Northwest Territories Canada

LEGISLATIVE ASSEMBLY OF THE NORTHWEST TERRITORIES

2nd Session

11th Assembly

HANSARD
Official Report
Day 19

MONDAY, MARCH 7, 1988

Pages 698 - 738

Speaker: The Hon. Red Pedersen, M.L.A.

LEGISLATIVE ASSEMBLY OF THE NORTHWEST TERRITORIES

Speaker

The Hon. Red Pedersen, M.L.A.
General Delivery
Coppermine, N.W.T.
XOE OEO
(403) 873-7629 (Office)
(403) 873-5788 (Home) (Yellowknife)
(403) 982-5788 (Coppermine)
(Kitikmeot West)

Allooloo, The Hon. Titus, M.L.A.
5024 - 57th Street
Yellowknife, N.W.T.
X1A 1Y6
(403) 873-7113 (Office)
(403) 873-4813 (Home)
(Amittuq)
Minister of Culture & Communications and Renewable Resources

Angottitauruq, Mr. Michael, M.L.A.
General Delivery
Gjoa Haven, N.W.T.
X0E 1J0
(403) 360-6600 (Office)
(403) 360-6704 (Home)
(Natilikmiot)
Deputy Chairman
Committee of the Whole

Arlooktoo, Mr. Joe, M.L.A.
General Delivery
Lake Harbour, N.W.T.
XOA ONO
(819) 939-2363 (Home)
(Baffin South)

Ballantyne, The Hon. Michael, M.L.A.
P.O. Box 1091
Yellowknife, N.W.T.
X1A 2N8
(403) 873-7658 (Office)
(403) 920-2963 (Home)
(Yellowknife North)
Minister of Finance and Justice

Butters, Mr. Tom, M.L.A.
P.O. Box 1069
Inuvik, N.W.T.
XOE OTO
(403) 979-2373 (Office)
(403) 979-2373 (Home)
(Inuvik)

Cournoyea, The Hon. Nellie, M.L.A.
P.O. Box 1184
Inuvik, N.W.T.
XOE OTO
(403) 873-7128 (Office)
(403) 977-2405 (Tuktoyaktuk)
(403) 979-2737 (Inuvik)
(Nunakput)
Minister of Health

Crow, Mr. Charlie, M.L.A.
General Delivery
Sanikiluaq, N.W.T.
XOA OWO
(819) 266-8940 (Home)
(Hudson Bay)

Ernerk, Mr. Peter, M.L.A.
Box 182
Rankin Inlet, N.W.T.
XOC OGO
(819) 645-2800
(819) 645-2500
(Aivilik)

Gargan, Mr. Samuel, M.L.A.
General Delivery
Fort Providence, N.W.T.
XOE OLO
(403) 873-7999 (Office)
(403) 699-3171 (Home)
(Deh Cho)
Deputy Speaker and Chairman, Committee of the Whole

Kakfwi, The Hon. Stephen, M.L.A.
P.O. Box 1320
Yellowknife, N.W.T.
X1A 2L9
(403) 873-7139 (Office)
(403) 873-8215 (Home)
(Sahtu)
Minister of Government Services and Housing

Kilabuk, Mr. Ipeelee, M.L.A.
General Delivery
Pangnirtung, N.W.T.
XOA ORO
(819) 437-8827 (Home)
(Baffin Central)

Lewis, Mr. Brian, M.L.A.
P.O. Box 1320
Yellowknife, N.W.T.
X1A 2L9
(403) 873-7999 (Office)
(403) 873-5549 (Home)
(Yellowknife Centre)

Marie-Jewell, The Hon. Jeannie, M.L.A.
P.O. Box 1051
Fort Smith, N.W.T.
XOE OPO
(403) 873-7959 (Office)
(403) 872-2940 (Home)
(Slave River)
Minister of Social Services

McLaughlin, Mr. Bruce, M.L.A.
P.O. Box 2637
Yellowknife, N.W.T.
X1A 2P9
(403) 393-2939 (Office)
(403) 393-2226 (Home)
(403) 920-3166 (Office)
(403) 873-6220 (Home)
(Pine Point)

Morin, Mr. Don, M.L.A.
General Delivery
Fort Resolution, N.W.T.
XOE OMO
(403) 394-3471
(Tu Nede)

Nerysoo, Mr. Richard, M.L.A.
Fort McPherson, N.W.T.
XOE OJO
(403) 979-2668 (Home) (Inuvik)
(Mackenzie Delta)

Patterson, The Hon. Dennis
P.O. Box 310
Iqaluit, N.W.T.
XOA OHO
(403) 873-7112 (Office)
(819) 979-5993 (Office)
(403) 873-2802 (Home)
(Iqaluit)
Government Leader, Chairman of Executive Council, Minister of Executive and Education

Pollard, Mr. John D., M.L.A.
Box 1095
Hay River, N.W.T.
XOE ORO
(403) 874-2345 (Office)
(403) 874-2600 (Home)
(Hay River)

Pudluk, Mr. Ludy, M.L.A.
P.O. Box 240
Resolute Bay, N.W.T.
XOA OVO
(819) 252-3719 (Home)
(High Arctic)

Richard, Mr. Ted, M.L.A.
P.O. Box 1320
Yellowknife, N.W.T.
X1A 2L9
(403) 873-7920 (Office)
(403) 873-3667 (Home)
(Yellowknife South)

Sibbeston, The Hon. Nick, M.L.A.
P.O. Box 560
Fort Simpson, N.W.T.
XOE ONO
(403) 873-7123 (Office)
(403) 873-6215 (Home)
(Nahendeh)
Minister of Economic Development & Tourism

Wray, The Hon. Gordon, M.L.A.
Baker Lake, N.W.T.
XOC OAO
(403) 873-7962 (Office)
(819) 793-2700 (Home)
(Kivallivik)
Minister of Municipal & Community Affairs, Personnel and Public Works & Highways

Zoe, Mr. Henry, M.L.A.
P.O. Box 1320
Yellowknife, N.W.T.
X1A 2L9
(403) 873-7999 (Office)
(403) 873-4136 (Home)
(Rae - Lac la Martre)
Deputy Chairman, Committee of the Whole

Officers

Clerk
Mr. David Hamilton
Yellowknife, N.W.T.

Clerk Assistant
Mrs. Rhoda Perkison
Yellowknife, N.W.T.

Law Clerk
Mr. Joel Fournier
Yellowknife, N.W.T.

Editor of Hansard
Ms Marie J. Coe
Yellowknife, N.W.T.

Sergeant-at-Arms
Mr. Raymond Mercer
Yellowknife, N.W.T.

TABLE OF CONTENTS

MONDAY, MARCH 7, 1988

YELLOWKNIFE, NORTHWEST TERRITORIES

MONDAY, MARCH 7, 1988

MEMBERS PRESENT

Hon. Titus Allooloo, Mr. Angottitauruq, Hon. Michael Ballantyne, Mr. Butters, Hon. Nellie Cournoyea, Mr. Crow, Mr. Ernerk, Hon. Stephen Kakfwi, Mr. Gargan, Mr. Lewis, Hon. Jeannie Marie-Jewell, Mr. McLaughlin, Mr. Nerysoo, Hon. Dennis Patterson, Hon. Red Pedersen, Mr. Pollard, Mr. Pudluk, Mr. Richard, Hon. Gordon Wray, Mr. Zoe

ITEM 1: PRAYER

---Prayer

SPEAKER (Hon. Red Pedersen): Orders of the day for Monday, March 7th. Item 2, Ministers' statements. Mr. Patterson.

ITEM 2: MINISTERS' STATEMENTS

Ministers' Statement 35-88(1): Accident Involving Minister Of Economic Development And Tourism

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. Mr. Speaker, I wish to inform you that the Hon. Nick Sibbeston will likely be absent from the House and its deliberations for the rest of this week. Mr. Sibbeston was involved in a car accident on Saturday evening on the Ingraham Trail. His van was hit by another driver. I wish to assure Members that Mr. Sibbeston and his two daughters have not suffered serious injuries. While they did not require hospitalization, some rest and recuperation is necessary. The passenger of the other vehicle has been sent to Edmonton suffering from massive head injuries. The RCMP are still investigating the accident and I understand are considering laying charges against the other driver. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Patterson. Ministers' statements. Mr. Patterson.

Ministers' Statement 36-88(1): Federal And Territorial Ministers Meet In Iqaluit

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. Mr. Speaker, I am pleased to announce that four federal cabinet Ministers and the Executive Council, cabinet, will meet in Iqaluit later this week. We will be discussing economic development strategies and opportunities for the Northwest Territories.

The federal government will be represented by the Minister of Northern Affairs, Bill McKnight; Minister of Public Works, Stewart McInnes; Minister of Fisheries and Oceans, Tom Siddon; and Minister of State for Small Businesses and Tourism, Bernard Valcourt. Mr. Valcourt is also Minister of State for Indian Affairs and Northern Development.

As you know, Mr. Speaker, a priority for our government and the federal government is the encouragement of economic development in the Northwest Territories. This meeting will concentrate on ways of working toward this goal. Specifically, we will discuss fisheries policy, the North Warning System, the contracting and tendering policies of the two governments and transportation. We look forward to this meeting in Iqaluit on Thursday and Friday with Members of the federal cabinet, in the hope of laying the groundwork for understanding and further co-operation. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Minister. Ministers' statements. Mr. Patterson.

Ministers' Statement 37-88(1): Spence Bay Students Start Their Own Company

HON. DENNIS PATTERSON: I certainly do not intend to monopolize this, Mr. Speaker, but I am very pleased to inform this Assembly about a unique business project undertaken by students in Spence Bay. The pilot project is geared to help students develop business and workplace skills which they will be able to put to good use in the future.

With the support of the Spence Bay local education authority and the Netsilik School these students are enthusiastically operating their own baking business. They work after regular school hours and a few evenings a week. Their company is incorporated and has a full board of directors. With a $5000 grant which the company acquired through the Department of Economic Development and Tourism, the bakery was able to pay for incorporation, purchase supplies for their products, a freezer, and just a few weeks ago, the company board of directors voted to buy a baker's oven for the business. The company is producing bread, buns, muffins, cookies and squares which it sells directly to the public. Any surplus is sold to the local co-op for retail sale.

Every student involved in the project spends some time in each of the six board positions. Board members' responsibilities include all those that come with a business; from advertising and marketing, to accounting, and the positions of president, vice-president and secretary-treasurer. Parents in the community are also fully behind the project. They have volunteered to teach the students the practical skills involved in time management, baking, inventory control and shopping.

Mr. Speaker, I am proud to say the students involved in this business are building a success, not only for their company but for themselves and their school. The skills they are learning today will introduce them to the experiences they will need to be successful entrepreneurs in the future. Thank you, Mr. Speaker.

With the continued indulgence of the House, one more important ministerial statement.

Ministers' Statement 38-88(1): Education Week

I am very pleased to announce, Mr. Speaker, that this is Education Week.

---Laughter

Last week was not. Last week was definitely not Education Week.

---Laughter

Mr. Speaker: Whereas education is an ongoing experience vital to the development of people of all ages; and whereas education is really the total sum of human experience, drawing new skills from families, from institutions and from the community at large; and whereas learners need to stretch their minds beyond the essential core subjects of schooling into rich and full learning experiences of all kinds; now therefore, I am pleased to proclaim that the theme for Education Week this year will be: Education: The Basics Plus...

On March 7 to 11, 1988, I would like to see all northern learners open themselves up to a wide variety of new experiences in areas of learning which they have never tried before.

The need to emphasize the "basics" goes without saying. But, to stress the basics -- math, science, reading, writing and social studies -- is not enough. This year I have asked my department to explore alternatives for making school a pleasant and challenging environment for all learners. Fine arts, physical education, industrial technology, and language and cultural programs should all be stressed as well as the basics.

The challenge to all educators this year will be to revitalize the school program at a time when resources are very limited. This week, as we celebrate Education Week, we must be creative in planning and designing ways to make schools a better place to be for all learners.

Thank you very much, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Minister. Ministers' statements. Item 3, Members' statements. Mr. Butters.

ITEM 3: MEMBERS' STATEMENTS

Member's Statement Of Best Wishes To Hon. Nick Sibbeston And Daughters

MR. BUTTERS: Mr. Speaker, on behalf of all ordinary MLAs, I extend to the Hon. Nick Sibbeston and members of his family, his two daughters, our wishes for an early recovery from the trauma and injury experienced in the vehicle incident that occurred Saturday evening last. We are grateful that our colleague and his family were able to escape the terrifying incident without serious injury and hospitalization.

---Applause

MR. SPEAKER: Thank you, Mr. Butters. Members' statements.

Item 4, returns to oral questions. Item 5, oral questions. Mr. Zoe.

ITEM 5: ORAL QUESTIONS

Question 0225-88(1): Tabling Of Policy On Transfers

MR. ZOE: Thank you, Mr. Speaker. My question is directed to the Government Leader. Would the Minister table in this House the policy that deals with the transfers, or the transfer policy as it is known, in the House? It is related to all the transfers that take place from the federal government. Thank you.

MR. SPEAKER: Mr. Government Leader.

Return To Question 0225-88(1): Tabling Of Policy On Transfers

HON. DENNIS PATTERSON: Mr. Speaker, I am pleased to confirm that today in tabling of documents, I plan to table that document. Thank you.

MR. SPEAKER: Thank you, Mr. Patterson. Oral questions. Mr. Wray.

HON. GORDON WRAY: Mr. Speaker, I wonder if I could have the indulgence of the House to return to returns to oral questions. I had one and I missed your calling it.

MR. SPEAKER: Unanimous consent is being sought to return to returns to oral questions. Are there any nays? Mr. Wray, go ahead.

ITEM 4: RETURNS TO ORAL QUESTIONS

Return To Question 0119-88(1): Advertised Positions For Health Professionals

HON. GORDON WRAY: This is return to oral Question 0119-88(1), asked by Mr. Nerysoo on February 23rd, 1988, regarding the health professional advertisements. I was aware of the advertisements for various health professions which appeared recently in northern newspapers. I was not, however, personally involved in the review of the criteria for each of these positions. The selection criteria which appeared in the ads for each position were developed and approved by the public administrator, who was appointed by the Executive Council to manage the affairs of the health boards until such time as the boards and their management teams are in place. The administrator has received delegated authorities for various personnel functions from myself as Minister responsible for Personnel. These functions include approval of position description contents and selection criteria as well as the advertisement of the boards' positions and authority to appoint candidates.

The decision on the classification level of each of these positions was made by the Department of Personnel in accordance with approved classification standards. The classification function remains a centralized function of the Department of Personnel for all classified positions in this government. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Wray. Item 5, oral questions. Mr. Crow.

REVERT TO ITEM 5: ORAL QUESTIONS

Question 0226-88(1): Executive Council Review Of NCPC Transfer Agreement In Principle

MR. CROW: Qujannamiik, Mr. Speaker. I have a question for the Minister responsible for Energy, Mines and Resources, in regard to the NCPC transfer. Will the Minister inform this House if the Executive Council has reviewed the NCPC transfer agreement in principle? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Crow. Ms Cournoyea.

Return To Question 0226-88(1): Executive Council Review Of NCPC Transfer Agreement In Principle

HON. NELLIE COURNOYEA: Mr. Speaker, yes.

MR. SPEAKER: Thank you, Madam Minister. Oral questions. Mr. Pudluk.

Question 0227-88(1): List Of Teaching Positions Which Will Be Eliminated

MR. PUDLUK: (Translation) Thank you, Mr. Speaker. I got a call from my constituents this morning. The Minister of Education mentioned there will be a decrease of 41 teaching positions. Can he provide me a list of these teaching positions that are going to be eliminated, and the places? Thank you.

MR. SPEAKER: Mr. Patterson.

Return To Question 0227-88(1): List Of Teaching Positions Which Will Be Eliminated

HON. DENNIS PATTERSON: Mr. Speaker, unfortunately my budget has not been finalized so until the Legislative Assembly has considered the schools area of my budget, it is difficult for me to give any precise information about what resources may be available for teachers in the coming year. I would be concerned in providing information that it be made very clear that, based on what is in the main estimates, there would be predictable implications in a particular region. Having said that, Mr. Speaker, I mean, with that qualification, I would be able to provide the information the Member requests. I would, in fact, probably have been willing to provide that information had my budget not been deferred last week. But I will provide that information to the Member. It must be made clear, though, that it is preliminary information, subject to the final determination of what happens with the main estimates for the Department of Education. The impact in Baffin, Mr. Speaker, will be negligible. Thank you.

MR. SPEAKER: Thank you, Mr. Minister. Oral questions. Mr. Lewis.

Question 0228-88(1): Federal Cabinet Approval Of NCPC Transfer Arrangement

MR. LEWIS: Mr. Speaker, could the Minister responsible for Energy, Mines and Resources tell us whether the federal cabinet has now approved the transfer arrangement for NCPC?

MR. SPEAKER: Ms Cournoyea.

Return To Question 0228-88(1): Federal Cabinet Approval Of NCPC Transfer Arrangement

HON. NELLIE COURNOYEA: Thank you, Mr. Speaker. As of today, no.

MR. SPEAKER: Thank you, Madam Minister. Oral questions. Mr. Zoe.

Question 0229-88(1): Measures To Combat Tuberculosis Outbreak, Rae-Edzo

MR. ZOE: Thank you, Mr. Speaker. I would like to direct my question to the Minister responsible for Health. Mr. Speaker, I understand that there is a TB outbreak again, in the Rae-Edzo area. My question to the Minister is, would the Minister inform this House as to what measures they undertake to combat this serious problem that has been periodically occurring in my area? Thank you.

MR. SPEAKER: Ms Cournoyea.

HON. NELLIE COURNOYEA: Mr. Speaker, I would like to express appreciation to the honourable Member for advising me late this morning that he was intending to ask these questions. In regard to his question, I am aware that four other individuals have been evacuated out to Edmonton. However, to give him a complete report on the exact measures that Dr. Kinloch has been working on with the community to combat this very serious problem -- I could not get him that report and I would ask that perhaps tomorrow I can provide a detailed report on what the department is doing, as the NWT Department of Health is working with National Health and Welfare. So I regret to say that I was unable in the time he gave me to bring him that report.

MR. SPEAKER: Thank you, Madam Minister. You are taking the question as notice. Oral questions. Mr. Ernerk.

Question 0230-88(1): Decrease In Number Of Teachers In Each Region

MR. ERNERK: Thank you, Mr. Speaker. Supplementary to Mr. Pudluk's question with regard to, the cutting of 41 teaching positions, and I do not think the issue is not passing the budget but keeping in mind, Mr. Speaker, that the budget of Education is going to be passed anyway, how much of a decrease in the number of teachers are we going to see, Mr. Speaker, in each of the five regions in the Northwest Territories with that number, 41?

MR. SPEAKER: Mr. Patterson.

Return To Question 0230-88(1): Decrease In Number Of Teachers In Each Region

HON. DENNIS PATTERSON: Mr. Speaker, thank you. First of all I would like to make it clear that no decision has been made about reductions because no decision has been made on my budget. I proposed reductions and my budget has been deferred so I would respectfully suggest that the honourable Member should not describe the decision in terms of cuts because my budget has yet to be approved.

Mr. Speaker, I have indicated that I will provide the honourable Member with proposed teaching allocations for the various regions in the Northwest Territories. Mr. Speaker, there is a formula that is applied and therefore the application of the proposed new pupil/teacher ratio would be applied in communities according to their projected enrolment. Where we have projected increases in enrolment, which is generally the case in the Northwest Territories and is the case in Keewatin, then the net impact on the teaching staff would be negligible. To be precise, Mr. Speaker, there will likely be the same number of teachers, although there will be more students, so that is what I describe as a negligible impact between current teaching staff levels and projected teaching staff levels for the coming year. But I will provide the projected information, bearing in mind, Mr. Speaker, that we do tend to make adjustments if enrolments fluctuate from our projections from year to year but I will give the best projections that I can. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Minister. Oral questions. Mr. Lewis.

Question 0231-88(1): Document Representing Level Of Service In NWT Schools

MR. LEWIS: Mr. Speaker, I have in front of me a document -- and I think other Members have it too -- called "Principals, Staff Allocation, Teaching Staff". Could the Minister responsible for Education tell us whether this is the Executive document, approved by the Executive Council, which represents the level of service which will be given to all schools in the Northwest Territories?

MR. SPEAKER: Thank you, Mr. Lewis. Mr. Patterson.

Return To Question 0231-88(1): Document Representing Level Of Service In NWT Schools

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. Mr. Speaker, that formula was approved by the Executive Council and it has also been approved as a basis for the Education estimates for the coming year, with the adjustment that I indicated in presenting my estimates, namely, that the elementary level of staffing will be based on a new ratio. So, Mr. Speaker, with that qualification, yes, it is the basis for staffing allocations. Thank you.

MR. SPEAKER: Thank you, Mr. Minister. Oral questions. Supplementary, Mr. Lewis.

Supplementary To Question 0231-88(1): Document Representing Level Of Service In NWT Schools

MR. LEWIS: Mr. Speaker, the document I have is undated, so could the Minister tell us when exactly this was approved by the Executive Council?

MR. SPEAKER: Mr. Minister.

Further Return To Question 0231-88(1): Document Representing Level Of Service In NWT Schools

HON. DENNIS PATTERSON: Mr. Speaker, approximately two years ago. Thank you.

MR. SPEAKER: Thank you, Mr. Minister. Oral questions. Mr. Zoe.

Question 0232-88(1): Treatment Facilities For TB In New Hospital

MR. ZOE: Thank you, Mr. Speaker. Mr. Speaker, on the issue of tuberculosis again, I would like to direct my question to the Minister of Health. Within this new hospital that is being built in Yellowknife, is there going to be a TB treatment section?

MR. SPEAKER: Thank you, Mr. Zoe. Madam Minister.

Return To Question 0232-88(1): Treatment Facilities For TB In New Hospital

HON. NELLIE COURNOYEA: Mr. Speaker, yes.

MR. SPEAKER: Thank you. Supplementary, Mr. Zoe.

Supplementary To Question 0232-88(1): Treatment Facilities For TB In New Hospital

MR. ZOE: Mr. Speaker, does that mean we will have a full-time specialist with regard to TB in this particular hospital also?

MR. SPEAKER: Madam Minister.

Further Return To Question 0232-88(1): Treatment Facilities For TB In New Hospital

HON. NELLIE COURNOYEA: Mr. Speaker, to my understanding the total program on the treatment for TB patients at Stanton hospital has not been clearly outlined. There is an intention to have treatment facilities there but to what extent has not been finalized.

MR. SPEAKER: Thank you, Madam Minister. Mr. Lewis.

Question 0233-88(1): Ratio Of Pupils To Teachers As Of Two Years Ago

MR. LEWIS: Mr. Speaker, on page two of the document I just referred to, the ratio of pupils to teachers for grades kindergarten to nine is one teaching position for every 21 attending pupils. So my question, Mr. Speaker, is if this document was approved two years ago, does that mean the ratio of pupils to teachers was 21 to one two years ago?

MR. SPEAKER: Mr. Patterson.

Return To Question 0233-88(1): Ratio Of Pupils To Teachers As Of Two Years Ago

HON. DENNIS PATTERSON: No, Mr. Speaker. The document I circulated the other day was adjusted to reflect the new revised pupil/teacher ratio for elementary students. It was formerly 19 to one until this year. Thank you.

MR. SPEAKER: Thank you, Mr. Minister. Oral questions. Mr. Pollard.

Question 0234-88(1): Benefits Package For Others Than Mine Workers, Pine Point

MR. POLLARD: Thank you, Mr. Speaker. My question is for the Minister responsible for the Pine Point shut-down. I would like to ask the Minister through you, Mr. Speaker, if a benefits package has been worked out for persons who do not work for the mine, and secondly, if a benefits package has been worked out for private business operators in the town of Pine Point. Thank you, Mr. Speaker.

MR. SPEAKER: Mr. Wray.

HON. GORDON WRAY: Thank you. I will take that question under notice, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Minister. You are taking the question as notice. Oral questions. Mr. Zoe.

Question 0235-88(1): Home Care Program, Rae-Edzo

MR. ZOE: Thank you, Mr. Speaker. Mr. Speaker, my question is directed to the Minister of Health again. Mr. Speaker, when the community of Rae-Edzo inherited the nursing station, the administration from National Health and Welfare agreed that the community would also inherit a home care program. It has been two years now since the nursing station has been in place. Nothing has happened with this particular program. I would like to ask the Minister if she would undertake to inquire into this program to see why it was not implemented and to also inquire to see when they are planning to implement this plan that they promised years ago. Thank you.

MR. SPEAKER: Thank you, Mr. Zoe. Madam Minister.

HON. NELLIE COURNOYEA: Mr. Speaker, I would be pleased to take on that task. Thank you.

MR. SPEAKER: Thank you. Oral questions. It would appear to conclude oral questions.

Item 6, written questions. Item 7, returns to written questions. Mr. Clerk.

ITEM 7: RETURNS TO WRITTEN QUESTIONS

CLERK OF THE HOUSE (Mr. Hamilton): Mr. Speaker, returns to written Question W14-88(1), asked by Mr. Nerysoo to the Minister of Personnel, on health professionals classification; written Question W19-88(1), asked by Mr. Kilabuk of the Minister of Education on school busing; and written Question W21-88(1), asked by Mr. Nerysoo of the Minister of Energy, Mines and Resources on NOGAP funding reductions.

Return To Question W14-88(1): Health Professionals Classification

Hon. Gordon Wray's return to Question W14-88(1), asked by Mr. Nerysoo on February 23, 1988, regarding health professionals classification:

Further to the honourable Member's question, I would like to provide the following information:

The position descriptions for health professions were developed in the Department of Health by a team of senior managers which included those persons who were appointed as health administrators in the various regions. The activities of this team were co-ordinated by the public administrator, who has been appointed by the cabinet to manage health board activities.

The content of the position descriptions was based on the organizational structures developed by the Department of Health in conjunction with the regional steering committees, existing National Health and Welfare positions, and position models from the Baffin Regional Health Board organization. The position descriptions produced by the team were classified by the Department of Personnel, which holds sole authority for the classification of NWT positions.

Return To Question W19-88(1): School Busing Policy

Hon. Dennis Patterson's return to Question W19-88(1), asked by Mr. Kilabuk on February 29, 1988, regarding school busing policy:

Although the Department of Education has never been funded to provide student transportation, the department has responded to individual requests for school bus funding where because of distance or severe safety hazards students would clearly have great difficulty getting to school. At present there are no formal criteria approved for busing, but in practice four principles have guided the allocation of funds for busing. These principles are that all students should have equal access to schools, that parents should be encouraged to take responsibility for the safety of their children, that children should be encouraged to be self-reliant, and that busing services should be provided through contracts with private businesses, wherever possible.

Busing services are not available to all communities because there is no great need in most small communities to bus children the short distance between their home and school, and because the costs of providing this service in all communities would be great. The funding to provide busing in all communities would have to be reallocated from schools and school programs. At present the funding for busing is allocated from the schools budget and the funding is largely for contracted busing services. The department has allocated capital for school buses in Rae-Edzo, Pangnirtung and Cape Dorset, where no private contractor was available.

The Department of Education has analysed the current housing patterns of every community to develop reasonable estimates of the numbers and ages of students living 0.5 km, one km, 1.5 km and over two km from the school. Each region has responded to a survey identifying severe safety hazards in communities, the current status of student busing, and special needs students now receiving transportation assistance by community. With that information the department has developed a number of alternatives for busing outlining eligibility criteria which are now being finalized and are based mainly on distance to school and age of student. These alternatives will be considered by the cabinet in early April. Once cabinet has provided direction on the options and associated costs, a formal policy will be developed.

In the meantime superintendents have been directed to use whatever discretionary funds exist to assist in those individual cases where attendance is severely affected. Also it is important to note that all special needs students requiring transportation assistance are receiving it.

Return To Question W21-88(1): NOGAP Funding Reductions

Hon. Nellie Cournoyea's return to Question W21-88(1), asked by Mr. Nerysoo on March 1, 1988, regarding NOGAP funding reductions:

1) In response to the Member's question regarding where NOGAP funding reductions will occur, the original NOGAP submission for the next three years was for $3.388 million to fund thirteen projects by eight departments. Due to federal restraint, the NOGAP program was subjected to stringent analysis by DIAND. As a result a seven per cent cut was imposed across the board on all program participants including the GNWT. Minister McKnight's final request to cabinet includes $3.148 million for the GNWT. It is still possible that further reductions could occur when NOGAP goes before federal cabinet for program and funding approval in mid-March or when NOGAP goes before Treasury Board for final funding allocation anticipated for early April.

2) In response to the Member's second question on whether this reduction will affect the delivery and provision of programs, it is anticipated that if the funding remains at $3.148 million, each of the participating GNWT departments will be able to continue and complete their work programs as originally proposed for the final three years. However, if there are further cuts, some projects may have to be abandoned.

MR. SPEAKER: Thank you. Returns to written questions. Item 8, replies to Opening Address. Mr. Richard, point of order.

MR. RICHARD: Mr. Speaker, on February 25 I presented a written question to the Minister of Social Services regarding a multimillion dollar young offenders facility to be established in Yellowknife, that is included in the main estimates. Mr. Speaker, I seek direction from you, sir, on the period of time within which a Minister of government is to respond to a written question filed in this House. That is some time ago; the question I asked has to do with the decision made by government, probably more than a year ago, and I would like direction from you, sir, on when Ministers are to respond to written questions. Thank you.

MR. SPEAKER: Thank you, Mr. Richard. Rule 56, through (1), (2), (3) and (4), dealing with written questions, does not give any specific time limitation, that a Minister must file a reply within a certain length of time. Rule 56(2) does indicate that a "Minister shall, without any unnecessary delay...." I would suggest that your point probably has been taken by the Minister. The rule is not clear to make a ruling on any specific time limit. Point of order, Mr. Richard.

MR. RICHARD: Sir, now that you have made reference to the rules of this House, I would ask that you seek from the Minister the reason for the delay since February 25, in responding to my written question.

MR. SPEAKER: Thank you, Mr. Richard. Item 8, replies to Opening Address. Mr. Richard.

MR. RICHARD: Mr. Speaker, are you not going to seek an explanation from the Minister? We have rules, sir. You have quoted from them. I am asking that they be enforced.

MR. SPEAKER: Mr. Richard, there is no rule to enforce, as I stated. It is a matter of interpretation whether there is unnecessary delay or not. The Chair will not pose the question to the Minister. If you wish to seek unanimous consent to return to oral questions, you may do so yourself.

Item 8, replies to Opening Address.

Item 9, petitions.

Item 10, reports of standing and special committees. Item 11, tabling of documents. Mr. Patterson.

ITEM 11: TABLING OF DOCUMENTS

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. I wish to table Tabled Document 91-88(1): GNWT Transfer Policy. Thank you.

MR. SPEAKER: Thank you, Mr. Patterson. Tabling of documents.

Item 12, notices of motion. Item 13, notices of motion for first reading of bills. Ms Cournoyea.

ITEM 13: NOTICES OF MOTION FOR FIRST READING OF BILLS

Notice Of Motion For First Reading Of Bill 20-88(1): Northwest Territories Energy Corporation Act

HON. NELLIE COURNOYEA: Mr. Speaker, I give notice that on Wednesday, March 9th, 1988, I shall move that Bill 20-88(1), An Act to Amend the Northwest Territories Energy Corporation Act, be read for the first time.

MR. SPEAKER: Thank you, Madam Minister. Notices of motion for first reading of bills. Mr. Ballantyne.

Notice Of Motion For First Reading Of Bill 25-88(1): Supplementary Appropriation Act, No. 4, 1987-88

HON. MICHAEL BALLANTYNE: Thank you, Mr. Speaker. Mr. Speaker, I give notice that on Wednesday, March 9th, 1988, I shall move that Bill 25-88(1), An Act Respecting Supplementary Appropriations for the Government of the Northwest Territories for the Fiscal Year Ending March 31st, 1988, be read for the first time.

MR. SPEAKER: Thank you, Mr. Ballantyne. Notices of motion for first reading of bills. Mr. Patterson.

Notice Of Motion For First Reading Of Bill 7-88(1): Student Financial Assistance Act

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. I give notice that on Wednesday, March 9th, 1988, I shall move that Bill 7-88(1), An Act to Amend the Student Financial Assistance Act, be read for the first time. Thank you.

MR. SPEAKER: Thank you, Mr. Patterson. Notices of motion for first reading of bills.

Item 14, motions.

Item 15, first reading of bills.

Item 16, second reading of bills. Item 17, consideration in committee of the whole of bills and other matters: AIDS Presentation and Briefing; Report of Standing Committee on Finance on the 1988-89 Main Estimates; and Bill 1-88(1), Appropriation Act, 1988-89, with Mr. Gargan in the chair.

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

PROCEEDINGS IN COMMITTEE OF THE WHOLE TO CONSIDER AIDS PRESENTATION AND BRIEFING; REPORT OF STANDING COMMITTEE ON FINANCE ON THE 1988-89 MAIN ESTIMATES; BILL 1-88(1), APPROPRIATION ACT, 1988-89

CHAIRMAN (Mr. Gargan): The committee will now come to order.

Aids Presentation And Briefing

We are dealing with the AIDS presentation and briefing. Would the Minister like to bring in her witnesses? Does the committee agree?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, it has been requested by the caucus of this Legislature that, given the serious concerns that surround the disease known as AIDS and the critical issues and questions that have to be answered, the request was to bring in the people who are the most learned and knowledgeable about this health problem and I would like to introduce to the Legislative Assembly, Dr. David Kinloch, the regional medical officer of the Northwest Territories region, medical services branch. Dr. Bryce Larke, associate medical director, Canadian Red Cross blood transfusion service, Professor of Pediatrics, University of Alberta, Edmonton. Dr. Larke is a consultant to the Northwest Territories AIDS program. Also, Barbara Round, who is the co-ordinator for the Northwest Territories AIDS program.

CHAIRMAN (Mr. Gargan): Thank you, Madam Minister. I will turn to Dr. David Kinloch now. Would you like to make your opening remarks?

Presentation By Dr. Kinloch

DR. KINLOCH: Mr. Chairman, honourable Members, we are pleased to have this opportunity to return to the Legislative Assembly to present an update of material originally presented in this chamber in June of 1987. Since that time there have been a number of developments of which I believe you should be aware in order that we may ask from you and receive your continuing support for efforts in the Northwest Territories to prevent the disease known as AIDS from gaining a foothold. I shall be speaking from a document which is being passed among you headed, "Outline of Presentation to NWT Legislative Assembly, March 7, 1988". On page one, I repeat an outline of the disease AIDS, as we understand it, and note that while there have been enormous improvements in our understanding of the disease condition, and of the viruses which we believe to be its cause, there is still a great deal that we do not know.

We do not know the origin of AIDS. It is believed that there may have been an origin from monkeys, but it is not all clear that that is true. We know that man is the only animal which is susceptible to the disease, AIDS, and that poses very serious difficulties for investigating it because there are no experimental animals that can fully describe what happens when infections with AIDS occurs. The cause of AIDS appears to be at least two, and possibly more, very special viruses which have the capability for disrupting the immune system of the body. AIDS is not an easy disease to catch. It is transmitted primarily by sexual contact, but it can also be transmitted by blood or by blood products, and it can be passed from an infected woman to the baby that she is developing within her uterus.

At the time of infection there may be no evidence whatever. No illness may occur when infection occurs, and only several months, perhaps many months later, is there any evidence in the blood that infection has occurred. In fact, some people do not develop antibodies even though they are infected and can pass the disease to others. After the appearance of the antibody in the blood, there may be a period of many years during which the individual is infected, can pass the disease to others, but shows no signs of illness. Many, perhaps most, of those people who are infected ultimately will go on to develop the disease we know as AIDS, and practically all of those who do will die, 70 per cent of them, within two years of developing the disease. Death results from infection as a result of disruption of the body's ability to protect itself from infection.

International Statistics

On page two, I set out what we know about how widely spread AIDS is around the world. We have very serious difficulties with the information which is available to us. Some countries do not report or do not report fully, or they use different criteria for describing the disease. So what you see here probably is not an accurate reflection of the presence of AIDS around the world. Nonetheless, the World Health Organization on February 2, 1988, estimated that there were 72,600 cases of AIDS; the majority of those, indeed over 70 per cent, were in the United States.

The disease AIDS is not a single disease, but rather a collection of disease processes and therefore there are problems of defining what precisely is AIDS. Over the seven years or so during which we have been aware of this epidemic, there have been minor changes in what has been defined as AIDS. One of those changes occurred in September 1987, which should have had the effect of increasing the number of reports of the disease. Nonetheless, you will see in the table at the bottom of page two that the number of reports of disease each year is not multiplying at the same rate as we saw earlier on in the course of the epidemic, when the number of disease reports was doubling in less than a year. In February 1988 the disease reports are doubling every 15 months.

You will note also that of the 1608 cases reported in Canada to date, over half of those individuals are dead, and as you scan the column under per cent dead you will notice that those who have had the disease for more than two or three years have a very, very high fatality rate.

When we reported nearly a year ago we indicated that the vast majority of AIDS cases were reported among homosexuals or bisexual males, and that pattern has not altered substantially. There was some concern when we reported in June that there was a significant increase in the numbers and in the proportion of heterosexual contacts, that is the female contact of the male case or the male contact of the female case, and there was serious concern about the spread into the heterosexual community. That appears not to have taken place. The proportion of individuals infected through heterosexual contact is almost exactly the same as it was in June 1987, 2.7 per cent.

Geographic Distribution In Canada

In Canada we do not appear to have the same problem with AIDS among intravenous drug abusers as is apparent in the United States, where about 17 per cent of their cases occur. In the United States there is grave concern that the intravenous drug abuser may be the root through which heterosexual transfer takes place, and through that, infection of women and their developing babies.

We now have had a sufficient experience with AIDS in Canada that we can report meaningful numbers on where it occurs. You will notice in the table at the top of page four the geographic distribution of AIDS. The largest number of cases in Canada has occurred in the Province of Ontario, but it is British Columbia where the highest rates of infection occur. Indeed, the number for British Columbia is extremely high. There is only a single case of AIDS reported in the Northwest Territories, and we reported that case in July 1987. There has not been another occurrence since that date. At the moment the Yukon Territory remains the only jurisdiction in Canada with no reported AIDS cases.

HIV Infection

At our last presentation we took great pains to draw the distinction between AIDS the disease and AIDS the infection, and we now apply the term "HIV infection", human immune deficiency virus infection, to make that distinction even clearer. We draw our understanding of the extent of infection, as opposed to disease, largely from statistics developed in the United States, and we can apply the same calculations that are used in the United States to develop figures such as those

appearing in the table at the bottom of page four, which would suggest that among the 30,600 adults in the Northwest Territories, 95 are probably infected with HIV. However, there is some danger in performing that calculation because there are significant differences in the distribution of infection between the United States and Canada as a whole, and probably significant differences between the distribution for Canada as a whole and for the Northwest Territories and thus I ask that you accept those numbers as very tentative estimates. At the moment we are aware of only two HIV infected persons in the Northwest Territories.

Testing For AIDS

One of the major issues that virtually every jurisdiction in the country, indeed the world, is dealing with now is that of testing for AIDS or, more properly, testing for antibody to HIV. We cannot test directly for the presence of the virus. We have taken care to define testing as including a whole range of activities, including informing the individuals who are to be tested regarding the nature and risks and limitations of testing, and to make sure that we test people who should be tested. We are careful to identify limited numbers of people as being suitable candidates for testing. I have set out those indications under item (b) on page five.

AIDS is a disease which does not spread easily. It is not spread by casual contact. It is spread by close, intimate contact which involves an exchange of blood or body fluids. While the AIDS virus can be found in saliva and in breast milk and in tears, as a practical matter, the only way in which AIDS is spread is through exchange of blood, semen, or vaginal fluid. Therefore, for most people, who do not have high risk sexual exposures or who are not intravenous drug abusers, there is very little, if any, risk of contracting AIDS. It is essential -- not just important -- essential that this is understood by everyone. Otherwise we will have grave difficulties in pursuing the program that Ms Round will explain to you shortly.

At our last briefing, we went into great detail on the technical limitations of testing for HIV antibody. We pointed out that while this is probably one of the better tests available to medical science, it is not perfect, and that in rare instances it fails to identify people who are truly infected with the AIDS virus, either because the test fails to detect the antibody or because the antibody is not there. Even of greater concern is the possibility that the test may indicate that someone is infected when they are not. There is a third grey area where the tests neither indicate that the person is not infected nor that they are.

One of the fundamental elements of our program in the Northwest Territories and in many other jurisdictions, is the need to maintain confidentiality about the testing and about the provision of counselling to people who may be concerned. We attach such importance to the issue of confidentiality because we believe that without the trust of those people who are at risk of disease, we will never gain their co-operation and may never learn of their infection and be able to offer them the information they need to protect themselves, their sexual partners and their communities.

Misunderstanding And Ignorance About AIDS

There is still an extraordinary amount of misunderstanding and ignorance about the disease AIDS and about HIV infection in spite of enormous effort which has been devoted to providing public education programs outside the Territories and inside the Territories. We continue to find people who do not understand that AIDS is transmissible only through sexual contact or exchange of blood and who believe that it can be transmitted by working with an individual, by sharing housing with that individual, by touching the same things that that person has worked with. Those are not true. Nonetheless, it is very difficult to dispel those fears among people who do not understand.

The point that we wish to make very clear here today is one that was made initially at our presentation last June, and that is that protecting the confidentiality of people at risk is not in conflict with the aim of protecting the health of the public. Indeed, it is absolutely essential to protecting the health of the public.

We have heard from a number of people who believe that they have a right to know who is infected. This arises from concerns of people such as surgeons or emergency room technicians or nurses or laboratory workers who, as a result of their work, are exposed daily to the blood of people they do not know. They are concerned that they may become infected with the AIDS virus as a result of an

accident involving a splash of blood to the eye, to the mouth, onto skin or through an accident involving a needle, a stick or a slash with a scalpel. Those fears have been fed by some reports of health workers who, in fact, appear to have been infected in just that manner. However, the number of cases in which this has occurred in relation to the number of exposures is so extraordinarily small as to represent virtually no hazard for the vast majority of health workers, and that risk can be reduced even further by following infection control procedures that should have been in place long ago in relation to protecting health care workers from the disease known as hepatitis B, which is a very much more transmissible disease than AIDS is.

The fears of these people are understandable. Less understandable are the concerns of people who think that they should know who is infected in the community just for the general protection of the public health. It is our view, supported by virtually every public health agency in the world, that there is simply no logic to an approach which would require the testing of large populations of individuals. In fact, we believe it would be counter-productive to our efforts to control AIDS.

The only people who need to know who is infected are the individuals who are infected themselves, their sexual partners, the health care worker who is looking after them and the public health authority, and we believe that in some instances the public health authority does not need to know the name of the individual if they can be assured that appropriate counselling and care is being provided by the health care professional.

Public Education And Change In Behaviour

We believe that the control of AIDS must be through public education and ultimately through a change in behaviour. Promiscuous sex has never been safe and cannot be made safe. People must know in what way they expose themselves to infection with AIDS and how they can protect themselves. The AIDS program, which you have supported and which has been developed here in the Territories over the past nine months, is an attempt to do just that. I would like to ask Barbara Round now to explain what the program has done, where it is now and where it is going.

CHAIRMAN (Mr. Gargan): Thank you, Dr. Kinloch. Ms Round.

Presentation By Ms Barbara Round

MS ROUND: Mr. Chairman and honourable Members of the Legislative Assembly, I would just like to outline for you some of the progress we have made in the NWT AIDS program. I would like to thank you in the beginning for the opportunity to report. It is so important that our leaders are very well informed about this disease and about its control so that they can provide informational programs for other people and so they can model appropriate behaviours for the rest of the citizens.

NWT Program Is Unusual

The history of the program, very briefly, is that last June 4th, Dr. Kinloch, to my left, and Dr. Barreto, who was with GNWT Health, made a presentation to the Legislative Assembly and asked for your support in funding this program. The funding was very quickly approved and the program launched. I might add that this program has attracted a lot of attention because at that time we had only one reported case and we still have only one reported case, so this program is very unusual in Canada. Everyone else is fighting from the wrong direction. They already have problems and they are working to do something about it. We are in ahead of the disease and trying to do primary prevention. This has attracted quite a bit of attention from other jurisdictions across Canada.

Last summer we hired the original co-ordinator, Judy Geggie, who is currently on maternity leave, and during the fall hired a public relations person, an office receptionist and secretary, and a researcher who is working full-time keeping us up to date on the medical journals, the newspapers and what is being printed in popular magazines. We have established offices in the Keewatin building and I would invite you all to come down to see our premises and ask questions at any time.

The activities of the program initially produced three pamphlets that I hope all of you are familiar with. They are quite bright and fairly obvious and should be in all nursing stations and schools right across the NWT. Along with the pamphlets we have a series of posters. The pamphlets

were produced in English and in syllabics. The posters were produced in 10 languages. We have produced ongoing weekly informational advertising in all of the newspapers across the North, from Inuvik to Iqaluit and Hay River, right across. These have been little wake-up messages for people, giving them a brief message about how AIDS is or is not transmitted and reminding them to use latex condoms and practise safer sex.

We have sponsored six regional workshops in Hay River, Coppermine, Yellowknife, Inuvik, Iqaluit and Baker Lake. For these regional workshops, one teacher and one nurse from each community in the region and at least one community representative, who might have been a community health representative, or someone from the community health committee, or some other representative who was felt to be appropriate, all these people were brought together in a central location. Dr. Larke was on hand for a technical update of what was happening in the field of AIDS. The infectious disease control unit provided information to the nurses, very specifically about testing and counselling people who are presenting themselves for testing, as well as a lot of general information about what is being presented in the school system, and what the man on the street needs to know. We also invited feedback at that time on the pamphlets and posters that we had developed and asked people for other ideas of how we could reach people in the communities in the NWT.

At the same time as these regional workshops were going on, the family life education consultants with the Department of Health, working very closely with us, were doing community visits and community presentations in which they tried in every community to talk to the hamlet council or the band council; to make presentations at adult education classes; to do teacher in-service presentations about AIDS with regard to the curriculum; to talk to youth groups, social workers, RCMP; to talk to all these people on their home turf and delve into what their personal concerns were and try to help them work through their problems about dealing with AIDS in the community.

Wide Distribution Of Bulletin

We have also been producing the AIDS update bulletin which has been going out about every second month. This is sent out. It is a fairly mass distribution. All the nursing stations, social service offices, schools and all the other interested individuals, lists of names that we have from our workshops and people who have corresponded with us, are getting this AIDS update to let them know what the program is doing and what is happening medically with AIDS.

The AIDS program has participated with Dr. Kinloch and the infectious disease control unit to develop and distribute the NWT testing document, which is the bible for health professionals working in the NWT in terms of testing and counselling and provision of service to people around AIDS. As well, there has been a lot of work with the Department of Education to make sure that the lessons that were being developed for the schools, as part of the school health curriculum, were technically accurate and that they were co-ordinated with the rest of the information that is being distributed through this program.

Upcoming projects, things that you will be seeing in the next little while, include the completion of 10 television public service announcements of about 30 seconds apiece, which are currently being developed by Inuit Broadcasting Corporation for us. These will be shown on television in 10 languages. The establishment of an 800 number, a toll free telephone information line, will be advertised through these television advertisements and we will be inviting people with questions about AIDS to call directly toll free to someone in Yellowknife who can give them the information they need.

We will shortly be hiring a counsellor-educator, who will be involved very much with this telephone information service and hopefully training some volunteers to answer the phone line. I hope this person will also be developing support groups. These may be not only for infected individuals, because we have very few of those right now, but we have a number of people who are related to friends, family, lovers of people who currently have AIDS or are infected with the virus. So we will start with those groups first, setting up support groups and sort of a drop-in atmosphere where they can come in and get some support with the emotional problems and social problems that they are having around the illness of their loved ones. This person will also be available to help with the training of professionals in the area of counselling and to give support to people who are out there in the field faced with the first time that they have to counsel someone around AIDS. They can phone in and get some support and some instruction.

Policy Development Prior To Crisis

We will soon be developing the second edition of the pamphlets and posters about AIDS, and incorporating into them all of the ideas we gathered at the regional workshops. We are going to be working toward development of a policy for the GNWT on AIDS. This is a very pro-active step, to plan what we would do before we have a problem so that we do not get into the problem many of the other provinces have had, where they are trying to formulate policy in response to a crisis, which rarely works out to be an all-encompassing policy. We are hoping as we get into policy development that this will serve as a model for other institutions, the jails, the hospitals and for private employers across the NWT.

The next logical step, then, is to do an educational program to inform people what their rights and responsibilities are about AIDS and to provide them with prevention information at the same time. We have a number of initiatives directed at the communities. We want to keep AIDS a priority item in the communities which would like to invite people to focus on it, to talk about it and to be very aware of the threat of AIDS coming into our communities. We will be doing this by providing translated tapes to community radio stations so that they have good information in their own language to work with. We can provide speakers to interested groups. We will continue with newspaper ads and we also have information going out on the news and through the schools. In summary, I guess you can see that this is a very busy program. We are working very hard to maintain a high profile for AIDS and to keep on the leading edge of it. We would like to be pro-active and do prevention rather than having to deal with the problem.

In conclusion I would just like to say that I am very proud to be working in this program and very proud that our leaders have taken this very pro-active and preventive step and have shown some of the other provinces how that can be done.

CHAIRMAN (Mr. Gargan): Thank you, Ms Round. Dr. Larke.

DR. LARKE: Mr. Chairman, I am sorry to have interrupted honourable Members. I just wanted to, as a bit of an outsider, express a comment if I could, on the heels of what Barbara Round has said. As you may know, I have had the privilege over the past few years of visiting all the communities in the NWT in connection with another health program and I was very, very pleased when the NWT AIDS program approached me some six months ago to participate as a consultant in their program.

NWT Program A Model At Community Level

I would like to certainly congratulate the Members of this Assembly for the mandate that they have given to this AIDS program and to the support that they have obviously provided. I have seen other programs working throughout the country and I would compliment you on the programs for the NWT, for the exceptional job that they are doing. They are a model for what can be done at the community level, what is going on in your educational programs, and I think there is a unique opportunity here to make a major impact in this disease. I had the privilege of expressing my viewpoints personally to your Government Leader, the Hon. Dennis Patterson, one day when we were stranded at an airport up here and it is a privilege to express my viewpoints to the Assembly as a whole. Thank you.

CHAIRMAN (Mr. Gargan): Thank you, Dr. Larke. Do Members have any questions of the witnesses? Mr. Nerysoo.

MR. NERYSOO: Thank you, Mr. Chairman. If I could make a number of comments so that the witnesses might respond. Let me say, first, welcome to the witnesses to the Assembly for the second time. There may be some suggestion of questioning the issue of confidentiality, but I do not think anyone in this Assembly or for that matter anywhere wants to know the names of those individuals that have been infected with this particular disease virus. I think people have to understand that when you are developing a program of this nature it is in our interest to protect the people in the communities. We have experienced, historically, very significant numbers, with regard to social diseases in the Northwest Territories -- historically, and in fact probably even today -- and because of that, we have a very serious concern about the type of information and the manner in which the people are given notice that there is infection in the Northwest Territories.

Transient Population

I must say, the practice and procedures of not giving health professionals the information concerns me. It concerns me because of the transiency of our population. I will give you an example why I have concerns. Approximately one or two years ago, the Inuvik Region had something in the neighbourhood of 4500 tourists. Last summer, it was over 8000. Now that is almost 100 per cent increase from the year before. Now we do not know what is going to happen this year because we are promoting the North, promoting the tourist industry. We have had a situation where in our oil and gas industry a significant number of the people who work on the ships or work on the rigs do not reside in the Northwest Territories. We have people from other countries, people from the Netherlands, people from England, people from European countries, people from the United States who have been employed on those ships and on those rigs. We have people from throughout this country who have been employed on those rigs and on site.

I think it is awfully important that people in the medical profession who are dealing with this type of transient population have the type of information that is necessary for them to work with these kinds of people, particularly if you are responsible for the delivery of medical services to these individuals. In many instances, some of the accidents may be very serious. I think that it is important -- and I am not talking about giving the names to every person on the street -- to have knowledge of the information in terms of whether there are more infections occurring than we know about.

Need For Accurate Information

Let me also give you an explanation. During a review of the Health budget, we were told that we had one case that had been identified and that person had left. Your information says we still have a case. So we hope the type of information that is given to us is being reflected in the information that is being given by all health professionals. You are contradicting each other even in this particular process and that concerns me.

When we raise the issue of development of policies and what we will do before we run into a problem, I would hope for that type of information and the recognition that people do not want names of individuals but want to know whether or not it is in the regions or in their communities. In southern Canada the health professionals have at least given ideas of what communities are being infected, so that those communities can deal with the problem, rather than allowing other communities, other cities or other governments to deal with the problem for them. They have been held accountable. I really think that when we deal with the policy that is a very fundamental information. That is what you want to get at, making sure that people know what we are talking about, how to deal with the issue, how to deal with the question of testing. But it all comes down to whether or not people care about the issue enough to address it.

Right now, because that information is not getting to people, other than the information to the leaders of the community, the ordinary person on the street really does not care, because he does not realize that it is a serious issue and it could be a serious issue, particularly, as I indicated, from the history of communicable diseases we have in the Northwest Territories. I think that is really, really crucial. I just wanted to make those comments and let my colleagues comment.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Nerysoo. Dr. Kinloch.

System Of Reporting Cases

DR. KINLOCH: Mr. Chairman, if I could respond to just one point, that is the apparent discrepancy in numbers. AIDS reporting is unusual in Canada in that we are reporting not the disease which occurred over a given period of time but the total which has occurred since the beginning of the outbreak. Therefore, the one case in the Northwest Territories represents the cumulative total of cases reported in the Northwest Territories. The individual with the disease has, in fact, left the Territories but the Territories is still recorded as having a single reported case of AIDS.

CHAIRMAN (Mr. Gargan): Thank you, Dr. Kinloch. Mr. Ernerk.

MR. ERNERK: Thank you, Mr. Chairman. Mr. Chairman, I guess I wanted to make a few comments here. I have been -- how do you begin this discussion?

AN HON. MEMBER: Very carefully.

MR. ERNERK: I have been very pleased so far in the Keewatin Region, with regard to the discussion, with preventive measures taken by the Government of the Northwest Territories in the past couple of years, whether as to adult population or whether as to school children. As with any issue, everybody was embarrassed to talk about the issue of AIDS and today nobody in the Keewatin Region any longer is afraid to talk about the issue of AIDS. It is not a strange word any more. So I must compliment Barbara Round, who has had a lot of meetings in the Keewatin Region, including Rankin Inlet and Baker Lake, as I understand it, for the good work that you have been able to do in terms of preparing papers for public information. So I am very pleased from that point of view.

Member's Concerns

This issue is very much felt by the people that I am most familiar with, the Inuit in the Eastern Arctic in the Northwest Territories, to Northern Quebec and to Labrador, because we have been also discussing it in the past couple of years. I am very pleased about the preventive measures that are being taken by the government but there are a number of things that I was concerned about. I had similar concerns as Mr. Richard Nerysoo had with regard to the people who are short-term residents in the Northwest Territories, people who come to work on a seasonal basis. I am talking about construction workers. We have been talking about them for a number of years now, construction workers who come north for a short period of time. I am just as concerned about the people who frequently travel to southern Canada from the Northwest Territories, all of the Northwest Territories. I am just as concerned about that. Since we are taking this issue seriously, I particularly want to encourage the Department of Health and the Department of Education to continue to bring the issue into the classrooms.

I can also tell you that in Rankin Inlet, as an example, words that pertain to the problem are no longer embarrassing to school children. I think that is very good. The word "puuq", which is condom, is no longer an embarrassing word to say among the small children. So I have to say that I am very pleased in so many areas of the work where 10 year old kids are no longer embarrassed about the situation. From that point of view I am very pleased about what has happened to date.

I do want to ask one or two questions though, Mr. Chairman. In light of the fact that so much work has been done in the Northwest Territories -- and we do hear about international meetings or national meetings on health; World Health Organization is one of them -- have you attended any of the international meetings with regard to this issue, especially the World Health meeting that was held recently in London, and have you made some presentations to the other countries about the kinds of programs that you have been offering within the Northwest Territories? I have seen those ads in various newsletters. We ran them through various radio programs in the Keewatin Region in Inuktitut programming, and I think the Northwest Territories could come out as a leader in this because, and I am being very honest about it, there has been a lot of work in a very short period of time. From that point of view, Mr. Chairman, I am quite pleased, but I want to go back to this issue of international participation by the Government of the NWT in terms of contributions and in terms of recommendations to the world community on the issue of preventing AIDS in the world community. Thank you.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Ernerk. Dr. Kinloch.

NWT Program Viewed As Very Progressive

DR. KINLOCH: Mr. Chairman, I have not attended the international meeting to which the honourable Member refers. Canada was represented by the Minister of Health and Welfare, Mr. Epp, and by other officials of the Department of National Health and Welfare. But I can advise that the Northwest Territories is represented on the federal-provincial-territorial advisory committee on AIDS which has been established collectively by all of the jurisdictions in Canada to advise Health Ministers on the subject of AIDS, and I can also tell the committee that the program in the Northwest Territories is viewed as a very progressive program and that many elements of what we have developed here are being adopted by other jurisdictions.

There is another forum, however, to which we can contribute and that is to the circumpolar countries with whom we share so much. It will be our intention to make a contribution to the several meetings of that group which will occur over the next year in anticipation of a meeting to be held in Whitehorse, Yukon, in 1990 or 1991 perhaps. So there are a number of opportunities for

what we are doing here to reach others who may learn from it and who can advise us of their experience which might be helpful to us. One element of the program which has captured a great deal of attention is the attempt here in the Northwest Territories to provide information on AIDS in 10 languages, and we are sharing materials which we have developed in those languages particularly with Quebec, which can benefit greatly from them, and I believe that others will view our experience here as a possible model for developing multilingual programs in their own provinces.

CHAIRMAN (Mr. Gargan): Thank you, Dr. Kinloch. Mr. McLaughlin.

Reductions In Other Diseases Because Of AIDS Precautions

MR. McLAUGHLIN: Thank you, Mr. Chairman. Last year, Dr. Kinloch made the presentation to us here and he indicated that because there were virtually no known cases of AIDS and virtually no people testing positive for the HIV indicator, that one way they thought they could measure the success of the program was to look at the rate of transmission of other sexually transmitted diseases. I wonder if he could give us any specifics on other sexually transmitted diseases as to whether they are being reduced because proper precautions are being taken to prevent AIDS. So I was wondering if there has been a downturn in these diseases relevant to this program.

CHAIRMAN (Mr. Gargan): Dr. Kinloch.

DR. KINLOCH: We did propose last year to use the reports of sexually transmitted disease as an indicator of how well the message of the AIDS program was reaching the public, because if people were heeding the message of the AIDS program, then we would expect the numbers of reported cases of sexually transmitted disease in general to decline. In the period since I spoke to the committee last, we have developed and refined the information system through which we gather statistics on reported sexually transmitted disease. At the meeting last year I was asked the question regarding the numbers of repeaters in our sexually transmitted disease clinics and was not able to provide that information immediately. Our system is now sufficiently refined that we can do that, so that we are reporting on the numbers of people and not numbers of attendances at sexually transmitted disease clinics. Thus I believe we are now in the position of having a data base, a set of statistics, which will serve as the base line from which we can observe whether there is this predicted and expected decline in reported disease. So I can report progress on that, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Thank you. Mr. Butters.

Comparison Between Northwest Territories And Southern Canada

MR. BUTTERS: Mr. Chairman, the doctor referred to sexually transmitted diseases. Would I be correct in assuming that the incidence in the Northwest Territories is probably 10 times higher than in southern Canada for sexually transmitted diseases?

CHAIRMAN (Mr. Gargan): Dr. Kinloch.

DR. KINLOCH: Mr. Chairman, there is a problem in comparing the numbers which are published by Statistics Canada in that here in the Northwest Territories we have a very much more structured system through which we provide health care and therefore we can be very much more assured that sexually transmitted disease which occurs is actually reported to us. Secondly, the structure of our population includes many more people in the age groups who are likely to get sexually transmitted disease, and finally we are much more cautious in treating suspected sexually transmitted disease because of the difficulty of obtaining laboratory confirmation. Thus the numbers which you see published probably overestimate the gap which exists between southern and northern communities. I suspect that our cases per capita are higher, largely because of the first two reasons, that is, better reporting and a much lower average age of population. I am not certain that we have, in fact, more sexually transmitted disease if we were to be able to compensate for those factors. But we certainly know more about it than our southern counterparts do. Perhaps Dr. Larke can comment on that from the perspective of observing the sexually transmitted disease program in Alberta.

CHAIRMAN (Mr. Gargan): Dr. Larke.

Better Data Base In NWT

DR. LARKE: I completely agree with what Dr. Kinloch has stated. I do take part actively in the sexually transmitted disease clinic that serves Edmonton and parts of northern Alberta, and although we have a good reporting system through the mechanism of all of the other private physicians out there, the mechanism for gathering the statistics is much less efficient and so there is a much better data base here in the Territories than there is elsewhere and it probably gives an apparent figure rather than a real perception of the prevalence of sexually transmitted diseases in the Northwest Territories. I doubt if it is any higher than it is elsewhere.

CHAIRMAN (Mr. Gargan): Mr. Butters.

MR. BUTTERS: Well, I used "10 times" but I thought I heard the suggestion within both answers that "significantly higher" might be acceptable to the professional witnesses. I would draw Dr. Kinloch's attention to page five of the report provided us today, and I would ask him to look at the paragraph 3(b), indications for testing. The words I wish him to examine specifically are "We continue to recommend". Who are the "we" in this case, and to whom do those individuals recommend? Who receives the recommendation in that plural pronoun?

CHAIRMAN (Mr. Gargan): Dr. Kinloch.

DR. KINLOCH: The "we" refers to the AIDS program as the collective action of the Department of Health of the Northwest Territories and the medical services branch of National Health and Welfare. The recommendations have been made to health care professionals in the Northwest Territories as part of a written outline of procedures relating to AIDS and to HIV infection. This was distributed across the Territories in January of this year.

CHAIRMAN (Mr. Gargan): Thank you, Dr. Kinloch. Mr. Butters.

Bias Against Testing

MR. BUTTERS: I agree that the NWT has an excellent information program and we have heard a great deal about that in the last hour. But I fear that the program that our professionals have developed has a bias against testing. When we were briefed nine or 10 months ago I was keenly interested in the testing approach. After I listened to the professional witnesses appearing before us and all the problems associated with the false positives and false negatives and the false everything else, I was scared off the idea of the testing approach. But I put it to the doctors that testing is becoming a method by which you are pretty sure of the situation of the patient under treatment. You have three tests, I believe, and I think that by the time the third test is applied, you could be almost sure when you tell that person yes or no, you have or you do not have AIDS. I think that the testing program is a lot more accurate than I was led to believe 10 months ago.

CHAIRMAN (Mr. Gargan): Dr. Kinloch.

DR. KINLOCH: Mr. Chairman, indeed the program does not support wide scale testing but it does it not out of bias but rather out of a reasoned review of the contributions and potential dangers of testing. I would like to ask Dr. Larke to make his comments, since I have already spoken at length to this group on the subject of testing.

CHAIRMAN (Mr. Gargan): Dr. Larke.

DR. LARKE: Thank you, Mr. Chairman. I would fully agree with the observation that Mr. Butters has made that the state of the art with respect to testing is improving almost on a week to week basis, and I would agree that by the time individuals are informed that it is probable that they are HIV positive, that that has been done with the utmost of laboratory skills and art that can be mastered today. I can see the observation that he is making, that there is a recommendation against widespread screening for the reasons that have been outlined to this Assembly previously.

Alteration In Private Human Behaviour Needed

Testing very clearly has its place and I do not think anyone at this end of the table is in any way against testing those individuals for whom it would indeed serve a purpose. But I think that we will all reaffirm the observation that wide scale, indiscriminate or even mandatory testing of

individuals certainly has not at this time any role to play in the control of AIDS infections. AIDS will be controlled only when we achieve the most difficult of virtually anything I can think of, and that is alteration in private human behaviour. If we are going to make an appeal to that modification, then clearly it can only be done with the greatest discussion and co-operation of those individuals most likely to be infected with the virus and most likely to be spreading it. I think that a continuing program of very selective counselling, augmented where necessary and where desirable by the testing program, is fundamental to the control of this disease in any jurisdiction. But clearly the arguments against wide scale, indiscriminate testing show that this is not the way to go about it and the continuing co-operation and participation voluntarily of individuals, I think, will be where testing will continue to play an important role. Thank you.

CHAIRMAN (Mr. Gargan): Thank you, Dr. Larke. Mr. Butters.

MR. BUTTERS: I am not suggesting that wide scale testing would be beneficial but I am concerned about the recommendation on 3(b), "We continue to recommend that only those persons who meet the specific criteria set out below should be accepted for testing." And then: bisexual, transfusion, needle sharing, inexplicable, verified positive HIV test and exposure to blood. It seems to me there is an area here where the discretion of the health care professional should be incorporated into the program. There must be a relationship between the doctor and his patient. And if that patient said, "Doctor, I am not in one of those categories which has been recommended to you for testing, but I would like to be tested for my peace of mind," -- maybe it would be an individual who is of the nature that Mr. Nerysoo or Mr. Ernerk mentioned, the short-term transient who is coming into the country who may not have the same doctor-patient relationship -- why should they not be tested if they ask? I am saying that we know that the tests are a lot more accurate than they were a year ago. Why is not the testing aspect given a lot more emphasis now than it was a year ago? That is all I want to know.

CHAIRMAN (Mr. Gargan): Dr. Larke.

Tests For Peace Of Mind

DR. LARKE: I think Mr. Butters has hit upon a very important issue here. I would agree that there are individuals who are very, very concerned about their particular status. What has been outlined on page five of this document are guidelines and, like any guidelines, they must be interpreted where necessary in different lights. We not uncommonly have individuals come who are so distraught, so concerned that after talking to them about the tests and after weighing the pros and cons and why they are concerned and why they are not concerned, there are indeed occasions when, although I personally think it is very unlikely that the person will test positive, for their peace of mind, I would under some circumstances provide that test to them. If their anxiety is making them ill and a test result will appease some of that anxiety, then I think there is a place for that. They have to be taken on a case by case situation.

CHAIRMAN (Mr. Gargan): Thank you, Dr. Larke. Mr. Richard.

MR. RICHARD: Yes, Mr. Chairman. Very briefly, I wanted to just add my observation that I think the general public has seen the results of the information program since Dr. Kinloch and Dr. Barreto were here last year in the Legislature and I certainly have been pleased to see the direct and immediate results of the support that the Legislature gave to the Executive Council of the day in spending government or public funds in this area.

Mr. Chairman, I have a couple of quick and easy questions. Ms Round indicated that the informational program is soon going to include television spots. I am wondering when those will begin. Secondly, there was a reference to counselling services. I perhaps did not catch the entire part of the briefing on counselling services. I believe the reference was to the families of infected persons, but if we only have one or two known infected persons, whom are we setting up the counselling services for at this time? Maybe I missed something there. And finally, Mr. Chairman, I guess I would ask, what do the good doctors and Ms Round feel that we in the Assembly can do in a further way to assist with this important program?

CHAIRMAN (Mr. Gargan): Barbara Round.

MS ROUND: Thank you. To reply to Mr. Richard. The TV spots were originally to be completed by the end of March. I have just come back from Ottawa and we are having some technical difficulties in the production of some of those but we expect that by mid-April they will be completed and start very shortly thereafter to appear on television across the NWT.

A Number Of People Related To AIDS Victim

The counselling services that I referred to are rather nebulous right now. We are not certain who all is out there, but I have knowledge of a number of people in Yellowknife who are related to persons who are suffering with the disease of AIDS or have been infected with AIDS in the South. We have a number of people who were associated with our known AIDS victim from the NWT and I think that with the rate that AIDS is growing in southern Canada, we are going to find more and more people who are related in some way. AIDS is such a big deal that if it happens in your family, even if it is your second cousin twice removed, you quickly hear about it or are involved in the social concerns around that problem.

Again we are being pro-active. I expect that initially this counsellor's time will mostly be taken up running the 800 telephone information line and organizing some volunteers and translations for that line. There will be also educational programs. We are setting up a resource centre and a film library, or at least a video library, and we would like people to drop in and utilize our resources and the counsellor may be involved in that sort of programming. Additionally, as we discover more and more in need of a support group or one to one counselling of some kind, we will have a place for them to come.

CHAIRMAN (Mr. Gargan): Thank you. Dr. Kinloch.

DR. KINLOCH: Mr. Chairman, Ms Round's response to the second question on counselling relates to the question that was raised by the honourable Mr. Butters regarding the concerns that people have and their wish to be tested. Much of that demand arises from fear and much of that fear is based on ignorance. It is only through a counselling program that we are able to address those fears and those concerns at sufficient length and in sufficient depth so that people's minds can be put at rest. Or on the other hand their fears may turn out to be well founded, in which case a definite recommendation would be made that they should be tested. But it is not reasonable, I do not think, to expect the busy general practitioner, or even the busy nurse in the nursing station by herself, to provide the level of counselling which is required by people who may be quite terrified.

Assistance From Legislative Assembly To AIDS Program

I would like to respond now to the invitation that we suggest how the Legislative Assembly might assist the program. Primarily through patience, I believe, with a program that must go on for years and years and years. AIDS is not the sort of epidemic that comes and goes within a year. This is an epidemic that is going to last for decades and it is essential that we maintain a very high level of public visibility on the issue of AIDS, even though we do not have cases of AIDS in the Territories. It is very hard to do that; to keep people's minds focussed on something that is not here. We do not want it to be here. Increasingly we will probably be making the link to sexually transmitted diseases in general so you will see from us, requests for increased support of control of sexually transmitted diseases, including AIDS, as we move toward the happy day when I can report to you that the number and rates of sexually transmitted diseases in the NWT has declined by x per cent over expectations.

That is not going to happen without a great deal of effort. In spite of the fact that there is no apparent epidemic out there, it is lurking and waiting. Everybody in the Territories must know how they can protect themselves and how they can protect their families and their communities. We need your support in order to convey that message. Thank you.

CHAIRMAN (Mr. Gargan): Thank you, Dr. Kinloch. Dr. Larke.

DR. LARKE: Mr. Chairman, I wonder if I might also respond to the question that was raised by the honourable Mr. Richard with respect to what this Legislative Assembly can do, and its Members. We are often asked a similar question whenever we go to the communities to give the workshops that Barbara Round has described. We say that we realize that only a handful of people are here and participating in this. We have to rely on the ripple effect and we use the sort of picture that when you throw a pebble into a quiet pond, you clearly do not raise the level of the water very much and there is really no apparent effect except there will be some rings, the ripple effect from where that stone was cast. Everyone else that you contact and touch with that message will be that much better informed, and that will lead that much more toward attacking this problem.

I do not think there is an area anywhere in politics that must be as difficult to deal with as the AIDS issue. The decisions that you people make and the wisdom of those decisions will only be reflected five or six or seven years from now because that is the period of time between persons getting infected with the virus and the time that they become sick with the disease that we call AIDS. So I commend that very strong stance that this Legislative Assembly has taken and the interest shown by the Members and I would ask that some of the ripple effect continue. You people clearly have some of the largest profiles of any of the citizens within your jurisdictions and the message and the influence that you exert will be of profound importance. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Thank you, Dr. Larke. Mr. Ernerk.

Counselling At Community Level

MR. ERNERK: Thank you, Mr. Chairman. I wanted to ask further with regard to this counselling of infected persons or their relations, the family members. Maybe I missed it, but I am particularly talking about the smaller communities in the NWT and asking what kind of counselling services are available in the small communities. That is number one. Secondly, I am also aware that in one of the arctic communities there was a case of AIDS where the person, I understand, had to move out of one of the northern communities to receive counselling. My information is going back to about two years ago or so. From Northern Quebec, I believe. Do the medical services have a readiness program to deal with this type of situation once it happens? I guess I have two questions; with regard to the counselling available at the community level and to having to move out of the small community to a southern facility or hospital.

CHAIRMAN (Mr. Gargan): Ms Round.

MS ROUND: I can speak to that a little bit. Obviously, if we have funding to hire only one counsellor, we are not going to be able to provide an AIDS counsellor in each region but one of the functions that I see this counsellor providing is backup to people in the field. Social Services is undergoing a training program right now to better train their people in the field in the art of counselling, generally. If they were faced with the situation of having to counsel someone around AIDS, there are some particular issues that they may find difficult to deal with, in which case, we want to provide backup for them so that they can have someone identified that they can call through to. Then we can lead them through the process of what they ought and ought not to be approaching with this patient in order to give them the best possible look at their situation.

I would hope, then, that that would mean that we will not have the situation where people would have to move out of their community just to get counselling. I would mention, too, that in the regional workshops we have had, one of the major focusses of the workshop was to provide in-service training for the nurses from the nursing stations, who are most likely the first line of defence, so that they have some skills and have some knowledge of what they are expected to do in terms of counselling, and also so that they have met people from the AIDS program and know where their resources lie and can use this for backup and information.

CHAIRMAN (Mr. Gargan): Thank you. Mr. Ernerk.

MR. ERNERK: So, Mr. Chairman, I understand you to indicate to me that through Social Services, these social workers you are talking about would undertake the responsibility?

CHAIRMAN (Mr. Gargan): Ms Round.

Long-Term Counselling Through Social Services

MS ROUND: Yes. I have been marginally involved. I am not Social Services personnel so I really cannot speak for them, but I know that they have undertaken a training program for their social services workers in the communities to upgrade them and improve their counselling skills around issues such as spousal assault and alcohol abuse and those sorts of things. A person who comes in for AIDS counselling at the nursing station may need some initial counselling about what the disease is, what the testing means, whether or not it is really appropriate for them to have that done, what the results may indicate for them, and a whole lot of behavioural modification information. However, if it turns out that they are positive, or they do have the disease, they may require some long-term counselling and their families may need some long-term counselling, and this we see as a counselling issue rather than a medical issue, and it would probably go over to the Social Services side. So, we would provide backup to any counsellor in the community, be it the nurse or be it the social services worker.

CHAIRMAN (Mr. Gargan): Thank you, Ms Round. Mr. Ernerk.

MR. ERNERK: Just to make a comment, Mr. Chairman, and I think this will be my last comment during this discussion on the issue of AIDS. I, for one, fully support and endorse the program that you have presented to us this afternoon because when I was with native organizations we discussed it at length, trying to find solutions to prevent the effects of AIDS coming to the Northwest Territories. We have done very well and we must continue in the future. So I really want to encourage that kind of preventive program to continue so that in future we are very prepared for it, and I fully endorse the program, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Ernerk. Mr. Nerysoo.

MR. NERYSOO: Thank you, Mr. Chairman. Just firstly, to say that despite the fact that our witnesses indicate they would be happy if there were a decrease in sexually transmitted diseases in the Northwest Territories, I think that all people would be a lot happier if there were a cure for AIDS itself. On that day we could all cheer and rise and say, "Yes, we have found a cure!" But that is simply not the case now, despite the fact that many researchers and many of the medical profession have given up their time to do research in that particular area. With regard to the issue of testing I do have to reiterate the concern of Mr. Butters because I am not completely convinced yet that the idea of widespread testing is a bad idea, and I will give you an example of that.

Example Of Testing In TB Control

Some years ago when tuberculosis in the North was first found to create significant problems in the smaller communities, the first idea was to try to inform them that this was happening. The second was to develop the appropriate facilities so that these people could be placed in such facilities. The other thing then was to provide widespread testing for people so that that disease could be detected. That in fact resulted in a decrease of people who were carriers of that disease. I must say that despite the modernization of equipment and the improved medical technology and services we have received, there is almost a parallel relationship between the issue of no widespread testing now and the so-called increased identified carriers of TB, and proven cases now. I think that should teach us something about the advantages of testing.

I know that the arguments are that you do not want to concern people about the possibility that they could be detected as having the antibody, but I also worry about the kinds of comments and kinds of concerns that exist in the communities, the fears that they have, the really serious fears they have, of not knowing if there is a case, or for that matter of not knowing whether there is any way of getting a test. I know that it has always been said that you can go to the nurse, the nursing station or the hospital, and ask to have the appropriate test done but you have pointed out a very important element and that is that the doctors and the nurses in nursing stations do not always have the time to provide that service. I really think that in developing your policy you should consider that particular element and review whether there is a need to develop a testing program that could be available to those people who seek it on either an individual or a collective basis. I also must indicate that even employers, nowadays, and businesses are encouraging those who are seeking employment in their various companies to be tested for this particular disease. So I really feel that it is necessary to develop a program that these people can access.

The Right To Know

The one other point I want to get back to, Mr. Chairman, is the question of the right to know, and the way in which it is described on page six of the documentation that you have given us. I personally am not interested in wanting to know the name of any individual who is infected, but on a regional basis even, if that information is available to the regions, they must deal with the issue. Nobody else is going to deal with the issue but the people in those regions and in those communities. In many cases, a lot of the need to deal with the program comes from knowing that it is possible that infection can occur, and I just worry about the way in which this particular document suggests that people should not know, or in particular should not know whether or not their regions have been infected, or have individuals who have been infected by the disease. I think it is important, and I do not think they should know personally; I just think it is important that they know so they deal with the issue. We cannot continue to ignore the fact that it is not only the medical profession that is going to address the problem. It is people on the street,

people in the communities who are the basis by which the success of your program is going to be judged. I really feel that it is important to get them on stream and get them recognizing that it is serious. We know it is serious because your workshops have been successful, your ads have been successful and people are asking questions about it.

CHAIRMAN (Mr. Gargan): Dr. Kinloch.

DR. KINLOCH: Mr. Chairman, if I can respond to the last point first, that of the importance of knowing the region in which the disease may have been reported or in which infection has occurred. We early on took a deliberate decision that we would report only for the Territories as a whole as a means of emphasizing that the whole region of the NWT is at risk. If I were to tell you that the case or a certain number of infections occurred in Iqaluit, then there would be a collective sigh of relief down the Mackenzie Valley and that sigh of relief would not be warranted, because the risk exists for everyone in the NWT for the reasons that some honourable Members have mentioned here today -- the enormous flow of people to and from and within the Territories, the contact with visitors, the contact with people in the South when people travel from the Territories.

No Region Should Feel Immune

We do not wish to give people in any part of the Territories the feeling that they are somehow immune, that they are somehow protected from the disease, because they really are not. It is for that reason we are attempting to do just precisely what you are suggesting, Mr. Nerysoo, but we are adopting a different approach. We are suggesting that we should look at the Territories as a whole so that everyone here will feel a part of this problem and feel a need to do something about it. If we cannot maintain that -- a feeling of potential risk and of the need to do something -- then we are in trouble.

You mentioned also, Mr. Nerysoo, the possible analogy to tuberculosis. There is some, but I think it is not very helpful. One point is that we had a treatment to offer for tuberculosis and therefore there was a significant incentive to get on with identifying those people who were infected. But in the surveys which we conducted 20 years ago and the surveys we conduct now, last year at Rae for example, we do not find very many cases and we frequently find them in the last people who are drawn in to be X-rayed or to have a sputum or skin test. It works that way with most surveys. The people who come most easily and most quickly are the ones who do not have the disease. We are concerned that if we embark on any wide scale program, we will attract the people who are worried for no particularly good reason and we will be handicapped in our ability to get to those who are at highest risk.

We deliberately began with an education program aimed at calming the fears of those who are not seriously at risk. We are following through now with a counselling program to deal with people who may have some risk that needs to be discussed with someone who knows a great deal about the disease. And in spite of the wording here, we are still not dismissing testing as a contributor, but it has to be used intelligibly and selectively. That is all we are proposing.

CHAIRMAN (Mr. Gargan): Mr. Patterson.

Protection Of Confidentiality

HON. DENNIS PATTERSON: Mr. Chairman, I would like to thank the witnesses for an excellent presentation. Just to make a brief comment on testing, I think that it is a subject that has to be handled with extreme caution in the NWT. While I appreciate what some Members are saying in favour of testing, I think that we have to be extremely careful that any suggestion that testing will be used to provide regions, let alone communities, with information about possible carriers will, I believe, threaten the principle of confidentiality. I hope I am not distorting what any Member has said, but when we talk about "the need to know", I recognize that there is an intense curiosity on the part of people in a jurisdiction with a relatively small population to know where reported cases might originate from. If we even begin to suggest that there will be reporting on the basis of region or community, then there is going to be an automatic reaction against people coming forward. I think the very people who might most be in need of testing might well be concerned about the question of confidentiality, and that will scare them away from the test faster than anything else. So I think we have to very carefully balance the obvious public interest here with the need to ensure that confidentiality is very carefully protected and that there is therefore no inhibition on the part of people or no reservations on the part of people, that even their community will not be identified. Thank you.

CHAIRMAN (Mr. Gargan): Mr. Nerysoo.

MR. NERYSOO: Mr. Chairman, if the Government Leader had been listening, he would have heard what I said. I did not, in any way, in my request for widespread testing, indicate the need for releasing that information for public purposes. What I indicated to the witnesses was that in development of the policy, they consider the possibility of widespread testing if it is requested by regions or communities. I personally have no serious problems about dealing with the question of confidentiality. What is interesting is that the Member who spoke a few minutes ago is from Iqaluit; from CBC in Iqaluit came the information about Northern Quebec, where two people had been identified. That was about a year ago. Those two were not identified as being carriers from the NWT.

Testing Would Address Concerns Of Community

I do not want to give the impression to the public or to anyone here that my concern about testing is intended to give out confidential information. That is not the intention. We talked about the idea of peace of mind. There are some communities that are awfully, awfully concerned and the one way of addressing that is by testing. They are scared as to what the results will be.

I just think that when we deal with this issue and when we deal with the policy question, that the issue of widespread testing is an issue that should be addressed. I am not saying that we do it now and release that information. But I think that, in your own good judgment, in the development of the policy -- and you have explained very clearly why you dealt with the issue of releasing information on a Territories-wide basis. That is a reasonable argument but there are still some concerns that are being expressed from various regions as to how the approach is taken with regard to testing. It is not so much the fact that people do not think that the nurses or the medical professionals are doing their jobs; it is simply that their jobs may at times not allow them the opportunity to fulfil this type of testing program. That is all I am concerned about. I am not worried about the confidentiality thing because I think medical professionals have their own ethics and one of those happens to be the confidentiality of the medical profession and the patient and I am not going to interfere with that, but I do say that it is important that you consider it.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Nerysoo. Mr. Patterson.

Appreciation Of Work Of Team

HON. DENNIS PATTERSON: Thank you, Mr. Chairman. I certainly apologize if I was not paying careful attention to Mr. Nerysoo's comments. Mr. Chairman, I would just like to say also that I do appreciate Dr. Larke's comments, speaking positively about the initiatives of this Legislature and our government to deal with AIDS. I know that it is very early to assume that we are making headway with what is a very grave threat to our public health but I do agree that in the short time since we were briefed on this matter in the 10th Assembly, an enormous amount has been accomplished toward public education. What I would like to say in return to Dr. Larke, is that I think we are extremely fortunate to have the services of medical professionals of such calibre as himself and Dr. Kinloch and the other key members of the team Barbara Round, Judy Geggie and Nancy Williamson. I have run into them in airplanes or airports. I know they have spent very long days and weekends on extensive trips to communities and have sat through long public meetings. I know that that is very hard work.

I also know that it is the only way to make an impact in the scattered communities in the NWT. So I think that they are doing a good job. I am very pleased that perhaps our work, especially in native languages, may be an inspiration even to other countries. I would also like to note that I am very pleased with the excellent co-operation I think has existed between the Departments of Education and Health. I would like to reiterate to the House that it certainly is an extremely strong priority with the Department of Education that the facts be given young people so that they can make informed decisions.

I would like to thank the members of the team for what I know is extremely hard work but work that has been very well done and work that I know this Assembly and this government will continue to support. If I may make just one other comment, we also should be paying equal attention to another killer in the NWT that I think is being neglected and that is tobacco. But that is another story. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Patterson. Mr. Richard.

MR. RICHARD: Thank you, Mr. Chairman. Before we conclude, I think the Legislature or this committee should go on record once again, and maybe we should do it annually, if we are being asked for support and to do our part of the ripple effect, as Dr. Larke referred to. I think it was significant, what we did publicly a year ago in the Assembly. I recall that we were to get a private briefing in the caucus room from Dr. Kinloch and Dr. Barreto and certainly myself, I thought I knew a little bit about AIDS before that briefing but the information was so scary that we decided that we should have the briefing by the two doctors in public and last year we did that. I am pleased to hear that the program our government has implemented is being beneficial, as I hear today, to other jurisdictions as well. I think that as much as we can pat ourselves on the back for what has been done, Mr. Chairman, in the last 10 months by our government and our officials, I think we still have to sound the alarm all the time. As I read through this paper that the doctor has passed around, if I am reading the statistics on page two correctly, since we had a briefing in June of last year, 200 Canadians have died from AIDS disease. Although we have been fortunate in the NWT, I think we have to keep that in mind and continue, I think as the doctors have asked, to support this program in a very public and definitive way.

Motion To Recommend Continued Support For AIDS Control Program, Carried

So, Mr. Chairman, although all of my colleagues are not in the room, I would like to move a motion that this committee recommend to the Executive Council that the GNWT continue to provide the necessary financial and human resources to support the AIDS control program. Thank you.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Richard. Can I get a copy of your motion? Mr. Butters.

MR. BUTTERS: And to commend them on responding to the motion put in this Legislature last year.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Richard, your motion is in order.

MR. ERNERK: Mr. Chairman, could you just read the motion again so that I know exactly what it says?

CHAIRMAN (Mr. Gargan): The motion reads: "I move that the committee recommend to the Executive Council that the GNWT continue to provide the necessary financial and human resources to support the AIDS control program." To the motion.

We do not have a quorum. Can the Sergeant-at-Arms ring the buzzer? The Chair recognizes a quorum.

Question is being called on the motion. All those in favour. Opposed? The motion is carried.

---Carried

Are there any further discussions on this? Ms Cournoyea.

HON. NELLIE COURNOYEA: Mr. Chairman, I would like to thank the Members for taking the time and making the suggestion that this group of people who have given a lot of time and effort and support to this program come here to be able to give information directly to the Members of the Legislative Assembly. In our work as Members of the Legislative Assembly, we each do have a great deal of influence in lending support to this very, very important program for a very, very terrible disease that could have very drastic effects on the communities of the NWT. I would like to say "Thank you very much" to the staff of the Department of Health, to the community workers who have put a great deal of effort into this program, to Dr. David Kinloch and Dr. Bryce Larke and Barbara Round especially, for the efforts they have put in the repetitious nature of this program. I believe that the NWT should be proud to have this calibre of individuals and professionals working for the government. Thank you.

---Applause

CHAIRMAN (Mr. Gargan): Thank you, Madam Minister. Mr. Nerysoo.

MR. NERYSOO: Thank you. I was also going to express the appreciation of other Members here to the Minister for inviting the expertise and express to Dr. Kinloch, Dr. Larke and Ms Round our appreciation for the time you have given to this Assembly and really to the people of the NWT in providing this type of information to us. Thank you very much, and to the Minister, thank you for giving us the opportunity to deal with this issue.

CHAIRMAN (Mr. Gargan): I would like to thank the witnesses, Dr. Kinloch, Dr. Larke and Ms Round. Your presence has been appreciated. We will take a short recess.

---SHORT RECESS

Bill 1-88(1), Appropriation Act, 1988-89

Department Of Health

CHAIRMAN (Mr. Angottitauruq): The committee will now come to order. We are dealing with the Department of Health. Does the Minister wish to bring in her witnesses?

HON. NELLIE COURNOYEA: Mr. Chairman, I would like to bring in witnesses for the Department of Health: the deputy minister, Paul Moody, and the assistant deputy minister, Mike Pontus.

CHAIRMAN (Mr. Angottitauruq): You have the committee's permission, Madam Minister. As soon as the Minister brings in the witnesses we will go on to general comments. Madam Minister, would you introduce your witnesses for the record?

HON. NELLIE COURNOYEA: To my right and your left, the deputy minister, Paul Moody. To my left and your right, the assistant deputy minister, Mike Pontus.

CHAIRMAN (Mr. Angottitauruq): Mr. Butters, general comments.

MR. BUTTERS: I have two questions. The first question is to you, Mr. Chairman, does the Gargan dictum of Friday still apply -- the Gargan decision on the discussion of the transfer of Health? The Gargan dictum, if I may repeat it, is that Members have indicated that they are having difficulty with regard to the discussion on the transfer of Health. We are on general comments and it is part of the department's objectives, regarding the transfer of Health, so Members are entitled to make general comments on the objective of the department. That is still a valid decision, is it, Mr. Chairman?

CHAIRMAN (Mr. Angottitauruq): Does the committee agree?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Angottitauruq): Proceed, Mr. Butters.

Details Of Transfer Of Health Responsibilities

MR. BUTTERS: I have a question of the Minister, then, with regard to transfer details. I believe there will be a continuation of the transfer briefing tomorrow after the caucus meets. Will the transfer details be coming into the House and on what occasion will they be put into the House for examination?

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, I realize the difficulties Members are having in discussion of the Department of Health's budget, because we have not included the transfer funding or program budget along with this budget. One thing that was asked for yesterday was the GNWT transfer policy, which was tabled today by the Leader. As well, in terms of when would be an opportune time to bring the transfer documentation into the House so that this House can deal with it in detail, I would suggest that during the Health briefing tomorrow, we could discuss what the Members would like to see in the document. The Department of Health could prepare a document to be brought into this House when we return, on or about March 22. We could have a document ready which could be moved into the committee of the whole for discussion.

CHAIRMAN (Mr. Angottitauruq): Are there any further comments? Mr. Butters.

MR. BUTTERS: I have some general questions. The answer of the Minister is satisfactory, if Members have an opportunity after the break.

CHAIRMAN (Mr. Angottitauruq): Are there any further general comments on the Department of Health? Mr. Butters.

MR. BUTTERS: Prior to the session I visited the Inuvik General Hospital and inquired with regard to staffing, whether or not staff had received their offers as yet. At the time, they had not. I also was concerned at that time to learn that some five, six or seven senior positions in that hospital were either vacant or soon to become vacant. In view of the fact that these individuals provide the management direction and decisions for the hospital at the present time, how is it currently operating with so many vacancies at the senior level?

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, I am aware of the positions that are presently vacant and, in the interim, to help in alleviating any problems, the Department of Health, territorial government, has put a Mr. Frank Schikurski in the hospital to help with the administration. The job advertisements, some of which you have seen, and we have had some questions on them, have gone out to secure the management that is necessary to administer the hospital.

CHAIRMAN (Mr. Angottitauruq): General comments.

MR. BUTTERS: Is there any concern that, with so many vacancies, there may be a diminishment of management skills and unintended diminishment of managerial capability in that facility?

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

Extra Managerial Staff

HON. NELLIE COURNOYEA: Mr. Chairman, the issue of the Inuvik hospital and the vacancies are being addressed and have been addressed over the last few months. National Health and Welfare has also brought in an extra person to help overcome that problem in the interim. For more detail, I will pass the mike to Paul Moody, who has been working very closely with the hospital not to allow the situation that Mr. Butters has indicated to actually happen.

MR. MOODY: Mr. Chairman, I think the Minister has outlined it very well. Two things: there are two people who moved into the hospital to assist with the administration. The responsibility is still, until April 1, that of the medical services branch. We are assisting and co-operating in every way we can between their department and our department and we feel that, in fact, though the administration has been down a little bit, there will not be any reduction in services.

CHAIRMAN (Mr. Angottitauruq): General comments. Mr. Nerysoo.

MR. NERYSOO: Thank you, Mr. Chairman. I had an opportunity to raise some questions on Friday. Firstly, I do not believe that the Minister or the advisers understood what I was talking about. Mr. Chairman, one of the successes that we have had in terms of a capital project in the Northwest Territories and one of the successes that many people talk about is the Baffin Regional Hospital Board. The success, Mr. Chairman, comes from the fact that, when there was a decision on the part of government to pursue those particular areas -- one, the capital construction of the hospital here; and the other, to pursue the implementation of the hospital board -- a lot of work was done in consultation with the regions and with the communities, firstly, with regard to the establishment of the hospital board, to make them totally aware of what was happening, what was in the kind of building they were receiving, the kind of equipment they were receiving, whether or not they had filled all positions in the case of the Baffin, whether or not there were any serious problems, whether or not there were deficiencies, and how that board could deal with those deficiencies.

Concern With Delivery Of Services

That certainly has not happened in Inuvik. It has not happened because we have not been on top of the issue. I am really worried, Mr. Chairman, about that particular transfer. It is important for me because I do not live in Inuvik and I, and the communities I serve, are recipients of services out of that Inuvik General Hospital. I have not been happy with the services provided to us. Less than a year ago -- in fact, almost six months ago -- they were short 17 nurses in that hospital. Now, that is a very significant part of the staffing complement there. I do not know who is on top of that and I do not know why that situation occurred but I would have hoped that, during the discussions on the transfer, those types of issues would have been dealt with. It almost seems that we were more concerned about the actual transfer date than we were about the service that we were going to provide after the transfer took place. I can compliment the department for all the work they have done on the structural side, but I have just outlined my concern with the delivery of services.

The other thing is that I have not yet seen any documentation. That was part of the review of the documentation that was being presented out of the Mackenzie Delta Regional Council for the past year, so I know what was presented, but I really have a concern about even the relationship we have with the Inuvik health centre, that that has not been clarified. We have for the past year had arguments from Fort Franklin, saying they do not want to go to the Inuvik General Hospital because that hospital is not providing the same quality of service that the Yellowknife hospital is going to provide them. We have not addressed that, and all we have said to them is "No". National Health and Welfare has basically said, "No, we are not going to allow you to come to Yellowknife, and if you do, well, we are not going to be held accountable for those costs of transferring you here." But after the transfer, Madam Minister, we cannot refuse the kind of service that those people want. We have to be held accountable, and if the service that is being provided in Inuvik is not comparable to that of Yellowknife, there is no way politically and morally that we can refuse those people in that region the type of quality service that is going to be provided in Yellowknife.

Concern With Hospital In Inuvik

The other particular issue I am concerned about happens to be with the hospital. I know there have been a number of studies done with regard to the hospital, one suggesting that a new hospital be built, a second one saying that major renovations should occur to the hospital that exists. Mr. Chairman, the success of the Stanton Yellowknife health centre has been the result of good consultation with those people who are going to provide the service in that particular facility. I know that, for instance, the Stanton Yellowknife Hospital Board had the contract to consult in this community and with other regions with regard to the kind of facility they were to construct and the kind of service they were supposed to be providing. They consulted with their senior physiotherapist, their lab technicians, the medical profession in Yellowknife, the nurses, and they also consulted with the community. As a result of that, the hospital or health centre that we now see -- and I commend our government for constructing it -- has been the result of that good consultation process. And I really worry when I look at all the documentation.

The other day I raised a concern about capital expenditure. A year ago, and you can all confirm this, we had in the federal budget $13 million allocated for a new hospital. All of a sudden it has disappeared; it has disappeared into thin air. People say it is spread over a 10 year period, and that is absolute nonsense. It cannot be, because if you look at the dollars that you are going to transfer, it probably will not amount to $13 million. And the worst thing about renovating that hospital in Inuvik and doing major renovations is that we will be told, "Inuvik, you cannot get any dollars allocated because of the major renovations that have occurred in that hospital". That was, in fact, one of the major arguments we had with the Stanton Yellowknife Hospital here for many years, because we kept renovating the building, we kept spending more and more money in renovations, and the more money you spent in renovations the less the argument for the need for a new health centre or a hospital was valid. And I just worry about the kinds of arguments that I hear, that in reality the Mackenzie Delta or Inuvik Region has lost a hospital. They have lost it, maybe not out of their own decision or own consideration. But we have lost it somehow out of a commitment on the part of the federal government. And I worry about that.

Medical Professionals Not Consulted In Review

The other thing I worry about is that in review of the facility, no one consulted the medical professionals, no one. In fact, I must say that in the report, our own staff member who was in Inuvik with Health was not even consulted about the report. The first time that they found out was when the consultants were in Inuvik and said, "We are here; we are doing a report; it is nice to see you." And that is the only thing that was told to that individual.

I am expressing all these concerns because I want the thing to be successful. I have been in this House for almost nine years now, and every time I have spoken on the question of health it has been in support of transfer, but I am having a very, very difficult time right now justifying the decision to transfer the rest of the health services and programs knowing that my constituents are losing in the quality of service they are going to receive. And I am worrying about that right now. I have not yet been assured that we are going to get a better quality of service. In fact, all I hear is that we are going to renovate the building in Inuvik and we are going to continue with that building as the building in which we provide service; and I can tell you now that I can go and get people out of the medical professions from Inuvik, and they can come here, be witnesses at that table and tell you that that is one of the worst hospitals they have ever worked in, in terms of just co-ordinating the services.

Maybe somehow I am losing faith here, but I just need some assurances. I need assurances for my constituents that if we are going to transfer the responsibility -- because we are not only transferring the responsibility for the individuals receiving insured benefits, but we are also going to be responsible for all the non-insured benefits as well. To me it is important because the federal government has a legal obligation to provide, and we have just been recently told from discussions I have had that that may not continue. Who then is going to be held responsible? You may not have heard that, but I have heard through other discussions that the federal government has made that pretty clear. It is a worry for me; I do not know if it is a worry for anybody else, but I am worried about what kind of service we are going to receive. Maybe the Minister can give me some assurances or something, but I need to receive that kind of explanation.

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, certainly the concerns that the honourable Member has expressed are very, very much the same concerns of many people who are using the Inuvik health facility. In terms of that facility, until April 1, it is still under the medical services branch, National Health and Welfare. I can assure the Member that positions are there. They may not be filled, but they are there, and certainly it is my hope that, as with the Baffin regional board and the Baffin health centre, all the positions will be filled. And perhaps once we have the responsibility, and because of the accountability and the desire to pay attention to the issues at that regional level, those positions would not be left dormant as long as they have, or allowed to stay open over a period of time as they have in the past.

New Facility For Inuvik Region

In the basic transfer there is no intention to cut down on the services provided out of that centre, and also there are continuing plans to upgrade the facility and, as the Member mentioned, the projection over the next 10 years is to design a new facility for the region. I am aware that there are some discussions on the Indian Act health provisions which the non-insured benefits come through. I believe that will be an ongoing discussion. I guess no one can say whether that 100 per cent is always going to be there. I would only suggest that in our discussions on the paper on the transfer with the details, some of these questions will be answered and the concerns will be answered. I would suggest that perhaps Mr. Moody or Mr. Pontus might like to talk a little bit about some of the concerns in regard to the general surveys that were done through consultants or through our people who did some evaluation. I know those evaluations were not perhaps detailed in reaching each individual person or as many people as it was felt it should. As he has been with the ongoing transfer arrangements, I will let Mike Pontus give some background on that. I know that we are going to be discussing transfer in more detail later but perhaps some issues could be resolved or answered at this time.

MR. PONTUS: Thank you, Madam Minister. Specifically to the question about capital and the Inuvik General Hospital. Last year the federal government realized that the facility was in a state of considerable disrepair and they had had two previous reviews of the facility, one of which

recommended a complete renovation and the other which recommended building across the road. When they went to do the third review, they found that they could renovate it for a certain amount of money and that would allow the facility to operate until the population size in the Inuvik Region could stabilize. We looked at that as well and thought that that was probably a rational viewpoint because if we built now, the figures that we would be looking at would build a hospital of probably a bed size of 25 to 35. This would not support even the existing level of service that Inuvik now has. We then decided that it takes probably two years to plan a hospital and three years to construct one, so we said that in five years would be the most rational time to judge the population size of the Inuvik Region. So we said if we start in five years, we could have a facility opening in 10 years.

Federal Cost Sharing Will Continue

We then struck an arrangement with the federal government that guarantees that they will continue to cost share the construction of that new facility when it is built, at whatever cost it is at that time, thus guaranteeing that we will have a better handle on what services should be required and that we will have a continued cost base from the federal government. That is the reasoning behind why the federal government has dropped their approach to building a new facility there immediately. They have since spent considerable money in electrical and mechanical upgrading and will continue to do that through this next year, until all of it is renovated for that period of time.

CHAIRMAN (Mr. Angottitauruq): General comments. Mr. Ernerk.

MR. ERNERK: Thank you, Mr. Chairman. I have a number of questions about the transfer from the Government of Canada to the GNWT Health. For some, I am prepared to wait until tomorrow morning after the briefing. To begin, my concerns in our region are much the same as Mr.Nerysoo's. First of all, have there been any recent studies undertaking surveys of equipment facilities and manpower, in both the Kitikmeot and Keewatin Regions, while the discussions were taking place with regard to the transfer of Health from the Government of Canada to the GNWT?

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, I have been advised that there have been no studies.

CHAIRMAN (Mr. Angottitauruq): General comments. Mr. Ernerk.

MR. ERNERK: Thank you, Mr. Chairman. I guess that answer is forthcoming for sometime tomorrow. Will a further reply be coming up during tomorrow's briefing on Health? In other words, can I have some more information tomorrow?

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

Regional Health Board To Recommend Program

HON. NELLIE COURNOYEA: Yes, Mr. Chairman, we can discuss the approach that the Department of Health has taken. The general approach is once the new board is operational, they would be involved with that type of review and assessment of the delivery of health services in the Keewatin Region. The board's structure is anticipated to reflect community needs, as all the communities are represented and the nursing stations are presently in place there. But certainly with the suggestions and the motions that have come out of a number of conferences and regional meetings, the Keewatin Region have some definite ideas on what they wish to have happen in the delivery of health services to that region, in relationship to the community of Rankin. It was felt that it would be more appropriate, given that funding is available, that the regional health board would look at it, design it and make their recommendations on how the health program could be delivered to that region.

CHAIRMAN (Mr. Angottitauruq): General comments. Mr. Ernerk.

MR. ERNERK: Thank you, Mr. Chairman. My other question is in regard to hospital services as they exist right now in the Keewatin Region. Most people know that we are the only region in the NWT who must go to Churchill and Winnipeg to receive medical services, for birthing and that kind of thing. How much money pours out of the NWT budget into places like Churchill and Winnipeg on a yearly basis?

HON. NELLIE COURNOYEA: That is a bit detailed. I know we are having ongoing discussions about the desirability or the acceptability of using Churchill, but that facility certainly has been there and we have had some difficulty in attempting to change that in the past. For a more detailed reply to Mr. Ernerk, Mike Pontus.

Costs Of Services Provided In Manitoba

MR. PONTUS: Mr. Chairman, if you will accept it in round figures as being millions. The detail is at the office. We pay approximately three million dollars to Churchill, and in other parts of Manitoba we probably pay another $2.5 million for hospital services. You could probably add another total of $500,000 for medical services into that, but those are rough guesses. If you want the precise figures we could provide them.

CHAIRMAN (Mr. Angottitauruq): General comments. Mr. Ernerk.

MR. ERNERK: Mr. Chairman, I would like to know the figure later on for the sake of discussion. That is only for medical services, hospital services, check-ups and things like that. What about the issue of transient centres in Churchill and Winnipeg as well? So far, in round figures, we have pretty close to five million dollars just for those two services. What about the transient centres? How much money pours out of the NWT to Churchill and Winnipeg for transient centre operations and maintenance, renovations, staff?

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, in approximate round figures, the transient facilities in Churchill and Winnipeg and related services probably would add another million dollars to the total costing out.

CHAIRMAN (Mr. Angottitauruq): General comments. Mr. Ernerk.

MR. ERNERK: Thank you, Mr. Chairman. Basically, we are talking about six or seven million dollars, yearly. I guess my next point is the issue of a hospital. As the Minister knows and her staff knows, we have been talking about this issue for many, many years now. As a matter of fact, if I remember correctly, there was a decision made somewhere between 1977 and 1978, with regard to the establishment of a regional hospital in the Keewatin Region, which was made by Dave Nickerson when he was the Member of the Executive Committee for Health, between 1977 and 1978. So in those years we saw, as we do today, a need for a regional hospital. I am particularly talking about these things because everybody knows reasons why it is hard to get out of the communities to go to Churchill and Winnipeg. I could go on and on through all kinds of reasons why we want to establish our own hospital.

Establishment Of Birthing Centres

One point I particularly want to make is the issue of a birthing centre or centres in the Keewatin Region. Keewatin Inuit Association did a study two and a half years ago with regard to the obstetrics evacuation program in the Keewatin Region, in co-operation with the University of Manitoba. That study is still being undertaken. An early recommendation is that there should be the establishment of a birthing centre in all of the communities in the Keewatin. When we first started discussing this issue, we found out that family life can become extremely difficult in all of the Keewatin Region communities for the people who live there, for both parents if women have to go away to Winnipeg or Churchill for a lengthy period of time. Many of our women are out anywhere from a week to two months, sometimes over three months. Maybe that is a little bit extreme, but there are some people who are out for a period of over two months, away from their families, away from their husbands, away from their children, so mentally, for both parents, this can become a difficult situation. If the husband wants to go out and work, wants to go out hunting or trapping, it becomes difficult for the children, if the couple has children, the problem being finding a babysitter, for example. It becomes a difficulty for the grandparents if they must babysit the children. This is all documented in various papers throughout the Keewatin Region communities, because we have had community health discuss it; we have had native organizations, such as KIA, discuss it two and a half years ago; we have interviewed many, many women and put on paper their concerns, their ideas.

If you spend six to seven million dollars a year, should we not be planning to build, sometime in the future, a regional hospital for the region whose population has had to depend much on Manitoba? Should we not be taking a look at that in terms of capital planning? Have there been

any plans in the last little while to establish one of two things: a regional hospital or a birthing centre, keeping in mind that the Department of Health, a couple of years ago on February 6, 1986, agreed to one birthing centre in the Keewatin Region as a pilot project? That is the kind of planning I think we should really get back into discussion again.

We now have, in place, a health board; we now have a doctor in Rankin Inlet; we are going to have a transfer of health responsibilities soon. In the meantime, the population of the Keewatin Region is increasing all the time. My idea is to put the money, part of that six or seven million dollars, into the Keewatin Region. It is good for economic purposes. The money would remain within the region; the money would generate within the region; it would provide training opportunities for the local people there, in terms of the medical profession, local people becoming nurses. The eventual plan should be to take a look at local people becoming doctors. Maybe I will get some answers first, and then I will continue after.

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

Present Arrangement Difficult To Break

HON. NELLIE COURNOYEA: Yes, Mr. Chairman, I am aware of the relationship that this government and National Health and Welfare have with the Government of Manitoba, and also the ongoing issue of the Churchill hospital and the desire of the Keewatin to have their own health delivery system in the Keewatin Region. Certainly, with the discussions with the federal government, this arrangement would be difficult to turn over, mainly because of the hospital in Churchill being fairly new and, as well, the arrangement with the Manitoba government would certainly be difficult to break. I believe the relationship with Manitoba has been good.

I understand what Mr. Ernerk is saying and, in the sense of this, these are recommendations, and directions that he would like to see the delivery of health take in the Keewatin Region. I would be very pleased if I could have all these answers ticked off on a board for him, and talk a long time about why it has not been done in the past, and make some promises here, but I cannot do that. All I can say is that it will be difficult, because the federal government, in the negotiations, felt that the facility in Churchill was relatively new and did not see in the total cross-allocation of funding that that facility would be replaced, and as well, a lot would be taken away from Churchill, Manitoba, if we were to vacate and not use those facilities any longer.

But I see this as the honourable Member really indicating the desires of the Keewatin Region and it will be part of the ongoing planning when the total health delivery system is turned over to the Northwest Territories government. It will be an ongoing discussion, but at this time I cannot make any promises. But I do note and I do understand that desire of the Keewatin Region to have those health delivery systems in that region.

CHAIRMAN (Mr. Angottitauruq): General comments. Mr. Ernerk.

Language Problems

MR. ERNERK: Thank you, Mr. Chairman. I understand what the Minister is saying. I appreciate the dilemma that you are having with regard to the Churchill hospital. To me, it is unhealthy for many of our people to go to Churchill and Winnipeg because, as the Minister well knows, if not half of the people, many of our people do not speak the English language. That is why we continue to have problems with the mental impact on the people who go to Winnipeg and who go to Churchill to receive medical treatment.

I am not too sure at this point in time that we have a delivery of services that are top notch in the Keewatin Region. I am not convinced about that. I am not convinced that we are really doing our best to provide good services to the people of all the Keewatin Region. A lot of this has to do with the problem of communication. Many of the people in the Keewatin Region who go to these facilities do not speak English. That is where part of the difficulty is. Doctors and medical people do not speak Inuktitut, so there is a problem in communication. Recommendations by certain organizations have been made in the past few years with regard to improved services in the Keewatin, and I am particularly again talking about organizations like the Keewatin Inuit Association on the issue of birthing centres. The Inuit Women's Association has made overall recommendations to the Government of Canada and the GNWT with regard to improved service in terms of health delivery.

As a matter of fact, a couple of years ago again the people of the Keewatin Region called on the Government of the NWT and the Government of Canada to have a task force on health in the Keewatin Region. I think it would have been quite appropriate then, to take a look at the whole issue of the delivery of health services in the region prior to discussion on the transfer of Health from the Government of Canada to the GNWT. The recommendations that would have been made are the kind of things that I am speaking about now.

The Minister is correct, if the hospital services are stopped in Churchill, and I think that that is what I understood you to say, Churchill would be no more. You are going to have to help me on this, but 60 per cent of the patients that are in Churchill are from the Keewatin Region. So that is a difficulty I understand. But in the matter of principle I think what we should be doing is to take a look at a care facility in the Keewatin for the Keewatin Region, and I have quite a concern about a birthing centre. Thanks.

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Yes, Mr. Chairman, I do not believe that the comments that were made can be said any better, or expressed any more clearly than the honourable Member has expressed them. And certainly in the takeover of the Health responsibilities I believe that in the past, where the Northwest Territories Department of Health has been involved, particularly in the patient boarding home and the family life areas, there has been very much an improvement in carrying out those programs. Certainly looking forward into the future I believe in having the health board involved and the community involved. Certainly the pressure to resolve problems, as were expressed by the honourable Member on behalf of his constituency, probably would have much more political impact, on finally resolving those issues. And I believe, knowing the honourable Member and his involvement in the past, he understands some of the difficulties, without me going over them again, in terms of the tie-in with the Churchill, Manitoba health centre. I certainly hope that in the future, and when we are responsible, that we will be able to set up a time frame in dealing with those issues that were presented. Thank you.

CHAIRMAN (Mr. Angottitauruq): General comments, Department of Health. Are there any further general comments? Does the committee wish to go detail by detail. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Administration, Total O And M

CHAIRMAN (Mr. Angottitauruq): Page 14.10, administration, total O and M, $3,556,000. Mr. Butters.

MR. BUTTERS: Mr. Chairman, I have a question relative to the draft legislation that the department may be working on. Is it proper to bring it up here?

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, would the honourable Member clarify his question, please?

CHAIRMAN (Mr. Angottitauruq): Mr. Butters.

MR. BUTTERS: I want to ask the Minister some questions on draft legislation in Health, which is being developed. Is this the place to raise the question?

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Yes, Mr. Chairman.

CHAIRMAN (Mr. Angottitauruq): Mr. Butters.

MR. BUTTERS: Thank you. Could the Minister indicate what draft the Public Health Act has now reached?

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, it is still in its first draft.

CHAIRMAN (Mr. Angottitauruq): Mr. Butters.

MR. BUTTERS: Well, I guess my information is incorrect. I heard that in November, 1987, you were on draft six. That was the information I was working on. However, be that as it may, section 4(2)(e) relates to a situation where the -- are the witnesses familiar with that section of the draft Public Health Act?

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, I do not have that information here.

MR. BUTTERS: Then I will ask the question and express the concern. I realize that I should have indicated that I wanted to raise questions on this. In the Public Health Act, I think that there is one section -- I do not have it before me either -- where you are striking out references to ordinary medical health officers and putting the chief medical health officer in place. What, in effect, it would appear to be doing is putting the chief medical health officer in the position of examining and deciding on routine test results which have been developed as a result of a professional/client relationship. It would appear that decisions regarding those results, in the new act, can only be made by the chief medical health officer. I do not want to comment, but I would suggest that this is a movement to autocracy, rather than permitting professionals to practice.

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, would the Member state the section he was talking about, again, please?

CHAIRMAN (Mr. Angottitauruq): Mr. Butters.

MR. BUTTERS: I do not have the act here, either, but I understand it is section 4, subclause (2), paragraph (e). I do not expect an answer now. I just ask the department to look at that particular provision and, if it is as I describe it, that they would examine my concern in relation to the intention of the legislation that they are drafting.

HON. NELLIE COURNOYEA: Mr. Chairman, could Mike Pontus just clarify something? We have the document that the Member refers to and he might shed some light on it, although he may not be specifically able to answer the question totally in detail. Mike Pontus.

MR. PONTUS: Mr. Chairman, I apologize. Earlier, when you spoke of legislation, we are redrafting the Public Health Act. The particular item that you are referring to is the communicable disease regulations within that act. We have been revising those, or Health and Welfare has on our behalf, in light of the AIDS program and its demands. One of the things which they have done, which has come to our attention, is to consolidate the authority of the regional medical officers of health into a chief medical officer of health. Now, I do not think it is the intention to exclude regional medical officers of health, or that the information does not get back out to the grassroots positions where they can do the contact tracing, but we will follow up on that with them.

Administration, Total O And M, Agreed

CHAIRMAN (Mr. Angottitauruq): Administration, total O and M, $3,556,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Supplementary Health Programs, Total O And M

CHAIRMAN (Mr. Angottitauruq): Supplementary health programs, total O and M. Mr. Richard.

MR. RICHARD: Thank you, Mr. Chairman. I wonder if the Minister could indicate, very quickly for the record, what steps are being taken for the senior citizens of our land and the disabled. There has been a request by the senior citizens, for three or four or five years now, to have these

benefits extended. Also the Minister, I believe has a request from the Council for Disabled Persons to have paraplegia added as a item on these extended benefits, as well. Could the Minister confirm that those are being worked on? She made some reference to the senior citizens benefits in her opening remarks, I believe.

HON. NELLIE COURNOYEA: Yes, Mr. Chairman. On the senior citizens we have had quite a lot of discussions in the short time that I have been Minister. We have had a delegation from the representatives of the senior citizens and presently there is a paper going to the Executive Council on the extent of the coverage or some options on coverage. We have not dealt with that at this time but we are committed to carry that forward. As for the disabled benefits, I will let Mr. Pontus reflect on exactly where that is in the system.

CHAIRMAN (Mr. Angottitauruq): Mr. Pontus.

MR. PONTUS: Mr. Chairman, the department has a contract with Blue Cross of Alberta to do an actuarial costing of those benefits for us and we expect that they will provide those figures to us sometime this week or next.

CHAIRMAN (Mr. Angottitauruq): Supplementary health programs. Mr. Nerysoo.

MR. NERYSOO: Mr. Chairman, I just want to ask a question with regard to administration. I will ask for consent after we conclude supplementary health programs.

CHAIRMAN (Mr. Angottitauruq): Supplementary health programs. Mr. Ernerk.

MR. ERNERK: Thank you, Mr. Chairman. Is this the division whose responsibility is to the non-aboriginal people? I understand that non-aboriginal people were going to be asked to pay $50 in, $50 out. Is this the one that caused a certain amount of controversy last year? If it is not, I will not ask the question; if it is, I want to ask the question.

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, that would come under the medical travel section.

Supplementary Health Programs, Total O And M, Agreed

CHAIRMAN (Mr. Angottitauruq): Supplementary health programs, total O and M, $2,889,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Angottitauruq): Mr. Nerysoo would like to go back to administration. Does the committee agree?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Angottitauruq): Mr. Nerysoo.

Discontinuance Of Mental Health Funding

MR. NERYSOO: Thank you, Mr. Chairman. Just for a quick explanation. Could you explain the discontinuance of the mental health funding, just for my sake? I believe it is part of the discussions on transfer, and if you could just explain that to me, please.

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Pontus on that, please.

MR. PONTUS: Mr. Chairman, three years ago as part of the priority exercise of the government, various tasks were indicated with a sunset provision to them. There was an amount of money given to Health for mental health reviews and that sunset provision came into effect this year and they have expired.

CHAIRMAN (Mr. Angottitauruq): Are there any further questions on administration? Mr. Nerysoo.

MR. NERYSOO: Thank you. Was there any money in the budget for mental health being funded for medical reasons and do we still have that particular program in place?

CHAIRMAN (Mr. Angottitauruq): Mr. Pontus.

MR. PONTUS: Yes, Mr. Chairman. Care in psychiatric institutions falls under the supplementary health programs coverage and that still continues.

NWT Share Of Health Care Services, Total O And M, Agreed

CHAIRMAN (Mr. Angottitauruq): Page 14.12, Territories share of health care services, total O and M, $2,640,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Territorial Hospital Insurance Services, Total O And M, Agreed

CHAIRMAN (Mr. Angottitauruq): Territorial Hospital Insurance Services, total O and M, $63,257,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Medicare, Total O And M, Agreed

CHAIRMAN (Mr. Angottitauruq): Medicare, total O and M, $13,015,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Medical Services Contract, Total O And M

CHAIRMAN (Mr. Angottitauruq): Medical services contract, total O and M, $775,000. Mr. Richard.

MR. RICHARD: Mr. Chairman, after the transfer, will we see items like this disappear from the main estimates? Over on the previous page, physician recruitment program for the feds, I take it that since we are going to do all of the health delivery, there will be some restructuring within the department. You will not call this a special section. It will be rolled into administration, I take it?

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, that is correct.

CHAIRMAN (Mr. Angottitauruq): Mr. Nerysoo.

MR. NERYSOO: Thank you, Mr. Chairman. Will the element of physician recruitment, under medicare previously, be included in that?

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Yes, Mr. Chairman.

CHAIRMAN (Mr. Angottitauruq): Medical services contract, page 14.15, total O and M, $775,000. Mr. Richard.

MR. RICHARD: Because of the rarity on this page, Mr. Chairman, of revenues exceeding expenditures, I have to ask how we have managed that.

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, it appears that this has been a recurring disease in this section over the last number of years and I believe we charge an administration fee that accounts for that.

Medical Services Contract, Total O And M, Agreed

CHAIRMAN (Mr. Angottitauruq): Medical services contract, total O and M, $775,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Medical Transportation, Total O And M

CHAIRMAN (Mr. Angottitauruq): Medical transportation, total O and M, $4,139,000. Mr. Pollard.

MR. POLLARD: Thank you, Mr. Chairman. Mr. Ernerk, did you want to talk about that $50 stuff, first? Go ahead.

CHAIRMAN (Mr. Angottitauruq): Go ahead, Mr. Ernerk.

MR. ERNERK: Thank you very much, Mr. Chairman. Mr. Pollard, did you say go ahead, make my day? Thank you.

This $50 each way for non-native people caused a certain amount of headache on the part of our people from the Keewatin Region because we have a lot of concerns about it, feeling that providing good services to people is a fair way of doing things, that you are being fair to everyone. In Canada, why should you be asked to pay your own way to receive medical help? This $50 is a lot of money for many, many people. Some people cannot afford it and some people can. One recommendation came from one organization in the Keewatin and another came from the Keewatin Health Board, I believe it was last fall, where they asked to do away with this $50 in and out of the NWT for non-native people. I wonder if that is still in existence.

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, that provision and requirement still exists.

CHAIRMAN (Mr. Angottitauruq): Mr. Ernerk.

MR. ERNERK: Thank you, Mr. Chairman. Is there any particular reason why this was put in place or put into practice in the first place?

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, it was a practice from the past and it has been carried over. In the short time that I have been Minister, I felt that in order to attack some of the problems, such as the senior citizens issue and trying to cost that one out and see what we can do in that area and some of the other priorities, I just have not looked at what the cost benefit to the Department of Health is in instituting the $50. It is not that it has not been brought up and it is not that I am not aware of this situation but I just have not had the time and the priority to deal with how that would affect the transfer or what amounts that would mean in the total delivery of the system. I know that there are a lot of headaches with it and a lot of inconveniences but I have just not come to address that particular problem at this time.

CHAIRMAN (Mr. Angottitauruq): Mr. Nerysoo. Mr. Ernerk.

MR. ERNERK: Thank you, Mr. Chairman. I have a recommendation to make to the Minister or the GNWT by way of a motion. Did you want to say something first? May I make a motion, Mr. Chairman? Thank you. We are really kind to each other today. I am really pleased.

Motion To Recommend That $50 Medical Transportation Charge Be Discontinued

Mr. Chairman, I would like to move the following motion: I move that this committee recommend to the GNWT that non-natives no longer be required to pay $50 each way for trips to southern Canada for medical treatment.

CHAIRMAN (Mr. Angottitauruq): Mr. Ernerk, may I have a copy of your motion, please? Mr. Ernerk, your motion is in order. To the motion. This is rather messy writing. I will let the Clerk read it. That is what he is here for.

---Laughter

CLERK OF THE HOUSE (Mr. Hamilton): Mr. Chairman, the motion reads: I move that this committee recommend to the Government of the Northwest Territories that non-natives no longer be required to pay $50 each way for trips to southern Canada for medical treatment.

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, I would like to make a suggestion to the mover that this requirement is not just for non-native people, the Metis people also are involved with this, and I would suggest that perhaps the motion could be amended to read, "and non-status".

CHAIRMAN (Mr. Angottitauruq): Mr. Richard.

MR. RICHARD: Mr. Chairman, before I could vote for or against the motion I would need an explanation of the current policy. I am wondering if the Minister or one of the officials could indicate the policy behind the $50 levy. I have constituents, some of whom pay nothing toward their travel, and some of whom pay all of their travel for medical reasons. I do not know who these $50 people are.

CHAIRMAN (Mr. Angottitauruq): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Pontus will go over the details of that policy.

MR. PONTUS: Mr. Chairman, this is a long-standing practice that came over from medical travel when it was administered by the Department of Indian and Northern Affairs and transferred to the territorial government. I can recall that when I came in 1976 the practice at that time was that the individual paid the first two trips and the government covered the trips completely after that. That was changed so that it became $50 each way, and the price has not changed since 1976; it is still $50 each way. The rationale for it was that people should be encouraged to consider their participation in getting to their medical care, and that this would cut down on any abuses of the system of people travelling simply for other reasons than medical necessity. The $50 then became tied in with the number of other financial programs that the government has and so while the amount of $50 and the revenue collected from it might not be very much, when you begin to add the implications of these other programs it comes to a significant cost measure, and that is why there has been some reluctance to move away from it at this point in time. The lost revenue would far exceed the simple $50 per trip.

CHAIRMAN (Mr. Angottitauruq): Mr. Richard.

MR. RICHARD: Mr. Chairman, can I ask that Mr. Pontus give some examples of some people out there in the public and private sector who would come within this category?

CHAIRMAN (Mr. Angottitauruq): Mr. Pontus.

MR. PONTUS: Well, for example, an individual who works at the Super A to name one; an individual who runs his own business and who does not have an insurance policy with a private firm.

CHAIRMAN (Mr. Angottitauruq): Mr. Richard.

MR. RICHARD: Mr. Chairman, I guess I am fortunate that I live in a community where there is a fairly good level of medical services provided, but does this apply to outside travel? I am wondering, if a person is travelling to Edmonton for medical treatment, does our government pick up through the medicare program the cost of the medical treatment but not the cost of the travel?

MR. PONTUS: We pick up the cost of the hospitalization, the cost of the medical treatment, and the cost of the travel less $50 each way.

CHAIRMAN (Mr. Angottitauruq): To the motion. Mr. McLaughlin.

MR. McLAUGHLIN: Thank you, Mr. Chairman. Previously, when this has been discussed there was some talk within the department of coming up with some sort of a territorial insurance plan to cover off the cost of the coverage we have right now, and that would be a new source of revenue, but until we went into that sort of a territorial-wide plan it was always thought that we should continue collecting this $50 so that we would still have that same total of money. If that still is the intention, to work toward a territorial plan where you would pay premiums, I would not want to support this motion because I think that once we have established a territorial plan you would have the equivalent amount of money coming into revenue so people could buy into a plan. I do not think we should lose this revenue right now until we have put a territorial plan into place that has premiums. I just wonder if that is still part of the thought in the department on this matter.

Motion To Recommend That $50 Medical Transportation Charge Be Discontinued, Carried

CHAIRMAN (Mr. Angottitauruq): To the motion. Are you ready for the question? To the motion. All those in favour? Opposed, if any? The motion is carried.

---Carried

Medical Transportation, Total O And M, Agreed

Medical transportation, total O and M, $4,139,000. Is that agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Angottitauruq): Mr. Zoe.

MR. ZOE: Mr. Chairman, I move that you recognize the clock.

CHAIRMAN (Mr. Angottitauruq): Motion to report progress. All those in favour? All those opposed? Motion is carried.

--- Carried

I would like to thank the Minister and her witnesses. I will report progress.

MR. SPEAKER: The House will come back to order. Mr. Angottitauruq.

ITEM 18: REPORT OF COMMITTEE OF THE WHOLE

REPORT OF COMMITTEE OF THE WHOLE OF AIDS PRESENTATION AND BRIEFING; REPORT OF STANDING COMMITTEE ON FINANCE ON THE 1988-89 MAIN ESTIMATES; BILL 1-88(1), APPROPRIATION ACT, 1988-89

MR. ANGOTTITAURUQ: Mr. Speaker, your committee has been considering AIDS presentation and briefing and wishes to report that the latter is concluded. Further, your committee considered Report of Standing Committee on Finance on the 1988-89 Main Estimates and Bill 1-88(1).

Motion To Accept Report Of Committee Of The Whole, Carried

Mr. Speaker, I move that the report of the chairman of the committee of the whole be concurred with.

AN HON. MEMBER: That is easy for you to say.

---Laughter

MR. SPEAKER: Thank you, Mr. Angottitauruq. Is there a seconder for the motion? Thank you, Mr. Crow. To the motion. All those in favour? Thank you. Those opposed? The motion is carried.

---Carried

Mr. Clerk, orders of the day.

CLERK OF THE HOUSE (Mr. Hamilton): Announcements, Mr. Speaker. Members are reminded that the flight to Fort Resolution leaves at 6:00 p.m. from the Ptarmigan hangar at the main airport. At 9:00 a.m. tomorrow morning there will be a meeting of the ordinary Members' committee. At 10:00 a.m. there will be a caucus meeting. At 10:15, a caucus meeting with the conclusion of the Health transfer. At 11:30, there will be a caucus meeting with the CBC witnesses.

ITEM 19: ORDERS OF THE DAY

Orders of the day for Tuesday, March 8th, at 1:00 p.m.

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Oral Questions
6. Written Questions
7. Returns to Written Questions
8. Replies to Opening Address
9. Petitions
10. Reports of Standing and Special Committees
11. Tabling of Documents
12. Notices of Motion
13. Notices of Motion for First Reading of Bills
14. Motions
15. First Reading of Bills
16. Second Reading of Bills
17. Consideration in Committee of the Whole of Bills and Other Matters: Report of Standing Committee on Finance on the 1988-89 Main Estimates; Bill 1-88(1); Ministers' Statement 13-88(1); Tabled Document 71-88(1); Tabled Document 80-88(1)
18. Report of Committee of the Whole
19. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. This House stands adjourned until Tuesday, March 8th, at 1:00 p.m.

---ADJOURNMENT

Available from the
Publications Clerk, Department of Culture and Communications
Government of the Northwest Territories, Yellowknife, N.W.T.
$1.00 per day; $30.00 for 1st session, $20.00 for 2nd and 3rd session; or $50.00 per year
Published under the Authority of the Speaker of the Legislative Assembly
of the Northwest Territories