



LEGISLATIVE ASSEMBLY OF THE NORTHWEST TERRITORIES

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

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YELLOWKNIFE, NORTHWEST TERRITORIES

TUESDAY, MARCH 12, 1991

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. Whitford, Hon. Gordon Wray, Mr. Zoe

ITEM 1: PRAYER

---Prayer

Speaker's Ruling

SPEAKER (Mr. Richard Nerysoo): Prior to proceeding with the orders of the day, I wish to address the matter of a point of order that was raised by the honourable Member for Kitikmeot West on March 11, 1991.

The honourable Member, Mr. Pedersen, raised his point of order as an infraction of Rule 55(3). This rule deals with disposition of oral questions by a Minister. The rule states that after an oral question has been asked, "The Minister may: (a) forthwith answer the question;(b) state that he takes the question as notice and answer it orally on a subsequent day under the item 'Returns to Oral Questions'."

The incident before the Chair arose when on a question by the honourable Member for Aivilik, Mr. Ernerk, to the Government Leader. Mr. Ernerk requested an apology from the Government Leader for remarks he was attributed to saying on March 7, 1991, concerning the Leo Ussak School. The Government Leader responded by indicating for reasons, he therefore would not respond to the question.

I rule that a strict interpretation of the rules does not permit a Minister, and in this case the Government Leader, to refuse to answer a question as there are only two options available under Rule 55(3). I rule that Mr. Pedersen does have a point of order and the Chair will ensure that this particular rule, and all rules, are observed in this House.

In my preparation for this ruling, I noted that the Government Leader did raise a point of order yesterday, March 11, 1991, concerning Members quoting from the transcripts which are the unedited records of the Assembly proceedings. This point of order, although not on the same point as raised by Mr. Pedersen, relates to the same subject matter, that of the Leo Ussak School. I did indicate at that time that it was not usual parliamentary practice to quote from unedited Hansard for the purpose of raising questions or matters in this House. I have reviewed this matter and found that the comment Mr. Ernerk was questioning the Government Leader on was, in fact, an interjection attributed to the Government Leader which followed an interjection attributed to Mr. Ernerk. These interjections followed the Minister of Public Works' Ministers' statement also dealing with the question of the Leo Ussak School.

I must add, "Oh what a tangled web we are weaving with this particular issue," and I might maybe quote one that better reflects the situation surrounding this matter, and it was a quote by Daniel Boone, and maybe this reflects the matter under issue, "I can't say I was ever lost, but I was bewildered once for three days."

---Laughter

This matter has raised a number of concerns in the Chair's mind. My main concerns are the use of interjections in our

Hansard and the uses permitted of the unedited transcripts.

I would beg the House's indulgence to permit the Chair the opportunity to review the matter further as this could have an effect on the procedures and practices of this Assembly. I do not wish to provide a ruling that completely constricts or restricts the ability of any Member to carry out his or her responsibility as a Member of this House. However, I continue to urge Members to utilize the rules, as approved by this House, so that all Members can be assured that their rights and privileges are protected. I will consider the matter carefully and I will inform the House of my opinion in due course.

HON. DENNIS PATTERSON: Point of privilege.

MR. SPEAKER: Point of privilege. The honourable Member for Iqaluit.

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. Mr. Speaker, I rise on a point of privilege. I do wish to apologize to anyone who may have been offended by my offhand remark the other day that reported sicknesses at the Leo Ussak School in Rankin Inlet were all in the minds of its students. Mr. Speaker, it was not my intention to downplay the situation or ridicule the students. I regret that my comment and the unedited version of Hansard reflects that message. Mammiamaq. (Translation) I am sorry.

Mr. Speaker, our government has gone to great lengths in attempting to ensure the best possible air quality in the new multi-million dollar school and will continue to do so until the problem is resolved. Thank you.

MR. SPEAKER: I am not quite sure that is a point of privilege but I will certainly review it. Your comments are probably accepted.

MR. ERNERK: Point of privilege.

MR. SPEAKER: Honourable Member for Aivilik.

MR. ERNERK: Thank you, Mr. Speaker. I would just like to indicate to the Government Leader and to this House that the Government Leader's comments are appreciated. Thank you very much.

---Applause

MR. SPEAKER: Thank you. I doubt very much if that is a point of privilege, but again it is accepted. Item 2, Ministers' statements. The honourable Member for Nunakput.

ITEM 2: MINISTERS' STATEMENTS

Ministers' Statement 33-91(1): Medical Travel Policy

HON. NELLIE COURNOYEA: Mr. Speaker, the Government of the Northwest Territories has a medical travel policy to assist residents who do not have medical travel benefits under an employer or other similar plan. The policy is based upon the principle of providing access to insured health services

and recognizes that the cost of medical transportation can be an economic barrier to accessing necessary and appropriate services.

Mr. Speaker, this government is committed to achieving a fair and consistent application of the medical travel benefits. There is evidence that current practice, in relation to medical travel, does not always comply with the policy. This results in the expenditure of funds which could be better used for the improvement of health services in the Northwest Territories.

I recently wrote to the president of the Northwest Territories Medical Association to seek the collaboration of physicians in the appropriate use of medical travel. Copies of the letter have been sent to all medical practitioners in the NWT.

Specifically, the medical travel policy indicates that medical travel is for eligible residents only. Medical travel is only for insured hospital and physician services under the NWT Health Care Plan. This excludes travel to receive services from chiropractors, osteopaths, massage therapists, plastic surgeons for cosmetic reasons, private psychologists, dentists -- for most dental services, private physiotherapists and non-hospital-based counsellors. It also excludes travel which is related to services required by third parties such as employers, insurers and regulatory bodies, as well as to services which are experimental in nature. Medical travel is only approved to the nearest centre where the necessary and appropriate services are available. Medical travel will only include non-medical escorts when the specific criteria in the policy are met. If a family member is required to accompany a patient for compassionate rather than medical reasons, the Department of Social Services should be contacted for assistance. Medical travel beyond the nearest southern point requires prior approval by the Department of Health.

Mr. Speaker, medical practitioners will still be entitled to refer patients to any location for any service. However, the GNWT is not committed to provide medical travel benefits unless the provisions of the travel policy are met. Physicians have been requested to explain to their patients that although a doctor can refer a patient to any point, GNWT travel benefits will be limited to eligible patients, for insured services, at the nearest centre where appropriate services are available. Frequently, this will be the home community or a regional centre in the NWT rather than a southern centre. Of course, patients may choose to travel elsewhere, but the extra costs will be at their own expense.

The Department of Health will soon begin an information campaign which will convey to the public both the benefits and the limitations of the travel policy. Thank you.

MR. SPEAKER: Ministers' statements. The honourable Member for Inuvik.

Ministers' Statement 34-91(1): Al Delmage Inducted Into Canadian Curling Hall Of Fame

HON. TOM BUTTERS: Mr. Speaker, today I am proud to advise Members of the Legislative Assembly that a prestigious honour has been bestowed on a resident of the Northwest Territories and an employee of the Department of Municipal and Community Affairs, sport and recreation division.

On March 6, 1991, the Curling Association of Canada announced that Mr. Al Delmage of Yellowknife, manager of sport programs with our government, had been inducted into the Canadian Curling Hall of Fame for his long service to the sport of curling and his achievements as an athlete, coach and administrator. The induction ceremonies will occur in Montreal this June.

Mr. Speaker, Al Delmage has lived in the Northwest Territories since 1966. From the time he moved north until today, he has represented the NWT as the NWT/Yukon representative at the Labatt Brier Canadian Men's Championship five times, the Canadian Mixed Championships three times, and the National Elks Championship five times. During those competitions he was runner up in the National Mixed Championship in 1972 and National Elks champion in 1989. This year, Al will represent us at the National Seniors Championships.

Al Delmage's competitive achievements are only part of the story, Mr. Speaker. For the past 25 years, Mr. Delmage has worked on national technical and coaching committees, been a member of local and territorial curling executives, worked with others to see the formation of the Sport North Federation and served as the federation's president for two years, coached many junior teams and conducted countless curling clinics throughout the NWT. He continues to be a strong supporter of good coaching and plays a central role in the development of curling and other sports across the NWT.

Mr. Speaker, I know the Members of the Legislative Assembly join me in congratulating Mr. Delmage for this most deserved national recognition from the Curling Association of Canada. Al Delmage not only serves as an example of athletic excellence which many of our young people can strive toward, but he serves as an example to all of us for his unselfish volunteer commitments to recreation opportunities in the NWT that have offered many an improved quality and meaning of life. Thank you, Mr. Speaker.

AN HON. MEMBER: Hear, hear!

Applause

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

Ministers' Statement 35-91(1): Arktos Testing At Fort Providence

HON. GORDON WRAY: Thank you, Mr. Speaker. As my colleagues are well aware, conventional sealift operations are often hampered in NWT coastal communities by the persistence of severe ice conditions and large tidal fluctuations. The Department of Transportation is investigating the use of an Arktos amphibious all-terrain vehicle as a possible solution to these sealift problems.

An evaluation of the Canadian Coast Guard-owned Arktos vehicle is scheduled for next Saturday, March 16, at the Dory Point crossing near Fort Providence. This location was chosen to take advantage of variable ice and open water conditions and to provide an opportunity for interested Members of the Assembly to observe the performance of the vehicle.

The Arktos vehicle, combined with a wheeled barge to increase its cargo-carrying capacity, may prove more cost-effective than the construction of permanent docking facilities for sealift at some communities. In addition, the vehicle is designed to be maintained by mechanics with standard training and experience. This may open up some interesting employment opportunities for Northerners.

I would like to extend an invitation to all interested Members to come and watch this vehicle as it goes through its paces. The Department of Transportation will supply transportation to Fort Providence early Saturday morning, March 16. The demonstration is anticipated to last three hours and we will return later the same day. The Members, hopefully, will have received my formal invitation by letter, dated March 8, 1991. If there are any Members still to give the Clerk back the

letters, I would urge them to do so as soon as possible. Thank you.

MR. SPEAKER: Thank you. Ministers' statements. Item 3, Members' statements. The honourable Member for Tu Nede.

ITEM 3: MEMBERS' STATEMENTS

Member's Statement On Coalition Against ALPAC

MR. MORIN: Thank you, Mr. Speaker. I would like to commend the organizations that have formed a coalition against ALPAC announced last week. While I am pleased to see leadership developing around this critical issue, I am very disappointed in the lack of such leadership from this government. The NWT has water flowing in from seven other jurisdictions to the south and west of us; seven jurisdictions who will feel free to disregard downstream impacts of major projects because we have rolled over with little more than a whimper on this project.

Mr. Speaker, we are setting a very dangerous precedent here. The message that this government is sending out through its lack of forceful and clear action is one that we will pay dearly for in the years to come. We are sending out the wrong message to those who have interest in damming the Slave and Liard Rivers, those who want to expand their uranium developments in the northern regions of their provinces, and to those who want to divert our water back south for drinking and irrigational purposes.

Mr. Speaker, our Government Leader in an effort to reassure us, has said that he has entered into discussion with the Alberta government in an attempt to get agreement in a limited pulp mill effluence at this stage, and just depend fully on the good will of the Alberta government.

Mr. Speaker, I for one have not been impressed with the concern demonstrated by the province or other jurisdictions. In fact, their disregard has been blatant. The fact that they have refused to allow the federal government to exercise their responsibility to carry out a full environmental review is clear evidence of this regard. The fact that they have limited a second review, when they did not like what they heard the first time, to engineering questions only, provides us with even further evidence. I hope that the fact that northern people have chosen not to give up the battle, are organizing together to carry on, will inspire this government to consider joining forces with their own constituents to resume this important challenge. I hope that this government and Members of this Assembly will join the coalition against ALPAC, along with me and along with the list of committed Members outlining the coalition's announcement. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you. Members' statements. The honourable Member for Kitikmeot West.

Member's Statement On Poor Service Of Air Canada To The North

MR. PEDERSEN: Thank you, Mr. Speaker. A couple of years ago, Mr. Speaker, Air Canada took over ownership and operation of NWT Air. This was part of the then obsession of large air carriers to take over smaller feeder airlines which follow deregulation of air traffic in Canada.

Since that time, Mr. Speaker, Air Canada has shown a total disregard for the public that they serve and an equal disregard for any commitment to the North which was a complete reversal, sir, of the northern commitment of the previous ownership. They have sold off aircraft which had served the North well and are today a mere shadow of the former operation. In fact, Mr. Speaker, Air Canada-owned

NWT Air is today reduced to a two-aircraft airline.

Mr. Speaker, they have discontinued service to Coppermine and Holman, without consulting or advising the public. The Coppermine-Holman run was the first scheduled route for NWT Air almost one quarter of a century ago. It was instrumental in the development of NWT Air into a successful schedule carrier. The traffic flow, Mr. Speaker, has shown a steady growth and is now in the million pounds per year range.

Mr. Speaker, Coppermine and Holman, as well as the Kitikmeot Region in general, have supported NWT Air solidly, both at air transport committee hearings and publicly for that quarter of a century. I am therefore, Mr. Speaker, very disappointed and I am very angry at Air Canada for the way they have destroyed a viable northern air carrier; the carrier which used to have a commitment to serve the people of the North and the commitment to employ the people of the North.

I do not think that I, or my constituents or the people of the North generally, should quietly sit back and meekly accept this kind of shabby treatment by a southern so-called national carrier. I, Mr. Speaker, will not accept this. It is my intention not to fly Air Canada or subsidiaries of Air Canada again when I have that choice, and it is further my intention to recommend the same action to my constituents. It is my hope that our government too, henceforth, will stop supporting Air Canada and instead channel our support to airlines which support the North. Thank you.

---Applause

MR. SPEAKER: Thank you. Members' statements. The honourable Member for Deh Cho.

Member's Statement On International Women's Day

MR. GARGAN: Thank you, Mr. Speaker. International Women's Day concluded on Saturday. In honour of that I would like to give special recognition to my mother and the mothers of other aboriginal Members in the House, and all aboriginal mothers of the North. Although Women's Day is concluded, Mr. Speaker, in my opinion women's day is every day.

Those women were brought up before the many changes and improvements in government and social programs took place. The aboriginal people of the North were a nomadic people who moved with the seasons and the animals.

My mother is 65 years of age this year and was raised in a very harsh and merciless environment. During her days, we depended on her skills for our very survival.

There are 16 children in my family, not including two boys who died as a result of illness and accident. My twin sister and I were born in a tent on the trail during my family's travels to Fort Providence for spring supplies from Redknife River.

I still recall many evenings when after a full day of travel and breaking trail, my mother would nurse her aches and pains, but that was only after the tent was set up, spruce boughs were cut and organized, the fire was made, my brothers and sisters comforted and the dogs fed.

Midwifery was a very important role for women then. Women were responsible not only for the welfare of their children, but for hunting, fishing and gathering wood and water for their homes while the men were out on the trapline. In those days my father would leave for the trapline in the fall and would only return in the spring, three or four months later. In those days the women were the teachers, the midwives, the doctors, et cetera.

Women today have reached higher academic and professional levels based on their skill and education in their own fields. But women brought up during the 1930s, 1940s and 1950s had to be professional in all aspects of family life. The comparison between women today and yesterday certainly differs. I congratulate those women of yesterday for their vast, tremendous courage and endurance in bringing us up. They did not have the help of the health, education and welfare systems, nor housing that we enjoy today.

I want to thank my mother and those other very special mothers for their courage and endurance. Mr. Speaker, these were one class of women who will never be seen again perhaps in my lifetime, I hope; meaning I hope women of today do not go through the hardships that women endured in the past. Every issue brought up in this House for senior citizens is with the thought of those individuals in mind. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you. Members' statements. The honourable Member for Baffin Central.

Member's Statement On Suicide In Broughton Island

MR. KILABUK: (Translation) Thank you, Mr. Speaker. In our communities we are hearing different things that are happening. In Broughton Island a person died, a young man committed suicide and the mother and father are going through a very difficult time, as they have lost a child before through the same thing. At this time, I ask the Members, for the parents, for the mother and the father, that we pray for them to get through this hard time that they are going through, especially at this time when they just lost their child. Thank you, Mr. Speaker.

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

Member's Statement On Working Environment At Rankin Inlet School

MR. ERNERK: Thank you, Mr. Speaker. As we heard yesterday in the letter from the Northwest Territories Teachers' Association, the students and teachers of Leo Ussak School in Rankin Inlet are still experiencing a continuing problem with fumes and poor air quality. Mr. Speaker, the teachers at Leo Ussak School are dedicated professionals trying to do the best job possible to educate our children. This problem however, is resulting in a very poor environment for teaching and learning. As a Member of the Legislative Assembly and a resident of Rankin Inlet, I will do everything I can to assure that we do not deny our children their right to education. They are, after all, our future. We must all show leadership in providing them with high quality education. Mr. Speaker, I thank the principal and teachers of Leo Ussak School for showing great leadership in these difficult times. Mr. Speaker, we must do everything we can to enable them to do their important jobs in the best conditions possible. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you. Members' statements. The honourable Member for Yellowknife South.

Member's Statement On Passing Of Jack Tees

MR. WHITFORD: Thank you, Mr. Speaker. Mr. Speaker, it is with sadness that I report to this House the passing of a very prominent senior citizen of Yellowknife. Jack Tees passed away last evening at age 71.

Jack was born in Bruce Mines, Ontario, in 1920 and after his school years, as a young man, he joined the Royal Canadian Air Force prior to the Second World War. He served as a

captain of the 419 Moose Squadron, flying Lancaster bombers on numerous missions during World War II. He earned the Distinguished Flying Cross for leadership and bravery. With two of the four engines knocked out by ground fire, he and his crew continued on their mission delivering their load of bombs to their target, and he then brought his crew safely home.

In 1946 he came to Yellowknife where he worked for a number of years. He met and married his wife, Thelma, in 1949 and they raised nine children. Jack worked for corrections from 1957 until he retired in the early 1980s. He served as a past president of the Royal Canadian Legion, Branch 164, here in Yellowknife. Although he was retired, Mr. Speaker, Jack continued to be extremely active in the community, particularly with seniors' concerns. He was very, very active up until his illness that took him.

I would like to pass on condolences to his family and relatives from all of my constituents. Thank you, Mr. Speaker.

--Applause

MR. SPEAKER: Thank you. Members' statements. The honourable Member for Yellowknife Centre.

Member's Statement On Luncheon For NWT Council For Disabled Persons

MR. LEWIS: Thank you, Mr. Speaker. As Members are aware, the Northwest Territories Council for Disabled Persons has invited Members to a luncheon on Sunday, at 12:30 p.m., in the Annex room here.

I should tell Members that next week is also National Access Awareness Week. The purpose of this week is to really show, Mr. Speaker, that people with handicaps, people who are disabled, have a right to participate in our society. This luncheon is a kickoff of that week where we can learn a little about the work of the council, and would only be a matter of spending about an hour with the people who are involved in this kind of work.

Members will be asked today if they could be available. I know that it is a very, very busy time for everybody and everybody has different kinds of commitments. If it were possible for Members to spend that one hour on Sunday it would be greatly appreciated by those people that work on behalf of disabled people throughout the Northwest Territories. Thank you.

MR. SPEAKER: Thank you. Members' statements. Item 4, returns to oral questions. The honourable Member for Amittuq.

ITEM 4: RETURNS TO ORAL QUESTIONS

Further Return To Question O108-91(1): Date Of Last Survey On Bowhead Whales

HON. TITUS ALLOOLOO: Thank you, Mr. Speaker. I have a return to an oral question asked by Mr. Kilabuk on February 22, 1991, regarding surveys on bowhead whales. In response to Mr. Kilabuk's question, my staff contacted the federal Department of Fisheries and Oceans, which has the responsibility to manage bowhead whales. The most recent aerial surveys were conducted in 1986 and 1987 in Iqalirtuuq area on Baffin Island. This is the area of highest concentration of bowhead whales in the Eastern Arctic. There are no more recent estimates of the number of bowhead whales occurring in other parts of the Eastern Arctic.

Return To Question O183-91(1): Study On Peary's Caribou

If I may, Mr. Speaker, I have another return. I have a return to a question asked by Mr. Pudluk on February 28, 1991, regarding a study on Peary's caribou. A survey of Peary's caribou was conducted on the southern third of Ellesmere Island in July 1989. This survey estimated that there were only 90 caribou on this portion of the island. As a result of this survey, discussions have been undertaken with the community of Grise Fiord to stop hunting Peary's caribou in that particular area until the population can recover. Increases to musk-ox quotas in the area are being considered to provide alternate sources of food.

Bathurst Island was last surveyed in 1985. However, the Canadian Wildlife Service has been monitoring the rate of recruitment annually since 1985. The populations on Bathurst and Melville Islands are increasing slowly. Recently a quota of five musk-ox was established on Bathurst Island to provide additional hunting opportunities for Resolute Bay while the Peary's caribou populations recover. No other research on the Peary's caribou in the High Arctic is planned for the near future. Thank you.

MR. SPEAKER: Thank you. Returns to oral questions. The honourable Member for Inuvik.

Return To Question O242-91(1): Utilidor System, Nuvuk Point

HON. TOM BUTTERS: Mr. Speaker, I have a return to a question asked by Mr. Ernerk on March 6, 1991, related to the extension of Rankin Inlet utilidor to the new subdivision. As the Member indicated in his question, the hamlet council of Rankin Inlet, during our recent meeting, expressed a strong desire for the new subdivision to be provided with piped water and sewer services to ensure a consistent standard of service with the rest of the community.

The Department of Municipal and Community Affairs has committed to the hamlet of Rankin Inlet support for an extension of the utilidor system to the new subdivision. The cost is estimated to be approximately equal to that of trucked services over a 20 year period. However, the hamlet has been cautioned in planning meetings held with my officials that given the current fiscal restraints of our government, the provision of piped services to the subdivision would have to be phased in over an extended period of time. As well, the cost of construction of homes in the subdivision will be much higher due to the cost of the provision of piped services. Officials in my department have already prepared a capital proposal in consultation and conjunction with the hamlet. This project proposal will be reviewed by me as part of the ongoing five-year capital planning process.

Further Return To Question O221-91(1): High Price Of Gas, Fort Resolution

I have a second return, Mr. Speaker, to a question asked by Mr. Morin on March 4, 1991, relative to the high price of gas in Fort Resolution. The petroleum products service in Fort Resolution is being provided by the commercial private sector, Hunter Brothers Store Ltd. The high price is due to a large overhead cost associated with providing this low volume sales service. The community is on an all-weather road and therefore is also subject to the price increases related to the Middle East situation, similar to other communities situated on the NWT highway system.

The GNWT does not have a subsidy program for high gas prices in the market communities. However, as indicated to the Legislative Assembly by my honourable colleague, Mr.

Michael Ballantyne, on February 15, 1991, this government is concerned over the situation in this particular area. Our government has given the Hon. Nellie Cournoyea, Minister of Energy, Mines and Petroleum Resources, and the Hon. Jeannie Marie-Jewell, Minister responsible for consumer affairs, the responsibility for monitoring the situation and demanding from suppliers in the North, and if necessary in the South, a written explanation of why prices are what they are. As the Hon. Jeannie Marie-Jewell stated in this House, the federal Minister of Consumer and Corporate Affairs has been asked to conduct an inquiry into the state of competition in retail gasoline and heating oil pricing in Yellowknife and other affected communities.

I am pleased to advise the honourable Member that the Hunter Brothers Store has indicated that they have recently ordered a truckload of gasoline from Hay River. When this gasoline is received in Fort Resolution, the price will drop to approximately 86 cents per litre.

MR. SPEAKER: Thank you. Returns to oral questions. The honourable Member for Yellowknife North.

Return To Question O35-91(1): Missing Transcript In Department Of Justice

HON. MICHAEL BALLANTYNE: Thank you, Mr. Speaker. This is a return to an oral question asked by Mr. Gargan on February 15, 1991. This is with regard to a matter in which criminal proceedings were stayed on the ground of an unreasonable delay of the trial. Mr. Gargan asked whether or not further action would be taken against the accused person. I think it is prudent to mention that a publication ban is in effect with regard to this matter, prohibiting the disclosure in any document or broadcast that could reveal the identity of the complainant. The decision as to whether or not further action will be taken is for the federal Crown's office to make. The course of action could be to appeal, but I understand that no decision has yet been made by them. Thank you.

MR. SPEAKER: Thank you. Returns to oral questions. The honourable Member for Slave River.

Further Return To Question O178-91(1): Request For Day-Care Centre, Chesterfield Inlet

HON. JEANNIE MARIE-JEWELL: Thank you, Mr. Speaker. I have a return to an oral question asked by Mr. Ernerk on February 27, 1991, in respect to request for a day-care centre for Chesterfield Inlet.

An application to license a child day-care home facility has been received by the department from a resident of Chesterfield Inlet. Departmental staff have been in regular telephone contact with the applicant in order to facilitate the processing of the application. The licensing officer is scheduled to travel into Chesterfield Inlet this week, the week of March 11 to 15. The licensing officer attempted to visit Chesterfield Inlet in December of 1990 but apparently was weathered out and spent five days in Rankin Inlet. The applicant may be entitled to receive a start-up grant of \$1200 per eligible child day-care space, and an operation and maintenance contribution of eight dollars per child day-care space per day. Thank you.

MR. SPEAKER: Thank you. Returns to oral questions. Item 5, oral questions. Oral questions. The honourable Member for Yellowknife Centre.

ITEM 5: ORAL QUESTIONS**Question O310-91(1): Constituency Boundaries For Territorial Elections**

MR. LEWIS: Thank you, Mr. Speaker. I would like to ask the Minister of Justice, has the government responded to a challenge made by a group of northern businessmen on the constituency boundaries for territorial elections?

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

HON. MICHAEL BALLANTYNE: Thank you, Mr. Speaker. I will take the question as notice and I will be making a statement in the House within the next couple of days.

MR. SPEAKER: Thank you. The honourable Member is taking the question as notice. Oral questions. The honourable Member for Baffin South.

Question O311-91(1): Funding For Baffin Regional Games Committee

MR. ARLOOKTOO: (Translation) Thank you, Mr. Speaker. My question is directed to the Minister of MACA. It was written in Cape Dorset back in January in regard to the recreation association which was established in Pond Inlet during the meeting on November 23, 1990, and it is called, in English, Baffin regional games committee. They were given that name and they were to meet March 16, 17, and 18, 1991, which is in a few days. They had requested funding of \$12,000 to start the meeting. My question is, will this funding go through? The person, Paniloo Sangoya, wrote me a letter and inquired about this request. Thank you.

MR. SPEAKER: Thank you. the honourable Member for Inuvik.

Return To Question O311-91(1): Funding For Baffin Regional Games Committee

HON. TOM BUTTERS: Thank you, Mr. Speaker. I did receive a letter from the organization some six or seven weeks ago requesting funding for the convention of representatives in the Baffin Region later this month. I have responded to the request, pointing out that we would like to provide assistance, but it was the end of the fiscal year and we had no money available and would not be able to assist financially until, I think, the new fiscal year. I was hoping there may be some way in which the get together could have been postponed.

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

Question O312-91(1): Responsibility For Wildlife Guardians

MR. NINGARK: (Translation) Thank you, Mr. Speaker. My question is directed to the Minister of Renewable Resources. In the communities they are called wildlife guardians. In the communities where they do not have wildlife officers, who is responsible for those? Is it the hunters and trappers association, or the wildlife officers? Thank you.

MR. SPEAKER: Thank you. The honourable Member for Amittuq.

Return To Question O312-91(1): Responsibility For Wildlife Guardians

HON. TITUS ALLOOLOO: (Translation) Thank you, Mr. Speaker. The wildlife guardians, are placed where they do

not have Renewable Resources officers. They are selected by the hunters and trappers association and are appointed by the regional superintendent of the region.

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

Supplementary To Question O312-91(1): Responsibility For Wildlife Guardians

MR. NINGARK: (Translation) Thank you, Mr. Speaker. Supplementary. Since they are selected every year in the communities, are they reviewed? Are they monitored carefully to make sure that they are doing a good job? Thank you.

MR. SPEAKER: Thank you. The honourable Member for Amittuq.

Further Return To Question O312-91(1): Responsibility For Wildlife Guardians

HON. TITUS ALLOOLOO: (Translation) Thank you, Mr. Speaker. Since the wildlife guardians are appointed by the superintendent on the advice of the local HTA, they can be removed if the community is not satisfied with a person. It is basically up to the local HTAs to advise who should be in that position. Thank you.

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

Question O313-91(1): Procedures For Changing Names Of Inuit Communities

MR. ERNERK: Thank you, Mr. Speaker. I would like to direct this question to the Minister of Culture and Communications. Mr. Speaker, what is the procedure to change the names of Inuit communities to their original Inuit names, for example, Chesterfield Inlet to Iluligaarjuk?

MR. SPEAKER: Thank you. The honourable Member for Amittuq.

Return To Question O313-91(1): Procedures For Changing Names Of Inuit Communities

HON. TITUS ALLOOLOO: Thank you, Mr. Speaker. In order to change a place name, especially a community name, the community has to have a referendum, a plebiscite, to change the community's name through the community council or hamlet council. Then that recommendation is taken to a committee that looks into place names throughout the Northwest Territories. Then it goes to me as a Minister and I take it to Executive Council for the change. Thank you.

MR. SPEAKER: Thank you. Oral questions. The honourable Member for Aivilik, supplementary.

Supplementary To Question O313-91(1): Procedures For Changing Names Of Inuit Communities

MR. ERNERK: Thank you, Mr. Speaker. Supplementary. What is the financial obligation of the respective communities?

MR. SPEAKER: Thank you. The honourable Member for Amittuq.

Further Return To Question O313-91(1): Procedures For Changing Names Of Inuit Communities

HON. TITUS ALLOOLOO: Thank you, Mr. Speaker. There is no financial obligation by the community except to pay for

the plebiscite to change the place name and to pay for material which could be used to inform the public, the papers. There is no obligation required by the government to be put forward by the community. Thank you.

MR. SPEAKER: Thank you. Oral questions. The honourable Member for Baffin Central.

Question O314-91(1): Large Number Of Bowhead Whales Around Broughton Island

MR. KILABUK: (Translation) Thank you, Mr. Speaker. This question is directed to the Minister of Renewable Resources with regard to his response to my question regarding bowhead whales. In the Baffin and Keewatin Regions I think there are a number of bowhead whales. The people in Broughton Island reported to me that there are so many bowhead whales that it is even dangerous to go boating in the summertime.

I wonder if you could meet with the Department of Fisheries and Oceans to see if they could do a survey to find out how many bowhead whales we have in the North. Perhaps your department could communicate with the Department of Fisheries and Oceans regarding this. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you. The honourable Member for Amittuq.

Return To Question O314-91(1): Large Number Of Bowhead Whales Around Broughton Island

HON. TITUS ALLOOLOO: (Translation) Thank you, Mr. Speaker. I will communicate with the Members concerned and with the Department of Fisheries and Oceans, and I will keep the Member informed as new development occurs. The reports that we are getting from the communities are that the bowhead whale population seems to be on the rise. I will request that there be a survey done by the Department of Fisheries and Oceans. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you. Oral questions. The honourable Member for Kitikmeot West.

Question O315-91(1): DPW Tender Call For Residential Units, Iqaluit

MR. PEDERSEN: Thank you, Mr. Speaker. Mr. Speaker, yesterday in the News North there was a tender call for the Department of Public Works. My question to the Minister of Public Works is with regard to project 90-4271, to lease existing or to build/lease 49 residential units, various sizes, Iqaluit, NWT. Mr. Speaker, I do not recall anything about these units either in the SCOF review or when we went through the Minister's budget. Could the Minister tell me what these 49 housing units in Iqaluit are for?

MR. SPEAKER: Thank you. The honourable Member for Nunakput.

HON. NELLIE COURNOYEA: Mr. Speaker, I will take that under notice as there is a combination of leases requests. Some have expired and some are for the correctional program, so I will have to provide, in more detail, exactly what they are.

MR. SPEAKER: Thank you. The honourable Member is taking the question as notice. Oral questions. The honourable Member for Baffin South.

Question O316-91(1): Money Spent Before Environmental Review Process, James Bay II Project

MR. ARLOOKTOO: (Translation) Thank you, Mr. Speaker. This question is directed to the Government Leader. First of all, I want to mention that I am from Baffin, but my comments will be about Sanikiluaq. I am just trying to assist the community.

Yesterday when I asked what the position of the government was with regard to the James Bay II project, the Government Leader said that he was waiting for the federal government to reveal the process before he made up his mind whether he would oppose or support the project.

My question is, Mr. Speaker, is he aware that millions of dollars will be used to build large permanent work camps, airports, and the many roads that will be reviewed by this federal environmental review process? Thank you.

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

Return To Question O316-91(1): Money Spent Before Environmental Review Process, James Bay II Project

HON. DENNIS PATTERSON: Mr. Speaker, I am aware that the Government of Quebec is planning two phases for this project, one of which is, as the Member says, the road and related infrastructure for the project. The second phase would be the actual project itself. I am aware that they are taking a two-stage approach. Thank you.

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

Supplementary To Question O316-91(1): Money Spent Before Environmental Review Process, James Bay II Project

MR. ARLOOKTOO: (Translation) Thank you, Mr. Speaker. Is the Government Leader worried that this preliminary work may be used by Hydro-Quebec in saying that it is too late to halt the James Bay II project due to the large amount of money spent, no matter the outcome of the federal environmental review process? Thank you.

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

Further Return To Question O316-91(1): Money Spent Before Environmental Review Process, James Bay II Project

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. The Minister of Renewable Resources tells me that actually I was incorrect and that Hydro-Quebec is planning, really, a three-phase process and not a two-phase process, as I suggested.

Mr. Speaker, the Minister of Renewable Resources is well aware of the project and I wish to inform the honourable Member that when there is a public process in place, when it is started, our government will become involved and will be making submissions just as we did in the ALPAC process. We are well aware of the strategy of the developers to advance the construction so that there will be no turning back. We are aware of that, Mr. Speaker, and we will be addressing those points vigorously, along with the concerns of the community, when we make a submission on environmental grounds and other grounds to the hearing, if and when the public process begins. Thank you.

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

Member for Yellowknife Centre.

Question O317-91(1): Impact On NWT Economy Of Proposed Changes To Licence Fees

MR. LEWIS: Thank you, Mr. Speaker. Following the tabling of a document on the proposed 1991-92 licence fee changes, I would like to ask the Minister of Finance, in light of his very responsible budget which showed no tax increases and showed a cap on government spending, would he use his good efforts to bring back to the Financial Management Board the potential impact of such changes in licence fees on the economy of the Northwest Territories? I know that this is not in concrete yet, but I would like to ask him if he could reconsider this issue, please.

MR. SPEAKER: The honourable Member for Yellowknife North.

Return To Question O317-91(1): Impact On NWT Economy Of Proposed Changes To Licence Fees

HON. MICHAEL BALLANTYNE: Thank you very much, Mr. Speaker. The regulations have not yet been put into place to bring these fee increases into effect. A concern has been expressed here in the Legislative Assembly about the impact of these increases, as have concerns about other aspects of our budget. The Financial Management Board will be reviewing the concerns of MLAs with the budget; we will be seeing what concerns we can deal with and we will be trying to identify other sources of revenue. Yes, it is a concern and definitely we will have a look at it.

MR. SPEAKER: Thank you. Oral questions. The honourable Member for Pine Point.

Question O318-91(1): Accuracy Of Canada Census

MR. McLAUGHLIN: Thank you, Mr. Speaker. I have a question for the Government Leader because I believe the statistics section of the government answers to his department in the Executive. As Members are aware, every 10 years there is a Canada census which takes place which enumerates everybody in the country. It is very important to our government that this be accurate and that no people be missed during the survey because a lot of federal and territorial funding programs depend on the population of communities, and we have one of the higher birth rates in the country.

I would like to ask the Government Leader, because there have been some terrible inaccuracies in the past in some communities due to the Canada census people not having enough resources to do the job, will he be looking into this with his officials in Ministries such as Municipal Affairs and the Executive which have field officers, which are in the communities, to ensure that the local people hired have adequate resources to make sure that everybody in the Northwest Territories is counted in the census?

MR. SPEAKER: The honourable Member for Iqaluit.

Return To Question O318-91(1): Accuracy Of Canada Census

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. Mr. Speaker, I am responsible for the Statistics Bureau and I can assure the honourable Member that we are aware of the interest that we have as a government in getting the best possible results from Census Canada. It does affect issues like the formula financing agreement we have with Canada and, frankly, it is in our interest to make sure that every living person is counted. Mr. Speaker, the short answer to the

Member's question is, yes, we have worked with Census Canada toward getting a better result this year and we will offer the assistance of our government to make sure that we get the best possible result for this coming census. Thank you.

MR. SPEAKER: Thank you. The honourable Member for Pine Point, supplementary.

Supplementary To Question O318-91(1): Accuracy Of Canada Census

MR. McLAUGHLIN: Thank you, Mr. Speaker. On the same topic, one of the concerns is that the census, I believe, is held on June 1st each year and in the Eastern Arctic and in other communities people are out on the land, and school is even finished by that date, and I believe in the past some accommodation has been made by Census Canada in this area. I would like to ask the Government Leader if he will make sure that something is done to accommodate that fact and that, if possible, the census could take place earlier in those communities.

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

Further Return To Question O318-91(1): Accuracy Of Canada Census

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. I am not aware of that particular concern, Mr. Speaker, but I will follow it up and see if there is a way in which we can overcome that obvious problem. As I said, I think our Bureau of Statistics is working closely with Stats Canada to ensure that realities of northern communities are taken into account in the census. We will therefore follow up on the Member's concern and see if there are ways in which we can get the best count, even at a time of year when many people are out on the land. Thank you.

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

Question O319-91(1): Proposed Establishment Of Arctic Council

MR. ERNERK: Thank you, Mr. Speaker. I want to direct my question to the Government Leader. On November 27 and 28, 1990, I attended a meeting in Ottawa. The name of the meeting was "The Changing Soviet Union, Implications for Canada and the World". At that meeting, Mr. Speaker, the Secretary of State for External Affairs, the Hon. Joe Clark, made mention of the establishment of an Arctic council or Arctic assembly. This organization would deal with major issues and concerns in the Arctic, and about eight circumpolar countries would be involved. By the way, the Government of the Northwest Territories and the Government of the Yukon Territory would be involved in this, to deal with issues such as aboriginal people, transportation issues, environmental issues, et cetera. My question to the Government Leader, Mr. Speaker, is this: What is the government's response, and have they been invited to participate in this Arctic assembly by the Government of Canada? Thank you, Mr. Speaker.

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

Return To Question O319-91(1): Proposed Establishment Of Arctic Council

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. I have been briefed by representatives of Mr. Clark about the

initiative that the Member refers to, which, I think, began with a comment of Prime Minister Mulroney in Moscow a year earlier to that meeting that the Member attended. Mr. Speaker, the gist of the briefing that I got from the External Affairs officials was that Mr. Clark had basically thrown out a challenge to seven or eight other circumpolar jurisdictions, saying, "Canada supports the idea of an Arctic council. We will offer our good offices as a government to provide an office and a focal point for organizing the Arctic council. Now we will throw out the challenge to seven or eight other circumpolar countries. Will you commit to accepting Canada's offer?"

Mr. Speaker, my understanding of the proposal is that while it is a very exciting proposal which is in keeping with the emphasis our government has placed on participating in a very important circumpolar world, at the moment Canada is waiting for official responses from other circumpolar governments. Until that happens, Mr. Speaker, and until the Soviet Union, the United States, Greenland and other critical Nordic circumpolar jurisdictions agree to take up the challenge of Canada, there will not be an Arctic council in which we could participate.

We are watching the results of Mr. Clark's challenge with great interest and we will be following it with great interest. We will hope that other circumpolar nations agree to take up the challenge, but until that happens and until there are some more concrete results, Mr. Speaker, it would be premature for the Northwest Territories to get involved.

When the council gets off the ground, I am confident that with our good working relationship with Mr. Clark and External Affairs, and with the support of Members like the honourable Member for Aivilik, I am confident that we will have a part to play in Canada's role should that Arctic council get off the ground.

MR. SPEAKER: Just a note of caution to the honourable Members that one should pose only one question. Oral questions. Honourable Member for Natilikmiot.

Question O320-91(1): Results Of Soapstone Sampling

MR. NINGARK: Thank you, Mr. Speaker. My question is directed to my honourable friend, the Minister responsible for Economic Development and Tourism. From the test and sampling of soapstone that was taken in and around Gjoa Haven, Pelly Bay and Spence Bay, there was asbestos and other impurities. I wonder if samplings have been taken from every known soapstone deposit from that area.

MR. SPEAKER: The honourable Member for Kivallivik.

Return To Question O320-91(1): Results Of Soapstone Sampling

HON. GORDON WRAY: Thank you, Mr. Speaker. The Member is correct that there were samples taken and, in particular from his area, we did find a fairly serious level of asbestos content. However, we did not do samples from all of the sources across the North because there are many dozens. We have done 27 samples. We have tried to pick certain geographic locations because these things tend to run similar. Of the 27 samples that we did, four of them contain what is called chrysotile asbestos. Other samples, for example, one sample contained occasional non-asbestos formed fibres of talc and tremolite. Another sample contained large quantities of fibrous muscovite. But we have tried to do fairly representative sampling.

We are going to do further work because, obviously, if in certain areas the soapstone has a high content of asbestos,

when it is used in carving and there is a lot of dust generated, this could pose health problems. In fact, they have already caused health problems for carvers, particularly those working in very confined areas and not wearing masks. So we are following up to do more work on these things.

If we find some areas where the soapstone simply, in our opinion, is not wise to use, then that is a situation where we are going to have to import soapstone, I think. I would rather import soapstone into that area than have carvers use it and cause themselves health problems. So we are doing more work on it.

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

Question O321-91(1): Court Injunction With Regard To James Bay II Project

MR. GARGAN: Thank you, Mr. Speaker. The Minister of Justice made a statement with regard to the court case with regard to Alberta versus Friends of the Oldman River, which deals with the environmental issue. In light of the fact that judgment probably will not be made until this summer, could this government ask for a court injunction with regard to further developments with regard to the James Bay II project?

MR. SPEAKER: The honourable Member for Yellowknife North.

Return To Question O321-91(1): Court Injunction With Regard To James Bay II Project

HON. MICHAEL BALLANTYNE: Thank you, Mr. Speaker. A number of Members have expressed their concerns about the impact of James Bay II and the options that might be open to both aboriginal people and this government on that particular project. The response that I gave already in the House -- it is a very complex issue, the issue of jurisdiction is quite important. The development of a well thought out strategy is very important and I now, in co-operation with the Minister of Renewable Resources and his staff, am looking at the options and possibilities open to us. It would be premature for me right now to answer that an injunction would be the right step to take now. So I will respond as I responded to the other Member, we are reviewing our options and hope as soon as possible to be able to get back to Members of the House as to a way we can approach this very difficult issue. Thank you.

MR. SPEAKER: Thank you. Oral questions. The honourable Member for Deh Cho, supplementary.

MR. GARGAN: Mr. Speaker, while the government is looking at its option, Hydro-Quebec could very well be developing the plan to have this new construction go ahead. Because there are grey areas on jurisdiction and environmental issues not being addressed, I think the best approach for this government would be to impose a court injunction so that no further discussions should be considered by Hydro-Quebec until a Supreme Court decision is made. Would the Minister consider that?

MR. SPEAKER: I do not believe that that was a question as opposed to a suggestion to the Minister to consider that. Oral questions. The honourable Member for Aivilik.

Question O322-91(1): Government Position On Winter Road Between Repulse Bay And Pelly Bay

MR. ERNERK: Thank you, Mr. Speaker. I would like to direct this question to the Minister of Transportation. In my recent Member's statement regarding a winter road between Repulse Bay and Pelly Bay, when I recommended that this

winter road should become a reality to be constructed by 1992-93, I remember the government Members applauded my statement. Is the government willing to make that winter road a reality by 1992-93 between Repulse and Pelly?

MR. SPEAKER: The honourable Member for Kivallivik.

Return To Question O322-91(1): Government Position On Winter Road Between Repulse Bay And Pelly Bay

HON. GORDON WRAY: I am tempted to say if I am the Minister of Transport we will think about it.

---Laughter

But obviously the intention of the present government is to, as we are doing, investigate the four possibilities; look at the cost benefit analysis and then my department would make a recommendation to me which I would then make to cabinet, FMB, and it would go into the budget cycle. But the problem that we have is unfortunately, because it is an election year, I cannot, nor can this government, make any commitments for a future government.

So I guess at this point in time I am unable to make a commitment to the Member that yes, it is going to go ahead in 1992-93, but the work has been done, so the information will be available to the new government to allow them to make a decision.

MR. SPEAKER: The honourable Member for Aivilik, supplementary.

Supplementary To Question O322-91(1): Government Position On Winter Road Between Repulse Bay And Pelly Bay

MR. ERNERK: Thank you, Mr. Speaker. Is the Minister saying he accepts the idea in principle?

MR. SPEAKER: The honourable Member for Kivallivik.

Further Return To Question O322-91(1): Government Position On Winter Road Between Repulse Bay And Pelly Bay

HON. GORDON WRAY: Thank you. In principle I would love to see winter roads going to the Arctic Coast, from Repulse Bay to Pelly in the mainline Keewatin communities, along with several other places. In principle, yes, I am in support of a winter road program in the Eastern Arctic. However, that decision will have to be made by a future government.

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

Question O323-91(1): Start-Up Date For Senior Citizens Home, Hay River Reserve

MR. GARGAN: Thank you, Mr. Speaker. I would like to direct my question to the Minister of Social Services. Madam Minister, there are plans right now to build a senior citizens home on the reserve. I would like to ask the Minister whether or not the process has started for design and construction?

MR. SPEAKER: Thank you. The honourable Member for Inuvik.

HON. TOM BUTTERS: Mr. Speaker, I think it might be more proper if the Minister of Social Services answers the question because the development of such units fall within her purview.

MR. SPEAKER: Oral questions. The honourable Member for

Deh Cho.

MR. GARGAN: Mr. Speaker, I thought I directed my question to the Minister of Social Services. I would like to ask Madam Minister if the capital plan to construct the senior citizens home has been deferred from last year and it is supposed to be built this year. I would like to ask the Minister whether or not the plan is still to get the plan and design and construction this year?

MR. SPEAKER: Thank you. The honourable Member for Slave River.

Return To Question O323-91(1): Start-Up Date For Senior Citizens Home, Hay River Reserve

HON. JEANNIE MARIE-JEWELL: Thank you, Mr. Speaker. We have recently indicated to the chief that once the Hay River Reserve is able to get their land secured the planning and design work can commence for the senior citizens home on the Hay River Reserve. Thank you.

MR. SPEAKER: Thank you. Oral questions. The honourable Member for Deh Cho, supplementary.

Supplementary To Question O323-91(1): Start-Up Date For Senior Citizens Home, Hay River Reserve

MR. GARGAN: Thank you. Mr. Speaker, I realize there are difficulties with regard to land, but the land has already been identified for the area. The process has not started until it was resolved. I would like to ask the Minister if you can start the process of plans and design and construction under the anticipation that the lands will be there when construction starts.

MR. SPEAKER: Thank you. The honourable Member for Slave River.

Further Return To Question O323-91(1): Start-Up Date For Senior Citizens Home, Hay River Reserve

HON. JEANNIE MARIE-JEWELL: Mr. Speaker, we did indicate to the chief that simultaneously while the band was trying to acquire the land that they can proceed with the planning and design process for the senior citizens home on the reserve. Thank you.

MR. SPEAKER: Thank you. Oral questions. The honourable Member for Baffin South.

Question O324-91(1): Senior Citizens Homes In Communities

MR. ARLOOKTOO: (Translation) Thank you, Mr. Speaker. I am directing my question to the Minister of Social Services. In the Baffin Region we do not have an old folks home. There is one in Iqaluit that the older people go to during the day, but they do not stay there. I would like to ask the Minister of Social Services, how many elders are there supposed to be in a community to have an old folks home in a community? Thank you.

MR. SPEAKER: Thank you. The honourable Member for Slave River.

Return To Question O324-91(1): Senior Citizens Homes In Communities

HON. JEANNIE MARIE-JEWELL: Thank you, Mr. Speaker. The amount of elders is certainly one of the components in determining whether an old folks home or senior citizens home is required, but the main component is to determine

whether the elders want a senior citizens home in many of the communities. There are many communities in the North where senior citizens have indicated that they do want to continue to live independently and do not want to be in such an institution. Therefore, it is not the amount of elderly people in the community, it is whether the community feels that there is a need for a senior citizens home at the request of seniors in the community. Thank you.

MR. SPEAKER: Thank you. Oral questions. Item 6, written questions. The honourable Member for Deh Cho.

ITEM 6: WRITTEN QUESTIONS

Question W7-91(1): Data On Adult Offenders In Correctional System

MR. GARGAN: Thank you, Mr. Speaker. My written question is to the Minister of Social Services. My written question to the Minister is limited to adult offenders incarcerated within the territorial corrections system. Will the Minister provide the information which summarizes the average length of offenders' sentences and the types of offences served by inmates presently at each of the Yellowknife Correctional Centre, South Mackenzie Correctional Centre and the Baffin Correctional Centre? Would the Minister organize the data so that it is possible to compare the average sentence length of incarcerates from each community in the Northwest Territories?

Would the Minister also provide the comparison of sentence length served by male and female incarcerates at each territorial correctional facility?

Further, would the Minister provide a summary of the inmates who have been granted early release or day parole within the last 24 months, broken down according to the inmate's home community, the gender of the inmate, the ethnic affiliation of the inmate, Dene, Metis, Inuit or non-native, the length of the inmate's sentence and type of offense for which the inmate has been incarcerated?

Finally, would the Minister provide the House with the summary of inmates serving sentences less than two years in length that have been transferred either to provincial or federal corrections facilities in southern Canada under the various exchange of services agreement? This data should be broken down according to the inmate's home community, the gender of the inmate, the ethnic affiliation of the inmate, Dene, Metis, Inuit or non-native, the length of the inmate's sentence and the type of offense for which the inmate has been incarcerated.

MR. SPEAKER: Thank you. Written questions. The honourable Member for Deh Cho.

Question W8-91(1): Guidelines Of The Principal Secretary In The Matter Of Elections

MR. GARGAN: Mr. Speaker, my question is to the Government Leader. The question is:

- 1) Has the principal secretary to the Government Leader received instruction from the Government Leader to discuss matters of candidates in the next election with organizations or residents of the NWT? If so which organization and residents?
- 2) Has the Government Leader given instructions to the principal secretary to solicit or encourage candidates to consider running in the next election? Which individual has the principal secretary discussed the matter of considering being a candidate?
- 3) Would the Government Leader table in this House his

instructions or guidelines of conduct of the principal secretary regarding the matter of elections?

MR. SPEAKER: Thank you. Written questions. Written questions.

Item 7, returns to written questions.

Item 8, replies to Opening Address.

Item 9, petitions.

Item 10, reports of standing and special committees. Item 11, tabling of documents. The honourable Member for Baffin South.

ITEM 11: TABLING OF DOCUMENTS

MR. ARLOOKTOO: (Translation) Thank you, Mr. Speaker. I wish to table three letters: Tabled Document 52-91(1), from Cape Dorset cultural society;

Tabled Document 53-91(1), a letter which was directed to me but it is still on the same matter, from the cultural society; and

Tabled Document 54-91(1), a letter from the Cape Dorset Small Business Development Committee with regard to the community development. They would like to have more jobs available in the community. Thank you.

MR. SPEAKER: Thank you. Tabling of documents.

Item 12, notices of motion. Item 13, notices of motions for first reading of bills. The honourable Member for Nunakput.

ITEM 13: NOTICES OF MOTIONS FOR FIRST READING OF BILLS

Notice Of Motion For First Reading Of Bill 4: Medical Profession Act

HON. NELLIE COURNOYEA: Thank you, Mr. Speaker. Mr. Speaker, I give notice that on Thursday, March 14, 1991, I will move that Bill 4, An Act to Amend the Medical Profession Act, be read for the first time.

MR. SPEAKER: Notices of motions for first reading of bills. The honourable Member for Kivallivik.

Notice Of Motion For First Reading Of Bill 26: Motor Vehicles Act

HON. GORDON WRAY: Thank you, Mr. Speaker. I give notice that on Thursday, March 14, 1991, I shall move that Bill 26, An Act to Amend the Motor Vehicles Act, be read for the first time. Thank you.

MR. SPEAKER: Thank you. Notices of motions for first reading of bills.

Item 14, motions.

Item 15, first reading of bills. Item 16, second reading of bills. The honourable Member for Yellowknife North.

ITEM 16: SECOND READING OF BILLS

Second Reading Of Bill 22: Income Tax Act

HON. MICHAEL BALLANTYNE: Mr. Speaker, I move, seconded by the honourable Member for Iqaluit, that Bill 22, An Act to Amend the Income Tax Act, be read for the second time. The purpose of this bill, Mr. Speaker, is to increase the

small business deduction for eligible corporations, thereby reducing the effective rate of tax payable on the taxable income of those corporations from eight per cent to five per cent.

MR. SPEAKER: Thank you. The motion is in order. To the principle of the bill.

AN HON. MEMBER: Question.

MR. SPEAKER: Question has been called. All those in favour? All those opposed? The motion is carried.

---Carried

Bill 22 has had second reading and is ordered into committee of the whole for today.

Item 17, consideration in committee of the whole of bills and other matters: Bill 7; CR 2-91(1); Bills 8, 9, 10, 17, 19, 20, and 22 with Mr. Gargan in the chair.

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

CHAIRMAN (Mr. Gargan): Thank you. When we concluded yesterday we were dealing with Bill 7, Department of Health. Mr. Government House Leader.

HON. MICHAEL BALLANTYNE: Thank you, Mr. Chairman. After discussions with the chairman of the standing committee on finance, ajuqtit, and the standing committee on legislation, we have agreed that we would try and do an act a day of the financial bills. I ask permission if we could proceed with Bill 22, An Act to Amend the Income Tax Act, as the first item of business in committee of the whole.

CHAIRMAN (Mr. Gargan): Does the committee agree that we defer the Department of Health to deal with Bill 22, An Act to Amend the Income Tax Act?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): We will now recess for 15 minutes.

---SHORT RECESS

Bill 22: Income Tax Act

The committee will come back to order. We are dealing with Bill 22, An Act to Amend the Income Tax Act. Mr. Ballantyne, do you wish to make your opening statement?

Minister's Opening Remarks

HON. MICHAEL BALLANTYNE: Thank you, Mr. Chairman. The purpose of the Act to Amend the Income Tax Act is to change the rate of Northwest Territories corporate income tax as announced in the Budget Address. The corporate income tax rate for the first \$200,000 of income for private Canadian controlled corporations is being reduced to five per cent from eight per cent of taxable income. The amount a corporation with foreign investment income may deduct from taxable income is being increased from 10 per cent of the eligible amount to 12 per cent of the same amount. This will bring the deduction in line with the general Northwest Territories corporate income tax rate that was implemented last year. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Thank you. Chairman of standing

committee on legislation, Mr. Ernerk.

MR. ERNERK: No comment, sir.

CHAIRMAN (Mr. Gargan): General comments. Mr. Pollard.

MR. POLLARD: Mr. Chairman, the standing committee on finance highly recommends this bill to the House. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Thank you. General comments on An Act to Amend the Income Tax Act. Does the committee agree that we go clause by clause? Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Clause 1. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Clause 2. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Clause 3. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Clause 4. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Clause 5. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Bill as a whole. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Does the committee agree that Bill 22, An Act to Amend the Income Tax Act, is now ready for third reading? Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Thank you. Thank you, Mr. Ballantyne. Mr. Government House Leader.

HON. MICHAEL BALLANTYNE: Thank you, Mr. Chairman. The government is prepared to proceed with the Department of Health if that is the committee's wish.

CHAIRMAN (Mr. Gargan): Does the committee agree that we go to the Department of Health? Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Does the committee agree that the Minister bring in her witnesses? Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Bill 7: Appropriation Act, 1991-92

Department Of Health

CHAIRMAN (Mr. Gargan): Madam Minister, if you would bring in your witnesses. For the record, would the Minister introduce her witnesses please?

HON. NELLIE COURNOYEA: Thank you, Mr. Chairman. I have with me today the deputy minister of Health, Mr. Bob Cowcill, and assistant deputy minister, Elaine Berthelet.

CHAIRMAN (Mr. Gargan): Thank you, Madam Minister. We are on the 1991-92 main estimates, Department of Health, general comments. Are there any general comments? Mr. Ernerk, general comments.

MR. ERNERK: Thank you, Mr. Chairman. When the Minister was talking about what the department, what the government plans to do in the years to come, I picked out a number of things from her statement. One of them has to do with birthing closer to home. This is one of the major concerns in the Keewatin Region and I have said many, many things about this particular issue in the last five to six years, so I will just make my question to the Minister very brief. What, Madam Minister, through you, Mr. Chairperson, is being done to recognize midwifery in the Northwest Territories? That will be my first question, sir. Thank you.

CHAIRMAN (Mr. Gargan): Madam Minister.

Role Of Midwifery

HON. NELLIE COURNOYEA: Mr. Chairperson, as the Member is very much aware, all across Canada there are efforts to see how the role of a midwife can be incorporated into the delivery of health. We are not in any different situation in the Northwest Territories. Given that the health delivery system is becoming more familiar to MLAs, residents, and also the working of the government, in terms of putting in midwife positions and establishing them, we are looking at the scope of the program that people feel would be acceptable in their regions. There are various and varying opinions on how that would be better accomplished to meet the goal of having a midwifery program instituted in all the NWT.

I guess we are more at the stage of trying to gather some information on what we could actually do. We are not in the development stage where we could say that we are going ahead and put in legislation. Just what is the program that people want and how do we fit it into the present system of the health delivery system from the community level, regional level and also using the professional people? In terms of the midwifery program overall, we really are exploring ways and means of how to incorporate that in terms of our delivery system.

The other area where there seems to be a clearer knowledge of what people want really relates to particular areas such as, for example, the thrust for trying to establish a program specifically on the use of midwives and birthing close to home, particularly in Rankin Inlet. I would say that we are far enough along that the health boards themselves are close to

developing what they feel is an acceptable program given that the checks and balances for the safety and well-being of the mother giving birth also have some backup in case something goes wrong. We are a little further along in terms of the Kitikmeot area. The one individual that was working with people in a particular community has left the region so that although that particular project has come a certain way, it has now come to somewhat of a standstill at this time.

There are a number of things that are happening, but to get back and summarize, in terms of midwifery in general, I do not think that we are far enough along to come forth with legislation. We will have to do much more work with the health boards and the people from the regions in terms of what they expect from a program, and how do we fit it in. We are just in the developing stages in that area. Thank you.

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

MR. ERNERK: Thank you, Mr. Chairman. I have heard many good things about, I believe it is the Povungnituk model. This has been talked about on a number of occasions by various organizations in that region, northern Quebec, and I have had some discussions in the past with the people from that region. I understand it is working out well especially on the part of the concerned individuals. I have always believed that both traditional and modern knowledge can marry together. I think Povungnituk model contains a certain amount of this initiative. Have you worked with the different organizations in northern Quebec with regard to this particular model in Povungnituk?

CHAIRMAN (Mr. Gargan): Madam Minister.

HON. NELLIE COURNOYEA: The simple answer to that, Mr. Chairperson, is yes, the department has worked extensively in looking at the program and actually going on site to spend some time with the program deliveries. As the Member knows, the program is tied to a hospital and has all the facilities to marry both the traditional knowledge and the professional medical academic knowledge together. So yes, the department has spent a great deal of time in reviewing that program.

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

Good Nutrition Should Be Promoted

MR. ERNERK: Thank you, Mr. Chairman. One of the things that I picked up from the Minister's statement yesterday is the native foods which are nutritionally superior to many store bought foods. I want to pick up on this a little bit and say that instead of goodies that contain a lot of sugar which are not good for your teeth, I do want to say to the Minister that anything that the Minister's department is doing to promote good foods, native foods, especially seal meat, I would support anything that the department does. As well as anything the people in the communities may wish to do, just to be able to promote good food, native foods and things like that. I think it would be very good.

I really think there is too much sugar, there are too many goodies that are not good for your health. Many things I see in the stores contain a lot of sugar and they are not good for your teeth. I think people should promote good health for themselves, for ourselves, for our own good, and we should also promote good teeth.

The reason we picked this up from this side of the House is also following along with what the Minister indicated yesterday when she said that, "Dental caries and missing teeth rates for

children are the highest in Canada." So, Mr. Chairperson, we should be prepared to do all we can to promote good things that come with life in terms of our own health. I wanted to mention this because I think it is very important.

The other thing I was extremely concerned about yesterday, I think the Minister indicated to this House that tuberculosis among Inuit and Dene is increasing. That should be a concern of everyone because we want to be able to prevent sickness and promote good health among our own people in the NWT.

I can recall a few years back when there was so much tuberculosis in Repulse Bay. There was quite a lot of promotion of good health at the community level and I think it worked out in the end. I believe from talking to the officials in Repulse Bay that there is not as many people with tuberculosis in Repulse Bay. I would like to see that trend continue in terms of getting lower and lower and wipe it out.

I will just mention these two things for now and see if we can get some response from the Minister's department. Thank you.

CHAIRMAN (Mr. Gargan): General comments. Mr. Ningark.

Birthing Centre Project For Spence Bay

MR. NINGARK: Thank you, Mr. Chairman. Madam Minister, some years ago there was indication that Spence Bay was to be a designated birthing centre for the area. Earlier you mentioned a person who left the Kitikmeot Region who was in malpractice. I wonder, Madam Minister, if Spence Bay was to be a designated birthing centre for the Natilikmiot area. Thank you.

CHAIRMAN (Mr. Gargan): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairperson, initially Spence Bay, working along with Dr. Finnemore had put together a proposal to have birthing in Spence Bay. They had done extensive work and community consultation and had hoped to get together and be funded for a program. However, when Dr. Finnemore left, I believe because people had been working quite closely with him, the momentum slowed down quite a bit. So I do not believe that the interest has died out. There is now a doctor in the region again and I am sure that they will be giving some new initiative to the program. It appears that the interest is still there and certainly we had suggested at that time when Spence Bay had quite a bit of motivation there that they would be the first pilot project but because of the slowdown in putting the energy into the proposal, Keewatin and Rankin Inlet had come along and said, "Why not try us now and give us a chance", so this is what we have done.

But certainly if Spence Bay is planning to again put a little bit more energy into it, we would be willing to sit down and work with them again. The work that they had done was very good and there was quite a bit of community consultation at that time, and we believe that is essential to any proposal that comes from a community. It is important that the community is behind them. Thank you.

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

MR. NINGARK: Thank you, Mr. Chairman. During the time when the pilot project was being studied over in Spence Bay I will take it there was an integration of midwifery practice between the traditional and more modern type of giving birth. Am I correct, Madam Minister?

CHAIRMAN (Mr. Gargan): Madam Minister.

HON. NELLIE COURNOYEA: The sound system is not all that great here, so I will attempt to answer the question as I thought I heard it. Yes, there was an integration of both, using the medical health facilities, the health centre there, and as well as working with the community midwifery and traditional skills in terms of birthing.

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

MR. NINGARK: Thank you, Mr. Chairman. Someone told me in the past, I think it was one of the doctors but I do not recall the name of that person, that there is caffeine in chocolate. I am quite concerned because in a small community such as Pelly, Gjoa Haven and Spence Bay, kids are spoiled by their parents and there is so much chocolate being eaten by the kids, as early as three or four years of age. I wonder if your panel could answer my question. Thank you.

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

MR. COWCILL: Mr. Chairman, I can confirm that chocolate does contain caffeine. I would also mention that the Department of Health is, in fact, undertaking a study regarding the consumption of sugar by residents in the NWT. This is a two-phased study, the first beginning this year. It is a feasibility study to see whether we can gather the necessary information from vendors. Next year we will have a more comprehensive research study to try to determine the actual intake of these kinds of products by our population. The purpose being to then deliver health education messages, to alert the public to the dangers of the consumption of sugar or other products that might be harmful, such as caffeine.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Cowcill. Mr. Ningark.

Problems With Nursing Stations

MR. NINGARK: Thank you, Mr. Chairman. One of the problems that we have had for many years, since the nursing station was established in Pelly Bay, is that sometimes patients complain about the nurse in charge within the community. I wonder, Madam Minister, if some power in the hiring of nurses would be given to the health committee within the communities. I remember some years ago, I am not going to give the name, there was a complaint about one certain nurse and it went on for about three years. That was about 10 years ago and nothing was being done about it. I wonder if your department has any plans to give some devolution of power to the communities in terms of giving them the power to take part in the hiring of nurses for the community? Thank you.

CHAIRMAN (Mr. Gargan): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairperson, at this point in time and with the make-up of the health board and the responsibilities of handling the health centres by the health board, some communities and regional health boards have requested to have a person on the interview committee and that has been the case when requested if there appeared to be a problem. By and large in the last few years, as you know, there has been a great deal of shortages in the choices and the number of people who are willing to work in the North, so I would think that if you were on the interview team it would be difficult because there was not much choice and we have had an awful lot of backlog to take the shortfall. Certainly the health board can allow and can direct people into being involved on the interview committee when hiring nurses.

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

MR. NINGARK: Thank you, Mr. Chairman. To conclude, I would like to commend the Minister for getting us the community health worker. Thank you.

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

MR. ERNERK: Thank you, Mr. Chairperson. I have some questions that I want to ask with regard to a number of things that are contained in the Minister's statement yesterday.

First, I want to identify a problem that exists in Repulse Bay and try to make some recommendations to the Minister for the future. I think that the problem not only exists in Repulse Bay but in many other communities in the Northwest Territories. I do have a lot of respect for the nurses at the community level because many, many times they are expected to work practically 24 hours a day. Maybe that is part of the problem. Perhaps we should be talking about a couple of nurses in some of the communities where the population is larger.

I have noticed this and I have communicated the problems to the Minister on a number of occasions. When a problem occurs, with any kind of sickness, in a place like Naujaat, Repulse Bay, often the sick people are told to take an aspirin and you will get better very soon. I think, if I were to make a recommendation to the Minister and the department, I would ask them to try to understand the problem and try to understand the pain of individuals, of sick persons, both physically as well as mentally. I think that is part of the problem that we are facing in the communities.

There has to be a much closer monitoring of the people in the communities by the medical profession. I noticed many times, as the Minister and her department officials know, that language becomes a problem in many of the communities that I represent.

With regard to these other things that I wanted to ask, something that I mentioned earlier, and it has to do with TB among the Inuit and Dene. It is a rate which is comparable to Third World countries. This is from the Minister's opening remarks. What can we do, all of us, not just the government but the communities and the people at the community level, about this problem? The problem is increasing. Thank you, sir.

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

HON. NELLIE COURNOYEA: Thank you, Mr. Chairperson. I am very pleased to hear the Member give some support to the health delivery nurses at the community level. It is true that their job is extremely difficult and it is true that there is a heavy reliance on that health centre to meet the needs of the residents of a community. In the past three years we have had much more attention paid to the Department of Health and the health delivery system by Members of the Legislative Assembly and by communities in the involvement of health boards. As we go along, I think we can come up with some formula which would identify staffing requirements in the community a little more clearly and we are working toward that end.

I would like to say, thank you, on behalf of the many nurses who are working out in the field for the kind words of the honourable Member.

In terms of what we can do, it was a really good case of community involvement in Repulse Bay when we had that very

difficult situation and a high number of tuberculosis cases. I think any community can certainly take some direction from what happened in the community, because it was an alarming situation that seemed to sneak up on us.

As a result, we went to the community and the community health committee, and the people of the community, the hamlet council, did get behind the health centre. We sent in a number of teams of people to try to work with the health centre and the community. That co-operation was very, very positive and right now we have no new cases of tuberculosis in Repulse Bay. It involved having the community help in bringing to the attention of the individual Members that they could not neglect their medication. It is not only language, it is also a case of not understanding why it is important to make sure when you are on medication that you take it regularly and as it is prescribed. So there is a lot of understanding still to take place and communities can certainly help a lot in that regard. I certainly give a lot of credit to Repulse Bay because they did pull together quite strongly as a community.

In the matter of the overall cases of tuberculosis, even though it is high, we see some improvement. In 1988 we had some 39 cases; in 1989 it was 56; and in 1990 we have 22. In the 22 cases, 13 of these are in Yellowknife. Of the total cases nine are native and six are non-native. From these kinds of figures some of the promotional health campaigns have worked and we have attempted to aggressively pursue good healthy community living, because that is really what impacts on a healthy lifestyle and that is to make sure people know what is important to do day by day and then we will not get into the situation where we have to deliver a medical service after people are very ill.

I think that there is more that can be done and we cannot sit back because the cases are going down and people appear to be understanding better and there are no new cases. We should still be diligent and continue to try to support community health committees and the regional health boards to allow them to continue to try to reflect the information through their different regions, their specific dialects and a multitude of different understandings. Not everywhere in the Northwest Territories has exactly the same understanding, or particularly the same lifestyle. As a Department of Health we can assist but we certainly do need the support of Members of the Legislative Assembly and community people to be able to have an educational program so people know what to do in this changing time. There are a lot of new things that people have to contend with. Thank you.

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

Rates Of Gonorrhoea And Meningitis In North

MR. ERNERK: Thank you, Mr. Chairperson. The other situation that the Minister mentioned yesterday has to do with confirmed gonorrhoea rates. The Minister indicates here that the confirmed gonorrhoea rates for ages 15 to 24 are six times the Canadian rate. The other statement indicates that the meningitis rate among Inuit is 10 times the non-native rate.

With regard to the gonorrhoea rates, that is extremely high when you take a look at the Canadian situation in general. What kind of preventive measures are being taken by the government, by health boards at the community level, to -- I am going to say this part in Inuktitut, Mr. Chairperson.

(Translation) The people who contract venereal disease have to be prevented in all of the Northwest Territories communities. I thought that the NWT government should have a comprehensive, preventive program just the same as the AIDS

preventive program in the Northwest Territories, to prevent the spread of venereal disease. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ningark): Qujannamiik. Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, when we did the "Health as a Community Affair" campaign, we linked the sexually transmitted diseases as an important item because if we looked at the concern that we have for increasing numbers of HIV individuals, it links to a person's sexual behaviour and how they conduct themselves. Because of the high number of sexually transmitted diseases that are registered every year, we felt that it was important to link the two because if people do not practise safe sex, then the situation comes right back to the fact that we are confronting a much more alarming situation in terms of the HIV problem that we presently have. I know that the program was very well received, and certainly a lot of the information and the background that was prepared for that educational program continues to be extended by the health care workers in the community, the nurses and the community health representative. Even though we do not have the program ongoing, the program itself continues to be delivered at the community level.

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

MR. ERNERK: Thank you, sir. I wonder if I could ask the same question with regard to the second statement, where it says that the meningitis rate among the Inuit is 10 times the non-native rate. Thank you.

CHAIRMAN (Mr. Ningark): (Translation) Thank you. Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairperson, I will ask the deputy minister to answer that particular inquiry.

CHAIRMAN (Mr. Ningark): Mr. Cowcill.

MR. COWCILL: Mr. Chairman, if I understood the concern expressed, it was about the high rate of the HIB meningitis infection, particularly among very young Inuit children. I think some of you may be aware there is an immunization program which appears to be effective for older children, but children under 18 months have been particularly vulnerable to infection and as yet we have not come up with an effective vaccine for this particular age group, although we did experiment on a pilot basis with vaccine over the past couple of years.

Currently we are consulting with other jurisdictions to see whether there may be the possibility of a new vaccine which could be looked at for use to try and address this very serious problem.

CHAIRMAN (Mr. Ningark): Thank you. General comments. Mr. Whitford.

MR. WHITFORD: Thank you, Mr. Speaker. I guess we too, here, have some concerns that I have expressed to the Minister in the past and we could probably get to them as we get into specifics within the department, but I think I will use this opportunity now.

Certified Nursing Assistant Program At Stanton Yellowknife Hospital

I brought to the Minister's attention the concerns that the CNAs were having, in particular here in Yellowknife. Although the matter has been addressed somewhat, there still remains a nagging doubt in my mind that the future of the CNA program, at least in Stanton, is on a solid foundation. I know there are meetings going to take place in the near future with the hospital board to deal in part with this. I just want to go

on record as saying, as I have said before in my past years when I have addressed the Department of Health, that it is a valuable program to the NWT and to people in the North to have this program. It has been around a long time. Personally, I have been associated directly and indirectly for the past -- I hate to say it, but -- almost 30 years. I have been in the hospital and I have had not full registered nurses, but the nursing professionals through the CNAs, taking care of me.

Why I stress its value is that it attracts, and I hope it will attract more, native people to the profession. If there is any way that it is starting to be undermined, even here in Yellowknife, for whatever intentions, it will have a dramatic effect on the whole of the program, in my opinion, right from attracting northern people to the nursing profession, through that route, to the schools that provide the instruction, Arctic College -- it did, at least; still does, I hope -- it would undermine it because it would see a model hospital, the flagship of hospitals, I like to put it, reducing its use of this program, and that would be tragic.

I urge the department to look carefully at those concerns that are expressed by the people that are in the profession. They can be a valuable asset. Just as an example, here at Stanton Yellowknife I understand that there is a post-op care facilities that used to be in the old Stanton, staffed primarily with CNAs. Now in the new hospital that program is there but CNAs are not going to be used as much. This is the information that I have. As a matter of fact, I understand they are not even going to be used at all. I think there is room for both. Registered nurses are needed and CNAs are needed. They can take up and do a lot of things there that would free nurses up in other areas. I cannot stress enough the concern that these people have. As much as the Minister has answered the question, in part, there is still a nagging feeling that it is not being totally addressed.

Now we are fortunate that we do have hospitals and other medical facilities in the North that use CNAs much more, and I want to see that they keep up there. I know there is not much change going to take place in the other places, but again, if they see reduction here, there may be a temptation to reduce it elsewhere and I think this would not be very good for that type of program that has been around and has a valuable place within our structure. I do not expect an answer right off the bat.

Conducting Autopsies In The North

I am going to go to another point, Mr. Chairman, while I have the floor. The co-ordination of services here in the NWT -- I will refer to the post-mortem services that can be administered which I, and other people in the Territories, feel can be administered from this hospital. That is in reference to autopsies. We spend a tremendous number of our dollars moving cadavers south to have autopsies done in Edmonton. There are times when I will agree that we need very specialized autopsies which require specialists which would not be available here. But the majority of routine autopsies can be done here and much faster and much closer to home, which would not only reduce costs, but I think, it would also reduce trauma to the families.

In addition to that, it is a co-ordinated effort between two departments here, the Department of Health, which provides the service, and the Department of Justice, under whose direction the coroners would come. You could make money for your department instead of spending the money on transportation and facilities in the South. This is what we are looking toward doing.

Again, I hope that we can maximize the facilities that we do

have here. To my knowledge, we do not do that here yet. I was at the hospital and I know they have a room it could be done in, and I know we have surgeons here -- again, I am not that close; the Minister and her officials are much closer to this, to know whether the doctors themselves want to do this. I would think, if I were a surgeon, I would look for every opportunity to -- I hate to use the word "practise", but it is for the betterment of mankind that these things are done. I think it is for the public benefit in the long run that surgeons are able to -- again I hate to use the word -- practise their skills and enhance their abilities to detect, and in the long run we, the living, are going to benefit from these things. So why not do them here in the Northwest Territories where we have facilities and the staff?

I think, thirdly, the northern people would like, as gruesome as it may be, to have these services delivered at home or as close to home as possible. I want to put those two things forward for the time being, Mr. Chairman, to the Minister for her consideration.

CHAIRMAN (Mr. Ningark): Thank you. Madam Minister, do you have any comments?

HON. NELLIE COURNOYEA: Mr. Chairperson, it is not the first time that this has been brought to our attention and we are diligently trying to pursue it to see if there is interest in some of the medical professional people, if they do not have the skills at this point, to take additional training to obtain those skills. I am aware that in the past, autopsies were done in Hay River and Stanton, and I do not see why they cannot be done again. The Department of Health is committed to looking at the facilities we have in the NWT, not only at Stanton but also in Iqaluit, and seeing how the range of services could be maximized in terms of trying to conduct as much of the activities in the NWT as possible. Even though autopsies, after the fact, generally go to another department -- when a person is no longer living we tend to pass them to another department -- but at the same time we feel that it is in the best interests of the Government of the Northwest Territories to try to co-ordinate that and provide those services here.

It is not as if we are ignoring the suggestions from the honourable Member, but we are attempting to see, while we are looking at the main facilities we have such as Yellowknife, Hay River, Fort Simpson, Inuvik and Iqaluit, what we can best put together to serve that need. We are pursuing that, and we realize that the facilities probably are here and probably the medical practitioners to some degree would be interested in performing this service. I realize that in the past there were a couple of doctors who did perform those services, but apparently the fee for doing that was very minimal and they felt it was not really worth, for the number of times they were performing autopsies, that they should have to take on that responsibility.

The additional issue is that often in more extensive areas there is a requirement for a pathologist, which is a type of specialist that we do not have presently. However, that does not mean that we should not approach the problem to see to what extent we can provide that service in the NWT, looking not only at Stanton, but Hay River and Iqaluit as well.

CHAIRMAN (Mr. Ningark): Thank you, Madam Minister. Member for Yellowknife South.

MR. WHITFORD: Thank you, Mr. Chairman. I do appreciate what the Minister has said in the past on the subject. I do keep raising it because that is the only way, I believe, that I can keep this matter active. I know that in the past it was done and there are some problems to overcome. It is not as if we can do this immediately, but I keep it going because I

would eventually like to see this here in the North wherever possible. I realize that there are a number of areas that are of such a specialty that they cannot be done here. We need whatever specialists are not found here, especially with accidental death, air crashes, et cetera, where Transport Canada has certain requirements and regulations. There is the other one, toxicologists, who are specialists in detecting certain poisons, that would be beyond our capability here because we do not have the lab facilities. But keep that on the back burner.

As far as the fees are concerned, I would suggest to the Minister that a review be done and if we could perform one or two autopsies here and save the air fares alone, you could double the fees here and still make money on it. If funding is a problem, it certainly would not be a great deal, in my opinion, to review that structure and increase the fees to make it a little more worthwhile.

Donations Of Organs And Tissue

Mr. Chairman, I do want to raise a topic that has not been discussed, to my knowledge, lately, and again it deals with post-mortem -- the donation of organs and tissue. I know that in the Northwest Territories we are a bit far away from the mainstream, but you go to a big city, even Edmonton alone, where there are countless people who are crippled or blind for reasons that can be corrected. There are organs in demand to save lives, to make the quality of life better for people that are suffering from illnesses and a breakdown of various organs and tissues that can be corrected by donors. In big cities there is a lot of work being done in that area. There is a lot of concern by healthy, living people that when their time comes they are not just discarded.

There are ways of utilizing certain things for the betterment of society: the cornea from the eyes, for one, heart, kidneys, pancreas and even skin for burn victims. I know that we are a bit of a way away, but that is something I would like the department to take another look at to see whether or not something like this is at all possible here in the North. We can contribute to the elimination of misery in some people by participating in that program through donor cards. On our health card, for example, there could be a little section there that you could sign. Northerners do travel, and in the event of accidental death something can be done to honour the wishes of individuals, such as myself, and not hesitate to share in a program like that. I do not hear much of that here. Again, one of the reasons might be because we are so far away from the mainstream where these operations are performed, but it is only an hour and a half by plane to Edmonton and if the right donor can be found here, there is a good possibility that you could save the life of a child in Edmonton through this donor bank. I would like the Minister to keep that thought active and see if there is some way where Northerners that want to participate in these programs can do so, legally and efficiently, and in a manner that would complement our intent in that area. That is all I have for general comments. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ningark): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairperson, I certainly agree with the comments from the honourable Member because I think there are a lot of people who would like to donate to other people, particularly when they are in an accident. But just to let you know we are not totally negligent in trying to promote that, that there are some things happening, I would like to have Ms. Berthelet expand on that.

CHAIRMAN (Mr. Ernerk): Proceed, please.

MS. BERTHELET: Mr. Chairperson, we have had occasions

where individuals from the NWT have donated organs in the past. That has been facilitated. Part of the problem is that quite often you need a very specialized team to remove the organs that are going to be donated, and it has to be done in a very short time frame under given circumstances. So that makes it somewhat more difficult. Yellowknife may be not as difficult as other locations, but that is one of the considerations.

However, as the Minister has said, I think we would support it if individuals would like to donate if something unfortunate happened, if they were travelling, or whatever.

CHAIRMAN (Mr. Ernerk): Mr. Gargan.

MR. GARGAN: Mr. Chairman, first of all I would like to ask the Minister for her support. A letter was written to myself in June of last year. I then wrote a letter to the Minister regarding doctors visiting the community of Fort Providence on a bi-weekly basis. Residents requested that if doctors were to go to Providence every two weeks that they rotate doctors so that the communities could get a second opinion from a different doctor. A letter was also sent to Tom Menzies, the Mackenzie Regional Health Services executive director, in August. It was only about a month later that the Minister responded by saying that as a result of those letters the physicians' visits to Fort Providence were doubled and the doctors now visit the community every week on a rotation basis, so that a different doctor comes every other week. So I appreciate that, Madam Minister.

With regard to this whole business of donors, when they die and give their parts to save somebody else's life, I appreciate what the Member for Yellowknife South is saying, but Mr. Minister, I do not want to give any of my parts to anybody else.

---Laughter

Mr. Chairman, I do not want my kidneys to be in somebody else's hips.

---Laughter

The thing I was trying to get at is when you do have an autopsy done down south, what is the assurance to the relatives that the guy has got all his parts inside him? If he has not signed a card or anything like that, then there has to be a process to say -- you know, the guy came back, he looks good on the outside, but how can you have assurance that if you do not sign a piece of paper to donate parts of yourself, then what are the assurances that when you get back from the morgue all your parts are intact?

CHAIRMAN (Mr. Ernerk): Madam Minister.

Criteria In Accepting Organs From Donors

HON. NELLIE COURNOYEA: Mr. Chairperson, I think that one of the criteria for donating parts is that they have to be fresh, and most people, by and large, who are sent south for autopsies, they have been dead for sometime and because of that I do not believe that the parts are considered to be usable. So I think on that basis you could probably be assured that people have come home with everything intact.

I do not think it is considered ethical behaviour to take parts of a human body without written consent and all the legal requirements that go with that. But there are not that many autopsies, and I do not know of any incident where a person who has got into an accident has been immediately able to be shipped out for autopsy purposes within the required time that the parts are considered transferrable.

I think the couple of cases that have happened here is that an accident has occurred, but it was an immediate removal. The proper documentation was prepared some time before. So I think it would be highly unlikely that people would rob parts that would not be able to be used effectively.

CHAIRMAN (Mr. Ernerk): Mr. Gargan.

MR. GARGAN: Thank you. I was going to ask the Minister how long they stay fresh, but I will skip that. Madam Minister, have you ever done surveys regarding the amount it costs for specialized treatment down south, as opposed to having a specialized person up here? Have you ever done any cost comparisons to indicate whether or not that possibility is there to support specialized persons up here, as opposed to sending them down south? I do not know what the cost factors are, but perhaps the Minister could enlighten me on that.

CHAIRMAN (Mr. Ernerk): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairperson, I will have the deputy minister expand on that, but first of all this is an ongoing exercise that we have in trying to weigh the cost of the very, very large medical travel budget we have and to provide the service closer to home. I will have the deputy minister expand on that.

CHAIRMAN (Mr. Ernerk): Mr. Cowcill.

MR. COWCILL: Mr. Chairman, on an ongoing basis, this is the kind of process we have been going through with regard to the funding of the Stanton Hospital. Essentially it is looking at what demand there has been for specific types of procedures and looking at what we may be expending for that procedure currently in southern Canada, factoring in the medical travel costs, and then making the decision as to whether we can on a cost and service-effective basis deliver that service here at Stanton.

The most recent example of where we have examined a particular area of practice is with regard to orthopedic surgery. We have looked at what is currently being expended in southern Canada, estimated the travel costs, and concluded that there is a sufficient volume and cost being experienced to establish that function again in the Stanton Hospital. It is possible, for certain specialties, to look at the current demand for service and expenditures being incurred for the procedure in outside hospitals, the travel costs, and come up with an equation that says, "Yes, we should try and provide this in the Northwest Territories."

There may be other areas of specialty where, in fact, there is insufficient demand on an ongoing basis to justify establishing a particular specialty here at Stanton. It is a developmental process, and I think we have indicated previously what areas of speciality we feel are viable. It is not a static exercise; we are looking at the issue on an ongoing basis.

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

MR. GARGAN: Mr. Chairman, the other area is with regard to medical travel and referrals. If a person from Fort Providence is sick, is it usually the government's position to ship them here as opposed to shipping them to Hay River, for example? Are there any reasons behind not shipping them to Hay River, as opposed to Stanton? If it is a specialty, then from Fort Providence to Hay River to Edmonton, as opposed to Fort Providence-Yellowknife-Edmonton? I am looking at how we might be able to cut costs. I am wondering whether or not this has ever been looked at. I think it should be addressed.

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

MR. COWCILL: Mr. Chairman, the normal rule of thumb would be to refer the person to the nearest location where the required treatment is available. If the nurse, in conjunction with a physician, determines that the appropriate treatment is available in Hay River, I believe the person would be referred to Hay River. If it is determined that the treatment cannot be provided in Hay River, but can be provided in Yellowknife, the referral would go to Yellowknife. If the requirement is for specialized treatment not available in the NWT, then the referral would go on to Edmonton.

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

Payer Of Medical Travel

MR. GARGAN: Thank you, Mr. Chairman. The other area which I would like to touch on is again with regard to medical travel. Who takes care of medical travel? Is it your department or the Department of Social Services, or both?

CHAIRMAN (Mr. Ernerk): Thank you. Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairperson, in the matter of medical travel, the Department of Health takes care of that. Social Services comes in for other than our general medical travel policy. For example, if someone wanted to travel with a patient for compassionate reasons, rather than for interpreting or something like that, then that would go to the Department of Social Services.

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

MR. GARGAN: What about the home boarding? Who takes care of that?

CHAIRMAN (Mr. Ernerk): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairperson, the Department of Health, through the health boards in this area, outside the Mackenzie Health Services.

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

MR. GARGAN: Thank you, Mr. Chairman. I would like to ask the Minister, the day that a person is travelling to Yellowknife, for example, who will be in home boarding, the person boarding the patient does not get paid for the day that that patient arrives. They only get paid the next day. I have to use my own constituency as an example. Even though a patient stays a full day and at least a night, the person boarding this patient does not get paid for those days. Is that a rule, or how is that determined? Can the Minister respond to that?

CHAIRMAN (Mr. Ernerk): Thank you. Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, we can check into that. I know that people do not get paid in advance, so if a person arrives at 1:00 p.m., he would not get paid that day but for the full 24 hour period, or whatever period should be taken care of; but if there is a special case where that did not happen -- I guess from time to time not everyone is perfect -- we can check into that.

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

MR. GARGAN: Mr. Chairman, does mental health come under the Department of Health?

CHAIRMAN (Mr. Ernerk): Thank you. Madam Minister.

HON. NELLIE COURNOYEA: If the Member is talking about community mental health, that would be the responsibility of the Department of Social Services. I will have Mr. Cowcill expand on the area that the Department of Health is responsible for. One other thing is that the Baffin Regional Health Board, in conjunction with the Department of Social Services, has taken over that function. However, in the NWT the community mental health rests with the Department of Social Services, except for these areas that Mr. Cowcill will outline, Mr. Chairperson.

CHAIRMAN (Mr. Ernerk): Qujannamiik. Mr. Cowcill.

MR. COWCILL: Mr. Chairman, just to elaborate on the health system's role here. As many of you are aware, at the Stanton Hospital there is a psychiatric unit in that particular facility that works with people requiring assistance on a residential basis for short periods of time to help them deal with a crisis which they might be facing. On other occasions it is utilized as a stepping stone for a person returning from a southern institution prior to them returning to their own community. In addition, there is, in that particular facility, a mental health team that provides a certain amount of counselling at the site and some support to health centres and so on within the catchment area, for example, in the Mackenzie.

As the Minister said, the lead role in terms of providing support for community mental health services rests with the Department of Social Services. They perform this function through the establishment of regional specialists in various regions. At the small community level the responsibility for helping out with various kinds of social or mental health crises is a bit of a shared responsibility. In some cases the social worker would assist in a family crisis. In other cases the local nurse may be called upon to intervene in a crisis. The lead role in the community mental health is Social Services but in practise at the local community level, both Social Services and Health work together in this particular area, as do other people in the communities from time to time.

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

MR. GARGAN: Thank you. Under whose program is psychiatry?

CHAIRMAN (Mr. Ernerk): Thank you. Madam Minister.

HON. NELLIE COURNOYEA: The Department of Health.

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

MR. GARGAN: I will just give other Members an opportunity to ask questions.

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

Feasibility Of Chartering Planes

MR. KILABUK: (Translation) Thank you, Mr. Chairman. I have a brief comment to make and I will probably ask a question. I believe in the nurses and the doctors because a lot of times they save lives. The doctors and the nurses do that kind of work co-operatively. Whereas, a person might not have survived but they do that kind of work and I appreciate their work and wish to thank them. The health issue in the Northwest Territories is being handled by the regional health boards and I believe this has improved to help you more. Nowadays there are more communities where they have no local physicians but some communities are quite close to the centres. Where I am from and where Joe Arlooktoo is from, we are quite close to the centre where they have doctors and

specialists. The specialists, bone specialists or whatever, only come up to the North for a few days. For example, in my community our population is growing so there are more people to be seen. If they have problems with their hearts, if they have pacemakers, there is a growing number and they have to be seen all at the same time.

If someone has to see a psychiatrist they are sent to Iqaluit or if they also have to see a bone specialist they usually have to go to see all of the specialists at the same time. We should utilize our funding more effectively and knowing that the air fare is quite expensive now from Pangnirtung to Iqaluit, it is over \$200 for one person, and children usually require an escort. If they are going to send so many people all at once to see a specialist would it not be cheaper to charter a plane? I wanted to mention this to see if this has been considered. If there is going to be a lot of people going to the closest centre would it not be cheaper to charter a plane? Has this been considered at all? That is my question, Madam Minister.

CHAIRMAN (Mr. Ernerk): (Translation) Thank you, Mr. Kilabuk. Do you want to respond to that Madam Minister?

HON. NELLIE COURNOYEA: Mr. Chairman, I would expect that the health board, when transporting patients out to see a specialist, it should be part of their job to check out how many people are coming and if it was cheaper to charter they should be doing so. I know that is the general practice. They take a look at how many people are coming and then they take a look at the air fares and if they have enough people and it is cheaper, certainly the health board or the administration should be utilizing charter services. It just makes sense to try to move people in a fashion where they get good care. I do not think we should take away from the fact that transportation should also be comfortable, people should not be knocked about, but I believe that we expect that the health boards and administration to weigh charter services against schedule services if the cost is comparable or cheaper.

CHAIRMAN (Mr. Ningark): Qujannimiik. Mr. Kilabuk.

MR. KILABUK: (Translation) Thank you. The main reason I asked that question is because I have experienced some patients travelling to Iqaluit. They have to pay their air fare from their home community to Iqaluit and return, but if there are more than three or five then they should charter a plane. Perhaps you could inform your staff in the communities. For example, if they are going to bring a specialist to the communities then this would be the same procedure to charter a plane.

CHAIRMAN (Mr. Ningark): (Translation) Madam Minister.

HON. NELLIE COURNOYEA: Certainly if the Member feels that there are occasions that it is not the most efficient and effective way of providing transportation, either by specialist or by bringing people to a specialist, I will certainly take that as notice that perhaps we can, once again, put out another directive reminding health boards that they should try to accommodate travel in the most efficient way that is possible.

CHAIRMAN (Mr. Ningark): Thank you. Mr. Kilabuk.

MR. KILABUK: (Translation) Thank you, Mr. Chairman. This is only going to be a comment. There are some patients that are regularly going to the hospital for a checkup. In the communities some people are going to outpatients at the nursing stations just about every day. The staff at the nursing stations or hospitals usually get to know their patients. Sometimes the nurses do not report the patients' sickness to the doctor. I have experienced this myself. There was a patient who was going to the nursing station every day for

four or five months. This patient was a child. The child was playing and had a dime in his mouth and he accidentally swallowed the dime and was sent to the nursing station. The parents were told not to worry that the child would be okay. A couple of days later the child was brought back to the nursing station because the child was in pain. The parents were told the child had an infected throat. The father was getting angry at the nurse because the child should have been sent to Iqaluit. Then they sent the child to Iqaluit and then to Montreal. They found the dime that he swallowed was in his throat for a long time. This is very dangerous for a child. I think the medical people should be more careful when they are treating patients. This went on for five months. But they did not find out until the child was sent to Montreal.

Sometimes these things should be checked by the doctor. Sometimes they find out when it is too late for the patients to get medical attention. I think the nurses should use the doctors more. This has been a problem for sometime. I think there is something that has to be done about this. Perhaps the department heads should be doing something about this, Mr. Chairman.

CHAIRMAN (Mr. Ningark): (Translation) Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairperson, I think that was a comment and a suggestion for the department that in some cases some things are overlooked and much more care should be taken. I did not think there was a question. I thought the Member was giving us some examples of how he felt certain cases which were not handled as well as they should have been. I will take his comments and examples as part of the areas where the Department of Health might be able to tie closer support to the health centres and looking at the health system and what is required in the community and the proper mix of services, I think those comments are very important.

CHAIRMAN (Mr. Ningark): Mr. Kilabuk.

MR. KILABUK: (Translation) Thank you, Mr. Speaker. I will try to assist them in my community and support them. The health boards in the regions have a chairperson, will they be the chairperson forever or is that just in Baffin Island?

CHAIRMAN (Mr. Ningark): Madam Minister.

HON. NELLIE COURNOYEA: No, it is not forever. One of the things we did recently is there were a number of positions that were "at pleasure", including some board members, so we have taken everyone but the chairperson to be appointed for a fixed time. But the chairperson, we have left that "at pleasure", but that does not mean that they are there forever.

I think we are discussing just how long is long enough, because there are some questions that some people -- even though they are okay -- that perhaps a few health boards could have a change too. No, it is not forever.

CHAIRMAN (Mr. Ningark): Mr. Kilabuk.

MR. KILABUK: (Translation) Thank you, Mr. Chairman. I would just like to conclude by thanking the Minister.

CHAIRMAN (Mr. Ningark): Mr. Arlooktoo.

Consideration Of Outpatients

MR. ARLOOKTOO: (Translation) Thank you, Mr. Chairman. I have some concerns in regard to the Baffin Region, for people who travel out to get medical attention. This has been talked about during the Baffin Regional Council meetings. We have never been able to resolve it but we have talked about

it numerous times. It is in regard to the patients who are ready to come home, they usually put them on standby. I wondered whether this is the policy of the Department of Health in the regions, to put patients on standby when they are on their way back to their community? We have been trying to resolve this in the Baffin Region for quite some time, but it has not been resolved as yet. I wanted to know if this is a policy of the health department.

CHAIRMAN (Mr. Ningark): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, no it is not the policy of the Department of Health and neither should it be the policy of the health board to put patients returning home on standby.

CHAIRMAN (Mr. Ningark): Thank you. Mr. Arlooktoo.

Rates Of Boarding Homes

MR. ARLOOKTOO: (Translation) Thank you, Mr. Chairman. Thank you for the information, I can relay that message to the people in the Baffin. We may not resolve it again but you, as a Minister, stated that it is not the policy of your department, perhaps the employees are the people that usually put the patients going back home on standby.

Another item I would like to discuss is, in the Baffin Region the people who go out to the hospital, to Iqaluit, to get medical attention, do not have a place to stay and they usually board them out with a family. They treat them very well, but there has been a concern expressed to me for quite some time that usually the people that come from the communities always want to get a good place to stay. I wondered if you had any plans for the future.

Perhaps I should say that the people that board with a family when they are getting medical attention in Iqaluit, the people that they board with get paid at different rates, very different rates. I know that just before I came here there was a person that boarded for 11 days with a family and they were paid \$13 for 11 days. Some of them are paid over \$300. I know that for a fact that the people who were paid only \$13 for 11 days have a very clean house and they fed the patients very well.

I do not think the business of boarding medical patients is run properly, but some of them are not paid well and some are paid okay. I wonder if your department can look into those cases of people who may be breaking the law.

CHAIRMAN (Mr. Ningark): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, I think that perhaps someone is trying to treat someone unfairly, but it may be a misunderstanding. There are different rates. The health board or Department of Health would generally have some assigned boarding homes that they would give some type of accreditation to and you would have a list of those homes. But if a person wanted to stay with a friend that was outside those assigned houses, then they would come to that \$13 a day rate.

We can check into it, but it may be that that person has not applied to be part of that boarding home listing. We can try to check into that and straighten that one out.

CHAIRMAN (Mr. Ningark): Mr. Arlooktoo.

MR. ARLOOKTOO: (Translation) Thank you, Mr. Chairman. I do not want to complain about this because I am happy that my people from the communities have been taken good care of in a boarding home in Iqaluit. I was talking about the individual who was paid \$13 for 11 days that already had their

names submitted as a medical boarder. I am asking about the employees of the health board of the Baffin Region. Maybe you could tell them to treat everybody the same and pay all the medical boarders the same rate. They are the ones I was talking about.

CHAIRMAN (Mr. Ningark): Madam Minister.

HON. NELLIE COURNOYEA: We will check into that to make sure people are treated appropriately and fairly.

CHAIRMAN (Mr. Ningark): Mr. Whitford.

Energy Auditing Of Stanton Hospital

MR. WHITFORD: Thank you, Mr. Chairman. This deals with energy audit. I guess I could just refer to Stanton Hospital because it is in my constituency. But before that I would like to point out something that was an observation. I am not sure what department it comes under but I will go back to autopsies. There is a misconception in the public's mind about what an autopsy is and what happens to a body once an accident or death occurs when the cause is not determined. There has to be more public education toward what takes place, because there are misconceptions that their loved ones are going to be mutilated and they are going to come back in little baggies and various parts of them will never be returned. I hate to keep dwelling on this gruesome subject, Mr. Chairman, but it is important that the public be made aware, maybe the Minister could advise people, somehow through the media, through some form or other, that bodies are treated with dignity. They are treated with all the care that they would be given if they were living and even more so in some cases. It is not to be considered a morbid undertaking and they are shocked when the people come back home. I know it has happened in the past, but those were accidental things and never to be repeated, I hope. I just want to see if the Minister would be able to take this matter under advisement and maybe look at some way of public awareness of what is involved.

Now, getting back to the energy audit, Mr. Chairman. You know the Stanton Hospital opened up here a couple of years ago and it has probably gone through -- what I refer to in new buildings -- a shake-down period, where all of the things that are going to go wrong or should go wrong within the first little while, have already occurred and they are able to have records now of the overall operation of the place. How much water it takes and how much fuel it takes, how much power it takes, whether there are any problems in the structure and stuff like that. But I am not sure if this has been done yet or there is enough information gathered in order that an audit can be done in order to cut costs.

I live not too far away from the hospital and it is almost the second thing I see when I open my window. I look out there and see this building and in the wintertime you can see the chimneys, smoke and steam coming out, and you know this place is in full operation. My mind turns to that furnace using fuel and the windows being opened and heat being used. I have been in there a few times and it is a little warmer than it should be.

I do not know whether they do this intentionally but they have got a beautiful parking lot, they have got some beautiful lights out there, the only nice lights in town, big orange ones, but there are far too many in my opinion. Madam Minister, through you, Mr. Chairman, it is lighting too much of an area. If I were a sick patient in the hospital, give me a room on the west side because the parking lot is too bright. I do not know whether it is for safety that these lights are on but there could be areas that are lit up after visiting hours are over, that would guide the vehicles to their proper destination or reduce the

amount of lighting that is involved in there. I do not think that with the cost of power here that we can afford to continue that luxury. I would like to ask the Minister whether or not they have considered that now that the place is operational for that length of time, whether they can do an audit on that to see where the consumption is and how, if at all, it can be reduced, certainly taking a look at the lighting.

I have heard complaints from people in the trailer court, from people who live a little bit west of me on that same street, Bromley and Byrne, that these lights are tremendously bright and they seem to carry an awful long way. It just seems to me like an awful lot of energy going there to light up the night when it is not needed. At certain times of the day I agree but they turn on far too early and they turn off far too late. I would like to ask the Minister if that has been considered.

CHAIRMAN (Mr. Ningark): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, what we can do is bring it to the attention of the Stanton Hospital board. I believe the Member has brought up this subject in the standing committee on finance and I did make them aware that there was a concern that perhaps we were burning needless energy at a high cost. I know that I had just talked to a couple of people who were on the board and said that this had been brought to our attention. I will make sure that the comments from the Hansard get sent to the Stanton Hospital board.

CHAIRMAN (Mr. Ningark): Thank you. Mr. Whitford.

MR. WHITFORD: Thank you, Mr. Chairman. The Minister is right, I did raise this in committee before. I think that in light of the concerns expressed, subsequent to that, I had to raise the issue again. I think this was the appropriate time to do it. It is not a criticism to the administration. It is direction to the department, through the Minister, to the board. The public is concerned with the amount of energy consumption any public building has. That is a very large building and I think there is a tendency at times to not be as energy conscious because no one was really working in that one specific area. A building like that, that size, has a number of maintenance people but I do not know whether they are tasked with going around, looking and examining these things because surprisingly, after having been exposed to the field of energy conservation, Mr. Chairman, surprisingly the amount of savings that can be accrued from simple things, doing simple things, posting notices for people to turn off lights not in use or recycling heat in some form, scavenging heat from steam that is being used for one purpose into another. It may appear on the surface to be expensive when you initially install these energy scrubbers, but you save in the long run.

I would hope that these positive comments to this operation will be certainly looked at because a period of time has gone by now and records should have been kept, or are kept, that will indicate the tremendous costs and where savings can come about if an audit is done. I thank the Minister for passing that on to the board. Maybe next year we will see some of the results from that. Thank you.

CHAIRMAN (Mr. Ningark): Thank you. General comments. Madam Minister.

HON. NELLIE COURNOYEA: I think that there was not really a requirement for a response.

CHAIRMAN (Mr. Ningark): Thank you. Mr. Pedersen.

Concerns Of Midwifery And Increasing Cost Of Health Care

MR. PEDERSEN: Thank you, Mr. Chairman. I would like to express some concerns and make some comments that all relate to the ever increasing cost of health care. The Minister dealt with one of these items herself in her ministerial statement on patient travel this morning, and I certainly welcome that. I think it is a step in the right direction.

Mr. Ernerk mentioned the topic of midwifery. I think that if that was properly instituted in the communities that it would cut down not only on patient travel but also give better utilization of the health care facilities that we have in the field. I am wondering on that subject, the Minister said that we are doing surveys and an assessment of community needs and community wants, et cetera. I do hope that when we do this that we also look back a bit because it is not that many years ago when the federal government provided the health services in the North. I suppose to some it may seem a long time ago, but I would say it is maybe 25 years ago that a requirement for being a nurse in the North, at the nursing station in the field, was that you had to have a course in midwifery. So statistics from those days do exist. If the Minister could just indicate to me if these statistics are being worked into the feasibility of reintroducing this system. It certainly works well in other places.

For instance, I would like to see if in fact there has been any change in the infant mortality rate where it relates to children dying at birth. Because to my own personal memory I would not think that there has been any change in that. When children were delivered in the communities by a nurse who had midwifery -- I do not know whether it was a certificate or what but they had to have a course in that I know. My three oldest children were delivered that way and the youngest one was delivered in a hospital here in Yellowknife. But I do not recall, in my own memory, if the infant mortality rate was a lot higher but it was children dying in the first year of their life, not at birth. So are we putting the statistics from the past years into the consideration of whether to reintroduce the midwifery practice in communities that have requested them?

CHAIRMAN (Mr. Ningark): Thank you. Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, I think that is a positive approach because I do not believe that we had anticipated putting that calculation in. There may be some difficulty in getting the figures but I think that certainly that can be one component of the assessment that we are doing, whether there is difficulty in getting those figures or not.

Background In Obstetrics Provided To Nurses

My understanding is that the midwifery program is a two-year program. At this point in time in the advanced nursing skills program, we are providing a couple of components where nurses can get more background in obstetrics, but it is not close to the two-year midwifery program that nurses previously had attached to their professional certification.

That was one of the questions that begged to be answered: Does it need to be a two-year program? Can the program be adapted to the present skills that nurses have now? What are the background levels that the people who presently work in the field have? I do not know the figures, so I cannot dispute the facts as they are laid out by the Member, saying that perhaps there is not a great deal of difference in terms of child births and survival rates.

I do not know if the chairman would like Ms. Berthelet to expand on that, because I think she may be more familiar with the background. But I do not think we should argue figures

or background at this point in time. If there is a desire to provide services closer to home, which makes a lot more sense in terms of closer association to family and time away from home, I think there is merit in that as it is. But certainly in the question of whether there is a difference, I am not aware personally, but perhaps the chairman would allow Ms. Berthelet to expand on that.

CHAIRMAN (Mr. Ningark): Ms. Berthelet.

MS. BERTHELET: Thank you, Mr. Chairperson. There is an infant mortality prenatal committee in the NWT that does review the number of deaths just prior to delivery, if there is a death, and within seven days after the infant is born. So we do have that information.

Overall, our rates have been dropping compared to what they have been in the years past. We are still somewhat higher than the Canadian average. However, we may be able to look back and try to relate where the deaths are now occurring versus where they occurred in the past, to see if there is any kind of correlation there.

CHAIRMAN (Mr. Ningark): Mr. Pedersen.

MR. PEDERSEN: Thank you, Mr. Chairman. I agree with the Minister, and I did not give any figures, either. I said, "to my recollection". The purpose of this is not to argue over figures; I agree completely. I am glad that the Minister has an open mind to look at it and I think possibly we could get a lot of assistance through Camsell Hospital, somebody like Dr. Schaeffer, who has been around -- I guess he is retired but he is still around.

Another issue that I wanted to bring up here, and as I said before, I do not like bringing up the same issue both in the standing committee on finance and here, but I will bring this one up, and that is better utilization of the health care facilities we have in the field. Generally I think we have very excellent health care facilities in the field. I am talking about nursing stations, and compared to other jurisdictions, particularly the other nations, they really are second to none. They are very, very good. But I do not think we utilize them all that well. I think we are far too ready, when there seems to be population growth, to say we must automatically have a bigger nursing station. There are tremendous costs that we incur whenever we do that, for expansions or upgrades to the nursing stations. They are institutional buildings and they are terribly expensive. And it relates back to the cost of health care.

Extending Hours Versus Expanding Building

I suggested to the Minister during the SCOF meetings that if it was possible, we could look into operating our nursing stations -- for lack of a better word -- on a shift schedule. Not emergency things, but the routine health care programs that we provide in the communities, such as the prenatal, the well baby clinics, that type of program, and expand the working day. If we need more nurses, fine; but let us not put in more nurses to work an eight hour shift and thereby build more buildings, if we can put in the required nurses and work maybe a 12 hour shift and utilize the same building for that extra four hours for routine programming.

I know the Minister said she would look into the possibility of doing that, when we had the SCOF meetings, and I appreciate there has not been time to reflect this in any of the documents in front of us. But I did want to get it on record in a formal session of the House. So I wonder if there have been any thoughts given to it in the interim three months.

CHAIRMAN (Mr. Ningark): Madam Minister.

HON. NELLIE COURNOYEA: Yes, Mr. Chairman, there has been and we have talked to some of the boards in attempting to get their boards discussing the subject at their level, to see if there is any way that we could do that. I know there are some difficulties in some of the stations where we only have a one-person nursing station. However, I believe that was a valid suggestion and it has been put out, not to all the boards, but to a couple of the boards that we had meetings with to see if they can incorporate, in their planning, a shift work model.

I have also personally related that certainly most people in some of the smaller communities are not really up and about at 9:00 in the morning and that perhaps a more open time would be from 1:00 in the afternoon to 7:00 at night. So I have asked them to take that into consideration. Some have raised some issues around union agreements and such, but we did not get at the outset, any really negative reaction to that suggestion. We have not pursued it extensively, but we intend to put that suggestion to the communities, particularly where there are two or three or four nurses or six nurses operating a facility.

CHAIRMAN (Mr. Ningark): Mr. Pedersen.

Causes For Unhealthy Society Should Be Specified

MR. PEDERSEN: Thank you, Mr. Chairman. I said I was going to speak to the rising cost of health care and the one reason I want to do that is that it appears to me, as our costs are rising, that unfortunately we are not seeing a corresponding improvement in the general health and well-being of our population. Not only physical health, but also mental health. That should be disturbing if we try and take a long-term view on it.

In the NWT or anywhere in Canada, a public health inspector can walk into a facility that sells or serves food and condemn and close down such a facility if he deems it unfit for public health reasons. That is sort of in general terms what he can do. I wonder if it might not be a valuable exercise if the Department of Health would publicly identify and condemn -- that is not quite the right word for it -- but identify as being unacceptable, those things in our northern society today which are the cause for the unhealthy society that we have, something that would improve the general health and well-being of the society, such as more and better housing and a meaningful occupancy of people's time for their mental well-being. In other words, I suppose you might call it economic development or job development, but something that would give people a feeling that they are again contributing in a meaningful way to the society in which they live. I think that is something that is sadly lacking today.

If the Department of Health could, in fact, identify some very clear factors that are contributing to the poor health that we seem to have at the moment then it might be easier to come up with a blueprint for priorities for the government in the long term. I think that is really what we as a government are lacking. We see crises and we deal with crises, but we are not very good at long-term planning. That suggestion may be way out in left field, but I wonder if the Minister might have any comments on it.

CHAIRMAN (Mr. Gargan): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, I will comment a bit and then pass it on to the deputy minister. I think that what the Member is leading to is "healthy public policy", and trying to address good health practices all across Canada was a theme that was recently put together. Some people find it a grabby theme, and other people feel that it does not say anything, but really that is where it leads. We have to have

that ability, but I know that in certain circumstances when an attempt is made to restrict or identify or make uncomfortable a certain item or place, the public does not like us to do that.

However, I think that in our attempts to do preventive health care it is important that we do that, but I think it is going to take a fairly strong will to gain support from other people, or other departments, or the public, to get in place and identify a contributing factor. I think it would be innovative and it will take some strong will to do it. I do not think it will be easy to come by, but it has been identified in the theme. Mr. Cowcill could just expand a bit on that, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Mr. Cowcill.

MR. COWCILL: Thank you, Mr. Chairman. Certainly the message that the department intended to convey in the health status and health services report which the Minister tabled in the Assembly is that the health of the population depends on many factors beyond the health care system. Out of that message a number of key principles follow.

One is that we have to run our health care system as effectively and as efficiently as possible so that we do not spend unnecessarily money on the health care side that you could be expending for improved housing, for improved employment or income maintenance programs for people in the communities, because all of those factors, as well as things such as education and so on, impact on the health of the population. The key then is that we not get ourselves into the situation that the provinces have where they are expending in the order of 40 to 45 per cent of their budgets on health care. As you know, we are currently expending a lot of money but relative to the NWT it is 21 per cent.

Factors That Impact On Health

We need to zero in on those factors that the Member has referred to that do impact on health. One of the problems is trying to provide good advice through our Minister to the government on exactly how all these factors such as housing, income, and so on impact on health. There is some clear research around, particularly in the area of income. The relationship between income and health is that if people do not have a decent income, obtained either through support programs or employment, they are very likely to have poor health status. There is similar anecdotal information around with respect to housing. There is evidence that people who are not literate tend to have a poorer health status than others because they are not able to educate themselves or receive good information about how to take care of their own health. There are many of those factors, many of which our government has already pursued that really affect the health of our NWT residents.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Cowcill. Mr. Pedersen.

MR. PEDERSEN: Thank you, Mr. Chairman. I will not take much more of the committee's time. I think the comments of the Minister and the deputy are good and I particularly want to say to the Minister that she is absolutely right when she says it will take a strong will, a strong political will, to do that. That is why I raised it at this time, Mr. Chairman, because I do think that if anybody has it, Madam Minister, you have a strong will. Use it. Thank you.

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

MR. LEWIS: Thank you, Mr. Chairman. I have a whole pile of notes here, Mr. Chairman, that I have collected, going through the standing committee on finance meetings, but at 5:45 p.m. it is probably going to be very difficult to hold

people's interest on a subject that we have covered very carefully, and probably all the stuff that I would want to say has already been touched on to some degree or other. Instead of doing that and covering all the stuff that I wanted to deal with today, I thought I would just raise one issue.

Reducing Dependency On Drugs And Alcohol

Mr. Chairman, one of the concerns we raised during the discussion on drugs and alcohol was the need to really look at developing some kind of long-term approach to how we reduce people's dependency on drugs and alcohol. We seem to always be looking at Social Services as being the place where we should put our emphasis, and we tend to give them the mandate to try to deal with the problem, but when we were discussing this issue last week everybody seemed to agree that at the root of many of the social and health problems that many people have, very often there is alcoholism, and for Northerners for a long period of time it has almost become a tradition of becoming dependent on it. I wonder about the degree to which in the long term it has affected people's health. We really do not have an awful lot of evidence, it is mostly anecdotal, that this is a fact that northern people drink an awful lot, and you wonder about the degree to which the lifestyle makes it very difficult to enjoy good health when we get to the age when we could enjoy all these benefits that everybody thinks we should get when we reach that age.

With the small number of people in the House today, Mr. Chairman, although I have all these notes, instead of getting into a debate, because I had in mind making a motion, I will not make the motion and will just read it, Mr. Chairman, because it may be that it is not an appropriate time to debate this item. What I had in mind was something like this: I move that the Minister of Health examine the feasibility of requiring all alcohol sold in the Northwest Territories to carry the label, "The Minister of Health warns that heavy consumption of alcohol is damaging to health."

We were discussing a couple of years ago the possibility of maybe getting more control over the whole alcohol business, by at least, in the initial phases, setting up our own brewery in the Territories in order to not just promote it but to really control it. So you would, in fact, be selling stuff that you approved of.

What I had in mind, is I know that before alcohol can be sold in any province it has to be manufactured there. That is one of the deals that they have made. The brewing companies just cannot sell whatever they want to sell. That is why in some places you do not find particular brands of alcohol, things like the stuff that is made in the Maritime provinces. It is very strictly controlled. It may be that it will not be possible for us to do this. Maybe legally we are not allowed to touch a bottle that has been manufactured by somebody else and we cannot put labels on that say that the Minister of Health warns this. Although that does not seem very much, it just seems like a little thing, if we were to take the approach that everything you can do can add up to making a difference, perhaps over a period of time people would become more conscious. Every time you do something you begin thinking more and more about your lifestyle and what you are doing and so on. To be constantly reminded is one of the things, we learned, that really does affect human behaviour. If you have someone continually nagging you, even if it is only in writing, it makes you more and more aware. There are all kinds of proof that that is the case. If you are continually reminded, then maybe it will have some kind of impact.

Since we do not have enough Members at this time at night to debate this kind of motion, what I would like to do is to recommend to the Minister that she suggest to her cabinet

colleagues that if there is some way, even though the stuff comes in boxes from the South and we store it in Hay River, and eventually it comes to the different outlets -- maybe we would even have to stick them on ourselves here -- but whether there is some way that we could begin doing the same thing with alcohol that we have already done with cigarettes. Cigarette packages have on them that the Surgeon General, or whoever the top health person is in the country -- we can require that manufacturers put something on the bottle. Since we may be in a different kind of space from what they have in the provinces, it may not be that easy to do. It seems to me that if we are challenged into doing that, we could tell the manufacturers, "Look, if you are not prepared to do that, you cannot sell your stuff in the Northwest Territories. If you do not go along with our attempts to do something because you do not want your product to have that on it, then I am sorry but we will not sell your product. You have to agree to this before you can sell this stuff in the Territories."

Rather than make the motion and go through all this other stuff that I collected here on the different reviews, nursing shortages, the cost of health boards, and how you go about resource management -- there are piles of it here -- I would just like you to think about that one issue, that one little tiny thing that we could begin working on and it could, perhaps over a period of time, make a difference. Thank you.

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

HON. NELLIE COURNOYEA: Mr. Chairman, I think that is an excellent suggestion and recommendation. I know that certainly we are all aware that when we buy a bottle of alcohol from the liquor store we get a bag that gives us a warning, but aimed more at young people and children and mothers-to-be. I think in one sense the paper bags that come from the liquor store have a warning. I certainly think that is an excellent recommendation and we will attempt to see what we can accomplish within our legal mandate in our ability to do something like that.

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

Nursing Bottle Tooth Decay

MR. ERNERK: (Translation) Thank you, Mr. Chairman. I have a question for the Minister. Further to the comments made by the Minister yesterday, whenever we talk about the well-being of children we have very good health care to deal with infants in many of the communities. My question is related to this. I will read the comments that she made yesterday, first. (Translation ends) "A video about nursing bottle tooth decay among young children has been prepared to assist NWT residents to better understand and combat this serious problem." (Translation) Mr. Chairman, my question is this, how do you plan on implementing this program for the Northwest Territories? It seems that there is a problem with children due to the prolonged bottle feeding, and I would like to find out what programs will be aimed at diminishing this problem. I would also like to see more information being distributed to the communities whereby they can help themselves and their children in improving this problem. That is my question, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Gargan): Ms. Berthelet.

MS. BERTHELET: Thank you, Mr. Chairperson. The nursing bottle video is almost ready for distribution and will be provided to all of the health centres for showing in the health centres to families, mothers, fathers, and children, particularly during prenatal classes. As well, the dental therapists will be

using the video as part of their prevention program. In addition, parts or all of the video will be shown on local community TV. We also plan to have a couple of public announcements, short spots on TV, dealing with this problem as well. Thank you.

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

MR. ERNERK: (Translation) Thank you, Mr. Chairman. That is very good. Does that include the schools? Thank you.

CHAIRMAN (Mr. Gargan): Ms. Berthelet.

MS. BERTHELET: Mr. Chairperson, yes it does.

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

Trends in Sexually Transmitted Disease Rates

MR. McLAUGHLIN: Thank you, Mr. Chairman. I would just like to ask one question in an area that I asked at the previous budget session. Five years ago when the Department of Health officials convinced the cabinet of the day that we should launch a territorial-wide AIDS awareness program, I believe it was around 1986 that we did that, they gave us certain advice and the same advice was given to the whole Assembly when we had experts in the House when we had a debate in question period carried live on radio across the Territories in order to help public awareness on this issue.

One of the things that we were told is that the way we could monitor -- because there is such a low instance of HIV positive in the Territories -- how successful the AIDS awareness program was, would be to keep track of the total number of sexually transmitted diseases in the Territories and see if the total trend for all types of sexually transmitted diseases was going up or down. That would indicate whether or not people were practising safe sex, or abstaining from sex or whatever people chose to do in order to protect themselves from getting AIDS. The consequence of all these would be that other sexually transmitted diseases would also be lowered in total number.

When I asked that last year, the Minister and her officials advised that because federal public health and the territorial government and the various hospitals, regions and nursing stations, did not have a standard way of reporting all of these things, it was hard to pull the stats together. I was wondering what progress has been made in this area to monitor this so that trends can be more easily watched, not just for these diseases but also for other diseases because for long-term planning in health it is pretty important that trends in diseases should be well known.

CHAIRMAN (Mr. Gargan): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, if you do not mind, I will have Ms. Berthelet present that information.

CHAIRMAN (Mr. Gargan): Ms. Berthelet.

MS. BERTHELET: Mr. Chairman, as the Member has pointed out, we did carry out a review within the department on sexually transmitted disease rates, going back about 10 years. There were some reporting difficulties in view of the fact that a couple of agencies had been involved over the years and we do know that we have a very high rate of compliance with reporting in the NWT. That is almost completed, and we will have an excellent base to then work from.

With regard to the specific question, we are showing a slight drop in our gonorrhoea rates. However, our chlamydia rates

are up. Is the AIDS education program working and is it having a direct effect? It is a bit difficult to estimate at this time and it is probably a little early to know. Quite often behaviour change is somewhat delayed after information is provided.

We also have an evaluation under way at the moment and it should be completed at the end of May, to see how the public felt that the AIDS education program was working and if indeed this caused them to change their behaviour. So this will also be useful information. Thank you.

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

MR. McLAUGHLIN: This is a brief follow-up, and perhaps the Minister and her officials could just make available to us, not necessarily in committee of the whole but just individually to those of us who are interested, myself for sure, what stats you have over the recent years since the program started, even though we know they are not perfect, but just to see what actually exists. Thank you.

CHAIRMAN (Mr. Gargan): Madam Minister.

HON. NELLIE COURNOYEA: We can do that, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Thank you. General comments. Are there any further general comments? Does the committee agree we go to the details?

SOME HON. MEMBERS: Agreed.

--Agreed

Administration, Total O And M, Agreed

CHAIRMAN (Mr. Gargan): Administration, operations and maintenance, total O and M, \$10,791,000. Agreed?

SOME HON. MEMBERS: Agreed.

--Agreed

Supplementary Health Programs, Total O And M, Agreed

CHAIRMAN (Mr. Gargan): Supplementary health programs, operations and maintenance, total O and M, \$11,752,000. Agreed?

SOME HON. MEMBERS: Agreed.

--Agreed

Territorial Hospital Insurance Services, Total O And M

CHAIRMAN (Mr. Gargan): Territorial hospital insurance services, operations and maintenance, total O and M, \$113,428,000. Mr. Whitford.

MR. WHITFORD: I had a question I would like to ask in this area. The THIS is probably one of the best programs around. Northern people can carry our card with us and if we go south and we get sick we can always use our card in most places. That seems to be a problem in my mind in terms of the fact that the North is somewhat transient and people come up, sometimes for a good time but not a long time, and after a short period of time working here they are eligible for THIS. They get their cards, and after they have done their stint here they head back south again. I worry that the facilities are being used or misused in the South by people that have relocated but take their card with them and use this card. I knew of a situation some time ago where the address of an individual was in Yellowknife, but that person was no longer

in Yellowknife and the mail was being redirected. It was taken at the address, sent south and included in that was the health card. For months -- I do not know how much it was ever used -- this service may have been abused. I know that is important for a student; people have relocated for those reasons and people going to school need that; but I wonder if there is a check stop that can prevent any misuse. Is this being misused and are there ways of dealing with this that I do not know of?

CHAIRMAN (Mr. Gargan): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, I think I would be dishonest if I said that we are not concerned about possible misuse of the medical services we offer, but that can be equally said for people coming up from the provinces to the NWT and holding on to their card for extended periods of time and not transferring. We do an assessment every two years to try to upgrade and look at our listing of who is presently on the list and where they are residing. I do not think our monitoring is perfect, but I think that we generally catch any problem areas or problem people that might exist. I do not know whether we could ever be 100 per cent. It is a concern to us, but equally it is a concern to provinces, the provincial people who come up here and use their health card from the provinces.

I do not know whether there is a 100 per cent foolproof monitoring system that we can follow, but I think it would be difficult, particularly if a person were staying back in a province for an extended period of time and he had a requirement to use the health card. In order to receive payment from the NWT, they have to contact us and a lot of time if people are misusing the card we could catch that and the person could be in very serious trouble. If it was decided they were misusing the card they would have to pay for the medical treatment. I think there are some balances there where people themselves would want to be especially cautious because they would not want to get caught. I do not think we have a 100 per cent foolproof system at all, but I do not know whether anyone else has, either.

CHAIRMAN (Mr. Ningark): Thank you. Mr. McLaughlin.

MR. McLAUGHLIN: Thank you, Mr. Chairman. I had a question relating to finances, but Mr. Whitford's question has raised a concern with me. It seems to me that there is a Canada-wide health program and that all Canadians are covered under it. I seem to recollect that there is a three or six month period of time so that if someone moves to the NWT from Alberta they are covered under the Alberta program for a three or six month period of time, and if a person from here moves to Alberta they are covered by our program for three or six months. There is a standard agreement amongst all the provinces and territories. Can you tell me what that time is, is it three or six months?

CHAIRMAN (Mr. Ningark): Thank you. Madam Minister.

HON. NELLIE COURNOYEA: It is three months.

CHAIRMAN (Mr. Ningark): Thank you. Member for Pine Point.

Determining Department Of Health's Percentage Of Budget

MR. McLAUGHLIN: Thank you, Mr. Chairman. My other question is on the general total budget here under THIS of \$118 million. When I looked at this before, when I had the responsibility, it was hard to tell what percentage of our budget we were spending on Health. In the provinces I knew it was approximately 40 to 45 per cent in some places, and that was understandable because the provinces in most cases

have a much larger elderly population and some of those people are in acute care beds in hospitals for years, and that is expensive. I still find it hard to believe that the people up here are so healthy that our health care costs are almost half what they are in the provinces. I am still just generally concerned that under the THIS area, maintenance of hospitals and all our other programs in here, but particularly under the THIS one, what is done by the service departments -- and I had the same concern when I was a Minister -- whether it is the Department of Public Works filling up an oil tank at a territorial hospital, or whether it is a DPW employee doing some work at a nursing station in one of the communities, or whether it is the Department of Government Services giving computer time to the Department of Health, I just find it hard to believe that we are recouping all of those costs. I think if we are recouping all of those costs, our budget would be in the 30 to 35 per cent range of our total expenditure on Health.

I think that when we departmentalize everything like this, which we have to do for efficiencies, and we do not have a good charge-back system I am just afraid that other departments are doing things for the Department of Health and the 50 or 40 per cent of the money that comes from the Canada Health Act is not getting to us. We do not know the true cost for operating our hospitals. I guess I did not believe it then and I still do not believe that we are getting the true cost of Health up here, because the service departments that do work for us -- if that was all added up, I am sure it would be over 30 per cent of the budget. I do not know if the Minister has a comment, but I just find it incredible to believe that we are running around 20 per cent of our budget and other provinces are running twice that amount for health care costs.

CHAIRMAN (Mr. Ningark): Thank you. Mr. Cowcill.

MR. COWCILL: Thank you, Mr. Chairman. Members may recall that in 1988 when the remaining transfer occurred from the federal government and the decision was made that support services would be carried out by the GNWT service departments, that in response to concerns from the Assembly that some of these costs might be lost, a special arrangement was put in place so that the costs incurred for things like direct costs such as utilities, recruitment costs and all that sort of thing, that money remained right in the health system and, in fact, is part of each health board's budget. This applies to both the pre-transfer boards and the post-transfer boards.

In addition, in order to make sure that the dollars were captured in relation to indirect services provided by the personnel in service departments, that money has been retained directly in the Department of Health's allocation as one of the sub-items under the THIS activity.

We have the dollars associated with the provision of the support services, both the direct cost and the indirect cost, within the Health department's budget. The only element of the health transfer dollars that did not remain within the Health department was, I think, about four million dollars in corporate funding which went across to a variety of departments at transfer to cover certain corporate benefits, primarily the support provisions provided to the Department of Health and I believe the Social Services department for some of the resources that they received. Those particular resources are not cost-shareable under the current arrangement with the federal government, which the Member is referring to. All of those costs which are shareable are currently captured under the current arrangements.

CHAIRMAN (Mr. Ningark): Qujannamiik. Member for Pine Point.

Demands For Various Health Services May Grow

MR. McLAUGHLIN: Thank you, Mr. Chairman. One other question in this area. When we did the negotiations, one of the things that I know was concerning the officials doing the negotiating at the time on behalf of the territorial government was that it was pretty hard for us to predict what types of demands people would make for services. The best example is when the deputy minister said that people who are not literate are not knowledgeable of programs that are available.

The same thing could be said about a lot of the small communities in the NWT, where all they saw before was the nurse in the nursing station who said, "This is what you are going to do; this is what you are going to get." You had to go and see them first before you can see a doctor, which in a lot of cases still exists in a lot of small communities. At the same time, with our own public health awareness programs, which I am glad we have, and with the growing element of knowledge because we have television stations from all over North America now being beamed into a lot of our communities, the general public is aware of medical procedures and practices that are available in large southern cities and is basically going to demand these through the nursing station. If they run into trouble there, they will demand that through their local MLA or some other means, perhaps the directors of the health board in the region.

Are we yet beginning to see a trend where demand for new and more expensive health services that were not being utilized in communities before is now beginning to happen? In other words, outside of a population growth, and an increase in aged people causing our medical expenses to go up, are we beginning to see a disproportionate increase in the THIS area and also in the medical care plan area because people are basically demanding that right, under the Canada Health Act, to see doctors, whereas before the nurse was sometimes seen as a block? Are we in a position where public awareness of what they perceive as a right to access more health care and newer health care methods -- is that beginning to drive up our costs in THIS and transportation, et cetera?

CHAIRMAN (Mr. Ningark): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, I do not think that we could make that clear an assessment. It could be. Certainly people are more aware of opportunities for different types of treatment and are more vocal about it individually. I know that when the Member was Minister of Health, when we asked a lot of questions in the Legislative Assembly, his general pat answer was that that lies with the federal government, but we cannot do that any more. Whether that meant that the federal government was providing more of less service, I do not know, but the fact is that certainly the questions that are coming up, and the recommendations, are much closer to home now because the accountability rests here in the Legislative Assembly.

The Member spent a great deal of time trying to make that happen, so whether that has driven up the case -- certainly we have extended some of the coverage in the last little while at the request of Members of the Legislative Assembly in terms of people 60 and over and the diseases that we do cover. I suppose that we could say that would add a little bit more to the expenses. I do not know whether we can say unequivocally that is a contributing factor.

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

Average Life Span Of Northerners

MR. GARGAN: Thank you, Mr. Chairman. Mr. Chairman, I would like to ask the Minister whether deaths among senior citizens have ever been kept on record. Has the average life span of Northerners gone up? What are the statistics on that?

Also, I would like to know if senior citizens live longer now than they did before, or if their life span has decreased. I would think it has decreased because several years ago people used to live up to 90, even 100, and I am just wondering if the trend is up or down.

CHAIRMAN (Mr. Ningark): Thank you. Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairperson, in all of the statistics that we have it appears that the life expectancy has increased. People are living longer as an average. I think you are quite right that in periods in the past, a few people used to live to 90 and 100 years old, but I think that was not a great number of people. All the statistics presently show that people, on the average, are living longer.

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

MR. GARGAN: Do you have any statistics for ages 50 and over, or 60 and over?

CHAIRMAN (Mr. Ningark): Thank you. Madam Minister.

HON. NELLIE COURNOYEA: Yes, we can provide those statistics.

CHAIRMAN (Mr. Ningark): Thank you. The honourable Member for Deh Cho.

Health Expenses For Status Indians And Inuit

MR. GARGAN: Thank you. I just wanted to find out how long I expect to live. Mr. Chairman, with regard to THIS, it says that you do have revenues to take care of the health of status Indians and Inuit. It is based on a formula in which all medical travel expenses, hospitalization, has all been covered by this government and then it is turned over to the Department of Indian Affairs, which then gives you back your money.

I know that your budget has not increased that much. It is mostly forced growth that you have budgeted for, I would think. For people who are not status or Inuit, it does limit the amount of money that they have. Am I correct in saying that? At least for status people and Inuit people life goes on, their health care is being taken care of and because of restraint it does not mean that those particular groups should be concerned.

CHAIRMAN (Mr. Ningark): Mahsi cho. Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, during the Health transfer it was clearly identified that there was a desire at all times under the Indian and Inuit Health Act that the status benefits be protected and not be necessarily part of a transfer directly over, but would be clearly identified. I will ask Mr. Cowcill to be more specific in that area.

CHAIRMAN (Mr. Ningark): Mr. deputy minister.

MR. COWCILL: Mr. Chairman, the arrangements made of transfers specifically in relation to native people were twofold. One was that in relation to the non-insured program the federal government continue its previous obligation by entering into a contract with the Northwest Territories government to administer specifically for Inuit and treaty

Indians on their behalf. With respect to other obligations of the federal government for native people, the federal government has continued to cost-share hospital services for Indian and Inuit, that is reflected as a revenue which our government receives as part of its fiscal framework.

One element of expenditure that was transferred across to the GNWT base, which used to be a non-insured service, is the medical travel program. That particular program we are administering on behalf of the total population.

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

MR. GARGAN: Mr. Chairman, there were recommendations made by the standing committee on agencies, boards and commissions with regard to THIS. Our chairman for that committee is not here today, and I realize that this is going to be completed today, maybe. I have a concern that if you look at your objectives, Madam Minister, you do not have anything with regard to the recommendations made by the standing committee on agencies, boards and commissions in this House addressing the THIS and the functions that are in place now. I believe the recommendations were to try to change those functions because you have people on that board that also run the hospitals and things like that. I want to ask the Minister whether the department has been considering the recommendations made by the standing committee on agencies, boards and commissions, or whether those are on the shelf collecting dust. If that is so, please let us know.

CHAIRMAN (Mr. Ningark): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairperson, the Department of Health has concluded its responses to the standing committee on agencies, boards and commissions and also we are putting forward legislation in response to our follow-up to the ABC committee's recommendations. Yes, we are moving on it; yes, we have completed the response; and yes, we hope you will deal with our response to your recommendations.

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

MR. GARGAN: What is the timetable that we are looking at?

CHAIRMAN (Mr. Ningark): Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairperson, it is at the will of this House. We have done our work, we have put forward our responses and we have put forward our recommendations. We will be presenting the legislation whenever the appropriate committees are able to hear from us and we are prepared to deal with the legislation as soon as the Legislative Assembly or the committee of the whole is willing to hear from us. We are ready to proceed momentarily at the will of the House.

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

MR. GARGAN: Mr. Chairman, if I understand the Minister correctly, a response has already been made. It is on paper and it is up to this House to deal with it. I would like to ask the Minister whether her intention is to table the document with your response. In order for it to go into committee of the whole, it has to be tabled.

CHAIRMAN (Mr. Ningark): Thank you. Madam Minister.

HON. NELLIE COURNOYEA: Mr. Chairman, my understanding is that the Department of Health response is combined with the Executive Council's tabled document that was tabled last week.

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

MR. GARGAN: Mr. Chairman, I would like you to recognize the clock and move that we report progress.

CHAIRMAN (Mr. Ningark): There is a motion on the floor to recognize the clock and report progress, which is not debatable. All those in favour? All those opposed? The motion is carried.

---Carried

I would like to thank Madam Minister and her witnesses. I will now rise and report progress.

ITEM 18: REPORT OF COMMITTEE OF THE WHOLE

MR. SPEAKER: I would like to call the House back to order. Item 18, report of committee of the whole. The honourable Member for Natilikmiot.

MR. NINGARK: Thank you, Mr. Speaker. Your committee has been considering Bills 7, 8, 9, 10, 17, 19, 20 and 22, and CR 2-91(1) and wishes to report progress, and that Bill 22 is now ready for third reading.

MR. SPEAKER: You have heard the report of the chairman of committee of the whole. Are you agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

MR. SPEAKER: The honourable Member for Iqaluit.

HON. DENNIS PATTERSON: Mr. Speaker, I would ask unanimous consent to go back to Members' statements to make an important statement about volleyball.

---Laughter

MR. SPEAKER: Thank you. The honourable Member for Iqaluit is seeking unanimous consent to return to Item 3, Members' statements. Are there any nays? There are no nays. Proceed.

REVERT TO ITEM 3: MEMBERS' STATEMENTS

Member's Statement On First Annual Volleyball Challenge Match

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. I am pleased to announce that thanks to help from Mr. Gargan, we have secured the St. Pat's gymnasium for tomorrow night, Wednesday, March 13, from 7:30 to 9:30, for the first annual volleyball challenge match between Members of cabinet and staff, and ordinary Members and staff. Thank you.

---Applause

MR. SPEAKER: Thank you, for that important statement.

---Laughter

Item 19, third reading of bills. Item 20, Mr. Clerk, orders of the day.

CLERK OF THE HOUSE (Mr. Hamilton): Mr. Speaker, there will be a meeting of the standing committee on rules, procedures and privileges immediately after adjournment this evening. Meetings for tomorrow: ajauqtit at 9:00 a.m. tomorrow morning; at 10:00 a.m., the standing committee on finance.

ITEM 20: ORDERS OF THE DAY

Orders of the day for Wednesday, March 13th.

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Oral Questions
6. Written Questions
7. Returns to Written Questions
8. Replies to Opening Address
9. Petitions
10. Reports of Standing and Special Committees
11. Tabling of Documents
12. Notices of Motion
13. Notices of Motions for First Reading of Bills
14. Motions
15. First Reading of Bills
16. Second Reading of Bills
17. Consideration in Committee of the Whole of Bills and Other Matters: Bill 7; Committee Report 2-91(1); Bills 8, 9, 10, 17, 19 and 20
18. Report of Committee of the Whole
19. Third Reading of Bills
20. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. This House stands adjourned until 1:30 p.m., Wednesday, March 13th, 1991.

---ADJOURNMENT

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