



**LEGISLATIVE ASSEMBLY OF THE NORTHWEST TERRITORIES**

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Speaker: The Hon. Richard Nerysoo, M.L.A.

# LEGISLATIVE ASSEMBLY OF THE NORTHWEST TERRITORIES

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## YELLOWKNIFE, NORTHWEST TERRITORIES

TUESDAY, FEBRUARY 13, 1990

## MEMBERS PRESENT

Hon. Titus Allooloo, Mr. Arlooktoo, Hon. Michael Ballantyne, Hon. Tom Butters, Hon. Nellie Cournoyea, Mr. Crow, Mr. Ernerk, Mr. Gargan, Hon. Stephen Kakfwi, Mr. Kilabuk, Mr. Lewis, Hon. Jeannie Marie-Jewell, Mr. McLaughlin, Mr. Morin, Hon. Richard Nerysoo, Mr. Ningark, Hon. Dennis Patterson, Mr. Pedersen, Mr. Pollard, Mr. Pudluk, Mr. Sibbeston, Mr. Whitford, Hon. Gordon Wray, Mr. Zoe

## ITEM 1: PRAYER

---Prayer

**SPEAKER (Hon. Richard Nerysoo):** Orders of the day for Tuesday, February 13, 1990.

Item 2, Ministers' statements. Ministers' statements. Item 3, Members' statements. The honourable Member for Yellowknife Centre.

## ITEM 3: MEMBERS' STATEMENTS

## Member's Statement On Deficit Budget

**MR. LEWIS:** Mr. Speaker, the Government of the Northwest Territories presented its first billion dollar budget on February 12, 1990. There is a growing trend for this government to operate deficit budgets. While a deficit of \$17 million does not seem very much out of a billion dollar budget, it marks the beginning of a slide into debt. Governments all over the world have gone into debt to keep governments growing. They consume money at an alarming rate and most of it does nothing to stimulate economic growth and the creation of new wealth. Countries with strong economic potential and possibilities for raising increased revenue from taxes, can afford to go into short-term debt. They know they can quickly bounce back.

The Government of the Northwest Territories cannot afford such a luxury. With little room to manoeuvre, the government must learn to live within its means. It is wrong for politicians to spend public money on programs the taxpayer cannot afford to pay for. It is wrong to begin a spiral of deficits for a future generation of politicians and taxpayers to cope with. The government can expect to have many questions today, Mr. Speaker, about fiscal responsibility. Thank you.

**MR. SPEAKER:** Thank you. Members' statements. The honourable Member for Kivallivik.

## Member's Statement On Correction To CBC Broadcast Re Kiggavik Mine Location

**HON. GORDON WRAY:** Thank you, Mr. Speaker. I would like to take this opportunity to correct a statement that was made on CBC this morning during the news in the reporting of the Kiggavik uranium mine. The reporter said that the mine was in Mr. Ernerk's constituency. I am surprised that CBC would make such a fundamental error in the reporting on this particular activity, given the high publicity it has had over the last year or so. The fact is that the uranium mine is in my constituency, Mr. Speaker, in the constituency of Kivallivik. It will have an impact on Mr. Ernerk's constituency and quite frankly, there are many days that I wish the uranium mine was in Mr. Ernerk's constituency but...

---Laughter

...it is in mine and I just want to take this opportunity to correct that. Thank you.

**MR. SPEAKER:** Thank you. Members' statements. The honourable Member for Aivilik.

## Member's Statement On Press Release On Kiggavik Mine

**MR. ERNERK:** (Translation) Thank you, Mr. Speaker. With regard to the question I asked yesterday of the Government Leader, I still have a concern over his response. Last night I talked to different organizations in the Keewatin, Louis Pilakapsi, president of the Keewatin Inuit Association, included. (Translation ends)

I am a little concerned about the reply that the Government Leader provided to the House yesterday in which he answered to my question in this fashion -- after indicating that the Minister of Energy, Mines and Petroleum Resources, Ms Cournoyea, and other Ministers in our government have been waiting with regard to the FEARO hearings -- I think that is what he was referring to -- before we take a position: "So Mr. Speaker", the Government Leader said, "the contents of the letter certainly are not true and I am sure the honourable Member would not hold me responsible for statements made by a federal public servant."

Mr. Speaker, I have a letter here from Indian and Northern Affairs addressed to Mary Ann Lamb, who is the director, Deputies' Council for Change. Mr. W.J. Stephen, director general, NWT region, Northern Affairs Program indicates that -- and I quote from this letter, Mr. Speaker: "The opinions expressed were developed from a number of candid conversations that I had with deputy ministers in the territorial government and other senior representatives of our client groups." I want to ask the Government Leader during the question period who those Ministers are that this gentleman talked to. Thank you, Mr. Speaker.

---Laughter

**MR. SPEAKER:** Thank you, honourable Member for Aivilik. I assume that is notice to the appropriate Minister. Members' statements. Honourable Member for Baffin Central.

## Member's Statement On Shortage Of Electricians And Plumbers In Baffin

**MR. KILABUK:** (Translation) Thank you, Mr. Speaker. I have a concern from the Baffin Region. I hope my statement will not be as long as my colleague's. I want this to be considered by maybe the Minister of Education or the Minister responsible for the NWT Housing Corporation. It is obvious now that it is very difficult to get housing, and the main problem is the shortage of electricians and plumbers in the region. Probably the Ministers responsible for Education and the Housing Corporation could look at more training for the native people in that part of the NWT. Since more people are getting into home-ownership, there should be more training in those professions if you want to see a better future. I am just making this very brief, but this is a concern we have over in the Baffin -- the lack of electricians and plumbers.

**MR. SPEAKER:** Thank you. Members' statements.

Honourable Member for Deh Cho.

#### Member's Statement On Native Justice System

**MR. GARGAN:** Mr. Speaker, I have recently, with some other Members here, travelled to the Navajo reservation in the United States. The purpose of this trip was to look at Indian tribal courts in the United States for what could be called Indian country jurisdiction. I was very impressed with their tribal justice system and the advances they have made in dealing with offenders of misdemeanour offences on the reserve. The reserve has its own judges, it has its own lawyers and it has its own police force. They are all native people.

Mr. Speaker, in Canada the Canadian Bar Association has released two reports; they are called "Locking Up Native People in Canada" and "Aboriginal Rights in Canada, Agenda for Action". These reports have identified the difficulties native people have with the present justice system and show that the Canadian justice system has in a lot of cases failed native people. A classic example is the recent inquiry into the Donald Marshall case.

In the Northwest Territories the family law committee is examining the whole issue of custom law according to aboriginal traditions. This is a positive step taken by this government, but, Mr. Speaker, I believe that it is time to go even further beyond the scope of existing laws in the NWT. The NWT, being as unique as it is, has an ideal opportunity right now to take the first step toward helping local native communities to take control of their own justice system for certain kinds of offences.

Further, I think that the correctional system should be phased out in these areas as native communities begin handling sentencing at the local level through community service programs, fine options programs, restitution programs and other rehabilitation programs. Under this system the incarceration of native people would only occur as a last resort.

**MR. SPEAKER:** Thank you. Your time has expired. Members' statements. The honourable Member for Natilikmiot.

#### Member's Statement On Ministerial Visits To Natilikmiot

**MR. NINGARK:** (Translation) Thank you, Mr. Speaker. I rise today representing my constituency of Natilikmiot. We feel that we do not get enough visits from the Ministers. Since I have been on, it has not been frequent enough. My constituents feel that there is a lack of Ministers visiting my constituency. As Inuit our tradition is that it is better to actually communicate with the people that we have to report to or work with, and it makes it easier to be able to work together when you actually communicate face to face. I think that is what my constituents feel. I am pretty sure that in those communities, probably after April, if they can make at least one visit to those communities a year because just being an ordinary Member it is difficult sometimes to answer all of their questions.

So what I am saying is if they get an opportunity to visit those communities that they should. I have asked the Minister of Health and she wrote me a letter that she will be going to my constituency. I also communicated with Steve Kakfiwi and I will be writing a letter to the Government Leader and, hopefully, they will be able to visit my constituency. After I consult more with my communities, I will let you know. Thank you.

**MR. SPEAKER:** Thank you. Members' statements. Returns

to oral questions. Returns to oral questions. The honourable Member for Nunakput.

#### ITEM 4: RETURNS TO ORAL QUESTIONS

##### Return To Question O6-90(1): Whooping Cough Epidemic

**HON. NELLIE COURNOYEA:** Mr. Speaker, I have a return to an oral question asked by Mr. Pedersen on February 8th, regarding whooping cough in the Northwest Territories. Mr. Speaker, I am advised that whooping cough, pertussis, is very different from croup. Whooping cough is caused by a bacterium which can be fatal, especially to infants of less than one year of age or to those already in a weakened state due to other diseases. It is an infectious disease and is largely prevented by oral immunization.

The outbreak in Alberta occurred in an area where the immunization rates of children were very low. Although the immunization rates in the Northwest Territories are quite good, coming in at about 90 per cent, the situation in Alberta points out the need for constant efforts by both parents and health professionals to ensure that children are fully immunized.

Mr. Speaker, immunization of children throughout the Northwest Territories includes five doses of whooping cough vaccine along with protection from diphtheria, tetanus and polio. Whooping cough vaccine is not given to children after the age of five years. The Health department suggests that anyone who is unsure of their own or their children's immunization status should contact their local health centre or public health clinic.

There were no reported cases of whooping cough in the Kitikmeot Region in 1989, nor have there been to date in 1990. Croup, on the other hand, is caused primarily by viruses for which there is no special vaccine. It is identified by a group of signs such as a hoarse cough and difficult breathing. It occurs chiefly in infants and children. Thank you.

**MR. SPEAKER:** Thank you. Returns to oral questions. I just wish to draw the attention of Members of the House to the grade 7A students of William McDonald Junior High School and their teacher, Carmelita Allen.

--Applause

Returns to oral questions. Item 5, oral questions. The honourable Member for Yellowknife Centre.

#### ITEM 5: ORAL QUESTIONS

##### Question O46-90(1): Contracting Of Peat Marwick

**MR. LEWIS:** Mr. Speaker, the Minister of Finance has announced that the firm of Peat Marwick has been engaged to do a review of moneys that are given to agencies, boards and commissions to provide services. This was the same company that, in the 1970s, was hired to develop the financial information system of which we are all so proud. It came in well over budget; they never met any deadlines; and our staff are continually going to San Francisco. My question is: Why is this government hiring this company to do this work?

**MR. SPEAKER:** Thank you. The honourable Member for Yellowknife North.

##### Return To Question O46-90(1): Contracting Of Peat Marwick

**HON. MICHAEL BALLANTYNE:** Mr. Speaker, it seemed like

a good idea.

**MR. SPEAKER:** Oral questions. The honourable Member for Yellowknife Centre, supplementary.

**Supplementary To Question O46-90(1): Contracting Of Peat Marwick**

**MR. LEWIS:** Since we are all interested in the northern economy, Mr. Speaker, I would like to ask the Minister of Finance whether this contract was tendered publicly so that other firms in the NWT, who could hire the same kinds of individuals, do the same kind of work, would be given opportunity to bid and improve the economy of the NWT.

--Applause

**MR. SPEAKER:** Thank you. The honourable Member for Yellowknife North.

**Further Return To Question O46-90(1): Contracting Of Peat Marwick**

**HON. MICHAEL BALLANTYNE:** Thank you, Mr. Speaker. The honourable Member seems rather incensed today. If I could answer the first part of the question. Peat Marwick is one of the most reputable organizations in the country. And perhaps if the honourable Member can give us the facts to back up the allegations he made about one of the most reputable companies in the country, I would be better able to answer this question. Thank you, Mr. Speaker.

**MR. SPEAKER:** If I might remind Members that the answer to the question should not result in debate, but should be a matter of information. Oral questions. The honourable Member for Yellowknife Centre, supplementary.

**Supplementary To Question O46-90(1): Contracting Of Peat Marwick**

**MR. LEWIS:** Thank you, Mr. Speaker. Since this is a very, very big job to do this work and obviously involves an awful lot of money, would the Minister tell us today exactly how much money is involved in this contract with Peat Marwick?

**MR. SPEAKER:** Thank you. Honourable Member for Yellowknife North.

**Further Return To Question O46-90(1): Contracting Of Peat Marwick**

**HON. MICHAEL BALLANTYNE:** Yes, I would tell you.

**MR. SPEAKER:** Oral questions. The honourable Member for Aivilik.

**Question O47-90(1): Communication With Deputy Ministers Re Kiggavik Mine**

**MR. ERNERK:** (Translation) Thank you, Mr. Speaker. Recently, when we had a concern, I was going to ask a question to the Government Leader in regard to the proposed Kiggavik uranium mine. The response he gave me yesterday was inadequate. The correspondence from W.J. Stephen, director general, NWT region, northern affairs program -- this correspondence was from this person. They are different because he stated that he had actual communications with the deputy ministers with regard to the proposed Kiggavik mine. I want a clear response from the Government Leader as to exactly who he communicated with; who did he have

discussions with when he says he was referring to the deputy ministers? Thank you.

**MR. SPEAKER:** The honourable Member for Iqaluit.

**Return To Question O47-90(1): Communication With Deputy Ministers Re Kiggavik Mine**

**HON. DENNIS PATTERSON:** Thank you, Mr. Speaker. Mr. Speaker, I am sure the honourable Member appreciates that this DIAND employee does not report to me and, therefore, I have no information on who he talked to or did not talk to. The letter, Mr. Speaker, that the Member refers to says that he talked to deputy ministers in our government, yes; but also that he talked to other senior representatives of "our client groups". I think in government language what that means is that he talked widely, including discussions with industry.

Mr. Speaker, I have made some inquiries. I know that Mr. Stephen has talked to a number of GNWT officials about preparing what was intended to be a confidential briefing paper for what I understand was a DIAND "think tank". I can assure this House, Mr. Speaker, that as far as I know from Mr. Stephen himself, none of our officials or deputy ministers took a position on whether the mine would go ahead or not. Of course, they would not take that position, Mr. Speaker, because they know our position is to use the FEARO report and hearings to assist us in determining our position once that report is concluded.

Mr. Speaker, if the official, Mr. Stephen, gained the impression that the mine would go ahead, he did not gain that impression from discussions with our officials because they took no position, and Mr. Stephen himself admits that. He may well have relied on industry to form his conclusions, but I certainly cannot take responsibility for those conclusions drawn by this employee of Indian and Northern Affairs. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you. If I might remind Members that with regard to the procedural process of oral questions, questions cannot be asked if they are reading from telegrams, letters, extracts from newspapers or transcripts of television programs as an opening to an oral question; this is an abuse of the Rules of the House. It is not good parliamentary practice to communicate written allegations to the House and then ask Ministers either to confirm or deny them. It is the Member's duty to ascertain the truth of any statement before he brings it to the attention of the House. I believe that that is an important part of the oral question process. Even though I allowed the honourable Member to proceed to get the information necessary, I thought that it is now time for this issue to be brought to your attention so that you are aware of it in future. Thank you. Oral questions. Oral questions. Honourable Member for Yellowknife South.

**Question O48-90(1): Pilot Cars On NWT Highways**

**MR. WHITFORD:** Thank you, Mr. Speaker. My question is directed to the Minister responsible for highways. Again, I do not know what to do here because you said I cannot quote from a newspaper, but a little while ago there was an item in the newspaper concerning the new Highways Act and regulations that lessened the requirements for pilot cars when hauling wide loads over northern highways. In conversation with the Minister, to try and ascertain whether this was good practice or not, the response was that they were conforming with the provincial standards. I want to ask the Minister if our highways are the equivalent of the provincial standards, so that we can know whether pilot cars are not needed on these

northern highways.

**MR. SPEAKER:** Thank you. The honourable Member for Kivallivik.

**Return To Question O48-90(1): Pilot Cars On NWT Highways**

**HON. GORDON WRAY:** Thank you, Mr. Speaker. I also informed the Member that I would provide him with copies of relevant correspondence, and I find it difficult to answer his question. Among other things I have about a five page answer here that I do not wish to give. Suffice it to say, and I will provide the Member with the relevant correspondence and all of the regulations that we are adhering to, it is our opinion that these changes in regulations will not endanger the public; that they are consistent with what has been done elsewhere; and, in fact, the new regulations have been well received by the trucking industry and informally endorsed by the NWT Motor Transport Association at its December 6th annual conference in Yellowknife.

Since introduction of the new regulations, however, pilot car companies have waged an aggressive lobbying campaign through the local newspaper, making serious allegations that the new regulations compromise the safety of the travelling public on the highways. This is by no means the case. The new regulations, by employing a systematic progression of wide load warning devices, conveys more information to the public about the width of the approaching load than did the former regulations.

The department expects the new regulations should increase the public safety on the road. I will provide the Member, as I had indicated to him, with all of the relevant correspondence because it is a very technical and very lengthy issue.

**MR. SPEAKER:** Thank you. Oral questions. The honourable Member for Yellowknife South, supplementary.

**Supplementary To Question O48-90(1): Pilot Cars On NWT Highways**

**MR. WHITFORD:** Thank you, Mr. Speaker. I realize that it is a long and technical answer that the Minister will be giving. The question I had was whether or not our highways conform to the same standards, since he is applying the same regulations to our highways as to the provincial highways. The question I asked is whether or not our highways meet those same standards. That is the question.

**MR. SPEAKER:** Thank you. The honourable Member for Kivallivik.

**Further Return To Question O48-90(1): Pilot Cars On NWT Highways**

**HON. GORDON WRAY:** I think, in a lot of cases, our highways do match those in the provinces. Not all highways in the provinces are four lane, paved highways. If you travel over this country you will find that, in fact, there are many places in this country that have highways of even less quality than ours. The Mackenzie highway is a major highway and it is our feeling that lessening these regulations on the Mackenzie highway will not jeopardize safety.

**MR. SPEAKER:** Thank you. Oral questions. The honourable Member for Yellowknife Centre.

**Question O49-90(1): Minister's Visit To Canary Islands**

**MR. LEWIS:** Thank you, Mr. Speaker. We have known since October that a financial crisis was on the horizon. My

question is to the Minister responsible for Economic Development and Tourism. I have in front of me some details about a visit that he made on October 12 to 15 to the Canary Islands. Even though we knew that we were in a period of financial restraint, he took with him Mr. Sakiasie Sowdlooapik, which is a wonderful thing, but I would like to ask the Minister, how many people went to the Canary Islands at government expense?

**MR. SPEAKER:** Thank you. The honourable Member for Kivallivik.

**Return To Question O49-90(1): Minister's Visit To Canary Islands**

**HON. GORDON WRAY:** Thank you. I was pleased to give the Member that information when his employee called my office, and I have more information for to him. I included in the press release that was put out three months ago on the trip that there were seven people who went to the Canary Islands, three from Baffin and four from Yellowknife.

**MR. SPEAKER:** Thank you. Oral questions. The honourable Member for Yellowknife Centre, supplementary.

**Supplementary To Question O49-90(1): Minister's Visit To Canary Islands**

**MR. LEWIS:** Since this was a tourism conference, obviously, by this travel, this department really believes in engaging in tourism. However, Mr. Speaker, my question to the Minister is: Since this was a tourism conference, of the people that went from Yellowknife, which of them represented the tourism division within his department?

**MR. SPEAKER:** Thank you. The honourable Member for Kivallivik.

**Further Return To Question O49-90(1): Minister's Visit To Canary Islands**

**HON. GORDON WRAY:** All of them did.

**MR. SPEAKER:** Thank you. Oral questions. The honourable Member for Yellowknife Centre. Supplementary.

**Supplementary To Question O49-90(1): Minister's Visit To Canary Islands**

**MR. LEWIS:** Since Mr. Wray was there, could he give us the names of the people who actually went from Yellowknife, from his department, in order to learn about tourism in this particular conference?

**MR. SPEAKER:** Thank you. The honourable Member for Kivallivik.

**Further Return To Question O49-90(1): Minister's Visit To Canary Islands**

**HON. GORDON WRAY:** Thank you. We were not learning about tourism. We were making presentations on behalf of the government. The people who attended were Mr. Sakiasie Sowdlooapik, who is with the tourism committee in Pangnirtung; Mr. Dave Monteith, the regional tourism officer from Baffin; Mr. Erik Val, who is the chief of policy for the department, who also was on the trip to go to Seville to check out the Expo 1992 site that we are considering participating in; and also Mr. Noseworthy and myself and our two wives. Thank you.

**MR. SPEAKER:** Thank you. Oral questions. The honourable Member for Yellowknife Centre, supplementary, last

supplementary.

**Supplementary To Question O49-90(1): Minister's Visit To Canary Islands**

**MR. LEWIS:** Mr. Speaker, when you spend a lot of money you expect to learn something. So I would like to ask the Minister what he did learn when he was in the Canary Islands, because from what I understand he spent most of the time in bed.

--Laughter

**MR. SPEAKER:** Thank you. The honourable Member for Kivallivik.

**Further Return To Question O49-90(1): Minister's Visit To Canary Islands**

**HON. GORDON WRAY:** Thank you, Mr. Speaker. The Member is correct, I indeed spent two out of the four days in bed. I had salmonella poisoning, that Mr. Noseworthy and I contracted.

There were a number of things that we learned. First of all we learned that it was not a good idea for us to participate in Seville and consequently saved this government hundreds of thousands of dollars that we might have spent in going to Seville in 1992. We also learned the competition that we are up against; we learned about the competition that we face in Europe; we learned about the general public reaction in Europe to Canada and to northern issues, particularly the trapping issue; we learned about what people's reactions were to our presentation; we learned about what people thought about Baffin as a tourism destination and we also presented a two and a half hour presentation in front of 50 countries and five news services from around the world, on Baffin, and on Pangnirtung in particular. So we learned a lot, but I think the people over there learned a hell of a lot more from us. Thank you.

**MR. SPEAKER:** I would quickly remind the honourable Member that there may be an unparliamentary word on record and I would ask the honourable Member to withdraw that particular remark from the record.

**HON. GORDON WRAY:** I will withdraw it and say that people over there learned a lot more about us than we learned about them.

**MR. SPEAKER:** Thank you. Oral questions. The honourable Member for Natilikmiot.

**Question O50-90(1): Mercury Used For Filling Teeth**

**MR. NINGARK:** Thank you, Mr. Speaker. My question is directed to the Minister responsible for Health. It is my understanding that dental filling material that is being used in the North is a substance called mercury. It is also my understanding that this substance contains some contaminants that are harmful to the body of the recipient. I would like to know if this material is still being used to fill teeth. Thank you.

**MR. SPEAKER:** The honourable Member for Nunakput.

**HON. NELLIE COURNOYEA:** Mr. Speaker, I am not aware whether that particular substance is still being used at this time. I would like to say that the whole issue of the type of dentures, the material being used, is one which was brought to the attention of myself in the last Assembly and we are proceeding now to carry out an assessment of the viability of

supplying dentures and fillings to the people of the NWT. But to this specific issue, I can give that answer at a later time.

**MR. SPEAKER:** The honourable Member is taking the question as notice. Oral questions. Honourable Member for Tu Nede.

**Question O51-90(1): Health Care Discrimination Against Metis People**

**MR. MORIN:** Thank you, Mr. Speaker. My question is to the Minister of Health. On Thursday, February 8, 1990, in Hansard, Madam Minister, in answering my question on the GNWT discriminating against Metis people in the health policy, your answer was that it would be addressed in the budget and in your opening statement to the House yesterday I did not hear it addressed. Where in the budget is it being addressed?

**MR. SPEAKER:** Honourable Member for Nunakput.

**Return To Question O51-90(1): Health Care Discrimination Against Metis People**

**HON. NELLIE COURNOYEA:** Mr. Speaker, I am sure that in the opening statement when we talked about boarding homes and providing help for people who have to go to boarding homes, in this section it was addressed and if the Member wishes to specifically address it when we come to our budget, he will find where we tried to provide improved benefits. I think my statement suggested that we would attempt, as much as possible within budgetary possibilities, to address all or some of the issues. But if after our budget review has been gone through there is still dissatisfaction, I think we can explain why we are taking a step-by-step approach to what is considered by the honourable Member as not providing the same service. So certainly we will be prepared to answer detailed questions when we come to that particular section in the budget.

**MR. SPEAKER:** Oral questions. Supplementary, honourable Member for Tu Nede.

**Supplementary To Question O51-90(1): Health Care Discrimination Against Metis People**

**MR. MORIN:** Thank you, Mr. Speaker. There was a motion passed in this House on November 19, 1987, requesting this government to take care of this matter and try to rectify the problem. I think this government has had a lot of time. How many years does it take in order to treat all aboriginal people in the North equally with the health care services?

**MR. SPEAKER:** Honourable Member for Nunakput.

**Further Return To Question O51-90(1): Health Care Discrimination Against Metis People**

**HON. NELLIE COURNOYEA:** Mr. Speaker, I cannot answer how many years it will take, but certainly as the Minister responsible for this issue and working with the various issues and requests that come before the Legislative Assembly, I think the positive thing is that we continue to try to address the issue. But to say how many years it will take to address all the requests and all the issues that have been brought forward by the Metis people and other people who feel that they are not being treated the same as status people under the Indian Health Act -- I do not know how many years that will take.

**MR. SPEAKER:** Oral questions. The honourable Member for Tu Nede, supplementary.



**Supplementary To Question O51-90(1): Health Care Discrimination Against Metis People**

**MR. MORIN:** Thank you, Mr. Speaker. Madam Minister, there is only one issue, and that is equal treatment for Metis people, the same treatment that Inuit and Dene people get. That is the issue I am talking about. I do not think this government has moved fast enough on it and what I am asking you is, when are you going to make a move toward it? I realize that you are doing a few things...

**MR. SPEAKER:** Order. The honourable Member has posed the question already. The honourable Member for Nunakput.

**Further Return To Question O51-90(1): Health Care Discrimination Against Metis People**

**HON. NELLIE COURNOYEA:** Mr. Speaker, I would like to assure the Legislative Assembly that we are doing as much as we can. We are only one of the departments that are on the agenda seeking resources to address the issues that are being brought forward by this Legislative Assembly, and I believe that in the last while we have accomplished a certain number of things. You say, equal and the same as everyone else. We have only so many resources and we keep being reminded of that. I can only do the best I can and if it is not good enough, then I am sorry, but we are trying our best to reach the objective of everyone getting the same treatment within our budgetary restraints; we have to just keep chipping away at it. I am not a magician. Thank you.

**MR. SPEAKER:** Thank you. Oral questions. Honourable Member for Deh Cho.

**Question O52-90(1): Wide Loads On Highways**

**MR. GARGAN:** Thank you, Mr. Speaker. I would like to direct my question to the Minister of Transportation, Mr. Wray. Mr. Speaker, I do travel the Mackenzie highway extensively and one difficulty I find in travelling is that when you meet wide loads on curves, under dusty conditions...

---Laughter

...or snowy conditions, if you do not have a pilot vehicle in front of those wide loads – which in most cases are 16 feet wide – and the highways are approximately 20 feet wide, then you do not have too much room to manoeuvre in those situations, whether you are going up a hill, down a hill, or around a curve. The only warning you have is these vehicles being at least one mile ahead of the wider load. I would like to ask the Minister, what rationale, or possible reason, did he use to eliminate those vehicles that do give warning to the general public, and for reasons of public safety?

**MR. SPEAKER:** Thank you. The honourable Member for Kivallivik.

**Return To Question O52-90(1): Wide Loads On Highways**

**HON. GORDON WRAY:** Thank you, Mr. Speaker. The requirement for pilot cars has not been eliminated. The new regulations, and I will read them out for the Member's benefit: "For load widths of 8.5 to 10 feet the vehicles will be required to carry flags by day and lights by night on the extremities of the load." Under the old regulations there were no requirements whatsoever. Under the old regulations there were no requirements for these vehicles to carry any warnings whatsoever. The new regulations say that they must put flags on them, as well as lights. For loads 10 feet to 11 feet, flags by day, lights by night, as well as display a "wide load" sign on the front and rear of the vehicle. Again, those are new

requirements. On loads from 11 feet to 12.5 feet, again all of the above – flags by day, lights by night, plus display "wide load" on the front and back, plus rotating amber beacon on the tractor itself; or all of the above plus one pilot car ahead, depending on the type of load. For loads above 12.5 feet – from 12.5 to 14.5 all of the above, plus one pilot car; for loads over 14.5 feet all of the above plus one pilot car, plus one trail car. In many cases, we have tightened the requirements for signage.

I think the Members are being trapped by the campaign being waged by these companies that are going to lose some business. We have tightened the regulations; we have added new requirements which did not exist before, plus we are adding additional requirements for even wider loads. Thank you.

**MR. SPEAKER:** Thank you. Oral questions. The honourable Member for Natilikmiot.

**Question O53-90(1): Hydrographic Survey**

**MR. NINGARK:** Thank you, Mr. Speaker. I would like to direct a question to the Minister of Transportation. I would like to know if the matter of that hydrographic survey that I spoke about back in Norman Wells, and the possibility of getting a barge into Pelly Bay, has been closed by the Minister of Transportation. Is this a closed case? Thank you.

**MR. SPEAKER:** Thank you. The honourable Member for Kivallivik.

**Return To Question O53-90(1): Hydrographic Survey**

**HON. GORDON WRAY:** Thank you. I wrote the Member a very detailed letter answering that question, indicating to him that it was not our responsibility to undertake hydrographic surveys. We have neither the equipment nor the budget, nor the expertise, nor the technical know-how to do that. It is the responsibility of the Canadian Coast Guard. The Canadian Coast Guard have informed me, as I informed the Member, that they do not have any money in their budget to undertake such a survey; therefore, I have to assume from that reply that at this point in time it is a closed case. I cannot speak to it definitively because the question really should be asked of the Canadian Coast Guard, not of myself. The best information I have is that they have no money and are not willing to do it.

**MR. SPEAKER:** Thank you. Oral questions. The honourable Member for Yellowknife Centre.

**Question O54-90(1): Policy On International Travel**

**MR. LEWIS:** Mr. Speaker, my question is to the Government Leader. Earlier, he made a comment that questions about international travel are cheap shots. I think they are expensive shots, Mr. Speaker, so my question to him is this: At one time the government had a policy that all international travel had to be approved by the Executive Council. Is that still the policy?

**MR. SPEAKER:** Thank you. The honourable Member for Iqaluit.

**Return To Question O54-90(1): Policy On International Travel**

**HON. DENNIS PATTERSON:** Yes, Mr. Speaker.

**MR. SPEAKER:** Thank you. Oral questions. The honourable Member for Yellowknife Centre, supplementary.

**Supplementary To Question O54-90(1): Policy On International Travel**

**MR. LEWIS:** This means then, Mr. Speaker, that all government people that are going to be leaving Canada on government business have to be approved by the eight Members on that Executive Council, not by one Minister. Is that correct?

**MR. SPEAKER:** Thank you. The honourable Member for Iqaluit.

**Further Return To Question O54-90(1): Policy On International Travel**

**HON. DENNIS PATTERSON:** Yes, Mr. Speaker, I apologize if I may have given the wrong impression to the honourable Member because I thought initially he was referring to ministerial travel. Mr. Speaker, international travel by Ministers must be approved by cabinet. However, we have delegated the authority to Ministers to approve international travel for the staff that report to them. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you. Oral questions. Oral questions. Honourable Member for Hay River.

**Question O55-90(1): NWT Housing Corporation Loan**

**MR. POLLARD:** Thank you, Mr. Speaker. My question is to the Minister responsible for the Housing Corporation. It is my understanding, sir, that the Housing Corporation has a large loan with the Government of Canada. I wonder if the Minister could share that information with us; how much is the loan and what are the principal and interest payments? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you. Honourable Member for Inuvik.

**Return To Question O55-90(1): NWT Housing Corporation Loan**

**HON. TOM BUTTERS:** Mr. Speaker, the honourable Member and I were discussing this matter in the Members' lounge just before the session and my estimate made then was fairly close. I told him \$98 million. We owed \$97.136 million as of March 31, 1989. The debt is being paid off at the amount of \$852,000 principal per year with something over a \$12 million service charge.

**MR. SPEAKER:** Thank you. Oral questions. Honourable Member for Hay River, supplementary.

**Supplementary To Question O55-90(1): NWT Housing Corporation Loan**

**MR. POLLARD:** Thank you, Mr. Speaker. Presumably then, Mr. Speaker, if the Housing Corporation were to default on the loan the Government of the Northwest Territories would be responsible. I wonder if the Minister could confirm that, please.

**MR. SPEAKER:** Thank you. Honourable Member for Inuvik.

**HON. TOM BUTTERS:** Mr. Speaker, no, I cannot confirm. I am not sure what exactly would happen. My assumption is that it would be the case but maybe the question could be picked up by the Minister of Finance.

**MR. SPEAKER:** Are you taking the question as notice? The honourable Member is taking the supplementary question as notice. Oral questions. The honourable Member for Tu Nede.

**Question O56-90(1): Recognition Of Dene/Metis As A Distinct Society**

**MR. MORIN:** Thank you, Mr. Speaker. My question is for the Government Leader. Mr. Government Leader, do you recognize Dene/Metis people as a distinct society?

**MR. SPEAKER:** Prior to answering, with great respect to the honourable Member, in terms of oral questions this is a matter of procedural information. It is a matter for the Members to judge whether or not they feel that certain things may occur. Questions cannot be asked if they seek an opinion either legal or personal. However, if the honourable Member wishes to answer I will allow the Member to ask that question. Honourable Member for Iqaluit.

**HON. DENNIS PATTERSON:** Do I have to answer, Mr. Speaker?

**MR. SPEAKER:** No.

**HON. DENNIS PATTERSON:** Then I decline, respectfully. Thank you.

**MR. SPEAKER:** Oral questions. The honourable Member for Hay River.

**Question O57-90(1): Government Responsibility For Defaulted Loans**

**MR. POLLARD:** Thank you, Mr. Speaker. To the Minister of Finance, Mr. Speaker. We have established that the Housing Corporation owes the Government of Canada \$97 million. I wonder if the Minister of Finance could tell the House if there are other outstanding loans from boards, agencies or other Crown corporations that would be presumably the responsibility of this government if they defaulted, Mr. Speaker.

**MR. SPEAKER:** Thank you. The honourable Member for Yellowknife North.

**HON. MICHAEL BALLANTYNE:** Thank you, Mr. Speaker. I can think of loan guarantee or a loan to the NWT Power Corporation. That is the only one I can think of, offhand, but I will research it and respond more fully to the honourable Member. Thank you.

**MR. SPEAKER:** The honourable Member is taking the question as notice. Oral questions. The honourable Member for Baffin Central.

**Question O58-90(1): Cost Of Transporting Patients To Southern Hospitals**

**MR. KILABUK:** (Translation) Thank you, Mr. Speaker. I would like to direct my question to the Minister responsible for Health. It has to do with finances. We will be incurring a lot of cutbacks in the near future. In the regions you have assigned each region to go to the hospitals in the provinces, so I was wondering if you could give me an estimate of how much money you use on transporting the patients to the hospitals in the provinces? If possible, would you mind giving me a return on this, please? Thank you, Mr. Speaker.

**MR. SPEAKER:** The honourable Member for Nunakput.

**HON. NELLIE COURNOYEA:** Mr. Speaker, I will take that as notice as I do not have the figures right here.

**MR. SPEAKER:** Thank you. Oral questions. The honourable

Member for Yellowknife South.

**Question O59-90(1): Usable Width Of Mackenzie Highway**

**MR. WHITFORD:** Thank you, Mr. Speaker. I have a question for the Minister responsible for Highways. Would the Minister be able to provide me, at some point in time, with the average usable width of highway three between Fort Providence and Yellowknife?

**MR. SPEAKER:** Thank you. The honourable Member for Kivallivik.

**HON. GORDON WRAY:** I do not know. I will ask the department if we can do such a thing and if we can I certainly will.

**MR. SPEAKER:** Thank you. The honourable Member is taking the question as notice. Oral questions. The honourable Member for Yellowknife Centre.

**Question O60-90(1): Future Of Northern Health Building, Yellowknife**

**MR. LEWIS:** Mr. Speaker, this is a local question. On 51st Street, between MacLeods and the Tree of Peace, there is a building referred to as the Northern Health Building. In the interests of economics, I suppose, I would like to know whether the Minister is going to dispose of that building and make that land available for development? I am talking about the Northern Health Building.

**MR. SPEAKER:** The honourable Member for Nunakput.

**HON. NELLIE COURNOYEA:** I will take that under advisement, Mr. Speaker.

**MR. SPEAKER:** The honourable Member is taking the question as notice. Oral questions. Oral questions. Oral questions.

Item 6, written questions. Written questions.

Item 7, returns to written questions. Returns to written questions.

Item 8, replies to Opening Address. Replies to Opening Address.

Item 9, replies to Budget Address. Replies to Budget Address.

Item 10, petitions. Petitions.

Item 11, reports of standing and special committees. Reports of standing and special committees.

Item 12, tabling of documents. Tabling of documents. Item 13, notices of motion. Notices of motion. The honourable Member for Tu Nede.

**ITEM 13: NOTICES OF MOTION**

**Notice Of Motion 1-90(1): Health Care Benefits For Dene/Metis**

**MR. MORIN:** Thank you, Mr. Speaker. Mr. Speaker, I give notice that on Thursday, February 15, 1990, I will move the following motion: Now therefore, I move, seconded by the honourable Member for Aivilik, that we hereby direct the Government of the Northwest Territories to eliminate the discrimination against the Metis people and to extend to them health care benefits equal to those provided to Treaty Dene and Inuit people.

**MR. SPEAKER:** Thank you. Notices of motion. The honourable Member for Yellowknife Centre.

**Notice Of Motion 2-90(1): Proposal To Reduce The 1990-91 Budget Deficit**

**MR. LEWIS:** Mr. Speaker, I give notice that on Thursday, February 15, 1990, I will move the following motion: I move that this Legislative Assembly examine the 1990-91 main estimates with the view of directing the Minister of Finance to reduce the proposed \$17 million deficit.

**MR. SPEAKER:** Thank you. Notices of motion. Notices of motion.

Item 14, notices of motion for first reading of bills. Notices of motion for first reading of bills. Item 15, motions. The honourable Member for Yellowknife Centre.

**ITEM 15: MOTIONS**

**MR. LEWIS:** Mr. Speaker, I seek unanimous consent to deal with my motion.

**MR. SPEAKER:** The Member has requested unanimous consent to proceed with the motion which he gave notice of. Are there any nays? Are there any nays? There are no nays. The honourable Member for Yellowknife North. Point of order.

**HON. MICHAEL BALLANTYNE:** Mr. Speaker, if the motion is in order we have no problem with letting it go ahead. I wonder if the Speaker could rule if the motion is in order.

**MR. SPEAKER:** If you give me an opportunity. The first thing is seeking unanimous consent. Are there any nays? There are no nays. Before ruling on the issue of whether or not the motion is in order, I would suggest to the mover that copies be provided to all Members, translated.

**Motion 2-90(1), Ruled Out Of Order**

I call the House back to order. I have considered the motion before you, and I must indicate that the motion is out of order. There are two aspects why the motion is out of order. Reading from Beauchesne's Parliamentary Rules and Forms, Sixth Edition, section 558 (1): "An old rule of Parliament reads: "That a question being once made and carried in the affirmative or negative, cannot be questioned again but must stand as the judgment of the House." The honourable Member must be reminded that a motion for first and second reading of the bill was carried in the affirmative. Second, with regard to motions from Beauchesne's Parliamentary Rules and Forms, Sixth Edition, section 566 (7): "A motion dealing with the same subject matter as a bill standing on the Order Paper for second reading, cannot be considered."

As a result of that, the motion is out of order. I must also remind the honourable Members that the intent of the motion can be carried out during committee of the whole review by motion during the review. Motions. The honourable Member for Tu Nede.

**MR. MORIN:** Thank you, Mr. Speaker. I seek unanimous consent to deal with my motion today.

**MR. SPEAKER:** Unanimous consent is being sought by the honourable Member for Tu Nede to proceed with the motion which he gave notice of today. Are there any nays? There are no nays. The honourable Member can proceed.

**Motion 1-90(1): Health Care Benefits For Dene/Metis**

**MR. MORIN:** Thank you, Mr. Speaker. I move the following

motion:

WHEREAS the Government of the Northwest Territories has taken over the responsibility for the administration of health services;

AND WHEREAS the Government of the Northwest Territories has recognized the Metis people of the NWT as having aboriginal status;

AND WHEREAS the Treaty Dene and all Inuit receive health care services free of charge;

AND WHEREAS the federal and territorial governments do not discriminate against Inuit of mixed blood through the denial of service;

NOW THEREFORE, I move, seconded by the honourable Member for Aivilik, that this Legislative Assembly hereby directs the Government of the Northwest Territories to eliminate the discrimination against Metis people and extend to them health care benefits equal to those provided to Treaty Dene and Inuit peoples.

MR. SPEAKER: Thank you. I will ask that prior to proceeding with a ruling, copies of the motion be distributed to all Members and I will be recessing for 10 minutes to have the motion translated for the Inuktitut speaking Members.

--SHORT RECESS

#### Motion 1-90(1), Ruled Out Of Order

MR. SPEAKER: I call the House back to order. I have reviewed the motion and considered it with some leniency. However, I must rule the motion out of order and I will indicate the basis on which I am ruling the motion out of order.

One aspect of the reasons is within the Northwest Territories Act, section 21: "It is not lawful for the Council to adopt or pass any vote, resolution, address or bill for the appropriation of any part of the public revenues of the Territories, or of any tax or impost, to any purpose that has not been first recommended to the Council by message of the Commissioner, in the session in which such vote, resolution, address or bill is proposed."

That coincides with the Rules of the Legislative Assembly, section 72(1): "It is not lawful for the Assembly to adopt or pass any vote, resolution, address or bill for the appropriation of any part of the public revenue of the Northwest Territories, or of any tax or impost, to any purpose that has not been first recommended to the Assembly by message of the Commissioner in the session in which such vote, resolution, address or bill is proposed."

According to Beauchesne's Parliamentary Rules and Forms, Sixth Edition, section 599(1): "If any motion, whether in the House or in a committee, requires, but fails to receive, the recommendation of the Crown, it is the duty of the Speaker to announce that no question can be proposed upon the motion, or declare the bill out of order, or to say that the problem may be rectified by the proposer obtaining a Royal Recommendation."

Section 599(2): "In like manner, after the question has been proposed on an amendment, and it has appeared that the amendment would vary the incidence of taxation or increase the charge upon the Consolidated Revenue Fund, the Speaker has declined to put the question."

As a result of those items, and as a result of the Rules, and as a result of the Northwest Territories Act, it is clear that the motion is directing an increase in the expenditure of our government and, therefore, the motion is ruled out of order. The honourable Member for Yellowknife Centre.

#### Point Of Privilege

MR. LEWIS: I rise on a point of privilege, Mr. Speaker. The House we work in is a consensus chamber and, unlike those legislatures that operate with a parliamentary democracy, the Rules, perhaps, that we use to look at as authorities may not be the authority for the conduct of this chamber, which operates by consensus. That is why the two motions that have been dealt with today, that have been ruled out of order, prevent many of us from understanding what our job is in a consensus government. It is very difficult.

MR. SPEAKER: On the point of privilege. The issue that the honourable Member brought forward was more of a point of debate. As I indicated, in subsequent motion, the recommendation that was being made and proposed by a motion can be considered in the appropriate committee during review of second reading in committee of the whole; and any subsequent changes can be made appropriately through motions during that process.

On the other issue of whether or not we function according to the traditional rules of other assemblies or parliaments, it has been the tradition of this Assembly to follow the parliamentary rules that have been set and the precedents that have been set. That particular question is a matter, I believe, of much more significant debate that I can rule on at this particular time. It is a matter for the House itself to deal with and not for the Speaker. The honourable Member for Deh Cho.

MR. GARGAN: Mr. Chairman, just on a point of order.

MR. SPEAKER: The honourable Member should address the Chair appropriately. Point of order.

MR. GARGAN: Mr. Chairman, on a point of order.

--Laughter

MR. SPEAKER: I would recommend, again, to the honourable Member to address the Chair appropriately.

MR. GARGAN: Mr. Speaker, on a point of order.

--Applause

With regard to your ruling, Mr. Speaker, the motion itself...

MR. SPEAKER: With great respect to the honourable colleague, I have ruled with regard to the motion before us and the issue cannot be now debated. It has been determined by the Speaker. I must say, and I indicated to the honourable Member previously, that the manner in which this House operates is for the Members to decide, not for the Speaker.

Motions. Motions.

Item 16, first reading of bills. First reading of bills.

Item 17, second reading of bills. Second reading of bills.

Item 18, consideration in committee of the whole of bills and other matters: Committee Report 1-90(1), Report of Standing Committee on Finance on the 1990-91 Main Estimates and Bill

9-90(1), Appropriation Act, 1990-91, with Mr. Gargan in the chair.

**ITEM 18: CONSIDERATION IN COMMITTEE OF THE WHOLE OF BILLS AND OTHER MATTERS**

**Bill 9-90(1): Appropriation Act, 1990-91**

**CHAIRMAN (Mr. Gargan):** The committee will now come to order. We are dealing with the Department of Health today and, continuing from yesterday, what is the wish of the committee? Mr. Ballantyne.

**HON. MICHAEL BALLANTYNE:** With the committee's concurrence, the government would like to proceed with the Department of Health.

**CHAIRMAN (Mr. Gargan):** Does the committee agree?

**SOME HON. MEMBERS:** Agreed.

—Agreed

**Department Of Health**

**CHAIRMAN (Mr. Gargan):** Does the Minister wish to bring in witnesses?

**HON. NELLIE COURNOYEA:** Yes, Mr. Chairman.

**CHAIRMAN (Mr. Gargan):** For the record, would the Minister introduce the witnesses?

**HON. NELLIE COURNOYEA:** Mr. Chairman, I have as witnesses today Elaine Berthelet, community health standards assistant deputy minister; and Bob Cowcill, deputy minister of Health.

**CHAIRMAN (Mr. Gargan):** Thank you. General comments. Mr. Whitford.

**Yellowknife Medical Facilities Not Used Fully**

**MR. WHITFORD:** Thank you, Mr. Chairman. I am sure the Minister and her officials are more than aware that the budget for this year seems to be overdrawn at the bank and there are ways we suggested earlier on how moneys could be saved. Certainly from a standpoint of health care delivery, in Yellowknife, for example, we have a large hospital here and at times, from public comment and criticism of it, it does not appear to be utilized fully. There seem to be facilities in there that are not being used and areas that are not being used and programs that should be more utilized. At times the public perception is that people are travelling south unnecessarily. We have the facilities here, and if we do not have them we should institute them to save money. I am sure the officials of the department have already looked at that.

I do know they have some areas there that are superior to some of the facilities in southern hospitals that I had an unpleasant occasion to attend. I wondered if the Minister and her officials are going to review the hospital nursing station facilities in the NWT in general, and certainly the Stanton Yellowknife Hospital here in particular, to ensure that facilities are used to their maximum and that we can cut, by way of transportation costs, some of the expenditures of this department. We have a health centre at Fort Smith that again is large and, by what criticism I have heard about health centres, is not quite fully used and the Stanton Yellowknife Hospital here is under-used in some areas. I wanted to point this out so that the Minister and her officials will know where some of the criticism will be coming from as we go through the budget item by item.

**CHAIRMAN (Mr. Gargan):** Thank you. General comments. Mr. Zoe.

**Dene/Metis Boarding Home**

**MR. ZOE:** Mahsi cho. In regard to the Dene/Metis boarding home, I assume from the Minister's remarks yesterday -- she indicated that in the new fiscal year the new boarding home will be operational. Have they completed the final inspection of that particular facility? Will it be open soon?

**CHAIRMAN (Mr. Gargan):** Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, it is anticipated that the final inspection is to be done any day now. I know that they had a few outstanding corrections that they had to make but we did not consider them to be substantial. So I believe that the Yellowknife B Band is anticipating to set an opening date once that final inspection has been complete, but it is in the near future.

**CHAIRMAN (Mr. Gargan):** Thank you. Mr. Zoe.

**Setting Up Of Mackenzie Health Board**

**MR. ZOE:** Thank you, Mr. Chairman. In regard to health boards, the Minister knows that there are various health boards that were created. I have raised the wishes of my constituents a number of times to have our own health board for my riding. Unfortunately we could not create our own health board so we were lumped in with the area of Nahendeh, Fort Simpson area. It is my understanding that what is referred to as the Mackenzie health board -- I do not believe it has been set up since we have taken over the health services. Would the Minister inform the committee as to when they expect to set up this health board?

**CHAIRMAN (Mr. Gargan):** Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, the honourable Member is quite correct in saying that the board has not been set up at this time. I would like to just refer to the fact that the reason that we have been moving much more slowly is because many of the people at the community level in leadership roles have been heavily involved with other duties that appear to be more significant to them. So it has been difficult to get people together. However, we have a person on contract who is approaching the communities individually and trying to get key people at the community level so that we can develop that board from the community up, rather than imposing it from the top down. So there is work being done on it, and work has been carried out over the last few months. Even though we may not be able to finance an extra health board, the approach taken is to provide some kind of autonomy of identity, working with the same administrative structure.

We are taking into consideration, when we are talking to the communities, how people feel they can operate best within the funding arrangement that we have to provide financial support or administrative support. We are not pushing people before they are ready to go with the health board, but we want to make sure that the representation from the community will be carefully identified and carefully mandated so that they can be on stream and consistent in carrying out their duties. So we feel there is just a little more work that has to be done at the community level.

**CHAIRMAN (Mr. Gargan):** Thank you. Mr. Zoe.

**MR. ZOE:** I believe this Mackenzie health region is the only region that does not have a health board in place. What criteria are they going to use to determine what type of board

it is going to be, like the number of people on it and responsibilities?

**CHAIRMAN (Mr. Gargan):** Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, as with other health boards, the make-up of a health board is one member per community. That is standard criteria. As well, there has to be some understanding of the responsibilities and duties in their role as a board member, and of the magnitude of the responsibility. The simple problem that is happening in the Mackenzie area is that people have been busy with other things and I did not feel that it was up to me, if I felt people were not ready at the community level, to assign a person or to feel comfortable that they are drawing from the right people. There has to be an educational program on duties and involvement of the board and a broader scope of activities that they have to deal with day by day. I felt that probably the reluctance of some communities coming forth has been because of not enough communication at the community level.

**CHAIRMAN (Mr. Gargan):** Thank you, Madam Minister. General comments. Mr. Arlooktoo.

#### Medical Checkups For Inuit

**MR. ARLOOKTOO:** (Translation) Thank you, Mr. Chairman. I have raised this before, but I just want to bring it up again. In the Inuit communities a lot of times when people get sick they cannot be diagnosed right away. In the 1960s there used to be regular checkups. A lot of the Inuit have not seen doctors, or when the doctors go into the communities the people who are seen by the doctor are the same ones. I wonder if this can be looked into so that the majority of the people get checked. I do not know what the best procedure would be, but if this could be considered. A lot of times when people are diagnosed it is too late to deal with what they have and they pass away. But if they were diagnosed earlier, that could have been prevented. I would like to see the people getting regular checkups, as it used to be. I do not know what the best procedure would be: not annual, but maybe every five years? This has been brought to my attention. This is a concern I have; I wonder if this could be looked into where the people are checked by the doctors or physicians. Thank you.

**CHAIRMAN (Mr. Gargan):** Thank you. Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, on the issue of children, we do have a regular pattern through the primary care facilities at the community level at the health centres where children are checked regularly; and if there are problems or indications of problems when the doctor is scheduled to come in, they get to see the doctor. I assume the honourable Member is talking about adults who tend to go to see the doctor when he comes in. However, I would like to make it very clear that any adult who feels a need because of symptoms or feeling ill should go to see the nurse and request, upon the arrival of that doctor, that they get to see the doctor.

The process is in place, but perhaps the problem is with individuals not exercising the use of the medical health facility as much as they should. I had thought that we had given out enough information, or gotten through to people, but perhaps the people we are reaching are the people who generally go to the nursing station and request further help from a doctor. I suppose what we could do is see if we can set up better communications to allow people in the community to know that they have the opportunity to see a doctor by going through the nurse at the nursing station.

If there is anything else we can do, or if there is any other way of getting to people, we are certainly open to that. We feel that our promotional campaign of letting people know that the health care centre in the community is their first point of contact, and from there the doctors, as they come in, should be able to see people who feel that they need the doctor's care or certain attention from a doctor -- we do not have a policy like in the 1960s where automatically, every year, people were trooped together through the federal health system and given a checkup. But what has to be understood is that at that time you may have had only that one opportunity. The way community health care is delivered now, there is a health centre there for people's everyday use providing ongoing care.

However, we are certainly open if it is felt that there is a situation where people do not feel that they can request, through the health centre, a doctor to come and give them some particular attention on his trips.

**CHAIRMAN (Mr. Gargan):** Thank you. Mr. Arlooktoo.

**MR. ARLOOKTOO:** (Translation) Thank you, Mr. Chairman. I understood the answer. It is obvious that that is how it is; the local health centres and the nurses and people in the communities are helping each other. But when doctors come into the community for the first time, they stay only one or two days, and the people who have been sent to the South usually keep going back and forth. When the doctors just arrive, they do not know the community and they are not aware of our situation at the local level. It is a very short visit for the doctors in our region. When they are interviewing people, I think they could stay a little bit longer in our communities in the NWT. Thank you.

**CHAIRMAN (Mr. Gargan):** Thank you, Mr. Arlooktoo. General comments. Mr. Kilabuk.

#### Ambulances For Communities

**MR. KILABUK:** (Translation) Thank you, Mr. Chairman. I have a brief comment. At this time we know there should be fewer health hazards in our community as well as in the houses. I have a concern at this time on emergency cases. We do not have any ambulances in our community. The vehicles are used for collecting something that is hazardous to our health. For people who are sick we would require an actual ambulance, so that we do not have to use cars and equipment that are hazardous to health.

Are there criteria for ambulance cars that are used in communities to see if they are safe? This is my concern. For people who are disabled and have to lie down in the cars -- in communities there are no ambulances available especially designed to look after sick people. Is there a safety requirement for ambulances? It is very uncomfortable in some areas where there is not enough room for passengers. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Gargan):** Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, certainly the Department of Health and certainly from the Legislative Assembly we are all aware that we are short of some services at the community level. One of the areas that we have been trying to address in various ways is the one of taking patients to the airplane from a community home. The arrangements we have in all communities generally vary according to what is available. With any arrangements we have, we certainly try to look at seeing that the patient is comfortable in making the trip from the home or from the health care centre to the airplane.

I know we have a shortfall in that area and we know that we are not providing a full ambulance service in all communities. However, we continue to try to deal with what is available in communities and make arrangements where the patients are as comfortable as what is available permits. We know it is not to the utmost satisfaction in most communities. Where there is a health hazard or safety problem, I believe that we would appreciate to know, circumstance by circumstance. We can address it if we have specifics.

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

**MR. KILABUK:** (Translation) Mr. Chairman, thank you for your good answer but you have not answered me on the aspect of whether there has been any research done or survey done for ambulance services in communities. I do believe that there has never been a review of vehicles in smaller communities where there is no health hazard or safety hazard to the patients.

**CHAIRMAN (Mr. Gargan):** Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, the issue of providing services such as ambulance services and transportation services to patients has been under analysis now for a number of years, and in terms of exploring standards and criteria and trying to bring that along, what has been determined is a cost implication of how much we would have to come up with to provide the highest standard to a community.

So I would like to suggest that one of the officials elaborate on the specifics of what has been done to this point. However I would like to assure the Member that we have been analyzing and looking at ways where we could provide that service.

**CHAIRMAN (Mr. Gargan):** Thank you. Mr. Cowcill.

**MR. COWCILL:** Mr. Chairman, I can add to the Minister's comments that the department has been looking at the issue of standards for ambulance services and indeed the possibility of developing legislation over a number of years now. The basic difficulty we have is that the initial proposal that came forward some time ago indicated that quite a lot of additional financial resources would be required. So we have reviewed the problem again and we hope to bring forward to the Minister, in the near future, an option paper outlining what level of service can be provided for varying levels of cost.

**CHAIRMAN (Mr. Gargan):** Thank you. General comments. Mr. Ernerk.

#### **Nursing Courses For Local People**

**MR. ERNERK:** Thank you, Mr. Chairperson. I will try not to be very long. I want to indicate to the Minister of Health the idea of taking on the responsibility of health by the Government of the NWT was a very good one. The establishment of health boards in the regions was a very good one in which many people are able to participate with regard to the delivery of health at the community level. That was a very positive move.

I am not going to touch upon the issue of birthing this time around. But I have one or two very simple questions to ask the Minister. This has to do with the issue of training people to become nurses. I have heard the Minister and her officials indicating to us that there is always a shortage of nurses across the NWT. When it becomes impossible to hire nurses from within Canada, then the thing to do is to go out of the country, normally to the United Kingdom.

Mr. Chairperson, this is the same question I asked a couple of years ago and I believe about a year ago as well, during the winter session of this Assembly, and the question is this: What courses or what training opportunities have been put in place by the Government of the Northwest Territories to train people at the community level to take on nursing courses?

**CHAIRMAN (Mr. Gargan):** Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, it is a specific question. However, I think it requires an answer at different stages. First of all I would like to say to any person who wishes to become a nurse that the Department of Education certainly has not turned down any individual who either wants to upgrade themselves or further their career in nursing. Hopefully, the publicizing of opportunities will stimulate many, many more people. As the honourable Member realizes, an academic-level achievement is important to enable a person to complete a full nursing training course.

One of the areas that we feel will probably be of the most benefit in promoting the involvement of local people is the community health representative program. That has been established and to this time is working very well. There are 30 people who have now presently taken training or are in the process of doing so. The total positions that we have are 46 CHRs. With the development of that program these people, by gaining knowledge and getting involved in the field of health delivery, hopefully will be stimulated to go on to reach a higher academic level. We feel that is one step toward encouraging people to be involved with the health delivery system. However, there is not any individual who can not receive funding and support for academic training, high school and ongoing, to obtain those qualifications.

**CHAIRMAN (Mr. Gargan):** Thank you, Madam Minister. General comments. Mr. Ernerk.

**MR. ERNERK:** Thank you, Mr. Chairperson. I thank the Minister of Health for the reply. I would also respectfully suggest to the Minister that to promote the idea of becoming a nurse is a very good idea, at the community level. Is the problem at the community level basically, and I think I understand the Minister, the fact that we do not have enough graduates? In other words, we do not have enough students at a community level or a regional level, of individual students completing their high school education; the fact that we are not getting enough training. Perhaps I should rephrase that. We are not promoting enough, the idea of wanting to take training in the nursing field.

The reason why I say this is I understand the problem. We have a problem in obtaining nurses in the communities, especially where I come from. The idea of training more people at the community level -- I am trying to be really nice about this and be understood so that I do not get off the same way that I got off yesterday, as it was sort of seen. I am trying to say some nice words about what I am trying to say so please do not be insulted if I say anything that might seem to insult the Members of the government. Here is what I am trying to say, Mr. Chairperson: Would the Minister, with the Government of the Northwest Territories, consider promoting the idea of training more Inuit at the local level? I really think that would be a very good idea because it would be a solution, not all the way but part of the solution, to the problem of having to go to southern Canada -- this is in about five years time or something, this solution is about in five years -- go to southern Canada or go out of the country. The people that I am talking about, the majority of them, have lived in the communities for many years and they will continue to live in them for many years to come. So I think it would be a grand idea to promote the idea of becoming a nurse to the people who live there. Could I respectfully request the

Minister to promote that idea to its fullest extent? Thank you.

**CHAIRMAN (Mr. Gargan):** Madam Minister.

#### Higher Level Of Academic Training Required

**HON. NELLIE COURNOYEA:** Mr. Chairman, I guess I would like to agree with the honourable Member that in terms of the formal nursing program, yes, there is a difficulty in getting grade 12 graduates to take these courses. I know there is some idea that you should reduce that requirement. However, I think the training and the courses that have to be taken and the learning that has to be done really requires a higher academic level. So, yes, we have a difficulty in securing the grade 12 graduates. There are not enough people who acquire that level of academic training.

In terms of trying to put forward a promotional program, we did work with the nursing association about a year ago where there were some television clips and posters which encouraged young people to get into the nursing profession and I know that we did have that area fairly well taken care of. However, we get right back to people feeling how can they take part when they do not have the academic level.

So right at this point in time, the Department of Education and ourselves are trying every way we can to get people to feel that it is a good thing to secure their grade 12 no matter whether it is for the health profession or any other profession. We have a number of initiatives; one with the Arctic College which provides upgrading in the health field and the ongoing certified nursing assistant program which we have. The opportunities are there but I think the fundamental issue is: how can we encourage people to secure the necessary academic level that will allow them to get into these courses and into this training and be able to be successful. I think at this point in time we can try and certainly take your point of trying to encourage more in the community, but the fundamental question is still your first point, of people having the academic requirements to get into those professions.

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

#### Health Facility In Keewatin Region

**MR. ERNERK:** Thank you, Mr. Chairperson. I am just looking at the SCOF report of the review of the 1990-91 main estimates. On page 16, under Health, Members of the finance committee indicated the following: "...Members question the wisdom of constructing an additional large health care facility in the Northwest Territories in Iqaluit." I guess my concern is that in the Keewatin Region most of our patients go to Churchill as well as to Winnipeg, Manitoba, which I think is wrong, which I think is unhealthy. I am wondering what criteria is used when the GNWT is planning to construct health facilities like this. I would have thought that when you prioritize your capital planning, you take a look at the needs of people. Needs of people, no matter where they are, are normally very important when you do your capital planning.

The Minister will agree with me that the Churchill Health Science Centre is used by the patients from the Keewatin Region as well as from Northern Manitoba -- 60 per cent Keewatin Region and 40 per cent Northern Manitoba. In terms of dollars, looking at last year's expenditures, I would be pretty close to being right when I say that at least eight million dollars to \$10 million pour out of the Keewatin Region to Northern Manitoba.

I guess what I am trying to say, Mr. Chairperson, should we not be looking at our own communities, regions, equally? What I am really getting at is this; it should be a first priority

to construct a health facility in the Keewatin Region so that our people would no longer have to go out of the NWT to receive health care services. Thank you.

**CHAIRMAN (Mr. Gargan):** Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, I just want to say that the whole issue of where people go to receive their medical attention certainly has been one that we realized when we took over the health care delivery system would have to be looked at. Given the work that we are presently doing with the various health boards in taking into account what existed at the time of transfer and what we see in the future -- we are not accepting the fact that these alignments will not be changing as we move along and better facilities and better support is provided within the NWT. I believe that the use of the Churchill Health Science Centre certainly has been one that the Keewatin Regional Health Board and our department have taken a very close look at and continue to do so. I will let the deputy minister be more specific in just exactly how that is presently being done.

**CHAIRMAN (Mr. Gargan):** Mr. Cowcill.

**MR. COWCILL:** Mr. Chairman, as a first step to getting the planning rolling with respect to future Keewatin needs, the University of Manitoba, with the input of the Keewatin Health Board and the department, has received funding under the NHRDP, National Health Research and Development Program, to conduct a health needs survey in the Keewatin Region. Based on the results of that particular information and the department's and board's review of the way services are currently delivered in the Keewatin, we would hope to develop from that a more concrete plan to address the future facility requirements in the Keewatin. But the process has started.

In addition I would add that we are reviewing the current referral patterns used throughout the health system, because we feel that perhaps some of the people that are now being referred to southern Canada for various procedures could, in fact, be looked after within our own territorial facilities at a lesser cost than we are currently incurring.

**CHAIRMAN (Mr. Gargan):** Thank you. We will take a 15 minute coffee break.

--SHORT RECESS

**CHAIRMAN (Mr. Pudluk):** General comments. Mr. Ningark.

**MR. NINGARK:** Thank you, Mr. Chairman. Just for clarification, I would like to ask the Minister regarding transportation under normal circumstances when a patient is going out for medical treatment. In my riding I have been advised that when people were going out to a hospital in places such as Yellowknife or Edmonton, they did not have transportation provided for them. What is the policy under the Department of Health for patients going out; do they have to provide for their own transportation to and from the airport? Thank you.

**CHAIRMAN (Mr. Pudluk):** Thank you, Mr. Ningark. Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, when a patient comes to Yellowknife the Department of Health has a transportation contract to have them picked up. As well, in Edmonton, we have a transportation agreement -- although it is changing -- that patients are to be picked up and there is not a requirement for them to pay at that time because it is all prearranged. However, I would like to say that it is not perfect -- perhaps due to circumstances of improper notification -- and we still continue to have some difficulty, but not as much as



before, in making sure that patients get met at the plane when they come in.

**CHAIRMAN (Mr. Pudluk):** Thank you. General comments. Mr. Morin.

#### Equal Medical Benefits For Metis

**MR. MORIN:** Thank you, Mr. Chairman. Madam Minister, I realize from question period today that your department has had a lot of requests and has run into some problems and difficulties in trying to implement health coverage for Metis people. Also, in your departmental budget under "objectives" you have made some moves, for example: "To implement boarding home benefits for Metis and non-natives who lack travel benefits through other means and who receive services within the NWT and Churchill." Also: "To fully introduce, through Mackenzie health services, a Dene/Metis boarding home in Yellowknife."

What I do not see under these objectives is a move to implement full health services for the Metis people of the NWT equal to the Dene, Treaty and Inuit people. Is that one of the department's objectives?

**CHAIRMAN (Mr. Pudluk):** Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, as requests come in and these recommendations are made to us in terms of extended medical benefits, the department must balance requests against available resources. The Member knows that last year we took in the Metis 60 years and over and provided other non-native people with special coverage for seniors. When we put forward that program last year we gave a rough costing out and we are continuing to see what those figures will mean to the territorial government. For every request that comes forward we try to assess the amount it is going to cost. For the boarding home assistance we are estimating that cost to include Metis and non-native people to bring it up to fuller coverage. We are also extending the specified diseases for extended registered medical benefits, so that will also cover Metis.

#### Federal Program Covers Dene And Inuit

There are other things we are doing, but to come out and say that there is a policy in the government that we are automatically going to give all the benefits that Inuit and Status Indian people get is difficult. What has to be remembered is that the funding for Status Indian and Inuit is a complete bill-back to the federal government. Those costs are covered by the federal government and we bill back the federal government for those costs. It is a federal program that is related to the Status people. Although it appears in our budget, it is actually all billed back, so it is not an accounting of what the NWT funds pay for. I just want to make it clear that the funding for Status people does not come out of the territorial moneys, but is billed back. With the NWT dollars that are given to the Department of Health, we are trying as best we can to upgrade the requests from the Metis for full coverage. However, each time I bring forward a request it is being judged on whether we can afford it or how we can put it into the budget. We are doing the best we can in approaching this; but at this time the total analysis of what it is going to cost, which is being asked for, sometimes is not quite certain, so everything we bring forward is our best estimate.

As for your specific question -- are we as a government saying our objective is going to be full coverage for Metis as it is for Indian and Inuit -- we may be wanting to reach that objective, but what we have done is we have tried to start on those that are most needy, such as the elderly and those with chronic

diseases. We are certainly working toward that objective, but I am not able to do it all at once.

**CHAIRMAN (Mr. Pudluk):** Thank you, Mr. Minister. Mr. Morin.

**MR. MORIN:** Thank you, Mr. Chairman. Madam Minister, I fully support the actions your department has taken to balance the inequities of the way the Metis people are being treated as aboriginal people as compared with the Treaty and the Inuit. It is good that you have extended the benefits to the Metis elders as well as for prescription drugs for the chronically ill people and things like this. That is all good. It is still falling short, I guess, of the objective that you would like to meet, which I understand you are working towards. You had said that you were wanting to reach that objective of full benefits, but it is all due to costs, and you have not finished the analysis.

I look back in the Hansard of November 19, 1987, when Mr. Gargan passed a motion for your department to evaluate it and do a study on it, basically do a review of it. I think your department has had plenty of time to put those figures together. As a Member of this Assembly I would like to help you in any way I can to reach your objectives.

#### Motion To Recommend Extension Of Health Care Benefits To Metis

In saying that, I would like to move the following motion: That this committee strongly recommends that the Executive Council and the Minister of Health eliminate discrimination against the Metis people and extend to them health care benefits equal to those provided to the Treaty Dene and Inuit people; and further, that they consider implementation of the benefits to the Metis people by October 1, 1990. I believe that is translated as well.

**CHAIRMAN (Mr. Pudluk):** Thank you, Mr. Morin. Your motion is in order. To the motion. Mr. Morin.

#### Metis Are Aboriginal People

**MR. MORIN:** Thank you, Mr. Chairman. For many years now the Metis people in the Northwest Territories have been attempting to get health benefits equal to the Treaty Dene as well as the Inuit people. I realize that this government has attempted to work toward that goal but they have been unable to succeed to date. It seems that every time you give a benefit, an extra health benefit, to the Metis people, you always have to include other people. In that way, to me, it seems that you do not recognize the Metis as an aboriginal people. If you are going to give it to the aboriginal people you find in the government that the only way you can give it to the Metis people is by including non-aboriginal people at the same time. That is the way they justify it. I do not agree to that. You do not have to give the full benefits to all people of the Northwest Territories but you should be giving full benefits to the aboriginal people.

Our government recognizes the Metis people as aboriginal people, the same as the Dene Treaty and the Inuit. They should have full health coverage when it comes to flying out of the communities where doctors are not available. Those plane tickets should be paid for the Metis people. They should not have to pay for those plane tickets or they should not have to go to Social Services and say they are destitute and they need help. That should be one of the things they benefit from, as well as when they get prescription drugs, eyeglasses and dental work. These are all benefits that the Inuit as well as Treaty people enjoy.

I will tell Members of a recent case that I know of. There was

one lady who had been going to the dentist for many years. She is a Metis person but all of a sudden because of Bill C-31 she became a Treaty. Now when she goes to the dentist the job the dentist does it completely different to that person because she is a Treaty. Before that it was just the basics because that person had to pay for it. Once she became a Treaty they knew that the government was paying for it so they did the full job, cleaning the teeth, checking for cavities and did everything right. That was the best treatment she ever got. When she was a Metis she was not getting the same treatment. Maybe it was not because she could not afford it, I do not know. When you get these benefits your health care goes up right away because the doctors and dentists, even people that sell the glasses, know that they are going to get paid. That is one of the reasons that we should pass this motion in this committee.

I notice by talking to the Eastern Arctic Members of this Assembly, and I have met some people from the Eastern Arctic that do have a white father or a white mother, they are Inuit, they are the same, there is no difference. They all get treated the same and I feel that it should be the same in the Western Arctic with the Metis people, that our government does recognize them as an aboriginal people and they should get the same health benefits as Dene Treaty people. I am sure that with this government having the time, since November of 1987, that they could implement this program by October 1, 1990. That gave them three years to do all their studies, all their evaluations. They have had plenty of time. So now with the Members' support in this Assembly I am hoping that you pass this motion and treat aboriginal people all the same. Do not discriminate against Metis people. Thank you.

**CHAIRMAN (Mr. Pudluk):** Thank you. To the motion. Madam Minister.

#### Discrimination At Federal Level

**HON. NELLIE COURNOYEA:** Mr. Chairman, I have no problem with the motion but I just wanted to say a couple of words just to put the record straight. First of all, when the transfer of the health delivery system came over to the Northwest Territories and in negotiating with the federal government it was understood that certain people under the Indian Health Act would continue to be represented in the same manner as before and in order to respect that, there was a special provision that isolated the specific two groups of people -- Inuit and Status Indian people. That is under the Indian Health Act. That always was in place. The other people, subsequently, who have been moved into that category are people who have been enrolled under Bill C-31. This is what the deal with the federal government was. At the time that the transfer took place and was being concluded, there was an attempt to include Metis or non-Status people; the federal government said, "No." They only accepted responsibility for Inuit and Status Indian people under the Indian Health Act and those are for non-insured benefits.

As much as the government tried, we were not able to get from them the provision that they will respect all aboriginal people. They had their own criteria which they were willing to live and be accountable for. So it is not a discrimination at a territorial level but more a discrimination at a federal level. I know that the Inuit did not sign a treaty which allowed differentiation between status of blood in terms of Inuit is an Inuit, and there was no treaty signed to discriminate in that way. So giving full respect to the non-Status native people, we did make a very strong attempt to ask the federal government to include them and to have a new criteria to include Metis people but they would not do it. We had support from the Metis Association, from the Dene, but they were only willing to live up to their obligation to that point of

time. I just want to make sure that this Assembly is clear that the discrimination was not at this level. We took over the responsibility for an existing classification system and that those particular accounts were received in that manner. I just wanted to make sure that the burden of blame should be put at the right level.

#### Department Of Health Making Every Effort

Now as to our willingness to try to accommodate and eliminate what the honourable Member identifies as discrimination, in terms of the type of service provided to different people, that is certainly always our objective. Certainly we have had the responsibility from 1987, November, but a lot of things had to be implemented and put into place and even to this day we are still trying to calculate what the total cost of the health delivery system is in the different categories. For example, we had assumed that given a new hospital in Yellowknife and having it run at its full capacity would eliminate a lot of transportation and billing that we would have to pay for in the provinces. However, we have not seen that saving yet. We hope to, but we relate that, also, to the fact that perhaps we are not fully staffed professionally at the Stanton Yellowknife Hospital at this time. However, with all these various categories of the transfer on a day-by-day basis, we have to each day review and take stock of where we are. I hope that in defence of the department that I can put on record that we are not dragging our feet on this instance. Thank you.

**CHAIRMAN (Mr. Pudluk):** To the motion. Mr. McLaughlin.

**MR. McLAUGHLIN:** I am generally in favour of the motion, but I just have one question.

**CHAIRMAN (Mr. Pudluk):** Mr. McLaughlin, you must speak to the motion rather than ask a question. Mr. McLaughlin.

**MR. McLAUGHLIN:** Thank you, Mr. Chairman. I have a question of clarification on the motion which talks about the health care benefits. What I would like to do is ask the Minister, where is the money? It is my understanding that the dollars for the treatment of Status Indians and Inuit is actually still in the federal budget; that we just administer those services and send them a bill. So the money is not actually in our budget. We may expend some money in that area but then we just send a bill to get our money back. Is that correct?

**CHAIRMAN (Mr. Pudluk):** Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairperson, it is on a contractual basis with the federal government.

**CHAIRMAN (Mr. Pudluk):** To the motion. Mr. Pedersen.

#### Territorial Funding Must Be Used If Necessary

**MR. PEDERSEN:** Thank you, Mr. Chairman. I would like to speak in support of the motion. I think it is essential that aboriginal people should have the same treatment within our government. What I have not been able to understand for some time now is why federal funding is not forthcoming. The changes that were made which allowed Indian women who had married non-Treaty Indians to have Treaty status again is a federal ruling. It used to be the same for Inuit women who married non-Inuit men, that they took on the status of their husbands and the children also did so. But by an act of parliament this was changed; it was ruled to be unconstitutional and I therefore cannot see that the same federal act would not apply to this federal program.

If, in fact, it does not, it does not change my support for this

motion. But I would like to say to the committee of the whole that if we cannot get the federal government to finance the money required to institute this change then as a committee of the whole we must be prepared to identify the cuts to the budget that is in front of us now that would be necessary to pay for this program once we pass this motion.

So having said that, Mr. Chairman, I would again urge the Minister on the basis of the fact that Status has been re-given to Inuit women and the children of these women who have married non-Inuit people, by a federal act, and that the option to regain Treaty status of Indian women in the same position also has been made possible through a federal act, that that should then give the federal government the obligation to recognize their financial responsibility for all Metis people of the NWT and allow for them to come up with the additional financing required to make this motion effective. So with those comments I do support the motion in front of us.

**CHAIRMAN (Mr. Pudluk):** Thank you. To the motion. Mr. Morin.

**MR. MORIN:** Thank you, Mr. Chairman. In closing I would just like to make a few statements on the remarks the Minister made. I agree that it was discrimination at the federal level and now we have taken the health transfer and brought it to the territorial level. The main reason, as I understand it, for transferring from the federal level to the territorial level is to bring things closer to home so we have more say over things; so we have more control at the territorial level.

So as this government has said in the past and it continues to say, that they are one of the leading governments in Canada that protect and fight for aboriginal rights and that is one of the main reasons that this committee of the whole should support this motion. Once again we could take the leading step in Canada to ensure that all aboriginal people are treated fairly; that they are not being discriminated against. With that I am just hoping that all Members will support the motion. Thank you. Could we have a recorded vote?

#### **Motion To Recommend Extension Of Health Care Benefits To Metis, Carried**

**CHAIRMAN (Mr. Pudluk):** To the motion. Question has been called. Recorded vote please. All those in favour please stand.

**CLERK OF THE HOUSE (Mr. Hamilton):** Mr. Crow, Mr. Arlooktoo, Mr. Kilabuk, Mr. Pedersen, Mr. Zoe, Mr. Sibbeston, Mr. Morin, Mr. Ernerk, Mr. Whitford, Mr. McLaughlin, Mr. Ningark.

**CHAIRMAN (Mr. Pudluk):** All those opposed, please stand. Those people who are abstaining, please stand.

**CLERK OF THE HOUSE (Mr. Hamilton):** Mr. Alloodoo, Mr. Ballantyne, Mr. Patterson, Mr. Kakwi, Ms Marie-Jewell, Mr. Wray.

**CHAIRMAN (Mr. Pudluk):** I am sorry. Order, please. Madam Minister, you have to go to your seat if you are going to be abstaining or voting. Abstentions. The record will show that Madam Minister, Nellie Cournoyea, is abstaining. Thank you.

**CLERK OF THE HOUSE (Mr. Hamilton):** Eleven voting in favour, none against and seven abstentions.

**CHAIRMAN (Mr. Pudluk):** The motion is carried.

---Carried

---Applause

General comments. Mr. McLaughlin.

#### **Illegality Of Sale Of Cigarettes To Minors**

**MR. McLAUGHLIN:** Thank you, Mr. Chairman. During the Minister's opening statement she talked about what the costs were to the system and the cost to human lives due to cigarette smoking. It has always concerned me that even though the Departments of Health, Social Services and Education have gotten together and put together some pretty excellent healthy lifestyles programs for the education curriculum from kindergarten right through to grade 12, that smoking amongst youth in the Territories is awful. During the last Arctic Winter Games the Gold Room was the headquarters and the hallway was the hangout as athletes went to and from their planes. The hallways were polluted with smoke from all these youths aged about 14 to 20. It has always concerned me that that is a terrible cost in human lives and in our budget. It seems it cost us almost a million dollars to develop the program on healthy lifestyles amongst the three departments. We spend that kind of money and then on the other hand we do not even enforce a federal law in the NWT which says it is illegal to sell cigarettes to children under the age of 16. I wonder if the Minister has these concerns, if she would take it upon herself to meet with the Minister of Justice and try to do something about having some sort of public relations effort put out to tell the people that sell cigarettes that it is illegal to sell to minors, and to make it so that minors cannot go up to cigarette vending machines and purchase cigarettes, and to have the RCMP enforce the federal law, which incidentally the RCMP is enforcing in other jurisdictions.

**CHAIRMAN (Mr. Pudluk):** Thank you. Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, certainly that is a useful suggestion. And yes, I do share the concern about the number of people who continue to not break the habit, not because of lack of knowledge, because I believe that a great percentage of people who smoke realize what they are doing to their health. I do not know how much more is expected of us in continuing to bring to the attention of people who cannot break the habit, that they are taking a serious health risk in continuing to smoke.

We certainly see a larger increase of cancer and it is not a pleasant figure to accept. We know that it comes from smoking and everyone else knows that it is coming from smoking. We are going to try another attempt at a door-to-door campaign, beginning in the next couple of weeks. The training program for these individual people who will be going door to door across the North and talking about the use of cigarettes, tobacco and AIDS is underway. Hopefully this approach is going to stimulate people to take a little more responsibility for their own personal health.

So we certainly are putting the efforts of the Department of Health toward this. I will certainly take the initiative to talk to the Minister of Justice to see if he could use his offices, particularly for youth, and as for the suggestion of monitoring better who is buying cigarettes from the stores and vending machines, certainly we will take that suggestion.

**CHAIRMAN (Mr. Pudluk):** General comments. Mr. Pedersen.

#### **Proper Use Of Boarding Homes**

**MR. PEDERSEN:** Thank you, Mr. Chairman. Mr. McLaughlin's question and the Minister's answer leads a bit into what I wanted to comment about. In the Minister's opening statement yesterday she mentioned that the

department will provide comfortable boarding home arrangements for patients who have to leave their home communities to receive medical or hospital treatment. I certainly welcome that and I agree that we do provide, certainly through our Kitikmeot boarding home here in Yellowknife, very excellent and comfortable boarding home arrangements and I am sure we will be providing the same when the new boarding home will be completed and operational down in Rainbow Valley.

However, I do have one concern and that is the occupancy of our boarding homes and it relates to what Mr. McLaughlin was talking about. The occupancy rate of the Kitikmeot boarding home has been steadily going down since we enforced the no smoking rule in the boarding home. People are now choosing to stay elsewhere, in private boarding homes that do permit, not only smoking on the premises, but also permit the patients, quite frankly, to arrive much after normal sleeping hours, in an intoxicated condition. That relates to what my honourable friend from Natilikmiot was talking about the other day.

The boarding homes that people choose to stay in, I understand, are acceptable to the department, although I really do not know why because they certainly do not come up to the standards that we insist upon in our own boarding homes. I know, in fact, when for health reasons there are overflow conditions, I know that there are situations and it has happened many times, where patients have to share beds with other patients in the private boarding homes and I do not think that is either hygienic or desirable for people who are down here for medical services.

It also seems inconsistent to me and it seems that it is an incorrect expenditure on our part if we, in response to public demand from the region over many years, provide a good boarding home facility and then for reasons which we know are bad for the health of the people who are down here for medical reasons, allow them not to use it and still continue paying for them not to use it. There is an inconsistency in that. So I wonder if the Minister could make some comments on this. I am sure she is aware of it and perhaps she has some ideas of how we can cope with that problem and get the maximum use out of the good facility that we have provided, the excellent facility. I do not know if there is any way we can mesh the two together, but does the Minister have any comments on that please?

**CHAIRMAN (Mr. Pudluk):** Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairperson, it really has just been recently that the occupancy being affected by non smoking has been brought to my attention. Certainly with the Kitikmeot Regional Health Board we are going to have to address that situation. I certainly, as Minister responsible, and knowing that there are many other requests for additional services, after providing and building that excellent boarding home facility, I am very surprised that people feel they want to go elsewhere because of the no smoking condition. I would presume that we could, in one instance, create the same condition on boarding homes outside the Kitikmeot transient centre, but that would be very difficult to enforce. So given that this particular situation has been brought to my attention, it has just been only in the last couple of days that I heard the relationship of non-smoking to wanting to stay at other places rather than the transient centre, that the two things were hooked together. The deputy minister can elaborate but I know that we have to address the issue, given that we have gone to a great deal of trouble in putting up that particular institute at the request of the people, at the request of the communities. It is difficult to say exactly what can be done about it, certainly the efficient use of that boarding home has to be used as a first criteria and we will attempt to

address that issue.

**CHAIRMAN (Mr. Pudluk):** Thank you. Mr. Pedersen.

**MR. PEDERSEN:** Thank you, Mr. Chairman. I will not go into that any further. I will leave it in the Minister's capable hands to get back to us. I know it is a recent thing that has come to our attention and as long as we are aware of it and deal with it as soon as possible.

Mr. Chairman, the other thing on general comments I would like to mention and the Minister made some reference to it yesterday, too, in her opening statements and it pleased me that she did that. I think we have to re-evaluate, to look very hard at what the objectives of the health services in the Northwest Territories are. I know that it is only recently that we have taken health services over but it may be at a very opportune time to do it right from the start. It seems to me that the objective of the Department of Health should be to provide the best possible health care for the citizens of the Northwest Territories, period, as one objective.

#### Health Care In Communities Should Be Main Objective

I think with that we have to be careful that we keep that objective in mind and do not become obsessed with the methods that have been used in the past, hopefully, to achieve that and not let the method become the objective. What I mean by that, Mr. Chairman, is that we have -- when I say we have, I mean the federal government before us too but health services for quite some years now have embarked on a program of providing the best possible physical facilities in the communities and at regional levels; nursing centres, nursing stations, regional hospitals, residences for nurses, quality of nursing staff. The Minister referred to that and the upgrading of that quality. Yet, at the same time, we have also seen what appears to be a decrease in the use of these services, particularly at the community level. We seem to have far more people being medivaced and for not life threatening conditions.

Such things as birthing centres, midwifery in the communities as my honourable colleague from Aivilik has been talking about for a long time would certainly eliminate the need for costly transportation and accommodation and hospital stays for women giving birth in the 99 per cent of the cases where there are no complications. We medivac routinely, also, children for dental work and not only do we medivac the children, we have their parents accompanying the children down here. We pay for room and board and hospitalization of the children. We do the same for minor surgery. The whole medivac system seems to be on the increase, at the same time that we are increasing the quality of the facilities that we have on the ground and the two just do not seem to match together.

If, at the same time, we saw a decrease in the rate of disease in the communities maybe I could understand it but we are not seeing that either. From everything that we hear we see an increase in the incidence of disease in the communities. It leads one to ask the question, can we, in fact, justify to our people or can we afford the luxury, perhaps, of providing first class physical capital facilities at home if by doing so we end up providing a second class medical service? If we cannot staff the facilities that we put in, why are we putting them in? I think the Minister is looking at that as she mentioned in her opening statement: "...to carefully review the present practices with respect to medical transportation, use of out of Northwest Territorial hospital facilities, and provision of general practice and/or specialist physician services." I think that is what she means and if it does then I certainly welcome that.

I did want to put in the concern that I have that we are in --

we are reviewing a budget that is presented to us as a budget that has cuts in it and I do not think it is a wise cost-cutting method to just go in and say, "Well, we have lost so much in dollars and that is going to take or divide one into the other and we come up with two per cent as a magic figure and right across the top we take two per cent off the budget." That is not wisdom, that is expediency. I do not think that we can afford to do that. I think it is not only for this department but for others that I will point out too. We must get in there and we must evaluate and reassess the objective that we started out with within that department and look at whether the methods that we have decided on to reach that objective are, in fact, the right ones. It is not because of where the item is, geographically or anything but what I mean is, for instance, if we determine in the review that we cannot staff regional hospitals and they do not work out, is it then wise to proceed with the ultimately \$40 million expenditure on a Baffin regional health centre? Maybe it is not. The cost of doing so, the amortization costs at a 10 per cent rate is four million dollars in perpetuity annually. I am using it as example for us to evaluate if that is, indeed, the route that we want to continue going if it convinces us that we are not meeting the objective that we started out with by doing so. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Pudluk):** Thank you. Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, I can use a lot of words to reiterate what the honourable Member says but what I will just say, and I hope that he will not feel that I am ignoring the statements, I can only say that I agree.

**CHAIRMAN (Mr. Pudluk):** Thank you. General comments. Does this committee wish to go page by page? Mr. Ernerk.

#### Hospital For Keewatin

**MR. ERNERK:** Thank you. (Translation) Thank you, Mr. Chairman. I was not going to speak again, but the issues that have been brought up with regard to the Department of Health have given me more ideas to express. She answered me earlier, but there is another question that she answered that I want to clarify further.

The documents that were presented – I am very much concerned about them and I understand them properly, the documents from the Department of Finance. There is going to be a hospital constructed in Iqaluit. I had further ideas about this, in the scope of the whole NWT. In the document, the Government of the NWT and the Keewatin Health Board at this time know how many people go to Churchill and Winnipeg for treatment as well as people who are going for birthing centres in the South.

I want people to know, looking at the budget report by the Finance Minister, that they are going to build another hospital. I do not oppose that idea of building more hospitals, but we do need more health centres in the NWT. The GNWT is responsible for that now. Looking at it, the territorial government should have more scope in planning a health centre in the Keewatin, building a hospital in the Keewatin. It would be much better for the future of the people of my region, and they would go to the hospitals in their region. It would be better than going to have children in the South.

I was not going to speak further on birthing centres. Looking at Bill 156, an act respecting the practice of midwifery in Quebec, I think it would be better, in our land, than having families separated for long periods of time when their mother is gone to Churchill or Winnipeg. I do not know when it might happen in the Keewatin that we will be able to get a hospital for that region and when we will be able to get

birthing centres. When will the Quebec act be recognized fully? I would like to ask the territorial government to support them in the Keewatin, to establish a hospital in the Keewatin, to move toward that area of planning. That is it for now, Mr. Chairman.

**CHAIRMAN (Mr. Pudluk):** Madam Minister, do you have any comments?

**HON. NELLIE COURNOYEA:** No, Mr. Chairman, just to reiterate what was said before. Right now, in terms of the delivery system in the Keewatin Region, we are working very closely with the Keewatin Health Board to see what they feel the design of those health facilities, or the delivery system in those communities, should be. At this time, the extra facilities for that region are being considered in the overall analysis of what people really want to see in terms of the delivery system there. Perhaps if we go back to other people's evaluation of what is the most important objective to provide, I see that we must maintain a health delivery system in each community; but how we move that up to the region is really dependent on an ongoing analysis of what we have and what the boards want, and how we address the communities.

Of course, everybody wants everything, and that is normal. In the Keewatin area particularly, because we have the relationship with Churchill, that is being looked at. We have the relationship with Winnipeg and that is being looked at also. All that is something that the health board is taking a great deal of time to analyze and say, "It may take us a few years to get to a delivery system that is closer to home." I think they are going to set some priorities.

In terms of women having to go out of their communities, there are a couple of different thoughts there, but at the same time the objective is to get those births as close to home as we can, whether it is in the community or in the region. I believe the honourable Member was just asking for clarification whether we were still on the same track, and the answer is yes.

**CHAIRMAN (Mr. Pudluk):** Point of order. Mr. Pedersen.

**MR. PEDERSEN:** Mr. Chairman, I would just like to point out to you that there are nine ordinary Members in the House and if the Executive Council showed, percentage-wise, as much interest in the Minister's comments on the Department of Health, we would now have a quorum. I would not have to point out to you that we do not have a quorum.

**CHAIRMAN (Mr. Pudluk):** Mr. Clerk, will you ring the bell please? Order please. The Chair recognizes a quorum. General comments. Mr. Gargan.

#### Tooth Decay In Young Children

**MR. GARGAN:** Mr. Chairman, just last week I read an article on young children that have problems with their first teeth falling out because of their using bottles. I believe the department, in trying to correct that, say that they are going to produce a video to combat nursing bottles tooth decay, in consultation with the communities of Pond Inlet and Arviat. I would like to ask the Minister if she is aware that those are not the only communities where those problems exist but it exists in my community as well. It is a concern of mine.

Besides showing material on the prevention of tooth decay on young children, are there any ways in which we might be able to correct the condition of their teeth, young children, once they get their second teeth? If you do not have your first teeth, the second teeth do not come out as normally as if you still had your first teeth. I would like to know if there are any

ways of addressing that.

**CHAIRMAN (Mr. Pudluk):** Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairperson, the reason we are doing the two programs is because these people have shown the initiative that they want to come out and participate and give us ideas, but it is not the end of a language program on how to combat nursing bottle caries. These are the areas where they found that they would like to be involved. It is not that we are just picking them because hopefully what we get out of that is helpful to other areas as well.

It is a well known medical fact that if you lose your first teeth before your second teeth are coming in, it does have a negative impact on how those teeth come in. It is very important that any facility that God gives you on this earth, that you should look after it because there is an importance to it. So we are very concerned that people understand that the first teeth are very important.

The other part of it, on the second teeth, we have the dental therapy program in the communities that we are trying to carry out in all communities. We have information in the school system to show children that it is important to brush their teeth and practise proper daily dental practices. So once a child is in school we have a certain ability to communicate and give information.

As well, the mothers bring their children to nursing or health centres in each community; it is part of the program for them to be informed and the health centre staff generally tries to give them the information on what is important.

The other thing on CHR, it is part of one of their mandates to be able to work within the community, to have the background to be able to explain the importance of good health care which, no matter at what age, is important. As well, when a woman comes to the health centre and is pregnant, the information also is communicated to that person. I think we see some improvements on younger people, or people having younger families, who tend to be more aware of the seriousness of the situation.

#### **Programs Must Be Heeded**

So, yes, there are programs at each level that we are trying to make effective. But I guess in the end it is whether people want to listen and to take heed. I do not know how much we have to do to make people feel that what is being said is really not just an information campaign but really something that is for the good of people in these changing times. We know a lot of people do not understand, because in the older community there were very few sugary substances around. Now people are trying to learn to deal with them. Sometimes they do not take us seriously, and although I believe that at almost every level there is that information and communication, people have to want to heed those warnings.

**CHAIRMAN (Mr. Pudluk):** Mr. Gargan.

**MR. GARGAN:** I agree with the Minister that people have to heed those warnings. I do consider Fort Providence as an isolated community although it is accessible by road and air, but in communities such as Fort Providence we do get dentists visiting the community twice a year. In most cases the dentists give most of the attention to the young people and students and also the general public in the community, leaving very little time, if any, for work to be done to young children, preschoolers, babies that might have a situation that they could address. This has not been happening. I understand where the Minister is coming from, that there has

to be more public awareness.

I would also like to ask the Minister whether or not this government is doing enough with regard to the care of teeth as far as dentists visiting the communities. Because I believe that this problem has not just come out because Arviat and Pond Inlet decided to bring it to the eyes of the general public. This has been a concern for 10 years and very little has been done. It is only when the communities cry that the government decides to take any action. So I would like to know if there will be more attention given to young babies who are not in a position to protect themselves. It requires people like myself and, naturally, like Madam Minister, who should take a leading role to ensure that those young children are in a situation that if their teeth are decaying, then perhaps they should try and address it rather than extract them.

**CHAIRMAN (Mr. Pudluk):** Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairperson, I tend to say that it always seems that people sometimes have a hard time comprehending new problems that are coming in, and we never seem to be able to do enough to catch up, for the lack of knowledge. I believe it is more important that the people at the community level who are delivering the health programs be the ones who are informed and provide the communication on a daily basis, on a weekly basis -- that they carry out the education. The dentists that we employ are not mandated to go out there and give educational programs, other than when they have a patient, to reiterate what these people have been told already. We do not use the dentists to carry out the educational program, although when they have the time we may have them go to a school to help out and talk to people. At every level, we do have people in the field who are doing these jobs. I agree, we can always try to do more, if anyone has any ideas that would assist people to know that there is a problem. It is not a problem that is only relegated to one area. We have a very serious dental problem in the whole of the NWT.

**CHAIRMAN (Mr. Pudluk):** Thank you. Mr. Gargan.

#### **Dental Care For Infants And Preschool Children Inadequate**

**MR. GARGAN:** Again, I agree with the Minister that the preventative program should be initiated at the community level. I also believe that dentists do have a responsibility with regard to prevention of tooth decay. One concern I have, Mr. Chairman, which I have already mentioned, is that we do have a category of young people from infant to preschool who at this point in time are not really targeted for dental appointments. This is a difficulty that I believe most of the communities run into. When dentists are in the communities they focus their attention on students who are going to school and on the adults of the community, but very little is being done in looking at young preschool children that cannot fend for themselves. In the two or three days when the dentist is in a community, naturally it is on a "first come first served" basis, so very little attention is actually being given to that category of infants and preschoolers; so they are not getting the proper attention for their teeth.

I would like to ask the Minister whether or not, with regard to the treatment of those young people, a lot more could be done by this government in addressing that particular situation other than the Minister indicating that the community has certain responsibilities and naturally the parents do have certain responsibilities. I believe this is one area in which special emphasis and attention should be given. Would the Minister consider this so that perhaps there could be a situation with the dentists that on a particular afternoon or on a particular day special attention would be given to infants or

preschoolers of the community, so that if the parents do have concerns for their children at that time special attention would be given to them?

**CHAIRMAN (Mr. Pudluk):** Thank you. Madam Minister.

**HON. NELLIE COURNOYEA:** Yes, Mr. Chairman, the honourable Member's statement is well taken and if he feels that we have a hole in the system where we can pay some attention to it, we will certainly take his remarks and see if that can be addressed in the ongoing treatment for these types of problems we have.

**CHAIRMAN (Mr. Pudluk):** Thank you. Mr. Gargan.

**MR. GARGAN:** Thank you, Mr. Chairman. With regard to the Minister's statement indicating that if a child loses their first teeth, it does have a negative effect on their second teeth, I would like to ask if there are any scientific or medical ways where we might be able to address that particular situation. I do not know what the negative effect is, but can it be corrected either medically or scientifically?

**CHAIRMAN (Mr. Pudluk):** Thank you. Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, I do not totally understand the question but I will ask Mr. Cowcill if he would like to address that.

**CHAIRMAN (Mr. Pudluk):** Mr. Cowcill.

**MR. COWCILL:** The basic problem for very young children who have lost their first teeth prematurely is that, without the baby teeth to act as guide posts, the permanent teeth come in early, sometimes in the wrong order and in the wrong position. The final result is that permanent teeth do not fit together properly and sometimes that affects a person's appearance. The service that some people may attempt to access to correct some of those problems is from specialists called orthodontists, upon referral from a dentist. There is currently very limited coverage for that kind of help under the Indian health policy. There is also a problem with nutrition, with those people who have not had properly developed teeth, so that can affect their health over a very long period of time.

**CHAIRMAN (Mr. Pudluk):** Thank you. General comments. Mr. Gargan.

#### Creation Of Mackenzie Regional Health Board

**MR. GARGAN:** Mr. Chairman, one area the government did address is health boards. I believe Mr. Zoe brought up the situation in which the Mackenzie health board is comprised of the Dogrib Tribal Council and the Deh Cho Tribal Council. At this point in time, Mr. Chairman, as far as the constitutional development process goes, we are in a situation where we are developing a lot of public boards, perhaps at the expense of devolution or constitutional development. Realizing that the Deh Cho and the Dogrib Tribal Council are a combined body to look at the overall health in the Mackenzie, at this time is it right to try to implement or force this type of what the government would consider prime body concept? I would like to ask the Minister whether or not, at this point in time, we should pursue that type of a concept, or whether or not we must realize the situation of this government with regard to budgets and take a serious look at, where these bodies are not established, leaving it as such until such a time as they deem it necessary to go that route. Mainly, Mr. Chairman, my concern is that there is a situation in Canada, in the North, where perhaps there will be eventual land claim settlements and where, perhaps, self-government is on the agenda or on the horizon and I feel that having those types of bodies develop now will jeopardize an eventual situation where there

are going to be some other types of responsibilities, or a responsible role being played other than what the government would like to try to implement. Is there that possibility, that perhaps even for the Mackenzie health board or the Dogrib-Mackenzie tribal council health board, that perhaps this could be addressed or funded at a later date when there is that luxury for the government to pursue those areas? I believe that at this point in time it has only been developed and I do not see any drastic change in the region with regard to the delivery of services. I believe it should be questioned whether or not, at this point in time, it is necessary. I think the Hay River Reserve, Fort Providence, Kakisa are areas in which service has been on an ongoing basis, and having these new bodies created does not really address the main issues in the communities in which the time for them to take on the responsibilities is not right. Thank you.

**CHAIRMAN (Mr. Pudluk):** Thank you. Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, I think that the process of consulting at the community level on the health care delivery system, whether through the setting up of a board, that communication and education are not going to be lost by dealing with the communities. "To be or not to be", whether you have a health board, that is what is being discussed; and I do not know what it will take away. I feel that it is not going to take away from any future development, whatever that development may be, because I feel that we have responded to requests and made a commitment, to going to communities. Looking at the health board and certainly, while we are discussing that at a community level, we will get a good fix on not only whether there should be a board or not. If people want a board we are committed because we stated we would but if the support is not there because of other reasons, we are willing to say, "Well, that is the view of the people who are being served by this system."

I do not think that it is going to jeopardize anything in the future, because I think the discussion right at this point in time is really going to set about what a board would do or what a person's responsibility is if they are taking over the delivery of this service. So, I do not believe it is going to take anything away because it will be more, at this point in time, an educational process for whatever reasons that people may wish to use it for in the future.

So I am not here to determine that there should not be a health board because we have made that commitment; but if people decide after their consultation is over and they have a chance to speak -- we are not going to shove anything down anyone's throat.

**CHAIRMAN (Mr. Pudluk):** Thank you. Mr. Gargan.

**MR. GARGAN:** Mr. Chairman, in order to address this whole issue of boards, the situation in the regions right now is that they do have, through legislation, regional and tribal councils. The situation that the Minister has brought up is a situation which undermines that concept or that body and that is that you have a situation in which individual communities within a region, perhaps, support a health board. That is not a regional position but those are positions by individual communities supporting that concept. The government uses that as a way of going over the regional and tribal bodies and say that this is the position of the regions when, in fact, it is very misleading.

The government has to recognize that what they are saying is that within those regions those are the communities that support that concept. It is not a regional position but it is a position established by communities within that region. The only way that you could recognize or say that it is a regional position is if, in fact, the regional and tribal councils support

that through their appropriate bodies.

In other words, in order for the Minister to say that this is a regional position they have to, in fact, produce a motion that is being supported by two thirds of the members of that region to make it valid. So the Minister has to, when addressing the regional health boards, make it clear whether or not it is being supported by the region as created by this legislation or else whether or not it is communities within the regions that are supported. Let us not get those two mixed up because I believe that is the situation that the Dogrib Tribal Council and the Deh Cho Regional Tribal Council have. If that were the case -- the Minister is saying that the Mackenzie health board includes those two regions -- then I do not know how it was ever established because I believe that it will never come to that point in which the Deh Cho region and the Dogrib Tribal Council would combine to share one board when the language is the barrier in that situation.

So I would like to ask the Minister, just to set the record straight, what she means when she says that this is a regional position. Is that based on motions passed by a governing body, or is it that communities within that region have taken that position?

**CHAIRMAN (Mr. Pudluk):** Thank you. Madam Minister.

#### Consultation Process In Creation Of Regional Health Boards

**HON. NELLIE COURNOYEA:** Mr. Chairman, I will try my best to answer that question in a way to reflect how I understand the question. First of all, my understanding is that a region, whether it is a tribal council, whether it is a regional council, is made up of community representation. The representation to make up a regional or tribal council comes from communities. You do not have a tribal council that has 10 people from one community. My understanding in almost all the issues is that the fundamental representation to make up any body comes from communities. If you do not have community representation, which moves up and makes a regional body, then that is not representative. That is just my understanding but I do not know; I know there are some regional bodies; a lot of times we start them and we work it down to get better understanding and send representatives, but the communications have not been built up at the community level and people do not understand their role but you still pull a representative.

The reason this board has taken a little longer is for the very things that the honourable Member is saying; where you have all these other sorts of bodies in place, they should be endorsing the health board. I do not say that they are different; I say that if everyone is not in understanding, if you are not in support of it, it is not going to work. So there are lots of people that have to be consulted because there are boards established, regional and tribal councils, and the community at the same time is struggling to see how they want to be involved through a local council, whether it is bands or anything else. We are not saying that the band cannot be the group that would be the community health council or whatever it is. So we are not predetermining that. But because in this area of the Mackenzie board there are so many other competing interests, it is taking a little longer.

What they come out with, if it is not a board or they want to do it a different way, fine. But right now what we are really doing is working in the communities and we are planning to work with the people that are interested in health in the community, band councils, the Dene Nation, to say, "Well, this is what we are doing." So we are not doing this in isolation. It is more of an educational thing. What comes out in the end is up to the people. We are not imposing anything on

anyone.

When the transfer was taking place, before I took over as the Minister responsible, there was endorsement by all agencies that there should be a board for this region. Now if you change your mind or if you want to do it a different way, that can come out of the whole exercise. I just do not want it to be misunderstood that we are forcing a situation on people. During the transfer of health that was what was agreed as a better way of having the representation to deal with health issues. But it is not going to be done without the endorsement or the support of all the actors that are around. That is what is taking the time, because there are a lot of different agencies that are already set up. We recognize that and we respect that.

**CHAIRMAN (Mr. Pudluk):** Thank you. Mr. Gargan.

**MR. GARGAN:** Thank you, Mr. Chairman. The difficulty that the regions, communities within the regions, are having is with regard to the kind of programs they would like to see, whether it is health or other boards. The Minister has indicated that the communities support that concept but I guess as far as their vision of what a health board is, it is that we do not have in front of us -- nor does the government have in front of them -- a policy governing health boards or the establishment of health boards -- or any kinds of boards. For example, the role that the Baffin Regional Health Board has will differ from the role of regional health boards in the Deh Cho region or other regions. It depends, for the most part, on what the government is willing to compromise for the establishment of such a body. So the government is caught in a vacuum in which they like all these prime body concepts to be established but nothing to actually govern it.

That is a difficulty that I have with regard to what the Minister is pushing for. Regional health boards -- in fact when we do have, in the region, regional and tribal councils passed by this Legislature, which represent the main interests of the regions -- in those acts you have also been selected on the basis of per capita in which you have got to have a chief represented and, based on the amount of population you have, the numbers of voting delegates. So those are the people that represent the region. I do not know where the Minister is getting this idea that when you establish these health boards, these are the people that represent them. It is based on what? What are you basing your analysis on? Do you actually have a policy or regulation or act in place on regional health boards and what their roles are, what their responsibilities are and the way in which they are being represented from the communities? And which communities are the ones that are being represented by this particular board? I do not know those things. Since the Baffin Regional Health Board was established, it has set some precedents. But are we going on the basis of that or what are we going on the basis of?

**CHAIRMAN (Mr. Pudluk):** Madam Minister.

#### Regional Health Boards Agreed On At Time Of Transfer

**HON. NELLIE COURNOYEA:** Mr. Chairman, I would like to correct one thing. I am not pushing anything. I am not pushing the board or the concept or anything like that. This was agreed to during the transfer, which, my understanding is -- and I can get it clarified -- was supported by the Dene Nation and the aboriginal groups that were there. In the Inuvik Regional Health Board they have not only the community representatives but they also have representatives of the organization, like the Sahtu Regional Council. They have a representative of the Beaufort Delta Regional Council and they have a representative from the IRC. So even though we say these communities are involved, it does not preclude,



if there seems to be a vacuum, that these other representative regional groups cannot be involved. So we are not pushing anything; all we are trying to do is establish whether this is what people want and if at this point in time this is what the role and responsibilities are of the board. So then people can make an educated choice. So I just want to make clear that we are not pushing anything.

**CHAIRMAN (Mr. Pudluk):** Thank you. Mr. Gargan.

**MR. GARGAN:** Mr. Chairman, when you refer to these health boards, it is based on districts, right? Rather than based on regional and tribal council definitions; in other words, if you have the Fort Smith Region, the Inuvik Region, the Baffin Region, and it is based on those types of -- like for administrative purposes that you use those rather than those used by the -- am I correct?

**CHAIRMAN (Mr. Pudluk):** Madam Minister.

#### Health Boards Funded According To Administrative Areas

**HON. NELLIE COURNOYEA:** Yes, that is correct. The agreement on transfer was that the federal government in providing funding was agreeable to give certain funding to boards according to administrative areas. That is correct.

**MR. GARGAN:** ...based on regional and tribal council definitions.

**HON. NELLIE COURNOYEA:** We are able to give certain funding to boards according to administrative areas. That is correct.

**CHAIRMAN (Mr. Pudluk):** Mr. Gargan.

**MR. GARGAN:** Based on that answer, Mr. Chairman, has this government considered the implications that this might have with regard to the regions and the language groups; for example? It does create a difficulty, I believe, if you are going to have the Dogrib Tribal Council and the Deh Cho Tribal Council combined. Is it going to work? I am just questioning if it is a good move on the government's part to establish boards based on their perception of the delivery of administrative services when, in fact, I believe the most effective way of delivering and establishing programs is to do it on the way the regions are established now as defined by the Regional and Tribal Councils Act. Is that difficult, or is it just more convenient for the department to use that type of an approach?

**CHAIRMAN (Mr. Pudluk):** Thank you. Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, I will just say again, when the transfer occurred and, let us call it "regional representation" was being addressed, the dealing that went on that time was, how many administrations would the federal government consider in calculating their funding? What was looked at as the administrative zones, and there were also some ongoing negotiations saying that perhaps more should be considered given that we would probably run into problems as the honourable Member has just identified; people wish to have more cohesive language areas or tribal council areas.

That was taken into consideration, but the federal government has said that they will only consider administration funds for one board in this region. There can be some flexibility on how people work as groupings, but there will only be funding for one administration. We had thought that we had gotten some leeway as we were going on the transfer; that money would come over for an extra administration, for an extra

board. However, that was not accepted by the federal government. Therefore, in this administrative area we can only say that there is one administration support group for the region.

There are different ways of working, in taking your areas, but we will not be able to come up with money for another administrative supportive group for the area at this point in time. We might be able to say, "Well, there is an area here and here and then that administrative group will support the two areas." I guess this is why we are taking a little bit of time to do it because we do not want to come up and push something that is unacceptable and I think right now we do have issues where we end up spending a lot of money on administration and taking away from programs and we do not want to do that. But we are certainly willing to look at options on how we can support the different areas, whatever you call it, so that they can operate in a way that they feel that the decisions can be made or understanding can be adhered to.

So it is not that we are stuck in a time frame. The only limitation we have is that administratively we have money for one administrative support group for this region.

**CHAIRMAN (Mr. Pudluk):** Thank you. Mr. Gargan.

**MR. GARGAN:** Mr. Chairman, the Baffin Regional Health Board, where do they operate?

**HON. NELLIE COURNOYEA:** Mr. Chairman, Iqaluit.

**CHAIRMAN (Mr. Pudluk):** Mr. Gargan.

**MR. GARGAN:** How about the Mackenzie health board?

**CHAIRMAN (Mr. Pudluk):** Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, presently the office of the Mackenzie health board is in Yellowknife.

**CHAIRMAN (Mr. Pudluk):** Thank you. Mr. Gargan.

**MR. GARGAN:** Who is the chairman of this health board and how often do they meet? How are the representatives selected? I would certainly like to know who my representative is from Providence.

**CHAIRMAN (Mr. Pudluk):** Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairman, the Mackenzie health board is not established at this time. The administrative section, which handles the area of administration and so on, is handled by a public administrator who is Nelson McLelland. The person that handles the executive director type of responsibilities is Tom Menzies, but the board itself has not been established. It is just an administrative unit that looks after the health delivery system in the Mackenzie zone.

**CHAIRMAN (Mr. Pudluk):** Thank you. Mr. Gargan.

**MR. GARGAN:** Mr. Chairman, if you look at the Department of Health's major objective, I would say that this is misleading then to say in there that to fully introduce, through the Mackenzie health service, a Dene/Metis boarding home in Yellowknife. This is not a board; this is the Mackenzie health service. What is the difference? Perhaps "through the Mackenzie zone office" would be more appropriate rather than what it is saying here because I was under the impression that the people from the Deh Cho region and the Dogrib region are supporting a boarding home to be established in Yellowknife which, I believe, is not the case. Perhaps you

could just clarify that.

**CHAIRMAN (Mr. Pudluk):** Thank you. Madam Minister.

**HON. NELLIE COURNOYEA:** Mr. Chairperson, I think that refers to the Mackenzie health services and that refers to the area offices of the service unit. With respect to the other clarification, when the Dene/Metis boarding home was proposed, the Yellowknife B Band had to get resolutions from the tribal council, they got resolutions from the Metis Development Corporation, the Metis Association, the Metis local; also from the Denendeh Development Corporation, the Dogrib Tribal Council and the Dene Nation. So before we were willing to proceed, they had to have support from all those agencies in the absence of our having a board at that time. Thank you.

**CHAIRMAN (Mr. Pudluk):** Thank you. Mr. Crow.

**MR. CROW:** (Translation) Thank you, Mr. Chairman. I will try to make my statements brief. When they used to ship people down south for medical treatment, I have been told by my constituents that the people who passed away around the 1950s and the 1960s -- I am happy that I was able to locate exactly where they were. I found out that they were in Moose Factory or Hamilton. The people who were in the hospitals had problems, as I understand now, but we cannot really do anything right now with respect to the problems they were going through. At that time the problems could have been dealt with, especially when they were in sanatoriums.

To date, the health services that are provided are a lot better than they were back then. Even though it is better, we will always encounter problems, but we are able to raise these problems or issues that come up. It would be good if they could be solved and we can sit around and have a discussion with the Ministers on the issues since 1980 up until now. We are able to voice our concerns and this makes it easier.

This was already brought up but I just wanted to support it. It seems like the services that we are getting, as Mr. Arlooktoo mentioned, and I am giving Sanikiluaq as an example. When the dentists arrive in our community we are informed in advance and they say that if you want to see a dentist that you should contact the nursing station in the community and that makes it a lot easier. These days we have more problems with our teeth but back then our ancestors did not. So, that is what the nursing stations advise us in our communities when the dentist is coming into a community. For the physicians or the doctors, they do not inform us the same way if we want to see a doctor or a specialist that is coming. We are not informed to see what kind of physician we want to see. I have not heard about that in the communities. We were never informed if there were any specialists or doctors coming into the community.

#### **Facilities For Medical Checkup**

I know that I have travelled a lot for the last three years but when I am home the doctors -- we usually know when there are doctors in the community. Is it because they are too busy or are the nurses in the communities too busy? Is that why? Or do they predict that once the doctors come into the community that they will be too busy? I think the people who want to be seen by doctors, I think they should be well informed. In their communities the doctors, when they go to the communities, do they check their patients or do they have to go out of their community, whether it be Montreal or Winnipeg or Edmonton? Are those the only places where they have the facilities to get a checkup, for example, for cancer? I would like a response on this.

Since I have been a Member of the Legislative Assembly, my good friend passed away about 17 or 18 months ago. He was my good friend, a real hunter, and I knew him quite well since he was a regular hunter. When he was out on the land -- I do not know exactly what caused it -- but he had an accident on his ribs; he broke his ribs. When he broke his ribs they took x-rays of him, in his chest. He told me himself before he passed away. The chest x-ray machines, are they too weak to detect any cancer if there was a cancerous tumour in your body? He raised that question to me. Over a year ago in the month of June, he started feeling pain. He was sent on a medivac to Winnipeg but only once he got there he had another x-ray. That was when they detected that he had lung cancer and he was told to go back in August. They were only able to detect it when it was too late. He received radiation treatment but even less than two months later he passed away. When doctors detect cancer or if they can detect it in its first stages then they can get proper treatment. But if they detect it too late then nobody can do anything...

**CHAIRMAN (Mr. Pudluk):** (Translation) I am sorry, Charlie. I recognize the clock; it is now 6:00 o'clock. You can continue on tomorrow. (Translation ends)

I would like to thank the witnesses. I will now rise and report progress.

#### **ITEM 19: REPORT OF COMMITTEE OF THE WHOLE**

**MR. SPEAKER:** I call the House back to order. Report of committee of the whole. Mr. Pudluk.

**MR. PUDLUK:** Mr. Speaker, your committee has been considering CR 1-90(1) and Bill 9-90(1) and wishes to report progress, with one motion being adopted.

**MR. SPEAKER:** Thank you, Mr. Pudluk. The House has heard the report of the chairman of the committee of the whole. Are you agreed?

**SOME HON. MEMBERS:** Agreed.

--Agreed

Item 20, third reading of bills. Item 21, Mr. Clerk, orders of the day.

**CLERK OF THE HOUSE (Mr. Hamilton):** Announcements, Mr. Speaker. There will be a meeting of the special committee on aboriginal languages immediately after adjournment tonight. Meetings for tomorrow, February 14, at 9:00 a.m. ajauqtit; at 10:00 a.m. Management and Services Board; and also at 10:00 a.m. a meeting of the special committee on aboriginal languages.

#### **ITEM 21: ORDERS OF THE DAY**

Orders of the day for Wednesday, February 14th.

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. Replies to Budget Address
10. Petitions
11. Reports of Standing and Special Committees
12. Tabling of Documents
13. Notices of Motion
14. Notices of Motion for First Reading of Bills
15. Motions
16. First Reading of Bills: Bills 2-90(1), 3-90(1), 4-90(1), 5-90(1), 6-90(1) and 7-90(1)
17. Second Reading of Bills: Bill 1-90(1)
18. Consideration in Committee of the Whole of Bills and Other Matters: Committee Report 1-90(1) and Bill 1-90(1)
19. Report of Committee of the Whole
20. Third Reading of Bills
21. Orders of the Day

**MR. SPEAKER:** Thank you, Mr. Clerk. This House stands adjourned until Wednesday, February 14, 1990, at 1:00 p.m.

--ADJOURNMENT

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