



NORTHWEST TERRITORIES LEGISLATIVE ASSEMBLY

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The Honourable Paul Delorey, Speaker

Legislative Assembly of the Northwest Territories

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Yellowknife, Northwest Territories
Tel: (867) 669-2200 Fax: (867) 920-4735 Toll-Free: 1-800-661-0784
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YELLOWKNIFE, NORTHWEST TERRITORIES**Wednesday, February 14, 2007****Members Present**

Honourable Brendan Bell, Mr. Braden, Honourable Paul Delorey, Honourable Charles Dent, Mrs. Groenewegen, Honourable Joe Handley, Mr. Hawkins, Honourable David Krutko, Mr. Lafferty, Ms. Lee, Hon. Michael McLeod, Mr. McLeod, Hon. Kevin Menicoche, Mr. Miltenberger, Mr. Pokiak, Mr. Ramsay, Honourable Floyd Roland, Mr. Villeneuve, Mr. Yakeleya

ITEM 1: PRAYER

---Prayer

SPEAKER (Hon. Paul Delorey): Good morning, colleagues. Welcome back to the House. Before we begin, I would like to wish everyone in the Northwest Territories a Happy Valentine's Day.

---Applause

Orders of the day. Ministers' statements. The honourable Minister of Health and Social Services, Mr. Roland.

ITEM 2: MINISTERS' STATEMENTS**Minister's Statement 67-15(5): Dialysis Treatment In The Northwest Territories**

HON. FLOYD ROLAND: Thank you, Mr. Speaker. Mr. Speaker, I am present...

---Laughter

Thank you, Mr. Speaker. I am pleased to announce that the Department of Health and Social Services in partnership with the Hay River Health and Social Services Authority, has established dialysis treatment services at the H.H. Williams Memorial Hospital.

---Applause

This new Hay River dialysis service is part of the territorial Dialysis Program also available in Fort Smith and Yellowknife. The new dialysis service in Hay River began in January 2007. This is the result of a strong partnership between the Department of Health and Social Services Authority, the Department of Public Works and Services and medical staff. I would like to thank both Hay River MLAs for their ongoing interest and support of this project.

Community partnerships on this project should also be recognized. One of the three new dialysis machines was purchased with the support of the Royal Canadian Legion, the Elks and the Hay River Community Health Board Foundation.

This project demonstrates our ongoing commitment to the primary community approach of the integrated services delivery model. Providing this service for clients closer to their home community improves timely access for people living with kidney failure. Another important factor is patients now have the support of family and friends. Overall, this proximity of treatment greatly reduces stress on clients and their families.

The new dialysis treatment now offered in Hay River is timely as the need for this treatment is growing, in part as a result of increasing diabetes rates. Dialysis treatment is directed toward this growing need as an effective

treatment for people with kidney failure associated with diabetes. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Thank you, Mr. Roland. Ministers' statements. The honourable Minister of Industry, Tourism and Investment, Mr. Bell.

Minister's Statement 68-15(5): Doi T'oh Territorial Park And Canol Heritage Trail Park Management Plan

HON. BRENDAN BELL: Thank you, Mr. Speaker. Mr. Speaker, after careful deliberation by all parties, I am pleased to announce the completion of a management plan for the Doi T'oh Territorial Park and Canol Heritage Trail.

---Applause

As agreed to in the Sahtu Dene and Metis Comprehensive Land Claim Agreement, a joint committee consisting of representatives of the three local land corps and the GNWT prepared the plan.

This plan describes initiatives which will guide the conservation and management of a proposed territorial park along the Canol Trail and Dodo Canyon in the Sahtu region, the mighty Sahtu region, Mr. Speaker.

---Applause

The plan also includes a protected areas agreement that articulates the impacts and benefits of the park for claimants.

An internationally known hiking challenge for the extreme enthusiast, park visitors will continue to enjoy:

- dramatic wilderness scenery and watching wildlife such as sheep, grizzly bears, moose and wolves;
- extreme wilderness hiking in the summer and snowmobiling in the winter along the Canol Trail's roadbed;
- heritage interpretation of Canol trail remnants, and
- cultural interpretation of the Mountain Dene.

The park is accessed by road from Yukon in the southwest and, Mr. Speaker, by air from Norman Wells in the northeast. The plan calls for partnerships with the private sector to develop additional aircraft landing sites. Summer ground transportation will be limited to organizations associated with the park.

Mr. Speaker, improved visitor safety is a priority of the plan. Safer river crossings will be introduced where needed along with proper trail signage and bear safety

information. The venture will offer opportunity for direct/indirect employment, business development for local people and organizations.

On the formal transfer of these Crown lands by DIAND, ITI will present a proposal to this Assembly for formal park designation and a new claimant corporation will be formed to develop, operate and manage a new park under new contract to ITI. Mr. Speaker, at the appropriate point later today, I will be proud to table the management plan for the Doi T'oh Heritage Park and Canol Heritage Trail. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Thank you, Mr. Bell. Ministers' statements. Members' statements. The honourable Member for Hay River South, Mrs. Groenewegen.

ITEM 3: MEMBERS' STATEMENTS

Member's Statement On Socio-Economic Agreements With Diamond Mines

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, today being Valentine's Day, I thought it would be a good day to talk about diamonds. They say that diamonds are a girl's best friend. However, I would like to say that the diamond mining companies that produce them in the Northwest Territories are quickly becoming the Northwest Territories' best friend.

My committee recently had an opportunity to sit down with the diamond mines to talk about the provisions of their socio-economic agreements. Mr. Speaker, these agreements are required of the mine by the GNWT. They stipulate conditions such as targets for training, employment and business opportunities.

The diamond mines have come up under a lot of scrutiny in this House for various reasons in the past, Mr. Speaker, but I have to tell you I was very impressed with how much the mines are doing to attract people to the North, have them open businesses, buy homes and raise their families. This is over and above the corporate contributions that they make to the communities.

Mr. Speaker, the diamond mines are offering various significant incentives to southern employees if they will live in the North. Northern resident employees are also offered enhancements and incentives, which recognize their residency in the North. Some of the mining companies have helped start businesses and joint venture with northern companies, plus, Mr. Speaker, they actively encourage their southern suppliers to move north.

Mr. Speaker, the mines are meeting the terms of the socio-economic agreements and adding millions of dollars to our northern economy while they do that. Mr. Speaker, who is ultimately responsible for recruiting and retaining professionals in our communities? Where is the campaign? Where is the information about that effort? Who is going out and saying how you ever thought about living in the Northwest Territories and here are some of the advantages and some of the pluses. I don't know if we are actually fulfilling that role in an organized way and we do need to do that. We need an organized, overarching effort between industry, communities and the GNWT. Everyone has their role to play in this.

Mr. Speaker, the mines are doing their part for the economy of the Northwest Territories, but they do face challenges in terms of meeting their socio-economic agreement because of the nationwide labour shortages. I would encourage this government to work closely with all industry to attract a qualified labour force to the Territories and to keep working on and supporting the initiative in support of our northern workforce.

Mr. Speaker, I will just close by saying that I think that these diamond mining companies, BHP Billiton, Diavik and De Beers Canada, are very good corporate citizens and I look forward to working with them more closely in the future. I very much look forward to our meeting with De Beers in Hay River to acquaint them with our community in the next few weeks. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Thank you, Ms. Groenewegen. Members' statements. The honourable Member for Kam Lake, Mr. Ramsay.

Member's Statement On Construction Of A Dementia Facility In Yellowknife

MR. RAMSAY: Thank you, Mr. Speaker. I would like to wish a Happy Valentine's Day to my wife Amanda, and to my constituents.

On January 6th, Mr. Speaker, I lost my grandmother, Mary Donovan, to a disease that is not entirely new to my family. It's a condition that affects one in every 13 people in Canada over the age of 65. That disease is Alzheimer's. I say it's not entirely new because just last year my uncle, Edward Johnson, died of Alzheimer's, and four years before that another uncle, his brother, Robert Johnson, also died from Alzheimer's disease. This disease has hit my family full on and I'm very scared that my parents, my brothers or other family members may also be at risk of being afflicted with this horrendous disease. Fortunately, for my grandmother and my uncles, they were able to get the care and the services that they required at a dedicated facility in New Brunswick. The ability to get help and care for the disease was so very, very important to their families who loved them dearly.

This dreaded affliction is a progressive, degenerative disease that affects the brain and eventually all aspects of a person's life, from mental abilities, emotions and moods, to behaviour and physical abilities. If my grandmother and my uncles were residents of our territory, they would not have received the same level of care or service that Alzheimer's and dementia patients require. That, Mr. Speaker, is the sad truth.

In the Northwest Territories, sufferers are housed in hospitals and other facilities that do not meet their needs. Our residents deserve to have a facility like the proposed dementia facility currently being undertaken by the Yellowknife Association for Concerned Citizens for Seniors. This much needed care facility is long overdue, Mr. Speaker. Today I will stand again in this House and encourage this government to do whatever it can that's necessary to move the plans forward to build a dementia facility here in Yellowknife. There is obvious need for this facility as it will specifically cater to those affected with Alzheimer's disease and other forms of dementia. The facility will also give much needed relief to the caregivers

who are in desperate, desperate need of respite programs during the day. Please, Mr. Speaker, I am implore the government today to again move this project forward and get it built sooner rather than later. Mahsi.

---Applause

MR. SPEAKER: Thank you, Mr. Ramsay. Members' statements. The honourable Member for Monfwi, Mr. Lafferty.

Member's Statement On Repayment Plan For Tenants With Rental Arrears

MR. LAFFERTY: (Translation) Mr. Speaker, I want to talk about the Behchoko housing review. It is clear from the number of questions I get from my constituents in...I will be talking about the views of my people. Later on, it would be good if they can clarify this. (Translation ends)

From the number of questions that I get from my constituents in Behchoko, there is not a clear understanding of the programs available through the NWT Housing Corporation. Mr. Speaker, there is also confusion over roles between the local housing authority, the North Slave District office, and also the headquarters in Yellowknife. There is also a need for the corporation and the Department of Education, Culture and Employment to work with the people with rental arrears. Some people with arrears are in this situation because their rent was recalculated higher at some point and was not recalculated when their income dropped, Mr. Speaker. We need to identify a fair amount that people in this situation owe and work out a repayment plan for all clients with rental arrears.

Mr. Speaker, I will be seeking a commitment from the Minister that he and his officials work with the families who have rental arrears, to work out a reasonable repayment plan based on what should have been charged for the rent over the years.

There is also a need to provide plain language summaries in English and in Tlicho so that people can figure out whether they should be talking to a local housing authority, the North Slave District office, or the headquarters to resolve these outstanding issues and housing problems, Mr. Speaker. The Minister has announced a program redesigned for the NWT Housing Corporation that is supposed to make it less complicated for residents to access housing programs. This is great news, Mr. Speaker. Let's work with it. This is a new beginning that can be used as a starting point to address the housing problems in Behchoko, and improve communication and clearly define the roles. I ask the help of the Minister and the corporation in accomplishing this issue. Mahsi.

---Applause

MR. SPEAKER: Thank you, Mr. Lafferty. Members' statements. The honourable Member for Thebacha, Mr. Miltenberger.

Member's Statement On Benefits Of Midwifery Services

MR. MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, for many years babies were born only in Inuvik and Yellowknife. After over 10 years of lobbying and

pushing and encouraging of government by many of the women in Fort Smith, and support by the department, and support across the North for this service outside of Yellowknife, in 2005, midwifery legislation was passed and was made an insured service. We've had the benefit of two very skilled, dedicated and committed midwives: Ms. Leslie Paulette and Ms. Gisela Becker, who were part of the initiative over the years to get this service provided outside of Yellowknife and Inuvik.

This is a very good news story, Mr. Speaker. In 2005, when the service first started, five births took place in the community. In 2006, that number was 14. As of today, the midwifery program provides care for the majority of childbearing families in the community, and the number of community births continues to rise. In 2006, 41 babies were born to Fort Smith families and the projections are that this number could increase to as much as 48 babies in 2007.

Currently, 32, or 70 percent, of the 41 babies born, and their mothers, are followed by the midwives. Prenatal visits average 16 visits per client, or 512 visits per year. Postpartum visits average 13 visits per client, or 416 visits per year. Newborn visits average 11 per client, or 352 visits per year. This averages out to 40 scheduled visits per baby and mother per year, or a total of 1,280 visits. Mr. Speaker, these are quality time visits and average about 45 minutes per visit; a type of care that mothers are very appreciative of, and doesn't happen through the normal course of events where no midwives are involved.

Mr. Speaker, three-quarters of the world use midwife services. We know that there is an obstetrics crisis in the country where there are not enough doctors around. The Northwest Territories had the foresight to pass this legislation. Fort Smith played the key role in pushing this because of the women and the midwives in the community. However, Mr. Speaker, I would submit that this is a service that every community and every region in the territory would benefit from. I would like to thank the department and the government for their support. This is a case of money well spent. Thank you.

---Applause

MR. SPEAKER: Thank you, Mr. Miltenberger. Members' statements. The honourable Member for Tu Nedhe, Mr. Villeneuve.

Member's Statement On Improving GNWT Wildlife Management Practices

MR. VILLENEUVE: Mahsi, Mr. Speaker. Mr. Speaker, again, I don't think there could be enough talk about the caribou crisis here in the NWT. Instead of reiterating reasons why the current interim measures will only result in the extinction of an industry, let alone a species, I would just like to broaden the view of the current public perspective on our wildlife management in this government.

Besides the fact that the resources dedicated to the caribou alone will not be sufficient enough to determine what numbers are actually out there, the good reason being is that our land is so huge and that counting caribou has to be done over a short period of time in order to be more accurate. This, along with many other legitimate challenges which will require more money, has to be part of a big plan to reorganize and reprioritize our wildlife

management in this government. We need more money to determine and confidently guesstimate what levels all our principal wildlife food sources are at for residents of the NWT. We need more money to determine accurate moose populations in all regions. We need more money to determine woodland and Mountain Caribou populations in the Akaitcho, Deh Cho and the Sahtu regions. We need more money to determine what our bear populations are at, more money into researching and understanding our small game cycles of abundance and scarcity.

Mr. Speaker, we cannot allow our wildlife to be viewed as expendable or simply renewable items during our government's planning and budgeting process. Mr. Speaker, we all have to learn from this caribou crisis. Our lesson being the fact that we need more money and wildlife management, monitoring and conservation if we want to retain any type of wildlife to manage for our future. Period. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Thank you, Mr. Villeneuve. Members' statements. The honourable Member for Range Lake, Ms. Lee.

Member's Statement On Support For The Caribou Outfitters Industry

MS. LEE: Mr. Speaker, reading the Hansard of the Minister's answers yesterday, I'm wondering if we should change the name of the Department of ITI to Department of Some Industry, Some Tourism and Some Investments, because, Mr. Speaker, it appears that not all industry is equally deserving of his attention and commitment. Even though, arguably, all industries, whether they be for oil and gas, diamonds, or outfitters, have adverse impacts on our wildlife, it's always a question of balance.

Mr. Speaker, on behalf of the big ticket industries, the Minister does not hesitate to trot off to Alaska, Washington, London, Calgary and Ottawa, and back again, to lobby other governments. However, for the outfitters industry, which is literally on its last leg, the Minister says he's planning to help them with developing their position they're making their presentation to the Wekeezhii board. Mr. Speaker, what exactly is the Minister's level of a commitment to the outfitters industry? I see no evidence so far that he has played any active role while Cabinet was deciding on the virtual end of this industry.

Mr. Speaker, as well, we are all very aware and, as the Member for Monfwi reminds us, we now have a self-government in our neighbouring jurisdiction of Tlicho, and we know that the management of caribou and other environmental matters will largely fall within their jurisdiction. However, this doesn't mean, Mr. Speaker, that we have no influence or relationship with these governments. If that were the case, why are we burning up gas visiting governments of the U.S., England and Canada? Mr. Speaker, what this means is that the outfitters issue now is an intergovernmental matter, just as oil and gas and diamonds are. Then why is it that for this industry, the little guys don't get the same support the big guys in the oil and gas and diamond industry get? Where is the voice and presence of the Minister of ITI before the Wekeezhii board, and in intergovernmental meetings with the leadership of our neighbouring government of Tlicho?

Mr. Speaker, it may be that the Tlicho Government may find it in its interests, and their people, and their land, that there be no sport hunting in the Territories. But I also believe in fair treatment and fair opportunity, and the last opportunity for any industry or any person on their deathbed for that matter, to have their say in what their positions are.

The ENR has put their proposal to the Wekeezhii board; I will wait for ITI to make their position clear in writing for the Wekeezhii board to consider. As well, I respectfully request that the Minister come forward with an action plan on what he's prepared to do for the industry...

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

MS. LEE: Thank you, Mr. Speaker. May I seek unanimous consent to finish my sentence? Thank you.

MR. SPEAKER: The Member is seeking unanimous consent to conclude her statement. Are there any nays? There are no nays. You may conclude your statement, Ms. Lee.

MS. LEE: Thank you, Mr. Speaker. As well, Mr. Speaker, I respectfully request that the Minister come forward with an action plan as soon as possible on what he's prepared to do for the industry to prevent its demise, if possible, and to deal with the consequences in the event of the end of this industry. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Thank you, Ms. Lee. Members' statements. The honourable Member for Sahtu, Mr. Yakeleya.

Member's Statement On Importance Of Caribou Decisions On Small Communities

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, I would like to say Happy Valentines to my lovely wife who is somewhere here in Yellowknife. I certainly love her.

Mr. Speaker, I want to talk about the importance of caribou, and caribou that's from our region in the Sahtu. As the Minister of ITI has expressed in his Minister's statement, as the mighty Sahtu, I say that with great pride and honour. Some of the other Members will talk about their own region and give their own praise to their own region. I want to say something about the caribou in terms of the importance of the caribou here.

We are talking about caribou that's been here for thousands and thousands of years. It has its own way of life. It has its own laws...self-manages themselves over years and years until we started to get into the human management of it. We really haven't taken into consideration...If the caribou was right in front of us, what would they say to us on how we're taking care of them? How we're having arguments with them, and different views of how we see them? The outfitters, how they see them for the economic benefits of their industry? For the aboriginal hunters. Talk about the little guy? How about the four-foot guy in Colville Lake? Taking care of the people in Colville Lake who really understand that caribou? Or the people in Deline and the profits they talk about our caribou? The aboriginal hunters? You know, we really need to look at this very carefully. That is our

life that you're talking about. As it's been expressed by other Members, that's the life of the industry, the outfitters. But our life is a little deeper and it goes a little further. Here we're arguing about a very important commodity, different views from different people.

The caribou, Mr. Speaker, is very sensitive to our people. That is our life. As Mr. Bell talked about, the Canol Trail, we saw one caribou on that trail and we looked at it and appreciated it by the people. Mr. Speaker, the youth learned a lot on that trail.

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

MR. SPEAKER: Thank you, Mr. Yakeleya. The Member is seeking unanimous consent to conclude his statement. Are there any nays? There are no nays. You may conclude your statement, Mr. Yakeleya.

MR. YAKELEYA: Mr. Speaker, the youth, when they saw that caribou, they saw it in a different light as our guide from Ottawa saw the caribou. We had two different views, two different perspectives on how that caribou should be looked at. I just wanted to remind that that is very key to our discussion here. Thank you.

---Applause

MR. SPEAKER: Thank you, Mr. Yakeleya. Members' statements. The honourable Member for Nunakput, Mr. Pokiak.

Member's Statement On Electrical Power Rates In Nunakput Communities

MR. POKIAK: Thank you, Mr. Speaker. I, too, would like to send Valentine's greetings to my wife, since 1988, back in Tuktoyaktuk.

---Applause

Mr. Speaker, prior to me coming down to this session, I received a number of complaints regarding the recent power bills that they received for January, December and January. A number of complaints that I received in excess of \$1,800, \$1,200-plus, \$650-plus, \$450-plus. One of the reasons that they talked about, Mr. Speaker, is that recently, in October and November, there was a contract in the community of Tuktoyaktuk that actually went out and changed some of the meters. They are wondering if that might be one of the reasons why.

Mr. Speaker, presently in Tuktoyaktuk, as an example, we pay 61.61 cents per kilowatt per hour. After the first 700 kilowatts it's subsidized. On top of that, Mr. Speaker, we also incur another cost of 13.73 cents per kilowatt per hour. That's very costly. We talk about trying to become homeowners in the communities a lot and with the cost escalation of the power right now and the fuel rider, it's going to discourage the people to maybe even consider that.

One of the things I would like to say, Mr. Speaker, as a homeowner myself, we do enjoy being private homeowners, but at the same time with the cost of the power and the fuel rider on top of that, you know it's discouraging. I would like to say that another example, in Sachs Harbour, Mr. Speaker, they are paying 97.75 cents per kilowatt an hour, on top of that 13.73, so these kinds of rates are very discouraging.

Just in closing, Mr. Speaker, I'd like to say I'm going to have a question for the Minister responsible for the NWT Power Corporation in regard to the power rates. Thank you.

---Applause

MR. SPEAKER: Thank you, Mr. Pokiak. Members' statements. The honourable Member for Inuvik Twin Lakes, Mr. McLeod.

Member's Statement On Importance Of Transportation Infrastructure

MR. MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, Martin Luther King once said I have a dream. I, too, Mr. Speaker, have a dream. I have a dream that someday the residents of the Northwest Territories will be connected by a series of highways so we can be connected from coast to coast to coast.

AN HON. MEMBER: Ooh, big vision. Hear! Hear!

---Applause

MR. MCLEOD: I have a dream that the people of the Beaufort-Delta can walk hand in hand, or vehicle to vehicle, with people from the Sahtu and the Tlicho...

SOME HON. MEMBERS: Hear! Hear!

MR. MCLEOD: ...and Yellowknife.

AN HON. MEMBER: Hear! Hear! We have a dream.

MR. MCLEOD: But it is just a dream, Mr. Speaker.

---Laughter

AN HON. MEMBER: A pipe dream.

MR. MCLEOD: It is just a dream, but we have the means to make it a reality.

Mr. Speaker, in 1977, they halted construction of an all-weather road because of the uncertainty of the oil and gas industry. Who drives the Territories, Mr. Speaker? Is it the oil and gas industry, is it industry, or is it the needs of the people in the Northwest Territories?

AN HON. MEMBER: Good question.

MR. MCLEOD: I think we have to get that in perspective and do what's best for the people of the Northwest Territories.

Mr. Speaker, the NWT is ranked fourth out of 65 countries worldwide, surveyed by the Fraser Institute, but we're ranked last in terms of infrastructure and the quality of our infrastructure and this has a significant impact on the development and the investment in the Northwest Territories, Mr. Speaker.

Mr. Speaker, \$90 million is spent annually in the Northwest Territories in tourism. We can double that with a highway, Mr. Speaker. All the small communities along the way would benefit from it; people in the Northwest Territories would benefit from it. We have to continue to lobby Ottawa to get what's right for the Northwest Territories.

They have a Canada strategic infrastructure fund and it's directed to projects of major federal and regional significance. Now, this project is of major significance to the Northwest Territories, Mr. Speaker. It also says it enhances the quality of life of Canadians. We are Canadians. It would enhance our quality of life and it's something we should seriously look at. The budget 2006 announced an additional \$2 billion going into the funding, which brings the total to \$6 billion. Where's our share of that? I don't see it, Mr. Speaker. I'd like to know what the other provinces are getting.

I think we have to quit dreaming, Mr. Speaker, and have this highway become reality because it's something that we do need. Thank you.

---Applause

MR. SPEAKER: Thank you, Mr. McLeod. Members' statements. The honourable Member for Great Slave, Mr. Braden.

Member's Statement On Valentine Letter To Prime Minister Harper

MR. BRADEN: Thank you, Mr. Speaker. It is Valentine's Day and I would like to share with the Legislative Assembly this morning a letter that I wrote to the Prime Minister on this day, and it starts out like this: Dearest Prime Minister, or may we say Steve?

---Laughter

We pen this valentine with trembling hand and heart all aflutter with deepest affection for the 40 years of almost wedded bliss we have shared. Yes, Dearest, it's been four long decades since you lead us to the alter of constitutional consummation with your passionate promises of provincehood, your breathless whispers of fiscal fulfillment, your shameless wooing that one day our relationship would blossom and we would live together happily even after. Oh, Stephen.

---Laughter

Ohhh, Stephen. How we fell for you, lusting and pining and panting for the day when it all might come true. Was it only last summer when you stood before us here in our own humble parlour and professed yet again your solemn pledge that if we behaved ourselves and if we kept faith, we could be just like our big sister Alberta, and rein supreme and rich and bear many children in the bosom of our untold wealth. But, darling Stephen, our long-distance relationship is troubled.

---Laughter

Troubled. We grow restless. Your seductive temptations that once fuelled the wild beating of our heart are alas sounding empty and hollow, and cold as the Arctic tempest that blasts across our fevered brow. The truth is, Dearest, the many children of our union are getting out of hand. They demand so much. What with doctors' bills, power bills, fuel bills, grocery bills, day care bills, legislative bills, are we getting through? Then there's the matter of that diamond engagement ring. Beloved, may we remind you that we were the ones who found it. We mined it. We cut it. We polished it. But it's like you're taking all the credit and we're the ones still paying for it. Will the day come, Beloved, when we will consummate

our relationship? Oh, Stephen, what's gone wrong? Where is the love? Where is the heart? Where is the happiness? Signed, With great expectations, the 15th Legislative Assembly of the Northwest Territories, Mr. Speaker.

---Applause

MR. SPEAKER: Thank you, Mr. Braden. Members' statements. The honourable Member for Yellowknife Centre, Mr. Hawkins.

Member's Statement On Need For Territorial Pension Legislation

MR. HAWKINS: Thank you, Mr. Speaker. Mr. Speaker, I, too, wish it acknowledge it's Valentine's Day to my wife and my two lovely monsters. Before I left for work this morning, the three boys, including myself, made a card for my wife. It reminded me why we're here, Mr. Speaker, because the important things we're here to do is to help people who are in need.

Mr. Speaker, employee pension plans in the Northwest Territories are regulated through the Federal Pension Benefit Standards Act. Currently, we have no ability to make changes to our pension rules that affect the NWT retirees. Most provinces have enacted their own pension legislation so they can be more flexible and responsive to the needs of their constituents. For example, people who leave their jobs before they're eligible for pensions can convert the transfer value to a locked-in vehicle such as a life income fund or a life retirement income fund. Like RRSPs, locked-investments have maximum annual withdrawal amounts.

Under federal legislation, and until recently, under most provincial legislation, retirees who find themselves in financial hardship are not allowed to exceed the maximum withdraw of their life income fund no matter how much they need to access their money, Mr. Speaker. Many provinces have recently amended their pension legislation to allow extra withdrawals for low-income retirees and those experiencing financial hardship. Alberta recently changed its legislation to allow people to unlock up to 50 percent of their money and roll it into an RRSP or a RIFF, which offers more flexibility in terms of investment choices and withdraw decisions, Mr. Speaker, which can be useful for first time homebuyers and people wanting education plan money.

Mr. Speaker, these are examples of how our own pension legislation would give us flexibility to make life easier for our average citizens, Mr. Speaker. I believe the government should seriously consider pursuing northern pension legislation, and later today I will have questions for the Minister of Finance to that matter. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Thank you, Mr. Hawkins. Members' statements. Returns to oral questions. Recognition of visitors in the gallery. Honourable Premier, Mr. Handley.

ITEM 5: RECOGNITION OF VISITORS IN THE GALLERY

HON. JOE HANDLEY: Thank you, Mr. Speaker. I'd like to recognize Elva Arsenault. Alva is a sister to Carmen

Moore, our chief of protocol. Alva is visiting from Prince Edward Island, so welcome, Alva.

---Applause

MR. SPEAKER: Recognition of visitors in the gallery. I'd like to welcome everyone in the gallery today for taking in the proceedings. It's nice to have an audience in here. Oral questions. The honourable Member for Hay River South, Mrs. Groenewegen.

ITEM 6: ORAL QUESTIONS

Question 309-15(5): Programs To Encourage Northern Residency Of Resource Sector Employees

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, in my statement today I talked about the significant contribution that the diamond mines have made in the Northwest Territories, the timing at which they came along -- around the time of the decline of the gold mining and the division of the Northwest Territories -- and how much they have played a role in the economy of the Northwest Territories. I want to thank Minister Bell for a recent opportunity to learn a little bit more about diamonds, as we went off to meet with De Beers in London and view their operations. It was very enlightening. I missed the little part of the tour that had to do with the retail, so my husband was very glad about that.

The one area, after hearing some of the reports on the socio-economic agreements and that, that I still think we could capitalize on a great deal is finding ways to attract the workers at the mines who don't currently reside in the North to move to the North. But as I said in my statement, I think that's going to take a very coordinated effort. After hearing about the efforts of the mining industry, I'm quite convinced that they are doing their part to contribute to that. I do think, though, that there are gaps. I think that the GNWT should be doing more. I think that the communities could be doing more. I don't know exactly the way we could go about coordinating that. I mean all of us came to the North. We're either from here or we moved here. We obviously see the benefits of living here, because we love it and we live here, and there's many advantages to living in the North, that's for certain. We need to find a way to convey that to some of the what we call migrant workers who still commute to the Northwest Territories to work. I'd like to ask the Minister if there is any appetite on the part of his department, Industry, Tourism and Investment, to work more closely with industry and communities. I represent a community that has a lot of capacity to grow. We would like more people in our community and we would like to find some vehicle to encourage these workers to locate in the North, in conjunction, in joint effort with industry and this government. Is there any funding available for such a campaign? Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. The honourable Minister responsible for Industry, Tourism and Investment, Mr. Bell.

Return To Question 309-15(5): Programs To Encourage Northern Residency Of Resource Sector Employees

HON. BRENDAN BELL: Thank you, Mr. Speaker. I think there's a lot of merit in doing what the Member is

proposing and, in fact, at the Canada Winter Games we will be rolling out this Pan-Northern Strategy, the three territories, to talk about not only promoting the North in southern Canada as a tourist destination, a tourist attraction, but also in terms of business and employment opportunities. We've had some discussions, the other Ministers and myself, about how we carry this strategy forward, how we move it along. There's a lot of legacy potential here in the work that we're doing, and it makes sense for us to continue to pursue this course. So I'm open to suggestions about how we best do that. I think, and the Member made the point, that we certainly do need to do a better job of linking what we're doing in this overall Pan-Northern Strategy and bringing it right down to working with communities who, in effect, will be the deciding factor as to whether or not people are coming north for these employment opportunities. So a very good suggestion. I'd like to take the Member up on that. Thank you.

MR. SPEAKER: Thank you, Mr. Bell. Supplementary, Mrs. Groenewegen.

Supplementary To Question 309-15(5): Programs To Encourage Northern Residency Of Resource Sector Employees

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, at the present time, we do have quite a few people residing in Hay River who do work at the mines and we would like to see that number increase. What we need is a point of contact or, again, like I said, some kind of a vehicle to ensure that we can attempt to sell our communities. We're not asking the government to do this. We need to take that responsibility ourselves, to try and promote things like the cost of living and the amenities that are available in our communities. Yellowknife can do the same thing, but I'm speaking of Hay River specifically now. But when a person gets hired on by a diamond mine and they live in southern Canada, I don't have any sense right now of whether there is a package they're given, if there's information, exactly what they are provided with that would give them pause to think about residing in the Northwest Territories. I know we don't have a diamond secretariat, but we need some point of contact. We need to organize this. Does the Minister have any suggestions in that area? Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Mr. Bell.

Further Return To Question 309-15(5): Programs To Encourage Northern Residency Of Resource Sector Employees

HON. BRENDAN BELL: Thank you, Mr. Speaker. I will talk to my staff about that and find out what currently is provided to employees in the South. I know the mines are very much interested and would prefer to have these employees live north. It's cheaper for them; they don't have to endeavour to do the same kinds of things to get them to and from site. As well, we know there's more continuity and people tend to stay longer if they reside in the North. So this is something that we can talk about.

I would applaud the community of Hay River, though. I think they're going about this in the right manner, inviting De Beers to come down to the community, tour the community, understand what the community has to offer. I think that's the kind of approach that's necessary. But I'll

find out what information goes out to employees that would help to entice them north. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Bell. Final supplementary, Mrs. Groenewegen.

Supplementary To Question 309-15(5): Programs To Encourage Northern Residency Of Resource Sector Employees

MRS. GROENEWEGEN: Thank you. We in Hay River would like to know how we could plug into that kind of a campaign. The program that the Minister referred to earlier is kind of a "come to the Northwest Territories," it's more general. But I think communities should also have an opportunity to do a very community-focussed, specific pitch to promote their community, and right now I don't believe there are any funds available for such a campaign. I think it would be money well spent, and I would ask the Minister if he would consider working with us to try and perhaps locate a program that would facilitate that. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Mr. Bell.

Further Return To Question 309-15(5): Programs To Encourage Northern Residency Of Resource Sector Employees

HON. BRENDAN BELL: Yes, Mr. Speaker, I think that makes a lot of sense and I would like to come to committee and talk about what might be done as we go forward in the business plans. I'm thinking now currently about our efforts. I will make sure that our website, these pan-northern websites and the links to the Northwest Territories also contain links to our communities. I think that's vital. We can't have a disconnect between this broader marketing strategy and then the actual information that people need to make decisions about where their families will live, and where they'll go to school, and what kinds of jobs and employment would be waiting for them. So that's a very good suggestion. I think we could pursue this further with committee and talk about what we do going forward. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Bell. Oral questions. The honourable Member for Kam Lake, Mr. Ramsay.

Question 310-15(5): Construction Of Dementia Facility In Yellowknife

MR. RAMSAY: Thank you, Mr. Speaker. Mr. Speaker, my questions today are for the Minister of Health and Social Services, Mr. Roland, and again it goes back to my Member's statement of earlier today and it is the dementia facility and its construction in Yellowknife. I want to start off with saying this facility was a key plank of many Yellowknife MLAs and potential candidates in the election in 2003, to have this facility built in Yellowknife. We're almost four years later, and it was talked about even before 2003. Here it is 2007; we're still trying to plan it and coordinate how this facility will be built, and we can't go back and point fingers on why it hasn't been built. All we can do is deal with today and the future; and the future of this community, Mr. Speaker, I believe deserves a dementia care facility, a dedicated dementia care facility. I'd like to ask the Minister of Health and Social Services where exactly the department is in relation to the

construction of this much needed care facility here in Yellowknife. Mahsi.

MR. SPEAKER: Thank you, Mr. Ramsay. The honourable Minister of Health and Social Services, Mr. Roland.

Return To Question 310-15(5): Construction Of Dementia Facility In Yellowknife

HON. FLOYD ROLAND: Thank you, Mr. Speaker. Mr. Speaker, the issue of the dementia facility is one that the department has been involved with. Initially, as Members are aware, the YACCS group had approached the department and Members for support at looking at a dementia facility. The department came up with some funding for planning and that planning has progressed with the group. Just recently, as I took over as Minister of Health and Social Service, I sat down with the YACCS organization and department representatives to go over where the plan was and a need to coordinate between the department and YACCS, and we have done so. The working relationship has been very cooperative in that area. An RFP was just recently put out to look at the costing of that facility. Once we have that costing, we will then be able to sit down and see how, as a department, we can put it into our infrastructure plan. Thank you.

MR. SPEAKER: Thank you, Mr. Roland. Supplementary, Mr. Ramsay.

Supplementary To Question 310-15(5): Construction Of Dementia Facility In Yellowknife

MR. RAMSAY: Thank you, Mr. Speaker. I would hope that it is included in the infrastructure plan in the very near future. Another thing I mentioned in my Member's statement was the obvious difference between care and level of services that one with Alzheimer's could receive here in the Northwest Territories as opposed to if you're in Edmonton or if you're in another province. I'd like to ask the Minister, in terms of level of service, does the Department of Health and Social Services have a policy on care of Alzheimer's patients here in the Northwest Territories? Mahsi.

MR. SPEAKER: Thank you, Mr. Ramsay. Mr. Roland.

Further Return To Question 310-15(5): Construction Of Dementia Facility In Yellowknife

HON. FLOYD ROLAND: Thank you, Mr. Speaker. Mr. Speaker, the area of Alzheimer's in the Northwest Territories, through the department, as the Member had highlighted in his Member's statement, we do address that through our existing facilities in hospitals that we do have in the Northwest Territories. We continue to work with, for example, with YACCS about the new dementia facility and what can be incorporated in that. But at this point forward, we are delivering that service through our existing facilities in the Northwest Territories. Thank you.

MR. SPEAKER: Thank you, Mr. Roland. Final supplementary, Mr. Ramsay.

Supplementary To Question 310-15(5): Construction Of Dementia Facility In Yellowknife

MR. RAMSAY: Thank you, Mr. Speaker, and I thank the Minister for that. I think if a study was done or if somebody took a real look at the level of care and

services, there's a big difference between being hospitalized and in a dedicated facility where your relatives and people can come and visit you, not to mention those caregivers who want to look after their loved ones at home have an opportunity through day programs to bring their loved ones to a day program. So I'd like to again ask the Minister if his department would take a look at the level of service. What is available in a care facility in, say, Edmonton or in Ontario, and what is currently available for a sufferer of Alzheimer's here in the Northwest Territories? Is there a difference? I think there is. Mahsi.

MR. SPEAKER: Thank you, Mr. Ramsay. Mr. Roland.

Further Return To Question 310-15(5): Construction Of Dementia Facility In Yellowknife

HON. FLOYD ROLAND: Thank you, Mr. Speaker. Mr. Speaker, I think there would be a difference in a couple of areas. One, the level of service or dedicated program to people who suffer from Alzheimer's as well as other dementia issues. That's one for sure we've been working on. In fact, we continue to work with the YACCS organization and integrating a respite program for families that help deal with other family members, we're working and moving that ahead as soon as we can. In fact, this fiscal year we started doing some of that work with them. The other side of it -- and I think it's one of the things we look at here in the North -- is that when it comes to not only the level of care but the cost of providing that care in the Northwest Territories, in the Northwest Territories we, as a government, pick up the large part of that tab whereas in the South individuals and families are paying for that service themselves. So we have to come up with an appropriate balance, both on the level of programming as well as the cost of that programming in the Northwest Territories. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Roland. Oral questions. The honourable Member for Nunakput, Mr. Pokiak.

Question 311-15(5): Electrical Power Rates In Isolated Communities

MR. POKIAK: Thank you, Mr. Speaker. Mr. Speaker, in my Member's statement I talked about the power rates in Nunakput. One of the problems that they're having back home is the cost of it. I have a question for the Minister of the NWT Power Corporation in regard to that. I think first of all I'd like to ask the Minister, Tuk being the size of over 1,000 people they don't have a full-time power engineer operator in the plant. At the same time, they have a contractor that just goes out there and does his meter readings on a monthly basis. I'd like to ask the Minister, my first question for the Minister, Mr. Speaker, is what sort of training do these people get, the contractors get in regard to the operation of the power plants itself and also in regard to the meter readings when they do go out to read the meters, meter readings? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Pokiak. The honourable Minister responsible for the NWT Power Corporation, Mr. Krutko.

Return To Question 311-15(5): Electrical Power Rates In Isolated Communities

HON. DAVID KRUTKO: Thank you, Mr. Speaker. Mr. Speaker, in regards to our individual employees, we do provide training to our employees when they're hired on and ensure that they have the abilities to carry out those responsibilities. But in regards to meter readings, like the Member mentioned, they are done on a monthly basis in which the individual goes around checking the meters in the communities. Mr. Speaker, in regards to the meters that we do have, there's an issue about changing out meters, but I think we are a regulated business. The meters that we use are also regulated. I think it's important for everyone to realize that in order for us to get an adequate reading, we do have to do it physically. We are looking at upgrading our meter system so that we can be able to have these electric meters read through a computerized program so that we know that the data is there. But again, we are able to work with our employees to make sure that they do have the training and also have the ability to carry out the responsibilities as employees of the Power Corporation.

MR. SPEAKER: Thank you, Mr. Krutko. Supplementary, Mr. Pokiak.

Supplementary To Question 311-15(5): Electrical Power Rates In Isolated Communities

MR. POKIAK: Thank you, Mr. Speaker. As I mentioned before, you know, a few years ago Tuk did have a full-time employee for the Power Corp and got the contract, but I understand the Minister's response. But one of the questions I'd like to ask the Minister is in regard to the...Like in Tuk, like I said earlier, Mr. Speaker, 61.61 cents per kilowatt hour and then 13.73 cents after that for the diesel rider. I'd like to ask the Minister...and I'm sure that we can get an explanation in regard to how do these rates come up. I understand that we are subsidized for the first 100 kilowatts from Yellowknife and then on top of that we're paying these other costs. So I'd like to ask the Minister to explain so my people in Nunakput understand the reasoning behind the cost of the 61.61 and also the 13.73 cents. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Pokiak. Mr. Krutko.

Further Return To Question 311-15(5): Electrical Power Rates In Isolated Communities

HON. DAVID KRUTKO: Thank you, Mr. Speaker. Mr. Speaker, as we all know, we do all have different rates for different communities. We have a hydro rate. We also have a utility rate, which are for diesel communities. Through those rates that basically have been in place are based on the actual costs to generate power in that community. In order to offset the high cost of power in communities, we implemented a program to subsidize power in diesel communities for residents up to 700 kilowatts. But again, Mr. Speaker, we do have to be able to show that through the power bills that we do put out it does show on the bill how much of the subsidy you're receiving for that particular month and how much your cost is in regards to the power that you consume. I think the residents have to realize that they also have to ensure that the power that they do use is the power that they have to be able to manage as part of their responsibility to pay that portion. I think we hear it a lot of time where people say my power bill's jumped this much, but I think

we also have to realize the majority of when you see the highest cost of those power bills is usually during the coldest months of the year and the winter months is when you see the biggest spike because you're using more power. So again, Mr. Speaker, we have a system that's being fair to diesel communities and residents in our small communities, but also ensuring that the consumer also plays the role in the amount of power they consume. Thank you.

MR. SPEAKER: Thank you, Mr. Krutko. Final supplementary, Mr. Pokiak.

Supplementary To Question 311-15(5): Electrical Power Rates In Isolated Communities

MR. POKIAK: Thank you, Mr. Speaker. I agree that the residents have to understand the consumption that they use per month, but as a private homeowner, Mr. Speaker, I do know exactly what we use a month. I know what the consequence is going to cost for me to operate my unit. So the question I have for the Minister is, can he provide information in regard to the public house users that actually go over and above versus the residential homeowners, private homeowners? Thank you.

MR. SPEAKER: Thank you, Mr. Pokiak. Mr. Krutko.

Further Return To Question 311-15(5): Electrical Power Rates In Isolated Communities

HON. DAVID KRUTKO: Thank you, Mr. Speaker. Mr. Speaker, we do have a database that we do track all the invoices, the meter readings from all communities for all residences regardless if it's private or commercial. So we can provide that information to the Member to show exactly how much individuals use. Also, as residents of our communities that do have concerns on the power rates, I would like to direct them to take their issues either to the regional staff or even to myself so that we can look into these issues and especially when it comes down to questioning the power bills. We are able to explain to the residents how their power bills are being read and how exactly is there a dispute there so that we can try to find a way to resolve it. Either change out the meter, put in another meter. But by working together we are able to do that. So I'm willing to provide that information to the Member. Thank you.

MR. SPEAKER: Thank you, Mr. Krutko. Oral questions. The honourable Member for Tu Nedhe, Mr. Villeneuve.

Question 312-15(5): Improving GNWT Wildlife Management Practices

MR. VILLENEUVE: Mahsi, Mr. Speaker. Just getting back to my Member's statement and stressing the importance of the issue of our caribou crisis here in the NWT and the reorganization and reprioritization that needs to take place in order for our caribou to bounce back from these low numbers that we have, I just have some questions for the Minister of Environment and Natural Resources on the department's wildlife management funding. He knows and I know and everybody here knows that the \$1 million to try and make some changes is not going to do it. We need more money in all areas of wildlife management here in the NWT. I know that a lot of that funding we rely on the federal government to provide to carry out a lot of our monitoring programs and caribou initiatives. I just wanted to ask the

Minister, since '05-06 we've had the barren-ground caribou monitoring project funded at 60K, but now we have nothing in this budget for that. The Dahl sheep studies, there's nothing in this budget for that. The bird breeding surveys, the wildlife research projects, the Sahtu resources board to conduct wildlife studies. All these research projects have been sunsetted, Mr. Speaker. There's absolutely no funding in this budget to address all of these ongoing issues. I just want to ask the Minister what kind of lobbying efforts has he been doing over the last year to reinstate a lot of these programs that we depend on for funding? Thank you.

MR. SPEAKER: Thank you, Mr. Villeneuve. The honourable Premier, Mr. Handley.

HON. JOE HANDLEY: Mr. Speaker, I'm not sure if it's a point of privilege, but the matter the Member's referring to is in the budget document. It's tabled, it's in Committee of the Whole, and I think that it's correctly dealt with there. Thank you.

MR. SPEAKER: Thank you, Mr. Handley. There was nothing in the Member's statement or question that I heard that would prevent the question from being asked today. It has already been tabled in the House, so...The budget has already been tabled in the House, so I think the question was addressed to the Minister of Industry, Tourism and Investment, Mr. Bell.

---Interjection

MR. SPEAKER: Okay. Sorry. Minister of Environment and Natural Resources, Mr. McLeod.

Return To Question 312-15(5): Improving GNWT Wildlife Management Practices

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. I was considering having to table the budget again, but we're going to be talking about the budget, which will be in Committee of the Whole. There's a number of things that we're working on and have been working on and we have also developed over the last while an action plan that covers the years from 2005-2006. There's three areas of the whole action plan that we've really moved forward on and that is really in line with some of the reports that have come forward and recognized that we've done some of this work, including the NWT species, the report for 2006-2010, which gives the general status of a lot of this information that the Member is asking us to go back and do further studies. We recognize that we need to continue to do that. We have some initiatives under way that will allow us to do that. However, some of the areas that we've completed are the forest management information system. We've also worked on the accord for protection of species at risk in Canada and outlined a number of things that fall under that category from the NWT side. There is not a huge concern in the NWT, however, across Canada there is starting to be a mounting concern. Mr. Speaker, the document that I'm referring to is called plan for action. Framework for Action, I apologize, 2005-2006. I will be tabling this document for the Members in this House at a later date. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Supplementary, Mr. Villeneuve.

Supplementary To Question 312-15(5): Improving GNWT Wildlife Management Practices

MR. VILLENEUVE: Thank you, Mr. Speaker. I just want to ask the Minister again, with all this INAC funding that we're just not receiving in this year and moving forward in the oncoming years with respect to wildlife studies and wildlife research projects and caribou monitoring initiatives, what has the Minister been doing over the last year on the federal government side to ensure that this funding is not being taken out of our funding which we rely so heavily on? What action hasn't been done over the last year to get the federal government onside with us in order to keep that money in our budget? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Villeneuve. Mr. McLeod.

Further Return To Question 312-15(5): Improving GNWT Wildlife Management Practices

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. It's difficult to outline my actions for the last year when I've been in this position for three months. But, Mr. Speaker, a number of things have taken place since I've assumed this position. We've been having discussions and drafting correspondence to the federal Ministers that are in charge of a lot of the programming. We have been talking to the different jurisdictions that we share concerns with and our boundaries meet up with, including Alberta and Saskatchewan and B.C. and the Yukon. We've had some discussions with the federal Ministers. We plan to have more. We have identified some additional resources that we can access that I guess will come forward in terms of a supp. I'm not sure if I'm in a position to comment on those. But those are some of the things that we've been doing. We continue to push forward. We need to find more resources to do more baseline studies, as the Member has indicated, and we'll continue to press on with those issues. Thank you.

MR. SPEAKER: Thank you, Mr. McLeod. Final supplementary, Mr. Villeneuve.

Supplementary To Question 312-15(5): Improving GNWT Wildlife Management Practices

MR. VILLENEUVE: Thank you, Mr. Speaker. I understand the Minister's plight and the challenges that the Minister's going to have with getting the federal government onside with our caribou crisis and our wildlife management, but, Mr. Speaker, I know that we have just over a billion dollar budget here. We're looking at a \$44,000 surplus. Mr. Speaker, we do have money that could be made available for something as important as this. I just want to ask the Minister, if we can suddenly throw a half a million dollars to do some courthouse renovations, I don't see why we can't just find a couple more million dollars to put into caribou management, wildlife management, Mr. Speaker. Thank you.

MR. SPEAKER: Thank you, Mr. Villeneuve. Mr. McLeod.

Further Return To Question 312-15(5): Improving GNWT Wildlife Management Practices

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, yes, we certainly agree with the Member. We never can have enough money to do all the surveys and all the baseline studies that we need. This year we have

some new monies in the budget. We have money for caribou analysis or surveys. We have some of the biophysical money that's there. We are also targeting to have some new initiatives put in place or at least put the proposals forward for consideration when we discuss some of the surplus dollars that the Member has referenced. Thank you.

MR. SPEAKER: Thank you, Mr. McLeod. Oral questions. The honourable Member for Monfwi, Mr. Lafferty.

Question 313-15(5): Repayment Plan For Tenants With Rental Arrears

MR. LAFFERTY: Mahsi, Mr. Speaker. Mr. Speaker, just earlier in my Member's statement on the importance of resolve the arrears, the issues that we are faced with in Behchoko, I spoke of people with rental arrears and the need to clarify the actual amounts that are owed and work out a reasonable repayment plan. Mr. Speaker, I'd like to ask the Minister of the NWT Housing Corporation, can the Minister inform this Assembly whether he is willing to direct his officials to begin such a process on this reasonable repayment plan in Behchoko? Mahsi.

MR. SPEAKER: Thank you, Mr. Lafferty. The honourable Minister responsible for the Housing Corporation, Mr. Handley.

Return To Question 313-15(5): Repayment Plan For Tenants With Rental Arrears

HON. JOE HANDLEY: Mr. Speaker, yes, I have already talked to the officials in the Housing Corporation about doing this to come up with a plan that is reasonable, that enables people to keep up with the current amount and pay something on the arrears, as small as it might be, but to work out and hopefully those people with arrears will cooperate with us and continue to make regular payments. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Handley. Supplementary, Mr. Lafferty.

Supplementary To Question 313-15(5): Repayment Plan For Tenants With Rental Arrears

MR. LAFFERTY: Mahsi, Mr. Speaker. Mr. Speaker, there certainly is a need to have a clear communication dialogue, whether it be the North Slave District, the Behchoko Housing Authority, and also the headquarters. It is important for Members to clearly understand the process and services that are available to them. I'd like to ask the Minister, is he willing to develop plain language summaries of programs, rules and responsibilities and have them translated into Tlicho version? Mahsi.

MR. SPEAKER: Thank you, Mr. Lafferty. Mr. Handley.

Further Return To Question 313-15(5): Repayment Plan For Tenants With Rental Arrears

HON. JOE HANDLEY: Thank you, Mr. Speaker. I listened with interest to the Member's statement this morning, and the suggestion to put it in the Tlicho language is a good one. I'll talk to our people about whether or not, how long it will take to do that. But we will endeavour to do that. Plain language version, I've asked them to also have the documents that we have written in as plain English as possible. No bureaucratise, or

whatever it's called. So we will do that as well. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Handley. Final supplementary, Mr. Lafferty.

Supplementary To Question 313-15(5): Repayment Plan For Tenants With Rental Arrears

MR. LAFFERTY: Mahsi, Mr. Speaker. Mr. Speaker, I guess the next question will be, when can we see this happening? Can we see this happen by this summer? Mahsi.

MR. SPEAKER: Thank you, Mr. Lafferty. Mr. Handley.

Further Return To Question 313-15(5): Repayment Plan For Tenants With Rental Arrears

HON. JOE HANDLEY: Mr. Speaker, certainly by this summer and our people from headquarters as well as from the North Slave region and ECE are meeting with the LHO, with the administration, with the clients, at a meeting on the 22nd of February. We won't have it then, but hopefully I think there are going to be translators there, and as quickly as we can we will get on the translation in plain Tlicho language. Thank you.

MR. SPEAKER: Thank you, Mr. Handley. Oral questions. The honourable Member for Range Lake, Ms. Lee.

Question 314-15(5): Construction Of Dementia Facility In Yellowknife

MS. LEE: Thank you, Mr. Speaker. Mr. Speaker, I'm going to, I think, switch gears and ask questions to the Minister of Health and Social Services in follow-up to the questions asked by my colleague from Kam Lake. It's in regards to the dementia centre. Mr. Speaker, the YACCS in Yellowknife have been working on this project for at least 20 years and this project has received good support from this House. It has mentioned, the support of it has been included in the Standing Committee on Social Programs' reports for every report within this Assembly, but obviously the progress has not been that quick and the project got some planning money. The thing is, the cost of the project has been going up for various reasons and I'm glad that the Minister has taken a look at this. I know that in principle he supports the idea of doing that, it's just a matter of scoping out the work of the project and the amount. So I'd like to know from the Minister if he could give us sort of a time frame on what the YACCS has to do to be able to bring this forward as a completed project. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Ms. Lee. The honourable Minister responsible for Health and Social Services, Mr. Roland.

Return To Question 314-15(5): Construction Of Dementia Facility In Yellowknife

HON. FLOYD ROLAND: Thank you, Mr. Speaker. Mr. Speaker, I guess for those listening, when we refer to YACCS it's the Yellowknife Association for Concerned Citizens for Seniors, and the Member is right. The issue has been brought up for some time. As a department we have dealt with the issue of, as I stated earlier, around existing facilities we had and services and trying to work in a program area. Ultimately, as the RFP has gone out here in January, the RFP closes on the 19th of this month and

at that point we will review the information or, as the RFP closes, the information will be awarded and the work will begin on looking at the review of existing information and seeing where we can come in line with some of the costing issues as the Member raised. Thank you.

MR. SPEAKER: Thank you, Mr. Roland. Supplementary, Ms. Lee.

Supplementary To Question 314-15(5): Construction Of Dementia Facility In Yellowknife

MS. LEE: Thank you, Mr. Speaker. I understand the last number that was floating around was that the cost would be somewhere around \$20 million, but the Minister has given leadership to the project to suggest something a lot less or something more manageable. The department officials and YACCS are working toward that. But the thing is this YACCS board and the staff are very small. They are volunteer-based, and the executive director of the association has his full-time job. The Minister has mentioned giving additional resources where necessary so that they can get the work finished in order that the project could be, at least the documentation could be forwarded to the Minister in time for the upcoming business plan session. So I'd like to know if the Minister could commit to providing those resources where necessary. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Ms. Lee. Mr. Roland.

Further Return To Question 314-15(5): Construction Of Dementia Facility In Yellowknife

HON. FLOYD ROLAND: Thank you, Mr. Speaker. Mr. Speaker, yes, the department has looked at the organization and realizes it's a small organization and we have committed to, as this review process is, do it internally. There's a committee that was formed in December and Public Works, the department itself, and YACCS representative are part of that. We will continue to work around the issue of costing and be looking at that without impacting the YACCS organization itself. Thank you.

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

Supplementary To Question 314-15(5): Construction Of Dementia Facility In Yellowknife

MS. LEE: Thank you, Mr. Speaker. Given the need to find some other partners to fund this project, in order to pay for the project, and also given the fact that this has been in discussion for so long and I know that the Minister is committed to seeing this possibly by the BP plan this time, could I ask the Minister whether that is still his plan, that he would like to work toward having something come before him in time for this upcoming business plan session? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Ms. Lee. Mr. Roland.

Further Return To Question 314-15(5): Construction Of Dementia Facility In Yellowknife

HON. FLOYD ROLAND: Thank you, Mr. Speaker. Mr. Speaker, it is my intention, once we have a more solid idea of the numbers, the type of facility, would be to carry it forward as part of the Department of Health and Social Services' business planning process. Ultimately that would

have to meet with all other departments in the sense of our limited capital dollars and that's why, in fact, we've gone back to the process of this RFP is to try to come in line with where the costing issues are and see where we can bring this project into our plan. But it will ultimately have to compete with the capital dollars from other departments. Thank you.

MR. SPEAKER: Thank you, Mr. Roland. Oral questions. The honourable Member for Sahtu, Mr. Yakeleya.

Question 315-15(5): On-The-Land Rehabilitation

MR. YAKELEYA: Mr. Speaker, my question today is for the Minister of Justice, the Honourable Brendan Bell. It has to do with the wilderness camp pilot project in our region, Sahtu region. I've asked the Minister if he would consider from his department developing an after-care program for those inmates that are in these wilderness camp programs, that they have solid support once they are released back into the communities or back to institutions once they finish their time on the land? Thank you.

MR. SPEAKER: Thank you, Mr. Yakeleya. The honourable Minister responsible for Justice, Mr. Bell.

Return To Question 315-15(5): On-The-Land Rehabilitation

HON. BRENDAN BELL: Mr. Speaker, yes, we would and I don't want to get into the debate that we'll have around the budget, but Members do know that there are additional funds for community justice committees. This is the kind of program that would be envisioned. Thank you.

MR. SPEAKER: Thank you, Mr. Bell. Supplementary, Mr. Yakeleya.

Supplementary To Question 315-15(5): On-The-Land Rehabilitation

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, I think the questions I asked and so the people in our region, the people who are concerned about this program, can hear from the Minister that there is work being done on it, there is some consideration by his department, and so they can let their own people know. Mr. Speaker, have I asked the Minister, would he look again, would his department look at other facilities in the Northwest Territories, such as the Tl'oondih Healing Society up around Fort McPherson on the Peel River that has a good facility? We visited there a couple years ago. They had inmates in there. We haven't heard anything, at least I haven't heard anything as to what happened to the program, how it was received, some of the things that went on in that program that would make useful, sorry, that would make some benefits to the people that would look at this type of facility. Thank you.

MR. SPEAKER: Thank you, Mr. Yakeleya. Mr. Bell.

Further Return To Question 315-15(5): On-The-Land Rehabilitation

HON. BRENDAN BELL: Thank you, Mr. Speaker. Certainly the reintegration program that we have needs to be bolstered. I think much of this can be done through our community justice committees. I think we've had a number of successful programs. The Tl'oondih Healing Camp, we have done a review of the programming that was carried

out there and I would certainly be prepared to come and discuss that and share that with committee members if they are interested in those specifics. I felt for some time that we have been under funding community justice committees and that these justice committees could play a much larger role in terms of programming, not just focussed on diversions from court, but also on reintegration and other types of programming. That's what we intend to do and I want to send a message to all the people of the Northwest Territories and certainly the Member's constituents. This is a priority for us. We think it's important and we will continue to support it. Thank you.

MR. SPEAKER: Thank you, Mr. Bell. Final supplementary, Mr. Yakeleya.

Supplementary To Question 315-15(5): On-The-Land Rehabilitation

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, I look forward to the Minister's work on the community justice in our communities. I want to ask the Minister to help me through this process here and help the people who are listening in my region for offenders that are up before the community in terms of crimes they committed, how this would work in terms of having this offender moved to a camp somewhere in the region that would be more beneficial than to serve time in one of the institutions in Yellowknife or Hay River. How can that work? Thank you.

MR. SPEAKER: Thank you, Mr. Yakeleya. Mr. Bell.

Further Return To Question 315-15(5): On-The-Land Rehabilitation

HON. BRENDAN BELL: Mr. Speaker, there are a number of different ways and a number of different scenarios with many variables, but currently we are looking at bringing people out of the institutions and into the on-the-land camps. It could be envisioned that people, upon sentencing, end up going and doing some work right in the camps on the land. As I discussed yesterday, there are a number of criteria, a number of tests that need to be met. The inmate has to want to go and participate and it has to be deemed to be safe. But all these things, all of these considerations can be dealt with on a case-by-case basis. I think we are certainly prepared to come and talk to Members more about how we can ensure more of our inmates are on the land and getting programming there as opposed to in our institutions. I think it has a lot of merit. Thank you.

MR. SPEAKER: Thank you, Mr. Bell. Before I go on to the next Member, I'd like to draw the Members' attention to the visitors' gallery and the presence of a former Member of this House, Mr. Leon Lafferty.

---Applause

Oral questions. The honourable Member for Inuvik Twin Lakes, Mr. McLeod.

Question 316-15(5): Importance Of Transportation Infrastructure

MR. MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, my dream also included a resource revenue sharing deal.

---Laughter

Mr. Speaker, Connecting Canada: Coast to Coast to Coast is a very good document. I'd like to ask the Transportation Minister if this was an application given to Ottawa as to why we need a Mackenzie Valley highway. Thank you.

MR. SPEAKER: Thank you, Mr. McLeod. The honourable Minister responsible for Transportation, Mr. Menicoche.

Return To Question 316-15(5): Importance Of Transportation Infrastructure

HON. KEVIN MENICOCHÉ: Mahsi cho, there, Mr. Speaker. The Connecting Canada: Coast to Coast to Coast document was part of our strategy to seek support from our confederation, Council of Federation Premiers meeting back in August. They did agree to give us support and that's the document we've been using with the federal government to build our Mackenzie Valley highway. Mahsi.

MR. SPEAKER: Thank you, Mr. Menicoche. Supplementary, Mr. McLeod.

Supplementary To Question 316-15(5): Importance Of Transportation Infrastructure

MR. MCLEOD: Thank you, Mr. Speaker. I thank the Minister for that. I am glad to hear we have the Premiers', across the country, support. This document is being given to Ottawa. It makes a very compelling argument as to why we need a highway. Has Ottawa responded? What was Ottawa's response to this particular document? Thank you.

MR. SPEAKER: Thank you, Mr. McLeod. Mr. Menicoche.

Further Return To Question 316-15(5): Importance Of Transportation Infrastructure

HON. KEVIN MENICOCHÉ: Thank you, Mr. Speaker. There was no formal response from the federal government. We are looking at some infrastructure announcements. In fact, the Premier along with our northern Premiers that come up with a proposal, I think it was called the Strategic Northern Infrastructure Fund Concept to the federal government, but there has been no uptake on that from our federal departments whatsoever, Mr. Speaker. Thank you.

MR. SPEAKER: Thank you, Mr. Menicoche. Final supplementary, Mr. McLeod.

Supplementary To Question 316-15(5): Importance Of Transportation Infrastructure

MR. MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, we seem to talk 60 percent of the time, 30 percent we are doing documents, 10 percent is action. I would like to ask the Minister, why is Ottawa so reluctant to deal with the Northwest Territories and give us what is rightfully ours? We have to always seem to be making an argument with Ottawa to give us something we need. They say we are going to protect our Arctic sovereignty and all of this other good stuff they are always talking about, but when it comes time to put their money where their mouth is, they back out. Thank you.

MR. SPEAKER: Thank you, Mr. McLeod. Mr. Menicoche.

Further Return To Question 316-15(5): Importance Of Transportation Infrastructure

HON. KEVIN MENICOCHÉ: Thank you, Mr. Speaker. The process that we outlayed in the Connecting Canada: Coast to Coast to Coast is a very good initiative. It was based on opening up... Well, based on an opening concept up to the oil and gas reserves up in our Far North. That is something that the government was looking at seriously. It has some certainty that there is a project here. They will consider it more and more seriously, but right now what had occurred with our Connecting Canada: Coast to Coast to Coast, we did get support from our Premiers across Canada. But there was a federal election and the government had changed hands just after we developed that proposal for the Transportation Minister at that time. As to why, and I know the Member has been pressing resource revenue sharing that our North is rightfully entitled to, and he is going to get no disagreement from this side of the House, but that is something that we have to continue to press with the federal Minister and the federal government. Mahsi cho.

MR. SPEAKER: Thank you, Mr. Menicoche. Oral questions. The honourable Member for Great Slave, Mr. Braden.

Question 317-15(5): Construction Of Recreational Vehicle Parking Sites

MR. BRADEN: Thank you, Mr. Speaker. My questions this morning are for Mr. Bell, Minister of Industry, Tourism and Investment. It has to do with some infrastructure development here in Yellowknife, Mr. Speaker, regarding the development of RV park sites. Mr. Speaker, we learned last year that the department is looking at developing a parcel land next to what we know as the Folk on the Rocks site adjacent to Highway No. 3 and the Yellowknife Airport. This is something that I have been watching with a great deal of interest, Mr. Speaker. Has the highway been paved? Potentially, we are looking at a bridge coming in place. The North Slave will be a very good destination for highway travelers who potentially could bring some \$8 million in revenue to the NWT by the year 2011.

Mr. Speaker, the choice of this site raises some concerns, principally for the Folk on the Rocks organization. It boxes their site in and limits their opportunities for expansion. I wonder, Mr. Speaker, if the Minister could advise on the status of discussions with the Folk on the Rocks organization, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Braden. The honourable Minister of Industry, Tourism and Investment, Mr. Bell.

Return To Question 317-15(5): Construction Of Recreational Vehicle Parking Sites

HON. BRENDAN BELL: Thank you, Mr. Speaker. Probably, we could use some context here, but in the interest of time, I won't revisit how we got here other than to say that there is a huge increase in demand for RV sites in Yellowknife. We are working very closely with the Folk on the Rocks organization. I think they have a business interest in being the operator of the park. We are working closely with them to understand if, in fact, that

is possible. There are a number of other steps underway. We have an application in to the city and we struck a deal with the recycling depot here in town that would provide some fill, some crushed glass as fill. It is a bit of a recycling project that would build up some of the site because we have some issues there, some geotechnical issues. So we are working on a number of fronts, but I can tell the Member that very much the Folk on the Rocks crew is involved in these discussions and will be included. Thank you.

MR. SPEAKER: Thank you, Mr. Bell. Supplementary, Mr. Braden.

Supplementary To Question 317-15(5): Construction Of Recreational Vehicle Parking Sites

MR. BRADEN: Thank you, Mr. Speaker. Another concern with this site was its proximity to the highway and especially to the airport, Mr. Speaker. The site is virtually underneath one of the direct flight paths for aircraft landing and taking off with the Yellowknife Airport. It seems that one of the things that we market here is the quiet, solitude and the pristine nature of our land, but we are going to build an RV site right underneath the flight path of Hercules aircraft and 737 jets. I wanted to ask the Minister if this was considered at all in the choice of sites and whether other potentially better sites are under consideration.

MR. SPEAKER: Thank you, Mr. Braden. Mr. Bell.

Further Return To Question 317-15(5): Construction Of Recreational Vehicle Parking Sites

HON. BRENDAN BELL: Thank you, Mr. Speaker. I think there are a number of advantages with that site. Obviously, it is close to town. Many of the people who will be there have an interest in that, right beside the golf course, right on the shore of Long Lake. There are a number of advantages to the site. Yes, there is some noise from the airport, but, on balance, with the sites that we looked at, we considered some expansion at Prelude Lake, but it was just deemed to be nice and quiet, farther outside of town and not having the same advantages that this site would. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Bell. Final, short supplementary, Mr. Braden.

Supplementary To Question 317-15(5): Construction Of Recreational Vehicle Parking Sites

MR. BRADEN: Mr. Speaker, the Minister has pointed out a couple of strong advantages for this site. However, one of the disadvantages is that it is too limited in expansion. It is a relatively small area. I understand that our projected need over the next decade is potentially for 100 sites for RVs. It is not the only potential site that is close to town. I am wondering if the Minister would reconsider evaluating other potentially advantageous sites for the Yellowknife's RV market. Thank you.

MR. SPEAKER: Thank you, Mr. Braden. Mr. Bell.

Further Return To Question 317-15(5): Construction Of Recreational Vehicle Parking Sites

HON. BRENDAN BELL: Mr. Speaker, in future, there will be need for additional land. We are discussing this with the Department of Transportation. We have had some

parcels of land in the vicinity because we do envision future expansion. We think this site makes sense at this point, but we are always willing to look at other sites. If the Member does want to register objections with us moving ahead now at this point on this site, I will take that back. But I believe the best course of action is to move ahead quickly here, get some RV sites built and ready to go because we have this pressing need, and then look at future expansion. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Bell. Oral questions. The honourable Member for Yellowknife Centre, Mr. Hawkins.

Question 318-15(5): Need For Territorial Pension Legislation

MR. HAWKINS: Thank you, Mr. Speaker. As I stated today in my Member's statement, I believe the government has a role to ensure all northerners have as much access to their personal money as possible. Mr. Speaker, we need to be responsive to the financial needs of our constituents. A pension legislation may be that vehicle. So in recognition of our current position, Mr. Speaker, that our issue truly does lie with Ottawa, not unlike many of our other problems, I believe we can do something with this problem, Mr. Speaker, fait accompli. Therefore, my question to the Minister of Finance is, has this government ever considered developing its own pension legislation? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Hawkins. The honourable Minister of Finance, Mr. Roland.

Return To Question 318-15(5): Need For Territorial Pension Legislation

HON. FLOYD ROLAND: Thank you, Mr. Speaker. I can't speak for previous Ministers that held this portfolio, but under my watch at this time, we have not looked at getting into that field. Thank you.

MR. SPEAKER: Thank you, Mr. Roland. Supplementary, Mr. Hawkins.

Supplementary To Question 318-15(5): Need For Territorial Pension Legislation

MR. HAWKINS: Thank you, Mr. Speaker. Mr. Speaker, would his department be willing to look into creating a discussion paper that looks at the feasibility of and the requirements of the NWT to have its own pension legislation and advise Members on the results of that? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Hawkins. Mr. Roland.

Further Return To Question 318-15(5): Need For Territorial Pension Legislation

HON. FLOYD ROLAND: Thank you, Mr. Speaker. We have had a preliminary look at it internally, but I would be prepared to sit down with the Members of this House to go through some of the information we do have to see where we go from there. Thank you.

MR. SPEAKER: Thank you, Mr. Roland. Final supplementary, Mr. Hawkins.

Supplementary To Question 318-15(5): Need For Territorial Pension Legislation

MR. HAWKINS: Thank you, Mr. Speaker. Mr. Speaker, would the Minister commit today in this House that he could present some kind of a discussion paper before the Assembly and as well as include that in the future transition document to the 16th Assembly regarding potential pension legislation? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Hawkins. Mr. Roland.

Further Return To Question 318-15(5): Need For Territorial Pension Legislation

HON. FLOYD ROLAND: Thank you, Mr. Speaker. Mr. Speaker, as I have stated, I would be prepared to sit down with Members of this House and go over the information that we have and some of the implications of potential costs, implications of that as well. From that point, we can sit down with the Members and see where we put it. I guess, right now, I am not prepared at this point to see if we can set it out in the transition document. I think we need to have some of our own discussion first to see if that is one of the priorities that we should proceed with. Thank you.

MR. SPEAKER: Thank you, Mr. Roland. Members, I have a request pursuant to section 20(1), the rules of the Legislative Assembly, from the Member of Hay River South, Mrs. Groenewegen, to rise on a point of personal privilege to explain a matter that came out in the media this morning. I will turn the floor over to Mrs. Groenewegen.

Point Of Privilege

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, last week in this House, I had questions for the Minister of Health and Social Services regarding the conditions that I observed at the Stanton Territorial Hospital obstetrics unit. This was reported in the media. I invited Mr. Roland to accompany me on a tour of the facility. He declined. I subsequently invited his deputy, who suggested that I just go and meet with the CEO personally and do a tour of the hospital with her.

Mr. Speaker, this is a Hay River issue because it is called Stanton Territorial Hospital and my obstetrics patients from Hay River have no choice but to go to that obstetrics unit to receive care to deliver their babies. I stand by every observation that I made in this House that day. I don't care if the CEO of Stanton Hospital gets on the radio and refutes everything I said. What I said is true. I have a right and a privilege to stand up in this House and raise those issues. I do not appreciate being contradicted by somebody who works there. I did take the time to constructively go and walk through that unit with her and point out the things that I observed and even offered to come back and assist with redecorating, reorganizing, do something to improve the conditions there.

Mr. Speaker, I am very sad to say that this individual took the opportunity in the media, which is playing in my community all day today on CJCD Radio, that she went and checked it out and none of the things that I said were accurate or viable. I am sorry. That is a challenge to my credibility and is a contradiction of what I stood and said in this House and I stand by every one of them. Just for the record, I would be happy to go over them again.

I will still ask the Minister, or anybody else who doesn't believe me, to come down there. I should have taken a picture when I had my camera there so I would have a record of it. I don't know what kind of standards we are operating under there. I even told the CEO. I said there were more things that I didn't feel appropriate to bring up on the floor of this House, but let me tell you, there was blood on the wall. There was a plastic bottle in the delivery room from the previous patient covered with blood when my daughter-in-law checked into that room before she ever went into that washroom. I looked at it. My daughter-in-law said, take a picture of that. I said, it is not what we are here about. We are here about a new baby. Let's just keep our cameras poised on her. Anyway, there was blood on the wall and on things left in the washroom for the next patient. There was flaking paint. There were repairs to the wall with drywall mud that had never been sanded or repainted. The curtains were hung on every second hook with half of the hem hanging down. If you weren't depressed when you went to the hospital, you would be by the time you sat there for a few days and stared at that.

As to the issue of the dead plants, I was told that they had a staff program where they allow the staff to winter their garden plants in the hospital to keep them alive until next spring when they can replant them in their garden. She says the plants are watered and they are green. They are not watered and green. They are probably full of bugs. I mean, this is a hospital. Most hospitals don't even allow live plants in a hospital, never mind ones that the staff dug out of their garden that are dirty, mouldy, buggy and sitting in a hospital. That was the one thing that I got a lot of pushback on. I'm sorry. This hospital is about the patients. It is not about the staff.

The housekeeping is substandard. I stand by the fact that the base cove is off on the bottom of the wall. You cannot clean a surface that is just a bunch of glue that there is no base cove on it. The food is substandard. I could go on and on about this, Mr. Speaker, but the point is that I stood here and raised these issues because I am concerned about conditions at that hospital. I have a right. I have an obligation to do that as an MLA, and I do not appreciate the CEO of the hospital going on the radio today and refuting everything I said. I intend to follow up with this. I will again ask the Minister, would he like to provide me with the credentials of his CEO and would he like to...

MR. SPEAKER: Thank you, Mrs. Groenewegen. I would like to remind Members to not be talking about members outside of this House that are not here to defend themselves. Thank you, Mrs. Groenewegen.

---Applause

Orders of the day. Written questions. The honourable Member for Monfwi, Mr. Lafferty.

MR. LAFFERTY: Thank you, Mr. Speaker. Mr. Speaker, I seek unanimous consent to refer back to item 5, orders of the day. Mahsi.

MR. SPEAKER: Thank you, Mr. Lafferty. The Member is seeking unanimous consent to return to item 5, recognition of visitors in the gallery. Are there any nays? There are no nays. We will return to item 5, recognition of visitors in the gallery. The honourable Member for Monfwi, Mr. Lafferty.

REVERT TO ITEM 5: RECOGNITION OF VISITORS IN THE GALLERY

MR. LAFFERTY: Mahsi, Mr. Speaker. Today, I would like to recognize Chief Lafferty of Behchoko who is among us today. Welcome. Mahsi.

---Applause

MR. SPEAKER: Thank you, Mr. Lafferty. Recognition of visitors in the gallery. Written questions. Returns to written questions. Replies to the budget address. Petitions. Reports of committees on the review of bills. Tabling of documents. The honourable Minister of Industry, Tourism and Investment, Mr. Bell.

ITEM 12: TABLING OF DOCUMENTS

Tabled Document 91-15(5): Doi T'oh Territorial Park And Canol Heritage Trail Park Management Plan, January 2007

HON. BRENDAN BELL: Thank you, Mr. Speaker. Mr. Speaker, I wish to table the following document entitled, Doi T'oh Territorial Park and Canol Heritage Trail Management Plan, January 2007. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Thank you, Mr. Bell. Tabling of documents. Notices of motion. Notices of motion for first reading of bills. First reading of bills. Second reading of bills. Before I go to the next item on the Order Paper, I would just like to remind Members that there is a short reception happening in the Great Hall. Hopefully, when we take a break, it would be a very short ceremony. The Aboriginal Headstart Council is having a launch of their evaluation booklet, 10 Years of Aboriginal Headstart in the Northwest Territories, from 1996 to 2006. Members are welcome to join them in the Great Hall for this launch.

Consideration in Committee of the Whole of bills and other matters: Bills 18, 19, 21, Committee Reports 7-15(5), 8-15(5) and 9-15(5), with Mrs. Groenewegen in the chair.

ITEM 17: CONSIDERATION IN COMMITTEE OF THE WHOLE OF BILLS AND OTHER MATTERS

CHAIRPERSON (Mrs. Groenewegen): I would like to call Committee of the Whole to order. What is the wish of the committee this afternoon? Mr. Lafferty.

MR. LAFFERTY: Mahsi, Madam Chair. Madam Chair, it is the wish of the committee to consider Bill 21, Appropriation Act 2007-08, specifically dealing with the Department of Health and Social Services. Mahsi.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Lafferty. Does committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Thank you. Then we will resume with that right after the break. Thank you.

---SHORT RECESS

CHAIRPERSON (Mrs. Groenewegen): I'd like to call Committee of the Whole back to order. We are about to

consider the main estimates of the Department of Health and Social Services. At this time, I would like to ask Minister Roland if he would please like to present the department's opening comments. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. I am pleased to present the Department of Health and Social Services' main estimates for fiscal year 2007-08.

The department is requesting just over \$277 million, an increase of approximately \$12 million, or approximately 4.3 percent, over last year. The funding will be allocated to the following main areas of activity:

- \$156 million for health services programs that include public health, chronic care clinics, inpatient and outpatient care, and physician services;
- \$69 million for community health and social programs that promote healthy lifestyles and community wellness, and services for at-risk individuals and families;
- \$28.2 million for program delivery support, including \$12 million for authority administration and \$5.9 million for specific recruitment and retention, and training initiatives system-wide;
- \$18 million for supplementary health programs; and
- \$6 million for system-wide support.

New investments will be made totalling \$2.269 million, including:

- \$1.1 million to fund enhanced rehabilitation services;
- \$510,000 for homelessness initiatives including a small communities contribution fund;
- \$360,000 for the Aboriginal Wellness Program at the four NWT hospitals;
- \$150,000 for an additional nurse practitioner; and
- \$137,000 to promote reduced use of tobacco through the First Nations and Inuit Tobacco Strategy.

The department's capital investments of \$10.1 million include:

- a consolidated clinic in Yellowknife;
- renovations to the Fort Smith Health Centre;
- technical upgrades for Stanton Territorial Hospital;
- funding for continued work on electronic health records; and
- funding for medical equipment and workspace upgrades for front-line Health and Social Services staff across the NWT.

The 2007-08 budget for Health and Social Services follows the direction outlined in the department's updated strategic and action plans. We are proposing to focus our resources to improve:

- services to people;

- support to staff and trustees;
- system-wide management and accountability; and
- development of the integrated service delivery model.

We are continuing to invest in mental health and addictions services. To date, 77 positions have been core funded to deliver these services. We will continue to work with health authorities, Members of this House, community agencies and aboriginal governments to address the need for mental health and addictions services in our communities.

That concludes my opening remarks. I would be pleased to answer any questions Members may have. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. At this time, I'll call on the chair of the Social Programs committee, Ms. Lee, if she would bring the committee's overview of the main estimates for Health and Social Services. Ms. Lee.

Department Of Health And Social Services

Introduction

MS. LEE: Thank you, Madam Chair. Madam Chair, the committee met with the Minister and his officials on Thursday, September 21, 2006, to review the draft business plan of the Department of Health and Social Services.

Members considered the draft main estimates, including the changes to the budget of the Department of Health and Social Services since the committee reviewed the business plan in September, on January 16, 2007.

Committee members made note that the department is proposing to spend \$277.395 million in operations expense and \$10.109 million on capital projects in fiscal year 2007-2008.

Committee members offer the following comments on issues arising out of the review of the 2007-2008 budget planning cycle.

Non-Governmental Organization Funding

The committee was pleased that the department has provided extra funding for forced growth for some of the first tier non-governmental organizations that provide programs and services to NWT residents. While Members are sure that each affected NGO will be pleased they are receiving additional funding, it is not clear whether the funding will be adequate to meet the actual forced growth costs being experienced by the NGO.

It is the hope of Members that the examination of NGO forced growth requirements would become part of the annual business planning exercise for the department.

Another aspect of our relationship with NGOs is that most operate under short-term, one-year agreements. Many of these are renewed, but only through annual, exhaustive renegotiations and full-blown audits that sap the energy of NGO volunteers and bureaucrats alike, and chew up scarce administrative dollars.

Members and committees have long advocated multi-year contracts where continuous services delivered by NGOs with good track records are the norm. Ministers have assured us that FAA rules do allow it. It is time the government direct its staff to proactively seek out these opportunities and act on them.

At this time, Madam Chair, I'd like to ask the Member for Monfwi to continue with the report. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. Mr. Lafferty.

Homelessness Funding

MR. LAFFERTY: Mahsi, Madam Chair. Madam Chair, the government has finally incorporated the funding that it has been providing to address short-term winter homelessness into the base for the department. This allows the department to provide funding to the SideDoor Youth Centre in Yellowknife and the Turning Point Shelter in Inuvik to deal with the homeless during the coldest months of the year. It also provides funding through the homeless contribution program to help communities with homeless programs, and the homeless travel assistance fund, which will pay for a person to return to a community where they have supports that include a place to stay.

There is also an additional \$200,000 included in the base funding that was not present in previous supplementary funding. The initial approach of the department was to allocate this fund to do community needs assessments in 2007-2008 and roll out the funding to the communities in subsequent years. The committee is pleased to have been able to work with the department and reach an agreement to put the funds toward the contribution funding allocation for community programs so that communities would be able to access the funding for the programs that meet their needs. We would like to thank the Minister and the department for working with the committee on this funding allocation.

Dementia Facility And Other Territorial Long-Term Care Facilities

Members continue to support the building of a dedicated territorial dementia facility in Yellowknife.

---Applause

The committee believes it is important to keep patients in long-term care as close as possible to their families for as long as possible. The recent and ongoing renovations to long-term care facilities will accomplish this.

However, it is clear to Members that there is a need for a territorial facility that can accommodate high-need dementia patients who can no longer be safely cared for in a regional long-term care facility.

The department is encouraged to continue working with the Yellowknife Association of Concerned Citizens for Seniors in developing a reasonable facility that can meet the needs of northerners.

Madam Chair, at this time, I'd like to turn it over to my colleague Calvin Pokiak to conclude this statement. Mahsi.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Lafferty. Mr. Pokiak.

Dietary Needs Of Northern Residents

MR. POKIAK: Thank you, Madam Chair. There is the potential that the declining caribou herds will have an impact on the ability of residents in some communities to eat a healthy diet. In isolated communities, it may be too expensive for residents to replace caribou with store-bought meat, and the availability of other country food may be limited or foods not readily adapted to the local diet or culture. The committee believes there is a clear need for the government to develop contingency plans.

The department has agreed to provide the committee with a draft summary of options in the near future.

The committee will continue tracking this issue and will discuss the impact that potential conservation efforts will have on community health. This issue will also be mentioned in the transition document to the next Assembly.

Revitalization Of Social Worker Profession In The NWT

During discussions on the business plan, Members expressed concern about the state of the social work profession in the NWT. It was acknowledged the Northwest Territories is well served by members of the profession, however, many of these professionals, particularly at the community level, are nearing well-deserved retirement. The problem is there is reluctance on the part of northern students to consider social work as a profession. In some years, Aurora College has been unable to deliver the social worker diploma program because of a lack of interest. The committee notes that the Social Work Program will be delivered at the Yellowknife Campus this year.

The department's response indicates that it is willing to work with the other departments that employ social workers and the Department of Human Resources to come up with a strategy to meet the needs of the social worker profession.

The committee notes that there is important ongoing work relating to the on-the-job safety of social workers, a review of the Social Work Program at Aurora College and, in conjunction with the Association of Social Workers in Northern Canada, the development of a legislative proposal and the regulation of the social worker profession in the NWT.

The committee looks forward to the results of these important initiatives and progress on the development of an interdepartmental working group.

Madam Chair, Members strongly encourage the department to be aggressive in staffing these positions. Recent media reports seem to indicate that audiologists are in high demand and that the NWT's pay scale may no longer be realistic or a sufficient incentive to attract experienced and qualified candidates. The department, within the context of the Collective Agreement, will have to look for solutions to this dilemma.

Once the teams are in place, it is expected that wait times for rehabilitation services should be dramatically reduced and that services to children in the school system will improve. It is extremely important that the rehabilitation

teams establish a close working relationship with schools, educators and child psychologists.

The one area of concern for the committee was the workload that the Yellowknife-based team would have in meeting the needs of the residents of the Tlicho, Sahtu and Deh Cho regions. Some members of the committee believe there should be regularly scheduled visits to each community within these regions, while others would prefer the workload to determine the service patterns. The department is encouraged to monitor the workload of all the rehabilitation teams to ensure there is a proper distribution of resources and that extra help is provided to those teams that require it.

That concludes our comments, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Pokiak. At this time, I would like to ask the Minister if he would like to bring witnesses into the Chamber. Mr. Roland.

HON. FLOYD ROLAND: Yes, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Is committee agreed?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Agreed, thank you. Sergeant-at-Arms, if you could please escort the witnesses to the table.

Minister Roland, for the record, could you please introduce your witnesses.

HON. FLOYD ROLAND: Thank you, Madam Chair. I have with me, on my left, the deputy minister of the Department of Health and Social Services, Mr. Chuck Parker; and to my right I have the director of finance services, Mr. Derek Elkin.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Minister Roland. I'll open the floor now for general comments. Any general comments? Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. I'd like to thank the Minister and staff for being here with us this afternoon. In terms of general comments, I will try to keep them fairly general. I know the issue of health care and the provision of health services in the Northwest Territories is an issue that is brought to the floor of this House almost daily when we are in session, and I think the importance can't be underestimated. I know we are going to be spending a substantial amount of dollars, millions of dollars at Stanton in terms of renovations. We're looking at a consolidated clinic here in Yellowknife. Earlier today I again brought up the dementia care facility, which I think, as the Minister heard me mention earlier, is a much, much needed piece of infrastructure in our health system that is long overdue and urgently required.

Back in October, a lot of the issues in health, for myself, came from staffing in those areas. The concerns were in the areas of morale, working conditions, staffing levels. I guess I'll just start off with asking the Minister, from October, and I know he's still relatively new in the role as the Minister of Health and Social Services, what has he done since October to try to address the concerns that staff had brought forward late last year? Mahsi.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. Madam Chair, what we've initiated within the Department of Health and Social Services, along with working with the Standing Committee on Social Programs, is a survey that would deal with employees, the concerns being raised there, in a manner that would be confidential. We feel that again using Human Resources as well will go through a process where we can address the concerns being raised, on top of the normal process we have with just system-wide planning when it comes to our staffing levels. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. I guess following up on that question, the survey that is being conducted with the staff at Stanton, how will that be rolled out? Will the Standing Committee on Social Programs be privy to the information garnered from that survey, or will the department take it and decipher the information and then give something else to the standing committee? I just want the Standing Committee on Social Programs to get the real goods from the survey that is being conducted and I just want to know that that will happen. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. Madam Chair, we are going to continue to work with the Standing Committee on Social Programs through the process. Once we have got the results, we will be prepared to sit down to go over those results. The first phase of it is done by the Stats Bureau, and then there's a second phase that we are operating through an independent source to do that piece of it. As well, the draft set of questions, or the survey itself, we had shared with standing committee. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. One of the other issues I've brought up in the House previously is the issue of the privatization of certain services at that hospital. That happened a number of years ago; obviously, over the course of a few years. I'm talking about the privatization of the janitorial, the laundry and the kitchen, the food services there at Stanton. For me, it's really hard to put a price or to try to go the least expensive route when you're talking about the cleanliness of a hospital where care for the individual that's in the hospital and their family should be paramount, number one. I think if it's not that way, it's only a matter of time before we're faced with some type of outbreak or serious disease or something that's going to affect a number of people. I think the cleanliness should be, and continue to be, a top priority of the government.

Now, I certainly am in favour of privatization where it makes sense, but, believe me, I said this before and I will say this again today, I think the root cause of many of the difficulties at Stanton has been the privatization of those three major functions. I don't know how we, as a government, go back and reconstruct that so we repatriate those services back. I think we can't underestimate. I

know people are out there trying to do the best they can to make a living, but if you are being paid a wage where you can't live, you have to have two or three jobs, all of a sudden that job does not become your number one priority. You have other priorities. I think we need certainly dedicated staff. There is a huge amount of turnover in all of those areas of that operation. There is no continuity. Also, there are language barriers too. I think that has to come into the equation as well. Some of the staff there don't have a very big command of the English language. There are language barriers. I think, as a government, we really have to examine that. What does it cost the government to have these contracts, to let these contracts? What does it cost to repatriate the services? Again, I am a fan of privatization where it matters and where it can make a difference, but in the area of health care, it is really hard to put a price tag on the health and well-being of our people. I think that is what the government in the past has done in an effort to cut corners, in an effort to save money, these services are privatized. In my estimation, repatriation would be the best thing that the government could do. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. The issue of the services that are privatized in the Stanton facility, we have that as well in a number of our other facilities across the North that services have been privatized. The first initiative started back in 1994 as the government overall was facing a very serious shortage of revenues. The second phase kicked in at Stanton in 2001. Since then, one contractor, I think in 2003, has had both or all three of the services that are provided. Recently, it was re-let in November of 2006 and, at that point, we raised the issues of how the contractor was being provided, the services being provided, and had set up a process of ensuring that they are meeting the targets of that facility. Of course, in the health care field, we are concerned, as is every other jurisdiction, about the outbreaks that would happen within our own health care facilities. Thankfully, at this point, we are still the lowest or among one of the lower ones amongst other jurisdictions when you talk about the types of outbreaks that can happen. It doesn't stop us from being more vigilant. That is why we identified a process of monitoring how the contracts are being fulfilled. If the request is being made that we re-look at how these services are provided, that is something that we can undertake to do. We, of course, know that when you do a repatriation back into the government, there is going to be an additional cost of doing that. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. I would like to thank the Minister for that. I guess through our standing committee process, we could raise the issue with the standing committee in an attempt to at least get the numbers out there and see what we are dealing with in terms of what it would cost in addition to repatriate those services. I am not sure exactly how long the contract that was let in November of last year is for, so you would obviously have to work around that as well. I just wanted to thank the Minister for his open mind on that, Madam Chair, and for the work that he and his staff have done to date. It has been much appreciated. Mahsi.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. General comments. Next I have Mr. Pokiak.

MR. POKIAK: Thank you, Madam Chair. I just have a few quick remarks in regard to the opening remarks by the Minister. It is good to see that there is more funding in regard to recruitment and retention of nurses and also, hopefully down the road, social workers. In Ulukhaktok, they are having a hard time to recruit a social worker. I think the department that we have should start looking at it.

The other comment, Madam Chair, is in regard to the homelessness. It is good to see that there is money for homelessness. Again, it is a broader picture where somewhere down the road we have to get this problem addressed in terms of not only in my riding but across the territory. This is becoming a problem. I think the department should work with the Minister of the Housing Corporation and ECE to really address this problem down the road.

The last comment I would like to make and maybe have a question for the Minister is with regard to the services for people. Back home in the smaller communities, we do have eye doctors, dental clinics and doctors that come down to the smaller communities outside of larger centres. One of the problems that they are encountering is that they are only there for two or three days. With the amount of clients that they have to see, they work 12 to 14 hour days and it doesn't give them enough time to actually go through the whole list of people that have to come down to see these people. Will the Minister direct the regional hospitals in terms of trying to find ways to address this problem regarding the amount of time these people will go to the small communities for medical reasons? Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Pokiak. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. The recruitment and retention issue is something that, yes, we have focussed on and will continue to focus on ensuring that we have the staffing levels up in all of our communities and facilities.

On the issue of homelessness, once the budget is approved, we will be prepared to go out with an RFP process to request submissions in that area. The area of delivery of services, working with departments, we are doing that through what is similar to the Social Programs committee side. We have a social envelope Ministers get-together on these initiatives to ensure that we are working together around that homelessness as well as a number of other areas. Doctor visits in the communities is something that we have heard about and need to look at on how we would provide services when doctors and other specialists go into communities. It is something we are looking at from within the department and working with health authorities on. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Pokiak.

MR. POKIAK: Thank you, Mr. Chair.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Pokiak. Next on the list, I have Mr. Miltenberger.

MR. MILTENBERGER: Thank you, Mr. Chair. I would first like to acknowledge the Health and Social Services budget is a particularly well put together piece of work, and I would like to commend all of the staff. They have done all the work necessary. I would also like to welcome the new director of finance to the table in this capacity for the first time.

I just have a couple of quick comments. The one comment is more in line with the Minister's other hat as Minister of Finance, but directly related to the issue of macroeconomic policy and the need, as I laid out in my reply to the budget address, to look at the expenditure side of our operation which means, in this capacity of course, that we spend over 60 cents of every dollar in the social envelope and 25 percent of every dollar goes to health and social services. We know that the majority of the ills that are caused are caused by some very basic issues of alcohol abuse, drug abuse, diet, exercise and smoking, and the need to stay focussed on the good work that is underway on the prevention side or else the Minister will never have enough money as the Finance Minister to continue to meet the needs of the people. That is one broad concern.

I know that we had targets where we want to spend at least 1 percent on prevention or move up to 1 percent, but I think that is going to have to be targeted for seriously across the government in terms of trying to control our costs as we found out with the butthead campaign. A good education campaign can work, especially when it is targeted to those that have a tremendous influence in our society, which is the young people who will buy into the need for what we are talking about and convince their parents as opposed to the other way around. The children have a tremendous influence on the behaviour of their parents. So that is the one caution that I want to encourage, but I guess is to just keep focussed. We have to provide on the future side all of the services we do and fixing the ills and the social problems, but our salvation will be in finally turning around some of the health indicators that we now know plague us in the North that are caused by personal choice. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Miltenberger. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chair. Mr. Chair, as the Member stated, as a government, we do have to look at the way we spend our dollars. We can quickly spend a lot of money and the millions on a daily basis and seemingly are unable to show where that money goes, because the system as large as it is and the demands for services are never being fully met in the eyes of many of the people we deal with. So it is something we do have to look at: how we spend those dollars, where we spend those dollars and are the programs we have in place today still relevant when we look at the initial drawdown of authority from the federal government. So it is something that we not only have to do within Health and Social Services, but government-wide at some point.

The issue of prevention is, of course, something that, as a government, when you look at the bulk of our expenditures, are in the acute care side or dealing with the aftermath of illness and accidents and self-inflicted wounds in some cases. It is something that we do have to look at. Although, when there is a need to provide a service, we are still going to have to meet that. As the Member stated, the prevention side of things, we are

targeting 1 percent of our expenditures to go towards prevention. The action plan that was put forward last fall is the majority of that action plan is dealing with health promotion and prevention. Thank you, Mr. Chair.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Okay. We will now move to our next speaker on general comments. Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Chair. I have quite a number of issues that I want to touch on, not the least of which is something that I forgot to mention in the House earlier today. Mr. Ramsay raised the issue of the privatization of the three contracts at Stanton Territorial Hospital. I think the Minister by now has figured out that I am not too overly impressed with the services that are being delivered there. You hear from patients who are having...you talk about healthy food. Check this out and verify if this is true or not, but patients being served hotdogs and french fries under those covers that they deliver to the rooms, these are the kinds of things you hear. It doesn't sound too nutritious to me. I can't imagine if McDonald's can hardly keep the french fries hot, I don't know how you can get them from the cafeteria to a room and still have them taste edible for human consumption.

I think the Minister has the general idea. I appreciate his response that he will look at those privatized contracts at the hospital that deal with the issue of laundry services, cleanliness, housekeeping and food services. I think Stanton is obviously a beautiful facility. I remember the price tag on it not that many years ago. I see in the capital budget there is another \$27 million slated to go in there. I don't think that there is a lot deficient about the actual facility itself, but what goes on inside it perhaps needs to be looked at. I want to be clear. I am speaking very specifically to those three areas. I am not talking about the issue of the care delivered by the front-line workers in terms of the health care professionals.

Mr. Chair, also noting Mr. Miltenberger's support for this particular budget for Health and Social Services and how well it was put together, I see that the Fort Smith Health Centre is right in there for...Hay River and Fort Smith were kind of on par at one time in terms of the timing for major renovations. I know there has been some discussion recently about whether or not Hay River would undergo a renovation or a replacement, so I want to ask the Minister when he gets the floor again to tell me if that discussion about which is the most appropriate route to go is what might have stood the Hay River facility back because the Minister recently kindly agreed to come to Hay River and had a tour of the facility. You could see that it is getting in pretty dire need of something, particularly in the old end of the hospital. The floors are sloping. There are some real function issues in there as well with the ambulance bay where it is and how far you have to go to get to the room where patients are assessed. They have to basically wheel half the length of the hospital past the waiting room and everything else. So there are some real functional issues with that hospital in Hay River and I think there are some ways that we could address them. I would just like to be informed on the timing. It wasn't that long ago that I thought that Fort Smith and Hay River were kind of on par in terms of timing, but it looks like Hay River has been pushed back a fair way.

When the Minister was in Hay River too, he saw some of the challenges that are there, say for example, in the outpatients' area. In health today, we put a lot of emphasis on the privacy of patients and their right to privacy, their records and things like that. The Minister saw firsthand in Hay River that, in fact, if you come in for an assessment as an outpatient in Hay River, there was a thin curtain separating you from the person in the next room where the patients are being assessed. In fact, you are privy to the entire conversation of what is wrong with the person in the next room, not room, just in the next little bay to where you are. I think that is a concern. It is a small town. Everybody knows everybody, but I know when I have gone there before, I don't really feel like discussing my medical issues with the whole town. That is something that I think needs to be addressed sooner than later. I don't think that can wait for hospital renovations.

The report on ambulance services is now out. Again, it is something that needs to be addressed in a fairly timely manner. We have been carrying on under the present system for quite some time now. I know the government needed time to work together with Health, MACA and Transportation to assess that, but all the while, the trucks and the vehicles are roaring up and down the roads. There are liability issues and there are concerns over these emergency response services being provided by a municipality through a volunteer organization and what would happen hypothetically, I guess, if there was ever an incident, litigation or some question about services that people had received. We need somebody to backstop us, I guess, as a community if those folks that are out there doing that are going to continue. Again, I think something very pressing, very urgent is the issue of the ambulance services report needs to be responded to and appropriate contracts and protocols put in place to deal with that.

The other thing I was going to mention is the issue of the physicians being on contract all working now. I don't believe there are any fee-for-service positions in the Northwest Territories anymore. Physicians are on contract. They work for the Government of the Northwest Territories. I made an interesting phone call the other day. I called the Great Slave Medical Clinic here in Yellowknife to make an appointment. The response that I got was we aren't taking any new patients. In a private clinic, I can see somebody saying that, but to say that in a clinic that is publicly funded and doctors work for the government, that is a bit of a strange response: we aren't taking any new patients. How do you know how often your patients are going to want an appointment with a doctor? Maybe they only go see the physician once a year or maybe once a month. Maybe they have chronic illnesses. I don't know, but I can see saying we don't have an opening available for three weeks or we will put you on a waiting list. When something comes available, we will give you an appointment. But to say we are not taking any new patients, and they are on our payroll, I have some questions and concerns about that. Those are our facilities. Those physicians are being paid by us, and I think that everybody is entitled to some kind of access. I don't think you have to have some status as a patient to...I mean I think we should all be eligible for service under that. I don't know if any other people in Yellowknife have had that situation. I've never had that response in Hay River, but I did get it here in Yellowknife the other day. So I'd like to ask the Minister about that.

Just one last thing that when we talk about barrier-free access to buildings and all the legislation and requirements over public buildings and people being able to get into them with wheelchairs, one of the strange anomalies in Hay River is the fact that there is no barrier-free wheelchair access to our medical clinic. There's just concrete steps and that's it. That money has never been spent. I know there has been talk about the medical clinic perhaps being incorporated in a new facility at some point in time and maybe they haven't wanted to invest the money, but for whatever it costs I think it would be extremely important to get a ramp, even if it's removable. It could be recycled and relocated someplace else in the future. To get something there so that people when they are accessing the medical clinic in Hay River could not be in a situation where a wheelchair could not get in that building whatsoever. Especially, I mean, it's bad enough in any building, but especially in a health care facility it's particularly difficult and unacceptable, I guess. I don't know what the status is of any capital to address that, but I think it needs to be dealt with.

I'm curious about the capital planning and certainly I think Hay River is due for either a renovation or a replacement of that facility. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mrs. Groenewegen. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, a number of issues raised by the Member and we are continuing to work on a lot of them. But specifically, for example, the food side of the thing, there was a ministerial directive issued last spring on healthy food being served in that facility and that's continuing to guide what type of foods are served in our facilities. As well, on the ambulance report, the report has been looked at. We've worked with Municipal and Community Affairs. We have now sent that back out to stakeholders, as well as to the Standing Committee on Social Programs, and we are putting in for the first phase of that initially to try to come up with some enhancement. It is recognized that throughout the territory we are all over the map, whereas we have municipalities providing the service, we have some health boards issuing contracts, so it is something that needs to be addressed. We have recognized that. It's a matter of what level of enhancement we can come forward or get approval on. So that is continuing to happen.

On the physician billing side of things, that has been an issue that has been raised from time to time on the level of service being provided now under our current system. We do in fact have three physicians who are still under the fee-for-service heading, is the way it used to be done. Not just on salary. That's something that as we go into any contract renegotiations with our physicians is something that could be raised at that point.

On the matter of clinics, that has been an issue. The message of not taking any more people into different clinics is something that is of concern in the sense that does the department have to look at that. We're working with the authority. In fact, I believe there has now been a one-phone-line contact system for anybody who requires services that they would contact the appropriate central line and then they would be directed to which facility or clinic had openings. So it's not a matter of absolutely no, it's now trying to better coordinate how people can seek

those services or when they need to get into a clinic. That is something that is in place now.

Further to that, as you pointed out, in the capital plan the consolidated clinics process is going to be put forward and dealt with starting with this budget cycle that we're in to try and coordinate that and provide an improved service level.

As well, the issue of the Hay River facility itself, a number of factors came in there and, yes, I did tour that facility and saw that it is a well-maintained facility, but it is an older facility for sure and it is showing its signs of age. With that, we're going to look at providing some interim funding for a number of the initiatives that Mrs. Groenewegen has raised and trying to work with the health authority there on a particular number of initiatives that we feel need to be addressed before we can get to the construction of a new or renovated facility. On the facility itself, the discussion initially, most facilities we look at start off as a renovation and we work with the health authorities on coming up with an agreement on a master plan or that fits within the integrated services delivery model that we've adopted for the territory. Once we have agreement on that, then we are prepared to move ahead. Initially there was planning dollars in '06-07. There are still some dollars available that we're willing to proceed with some more planning, but we need to get agreement now with the health authority on, for example, bed count and those areas. Once we have that, we would then go through the next phase. It would still be designated as renovation, but once we have agreement on the facility, the bed count, the types of programs and delivery that would happen within that facility, then we would go out and the question would be asked can we do this within the existing facility. Is renovation an appropriate avenue or should we in fact upgrade to a replacement of that facility? Those would be the next stages we have, and the next cycle we have is the '09-10 business planning year that we have the next planning money going forward and that's where that discussion would happen; renovation or new. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Next on the list I have Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. There is obviously a lot of issues that come under the department, but I don't think I can mention all of them. I do want to highlight a couple of things for now. The first one has to do with home care and the need we have to look at enhancing that program or setting up a new program. I think in the South or in other jurisdictions they have some type of assisted living programs.

Mr. Chairman, there are a lot of people in our communities who are in need of some additional support to have their day-to-day living without having to rely on more expensive services like the hospital or institutionalized care, but people who could be self-sufficient in their communities in their own homes, if they could get some help. I'm sure that this type of service would be not only beneficial for a city like Yellowknife, but would be even more beneficial for many communities without the level of care that we have in Yellowknife.

Mr. Chairman, the previous Minister agreed to the Home Care Program or expanded the Home Care Program and also instituted a pilot program on respite care. All those are very useful and really maxed out in their uses, but

those are very limited. For home care, for example, a lot of them are nurses and they take care of patients who have been discharged from the hospital who need some care. But there are people like elders with dementia, or I have a constituent who is virtually blind and she lives in her own apartment and she does what she can to live day-to-day life, but obviously there are lots of things she can't do. She's on income support and she mostly relies on the Council for Disabled Persons or volunteers to do things like shop for her. She uses the van that's available for people with disabilities for transportation, but she needs help to get around, and volunteer services are not reliable for somebody who has a condition that is chronic, for something that's not going to go away. We don't have a private assisted living care here either where people with means could access. I know that we have limited resources and we can't always add on programs after programs after programs, but I think this is the kind of situation where we could look at the...It could be used to offset the cost of hospital care or institutional care or professional care that would often cost a lot more. I would like to encourage the Minister to take a look at what is possible to do some type of assisted living program.

The second thing that I want to spend time talking about are the many issues surrounding the nursing profession. I know and I am pleased with the progress we're making in terms of the human resource review going on at the Stanton Hospital; that review. But that review is more general, because I think we intentionally did not want to focus on one profession or one area of practice or in one institutional setting where everything might become more pointed at a group of people. I didn't want to do that. Obviously there are lots of other...I mean, anyway, the human resource review was for the entire facility to give every employee a chance to put their opinion about what kind of things could be done better or what their concerns might be, because we did get input or we were getting calls from people in different sections of that hospital. So that work is progressing and we'll continue to work on that. But I want to focus on the nursing profession in general because, over the last number of months, I have been getting calls from every level of nursing profession, whether they be nursing students graduating from the Nursing Program, or the new graduates that are working at the hospital, or nurses that have been in the practice for a very, very long time. I don't know exactly what the issues are, but I do know that the Nursing Program at Aurora College is sort of the hallmark, the flagship of this government. Often whenever we talk about the measures that we are taking to address the nursing shortage and the difficulty in recruiting and retaining our nursing professions, our previous Minister made a point of pointing to this program as one that would give us hope. But I have to tell you that the calls we're getting and the complaints we're getting about the nursing profession is totally unabating and I don't know where the issues are.

The Minister is aware, and I was invited to attend the reception at the hospital to show appreciation to the nursing grads in my capacity as chair of the committee, and I think I was struck by how many people were involved in assisting this nursing assistance. I came to think that maybe there are too many people involved. There were people from ECE, there were other people from the department, there were people from the hospital, there were people from the Yellowknife health board, and on and on and on it goes. I tell you, the nursing grads have lots of concerns about whether they will be able to

work in the profession. The new grads that are working, the first year, second year nurses, they're telling me they feel like they're not being supported for the work that they've done. They've been told for years that they're wanted and they're valued and there'll be jobs for them, and then within a year or two they go in there and they get...and mentors. I mean mentors are under pressure too and we are trying to help the mentors to do their job of mentoring the young. But they're exhausted so we get complaints from them. I just had coffee with a new nurse who feels like the entire establishment is trying to get her out of the field. She was asked which section of the hospital she would be interested in working on. She named three places and she was put in a completely different place. Then another person who asked for the position that this person got, the other person didn't get it. Then we know -- I think the Minister may have facts on this -- we know that there's not enough openings at the hospital to fill all the grads we have. I'm saying I understand that we can't always do, I mean, you know, you get out of school, you can't always guarantee where you're going to work, but my question is, is the hospital doing enough to prepare? You could do the hiring of those positions on a one or two or three-year term in anticipation for new grads coming in. Now, I know that the Minister will say, well, with the new grads we may not be able to put everybody in the hospital, but they could get a job in communities. But if that is the case, then the Minister may want to step in to say, okay, maybe we should have a rotational program. You know? Like, the nurses have to be part of this whole human resource structure. Maybe the Minister should come up with a plan where for the nursing grads they'll have a year or whatever at the hospital so that they can get the experience in the hospital setting and then they may have to, they may be required and maybe there's incentive to work in communities for a year or something and we could have rotating nurses. I'm not in the field; I don't know what it is. I am sure that everybody involved is working as hard as possible to make this happen, but I'm telling you the issues surrounding the nursing profession is just unending. I'm not sure if the human resource review that we're doing in a broader term is going to be able to address the issues that these nurses are bringing up. I don't know if we should just assign one person whose job it is just to make sure that...It's just that nurses feel like what they have to say and their concerns and where they want to practice and what they need to enter into their business market and to get the training they need so that they feel comfortable working as a nurse, none of that seems to be being answered to. So I need to say that to the Minister for the benefit of these people and I'd be interested in hearing what he has to offer. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, the Member has raised a lot of areas and I'll try to touch on the majority of them. Hopefully I can get all of them, but at least the more critical ones.

The issue of home care is something the department has seen as being an important piece of how we deliver the program in the Northwest Territories. We know that it is much more efficient, if that's the proper terminology to use, in dealing with people in their own homes instead of having people in facilities, institutional setting-type facilities. So that's something that we have enhanced and

will continue to work to try to enhance. We have a number of initiatives that we're working on right now to try to do that.

The area of the nursing profession is one that can be quite complicated. In a sense, I guess it's a good problem to have. On the one piece of it, when we talk about our nursing college or program for Aurora College, the fact that it is so successful that we have ultimately filled the majority of positions within the territorial facility and that, in part, becomes part of the problem. As we have nurses now come and work in our facility for a number of years, even those coming from smaller communities, they set up, their families are with them to a large degree, and they start to work in this environment and then when they're done they make a selection of where they want to go. The majority of them select the larger facility. It is something that I guess in a sense we recognize, and what we're trying to do now through, for example, the meeting when we met with the nursing grad program participants about what we can offer, and some of the additional steps that could be taken. For example, we are now working through our CHN program, that's the community health nurse program or development program where a graduate coming out of the Nursing Program with Aurora College can then go into the further area of training, that we can then take them and move them into the smaller communities where we're feeling a lot of our pressure. That becomes an area that we do need to put more focus on. In fact, in our discussions, they're informing a number of the graduates or potential graduates that if they were to go to a smaller centre that their rate of re-employment is in fact double by going to a smaller community. So that's an incentive on its own.

The Placement Program, in a sense, it's guaranteed. People who are going through our facilities, in the Nursing Program, in the Social Work Program, the Teacher Education Program, that we would get them jobs. Part of the issue is where they want those jobs and the specific field they want to go into. Because we are a smaller jurisdiction and our facility here, we've only got a number of placements. So we ask them to pick three priority areas and try to work with them in that area. At times we're unable to meet even one of their three priorities. It is something we still have to work on with our facilities and our authorities to ensure that as we know we're going to have graduate nurses in specific areas, to let the authorities know that their names will be there and that they will be participating in our Placement Program. That's something that I think we'll have to do some work on improving, but it's something that, again, as the Member said, is, in a sense, our flagship of what we can do in the North. At one point we were competing with the nursing graduates out of southern facilities, so we're starting to get our own now and put them in our facilities. That's one thing for sure that we can say is going in the right direction.

Then the enhancement of the community health nurse program is the next stage we're working on. In the whole area with the nursing profession, the graduate program, it is something that we continue to work with. We've been back and forth on a number of occasions through the department itself, with HR, with our unions and how we set up our program to work with nurses. There is still some work to be done in that field. It is a challenging area. We do still suffer from some shortages and a sense of our use of agency nurses, which is part of our program

to curtail that, but we have to ensure we have enough nurses in place to keep all of our facilities open across the Territories.

I hope that's the majority of area we need to...We're working on and issues that have been raised by the Member. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Next on the list I have Mr. Yakeleya. General comments.

MR. YAKELEYA: Thank you, Mr. Chairman. I want to say a few things to the Minister and there are some specific things in the detail that I'll talk more specifically about. I just wanted to give the Minister a heads up on some of the stuff that's bothering me and the people in the Sahtu region as the Minister of Health of Social Services.

One of the things that we want to look at is you had some discussions around the wait time reductions. I think it's only given for the hospital here. We would like to look at how it's affecting the people in the region in terms of the medevac flights, the hospital services in our smaller centres. Sometimes the wait times are quite long. Sometimes it's pretty deadly. I'll talk more about the specifics in terms of the wait times. I know you geared it to Stanton. I come from a small community. When I come into Yellowknife and I make appointments with the clinics here, Mr. Chairman, or the hospital, you guys have some pretty good services here compared to our community. I must say, Yellowknife has some pretty good services. There are lots of programs, lots of services, lots of agencies, lots of doctors and nurses in this town, in this city. You guys have it pretty good in the hospital.

I'm looking at my region and I have no qualms about spending money on regional hospitals or...We have to bring the standards and level of care up in other communities. It's a priority. That's where I question, sometimes, the Minister in terms of capital investments or expenditures. I know the Minister is working hard with the rest of the other boards and agencies who are competing for dollars. There is a level of standard that we certainly expect in the Sahtu region that certainly people in Yellowknife, Hay River, Inuvik or Fort Smith expect. We are no different. It's just that we don't have the all-weather road, or we don't have other services that they have. The population is different. You serve a large population.

For us, we look at things like why do we suffer in some of these areas such as medical care, in terms of the medical care in our communities? I know that it's been improved, through the dentists, through the doctors, the issues there with the doctors, the locum doctors coming in, the agency nurses that are coming in. We are working on improving our permanent nurses in our communities. It's a real challenge for us, Mr. Minister. I know our board and our staff are working really hard to retain and to keep them in there. Certainly we need support from the larger centres to succeed at this area.

I know the Minister's hands are pretty well tied on how to increase the benefits to our nurses that we want to keep in terms of giving them some type of incentive benefits. We talked about the Housing Program that doesn't seem to be going anywhere because of other complicated issues that tags along with that. We're trying to be very creative in terms of how do we keep some good nurses there. There are some good agency nurses that come into our

communities. They are employed by the agency. I am happy to hear the Minister say that these agencies nurses are going to be curtailed and later on we will have northern nurses that will come and hopefully fill these positions. I know that's another challenge for the department. There are some good nurses coming out of that program. I have some other specific questions to that later on.

I'd like to ask the Minister about his plans for a long-term care facility in the Sahtu region. I see it in the other communities, in other regions. It's a huge cost to the department. I think we're one of the only regions that doesn't have a long-term care facility where we send our elders. We send them either to Fort Simpson or to the Aven Manor here in Yellowknife. That's something that I will continue to pursue with the department in terms of having a long-term care facility in our region.

The other one is that, I was quite taken aback and maybe I could get an explanation from the Minister on his opening statements on a consolidated clinic in Yellowknife may be a cost-saving factor in the long run. I'm not too sure how that works but I'd like to see...I guess I want to hear his reasons to have this consolidated clinic in Yellowknife, because I would like to see a regional health facility in our region. We have five health centres; they're deemed as a health centre. There's no real facility that puts us all together, almost like a mini hospital, but I don't know if we really want to call it that. I'm scared to use different terms because you're going to say, well, this is what he's saying. In Fort Simpson they have one, Inuvik has one, Fort Smith has one, the town of Hay River has one. We don't have one in our region. That's why I asked the level of standards of services. We still have to fly our people out. You know flying is...Sometimes the weather is not too good. This adds extra stress to our people when you do medevacs or flying them out. These communities can go to these health centres. For some of these services, we have to fly them out to Yellowknife or to Inuvik. I'm questioning that. Again, the Minister might provide me some really good answers, and I might not accept them. I want to say them for my people, because that's what we're faced with. If you want to go out to a dentist, we have to fly them out. Not like Smith or Hay River, they go to the dentist, they have offices here. They don't jump on a plane. We do as the people in the Sahtu region. Elderly care. They get seen by the nurse and if the nurse can't figure out what's going on, they make a phone call to Yellowknife. So, totally different services we have. That's what I'm saying. In Yellowknife and other larger centres you're very lucky to have these types of services. It's the regions that I'm really asking for, in my community.

The issue of homelessness, I hope that the Minister will somehow look at the issue of homelessness in our region. It may not fit the criteria as we've been hearing around these centres, and homelessness. The homelessness that I speak of is on an emergency basis for our young people that sometimes run around in the evenings and the weekends because of family issues that happen in their homes. There is no real safe home. I'm not too sure if there's any designation or any type of emergency safe home that you can give to people in our community that would take care of some of these children.

I'd like to ask the Minister later on about the initiative of having the rehab teams coming to our region. Services out of Yellowknife that are coming to our region, I haven't

really seen a schedule on when they're coming in or how they're being worked out and how long they'll be in each of my communities of the Sahtu. When will that program begin? I just wanted those specifics.

Mr. Chairman, the last comment I have for the Minister in terms of health care is looking at the issue of alcohol and drug programs in our communities. I congratulate the Minister and his staff for the patience and determination to stay the course and to let the parties be, giving them the confidence that they can come together on this Nats'ejee K'eh healing centre drug and alcohol treatment program. I still think that the most effective programs that we are missing right now in the Northwest Territories is a comprehensive family program, a drug and alcohol program. We're still missing the boat here. I'm still going to make my pitch to have a family program in the communities, in the regions, to be on the land. A family program is going to make it work for us. I'd like to thank the Minister for hearing me out. Thank you.

CHAIRMAN (Mr. Ramsay): Mahsi, Mr. Yakeleya. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, the Member continues to raise, on behalf of his constituents, the very serious issues about health care and how they're provided in his region and communities. He's spoken about that passionately on a number of occasions. The sad fact is that we still do have a lot of areas and communities that are remote, that are serviced only by visiting physicians, that can only have people accessing health care in other regions or other communities by medevac services or scheduled flights out and have to be away from their homes and communities for days, if not weeks at a time on some occasions. It's something we continue to try to deal with, but unfortunately in our fiscal situation that we're in, we're going to have to take small, incremental steps in providing an improved level of care for residents.

I can speak from experience when I had my previous life, when I traveled to a lot of the communities and seeing the types of facilities they had back then when I traveled to some of these smaller communities as an employee with the Department of Public Works and Services, and have to service a generator in the health centre, for example. A lot of these places were the old federal buildings that were initially built. I think we managed to outgrow that and put new facilities in communities. That addresses one piece of it, but there's still other pieces.

Then the nursing shortage comes into play as to how we can adequately staff those levels of nurses in those communities. We've done so by initially working with authorities around agency nurses, and that, in fact, was taken on so well that it became sort of the main process of staffing more remote facilities. That's why, as I've stated earlier talking about the community health nurse development program, we're working now taking the new graduates going to a more intensive level of training so that we can put our nurses, long-term residents of the North, into those communities so that we won't have the in and out, back and forth from different nursing staff that are unfamiliar with the people.

One thing we have to recognize, even though nurses can go into communities, they may be new, but the people there have been there for a while and the files are there, so new staff can go into the health centre and would know

what visits happened when, what were the issues. However, it doesn't make the people any more comfortable when they do go to a person. It's like a new person again; I have to tell my story all over again scenario. That is something we're going to continue to work on improving.

The area of medevac flights, it is something that we continue to wrestle with. The high cost of providing the service, getting flights in. Weather is always an issue in the North, the small communities, trying to get people, and we've heard it before, get people from the health centre to the airport in a safe manner. That is something we continue to try to improve on. I think, for the most part, again, I go back to my personal experience, seeing what was available back quite a number of years ago. Of course, I'm dating myself, I guess, but the level of service provided at that time; in some cases, initially, people were taken out in the back of pickup trucks. I think we've gone beyond that now, but there's still room for improvement on that side of it.

The issue of a long-term care facility. Again, I can go back from some of my own experience. The community of Deline, I recall, when the Department of Health and Social Services built the facility there, unfortunately there was an incident occurred as soon as the place was available for occupancy and that was viewed by others in that community as not a very good situation. Hence, for years that facility sat empty because people would not move into that long-term care facility. Again, I go from experience, even in my own community, one of the larger ones in the territory, we have a seniors' facility but from a person from their own home into a seniors' facility -- term it what we call it -- it is not seen as a good thing by a senior; they feel there is loss of some independence. That's something we've all got to work with in trying to ensure that these areas, although we may call them seniors' facilities, are still fairly independent, it all depends on a level we go at. Of course, the higher the level we are, the more expensive it would get for providing that service.

I understand a commitment was made to continue to work with the Member as well as the Sahtu on taking a look at what would be required, the level and the need for that service, so that commitment will stand as we proceed forward.

The issue of the clinics in Yellowknife and the consolidation; in fact, it has been around for quite some time. As a Member of previous Assemblies, I recall when all the clinics were private here in Yellowknife, and that was not seen as a very efficient process, as well. At that point, the step was taken to begin the consolidation process and now we're getting to the final stages of that. Instead of having clinics in older facilities around the city, coming under one roof where we can provide an enhanced level of service and care. Again, that goes back in the face of the Members from smaller communities where you get a doctor coming for three days, versus an updated modern facility.

We do have to look at the volumes that the larger centres face when it comes to people in those communities. That's something where we try to come up with a balance within the department, the needs assessments of those communities and the level of service we can provide.

The homelessness side of the equation is something that, again, as a government we've made the steps now to incorporate it into the actual business plan. It's now going to become a permanent program, not on a supplementary process where we have to come on a yearly basis at a certain time of year to try to get the money to cover that. We've done that. In fact, we've enhanced it to deal with small communities so that a process is in place so communities outside of larger centres can access those funds. It's not a large pool of funds. We've identified \$200,000 as a part of our budget process that would see the enhanced level. We realize that it's going to have to be application-based and communities are going to have to work together to try to come up with a best mix at this stage, but it is something that we've finally made the necessary steps in recognizing and making it a permanent part of our fixed budget process.

Of course, the drug and alcohol program is something that we're always challenged with in the Northwest Territories because of our high incidence of alcohol and drug abuse. The issue is, even on the homelessness side, as the Member stated about our young children needing an emergency place or a safe house on weekends, and it is our duty as a government to try to make sure we have the appropriate level of facilities to help people out. But at the same time, I'll go back to what a Member said earlier, is choices we make as individuals in the community. Those choices we make have a profound impact on our community. It can have one on a positive side or a negative side and, unfortunately, on the Health and Social Services' side, we come into the equation on the negative side when we talk about child apprehension, we talk about family abuse and violence. Those things we end up dealing with and families being pulled apart. We have to get, as I mentioned earlier, on the prevention side of the equation to try to get to the younger generation, and, as well, learning from our elders on how we raise our families, what choices we make, and those impacts would have on our children. Those are so critical.

I've been a Member of the Legislative Assembly for three terms. When it comes to those types of choices and taking personal responsibility, a very sensitive, touchy issue that people don't like to be told what needs to be done and how they should raise their families. But if we don't change the way we do things in the Northwest Territories and we continue to go to government in the sense that the government will fix the problem; that will be an ever-increasing problem.

The government, as I've said, cannot be the parents. We can provide the necessary tools for families to help them through, and I think that's where we should be focussing on, is giving the tools to families to make the right decisions to help them through troubled times. But in fact, for us to stand up and become parents of children, as I was asked and sadly had to recognize that fact growing up in a community and seeing families where a pregnant mother was involved with the department before a child was born and the child then being involved in the system from day one right until they're 17, 18 years old. The question was put to me about what difference did we really make in that person's life. Sometimes you really have to dig deep to see where we made a positive lasting impact, and those are the challenges we face today, very serious questions of how we deliver the programs. Ultimately, we're going to be there to cover those in need, but we need to turn this around to be there for families to

help them make the right choices at the right time so that we don't have to go through family break-up, we don't have to go through the child apprehension processes we're involved with now. But those are there, we're going to have to be there to step up to the plate, but we're going to be challenged I think. I would say as leaders, not only in this Assembly but leaders in our communities, we have to send the message to our communities and our families that choices they make can have a lasting impact on family lives. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Next general comments I have Mr. Lafferty.

MR. LAFFERTY: Mahsi, Mr. Chair. Mr. Chair...(English not provided)

Mr. Chair, I just highlighted the areas of concerns and issues that I have addressed pertaining to the statements that were made here, and opening remarks. The same with Mr. Yakeleya's earlier statement, ditto, plus we've made many, many statements in this House pertaining to Health and Social Services and other departments as well, but specifically to Health and Social Services. They hear from us because we speak for the people of the North and also the people we represent in the smaller communities. We see, we hear and we witness what actually happens at the ground level. We share that with the Minister and his department, hoping that it will be a part of their business planning and budget process.

We discuss important issues that are badly needed in the communities. We, as MLAs sitting here across the table, raise all these issues and, Mr. Chair, slowly we're starting to see results. The departments and the Ministers are taking into consideration what's important in the North and they are including some pre-budget consultation issues and concerns, considering that into their business planning cycle and the budget that we're faced with today. It's great to see that.

There are some areas like my colleagues have mentioned long-term care facilities at the regional level in the communities. We're lacking that. Community up-to-date service vehicles has been raised on several occasions; up-to-date seniors' homes. The rehab team that's been outlining the report is great to see, and we're certainly hoping to see more of that and take that into consideration when it comes to the business plan and also the final budget cycle.

Mr. Chair, I'd just like to highlight some key areas. The \$5.9 million for the recruitment, retention and training initiative system-wide. Behchoko, you've heard on the news that we're lacking nurses now. We're closing our doors; we're on a time limit. We're only seeing patients when they're critically ill; emergency status only. We're at a critical stage now. Across the Territories, we know for a fact, and across Canada, there's a shortage of nurses, but we must do more and that's why I appreciate that \$5.9 million to do even more with that process.

Mr. Chair, the next item on the list I have is the social worker profession. The committee notes the Social Work Program will be delivered at the Yellowknife Campus this year. It's great to see that on the books again. A few years back, the program was delivered but, according to this statement, there's a lack of interest. Maybe in some areas, some regions, there's a lack of interest, but it's great to see that back in the books again. I think we need

to see this program and also the profession similar to what we see as the nursing students and nursing profession where we provide all kinds of incentives to retain, to recruit and hang onto those nurses in the communities. At the same time, we must do that also to the social workers in the community and also the upcoming students, because they're in a similar situation due to stress, high demand on their part. They're at a critical level as well in their profession. So I'm glad to see that the department is working with social workers and the Department of Human Resources to come up with a strategy. I'm happy to see that, as well.

Mr. Chair, the last note I'd like to point out is the rehab team. We've been after the department with the previous Minister as well, and the new Minister, about this whole issue of having specialists in our regions, in our schools, to deal with those special needs students, students that have problems in the community in schools. It takes some learning out of the teachers on a daily basis, because they need to focus on those special needs students, but at the same time they have 35 students in their class. So we asked for one-on-one counselling and the department has been listening to us, and now there's a rehab team. There's a schedule that they're supposed to go out to my region, the Sahtu and Deh Cho regions. I'm looking forward to that and I'd like to see more of that in our region as well, and other regions.

Mr. Chair, those are just the comments that I have of the report and opening remarks of the Minister of Health and Social Services. Mahsi.

CHAIRMAN (Mr. Ramsay): Mahsi, Mr. Lafferty. Comment, Mr. Minister?

HON. FLOYD ROLAND: Thank you, Mr. Chairman. I'd like to thank the Member for his comments and the issues he brings to the table, and thank you for recognizing that we are starting to shift in the way we're doing business as a department and as a government.

The issues he raises are important to us in how we deliver the program in our communities, how we reach those that need help the most and, again, doing so in an environment of tight fiscal resources makes it challenging but we continue to do that.

As highlighted earlier in the Nurse Placement Program, the double remission rate, if they go into small communities, the community health nurse initiative of taking new grads and give them the extra training so they can go into our small communities is going to be, I believe, one of the areas where we can address the area of nursing shortages the Member was just speaking of. In fact, I was made aware that we've sat down with a number of different departments and within the department itself as well on putting as much resources towards coming up with a fix for the issue of the nursing shortage the Member's region is feeling right now.

The rehab team process is another one where we do see and recognize the fact that we need to get into communities on a more regular basis, and that's why this budget addresses that with another 11.5 positions, and that will help get people into communities to do the much needed work that's expected in those communities.

Just as a point as well, the Social Work Program, teaching program, yes, in fact that was delivered out of the Inuvik

campus and the enrolment was very low, and now we have established here and feel that that will probably make the intake higher. That program, as well, works on the same principle as the Nursing Program. If we have social workers that go through our Student Financial Assistance Program, when they go to small communities they have double the remission rate as well. So I think that's information we should be passing on to people entering that field. I'm happy to say that the Department of Health and Social Services started that process and have now been incorporated within student financial assistance through the Department of Education, Culture and Employment.

So we do have our challenges and what we need to focus on.

The issue of seniors' facilities in all our communities and regions is again going to be challenging. I know the facility in Behchoko, the Jimmy Erasmus Home, is something we're working together with the Housing Corporation on ensuring that we have that facility up to date as soon as possible and working in a proper way so that the seniors there get an adequate level of service and feel that they're safe in that environment.

Again, I thank the Member for his comments. He's continued to raise them here and we will continue to work with the Members of this House to try and improve the level of service we provide to all communities. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Next on the list I have Mr. Villeneuve.

MR. VILLENEUVE: Mahsi, Mr. Chair. I thank the Minister and his colleagues for coming here today and presenting the Department of Health and Social Services' budget, which to me looks pretty good. I'm really happy that there are a lot of extra dollars going into a lot of really much needed initiatives like the home care programs, and addictions services and mental health services here in the NWT, and especially the community health programs where it's really needed right where it counts most.

I'm not going to talk about all the issues that all the other Members have already raised. A lot of them were on my list, but I just want to let the Minister in on some information that I received from my constituency about the health and social services authorities and the accountability that the authorities have, especially with my Tu Nedhe constituents who have to operate under the Yellowknife Health and Social Services Authority in which they get one board representative to sit on that authority from each community, which always seems to be an issue with the First Nations in Lutselk'e and Deninu Kue with respect to getting some issues and concerns dealt with by the authority. There's always the issue of just not really giving enough attention, I guess, to the small communities by the Yellowknife Health and Social Services Authority. I can understand their workload in Yellowknife is a lot more demanding than what they experience from Lutselk'e or Deninu Kue. So I just want to put that on the Minister's radar screen, that I think the health authorities in the NWT have to be made accountable to the residents that they do have authority over and the health services that they deliver in those regions. I'd just like to see some mechanisms put in place, or an evaluation maybe done on a yearly basis of how the authority ranks amongst the population that it is there to serve.

Just with the community health nurses and the challenges that they face on that area, I know that there's still a long way to go before we can get some real nurses that are willing to stay in the communities for extended periods of time, and that's a big challenge here in the NWT and I have to commend the department for spearheading and putting in more emphasis into the nurse practitioner program and support towards those students that wish to pursue that career.

Just on the issue of homelessness, I guess, just talking with some community members in the last two weeks with respect to the amount of rental officer eviction notices that have gone out of late in all these communities. I am sure it has happened across the NWT, so we might have a big homelessness crisis on our hands, you never know, in the next couple of months. It's good to see there is money going into that program, because housing evictions are on the rise with the arrears that are also on the rise and the LHOs can no longer just sit back and build on their arrears. They are actually taking some action which could result in increased homelessness in the smaller communities.

Also, one thing that I did not notice, I guess, in both the Social Programs' review and the department's review, is more money going toward actually providing better, I shouldn't say better, more accommodating health services for seniors especially in our hospitals. Like I mentioned last week to the Minister of Health on the condition that some of these seniors have to live in while undergoing extensive real life-threatening operations, then only to pull through the operation and then eventually die in the hospital because of pneumonia. I would like to see more money being put towards hospital O and M to provide more heat in a seniors' ward perhaps, or actually just provide seniors with better blankets. I know the issue of laundry is always a big factor when it comes to the bigger blankets and better blankets. It's always easier to wash the linen and the cotton that they do provide in the hospitals.

I really think that has to be something either in the Stanton or in the larger regional centres. There has to be maybe a ward cordoned off or a ward set aside for seniors only where there is adequate heat and where you just don't have the 200-pound solid wood core doors that they can barely open and maybe they can offer traditional food as opposed to store bought food to the seniors who seem to bounce back a lot quicker on the traditional diet, and maybe have some interpreter services readily available for seniors also, and more barrier-free access to and from this ward for any senior in a wheelchair and such.

I just wanted to let the Minister know that that is an area that is going to become more important in the Health and Social Services envelope over the next five to 10 years. It's going to come to the front of our medical health service delivery over the next 10 years when a lot more seniors are going to be coming onboard to ask for more programs and services.

Just with home care programs in the communities, I know my community of Deninu Kue has a really good Home Care Program on the go now and they were looking to expand on it, but of course there was always a lack of funding on how they could provide more services to seniors who are actually living in their own homes and independently. I know there is more money going into those programs also, but it's also a nominal amount that

would probably cover more things like forced growth and not really improve the service per se. I would just like to maybe let them know that we should start thinking about more independent living programs, Meals on Wheels in the smaller communities perhaps and nurses visiting the homes of these elders.

Just getting back to what the Minister had mentioned about an incident in Deline which lead a lot of seniors to stay away from the facility, I am not sure if he's aware, but recently we had an incident in Deninu Kue in our regional health centre there, which now some nurses who travel there refuse to stay in the health facility. I know there is no residents in the community that would want to spend any time in the facility overnight and we did have a nurse there that was working in Fort Res and she had an incident one night where she heard doors slamming and noise happening and she went to investigate and she didn't find anything or see anything. She heard more noises and they eventually kind of got to her and she went racing out the door only to find -- she said in her own words -- somebody grabbed her from behind in her hair and pulled her right back into the nurses' centre. Of course, there was nobody there so that really flipped her right out. She got medevaced here to the Stanton psychiatric ward. People were saying it's not really the nurse. She's back there now. They are not saying it was her or a psychotic lapse on her part, but there was some history in the location of that hospital. That health centre in Deninu Kue is actually located overtop an old gravesite where the old mission hospital used to be about 100 years ago. They had a graveyard right next to the hospital. This is where they put this new health centre. That's why you never get any seniors who are going to set foot in there or stay there overnight. I would even challenge the Minister to stay a night by himself over there and see what he runs into.

---Laughter

The chief has mentioned to me that I should approach the Department of Health and Social Services to consider either moving the facility or constructing a new health centre in Deninu Kue, because the one we have there is over 30 years old now and we are putting money into some minor renovations every now and then. People think that it just shouldn't be where it is. Given that Fort Res is one of the oldest communities in the NWT, there is a lot of history there and a lot of myths and old stories around about what used to go on in the old hospital.

I just wanted to put that on the Minister's radar screen for the next upcoming year, in the transition document, for the next government that they should perhaps consider moving it or relocating the delivery of the programs in that community.

With that again, maybe stuff like a medical travel hotline, as I mentioned before, should be something that Health and Social Services should consider having where people get stuck at the airport, they don't know who to contact, they don't know how to get home, the ticket is not there, there is no money for them to make a call, there is no money for them to take a cab back. I get a lot of calls from people who get stuck in the airports just because their travel arrangements have either been changed or they have been misinformed or something has changed that they weren't aware of.

Other than that, to say the least, I am happy with what the department is proposing with this new health budget. I am

glad to see that they are moving money into areas where it's most needed and will probably be most useful. I am looking forward to a little more detail in a lot of these spending areas. With that, a lot of other Members have answered a lot of my questions already. I will just leave it at that. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Mahsi, Mr. Villeneuve. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. The areas the Member has covered...I thank him for his comments. We have started implementing working together with the Social Programs committee and Members of this Assembly to improve how we deliver the programs. The home care programs, yes, that is an area where we are enhancing, along with addictions and community health programs. The health authority issue is something that we deal with from time to time. What we find is, for example, in the Beaufort-Delta region, as well as the Deh Cho where we have community reps on the regional board that they get service from. So that's a process we use and will be continuing to use. From time to time, issues come up about accountability and how do messages get back. Representatives need to get back to their community and let them know what was discussed, what decisions were made. Ultimately, that's what health authorities put in place, not what government and headquarters make the decisions tell everybody and decree something would happen. It would be in the region made up by that health authority and sharing that responsibility as well as the accountability portion.

Homelessness is something we've enhanced and will continue to work towards. The issue of seniors in our facilities and ensuring that there is an adequate level of services is something that we will continue to work with. Unfortunately, there are times when we have elders as well as younger people who go in for major surgery and seem to do well through the surgery but have problems afterwards. That does happen from time to time. Other complications do come in, not necessarily because of the temperature in the room, but the fact that there are other issues that we need to continue to work on.

If it's an issue of more bedding required, we will send that out to get the information to authorities to ensure the issue of seniors and their comfort level is addressed as best can be.

The other issues around the facility, we will look at the history of that facility, the year it was built and where it would fall on a needs program and when the facility would come up for review. That would be our cycle in all our communities is looking at the age of a facility, when it was last renovated or a major retrofit done and go forward on that basis. So we will look up that information and work with the Member. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Next on the list is Mr. Braden.

MR. BRADEN: Thank you, Mr. Chairman. We know, Mr. Chairman, that Canada's population is aging and the North is no exception. In fact, the rate at which our population is aging by proportion is a little bit ahead of the curve in Canada and along with that comes an increased incidence of dementia and Alzheimer's disease, Mr. Chairman. There are 280,000 Canadians estimated to suffer from Alzheimer's at this time, Canadians over the

age of 65. Another 140,000 have related dementia and by 2030, or 20 years from now or so, that number will approximately triple.

Mr. Chairman, here in Yellowknife in the surveys or information that I most recently am aware of, and I think this is three or four years old, there were 35 people in Yellowknife in the early stages of dementia and another 30 in the moderate to more severe stages.

Mr. Chairman, this has come as no surprise whatsoever to health care officials, but also to the Yellowknife Association of Concerned Citizens for Seniors, which is a volunteer-driven society which has done a remarkably capable job of promoting and advocating and managing a very fine care facility and accommodation facility for seniors in downtown Yellowknife.

Madam Chair, the Avens facility shares the responsibility for caring for some dementia patients, along with the long-term care unit at the Stanton Hospital, and for the 20 years that I talked about, as I said, Madam Chair, they've been advocating for the construction of a facility that is more properly designed for the care of especially more advanced dementia and Alzheimer's patients. As the incidents of this inevitable disease, for which there is no cure, Madam Chair, as it grows, so do the incidence of more impact and more frequency amongst families, and I am certain it's not just here in Yellowknife but across the NWT.

Our colleague, Mr. Ramsay, earlier today gave a very eloquent account of how this disease has devastated his immediate family and I think we've all heard from time to time in the NWT stories from our constituents, our friends, our neighbours of how this is impacting their elders, their parents, their loved ones.

Madam Chair, as the Northwest Territories grows and matures, we are undertaking more and more sophisticated and more and more advanced types of care and programming for our citizens. Mr. Miltenberger, I think it was today or yesterday, talked about the midwifery services that Fort Smith is carrying so well. Madam Chair, in the last day or two, you have talked about the dialysis service in your community in Hay River. As I say, as our communities grow and mature and our range of services expands, so too should we be expanding to include the proper care and I would say the most efficient and economical care of our citizens who are suffering from the ravages of this disease.

Madam Chair, as a Yellowknife MLA, this is on the very top of my list, to see in this community a viable plan, an affordable plan, for establishment of this facility here in Yellowknife. As we have been working on so far, this facility is also deemed to be and will be managed and operated as a territorial facility as we look at designing something very specially, Madam Chair, for the more advanced stages of this disease.

Madam Chair, I had a number of questions that I wanted to ask the Minister in this relation. When was the last time the incidents of Alzheimer and dementia disease was surveyed in the NWT, Madam Chair?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Braden. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. Madam Chair, I guess one thing I should acknowledge as well is the work we've been a part of with the YACCS group, or the Yellowknife Association of Concerned Citizens of Seniors. They have worked closely with us on a number of initiatives. The Avens facility is something I use myself when I travel back to my community and I was working with the seniors about a facility there and I used the example of the Avens facility as an excellent example of where things can work and how they can work together. So it's something we hope to continue to work with them on in a cooperative manner regarding the work that's been happening.

Specifically, about when the last survey was done around dementia and Alzheimer's, I believe that was done around two years ago. As well, just for more information, the rate of seniors' growth in the Northwest Territories is about 7 percent, far outstripping the population growth of the other parts of our population. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Minister Roland. Mr. Braden.

MR. BRADEN: Thank you, Madam Chair. Does the government have an overall strategy, a territorial-wide strategy for addressing the growing incidence of Alzheimer's and dementia occurrence in the NWT?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Braden. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. Madam Chair, the department does have a long-term care plan that we use and for some of that detail. I can ask Mr. Parker to give some more information on that.

CHAIRPERSON (Mrs. Groenewegen): Who's going to give us more information? Oh, Mr. Parker. Mr. Parker.

MR. PARKER: Thank you. Just very briefly to follow up on that, the long-term care plan deals with all of the services across the Northwest Territories for seniors in our long-term care facilities, as the Minister indicated. In a number of our facilities already we have people who have Alzheimer's in the facilities. One element of that plan does deal with services for people with Alzheimer's.

We'd like to mention that over the last couple of years, we've added additional services. One part of it has been renovations to our facilities for Alzheimer's patients. Also, there has been work done on training for staff that work in these facilities that deal with people that have Alzheimer's. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Parker. Mr. Braden.

MR. BRADEN: Thank you, Madam Chair. I certainly want to acknowledge the work that the department has been putting into it. Some capital money has been invested to make some improvements and also into training. Madam Chair, in that line, something that I am aware of is that in the city here, I can just talk about Yellowknife to the extent that I know, there are a number of families that are caring for parents mostly who are at some stage of this disease and who would very much benefit from day programming or some respite to help them do a better job and cope with this on a daily basis.

Madam Chair, what plans or what part of this plan would enable us to see more direct programming delivered to people who are now coping and caring for their own family members at home?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Braden. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. Madam Chair, the area that we are looking to enhance some of the care we do provide in the area of respite would be in our home care section as we have looked at beefing that up in the budget. As well, from the department, we are putting a package together that deals with the THAF funding where we can secure some more funds in there -- that's the funding that came through the federal government -- and draw that down and apply it to that area. That's still in the works.

So I guess at this point, too, we do have challenges in delivering the services here in the North. As well, we have to recognize the fact that the level of service we provide and the cost of that service in the Northwest Territories is probably one of the best in this country. In fact, it could probably add to some of our seniors' growth population as families become more aware of the services provided here in the Territories and the cost of those services. We are having people bring their families up North to take advantage of the program. So that is something we are faced with as part of our growth factor as well. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. General comments? Any further general comments? Break? General comments? Detail? Break? Okay. We'll come back to the detail after a 10-minute break. Thank you.

---SHORT RECESS

CHAIRPERSON (Mrs. Groenewegen): Committee members, if I could direct your attention to page 6-12, information item, revenue summary. Agreed?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Activity summary, directorate, operations expenditure summary, \$6.044 million.

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): We are on page 6-15 under Health and Social Services.

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Sandy...I mean Ms. Lee.

MS. LEE: That's okay; my name is Sandy, too. On the travel expenses there, we see an increase of \$30,000. Could I just get an explanation on that, please?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. You had a question. Did you want to clarify that question, Ms. Lee?

MS. LEE: Thank you. It's on the item under travel. There is an increase from last year of about \$30,000. Is that just

a regular forced growth increase, or is there some other reasons for it?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. I don't know if we called that page yet. You are back on page 6-15? Okay. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. Madam Chair, the area of travel is an estimate from our 2006-07 mains to '07-08 just dealing with the forced growth for the travel the department has planned. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Page 6-15, activity summary, directorate, operations expenditure summary, \$6.044 million.

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Page 6-21, activity summary, program delivery support, operations expenditure summary, \$28.172 million.

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Thank you. I want to give Members a chance to read. Not everyone is as familiar with the budget. Page 6-23, activity summary, program delivery support, grants and contributions, contributions \$14.717 million. Mr. Lafferty.

MR. LAFFERTY: Mahsi, Madam Chair. I'd just like to question on the telehealth coordinators in the communities. The \$500,000 has been allocated as a main estimate. I'm just curious, Madam Chair, about the communities that are equipped with the telehealth system. How many communities are equipped and how many are still outstanding to date? Mahsi.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Lafferty. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. There are 10 communities right now hooked up to the telehealth process. As for the plans for new facilities, I believe we're aiming at five more communities. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Mr. Lafferty.

MR. LAFFERTY: Mahsi, Madam Chair. You know, this telehealth videoconferencing, video services, televideo, it has helped in the small communities. I think Behchoko is one of these telehealth and onto the smaller communities eventually. I'd like to ask when are we going to foresee the communities with this equipment lined up? I'm hoping to see all communities are lined up. I realize the infrastructure because we have wireless now, high speed, in the communities. It has been completed just recently. So I'm just wondering, I'm sure that was part of the plan and when can we see the communities up and running? Mahsi.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Lafferty. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. Madam Chair, the way we work this program is through drawing down the federal dollars and that would be the THAF, or the territorial health fund, and we'd draw that

down. So we're unable to draw down a large chunk so that's why you see it. In 2007-08 we'll have five more communities hopefully established and we'll continue to work it as we can draw down those funds. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Mr. Lafferty. Okay. Ms. Lee.

MS. LEE: Thank you. I have a question on the two items under professional development recruitment and retention and program delivery support on this page. They both speak to nursing issues at the hospital. Sorry, not the program delivery support there, but patient care services. For patient care services in 2005-2006, there was \$90,000 allocated for that but we haven't had one for last year and this year and it says that in 2005 and 2006 it was funding to Stanton Territorial Health Authority to conduct a review of the configuration and utilization of nursing services and that's very interesting in light of some of the things I was talking about earlier where I really believe that we need to put more focus and attention on how their nursing staff are organized. I just want to know if the Minister could tell us what the review was and what was the finding of that and why, and is there need for doing more there?

On the recruitment and retention, we are seeing an increase of about \$800,000 since 2005. We're spending \$2.2 million on this front and I would like to know if the Minister could give us some progress report on how we are doing and how much of that resource is going into taking care of the nurses that we have online with us. I don't want to point out just to nursing students and new grads, I think there's a need for focus in all stages of nurses that we have in our system. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. Madam Chair, under the patient care services, that money was identified for all of our four hospitals and three have been done and Stanton is to be done. We do have some funds internally to complete that process. For the actual detail of that, I'll have Mr. Parker give detail on that. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Mr. Parker.

MR. PARKER: Thank you. On the \$90,000 this was a fund that Stanton was sort of providing the leadership on and it was a clinical review of the functions within the various hospitals. There has been three of these concluded for Fort Smith, Hay River and Inuvik and then the clinical review for Stanton is under way. The plan is to have that completed by the end of March. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Parker. Ms. Lee.

MS. LEE: Thank you. There was a second part to my question on the recruitment and retention, if the Minister could answer that. But further to his answer to patient care services, why was it that only the other three hospitals had this review done but not Stanton Hospital, and what were the findings of these other three studies? What does the Minister seek to obtain from this project? What's its goal, what are we to use with that and what's to come out of that? Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. Mr. Parker.

MR. PARKER: Thank you. The intention here is to look at the functions within each of the hospitals, particularly the allocation of nursing staff. One of the things that we've been finding across our facilities is that there's a huge amount of pressure on the outpatient services in the hospital and in some cases lower census in the hospital for inpatients. So the intention was to look at the workload, workloads of various parts of the hospitals, make sure that we were aligning the nursing services in the appropriate areas. The services in the smaller facilities, so in Fort Smith, Hay River, and to some degree Inuvik, are much easier to do. In terms of Stanton, it's more complicated. Although they all started the process at the same time, it's just taking a bit longer for Stanton to be concluded. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Parker. Ms. Lee.

MS. LEE: Thank you. So then could the Social Programs committee ask to have a discussion on the result of that review and I am still waiting for the answer on the R and R. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. We will provide that information to the Social Programs committee and gladly sit down with them once that review is complete, or we can even do the first three facilities that we've worked on.

On the recruitment and retention services, it's broken down into a number of categories and when we talk about our system-wide recruitment initiatives for the \$2.273 million, we have \$208,000 identified for recruitment and retention services; \$15,000 for planning evaluation development; northern development contributions, \$10,000; recruitment and retention contributions, \$20,000; physician training, \$24,000; speciality nurse training \$56,000; entry level nurses, that's the Intern Program, \$1.032 million; the nurse mentorship development costs, \$10,000; advanced nurse mentorship is \$230,000; entry level social workers, and that's interns, \$150,000; and then we also have support to authorities for about \$40,000.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Ms. Lee.

MS. LEE: On that note, are these monies spent on hiring extra people to support this, or how are they spent? Maybe in the interest of just focussing on one area here, I heard at one point \$32,000 for new grads or interns. So what are we doing with this money exactly? Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. The money is through contributions to the health authorities and to help them with dealing with the growing pressures or dealing with hiring some of the nurses. Some of it is development programs with internal use, but the large amount for interns as we see, as well as for the mentorship for example, is to help the health authorities

with nursing staff in the mentoring side, but the biggest is professional development, PDF. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Ms. Lee.

MS. LEE: Thank you. On that, as I stated earlier, Madam Chair, we really need to review how we are seeing these nurses through the process because everyone is involved. I mean we have expectations on the part of the students that are being trained to be nurses and waiting to get into the employment market. I think they have certain expectations about where they want to take their career and what kind of work they want to do. Then when they get into the workplace, they expect to have a lot of support I think. So it's known when I graduated from law school I had to have a lot of training and work under experienced lawyers to make sure you learned what you need to know and also to prevent you from getting into mistakes, huge mistakes. I think it's essential that we use whatever we can to provide these new nurses to have the support they need, but what I also see is that mentors are burnt out and I think I heard the Minister say that the allocation for the mentors is \$10,000, whereas there's about \$1 million for the new nurses. You know, all the nurses that I talked to are overworked and they have to do a lot of overtime, they can't always take the time off for holidays, it just seems that there's more and more being expected of them.

I just think we need to say that we're doing all these things, but we're just not paying enough attention to how they play out on the ground. I think when I hear concerns from the nurses entering the market and the nurses who have been there for 20 years, I think that the issues may be systemic and I would like to know if the Minister could undertake to review how we are using this R and R resource and have somebody look at it and see if there's any way to do this better, because I just don't think we're meeting the end result of what we do with our educated nurses and then trying to keep them reasonably satisfied about the career choices they've made and the working conditions that they have to go through everyday. Could I get the Minister to undertake that? I don't know how he can do it. I guess I could leave it to him to decide how he's going to do it, but this is very important.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. It is very important and that's why I think we should also reflect on the successes we have and the fact that this program is a success in being able to train northern nurses in our communities. In fact, this budget item is just to help continue that on. The \$1.032 million is for 10 new positions. So that's actually new bodies. Yes, on the mentorship side, there's an impact of trying to do that. That's why, for example, the nurse mentorship development costs, that's the \$10,000, but there's \$230,000 in advanced nurse mentorship program and then our community health nurse development program, the training costs of \$230,000 is there, it's to enhance that.

There's always going to be a challenge there and we've got to work to make sure we get the right information out and do the best we can, but also we need to recognize that here in the North some of our programming and remuneration is still considered one of the best across Canada. Yes, the cost of living is high here in the

Territories and we have to continue to try to be competitive in that area, but for a further breakdown on some of these things and how they flow through, I'll have Mr. Parker give that detail.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Mr. Parker.

MR. PARKER: Thank you. Just very quickly to talk about how a new nurse comes into the facility, a few years ago we funded supernumerary positions for new grads and there's 10 of those in the system. So a new nurse comes in, they don't go necessarily to a front-line job, they go to an extra position that's over and above the complement that's normally needed in the hospital. While these nurses are in those positions, they're on full salary. So part of this fund that's here is covering the costs of that salary. To support the work, there are two things that happen. One is full-time mentors, and these people that are senior nurses that provide full-time support to the training and organizing the training of the new nurses as they come in. The other thing that's also in place is a mentorship allowance for senior nurses. So a nurse that takes a new nurse into a mentorship arrangement also gets an allowance to be able to support that. So those are some of the things that have been built into the mix to support new nurses and their introduction into the workplace. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Parker. Next on the list I have Mr. Yakeleya.

MR. YAKELEYA: Thank you, Madam Chair. I wanted to ask the Minister on the issue of the telehealth coordinators and the information as Mr. Lafferty has spoken about his region and his concerns. I want to bring this up to the Minister's attention in terms of what types of plans he has in terms of implementing this system here. I know it's a good system. It works. I see it work at the hospital here and I've seen it work also in Edmonton at the Royal Alex Hospital; they had some of that. So how is this system here, how will that benefit our people in our region at least in terms of the service? They certainly can use it and hopefully it will cut back on some of the costs for medevacs. So is a plan in place to look at implementing it? I know Deline has the telehealth. Is it Norman Wells had one and Fort Good Hope, Tulita and maybe eventually Colville Lake would get one? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Yakeleya. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. There is a plan in place on how we're going to roll this out and we've started that plan. It's been in place for quite a number of years, but it's reliant on how we can draw down the federal funds. As stated earlier, we have 10 communities now hooked up to telehealth and the goal is that through 2007-08 to have another five more communities. In fact, when I was on a recent trip to the Sahtu, Norman Wells, they have their telehealth equipment. It was a matter of getting it situated in their facility and getting it hooked up.

Telehealth is meant, as the Member stated, to reduce, for example, the amount of medical travel that could happen. We have a lot of, for example, X-rays that could be sent over and reviewed by a doctor here and talk to either a nurse practitioner or a doctor that's in the facility at the

time to have their discussion. There's also training that could be done on it instead of sending someone out of the community for two or three days' training can happen over that as well. There can be consults with physicians in other communities through that facility or through that service. So it's really aimed at a broad range of areas that can help tackle the issue of delivery of service in a community from one, an actual doctor's visit online in a sense, reviewing medical information, X-rays, helping the practitioner in the community make a decision if they should, what procedures should be taken under or should they in fact be sending that person out. So that's the goal of the program. For the actual communities we have identified, we're still working as to which communities we can get them into. That final decision hasn't been made. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Madam Chair. Madam Chair, I look forward to the Minister having some discussion with the Social Programs committee on the final placing of these net telehealth positions in the Northwest Territories. It's a successful program, it's working and I look forward to seeing Norman Wells' telehealth being hooked up and being used. So I'll look for some other initiatives that would serve the people in the Northwest Territories on this project. Of course, I'm going to put my 25 cents in for the Sahtu region. I'm going to leave it at that, Madam Chair.

The other question I have with the telehealth is I really, really want to give the Minister credit for and a pat on the back for the telehealth through the phone system. We use that many times in my communities. I used it another time in another community. This system works good. I have experienced myself personally in witnessing a call and it being answered by somebody at the other end of the phone that was very helpful, was very patient and was giving some really good information. It helped with the elders and some people in my region. It was quite surprising that this person at the other end of this line took the time to really sit down, I guess must be sitting down, and talked to this person in my community.

Madam Chair, I want to know, this service here, how much of this is known to people who speak their first language in an aboriginal tongue? Because the elders that we work with didn't know about this. No fault to anyone. How much is it known out there just like we know A&W or McDonalds? It's second nature. I guess that's what I'm getting at, Madam Chair. Thank you.

CHAIRMAN (Ms. Groenewegen): Thank you, Mr. Yakeleya. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. Madam Chair, the Tele-Care is a success and is starting to be used more often by people all across the territory. In fact, we're trying to step up the issue of people who seek the service in their own language. This program is available in all of the aboriginal languages of the Northwest Territories. One of the areas, for example, if people out there watching this, if they open their phonebook, flip over the first page, inside there is a full page on the Tele-Care plan and how it works. We're starting to put more of a push on the aboriginal side of it so people know that they can use that and use their own

language when they call that service. Thank you, Madam Chair.

CHAIRMAN (Ms. Groenewegen): Thank you, Mr. Roland. Mr. Yakeleya.

MR. YAKELEYA: Thank you. Madam Chair, I hope the people are watching so they can use this program here.

I want to ask the Minister in terms of the question on the retention. I'm not too sure if this is the place where I ask about the Nursing Program at Aurora College, so I just want to get some clarification on that, Madam Chair.

CHAIRMAN (Ms. Groenewegen): Thank you, Mr. Yakeleya. Mr. Roland

HON. FLOYD ROLAND: Thank you, Madam Chair. Madam Chair, the area we have identified for recruitment and retention here on the human resources side, we hold the money but we do work with other departments. As I laid out earlier, the number of areas it covers, the majority of that, well, there's 10 entry-level nursing positions and then nurse mentorship side of the equation, and then our community health development program. The other area there is also the recruitment and retention being done when you talk about the graduate program that we have, that we work with Education, Culture and Employment, and they hold the bulk of that area of either enhancements or how student financial assistance works on the double remission rate for working in small communities. We work with them on making sure that our nursing graduates are aware of that program. Thank you.

CHAIRMAN (Ms. Groenewegen): Thank you, Mr. Roland. Mr. Yakeleya.

MR. YAKELEYA: Thank you. My questions would be on the Nursing Program at Aurora College. Madam Chair, I have a number of questions I want to ask. Is this the spot where I can ask these specific questions? Thank you.

CHAIRMAN (Ms. Groenewegen): I'll consult with the Clerk. One moment. Mr. Yakeleya.

MR. YAKELEYA: Thank you. Madam Chair, my question to the Minister on the program is we do have a Nursing Program in the North here. The government has taken steps to allocate thousands of dollars to train the northern students and the Minister has spoke on the success of the program. My questions are: how many students do we have in the program today or in the last few years; what's the success rate; how many graduates are reported as in the news; how many of these students are actually working here in the North; what measures are...what commitment does this government have to hire these trained nurses in our health centres; how do you measure these successes; and, are these northern students staying in the Northwest Territories? I'm asking these questions to the Minister.

CHAIRMAN (Ms. Groenewegen): Thank you, Mr. Yakeleya. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. I don't have the actual details with us. We can provide that information. Normally we have, in a graduation year, about 15 to 20 nurses. The program is offered up to each graduate nurse on what we call a Placement Program. They can select to be a part of it or not. We do have

some nurses go south; they are recruited by southern facilities. We do lose a few to that area that choose not to be part of our Placement Program. Of course, that affects their remission of the student financial assistance loans, as well.

The details on how the loan and student financial assistance works for the nurse graduates themselves, when the Department of Education, Culture and Employment comes up, they'll be able to provide that detail. They can also provide the graduation rates. We do have some information that I can provide to the Member on the amount of nurses that have been hired, how much of it in the North and the success rate. We'll provide that information. Thank you.

CHAIRMAN (Ms. Groenewegen): Thank you, Mr. Roland. Next on the list I have Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. I wanted to comment and question a little bit on the professional development, recruitment and retention, human resource area. One of the things I've heard from individuals who have worked or are working at Stanton, especially in the management side of things, is that a lot of their time is spent, or taken up, dealing with staffing issues and union issues; too much of their time. In fact, they don't get a lot of time to actually do the job that they've been hired to do.

What I'd like to suggest, and I don't know how this might come about, but is there somebody specifically at a facility like Stanton that would deal with union issues, staffing issues, so that managers who are hired to manage a ward or look after things in a certain area, all their time is not taken up dealing with staffing issues and union issues? I think that's the first question I'd like to ask.

CHAIRMAN (Ms. Groenewegen): Thank you, Mr. Ramsay. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. Madam Chair, the process, first and foremost, is the one that's well-established for all UNW employees in dealing with their superiors or the managers and how they deal with that issue; then shop stewards, of course, in every one of our communities and facilities. What we've done on the side of trying to streamline how we deal with HR issues within the Department of Human Resources, they deal with many of those issues. We have three dedicated staff that are within HR that deal with our issues at Stanton. Thank you.

CHAIRMAN (Ms. Groenewegen): Thank you, Mr. Roland. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. I'm not sure if the folks at Stanton actually understand or know how that works, because that is a concern that was brought to my attention. I think it's something that's very serious now. If managers are having to deal on a day-to-day basis with staffing issues, that's not really a good thing for them to be doing. Maybe a communication, or something, to your senior staff there at Stanton to that effect. I mean they should put the staffing issues where they belong and continue to manage the ward or the area where they've been hired to work. I think that's something that we need to get out there and we have to make sure and ensure that the managers are managing. That's very, very important, Madam Chair.

The other thing I just wanted to touch on, in terms of the social side of things and the new program, the one that's coming back to Yellowknife. When is that Social Work Program going to be up and running here in Yellowknife? When is the first intake going to be? Because on the website I haven't seen anything about it, the Aurora College website, to indicate there is a program coming to Yellowknife or anything like that. I mean it doesn't even mention Yellowknife when you look up social worker on the Aurora College website.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. Madam Chair, the Social Work Program being delivered through Aurora College here in Yellowknife, I believe the first entry will be September, so this fall coming up, but that can be confirmed with the Minister of Education.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. I'd just like to ask the Minister, in conjunction with the Department of ECE, what type of rollout or advertising or campaign is the department going to undertake to try to attract as many candidates to this Social Work Program as it possibly can?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. We are working with the Department of Education, Culture and Employment around this and how we roll it out, so there's a joint working group putting that together before the intake takes place. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Mr. Ramsay.

MR. RAMSAY: Just one other comment in this area. We've heard it in the House here in the past, the dependency on agency nurses. I think we're also developing a dependency on the northern nursing graduates in trying to fill the gaps. I don't know what we can do. We've got to be doing something better to attract and retain. I think the retention side of it is the most important, and we do spend a substantial amount of money in the area of retention and it just doesn't seem to have any life or develop into anything. We also seem to be talking about retention. We've had strategies in the past. Obviously they're not working. I'd like to ask the Minister, into the future what is he going to be doing? This money has to be obviously delivering something and I'd like to ask the Minister what his plans for the future are in terms of retention.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. Madam Chair, I guess first and foremost is one for retention side, is our remuneration package we have available for our nursing staff as well as for staff overall government-wide. We've always been challenged since the days of the 13th Assembly where we reduced our expenditures on that side of the scale when we removed the Housing Assistance Program as well as the VTA or

the vacation travel allowance packages. But we've been quite competitive on the salaries side with other jurisdictions. That will always remain a challenge when you look at the actual cost of living in many of our communities. So it's something we're going to have to continue to focus on.

But when you talk about long-term, and we're talking not next year but 10, 15 years out, trying to look that far down the road. The idea, as we've talked about, is having as many northerners trained and hired and working in our facilities than the need for recruiting from other jurisdictions becomes less and less. Meantime we're going to have to continue to do that and look at how we can fill those positions. At one point agency nurses were the tool that could be used to ensure we provided an adequate level of service. In fact, that was worked to a certain degree maybe too well, because now we're starting to actually fill beyond emergency level services and that's something we've worked with the health authorities on, is to ensure we're filling what needs to be filled. But we have other areas that we're working on, and the community health nurse development program is the next sort of stage where we take nurse graduates, give them the additional training and put them into these communities, as well as our nurse practitioner program. That is another one of those areas where we take the more experienced nurses and give them even more experience so that they can work in the smaller facilities and provide a higher level of service to people in the communities.

It's going to be a challenge, especially when you look at the age groupings out there. There's a large contingent of nurses getting close to the retirement years, and that will be a challenge for all jurisdictions to address that. That's why a lot of focus and emphasis is on the nurse graduate program and developing young nurses from our regions and communities to then hopefully work in our communities as we proceed. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. Just a couple other things here. I wanted to ask the Minister, and I'd like to just understand a little bit better how this works. It would seem to me that as a hospital, Stanton would be able to come up with a staffing template or something to that effect that would ensure adequate staffing in that facility. Now from there, that would go to the Department of Health and Social Services and it may cost more money to staff certain areas or do something, but I'm just wondering how come that hasn't happened. How come there hasn't been a staffing template or a staffing model developed by the people who are actually there doing the job at Stanton? To me, that would make sense to do something like that. I don't think we need to study it to death. I know you're going through a survey and you're going to come up with some results from that, but I think action needs to be taken and staffing is certainly a big issue.

The other side of that, too, is the requests for funding from Stanton. They go from Stanton, and I must say, Madam Chair, I'm very happy to see the new governance model that is being set up at Stanton. I think that's a step in the right direction, and I do believe a board, an authority is required at a hospital that size to ensure that there is that comfort level for accountability. I think instead of just

bouncing back and forth between the CEO, the DM and the Minister, I'd like to see that layer in there so there is some additional accountability. I think it's a step in the right direction, what is happening and transpired under your watch, sir. Again, I just wanted to ask that question. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair, and I thank the Member for comments in that area. The change that we've made recently is one that I feel does add a level of accountability, because ultimately the buck stops here when it comes to health care in the Northwest Territories. As a Minister, it needs an arm's length from an operation. It's either we're all in, or we operate the way we are. So that's why I took the step I did in that area.

The area of client care I guess, or how we set up our facilities, the nursing contingent, the specialties that are needed, is something that we do work with with our organizations. Ultimately, all of the health care delivery in the Northwest Territories has to fit within our integrated services delivery model, and each facility will have a different level of care of what can be done in a region, working all the way up to our territorial facility.

One of the other areas that we plug in is this patient care services. Although there's not showing money in it in '07-08, it was started with four of the main hospitals and the three, because they've been smaller, we've been able to do that. At the same time they were started in all three facilities, it was started in Stanton. We expect that to be done by the end of March, and that would be one of the tools that we can use again for the delivery process in our facilities. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Minister Roland. Next on the list I have Mr. McLeod.

MR. MCLEOD: Thank you, Madam Chair. I look at this and I see we've got \$2.2 million going to recruitment and retention in human resources, and I see across the page there we've got \$5.8 million to human resources. I'd just like to ask the Minister to explain to me why we have...Does the department have their own human resource section? My understanding is we set up the Department of Human Resources to look after the recruitment and retention of government employees, and I'm just curious to know why we have so much money here dedicated to human resources. Is this money we're transferring over to the Human Resource department so they can look after the recruitment and retention or do health and social services agencies plan on having their own human resource department again?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. McLeod. Mr. Roland.

HON. FLOYD ROLAND: Thank you, Madam Chair. Madam Chair, the comparison, as we do in this area, as I highlighted, is in fact for the hiring of staff. We work with Human Resources. They do all the benefits side of it, the hiring process, working with the unions and so on. The money identified, we still need money to pay for actual positions that get put into our facilities as well as some of the training initiatives.

The reference to the \$5.856 million, that falls into a number of categories and that deals with, for example, and I touched on it earlier, the Aurora College contract we have, professional development initiative and that's the further training of our staff in facilities; graduate placement mentorship program; locum relief pool and that's to deal with doctors and the bursaries. That is the money that's being used in those areas. It's not HR function. It's to pay for the additional training and that end. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Roland. Mr. McLeod.

MR. MCLEOD: Thank you, Madam Chair. Thanks to the Minister for that thought. I just see the word human resource and I think it's for a human resources function, hiring and staffing of the human resource section of Health and Social Services. If that's the explanation for it, I am willing to accept that. I would suggest maybe we find another name for it. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. McLeod. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Somehow I was actually sitting there as the question was coming up, we probably need to change the terminology or how we would call this. Ultimately in the department, even though we've given the function of human resources over to the Department of Human Resources, we are ultimately responsible for how the system works, I guess the accountability portion. That's why we see it this way. We look at the wording of it. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Next on the list is Ms. Lee. Thank you, committee. Back to page 6-23. Mr. Yakeleya.

MR. YAKELEYA: Mr. Chairman, I wanted to ask the Minister again, I know he's given some explanation to other Members here. It has to do with the front-line workers and the retention of front-line workers in our communities. There is the mental health worker, social worker, a real good nurse in our communities, even doctors in our region in the Sahtu. We are having a real hard time to retain them. It's mainly because of the housing issue. It's a big one and we have a hard time. I think it's been talked about so much that you ask what can we do to keep the nurses and the front-line workers in our communities and we keep saying this is the issue, but we keep getting back the same response from the government or from the health boards. I want to ask the Minister through his discussions with the other Cabinet Ministers, maybe the staff, we have an issue here. Last year we had the same discussion, what can we do to resolve this issue or look at a solution. I know there are other issues that are really sensitive that is going to be attached to this issue. A lot of people are going to be watching. That's a fundamental issue that keeps going back into our region. The mental health worker over Christmas couldn't stay because there were no houses. The mental health worker had to stay in a hotel. I have to see if, through this process here, there is a chance to shed some light to say we could possibly look at some issues to keep our workers in the small communities. Doctors, we need them. We need mental health workers, dentists and nurses. What can we do as the Department of Health?

CHAIRMAN (Mr. Ramsay): Mahsi, Mr. Yakeleya. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, the issue of front-line workers and what we can do for them from within the Department of Health and Social Services is challenging because even though we are within the department, we are all within the UNW. Even the fact that if we had a separate union specific, we would all have to match the same sort of contract requirements that are in place. So coming up with another housing program specifically for employees is not within our grasp at this point.

I recall back in the 13th Assembly when that program was taken out between VTAs and the housing allowance program that touched us for about \$32 million. I hesitate to guess what we would be touched for if we tried to put something back in place. That's where the northern allowance package was put in, was to deal with the higher cost of living in different communities around the Territories. For example, here in Yellowknife, it's just over \$2,000. In Inuvik, it was just over \$8,000. In the more remote communities, it's even higher. So that's the way of government to recognize the higher cost of living for all employees in the Territories, including the front-line positions. One of the areas for mental health and addictions workers is the training. What we are trying to do is increase the training that's available so they feel they are being supported by the department in the communities, as well as what we did over the years. For example, a lot of those positions were in the NGO part of our communities. We brought them within government and now they are consistent with our pay levels. So that's how we've dealt with that end of it. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chairman. Mr. Chairman, the comments made by the Minister are very accurate. The comments made are very true. This is an issue that is probably going to come up again next year. You don't find a solution to this issue here. The front-line workers, some of the mental health workers that we have in our communities are from outside of the community that have been brought into our smaller communities to work because the process of them recruiting them and training them, and the qualifications and all this stuff, I don't want to get into that right now. I want to get into how do we keep these really good workers in our communities?

Communities are putting out their own issues by having to stay in hotels. It's costing the communities or the health boards. So question again...That may be the \$64 million question: How do we keep these professional health workers in our communities that could stay there? We need doctors in the Sahtu that could stay in homes, same as the nurses, the mental health workers, social workers. They had built a program through the NWT Housing Corporation called Market Housing. Can we do more of that? We have to look at something like build an apartment and let them all stay in an apartment. My golly, we have to have these people and make sure we keep on having these kinds of comments come up. So again, I appreciate the Minister's comments, but I need to see that this is an issue that has to be taken. I know he will take it seriously. I know the Minister and his staff will take it

seriously, but we need to look at this. Again, I am going to look at these front-line workers.

CHAIRMAN (Mr. Ramsay): Mahsi, Mr. Yakeleya. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, the Member touched on an issue I was going to raise as well. In the past couple of budgets, we went through a process of the non-market housing initiative to deal with the professionals that come to our communities and try to find affordable housing in those communities.

We did establish that. It was a bit of a bumpy ride initially, but all of those units are now, if not the majority of them, all of them have been taken up. I would gladly raise that again to see if we should progress because it was done in two phases and now that's complete. We would have to look at if there is a will of this House to look at doing another level of that in trying to address that.

Part of the issue is affordable facilities in our communities. We still found that when we made those available, there was some reluctance to actually buy or purchase those units or lease those units, but I think as they became familiar with them, the uptake was better. We also found once we made those units available in communities, other community representatives or staff took up those available units as well. It was a success all the way around and we would have to continue working along that line in how can we address that, should we look at another level of that or another phase of that? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chairman. I will ask another question to the Minister on the mentorship program. The Minister talked about the mentorship program. I wanted to ask for some clarity on the mentorship program for the community health representative. We talked about nurses' mentorship program, you talk about mentorship programs for other front-line workers, but this one here is very needed. I think it would help alleviate some of the pressure we receive because of the situation with our nurses coming in every so often. They sometimes have a hard time. People have a hard time with the health issues. So the mentorship program for the community health representatives, is that a program that has a lot of support from the department to really look at this and say these people, the CHRs can save a lot of headaches for the nurses and doctors and that they could be the link for consistent, professional health care? That could give health care to the people that could help the people. I want to ask the Minister that question. What type of support are the community health representatives receiving under this mentorship program, Mr. Chairman?

CHAIRMAN (Mr. Ramsay): Mahsi, Mr. Yakeleya. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, I have said it a number of times and we have heard it a number of times in this Assembly. There could always be more done to help the situation we are in. What we have started doing is enhancing our training program for community health representatives, as well, looking at bringing in from time to time the retired community health representatives to work with the new staff that's hired, as

it is one of the initiatives. So we are looking at those areas to try to enhance some of the support that we do have out there. We do recognize there are areas that we can do some further improvement on. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Next on the list, Mr. Braden.

MR. BRADEN: Thank you, Mr. Chairman. Part of the allocation here, \$11.9 million on page 6-23, is aimed at funding the administration function of authorities. Mr. Chairman, I believe it was you who raised earlier in our discussion the realignment of the governance at the Stanton Hospital where the chairs of the regional health authorities, which have already been working together on other health policy issues, will also be assigned to look specifically at management at Stanton. One of the health authority chairs has been appointed to chair this advisory group, if I understand it correctly. As well, part of the administration has been shifted from the deputy minister who held the office of public administrator to this chair.

I don't know if I could go so far as to call this a board for Stanton. It does bring some more, if you will, focussed input into how the facility is managed. I guess the specific area that I wanted to track in this discussion, Mr. Chairman, was what new degree of accountability is assumed by this advisory group now that was not in place before, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Braden. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, the increased role of accountability ultimately goes to the group, and it is all the health authority chairs across the territory that sit on the Joint Leadership Committee. We've transferred the public administrator portion to the chair of the Joint Leadership Committee. So ultimately there is a fair bit of a responsibility now that is transferred to there where it was held within the department. I felt at the time we reviewed this that, as I was saying earlier, ultimately the buck stops here. If I feel or the information is being provided that an authority is having some difficulty in something or not following some of our procedures or continuing to have problems, as Minister, I would have to step in. I felt that while we, as a department, had the strings of the public administrator portion, that the accountability would come under question. We would be part of the mix at all times, but ultimately having the hammer. If they made a decision we didn't like, then we would just overstep them. In this case, they have that authority to make the decision. We are still plugged in through the Joint Leadership Committee overall, but that is all issues across the territory dealing with all authorities. In a sense, they have the responsibility now as a board, as an authority would have, but we have not gone that full stage. Ultimately, in a sense, we are there having a territorial representative group sitting on the operations of the territorial facility. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Braden.

MR. BRADEN: Okay. A couple of aspects of this; while recognizing that it is a territorial hospital, it is also Yellowknife's hospital. I think the community has missed to some degree, since the elimination of the actual Stanton board about four years ago now, has been an actual voice or office or person or process to use in terms

of saying how is our hospital being run. By "our," I mean Yellowknife as a community. So I guess this is where I am going, Mr. Chairman, when I ask about accountability. Who can my community go to when it comes to concerns, ideas or suggestions about how Stanton is administered from the point of view of my community hospital?

I think, Mr. Chairman, we are dealing with a perfect example of an issue here in the Legislature this afternoon, an issue regarding cleanliness and standards of housekeeping in the hospital. Not that it's not important, Mr. Chairman, but it does seem unusual that a matter of really such routine management should end up on the floor of the Legislature. It's an ideal thing for a board or a committee that has more direct responsibility to be accountable for. That's the kind of thing that I wanted to know. The next time an issue comes up about the way things are being handled at Stanton and I or my constituent go directly to this committee or to this new public administrator to get answers and accountability, is that what we have now, Mr. Chairman?

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Braden. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, what's in place now would be just that. First and foremost, Yellowknife has the Yellowknife Health and Social Services Authority and the chairman of that authority sits on this council. So that's the first level.

Where issues come up with care in your community would be addressed through the local authority, which then would bring it to the Joint Leadership Committee who is now overseeing the operation of Stanton.

The chairperson of this facility also can deal with that. Issues can be brought to that table. The meetings will be held here and they are open to the public. So it's a public process as well. I will use Inuvik. Inuvik has the Inuvik Regional Health and Social Services Authority, but we have one representative on that group and each community has a representative. That's the way we function. It changed its setup a number of years ago as well, one dealing with the size of the facility. It went down to regional organizations at one time, but is back up to community reps on that authority.

Ultimately, issues here, within the community of Yellowknife specifically let's say, can be addressed through the Yellowknife Health and Social Services Authority and then ultimately it's brought to the Joint Leadership Committee that deals with the overall operation of Stanton.

I have to put this on the record, even though we have health authorities who are front-line in communities and regions, we will not get rid of the opportunity that Members of this House feel they need to address issues with the appropriate Minister. We have changed boards, we have structured boards back to full boards and whatever, but ultimately when an issue becomes enough of a thorn, it gets addressed by the Minister and we end up dealing with it in this forum. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Braden.

MR. BRADEN: Yes, that indeed, as the Minister has just discussed, has for me been a real problem within our

governance system. I think by leaving so much of the authority and accountability still vested in the Minister and in the Legislative Assembly, that the role and the authority of our appointed boards becomes quite limited. The real damage -- I'm sorry, that's not the right word -- the real impact is for the general public who don't know where to go when they want to get a problem solved.

Going and talking to a board or a committee and trying to get a street level answer, if you will, is a lot less onerous than coming into a political environment. I guess I am a real fan, a real advocate of decision-making and accountability disseminated to the level that is closest to the people it affects, but we are, for some reason, Mr. Chairman, still holding back on allowing our authorities to have that discretion and that authority. I think it's confusing and cumbersome for the public and the patients and people who use the system.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Braden. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, this is not unique to health authorities and the Department of Health and Social Services. We have elected boards through the district education councils, district education authorities and we still deal with bus service provided to communities or kindergarten or a lot of those factors even though elected...I don't know in our jurisdiction, as small as we are, if we will ever get out of the situation where because we are so accessible as Members in our communities, people can come and talk to us. They want us to represent their case. I know the practice for myself has been if an issue is around health, I will go deal with the regional body first in my community. If it's education, the same thing; deal with the district education council. Ultimately, if I don't like what I am getting, I will raise it with the Minister. That's what we find. In some cases, some people it's easier to address. We are in the environment and an issue is the hot button of the day comes up and we deal with it. I don't know if we will ever get away with that, but ultimately as I have taken the step or with the department, the Yellowknife Health and Social Services Authority has representation on the Joint Leadership Committee that deals with the management of Stanton. We are plugged into what is happening to make sure we are just plugged in. Ultimately if things go wrong, that's where I say as a Minister, along with every other Minister in their specific areas, retain the authority to step in if required to do so. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Thank you, Mr. Ramsay. Thank you, Mr. Chairman. I am here this time. I just have a short question and I am not sure if it's...I hope I can ask this question. I just want to know if the Minister could give us an update on Infoway, the electronic system. It's on page 6-22 on information systems. We were talking about 6-23 or did we move on? I'm sorry. If the Minister could give me an update on where he is on the money that we've been spending on improving the information system. If this is not appropriate, that's okay too. I will do it another time.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. No, we are on page 6-23, so that question is relevant. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, the Canada Health Infoway is what we have been working with and works with all provinces and territories on a number of initiatives to try to get projects forward. That hasn't gone as well as we would like. Of course, it's funded by the federal government and we are all competing to try to get our projects in there. We do have a number of initiatives, but not specifically addressed in this budget, that we are hoping to proceed with. Ultimately, it's something we would like to have working better and more efficiently, but because it's made up of all jurisdictions, how we can draw the money, what projects we can approve, is fairly cumbersome and we've had slow response, but we believe we've got a number of initiatives that we can bring forward but not during this budget cycle. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: So is it safe to say the whole initiative is on hold?

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. FLOYD ROLAND: Sorry, Mr. Chairman. I missed that question.

CHAIRMAN (Mr. Ramsay): Mr. Lee, I will allow you to repeat your question.

MS. LEE: Thank you. I think I was too short that time. Is it safe to say then that the Infoway initiative and related activities that this government has been engaged in is on hold?

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. They are not on hold. We continue to move on that and we've worked on a couple of options that in the near future we will be bringing forward to committees. Ultimately the overall program has been a slow, cumbersome process. It doesn't mean we've put it on hold. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Perhaps I should add that to the list of discussions we could have in the Social Programs committee. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, yes, we would gladly give an update as to where things lie with that program. As I stated earlier, we will be bringing something forward to AOC here in the near future. This will be one of the areas as well. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Anything further, Ms. Lee? Thank you, Ms. Lee. I will go now to Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. My questions are just in one area with regard to Stanton board. The

Minister had received several questions and I would like to take it from my perspective and maybe it won't require a lot of questions. That being said, the Minister is probably well aware that I advocated in the fall about the importance of an independent board governing Stanton Territorial Hospital. First, I will say kudos to the efforts of putting that into place. My questions are more directed around the area of what role will the Minister play when it comes to Stanton Territorial Health Board? Will the Minister describe his role? If you could qualify it so I could be ultimately clear on whether the Minister is going to play a hands-on role or a hands-off role. Will he play a guiding role? Will the board be independent to make their own decisions and recommendations to the Minister? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Hawkins. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, as I stated earlier, ultimately the buck stops here. That goes for every Minister and authority we get approved spending through this budget. But as we have with our health authorities, and in particular with the Joint Leadership Committee off the subcommittee where they'll specifically deal with the operation of Stanton Territorial Hospital, as well as the decisions that are being made there, they'll be working with senior staff. My role, as with every other facility or every other authority, will be one of a very interested Minister. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. I will thank the Minister for saying that that sounds like a board that gets to work unfettered, but yet an interested Minister will make sure that it's accountable. I think that's how I heard that. So no further question. That's what I was searching for last year with my questions and it sounds like it's happening. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Hawkins. Committee, we are on page 6-23, I'll draw your attention back to that page. Program delivery support, grants and contributions, contributions, \$14.717 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-27, activity summary, health services programs, operations expenditure summary, \$156.294 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-29, activity summary, health services programs, grants and contributions, grants, total grants, \$25,000.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Contributions, total contributions, \$124.332 million. Ms. Lee.

MS. LEE: Thank you. Mr. Chairman. I want to ask the Minister and the officials here if the government has given a thought, and I'm thinking that this may be under health services or health centres, primary care, first contact care and it has to do with the vaccine that's available to vaccinate young girls to prevent ovarian cancer. I understand that that's under discussion and some

jurisdictions have decided to do that and not others. I'm not suggesting that we should move ahead on into that, but I would like to know if the government has at least taken a look at that, because I think anything to prevent ovarian cancer in a good way is something that we should look into, and other transmitted diseases, but I think anything we do will have to engage the parents and school authorities. So I think that's deserving of a discussion. So I would like to know if the Minister has done anything about that and if not, if he's willing to look at it. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, the whole area of a vaccination program and initiative we have been working with the federal government around that, and it has been fairly challenging in trying to get a program running nationally. There are some very expensive vaccination programs out there. The Member is right; that issue has been addressed and is being looked at. I shouldn't say addressed, is being looked at by a number of jurisdictions. We've been doing our work in an area of three potential options. One is trying to work with the federal government so that they can come up with a national immunization program or include it in or revitalize it is what we've been having discussions with other jurisdictions on. The second one is do we incorporate a program where it's a user-pay program if parents wanted to take that initiative. Then one of the options is to look at do we do it on our own within our existing resources. So it is being looked at. Preferably, as with every other jurisdiction, we'd have the federal government step up to the plate here and incorporate it into a national immunization program and make that available through that source, but we've been challenged in trying to come up with a happy medium between that and jurisdictions. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: I don't know a lot about it, but from what I'm reading from the media available to us, it's most effective for the young women between certain ages. You know, we don't have millions of people in our jurisdiction. So I'm wondering, and I don't think everybody would go and get it, but if we were to make it available, I'm wondering if the Minister has done any cost analysis if we were to do this on our own, how expensive are these vaccinations? Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, we don't have that information as of yet. We've just started to look at the matter through our chief medical officer's office and we'll continue that work. Of course, we continue to work with other jurisdictions trying to get the federal government to step up to the plate here and ultimately this will take the parents' involvement in something of this matter. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Thank you. As a final question then, I think this is an area that really deserves a really close look at and,

of course, we have to have more attention paid to the policy implications and financial implications and how, if we were to do it, how do we role it out and such? So it sounds like the medical officer is looking into it. Could I get the Minister to just give some resources to that, have the staff look at it and come back to us about just different aspects of this issue so that we could all look at it and see if there's anything we can do here? Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, as stated, we are starting to do our work on it. Once we have a better grasp of where things are, we'll gladly sit down with Social Programs and give them an update.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Committee, we're still on page 6-29, health services programs. Mr. Yakeleya.

MR. YAKELEYA: Mr. Chairman, two questions I have is first the small communities. Again, it goes back to the first contact with health care workers and the types of services. If it's an elder, how ready and available I guess do we get the CHRs or anybody else in the communities that could be used as qualified in that area in terms of translating for the elders? Are they receiving some type of training in medical terms? I just want to make sure that some of the elders in our communities, sometimes there's translators there but they're not very well trained for the medical terms. So I wanted to ask the Minister is that something that's going to be looked at by his department in terms of having some qualified people, get some training and compensate them for being called out at any hours of the night to look after the elders in terms of getting their needs met by the health care? Thank you.

CHAIRMAN (Mr. Ramsay): Mahsi, Mr. Yakeleya. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Before I pass this on to Mr. Parker for some specific detail, ultimately through CHRs being that they are government employees, if they're called out in the evenings to help out, they will be remunerated through our normal policy. Any government employee called back into service after hours will be taken care of through our normal arrangement we have with our union workers.

Specifically for some of the training initiatives, what we have available for our community, I'll have Mr. Parker give that specific detail. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chair. I would like to ask the Minister, through his staff, ask specifically through his staff in terms of the type of programs that could be available for community members and also maybe I'll go a step further. If there is a CHR that may be a way for a holiday or may be gone somewhere for medical reasons say, who in the community that they could use and what type of compensation would be there for them to be used as a translator or to help out with the situation? Thank you.

CHAIRMAN (Mr. Ramsay): Mahsi, Mr. Yakeleya. I'll go to Mr. Parker to answer both of those questions.

MR. PARKER: Thank you, Mr. Chair. Just in terms of the training, I'll start there first. Two things; one, in most health centres there is a clerk interpreter that's there that does have the skills and is trained in medical terminology. We are working on a plan for enhanced training. So the training and that right now is mainly provided to the clerk interpreters, but also to be provided to the CHRs for their own training.

In terms of backup when a CHR is away, there are arrangements for providing the coverage through casual pay. There is a bit of a difficulty there in that not every community has a person that has that kind of training in the individual communities to provide that service. So there are some practical difficulties with getting a person to provide backup for a CHR. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Parker. Anything further, Mr. Yakeleya?

MR. YAKELEYA: Thank you. One more question, Mr. Chairman. I believe that the department and the Minister will be working on some type of issue as to the backup and to the interpreter translating as it's an ongoing issue. I think, Mr. Chairman, that's where the retired CHRs come in in terms of providing support. I think it's a job they have done many years and I think there's even retired social workers in the communities that could help out in that area. So I think there's some ways it could be worked out. I believe that the Minister would work with the health boards in that area.

My last question to the Minister is on the equipment that's needed in some of our communities in working with the health boards in terms of some basic equipment. For example, Colville Lake in terms of some of the basic equipment they need. I know that some of the staff members have done some work to bring up the standards from the medieval times to the modern times, sort of thing, in terms of our health support system. So I wanted to support the Minister in terms of this budget item. I really think that's good. More of a comment to the Minister, I think I don't really have a question there for the Minister unless he has information as in yes we are doing this in the small communities like Colville or Wrigley or Jean Marie or some of the smaller communities that have a small number of people that need to have really upgraded health care services and supplies. Thank you.

CHAIRMAN (Mr. Ramsay): Mahsi, Mr. Yakeleya. Mr. Minister, comment?

HON. FLOYD ROLAND: Thank you, Mr. Chairman. We do have a plan in refreshing, as we call it, refreshing equipment in communities and a lot of that depending on some of it is the smaller pieces of equipment we can put into those communities it would fall under the small budget item of capital program area. So that's where we'd address it. For example, we've got capital under \$50,000 where health authorities can use that money for different communities within their authority and what areas they can address that. It is not a large amount. It's something that we've recognized, as a department, needs to be addressed. Thank you, Mr. Chair.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Committee, we are on page 6-29, health services programs, grants and contributions, grants, \$25,000.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Contributions, \$124.332 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Total grants and contributions, \$124.357 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-31, activity summary, supplementary health programs, operations expenditure summary, \$17.698 million. Mr. Braden.

MR. BRADEN: Thank you, Mr. Chairman. An issue related I believe to this aspect of our sort of a health insurance program was a decision made earlier or last year at some point I believe by our principal insurer to not cover the provision of...Sorry, let me start over again, Mr. Chairman. The decision was one that impacted the staff of the GNWT and I believe the federal government where an insurance provider changed their administration on this and where our staff were required to purchase non-drug supplies. Now, this would be things like test strips for diabetes or ostomy products. The system that we had in place before, Mr. Chairman, was that a staff person or someone covered under the GNWT plan could go to a pharmacy, purchase the materials, pay I believe 20 percent, which was their share and the rest of it would be administered through our Inuvik health care system. However, Mr. Chairman, because of a change in administrative procedure, staff who needed these supplies were now required to pay all of the cost and submit individual claims to the Inuvik office. Mr. Chairman, at the end of the day, these employees received reimbursement for the cost of the supplies. So technically they're not out of pocket. However, this had to have created a much greater new administrative burden because instead of a few pharmacies or outlets billing our health department perhaps on a weekly or monthly basis, we have probably got dozens of eligible staff persons submitting bills on a monthly basis and it just seemed to be a whole administrative step that was quite unnecessary and in fact may be causing some staff who otherwise would not have to pay for this through the convenience of their health care plan to actually be absorbing the cost of these supplies because it's such a hassle.

The other impact that was felt, Mr. Chair, by some constituents was that in the case where they may have needed several hundred dollars worth of supplies a month, their cash flow could not sustain this and the speed at which Inuvik was able to reimburse this was usually several weeks and their own personal households took a real hit because of this change in administration. Earlier this year or last year when I made some inquiries about it, the Minister was not able to identify really why it happened or what could be done to change it and I was wondering if anything new had developed on this file, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Braden. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, the department, as this came about, I guess our side of it is, is the existing program was working fine. We've noted our concerns with the changes. Ultimately it is a Sunlife program that affected our employees and other employees that fall into their plan and we have not got any further with this issue with Sunlife. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Braden.

MR. BRADEN: Mr. Chairman, okay, Sunlife is bigger than our government. It's unfortunate we can't get anywhere. Aren't we the customer here, aren't we the client? Shouldn't Sunlife be trying to help us out? Mr. Chairman, the impact is on my constituents and I think others around the Northwest Territories who are otherwise out of pocket at least for some period of time while Inuvik processes their claims. Is the Inuvik office alert to this and doing the very best they can to turn reimbursement cheques around, Mr. Chairman?

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Braden. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, as stated earlier, this is totally a Sunlife issue. We don't deal with any of those purchases or reimbursement issues through our health services administration office. This operates through the HR department and Sunlife itself. So that's how that flows when it comes to the changes that Sunlife had made. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Anything further, Mr. Braden?

MR. BRADEN: Mr. Chairman, are we continuing to press this with Sunlife on behalf of our staff at least, or have we closed the file on it?

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Braden. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, we've been working with the human resources to continue to try and address this issue and the last discussion we had trying to get to the next level of where things sat.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Braden.

MR. BRADEN: Thank you, Mr. Chairman. Finally, I understand this also affects the federal government. They're a much bigger payroll and staffing component than we are. Are they also pursuing this or have they given up on it, Mr. Chairman?

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Braden. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. We're not aware of what the federal government has been doing.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Next on the list I have Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. I just have questions on the initiative the Minister is working on to

revamp, change or refine the Supplementary Health Benefits Program. He's been working on some policy changes. Is that money incorporated here, or is that still in the works? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, we've started the work on the policy piece initially, but that's not incorporated. There are no changes to the program. We would have to bring that forward and work with committees as we look at the program and policy. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: That's fine, thanks.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chairman. The Supplementary Health Benefits Program, one of the things my region asked if they would look at, I am not too sure if the Minister would consider this or the staff would consider this in terms of the health board, is looking at compensating the escorts coming down with the patients from our small communities. A lot of them put the pressure on the families and they certainly would come, but a lot of family members also have work. Some have to take some time away from work and the employees are pretty well sympathetic to the travel, so they would give additional days or take time off of work. Some of the constituents of mine asked if they would take someone out of the community for three or four days sometimes. Could they be compensated for helping these people come down on medevac or any type of medevac? I am not too sure what kind of issues that raises with the department. They are looking at this type of request in my region. Has the department given any thought or is that something they would consider? No luck. Thank you.

CHAIRMAN (Mr. Ramsay): Mahsi, Mr. Yakeleya. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. If I got the question correctly, the cost of medical escorts or escorts for family members. What we do now is we cover the medical travel itself. We also cover, if people are housed, for example, in the Larga home in Edmonton, that's covered through that system. If they are in a hotel, then we would cover the cost of the hotel and meals, but that's where it would stop. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Anything further, Mr. Yakeleya?

MR. YAKELEYA: Thank you, Mr. Chairman. The people who are making this request appreciate that. Every time an elder leaves the community, they would hope that the department would take care of them and the department does a good job of taking care of them. Sometimes they have to fight to get an escort on that plane because a doctor says that elder understands English or he can talk English. We have our fights sometimes in the communities. Sometimes the nurses are really good and the doctors and they allow them to come on. I get these calls in my community, in my region and so I would like to

say hopefully with the seniors and elders it should be automatic that they should have an escort by the community members. Some may comprehend English quite well out of respect or whatever, but they have a hard time understanding some English. I guess that's one issue.

The other issue is the Minister has stated very clearly that this is all part of working with the escorts. That's fine. I am not too sure what type of dollars you are looking at, but I am saying that's a request. It's another passionate plea on behalf of my people. I know the constraints within this budget, but that is something they are looking at. Then we get into a fight. Well, they don't want to come because they are going to miss work. They pulled me out of this house here. I missed work for three or four days and no pay. It's a tough issue in our small communities. These things make things sometimes difficult in our region. So I am going to ask the Minister, I know it will probably take more time but that's what I wanted to bring up on behalf of my region on this issue here. Thank you.

CHAIRMAN (Mr. Ramsay): Mahsi, Mr. Yakeleya. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Mr. Chairman, medical travel is one of our growth areas that we have difficulty dealing with. In fact, I think you would find human resources on behalf of government employees is finding that a difficult area to deal with. What we do have in place again, compared to other jurisdictions, is one of the best that is in place. Also our policy is for seniors 65 and over, a medical escort is looked at. It's not a matter of English or if they are able to move and so on, that's one of our policies. At 65, it's not a question then of the condition you are in when you are flown. Anything younger than that, we feel at that point comprehension of English and that should be fairly straightforward. If you feel there are concerns, it should be addressed case by case with the doctor that's dealing with the patient. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Anything further, Mr. Yakeleya?

MR. YAKELEYA: Thank you, Mr. Chairman. The medical escorts for 65 years and over for a patient, I think at least in our communities, the Sahtu, I think all the communities, any elder 65 and over should be having a support person there with them. They need the support, the family support. Going into the doctor or hospital sometime is scary; talking to the medical professional is scary. Leading them around Yellowknife here is scary in the cabs. They need support. I know the Minister says it's case by case, but I think it's really mandatory that anybody over 65 should have someone come down with them and escort them to the health centres here. We have some stories from the past of how the situation is looked at. Doctors come into our communities every so often, so we are making some pretty powerful judgments on who gets an escort and who doesn't. Who gives them that type of authority with that amount of time in the communities? It's really hard for me to sit here and say...I know they have that training in terms of keeping people in a medically healthy state, but saying you need to go to Edmonton or Yellowknife, I really think that elder should really have some support when they come here. I know elders when they come here have a hard time getting around. I think that is a benefit we should give to the elders to support them.

I do want to thank the Minister for really helping us out in the region on the travel of our elders. They give direction that the elders have a choice to travel on Canadian North on the big plane when flying from our communities rather than on the smaller aircraft because of the condition of the elders. So that was a good thing that you did for our elders. I think we just need to improve this system here. I know it is about the dollars. I know the situation with the federal government in terms of these benefits here.

I am making my plea again to the Minister at this time in the budget here. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Yakeleya. Mr. Minister.

HON. FLOYD ROLAND: Thank you, Mr. Chairman. Just to be clear on the record, our policy is anybody over 65 does get an escort. Under 65, it's case by case and we work with the doctor. We do have that in place. We won't be changing that at this point. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. We are on page 6-31, activity summary, supplementary health programs, operations expenditure summary, \$17.698 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-33, activity summary, supplementary health programs, grants and contributions, contributions, \$10.288 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-35, activity summary, community health programs, operations expenditure summary, \$69.187 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-37, activity summary, community health programs...Mr. Braden.

MR. BRADEN: Mr. Chairman, thank you. I move we report progress.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Braden. The motion is in order. The motion is not debatable. All those in favour? All those opposed? The motion is carried.

---Carried

Thank you, committee. I will now rise and report progress. I would like to thank the Minister and his staff for being with us. Nice seeing you, Mr. Elkin and Mr. Parker.

MR. SPEAKER: Report of Committee of the Whole. Mr. Ramsay.

ITEM 18: REPORT OF COMMITTEE OF THE WHOLE

MR. RAMSAY: Thank you, Mr. Speaker. Mr. Speaker, your committee has been considering Bill 21, Appropriation Act 2007-2008, and Committee Report 9-15(5) and would like to report progress. Mr. Speaker, I move that the report of the Committee of the Whole be concurred with.

MR. SPEAKER: Thank you, Mr. Ramsay. Do we have a seconder? The honourable Member for Sahtu, Mr.

Yakeleya. The motion is in order. All those in favour? All those opposed? The motion is carried.

---Carried

Third reading of bills. Mr. Clerk, orders of the day.

ITEM 20: ORDERS OF THE DAY

CLERK OF THE HOUSE (Mr. Mercer): Orders of the day for Thursday, February 15, 2007, at 11:00 a.m.:

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Recognition of Visitors in the Gallery
6. Oral Questions
7. Written Questions
8. Returns to Written Questions
9. Replies to Budget Address
10. Petitions
11. Reports of Committees on the Review of Bills
12. Tabling of documents
13. Notices of Motion
14. Notices of Motion for First Reading of Bills
15. First Reading of Bills
 - Bill 9, Write-off of Assets Act, 2006-2007
 - Bill 22, Supplementary Appropriation Act, No. 3, 2006-2007
16. Second Reading of Bills
17. Consideration in Committee of the Whole of Bills and Other Matters
 - Bill 18, An Act to Amend the Education Act
 - Bill 19, An Act to Amend the Archives Act
 - Bill 21, Appropriation Act, 2007-2008
 - Committee Report 7-15(5), Standing Committee on Accountability and Oversight Report on the 2007-2008 Pre-Budget Review Process
 - Committee Report 8-15(5), Standing Committee on Governance and Economic Development Report on the 2007-2008 Pre-Budget Review Process
 - Committee Report 9-15(5), Standing Committee on Social Programs Report on the 2007-2008 Pre-Budget Review Process
18. Report of Committee of the Whole
19. Third Reading of Bills

20. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. Accordingly, this House stands adjourned until Thursday, February 15, 2007, at 11:00 a.m.

---ADJOURNMENT

The House adjourned at 18:03.