going to get a satisfactory level of care from our nurses or when you live in a small community with no access to a hospital in a matter of minutes or hours, that the health care would do



its utmost to help the people and the services of the hospital has to be striking, I guess, in terms of how we take care of our people.

Something I look forward to this Minister doing in terms of strengthening the standards of health care. Some of our small communities on weekends, there's a lot of... Just listen to Ms. Minister's response to the issue of the use of alcohol. Sometimes our patients in our communities use alcohol and sometimes the nurses, on their discretion, will see or not see a patient. That is unacceptable, especially when there's a serious injury. The nurses usually say bring them in while they are sobering up; you can't bring them in while they're drunk.

I know there is a safety issue there. I have seen a few myself in my own community. I have brought people in who are pretty high, but they had some pretty serious damages on them and they had to bring them in, some of the members in the community.

So I want to look at this in terms of ensuring that all our health centres, especially with the nurses that do come in, who are there for six weeks, who are there for two weeks, who are there for one week, know that these are the types of standards we expect in our community in terms of services.

There is also a safety issue and I think it needs to be worked out with the health boards in terms of what we expect from the health centres. I want to let the Minister know that this needs to be looked at. We need to ensure that these nurses there are signed on to do a job and sometimes that job means being on call or responding to a situation at any time of the day and they're there to serve the people. I have personally witnessed a call to a nurse, an elder who fell down, and the nurse -- this was a little after 11:00 -- said bring her in after I take a shower. That type of attitude is unacceptable.

So I ask the Minister through her leadership and working with the board chairs, that nurses who go in, they understand the expectations of health care into our communities. I just wanted to make comment to that right now as we're looking at the budget, especially the operations and maintenance budget of the Health department. They are there to run the program and do the best they can. At the same time, these nurses are under extreme pressure in terms of the work that they do. This is not to say that they are doing a poor job. There are people in the community who look forward to having a nurse, but also to having a nurse look after an injury when it's needed and not to be told come later on.

I just want to tell the Minister that we need to continue working on how to improve our health care in the small communities. It's something that she's already said that to the leadership in the Sahtu and

we'll continue to do that. I look forward to seeing the responses through the different parts of her budget. Mahsi.

**CHAIRMAN (Mr. Krutko):** Thank you, Mr. Yakeleya. With that, I would like to ask the Minister if she'd like to respond to Mr. Yakeleya's general comments.

**HON. SANDY LEE:** Thank you, Mr. Chairman. Yes, I would like to give my commitment to the Member again that I will continue to work with him and the Sahtu Health and Social Services Authority to continue to work on our communication. We understand that our health care staff, whether they be physicians or nurses or anything else, have their professional guidelines and rules and regulations that they follow in their practices. We can't comment, really, on individual situations obviously, but I do appreciate that there is some room; there's lots of room, actually, to work on for the providers as well as our residents on how we build relationships. I understand the health care professionals are near and dear to our hearts, that people expect a lot of our health care professionals. At the same time, they are under lots of stress as well and they are a really valuable resource. So it's really important that we work together and I've said that to the community leadership in every community.

I think our people, I'd like to advocate more on owning our own health care and not only what we do individually, but being able to advocate for ourselves and communicate what we are expecting. How do we develop mutually respectful relationships between the providers and the clients so that we get the services we need from the professionals? They know what our clients are, what our cultural and other community expectations are, and it's something that needs work on an ongoing basis and I would commit to the Member that that is something I'll be interested in working on further. Thank you.

**CHAIRMAN (Mr. Krutko):** General comments. What is the wish of the committee? Detail. Okay, if we can turn to page 8-8, or page 8-7, we will defer that to deal with page 8. So with that we'll defer page 8-7 and then once we conclude the department, then we'll come back to conclude department summary. Is the committee agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Krutko):** Page 8-8, information item, infrastructure investment summary, information item. Mr. Yakeleya.

**MR. YAKELEYA:** Thank you. Under the infrastructure investment, the item information technology projects, \$2.4 million, Mr. Chair, can I just ask for a brief explanation in terms of that line item?

**CHAIRMAN (Mr. Krutko):** Minister of Health.

**HON. SANDY LEE:** Thank you, Mr. Chairman. I would like to ask Mr. Elkin to provide the details. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Krutko):** Mr. Elkin.

**MR. ELKIN:** Thank you, Mr. Chairman. The \$2.4 million, there's three IT projects approved for 10-11. The NWT-wide picture archive and communications, the NWT-wide lab information system and the TeleSpeech project.

**CHAIRMAN (Mr. Krutko):** Mr. Yakeleya.

**MR. YAKELEYA:** Thank you, Mr. Chair. The TeleSpeech project, are communities already selected for that project? I'm not too sure if that is being done as going through the committee or if there was assessments done on it, because we'd certainly like to see another project to all the telehealth projects being up and running. So can I see a little more information on this specific item here.

**CHAIRMAN (Mr. Krutko):** Minister of Health.

**HON. SANDY LEE:** Thank you, Mr. Chairman. We expect that the TeleSpeech project will be available in every community, but it's going in in a phased-in approach. I believe Sahtu is one of the first ones, because in our tour, we saw the TeleSpeech machines in all facilities. I believe the full implementation of that was delayed a little bit because we were concentrating on the H1N1 effort.

TeleSpeech will be used to give speech language therapy first of all to students who need them. We have some of those stations in schools and we work with the Department of Education, Culture and Employment on that. Also, I know that the Department of Health has been working with Justice in providing that program to do with parents who are separating. So by that one that Justice started and there is certainly a lot more room to grow with this equipment, but obviously there is training and program support needed to expend those.

**MR. YAKELEYA:** Thank you for that information, Madam Minister. Mr. Chair, the TeleSpeech implementation, I look forward to the rollout of the implementation when you're saying that the Sahtu communities are on the list as possibly one of the first projects that are going to be used. So I look forward to that. I do thank the Minister for that information.

Would this be similar to our experience with the telehealth? It's not being used today and that's a shame that this is not being used to its full utilization because that would sure help a lot of people. Now, I could be corrected on this here, however, this is the information I have in terms of these TeleSpeech, telehealth projects here.

**HON. SANDY LEE:** Thank you, Mr. Chairman. Just speaking from a layperson perspective, these

TeleSpeech, telehealth machines are big, nice, flat-screen TVs that could be connected to anywhere there is a service provider on the other side. Telehealth was the initial part of that and TeleSpeech is a program that's offered through telehealth. This is something that would expand as we get more people and more connection from point A to point B. Health care professionals have spoken to me about the possibility of diagnosing through telehealth. Somebody could sit in Deline and talk to a radiologist or neurosurgeon maybe, especially in follow-ups, especially right now. We have DI/PACS where X-rays could travel electronically and they don't actually have to be moved physically. So it is possible, by use of this machine, where we could have people sitting in our communities and get services that are not available, especially in follow-ups, because sometimes you have surgery on your ankle, for example, and then sometimes you need to have that looked at by an orthopaedic surgeon two or three times just to make sure the bones are healing right, but they may not necessarily have to go physically to get those done. It's possible to even do surgery. I mean, that's like looking years down the road, but obviously this is a communication machine and it can only work with the people that would operate it at both ends and they have to be trained and we will work in a phase-in process as the providers are ready to take it as we have the money to deliver those programs and provide necessary support to the staff so that they feel more comfortable using this device. It is something new to us in the North too. So it will take effort and we are working on that to incorporate it into our everyday practice. Thank you.

**CHAIRMAN (Mr. Krutko):** Thank you, Minister Lee. Anything further, Mr. Yakeleya? No. Mr. Hawkins, did you have something?

**MR. HAWKINS:** Thank you, Mr. Chairman. Are we operating off the 8-8 or 8-9? Because my question specifically points to 8-9, which I thought we were on. I'm just making sure we didn't go back.

**CHAIRMAN (Mr. Krutko):** Page 8-8.

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Krutko):** Okay, page 8-9. Mr. Hawkins.

**MR. HAWKINS:** Thank you, Mr. Chairman. Under revenue summary, I'm just curious as to finding out what particular money is built into this bottom line here that emphasizes the money paid to us through our NIHB figures. Thank you.

**CHAIRMAN (Mr. Krutko):** Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. Is the Member, I don't see the area that he is talking about on page 8-9... Oh. Could he be more specific?

**MR. HAWKINS:** It's my assumption that hospital care under Indians and Inuit, as well as medical care under Indian and Inuit, maybe the Minister can help me find out where that money is specifically earmarked from and does it cover some of the NIHB money that is owed to this government? If not, perhaps the Minister can point to the relevant page. That's my specific area of concern. I assumed that's what that line meant. Thank you.

**HON. SANDY LEE:** This is money we get from DIAND for hospital and doctor care for our aboriginal people. There is NIHB separately later on under 4 and 5, which is a technical language, but I think it's under extended health. It's under 8-36. Thank you.

**MR. HAWKINS:** Thank you for clarifying which page my specific question would be on. Seeing how it is related, I'd like to continue. What is the present formula that causes us to get \$21 million for that type of care in this particular budget cycle? What type of inflationary factors are built in? As I understand it, the territorial government services cost more than we're being paid. In other words, did we put in a particular figure and did the federal government respond with a particular figure and, of course, what would that figure be? Thank you.

**HON. SANDY LEE:** This is one where we have a longstanding agreement with the federal government. I believe it was signed in early 2000, or somewhere around there. There's a built-in escalator there at 2 percent. That's the funding formula that's being used.

**MR. HAWKINS:** Thank you for the answer there. What is the actual cost that's being predicted this year for those types of services and, therefore, what would the territorial government be subsidizing as the actual gap between what's the estimated cost to do the actual services that we're providing and, furthermore, trying to get a grip on how much money are we losing on this endeavour? Thank you.

**HON. SANDY LEE:** I'm not sure if it's correct to say that we're subsidizing this care, because every province and territory is responsible for the delivery of health care to their residents. So whether we get any money from the federal government or not, we would be providing health care to every resident, and doctor care to every resident in the Territories. In the case of aboriginal peoples in the Territories, we get money from the federal government. The federal government's position is that they are funding for the health care for aboriginal people by this agreement plus the transfer payments that they make to us.

**MR. HAWKINS:** I appreciate that answer but, with all due respect, I think that's an issue of semantics where we're saying something similar. Ultimately, I think that it goes back to the question why are they funding us that particular case and on what basis

are they funding us that particular case? Thank you.

**HON. SANDY LEE:** I believe that's what the agreement is and we will have to continue to look into that to see whether that could be changed or not. I can refer to the deputy minister to see if she wants to add more to that.

**CHAIRMAN (Mr. Krutko):** Deputy Minister Meade.

**MS. MEADE:** Thank you, Mr. Chairman. I think the agreement is both technical and it can't be seen in isolation, so to be able to provide that information it's probably best to give a written explanation through my Minister. The bottom line is the federal government sets the ongoing increases to any of their transfer funding and we can go to the negotiation table. I am working with both the deputy of financial management and also the deputy of Aboriginal Affairs in our approach to these discussions with the federal government, but it is set for the coming year.

**CHAIRMAN (Mr. Krutko):** Thank you, Ms. Meade. We look forward to getting that information. Mr. Hawkins.

**MR. HAWKINS:** Thank you. I certainly hope that all that information can be shared amongst all Members. Mr. Chairman, just to continue a little further, when the original agreement... Or let me say it this way. The present agreement had been signed, it must have an expiry date when the whole contract, if I may describe it that way, or agreement, was to go forward. When does this particular agreement come up for full renewal or is that what the territorial government is presently working on when you refer to I think you said about a year from now? Is that when it's intended to expire or are you trying to find some way to open up the agreement and reflect the true cost to provide health care that the federal government is responsible for. Thank you.

**CHAIRMAN (Mr. Krutko):** The Minister of Health, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. This agreement is renewed every year on a year-by-year basis. For the last two years my focus and concentration has been to renew the THAF funding, but we are working to strengthen our position on this particular agreement to see if we could renegotiate the terms. I would be happy to get the Member more information on what the terms of the contract are. There is not a lot of room for negotiating in terms of the escalating clause and such, but we are doing everything we can to see how we can strengthen our negotiating position.

**MR. HAWKINS:** Mr. Chairman, this may not be the time or place in the context of that level of detail, but I'm just trying to understand if it's a year-by-year agreement, what are we actually negotiating or renewing if it sounds like it automatically renews at

a flat escalator of 2 percent? I mean, I'm just trying to understand what are we renewing. Thank you.

**HON. SANDY LEE:** The agreement is such that there is a set amount of money that they will give us for the medical and hospital services for our aboriginal people. That's a big chunk of money: \$21 million. So every year we do sign the agreement because we do need to have that revenue coming in while we are reviewing the clause to see how we could renegotiate that. There's not a lot of room for negotiation. It's a contract that was signed long ago. The terms are quite strict and unilateral in a certain sense.

**MR. HAWKINS:** If I understand the Minister correctly, we're not actually negotiating anything. We're just agreeing to what they're suggesting that they'll pay us for services. If that's the case, I'll just wait until I get the documentation to help clarify this.

The last point on this particular section: is the Minister aware... Although I asked it earlier, it somewhat buckled into the same problem. Is the Minister aware of the actual dollar amount that is believed to be outstanding by the federal government that is owed to the territorial government?

**HON. SANDY LEE:** I would be happy to provide the Members with the terms of the agreement and some of the related issues on that, and I would be happy to meet with committee or the Members to give more information. I think it is a misnomer to say an outstanding amount, because the contract is pretty clear. It was signed by previous governments. It states what they're going to pay and how much they will pay every year, and for reasons I am not aware of, there were not a lot of provisions put in there for renegotiating or increasing the amount of money the federal government is willing to give. So we have to basically, I think, work on a new contract. In the meantime, we do need to get \$20-some million for the services we provide. I'd be happy to provide the Member with more information on this issue. Thank you.

**MR. HAWKINS:** Just one last thing -- sorry -- on this particular file. Has our Health Minister ever written the federal Minister of Health in regard to this specific concern? Would the Minister be willing to provide any correspondence if the department did so, and would the Minister be willing to provide any response as to how the federal government has provided her in her action to help address this problem? Thank you.

**HON. SANDY LEE:** Yes, I'd be happy to do that. I've been communicating with the Minister of DIAND on this issue, as well as the Premier, who had contacted the DIAND Minister on this issue. I would be happy to provide the Member with that correspondence. Thank you.

**CHAIRMAN (Mr. Krutko):** Next on the list I have Mr. Bromley and then Ms. Bisaro. Mr. Bromley.

**MR. BROMLEY:** Thank you, Mr. Chairman. Just on that, a follow-up to my colleague's questions, we have thrown out some numbers in previous years when we discussed the budget but, as I recall, just for confirmation, I think the realm of contention for these federal dollars was in the tens of millions of dollars, fairly substantial to this government. Is that a correct understanding?

**CHAIRMAN (Mr. Krutko):** Minister Lee.

**HON. SANDY LEE:** Mr. Chairman, I remember looking at that very closely as a Regular Member too, so the minute I came into this office I reviewed that. Since then, my understanding of the contract is, we have to go back to the history of this, but I think the agreement was signed by the Minister at the time of 11<sup>th</sup> or 12<sup>th</sup> Assembly and it is a pretty clear cut, short agreement on how much the federal government is willing to pay for the doctor service and hospital service for our aboriginal people. There's not a whole lot of negotiating clauses built into that. It is renewable every year, so it is either we don't renew it and do not get the money or we try to renew the agreement so that we could continue to get the revenue but work on our negotiating position which is what we are doing. Just understand that there is a very different view about this agreement. Obviously our government feels it is a different agreement than how the federal government sees it. But the federal government is trying to believe that they fund for the health care and medical care for all of our residents by various transfers and that this is just one of the payments. Thank you.

**MR. BROMLEY:** Mr. Chairman, that sounds like the two negotiating parties are at the extremes of the spectrum there. I imagine some thinking must be going on as to how much we spend on negotiations on that sort of situation. I think it would be an appropriate topic for committee briefing and discussion just so we are all on the same page on that one.

I want to ask about the Territorial Health Access Fund. As I mentioned in my general remark, \$7.5 million would be significant if... Just to start with, is this the typical sort of range for the other territories as well? Is this just restricted to the northern territories?

**HON. SANDY LEE:** Mr. Chairman, this is a one-time multi-year funding that the federal government agreed to provide to all three territories. An agreement was reached I believe back in 2003 or 2004. The payments didn't begin to flow until a year later, which is why it is expiring at the end of March. The agreement lasted from 2005 to 2010. It is a \$150 million program over five years so it is about \$30 million a year. The portions of money that Yukon, Nunavut and NWT get are different.

Nunavut gets more money for medical travel than we do and Yukon gets less. There are some other portions to that. It is based on formula. Out of that, we get about \$7.5 million a year. Yukon is the one that is managing this fund as an administrative body. Thank you.

**MR. BROMLEY:** Mr. Chairman, thank you for that information. Just so I don't waste time, does the Minister have any insight or information here that causes her not to be at all concerned about not getting this renewed when it comes April 1<sup>st</sup>? Thank you.

**HON. SANDY LEE:** I am afraid I am not on the inside of Minister Flaherty or Minister Stockwell who is now the new Treasury chair. I can tell you that Nunavut government, Yukon government and this government have worked hard, methodically and substantively to get this program renewed. The proposal we have is asking for about \$200 million because we want to build in the escalator. There has been a working group of assistant deputy ministers of health of all three governments. We have the Yukon, Nunavut and myself; Ministers over the last two years have had meetings with the Minister of Health. In the most recent occasion when I was in Whitehorse attending the Ministers of Finance meeting on behalf of Minister Miltenberger, I had a chance to bring that up again. We have been working diligently on this. I want to tell you that I have no inside information. I want to stay optimistic. We are not going to know. There was some indication that the federal government, while they may not be able to renew the whole thing, they may be interested in extending it. We have no information whatsoever, so I am keeping my fingers crossed knowing that we did everything that we can. But we have to get ready for contingency plans in the event that it doesn't happen. That is something that we are working on. We are working on this. We would be happy to meet with the committee to get more details on that, if the Members would like to hear it. Thank you.

**MR. BROMLEY:** Mr. Chairman, thanks for those details again. What exactly do these dollars provide in terms of health services? If I can get a brief description there, thank you.

**HON. SANDY LEE:** Mr. Chairman, in general and some of the highlights are we are funding STI nursing in Yellowknife; community health nurses in Gameti and Sachs Harbour; we have nurse practitioners in Yellowknife, Fort Smith, Tlicho, Deh Cho, Beaufort-Delta; midwifery services, one of the positions is in Fort Smith; continuing care respite services in Yellowknife, Beaufort-Delta, Hay River; Dialysis Program in Stanton; Northern Women's Health Program in Stanton; ...(inaudible)... community care in Fort Smith, Hay River, Deh Cho and Sahtu; physician staffing, physician recruitment and retention, Physician Resident Support Program

and accreditation and quality improvement in Deh Cho, Tlicho, Sahtu, Yellowknife; and Foundation for Change implementation. That amounts to about \$5 million out of \$7.5 million.

**MR. BROMLEY:** Mr. Chairman, obviously that is an amazing list including our plans for going forward here. If we are going to fund that internally, if we have to -- and \$200 million to this federal government must be a bit of a daunting figure to contemplate -- what exact planning are we doing internally as to where we would take the resources and how we would redistribute our existing resources to make sure that some of my clients get their dialysis done twice a week and the Foundation for Change starts and so on? Thank you.

**HON. SANDY LEE:** Mr. Chairman, as I have stated in the committee when we were reviewing this plan, it is important for people to know that we are working on the contingency plan and we are working in partnership with all of the authorities. We believe this funding was supposed to be a transformational... It was to be aimed at changing the way we build up our service and strengthening primary care in the front line, like the midwifery and nurse practitioners, but we know that these programs have embedded into our entire service delivery. They are an essential part of our service delivery. So we are working, and my deputy minister has been working, actually for months together with the authority to make sure that we do everything we can to deliver the programs, develop options, to not affect the persons in the jobs. So we are working on a plan and options. So I just want to send the message out there that people should not panic and should not be alarmed, we are working on it and I would be happy to come to the committee and go through the details on that.

**MR. BROMLEY:** I would say that is really important and I think at the very least we should have some committee briefing and discussion on this. It is a huge, very key list of services that we are provided and I know that we are going to continue with those, but at what cost to other programs and so on. Is there any criteria that has been used with the authorities that the public could know about? There is 55 days left here until one thing happens or the other. So these are substantial enough that obviously some major planning work must be happening. So I think anything the Minister can offer to assure us rather than just trust me that it's happening, which, you know I am not here to question that, I am here to really try and get out the specifics of how we are addressing this. Thank you.

**HON. SANDY LEE:** I think it is important for us to know that this is contingent on the federal budget. We do not prejudge what the federal government is going to do. I would like the federal government to extend this program. We do not want to relieve the federal government of coming up with this by us

coming up with plans. We understand that we need to work on a contingency plan. This is why we don't have it in the budget, but we feel we made a good case to the federal government and Premier Fentie had a private meeting with Mr. Flaherty. The Nunavut government has been pushing this hard. If anything, as important as this is to us, it is even more important for Nunavut. It is really important and I would like to ask support from the Members to not create panic. We did not want to have a plan sort of prejudging, then that is assuming that the federal government is not going to fund us. I don't want to do that because we have done everything we can to convince them.

Obviously, we are passing this budget so that all of the jobs and the work will continue past April, because the federal budget is not going to come until March. We are and have been working on a contingency plan with all of the authorities. We will try to fund from within to continue programs or we will have to go for supp if that is necessary, and I promised... I am telling you trust us, this is the only way we could deal with this because we want the federal government to still be part of the picture. I would be happy to come to the committee and work out the details on how we move forward and what options we have after the federal government brings down the budget. Thank you.

**CHAIRMAN (Mr. Krutko):** Thank you, Ms. Lee. Ms. Bisaro.

**MS. BISARO:** My questions will be somewhat shorter. I had many of the same concerns as Mr. Bromley and he has asked the questions and secured the answers for me that I think I was looking for.

I am, as well, extremely concerned about the loss of the THAF funding, if that is what should transpire and I certainly hope it doesn't. When we reviewed the business plans, there were some 21 positions which are funded by THAF and they are basic to our provision of health services primary care through nurse practitioners and midwives and so on. I was a little alarmed, though, to hear the Minister say that the Foundation for Change position is coming from the THAF funding and I would certainly hope that that position is one that is going to be maintained, maybe at the top of the list, I guess. I did have a question as to sort of how we are going to go forward come April 1<sup>st</sup>. The Minister has answered that, if I understood her correctly. We will carry on with all the positions that we currently have, basically the same thing next year as we have in this current year and if we don't get the funding, then the Minister will come back for a supp to fund what can't be dealt with internally. If I can just get that confirmed, please, Mr. Chairman.

**CHAIRMAN (Mr. Bromley):** Ms. Lee

**HON. SANDY LEE:** Yes, Mr. Chairman, that is correct. That is what I said.

**MS. BISARO:** I have another question on this page relative to the other recoveries and the reciprocal billing for Nunavut, basically. In reviewing the Stanton Territorial Hospital annual report, I was struck that in some areas, many of the areas, up to 25 percent of their provision of services, the cost of the provision of those services is for Nunavut patients and for servicing Nunavut communities. It varies, depending upon the area, anywhere from 10 to 25 percent, from what I could figure out. It really struck me that we are probably being paid back for the actual physician costs and for the actual cost of supplies and so on and the travel that physicians do in order to get to communities in Nunavut. It also struck me that I suspect that there is nothing in our agreement with Nunavut that covers the physical cost of the building and the actual capital cost of maintaining the building, upgrading the building, which we have spent many millions on in the last few years, and which we need to spend more millions on in the coming years. So if in places, 25 percent of the work that we are doing out of the territorial hospital is going to Nunavut, is there any opportunity for us to get something from Nunavut for a capital building, structure that we have to maintain and pay for and develop, where they are basically getting off without having to build a hospital? Thank you.

**HON. SANDY LEE:** That is the deputy minister's specialty area, so I would ask her to answer that. Thank you.

**CHAIRMAN (Mr. Bromley):** Deputy Minister Meade.

**MS. MEADE:** Thank you. First of all, the jurisdictions between the provinces and the territories have reciprocal billing and the standards are set across by all of us, so the reciprocal billing would cover the same as we are charged by Alberta for Edmonton and Calgary hospitals. Those are looked at every few years by the jurisdictions. With respect to Nunavut, the contract captures use and, therefore, there is, within the territories, administrative or cost specific to equipment or specific to a building. You can't tease that out. It is based on a type of service and hours. That said, the agreement and the contract is in place verbally and we are just finalizing the language within the contract. But the issue about suddenly denying services is part of the Canada Health Act around reportability and just as we use other resources or the residents do when they travel, it is an issue around who pays for what that the jurisdictions agreed to when they kept health services.

**CHAIRMAN (Mr. Bromley):** Ms. Bisaro.

**MS. BISARO:** Thank you Mr. Chairman. Just a quick comment and that is unfortunately the answer that I expected to hear. I guess my only hope would be that if we are ever renegotiating the agreement or renewing the agreement, particularly with

Nunavut, I would think if there is any opportunity to try and recoup funds that could go towards the capital costs that we have to bear, then that would be a good thing. Just a comment. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Bisaro. Next I have on my list Mr. Krutko.

**MR. KRUTKO:** My question is around the area of Non-Insured Health Benefits, especially when it comes to treaty Indians. Again, it comes back to my issue with the Tsiigehtchic situation where under treaties you have the right that was basically recognized in the treaties signed in 1898 and also 1921. They recognize First Nations people have the right to education, health care and also have other rights that come out of those treaties. Again, for the community of Tsiigehtchic not having health care, which this government gets funding for on behalf of those people and I think that for me it shows that this government is basically renegeing on its responsibility when it comes to First Nations health care. So I'd like to ask the Minister in regard to the situation where aboriginal health is the responsibility of this government, which is funded by way of non-insured funding from the federal government, but yet there's also a treaty obligation to provide that service to those people. So I know that you didn't say much about small communities. I know there was a lot of questions asked yesterday, but I'd like to ask again where do those aboriginal communities have to go to get health care services from this government? Do they have to go back to Ottawa and renegotiate their treaties or basically have the Minister of Indian Affairs take their dollars and give it to the communities so they can provide their own health care since they're not getting anything right now? Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Krutko. Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. I don't think it's accurate to say, and in fact I know it's not true to say, that anybody in the Territory is not getting health care service. Tsiigehtchic does get health care service. They do get doctors' visits, they do get nursing care, they have a community health rep. So I understand when the Member says that he would like to see more, but that's not to say that there is no health care in Tsiigehtchic. We share doctors like everybody else does. There are no communities in the Territories other than Yellowknife and Inuvik that have resident doctors. Everybody is getting locum service. Like I said before, health care is a challenge and every authority and people around the country are trying to provide health care services to our residents in the best way possible. And Tsiigehtchic has had nurses visit there at least I believe about upwards of... I can't remember the exact dates but, anyway,

they do have health care. So that's not true to say that they don't get health care. Thank you.

**MR. KRUTKO:** Okay, I'll clarify. The lack of services to the residents of Tsiigehtchic, that should be about as precise as you can get to the type of service that they get, which is minimal compared to what other larger communities receive and I think it's the service that we're talking about here. I think that health care is a right in regards to the Canadian Health Act in which people have to be prescribed health care and that's what we get the money for from the federal government. I think if we're going to start determining service on basically some model in regard to the size of a community, the number of visits, but I think at the end of the day it's having a detrimental effect on the care of the people in the communities because of the lack of that service, and we do have a problem.

Again, it comes back to my original question that aboriginal people have a treaty right to health care. It's in the treaties. That's why they have a treaty card. So knowing that we do receive dollars on behalf of those people to provide that service and that care, and if we're not doing it, what happens to those dollars that are not being expended in those communities for those people that have those rights?

**HON. SANDY LEE:** This government spends \$320-plus million on health and social services authorities. We provide health and social services dollars across the authorities for them to provide their service. Tsiigehtchic does get doctors' visits like every other community. I understand in the last year they had some logistical issues and so they had less visits than normal, but this year they are scheduled to have 10 visits to McPherson, 10 visits to Aklavik, 10 visits to Tuktoyaktuk, nine visits to Paulatuk, six visits to Sachs, nine visits to Ulukhaktok and eight visits to Tsiigehtchic. Dr. DeKlerk and his complement of doctors do their best to use their resources where they have emergency coverage in Inuvik and clinic coverage, and the rest of the doctors travel all around the Beaufort-Delta to provide those services.

With respect to nursing services, in the last year Tsiigehtchic had a seven-week coverage between spring breakup and the fall breakup, that's 14 weeks, plus 20 weeks. That's 34 weeks, which adds up to about six months, which is about hours-plus, for 170 people that we know of in Tsiigehtchic. If you did that calculation anywhere, I'd say that Tsiigehtchic residents are getting the health care that they need.

I understand that the Member is an advocate for enhanced services and we have said that under the Foundation for Change and in other ways we are looking to see how we could have a better coordinated, more seamless team of primary care services in our communities and we are doing that

under the plan as part of a review of the Community Wellness Plan, as well as many initiatives that the new deputy minister is working on at the moment that we will be updating the committee on. Thank you.

**MR. KRUTKO:** If the Minister can provide me with that information, I think it would be helpful. I just want to compare the numbers in regard to the expenditure of health care prior to division and now where we are today, because I think prior to division we were spending more money in those smaller communities than we are today. Again, it comes back to my original question in regard to, you know, we always hear, especially, why does the federal government pay these dollars for indigenous people and I think, again, it comes down to they have an obligation under the treaties. They have to pay those dollars. I think that people assume that the federal government is doing it because they have these agreements and the thing is that those agreements, you can go anywhere in the country with your treaty card and go get that health care provided in any jurisdiction in Canada. I think that sometimes we seem to put the focus on why do we get these dollars. I think it's a not a question of why, I think it's a question of we're obligated to provide that service.

Again, it comes back to my original point, that these are treaty obligations and I think sometimes we tend to lose sight of that. I know that there have been questions raised in regard to Mr. Hawkins and whatnot, but, again, these are treaty obligations that the federal government has signed by way of treaties and also obligations we're working toward in modern treaties so that we can identify those extra resources and dollars that are going to be needed to provide health care service in First Nations communities.

I'd like to ask the Minister exactly, you know, you mentioned talking to the Minister of Indian Affairs and Northern Development, I think if anything that there should be an issue dealing with aboriginal health in the Northwest Territories like they have in Alaska, they have in the Yukon, in regard to the aboriginal involvement in health care and not just simply see them as a patient type of a relationship. So I'd just like to ask exactly is there any way of finding a way of more inclusion of aboriginal and First Nations people in regard to the health care provisions and also look at more involvement in regards to the delivery side of health care. I know we use a lot of NGOs and whatnot, but a lot of those are mostly Yellowknife-based organizations, but I don't see a real intake from aboriginal organizations. Again, I use the Tl'oondih Healing Society. I know the Gwich'in have looked at the service in regard to the camp outside of Inuvik. These are steps that those people are taking, but, again, the government has to support those organizations by supporting their initiatives

regardless if it's seen as a tribal council initiative and also the federal government initiative. I think that they probably have seen more success by way of federal funding than they do from this government. I'd just like to ask exactly what type of engagement are we having with the First Nations people when it comes to health care.

**HON. SANDY LEE:** I've not been to Alaska, but I have had the occasion to look at the health care services available in the Yukon. I've also had the opportunity to go to Navajo. I have to say that I would compare our care to anybody in Canada. This is not about aboriginal care in our communities, I believe.

As we have already stated, this government spends \$326 million. I think our aboriginal people are a power-base in the Territories. They sit on all of the authorities. They are the chairs of our authorities. They have a say on what gets done. This House is made up of aboriginal leaders. If you look at the H1N1 response and compare that to our communities, compared to any other aboriginal communities in the country, I think we would be head and shoulders above. In fact, they're asking for information from us to see how they could use ours as an example. I think that really expressed how capable our primary care response teams are in the North and our health structure.

I understand there is more room to grow, but I don't think it's about aboriginal health care issues. What it is, is we are challenged, as we have said before. We are challenged to provide doctor services where doctors are really hard to get, and nursing coverage where there is, out of 61 nurse practitioner positions, we have 21 vacant. We have about a third of nursing positions vacant at any given time. So Beaufort-Delta Health Authority is challenged, like any other authority, to look at what resources they have and to spread their nursing services and doctor services around.

What our point is, is that this is not going to get any better and it's not about just dollars. But I can tell you that right now the stats show that the Beaufort-Delta region has one family doctor per 589 people. That is better than the Yellowknife area, which is one doctor per 664 people, and that's not including the fact that Yellowknife doctors serve Lutselk'e, Resolution and Behchoko. Then the Member talked about some...

**CHAIRMAN (Mr. Bromley):** Thank you. Page 8-10, information item, active position summary. Agreed? Mr. Krutko.

**MR. KRUTKO:** In regard to the 18 positions for the Beaufort-Delta, what are those positions?

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Krutko. Minister Lee.

**HON. SANDY LEE:** Almost all of these changes have to do with THAF program that's expiring, that



we had to put in the book as being ended. But we've already talked about the fact that we're working on a contingency plan, but we don't want to prejudge.

**CHAIRMAN (Mr. Bromley):** Thank you. We're on page 8-10, information item, active position summary. Agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Thank you, committee. Moving to 8-11, information item, active positions - health and social services authorities. Mr. Krutko.

**MR. KRUTKO:** Thank you, Mr. Chairman. In regard to the Beaufort-Delta, they have some 208 positions. I'd just like to ask the question again to the Minister: why is it that they can't find a full-time nurse for Tsiigehtchic, considering they have 208 positions operating in that health authority?

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Krutko. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. The fact is, the way our authorities are set up, authorities work as a unit. Authorities hire doctors and nurses, and they have to rotate them and other health care professionals. When a nurse or somebody gets hired by our authority, they're not necessarily hired into a community but hired as an employee of the authority. Somewhat like a school board; when you get hired in the school board you work in whatever schools they send you to.

As I said already, the Beaufort-Delta Health and Social Services is not alone in not being able to recruit all of the nurses and doctors they need. It's the same situation in almost all authorities in the NWT and throughout Canada. When we have vacancies, it doesn't mean that money is sitting there waiting to be spent. It's not like a typical government employee where you have a vacancy, that money is not being used. In health care, if you don't have somebody hired, you have to bring in a locum to provide the service. So the money does get used. Right now, the Beaufort-Delta is providing coverage to all the communities based on their community size and community needs. Thank you.

**MR. KRUTKO:** Mr. Chair, in regard to the Minister's earlier comments, right now you spend something like 14 weeks in the community during breakup and freeze-up, so you already fill that gap during breakup and freeze-up, so why couldn't you fill the gap for the rest of the year using that same type of a scenario? I've been talking about this issue for so long that I'm starting to feel like a broken record, just keep asking the same question and getting the same answers. I think that, at the end of the day, we have to find a resolution to this problem. I think that knowing there have been nurses or locums who have committed to the chief, to people in the communities that they're willing to

sign a two-year contract to stay in the community, but because of the health board authority saying sorry, we want to have control over you. I think that there has to be a point where, basically, you have to find a way of ensuring that we do have that service being provided on the basis of a year-round service and not simply during breakup and freeze-up. I know you mentioned 34 weeks, but again, those are when they come in by way of from McPherson or from Inuvik and whatnot.

Again, I'd like to know why haven't we found a solution similar to how we are looking at the situation of policing services, where we're looking at increasing the policing staff in Fort McPherson, allowing them to serve the community of Tsiigehtchic out of Fort McPherson so we're able to provide the safety and the security of the community and the officers who will basically have to provide that service. I mean, we have to find ways around this issue regardless of which community, be it Sachs Harbour or Tsiigehtchic or Colville Lake or wherever else. I mean, we have this scenario throughout the Northwest Territories, but again, we have to find a fix to this problem. I'd just like to ask why is it that they couldn't obligate themselves to... If we're doing it during breakup or freeze-up, why couldn't we ensure that we increase those numbers so the community does feel that they're being serviced adequately in regard to their interpretation of service delivery?

**HON. SANDY LEE:** During the freeze-up and breakup the nurses are there to provide the emergency response and services that they need, because they have no road access. When it is not time for freeze-up and breakup, obviously, they do have road access to receive services that they might need. I understand that's not the most convenient way, but they do have a service available in a way that they don't when they are cut off from freeze-up and breakup.

Mr. Chairman, I have committed, and the Member is right, we have talked about this issue for a long time. Previously, I have committed to expand the services of nursing service there in a similar way that we are doing with the RCMP. So the RCMP is coming from McPherson to provide service to Tsiigehtchic. I think that is really a plus. That is what we are doing with the nursing service as well. We are continually working to enhance services there.

I think it is really important for also us to know that health care comes in different ways too. Nurses are not the only person who could provide health care. Nurses can't work in isolation. They cannot be hired by a community and just work for the community. They need professional backup. They need support from other nursing care services. They need training. They need all kinds of things. That is why they need to be connected within the authorities to

practice their profession as much as possible. Thank you.

**MR. KRUTKO:** I know the Minister mentioned that there are a number of vacancies. Do you have a breakdown of what the numbers of vacancies are in those different authorities so that you can see the health authorities that have large numbers of vacancies versus the ones that are actually filled?

**HON. SANDY LEE:** Mr. Chairman, we could provide the Member with that information, but understanding that those vacancies on any given profession like nurses or social workers change constantly. On average, the vacancies for nurses in the Territories is about 30 percent, so Beaufort-Delta will be somewhere near that as well, I would think. But we could get that information for the Member. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Minister, and perhaps for the whole committee. Mr. Krutko.

**MR. KRUTKO:** Thank you, Mr. Chairman. I think it is important that we do get that information, because I believe there is a major increase in the collective bargaining, especially for those in health authorities, especially in Inuvik and whatnot where there has been an increase in the collective bargaining agreement, in regards to trying to find ways of dealing with the challenge of vacancies and trying to get more doctors and professions into those areas of the Territories by way of different types of bonuses or pay levels and whatnot to attract more professions in those areas. It would be interesting to see with the new collective bargaining agreement exactly has it really achieved the results we are hoping to achieve by ensuring we get more professions in those parts of the Territories where we are having challenges by filling these vacancies. I look forward to getting that information.

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Krutko. There was no question there. Committee, we are on page 8-11, information item, active positions - health and social services authorities. Agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** We are on page 8-12, 8-13, activity summary, directorate, operations expenditure summary, \$5.957 million.

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Comments from committee. Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chairman. I have a couple of questions here. The first one relates to, again, the Foundation for Change document proposal and the changes that are being worked through. About a year ago, we dealt with a very difficult issue of board reform. I am just wondering if the Minister has any idea at this point how the Foundation for Change planning will impact or will

coordinate with any possible changes in terms of board reform. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Bisaro. Minister Lee.

**HON. SANDY LEE:** Mr. Chairman, I don't think we are doing board reform initiative in Foundation for Change, but, obviously, that initiative was introduced. It is being put back and it is being revised. But within the health care system we recognize the governance and accountability framework is important. I want to ask the deputy minister to explain a bit about the work that we are doing in that regard.

**CHAIRMAN (Mr. Bromley):** Ms. Meade.

**MS. MEADE:** This is a work in progress so I will just give you high level of the direction. First of all, we issue around role clarity, which is an issue not unique here but when you have boards and a delivery arm in health care and multiple stakeholder-like providers, we have a request for proposal, a request, interest out on the street. It closes in two weeks and the CEOs are aware of that around exactly that; role clarity of the two arms, the policy monitoring, set-the-standard arm and the delivery arm. That will also look at accountabilities, bringing in greater accountabilities in the system, both at a regional level as well as initiative-specific. We have, under that, the issue around the funding models and accountability framework. So that piece is started and we'll have information and part of the regular Foundation for Change updates.

We are looking at medical travel, in particular because of the issue of case management and whether there's good handoff, what type of services are we utilizing, so some of the accountabilities in case management. Finally, another big arm is the issue around both administrative and medical oversight. So I have met with the Medical Directors Forum and they have reignited. We are looking at a few of the positions doing algorithms or decision points around how we move between regions and the accountabilities in that. So that's just the high level. We have several others we have started with the CEOs and the various providers inclusive of hand-offs between southern specialists and a better way to manage and the accountabilities there around clinical and case management. Now, these are not easy to work on and they are not immediate, but the work has begun on all of those fronts.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Meade. Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chairman, and thanks to the deputy minister for that information. That's very challenging. The whole issue is challenging, but it's good to hear that there's lots of work happening.

My other question has to do with the legislation and when we went through the business plans, the proposed schedule for legislation the department is considering doing in the next fiscal year is quite ambitious. I was impressed with the number of bills which presumably want to be amended and/or new bills coming forward. My question, I guess, is whether or not the department thinks they are going to be able to get them all done. Are all of these changes, all of these amendments, all of these new acts, are they vital? I guess I am somewhat suspicious that we may be doing legislation at the risk of the front-line provision of services for both health and social services. So just a general comment in terms of the legislation that is proposed and is it all really necessary and are you going to get it all done. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Bisaro. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. I don't have the list of legislation that the Member is looking at, but in general I can tell you that the resources for doing legislation is so scarce, not just in the department but with the Justice lawyers, that we wouldn't be doing anything unless we need to. Sometimes things come up and I can also tell you that those lists have been on the books for a long time. They are making their way up and a lot of work would have been done, not just in this Assembly but in previous Assemblies as well. So I think there's a constant scrutiny to see what is a priority because there are such scarce resources and time. Thank you.

**MS. BISARO:** Point taken. I understand totally. Thank you very much.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Bisaro. Next I have Mr. Krutko.

**MR. KRUTKO:** Thank you, Mr. Chair. In regards to the Minister's authority to manage health board authorities, there has been situations with the Stanton board in the past because of the financial situation they found themselves in, the Minister intervened by abolishing the board and putting forward a manager of some sort to manage the affairs of the health authority.

I am wondering with regard to the situation you mentioned about the reforms you are looking at bringing forward. I think at any agency, board or even NGO is responsible for the accountability of the public funds we give them and I think there has to be stringent requirements that we see the accountability for those public funds. More importantly, to ensure the public purse is being expended the way it should be and it's not been wasted on things that it shouldn't be expended on. So I would just like to know, with regard to this reform process you're talking about and ministerial authorities, is there anything there that will give us the comfort that that we'd like to see by government

expenditures. When we transfer funds to organizations, regardless of whether it's NGOs, health boards or whatnot, that the accountability is upfront in ensuring we do see the documentation that is required. I'd like to ask the Minister when you talk about financial services and accountability and management services, budgetary accountability and management services, for me that's an area that has been lacking in some health authorities. The majority of health authorities in the Territories have been managing their affairs aboveboard, but there have been a few authorities that have been running deficits year after year and not fulfilling their financial obligations. So I would just like to know how far are we willing to go in regards to that directorate.

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Krutko. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. Much of what the deputy minister said in terms of the work we are doing on the governance model and role clarity, that does deal with the thing that the MLA Krutko just brought up. We are working to strengthen accountability in service delivery and financial accountability plus I'm just saying this in my own language here, but it's written in a more fancy way in the book... We are working for service accountability, financial accountability and coordination accountability.

Right now, the way our authorities are set up, they are quite independent. They get bulk funding of their money and they are quite free to do a lot of things and we do not have control over that. Now, at the same time, I think we should know, to be fair to the authorities, they are doing everything in a way they are supposed to be doing it. The onus is on us to make some changes to make sure that there is a more across-the-system look at how we can use our resources better, how we can help each other in providing necessary services, how we help each other inside in the back offices so we reduce the overhead costs, so that our health care resources are spent at the frontline in the communities in the service delivery, that there's not a whole lot of duplication. All these are not built in right now, so we are working on what the Member said we should be and just to say the authorities have to be part of this, they are the ones who are delivering the services and we don't want to have to... We can't be imposing this on them. We have to buy into this new arrangement and so it's an ongoing process to get them to agree with us on how we go forward and that's part of the Foundation for Change. Thank you.

**MR. KRUTKO:** With regard to the Foundation for Change, how soon do you see it conclude and ready for implementation so that the authorities will have some, I don't want to say marching orders, but

a process that is clear and transparent and spelled out with regard to what their obligations are and also what we expect of them for service delivery and accountability?

**HON. SANDY LEE:** The Foundation for Change is a three-year plan. It goes from 2009-12. There is a lot of stuff in there that we are going to move as the money... It's the changes we could make and supports and funding we can find. Specifically to the accountability framework with regard to the governance and more accountability we can build into the authorities, we are hoping to have those agreements finalized by the end of this fiscal year, not by March 2010, but March 2011 or before that. We are going to be reviewing our contribution agreements and relationship agreements, so we can build in more accountability, but that should happen sooner. So our plan has different phases of implementation plan depending on what the issue is. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Minister Lee. Committee, we are on page 8-18. Mr. Krutko.

**CHAIRMAN (Mr. Krutko):** Just a clarification, have we concluded 8-12? Mr. Yakeleya.

**MR. YAKELEYA:** Thank you, Mr. Chair. Just an update from the Minister in terms of the facility planning designs. I know she's heard from my region in terms of several facilities and I want to ask her again, for the record, to outline the process if we can see something within this government plans to build a regional wellness centre. And also, the elders were looking at an elders home in the Sahtu.

**CHAIRMAN (Mr. Krutko):** Maybe before we go on, I would just like to point out to Mr. Yakeleya, the elders home situation will come up under 8-30 with regard to care services for elders. So that question could be asked in that area, but I will allow the Minister to answer your question. Ms. Lee.

**HON. SANDY LEE:** Mr. Chairman, I can say just from the statement that the Member made, part of Foundation for...action plan is to do an inventory of facility needs to look at the inventory and the status and shapes of our health centres and health care facilities, also looking at long-term care needs of our residents in the Territories.

We know demographically we are going to need about 38 to 40 beds in the Territories over the next little while and it will be up to us to make a decision as to where that would go and I know that Sahtu is looking at that. So that's where we are with the inventory, doing the facilities review. Thank you.

**MR. YAKELEYA:** Under the directive on 8-12, it talks about facility planning and you also made reference to another section I could look at is the elders facility, I guess. I'm asking the Minister in terms of planning for a facility in our region, so you know this region here, the Sahtu is the only region that doesn't have any type of regional facility like a

wellness centre or emergency centre or even an elders centre for the region. So that's the focus that I am looking at in terms of this department looking at planning for facilities. I know there is a need for other facilities to be upgraded as I heard other Members talk about their own regions, however, we haven't one building that we could say that this is the regional facility for us in the Sahtu, so that is how I look at the facility planning.

The Minister has come back and said -- and certainly she is right -- it has to be up to the Members to give their vote to which one they are going to look at and I guess that is part of rolling the dice, I guess, in the Legislative Assembly, in how you get your needs for facilities met. I also hear from my region that people want to come back to the Sahtu that are in Yellowknife or Inuvik or Fort Simpson. They want to come back to the Sahtu, so I guess I want to make note to the Minister that this issue is still alive and well and I am not going to put it away anywhere. This is for my people.

**HON. SANDY LEE:** I take the Member's point that part of this paper is just to describe the function of the directorate which does facilities planning. I understand that there is quite a need for long-term care facilities and some other renovations for facilities in health care centres, and that is something that we will be discussing further with the Members and will be looking at community needs to see where to locate this as we move forward in the capital planning process because it is, as you understand... We need to establish the need, we need to get planning money and then work through our capital budget process. Thank you.

**MR. YAKELEYA:** I certainly appreciate the Minister's response to the process as to how the capital planning process is established and what we agree to, and I was just wanting to make sure that when the needs come up in terms of the facilities for the people, like any project, the Sahtu has some serious considerations. I don't want to list off some projects that are questionable as to how they got onto the capital process and the funding to operate those facilities. I am not here for that. I am here to see if we can get our projects, such as the ones I listed. There are other communities also going to ask for assistance in their regions. I want to make a comment to the Minister. Thank you, Mr. Chairman.

**HON. SANDY LEE:** I take his comments. It is well taken. I hear him. Thank you.

**CHAIRMAN (Mr. Krutko):** Next on the list, Mr. Bromley.

**MR. BROMLEY:** Thank you, Mr. Chairman. Mr. Chairman, I wanted to ask what role this department is taking in developing the government's response to the Joint Review Panel recommendations. Obviously, a number of them call for planning and even facilities to enhance our

delivery of health care and, of course, these will require commitments for resources, both people and dollars, and I think is the directorate that would be dealing with this. If not, maybe the Minister could highlight who would be dealing with it. It seems like it would be a big issue that we should be engaged in at the professional level within the department in order to put together a good response and plan for the future. Thank you.

**CHAIRMAN (Mr. Krutko):** Minister of Health and Social Services.

**HON. SANDY LEE:** Thank you, Mr. Chairman. As the Minister of Environment and Natural Resources indicated, ENR is the lead department, but there are deputy ministers across departments working to provide the input into the response. At the department level in Health and Social Services, the deputy minister is involved in the response. Thank you.

**MR. BROMLEY:** Thank you to the Minister for those comments. I presume part of that participation is a financial sort of scoping exercise and I am wondering... It seems a pretty aggressive schedule that has been set for a response and our various committees are on record wanting to play a significant role in developing that response. Will the Minister be bringing that information as it is being put together to committee, either in written briefings or in person when possible, so that we can fulfill that role that the committee has expressed a desire for? Thank you.

**HON. SANDY LEE:** Our response will be coordinated through the Minister for ENR. That is how, I believe, we will proceed. Thank you.

**MR. BROMLEY:** I guess, just on the financial scoping side of it, that is something that obviously would be useful for us in our considerations early on. I am assuming again that that is happening, but perhaps I am just expressing an interest for that being brought forward. I think we wanted a role in both developing as well as responding to the final draft response of the government, so I am seeking opportunities to make sure that goes forward on that basis. Thank you.

**HON. SANDY LEE:** As the Minister of ENR indicated, this is quite new still, new in the process. It is massive, it is substantive, it needs a lot of work. I want to state that we are, our department is involved at the deputy minister level to provide the input and whatever else is needed. Included in that would be our expertise on the delivery of health care and social services, which is obviously a part of the recommendations. So without going into the details of that, because ENR is coordinating it, I think we could say that the department is involved in all aspects of the response through ENR. The Minister of ENR wants to respond.

**CHAIRMAN (Mr. Krutko):** Minister of Environment and Natural Resources, Mr. Miltenberger.

**HON. MICHAEL MILTENBERGER:** Thank you, Mr. Chairman. I just wanted to point out one of the factors we are going to have to work around is the fact that three of the Members, Mr. Bromley being one of them, are registered as interveners and there are legal considerations as we go forward briefing MLAs and such. We honour our legal requirements in terms of access to information, treating all interveners the same and it has been pointed out to us that we have to be prepared to work around that consideration as well. You, Mr. Chairman, and Mr. Yakeleya, I believe, are registered as interveners, so it just adds another complication that we have to work around as we do our work, to make sure we are seen to be playing on a level playing field with all the other partners since we are a responding government. Thank you.

**CHAIRMAN (Mr. Krutko):** Mr. Bromley.

**MR. BROMLEY:** Thank you, Mr. Chairman, and thank you for the comments from both Ministers and I certainly, for one -- and I am sure the other interveners -- want to stay squeaky clean, so I appreciate the guidance there. Has the Department of Health received a schedule for their input to the Minister of Environment and Natural Resources on the response timing? Mahsi.

**CHAIRMAN (Mr. Krutko):** Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. I don't know if I can add anything more than what I have already said. We are involved. We are part of the responding process for the government through Environment and Natural Resources. Thank you.

**CHAIRMAN (Mr. Krutko):** We are on page 8-13, directorate, operations expenditure summary, activity summary, \$5.975 million.

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Krutko):** Clarification, \$5.957 million.

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Krutko):** Page 8-14, grants and contributions, directorate. Mr. Menicoche.

**MR. MENICOCHÉ:** Thank you, Mr. Chairman. This is with regard to the line item, of course, aboriginal translation services. There was, it looks like, \$5,000 allocated previously in 2008-09, nothing in 2009-10, nothing in 2010-11. Can the Minister explain why that is not there, especially given the length that this Legislative Assembly has been working with regard to aboriginal languages? Thank you.

**CHAIRMAN (Mr. Krutko):** Minister Lee.

**HON. SANDY LEE:** Mr. Chairman, I believe that this is more of an accounting issue. The \$5,000 denotes a one-time payment through a contribution agreement to Tlicho Community Services Agency

for the Tlicho Healing Wind Sexual Health Terminology Project. The goal of the project was to reduce the incidents of STI in the region. It was a one-time program funding. It was marked in the books for 2006-09 and it would no longer continue, but it doesn't speak to our programming in language services in the department. It will come later on, I believe. Thank you.

**MR. MENICOCHÉ:** Mr. Chairman, if the Minister can point out what page number that is on, I will have a look at it then.

**HON. SANDY LEE:** Mr. Chairman, I will send him a note. Thank you.

**CHAIRMAN (Mr. Krutko):** You can get in trouble passing around notes in this House. Mr. Menicoche. Mr. Yakeleya. Grants and contributions, directorate, activity summary. We are moving on to page 8... Mr. Hawkins.

**MR. HAWKINS:** Thank you, Mr. Chairman. Under the primary care division, would this be the area that is under the program delivery that would cite areas for diabetes care and treatment? Thank you.

**CHAIRMAN (Mr. Krutko):** Mr. Hawkins, we are just finishing up 8-14. Do we conclude 8-14?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Krutko):** We are on page 8-15 under directorate, active positions, information item.

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Krutko):** Program delivery support, activity summary, operation expenditure summary, \$31.936 million. We are on page 8-17. Mr. Hawkins.

**MR. HAWKINS:** Thank you, Mr. Chairman. My same question stands. Is this the same area under primary care division or public health division where we get into the diabetic treatment? If so, what programs are being presently offered and what new programs are being contemplated in this budget cycle year? Thank you.

**CHAIRMAN (Mr. Krutko):** Deputy Minister Meade.

**MS. MEADE:** The role of the department is to set the long-term vision and the standards and the delivery of this is carried out by the authority. Under the Foundation for Change, we are looking at the key disease states, chronic disease states that can be best managed at a community level, can be best managed through self-care and can be handled within our acute system. Diabetes falls under that because we have a population need as well as how we can better deal with it. Health care is very integrated so while there is a role for the diabetes treatment standards and where the program will fit, there is also a role in the authorities around the management. This group works very closely with authorities but also in the setting of nursing

standards and guidelines. So diabetic care like other things would fall under that.

You talked about new. That will be in how we start to manage and set goals under chronic disease management. But, yes, in general, primary care, health care nursing standards and some of the key disease groups fits there.

**MR. HAWKINS:** Mr. Chairman, I appreciate the deputy minister reading out the flow chart, but what would be new in the sense of developments and new programming and treatment for diabetes for this year? Thank you.

**CHAIRMAN (Mr. Krutko):** Minister Lee.

**HON. SANDY LEE:** Mr. Chairman, that is part of the Foundation for Change Action Plan. We are looking to enhance our chronic disease management programming and that includes treatment of diabetes and prevention of diabetes. I don't know if the Member is asking for a precise dollar amount, but this is something that is done in every authority. Our primary care nurses and health care workers are involved in that. Thank you.

**MR. HAWKINS:** It wasn't meant as disrespect. Are we talking about running new programs for treatment for specifics of diabetes? At this time, as I understand, we are not sending people out or we are avoiding sending people out for treatment for those types of things who have received treatment. They are being told now that they will offer acute care. When I refer to acute in the sense is specific to their needs here whether it is a system with weight loss, the system with specific treatments, things of those types. It is my understanding there is no rollout right now. I am trying to get a sense exactly what new programs are envisioned that will treat these types of problems, if we are choosing to not provide these services at this time.

If I may further augment my point, we have people who have been denied services who go back as far as November in my particular concerned area, but, furthermore, I am sure that there are other community areas where people have sought diabetic treatment follow-up to care that they have been receiving in Edmonton. So now they are being told they will receive it here in Yellowknife. They are very concerned, and so am I, as to what care and services will be provided. I suspect at the rate we are moving, nothing, of course, will be approved until the new budget plan, which means April 1 at the earliest. What exactly will we be looking for, just so I can follow along? The Minister in her recent letter to me said there will be a follow-up as to what this exactly is. I thought maybe now is a good time as any to be able to help address the situation.

This affects young people and elderly people. I think it is an interest not just of mine but many other Members in this Assembly, because many of us have constituents who have diabetic problems. I

think today is probably a good time to sort of dive right into that type of detail to find out what we are, as far as the dollar amount goes, I don't really care at this particular time. I want to know what programs are going to be offered to our constituents. Thank you.

**CHAIRMAN (Mr. Krutko):** Deputy Minister Meade.

**MS. MEADE:** Mr. Chairman, I think this is a good example of how medical testing, diagnosis and care evolve. It evolves very quickly, based on science. Many of the things we used to do in hospitals we now do as outpatient or in clinics or in a doctor's office. With the treatment of diabetes, it has been quite evolving. A lot of it is moved to self-care and clinic-based issues. What was happening was some of the treatments were seen by specialists. For those we now have nurses currently being trained. In fact, the person that runs the dialysis unit connected to some of the diabetes out of Hay River has been in Stanton doing training. We are cross-fertilizing across this whole Territory with our specialists so that we can increase both nursing and other training. Stanton has currently got a review on the best way to deal with some of the diabetic support services, nutritional counselling, et cetera. So is it new programs or is it evolving programs as we are able to push some of this out to communities.

I am not aware specifically of stopping diabetic services in Edmonton, but there is more and more of an ability to have some of that done both with specialist support to telehealth, to our providers and to more of our providers to be trained to do this at home. It is also evolving. It's an example of how the medical profession evolves in some areas to deal with this early testing, self-management and the use of technical and other innovative supports to manage this. I think it's an example of where, whenever we can, we should provide services within the Territories. Thank you.

**MR. HAWKINS:** Thank you considerably for that excellent answer. That's the type of information I was trying to get at: what do we provide for weight loss assistance or support for people with diabetes? Again, this is one of the areas a constituent of mine has been denied on the basis that it would be offered locally. I'd like to know what area that that would be new for this coming year. Thank you.

**MS. MEADE:** First of all, weight management is part of diabetic response, but the weight management you're probably referring to is the one connected to bariatric surgery, not necessarily diabetic. In fact, some diabetics have trouble with types of surgery. So I want to just separate what this is.

One of the ways that Alberta -- I'm familiar with this one -- managed some of their wait times to specialists around bariatric surgery and to also screen the appropriate clients was to introduce

some weight management. These programs, by the way, are not medical, are not insured benefits, and they were provided on contract through places like the YMCA. We've been sending people to the YMCA for some weight management programs that we think can be offered in different ways. They are not diabetic treatment. They are for those people that may or may not be appropriate for bariatric surgery. Certainly, with obesity it's around a prevention to diabetes.

So some of these issues were that, again, in looking at how the approvals were made, clinical approval, specialists from the South approving, and this has been now looked at. So we know that other jurisdictions have been able to manage these both through on-line programs, programs that could be delivered. Again, the example of using telehealth in small communities, and we think in other ways. So that's what we're exploring. But the issue is not diabetic treatment, and it's not just an insured service. So that's what we're looking at as to how that will be managed here. Thank you.

**CHAIRMAN (Mr. Krutko):** Next I have Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chair. I just have a question here relative to a new committee that was established recently, the Territorial Admissions Committee. It's a recent committee and I wondered two things relative to it. The information states that it's for application admission to NWT long-term care facilities. I wondered, first of all, if the Minister could advise what sorts of facilities are included in the long-term care facilities. Thank you.

**CHAIRMAN (Mr. Krutko):** The Minister of Health.

**HON. SANDY LEE:** Thank you, Mr. Chairman. It includes all of the long-term care facilities in the Territories. Those would be ones attached to long-term care facilities in Simpson, Fort Smith, Hay River, the assisted living facility, the territorial dementia facility. We have a number of long-term care facilities in Inuvik. I can't remember all of the names, Joe Greenland, the long-term care facility they attached to the Inuvik Hospital there is a long-term care facility for persons with severe physical and mental disabilities in Inuvik actually, that's part of it. The territorial dementia centre is the only program, actually, that's delivered by a third party. But all of the long-term care facility admissions will be reviewed by this committee. Thank you.

**MS. BISARO:** Thanks to the Minister. You didn't mention Aven Manor here in Yellowknife and it also is a long-term care facility, I presume. I'm somewhat concerned, I guess, that the territorial dementia facility is a very specialized facility. It is long-term care, yes, but it requires... Patients in there have very particular needs and they can't be accommodated in just any long-term care facility. So I'm a little bit concerned that the dementia centre has been included in the definition of long-term care facilities.

My other question has to do with the success or failure; I presume its success to date. But I wondered if I could get the Minister to advise how the Territorial Admissions Committee is working, whether or not it's seen to be successful and have there been any difficulties. Is it working as it was intended? Thank you.

**CHAIRMAN (Mr. Krutko):** Deputy Minister Meade.

**MS. MEADE:** Thank you. I'll speak first to the issue of the inclusion of the dementia centre. The dementia centre, first, is a territorial resource and so it is important that all residents who may be considered for that kind of placement are considered equally. They also use the expertise around the type and whether the person is truly ready for a dementia centre and what their care needs would be. So that assists with the referral. Many people transition from long-term care into dementia, but a lot of people would be referred to a dementia program when they may not need it and may be managed in a different type of care centre, at least on a transition basis. So it is about seniors' care, a continuum of care and needing the expertise, and also for managing the resources on a territorial basis. Part of that will also help us assess whether, in fact, the programs are, in fact, with the right staffing and with the right training to be able to deal with this kind of potential, or this kind of population, because it's certainly, as the Member has said, a unique and more difficult population to manage in a high-quality care way.

As far as success, the issue has been we've had... I don't have the numbers, but in most cases these placements through the committee have been appropriate, they have been well received. Where we have had questions, they have gone back and either provided more information. So I think at this point we only have one individual who has been rejected from one facility that is in debate.

The issue, in general -- and I won't go on much longer -- but you classify your long-term care residents, and sometimes the issue is the residents, the facility may feel that it has too many higher needs at one time, and so they will wait to take a person until they have lower. So the difference between twos and fours is how we rank them, and some of it is less about the actual person at the time and more about timing and what's in the mix. Thank you.

**CHAIRMAN (Mr. Krutko):** Next, I have Mr. Bromley.

**MR. BROMLEY:** Thank you, Mr. Chairman. A quick question on the grants and contributions. I see the HPV vaccination program funding has faded away and I just want to know whether that has been picked up fully by us now and is it, sort of, a maintenance program where we've got the base out there and is that part of one of these expenditures? Thank you.

**CHAIRMAN (Mr. Krutko):** Minister of Health, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. That was the arrangement with the federal government. They gave us the start-up money, but we are responsible for following up. When we approved this program we put that into the calculation. Thank you.

**MR. BROMLEY:** My other question here is under contract services. I see a 50 percent decline there. I note it bounced up the year before. Is there a ready explanation for that that the Minister can share? Thank you.

**CHAIRMAN (Mr. Krutko):** Mr. Elkin.

**MR. ELKIN:** Thank you, Mr. Chair. The reduction in the contract services is primarily due to the patient wait time guarantee trust sunseting, as well as some one time funding related to the HMIS project costs for last year through IT. But primarily the patient wait time trust guarantee.

**CHAIRMAN (Mr. Krutko):** Mr. Yakeleya.

**MR. YAKELEYA:** Thank you, Mr. Chair. Mr. Chair, I want to ask the Minister in terms of the home care duties. I know Colville Lake has been after the regional health board to see if they would work on arrangements between the band and the health board authorities. I know the Minister is also responsible for this, to see if the band would take over the work, the contract, to do home care services in the community of Colville Lake. I know this is important and Colville Lake has been active for a long, long time. It's one of the issues they have been asking me to see if we can get results. It seems very simple, but somehow it becomes very complicated. So I want to ask the Minister if there is some direction she can give to her officials to sit down with Colville Lake and hammer out an agreement with home care services. Thank you, Mr. Chair.

**CHAIRMAN (Mr. Krutko):** Minister of Health.

**HON. SANDY LEE:** Thank you, Mr. Chairman. This issue was brought up during our visit and I believe we've looked into this, but right now I can't remember what the exact details were. Home care services are important to us and it depends on the needs of the people we need to serve, as well as the part of the training and support that home care workers need. So I will undertake to revisit that file again and see what we can do there. Thank you.

**MR. YAKELEYA:** I look forward to the Minister reopening this file here and looking at the issues. I hope the Minister will be able to inform me as of her plans, so I can work with her in the community of Colville Lake to look at this important issue. It's very important for the people of Colville Lake to have home care work done by their own people. They have been looking after the elders for a long time,



so I hope some of the training requirements won't get in the way of, naturally...could look after their own people.

The other thing I would ask the Minister is if she would look at a community health nurse in terms of a policy when they are there to look after people and the issue I brought up earlier in the House in terms of intoxication. It's a practice that they have to look at certain factors, but it's not a policy. So they have the discretion to say yes or no. The policy will be in place when you have someone come in for health care services for whatever injuries they have, providing there is a safety mechanism in place to have that person looked at. Not make it a practice, but make it a policy. I would ask the Minister if she would consider a policy for the health centres.

**HON. SANDY LEE:** This is not something that's been brought up to me before in detail, so I would like to... I need to undertake to look into that further. I understand that the Member wants us to set up a policy saying that no person should be refused service. I think that's what he is saying. I think we are looking at probably some provisions under labour work where workers do have a right to consider some safety issues. So there is some balancing of interests here. I think it might be more complicated than it sounds on the surface, but I will commit to look into this further and consult with my counterpart Minister McLeod and see what we can do there. We can look at the policy and guidelines and such. I'll get back to the Member. Thank you.

**MR. YAKELEYA:** I certainly appreciate the efforts going into this issue.

Mr. Chair, the last issue I want to look into is regarding program delivery support. You can correct me, Mr. Chair, in terms of when there are issues of complaints filed towards our health profession, usually it's the staff member in the health office that does the investigation, that handles the complaints. Sometimes it can be perceived as a biased report or reporting on the issues. I would like to see some consideration going into a formal complaint process where an independent person outside the system can take an objective look into the issues and make a report or recommendation to the health boards in regards to certain issues that are happening in our communities. Almost like someone who can advocate for the communities regarding complaints that are legitimate, in my view.

**HON. SANDY LEE:** Currently the arrangements are that each authority is responsible for receiving complaints and investigating them. I am in the process of developing a list of a person responsible for handling complaints within each authority and put some guidelines and standards to that process perhaps to make sure that people feel they have a place to go to when they have issues about the

services they receive. That there's something clearly set out, information about what they can raise issues on and how that will be followed up.

Stanton has a pretty well-established process in that regard, but not everybody has that. So we are in the process of working on that. Now, if people have very specific issues about a nurse or physician, they do have the option of registering complaints against their professional bodies, but that is a more formal process and they have very set guidelines in that. At the moment there's not a set process where these complaints could come right up to... You know, I hear all the complaints and I try to do the best that I can, but there's no formal process on that. Thank you.

**CHAIRMAN (Mr. Krutko):** At this time I would like to recognize the clock, and I'll rise and report progress. I'd like to thank the Minister and witnesses. Sergeant-at-Arms, escort the witnesses out.

### Report of Committee of the Whole

**MR. SPEAKER:** Can I have the report of Committee of the Whole, please, Mr. Krutko.

**CHAIRMAN (Mr. Krutko):** Thank you, Mr. Speaker. Mr. Speaker, your committee has been considering Tabled Document 62-16(4) and would like to report progress. I move that the report of Committee of the Whole be concurred with.

**MR. SPEAKER:** Thank you, Mr. Krutko. Do we have a seconder? The honourable Member for Frame Lake, Ms. Bisaro. ---Carried

Item 23, third reading of bills. Madam Clerk, orders of the day.

### Orders of the Day

**PRINCIPAL CLERK OF OPERATIONS (Ms. Bennett):** Orders of the day for Wednesday, February 3, 2010, 1:30 p.m.:

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Recognition of Visitors in the Gallery
6. Acknowledgements
7. Oral Questions
8. Written Questions
9. Returns to Written Questions
10. Replies to Opening Address
11. Replies to Budget Address (Day 5 of 7)
12. Petitions

13. Reports of Standing and Special Committees
14. Reports of Committees on the Review of Bills
15. Tabling of Documents
16. Notices of Motion
17. Notices of Motion for First Reading of Bills
18. Motions
19. First Reading of Bills
  - Bill 10, Exemption Act
20. Second Reading of Bills
21. Consideration in Committee of the Whole of Bills and Other Matters
  - Bill 2, Forgiveness of Debts Act, 2009-2010
  - Bill 4, An Act to Amend the Child and Family Services Act
  - Bill 7, An Act to Amend the Summary Conviction Procedures Act
  - Tabled Document 62-16(4), Northwest Territories Main Estimates, 2010-2011
  - Minister's Statement 47-16(4), Transfer of the Public Housing Rental Subsidy
22. Report of Committee of the Whole
23. Third Reading of Bills
24. Orders of the Day

**MR. SPEAKER:** Thank you, Madam. Clerk. Accordingly, this House stands adjourned until Wednesday, February 3<sup>rd</sup>, at 1:30 p.m.

---ADJOURNMENT

The House adjourned at 5:55 p.m.