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Speaker: The Honourable Donald M. Stewart, M.L.A.

LEGISLATIVE ASSEMBLY OF THE NORTHWEST TERRITORIES

Speaker

The Hon. Donald M. Stewart, M.L.A.
P.O. Box 1877
Hay River, N.W.T., X0E 0R0
Office (403) 874-2324
Home (403) 874-6560
Office (403) 873-7629 (Yellowknife)
(Hay River)

Angottitauruq, Mr. Michael, M.L.A.
Gjoa Haven, N.W.T.
X0E 1J0
Office (403) 360-6600
(Natilikmiot)

Appaqaq, Mr. Moses, M.L.A.
Sanikiluaq, N.W.T.
X0A 0W0
Home (819) 266-8808
(Hudson Bay)

Arlooktoo, Mr. Joe, M.L.A.
Lake Harbour, N.W.T.
X0A 0N0
Home (819) 939-2363
(Baffin South)

Ballantyne, The Hon. Michael, M.L.A.
P.O. Box 1091
Yellowknife, N.W.T.
X1A 2N8
Office (403) 873-7658
Home (403) 920-2968
(Yellowknife North)
Minister of Justice and Housing

Butters, The Hon. Thomas H., M.L.A.
P.O. Box 908
Yellowknife, N.W.T.
X1A 2N7
Office (403) 873-7128
Home (403) 920-4411 (Yellowknife)
(403) 979-2373 (Inuvik)
(Inuvik)
Minister of Finance and Government
Services

Cournoyea, Ms Nellie J., M.L.A.
P.O. Box 156
Tuktoyaktuk, N.W.T.
X0E 1C0
Office (403) 979-2737 (Inuvik)
Home (403) 977-2405
(Nunakput)

Curley, The Hon. Tagak E.C., M.L.A.
P.O. Box 36
Rankin Inlet, N.W.T.
X0C 0G0
Office (403) 873-7139
Home (819) 645-2951
(Aivilik)
Minister of Economic Development
& Tourism

Erkloo, Mr. Elijah, M.L.A.
Pond Inlet, N.W.T.
X0A 0S0
Office (819) 899-8903
Home (819) 899-8845
(Amittuq)
Deputy Chairman, Committee of the
Whole

Gargan, Mr. Samuel, M.L.A.
P.O. Box 2131
Yellowknife, N.W.T.
X1A 2P6
Office (403) 873-7999
Home (403) 699-3171
(Deh Cho)
Deputy Chairman, Committee of the
Whole

Lawrence, Mrs. Eliza, M.L.A.
P.O. Box 2053
Yellowknife, N.W.T.
X1A 1W9
Office (403) 920-8052
Home (403) 873-2457
(Tu Nedhe)

MacQuarrie, Mr. Robert, M.L.A.
P.O. Box 2895
Yellowknife, N.W.T.
X1A 2R2
Office (403) 873-7918
Home (403) 873-8857
(Yellowknife Centre)

McCallum, Mr. Arnold, M.L.A.
P.O. Box 454
Fort Smith, N.W.T.
X0E 0P0
Office (403) 872-3224
Home (403) 872-2246
(Slave River)

McLaughlin, The Hon. Bruce, M.L.A.
P.O. Box 2637
Yellowknife, N.W.T.
X1A 2P9
Office (403) 873-7113
Home (403) 873-6200 (Yellowknife)
(403) 393-2939 (Pine Point)
(Pine Point)
Minister of Health and Social Services

Nerysoo, Mr. Richard W., M.L.A.
Fort McPherson, N.W.T.
X0E 0J0
Office (403) 979-7112 (Inuvik)
Home (403) 979-2668 (Inuvik)
(Mackenzie Delta)

Paniloo, Mr. Pauloosie, M.L.A.
Clyde River, N.W.T.
X0A 0E0
Office (819) 924-6336
Home (819) 924-6340
(Baffin Central)

Patterson, The Hon. Dennis G., M.L.A.
P.O. Box 310
Frobisher Bay, N.W.T.
X0A 0H0
Office (819) 979-5993 (Frobisher Bay)
(403) 873-7123
Home (819) 979-6618
(Iqaluit)
Minister of Education

Pedersen, The Hon. Red, M.L.A.
Coppermine, N.W.T.
X0E 0E0
Office (403) 873-7959
Home (403) 982-5221
(Kitikmeot West)
Minister of Renewable Resources and
Culture & Communications

Pudluk, Mr. Ludy, M.L.A.
P.O. Box 240
Resolute, N.W.T.
X0A 0V0
Home (819) 252-3719
(High Arctic)

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

Sibbeston, The Hon. Nick G., M.L.A.
P.O. Box 560
Fort Simpson, N.W.T.
X0E 0N0
Office (403) 873-7112
Home (403) 695-2565
(Nahendeh)
Government Leader, Chairman of
Executive Council and Minister
of Personnel

T'Seleie, Mr. John, M.L.A.
Fort Good Hope, N.W.T.
X0E 0H0
Home (403) 598-2325
(Sahtu)

Wah-Shee, Mr. James, M.L.A.
P.O. Box 471
Yellowknife, N.W.T.
X1A 2N4
Office (403) 873-8099
Home (403) 873-8012
(Rae-Lac La Martre)
Deputy Speaker and Chairman,
Committee of the Whole

Wray, The Hon. Gordon, M.L.A.
Baker Lake, N.W.T.
X0C 0A0
Office (403) 873-7962
Home (819) 793-2700
(Kivallivik)
Minister of Local Government and
Public Works & Highways

Officers

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

Clerk Assistant
Mr. Henry Zoe
Yellowknife, N.W.T.

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

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

Sergeant-at-Arms
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YELLOWKNIFE, NORTHWEST TERRITORIES

THURSDAY, FEBRUARY 27, 1986

MEMBERS PRESENT

Mr. Angottitauruq, Mr. Appaqaq, Mr. Arlooktoo, Hon. Michael Ballantyne, Hon. Tom Butters, Ms Cournoyea, Hon. Tagak Curley, Mr. Erkloo, Mr. Gargan, Mrs. Lawrence, Mr. MacQuarrie, Mr. McCallum, Hon. Bruce McLaughlin, Mr. Nerysoo, Mr. Paniloo, Hon. Dennis Patterson, Hon. Red Pedersen, Mr. Pudluk, Mr. Richard, Hon. Nick Sibbeston, Hon. Don Stewart, Mr. T'Seleie, Mr. Wah-Shee, Hon. Gordon Wray

ITEM 1: PRAYER

---Prayer

SPEAKER (Hon. Don Stewart): Orders of the day for Thursday, February 27th.

Item 2, Members' replies.

Item 3, Ministers' statements. Item 4, oral questions. Mr. MacQuarrie.

ITEM 4: ORAL QUESTIONS

Question 101-86(1): Proposal Brought To DPW For Leasing Accommodation, Rankin Inlet

MR. MacQUARRIE: Thank you, Mr. Speaker. My question is for the Minister of Public Works. The Minister had indicated in questions that I raised two days ago in the House that there was a point at which his department was approached with a proposal for leasing accommodation in Rankin Inlet. Could I ask the Minister precisely when that proposal was brought to his department to consider negotiating the lease?

MR. SPEAKER: Mr. Minister.

Return To Question 101-86(1): Proposal Brought To DPW For Leasing Accommodation, Rankin Inlet

HON. GORDON WRAY: Thank you, Mr. Speaker. The proposal was not brought to the Department of Public Works. The proposal was taken to the Department of Personnel who then passed it along to the Department of Public Works. I do not know when Personnel got the proposal. Thank you.

MR. SPEAKER: Thank you, Mr. Minister. Supplementary, Mr. MacQuarrie.

Question 102-86(1): Need For Leased Accommodation, Rankin Inlet, Brought To Executive Council

MR. MacQUARRIE: My question is for the Minister responsible for Personnel. Could the Minister tell me when his department first made the Executive Council aware, precisely when his department made the Executive Council aware, that there was a need for leased accommodation in Rankin Inlet?

MR. SPEAKER: Mr. Minister.

HON. NICK SIBBESTON: Mr. Speaker, I simply do not know the answer and I will take the question as notice.

MR. SPEAKER: Question is being taken as notice. Mr. MacQuarrie.

Question 103-86(1): Presentation Of Proposal For Leasing Accommodation, Rankin Inlet

MR. MacQUARRIE: Thank you, Mr. Speaker. My question is for the Minister responsible for Public Works. Acknowledging that it was the Department of Personnel that approached the Executive Council there must have been a point at which the Executive Council indicated to the Minister of Public Works and his department that they should negotiate a contract and there must be a point at which the Minister was made aware that there was a company interested in providing this leased accommodation. So I ask the Minister of Public Works when was he first made aware that there was a company which wanted to present a proposal for leased accommodation?

MR. SPEAKER: Mr. Minister.

HON. GORDON WRAY: Thank you, Mr. Speaker. I believe I was made aware sometime in, I think, the latter part of July or the early part of August. I am not sure. It could have been even earlier. Perhaps the best thing is to take the question under notice and I will provide the Member with an answer later.

MR. SPEAKER: Question is being taken as notice. Oral questions. Ms Cournoyea.

Question 104-86(1): Community Freezer Policy

MS COURNOYEA: Mr. Speaker, I have a question to the Minister of Local Government. I would like to know when the Department of Local Government and other departments working with that department will have the community freezer policy developed so that we could move ahead in the proper funding of these community freezers.

MR. SPEAKER: Mr. Minister.

HON. GORDON WRAY: I will take the question as notice, Mr. Speaker, and provide a reply later.

MR. SPEAKER: The question is being taken as notice. Oral questions. Mrs. Lawrence.

Question 105-86(1): Trainees In Health Programs

MRS. LAWRENCE: I have a question for the Minister responsible for Health. I would like to know how many people are in place training now that the new hospital is being built and I want to know how many people are training for our health programs?

MR. SPEAKER: Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Speaker. I do not have that information and will take the question as notice and provide a written answer later.

MR. SPEAKER: Thank you. I remind the Member that an oral question should be such that under normal circumstance the Minister should be able to answer it without having to refer to his department. Please try and separate your oral and written questions. Oral questions. Mrs. Lawrence.

Question 106-86(1): Training Program, Department Of Health

MRS. LAWRENCE: Thank you, Mr. Speaker. Maybe I can rephrase that question then. I would like to know if there is any kind of training program in the Health department.

MR. SPEAKER: Mr. Minister.

Return To Question 106-86(1): Training Program, Department Of Health

HON. BRUCE McLAUGHLIN: Mr. Speaker, there is no training program in the Department of Health of the GNWT for employees at Stanton Yellowknife Hospital.

MR. SPEAKER: Thank you, Mr. Minister. Oral questions. Mr. T'Seleie.

Question 107-86(1): Funding For Labour Component, HAP Program

MR. T'SELEIE: Thank you, Mr. Speaker. My question is for the Minister of Housing. We know that the Minister is seeking from the federal government a labour component for the 1986 HAP program and I wonder if he is in a position to give us an indication of whether or not the federal government is willing to go along with the proposal. If he is not able to do that then I wonder if he could tell us when he would know for sure whether the feds would be willing to finance this program.

MR. SPEAKER: Mr. Minister.

Return To Question 107-86(1): Funding For Labour Component, HAP Program

HON. MICHAEL BALLANTYNE: Thank you, Mr. Speaker. I do not know if it has been distributed already but sometime in the next few minutes there should be a proposal distributed to all Members -- a proposal that the Housing Corporation has made to CEIC and the Department of Indian and Northern Affairs. I have had meetings with both Flora MacDonald and also with David Crombie. We have support from the northern Indian Affairs branch. My officials are going down to Ottawa next week to try to finalize some support. I cannot give the Member any more specifics than that, except that, we are in the process of doing it.

We also are working out a number of possible fall-back positions if we are not totally successful in getting funding. We have asked all the native organizations for support. Those letters of support are coming in now. We have had very good support from the native organizations so we are working on it and hopefully by the end of this session I will be able to give the Member a more definitive answer. But we are working on it very hard right now and we will today have a look at basically the proposal that we are presenting to the federal government.

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

Question 108-86(1): Shareholders In Iligiittut Ltd., Rankin Inlet

MR. MacQUARRIE: Thank you, Mr. Speaker. My question is for the Minister responsible for Public Works. I am given to understand that in a CBC interview on February 24th the Minister was asked about the company, Iligiittut Limited, and he indicated at that time that it was his understanding that there were approximately 30 Inuit business people who own about 75 or 80 per cent of the equity in the company. As to the shareholders' list he indicated that he did not know and yet at another point the Minister indicated that apparently he had seen a list of shareholders which made him confident that in fact it was a company that would deserve preference. Could I ask the Minister to clarify whether he did or did not at that time see a list of shareholders and know who the shareholders in the company were?

MR. SPEAKER: Mr. Minister.

HON. GORDON WRAY: Thank you, Mr. Speaker. The original list that I saw contained about 20 shareholders some of whom I knew. However, as late as a couple of weeks ago it has been indicated to me, and I have not seen the new list of shareholders, that in fact the shareholder listing has increased now to the point where there are somewhere between 30 and 40 shareholders and I am not aware of who the latest shareholders are. Companies like this do not like to disclose who all their shareholders are. I had seen the original list but I am led to believe that now that has increased quite substantially. Thank you.

MR. SPEAKER: Thank you, Mr. Minister. Supplementary, Mr. MacQuarrie.

Supplementary To Question 108-86(1): Shareholders In Iligiittut Ltd., Rankin Inlet

MR. MacQUARRIE: I am understanding from the Minister's statement that there are not fewer shareholders than that but if anything, more shareholders than what he alluded to earlier.

MR. SPEAKER: Mr. Minister.

Further Return To Question 108-86(1): Shareholders In Iligiittut Ltd., Rankin Inlet

HON. GORDON WRAY: Correct, Mr. Speaker. Originally the list I saw contained somewhere in the neighborhood of about 20. Now I am advised that there are somewhere in the neighborhood of between 30 and 40 shareholders. Thank you.

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

Supplementary To Question 108-86(1): Shareholders In Iligiittut Ltd., Rankin Inlet

MR. MacQUARRIE: Could the Minister tell me precisely when it was that he saw that list of shareholders?

MR. SPEAKER: Mr. Minister.

Further Return To Question 108-86(1): Shareholders In Iligiittut Ltd., Rankin Inlet

HON. GORDON WRAY: No, Mr. Speaker, I cannot. Thank you.

MR. SPEAKER: Oral questions. The answer, Mr. MacQuarrie, was no, he could not remember precisely when he saw the list. I take that as a fair answer because of the word "precisely". Mr. MacQuarrie.

Supplementary To Question 108-86(1): Shareholders In Iligiittut Ltd., Rankin Inlet

MR. MacQUARRIE: Thank you, Mr. Speaker. I accept the answer. Is the Minister willing as soon as he reasonably can to indicate precisely when he saw the list of shareholders?

MR. SPEAKER: Mr. Minister.

Further Return To Question 108-86(1): Shareholders In Iligiittut Ltd., Rankin Inlet

HON. GORDON WRAY: No, Mr. Speaker, I am not. I cannot remember back a year and a day and a time when I saw a list of shareholders. We are talking somewhere back in the middle of 1985. I cannot remember when I saw it. Thank you.

MR. SPEAKER: Oral questions. That appears to conclude this item for today. Item 5, written questions. Ms Cournoyea.

ITEM 5: WRITTEN QUESTIONS

Question 109-86(1): Buy-Back Of Mr. Vic Irving's House

MS COURNOYEA: Mr. Speaker, I have a question to the Minister of Personnel. Would the Minister of Personnel please provide to the Legislative Assembly the price the government will be paying to Mr. Vic Irving for his house in Yellowknife and would the Minister also provide this House with the price at which the government sold that house to Mr. Irving?

MR. SPEAKER: Written questions. Mr. Gargan.

Question 110-86(1): Transfer Of Health And Welfare Canada Programs

MR. GARGAN: Thank you, Mr. Speaker. My written question is directed to the Minister of Health and Social Services. Would he provide the following information regarding the transfer of Health and Welfare Canada programs to the GNWT? Which programs are being transferred? How many additional person years will the transfer require in the fiscal year 1986-87 and in the fiscal year 1987-88 and so on? Has the transfer the support of the public and the aboriginal organizations and if so, in what form, verbal and/or letter? Finally, which programs are going to be eliminated with the transfer? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Gargan. Written questions. Mr. Nerysoo.

Question 111-86(1): Criteria For Choosing Chefs De Mission

MR. NERYSOO: Thank you, Mr. Speaker. I would like to ask a question of the Minister of Local Government. I would ask the Minister of Local Government to table in this House the criteria utilized in choosing chefs de mission. Such criteria should include information on qualifications required by applicants and the application and recruitment process utilized by the GNWT for such a responsibility.

MR. SPEAKER: Thank you, Mr. Nerysoo. Written questions. This appears to conclude this item for today. Item 6, returns. Mr. Wray.

ITEM 6: RETURNS

Return To Question 104-86(1): Community Freezer Policy

HON. GORDON WRAY: Thank you, Mr. Speaker. A return to oral Question 104-86(1), asked by Ms Cournoyea earlier on today with regard to community freezers. The Departments of Local Government, Renewable Resources, Public Works and Economic Development have formed a working committee to examine the needs and conditions across the NWT and to develop a community freezer program. It is hoped that the committee will complete its proposal by May of this year. Thank you.

MR. SPEAKER: Mr. Ballantyne.

Return To Question 10-86(1): Fort Providence Housing Assistance Program

HON. MICHAEL BALLANTYNE: Thank you, Mr. Speaker. I have a return to written Question 10-86(1), asked by Mr. Gargan on February 13, 1986, concerning the Fort Providence housing assistance program.

Provision of wages has never been a direct part of the home-ownership assistance program. Funding for labour and training has been requested and received by community groups from CEIC and DIAND under various federal programs. As I already stated, I will be submitting a proposal to both CEIC and DIAND next week requesting the provision of training funding complementary to HAP.

It is obviously not possible for the corporation to review individual custom designs with HAP delivery levels near 200 units per year. Few, if any clients have the resources to document a house and produce a complete material list for review. But uniqueness is certainly possible within the portfolio of designs currently offered. The corporation is continuing its efforts to improve the catalogue and expand the opportunities for individual design.

Communities may elect to construct units under a block funding arrangement. Under this variant of the program, communities may develop a proposal to construct units for families and any designs which can be shown to meet budget restrictions may be used.

Finally, Mr. Speaker, the corporation is currently consulting with communities to see how the designs for the program may be made more flexible and how individual and community designs may be built into the program. Thank you.

MR. SPEAKER: Thank you, Mr. Minister. Returns. Mr. McLaughlin.

Return To Question 68-86(1): Lake Harbour Representative On Board Of Baffin Regional Hospital

HON. BRUCE McLAUGHLIN: Thank you, Mr. Speaker. I have a return to written Question 68-86(1), asked by Mr. Arlooktoo on February 19th, concerning a Lake Harbour representative on the Baffin Regional Hospital Board.

The Baffin Regional Hospital Board has 14 official seats at the moment. There are 11 community representatives, one from the Baffin Regional Inuit Association, one from Health and Welfare Canada and one chairman. There are instances where some of the communities are represented by someone from a neighbouring community. A representative from Frobisher Bay, Ann Hanson, reports on behalf of Lake Harbour. We are aware that she regularly communicates with the community council before and after each meeting.

With the transfer of health services in the Baffin, the Baffin regional board will evolve into a Baffin regional health facilities board and, at that time, it would be my intention to expand the Baffin board so that all communities will be represented, including Lake Harbour. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Minister. Returns, Mr. Curley.

Return To Question 93-86(1): Land Exploration Program

HON. TAGAK CURLEY: Thank you, Mr. Speaker. I have a return to written Question 93-86(1), asked by Mr. Nerysoo on February 25, 1986.

1) As the Members know, Mackenzie Valley lands for oil exploration are subject to a "freeze". The federal government has maintained its commitment not to release lands unless the DIAND Minister is confident that the local, regional and aboriginal interests are adequately protected. This means that the local communities, the Dene Nation/Metis Association and the GNWT must be fully involved and supportive of any land release. This was the case for the call for proposals near Fort Good Hope. Because the new federal legislation outlines a straightforward competitive approach to land release, the process for northern land release will have to be different from the Fort Good Hope call. The work the Energy, Mines and Resources staff are doing with the communities near Fort Norman has involved the Dene Nation/Metis Association and for any other land release, I believe as does the federal Minister, that the local, regional and aboriginal interests will have to be fully involved and supportive of land release.

2) The first important step in the development of GNWT resource legislation to manage northern benefits will be the tabling of the discussion paper prepared by Energy, Mines and Resources. I am hoping that the paper will generate considerable discussion of the issues associated with GNWT legislation. I will encourage regional councils, DIZ groups, and native organizations to make Executive Council Members aware of their concerns about these matters. I will encourage Energy, Mines and Resources staff to meet with regional organizations to review the discussion paper. Through an open consultative process, the Executive Council will be best prepared to guide the drafting of territorial resource legislation.

MR. SPEAKER: Thank you, Mr. Minister. Returns. That appears to conclude returns for today.

Item 7, petitions.

Item 8, reports of standing and special committees. Item 9, tabling of documents. Mr. Appaqaq.

ITEM 9: TABLING OF DOCUMENTS

MR. APPAQAQ: (Translation) Thank you, Mr. Speaker. I have Tabled Document 32-86(1) to be distributed to the Members. It is a letter to me from the hunters and trappers in Sanikiluaq and it was written on January 23rd, for the Minister of Renewable Resources. It has been translated into English. Thank you.

MR. SPEAKER: Thank you, Mr. Appaqaq. Tabling of documents. This appears to conclude tabling of documents for today. Item 10, notices of motion. Ms Cournoyea.

ITEM 10: NOTICES OF MOTION

Notice Of Motion 12-86(1): Territorial Airports Program

MS COURNOYEA: Mr. Speaker, I give notice that on Monday, March 3, 1986, I shall move the following motion: Now therefore, I move, seconded by the honourable Member for Natilikmiot, Michael Angottitauruq, that this Legislative Assembly recommend to the Executive Council that the Government of the Northwest Territories: 1) allocate funds to the territorial airports program to alleviate the critical situations in a number of territorial communities; 2) attempt to negotiate on a community-by-community need with the federal government in absence of a federal northern airports policy.

MR. SPEAKER: Thank you. Notices of motion. Ms Cournoyea.

Notice Of Motion 13-86(1): Decentralization Of NCPC Headquarters

MS COURNOYEA: Mr. Speaker, I give notice that on Monday, March 3, 1986, I shall move the following motion: Now therefore, I move, seconded by the honourable Member for Deh Cho, Sam Gargan, that this Legislative Assembly recommend to the Executive Council, that when NCPC is transferred to the Northwest Territories, the Executive Council consider splitting administration and operational functions, giving priority consideration to communities other than Yellowknife.

AN HON. MEMBER: Shame, shame!

MR. SPEAKER: Notices of motion. This appears to conclude notices of motion for today.

Item 11, notices of motion for first reading of bills. Item 12, motions. Motion 8-86(1), Tax Collection Agreement. Mr. Richard.

ITEM 12: MOTIONS

Motion 8-86(1): Tax Collection Agreement

MR. RICHARD: Thank you, Mr. Speaker.

WHEREAS the present tax collection agreement between the Government of the Northwest Territories and the Government of Canada requires that the government's tax legislation conform to federal legislation so that an orderly scheme for the collection of taxes across Canada can be sustained;

AND WHEREAS federal income tax regulations provide that income tax payable by individuals is to be paid in the province in which they are resident on the 31st day of December of the taxation year, notwithstanding where such income was earned;

AND WHEREAS many Canadians, resident outside the Northwest Territories, are employed full time within the Northwest Territories and thus pay personal income tax in a jurisdiction other than the Northwest Territories;

AND WHEREAS this arrangement results in a significant loss of tax revenue to the Government of the Northwest Territories;

NOW THEREFORE, I move, seconded by the honourable Member for Slave River, that this Legislative Assembly recommend to the Executive Council and to the Government of Canada that the present tax collection agreement between the Government of the Northwest Territories and the Government of Canada, as well as the federal income tax regulations, be amended to provide for a more equitable allocation of personal income tax to the province or territory where the income was earned.

MR. SPEAKER: Your motion is in order, Mr. Richard. You have the floor.

MR. RICHARD: Mr. Speaker, this motion concerns an unfair aspect of the tax collection agreement that exists between the federal and provincial and territorial governments and also the tax regulations. The issue here, Mr. Speaker, is of more significance now under the new formula financing regime which exists between our government and the federal government. Our government has become more fiscally responsible under the new regime in that the operating grant which our government receives from the federal government is now set according to a formula and for any new initiatives of our government, which require an expenditure of funds, we cannot look to the federal government for these funds but must rely on our own avenues.

As the Minister of Finance and others have indicated on a number of occasions, our government's ability to raise revenues through taxation measures is very limited. However, Mr. Speaker, one of the areas where many have felt that tax revenues have not been accruing to our government, that should be accruing to our government, is the personal income taxes of individuals who earn their income in the NWT but for whatever reasons maintain a residence in southern Canada.

Mr. Speaker, this motion arises out of a discussion which my colleague from Slave River and myself had with the Minister of Finance and his deputy in January, following one of the meetings of the finance committee. We were told, Mr. Speaker, as I believe the Minister of Finance advised this House just a few days ago, that as a result of these taxpayers paying their income tax in their province of residence, as opposed to where they earned the income, there is a leakage of tax revenues, in a sense. I understand this to be in an amount of some \$4.5 million annually, in income tax revenue. I trust, Mr. Speaker, that Members will agree with me that we could use that revenue.

SOME HON. MEMBERS: Hear, hear!

Disposition Of Taxes Based On Residence On December 31st

MR. RICHARD: These tax dollars are simply the income tax being paid by the southern-based workers who come north, whether it is on a six week in and six week out basis at Lupin mine or one of the other mines or on an oil rig in the Delta or Beaufort, or on Cornwallis Island, any of these places, or it could be a seasonal worker who does seismic work or exploration work in the summer months only and then returns to the South. The problem is that the tax collection agreement which is a written agreement between the governments, has a clause that essentially says that it is where the taxpayer's residence is on December 31st of each year that determines where his or her tax dollars go. There is a similar provision, I understand, in the federal income tax regulations. I disagree, Mr. Speaker, with this and I would hope that other Members disagree with the notion that it is the place of one's residence on a given day of the year that should be determinative of the issue as to where the taxes go.

On this note, Mr. Speaker, I note with interest in yesterday's federal budget speech, the federal Minister of Finance, Mr. Wilson, agreed with that principle that I just stated, when he indicated that the federal government would now be doing away with the tax savings which resulted from late December weddings. In effect, Mr. Wilson stated that the spousal exemption would only apply if the taxpayer was married throughout the tax year. If the federal government are consistent, they would agree with the thrust of this motion that what is important is where the income was earned during the year and not where the taxpayer was resident on December 31st of the tax year. Thank you, Mr. Speaker, and I would urge other Members to support the motion.

MR. SPEAKER: Mr. McCallum, as seconder.

MR. McCALLUM: Thank you, Mr. Speaker. I want to add a couple of words to the intent of the motion and add my support of the motion in having the government move to try to rectify a situation that has been occurring for some time. In the standing committee on finance meetings the committee itself supported the continued efforts of the Minister of Finance to pursue this matter with the federal Ministers responsible and the officials of Revenue Canada, to try to minimize the leakage. I think in the NWT we are a bit unique. It may not be the same problem that other provinces have, save maybe for Newfoundland or BC on the offshore work where there may be some moving back and forth. Certainly there is movement back and forth in other provinces of other workers who file income tax in their so-called home province but who earn money in another province. Unfortunately with the NWT we have very few people working outside who earn money in other provinces and file in the NWT. It is always the opposite way around. The leakage is substantial and may be more.

I hope that this motion does receive the support of all Members here, as well as all Members on the Executive Council, that they do support this kind of initiative on behalf of the Finance Minister. We need the support of everybody, not just the Members on this side of the House but the Members on the Executive Council. During the last two days we have been querying of the Minister in regard to corporate tax as well, that there may be some leakage in that. I would hope that, as the Minister said yesterday, he would pursue that on receiving a letter from the chairman of the standing committee on finance to see whether there was any leakage there. I have every confidence that our Finance Minister will pursue this and I hope that we will be as fortunate with his pursuit of it and with this particular motion as we have been with the success which Mr. Butters deserves for getting the two recent benefits announced for northern residents in yesterday's federal budget -- that deals of course with the housing deduction as well as for the deduction on travel.

MR. MacQUARRIE: Hear, hear!

MR. McCALLUM: I think if Mr. Butters can pursue this particular initiative with the same vigour, I think that we will come out winners on this as well. So I hope again, to echo Mr. Richard's comments, that all Members of this House including Members of the Executive Council, will back this particular motion.

MR. SPEAKER: Thank you, Mr. McCallum. To the motion. Mr. Butters.

Government Support For Motion

HON. TOM BUTTERS: Mr. Speaker, the government does welcome the motion of the Members and we are pleased that the situation that has been outlined by them is exactly the way it stands and exactly the situation that we as a government have faced in approaching the federal government with regard to the element of residency in the filing of income tax claims.

In discussing this matter with Mr. Wilson some three weeks ago, I found in him an awareness, a sympathy, I think, to our problem. I feel that he will be willing to address this. So I say, I welcome the direction that has been given by the Members and I trust will be supported by this House. I support it, but in keeping with the precedent of not voting on direction being given to us, I believe we will probably abstain, but the Members will know that we support it in principle and will pursue the end as indicated in the motion, with all diligence and energy.

MR. SPEAKER: Thank you. To the motion. Mr. Richard, would you like to close the debate?

MR. RICHARD: I have no further comments, Mr. Speaker, thank you.

Motion 8-86(1), Carried

MR. SPEAKER: All those in favour of the motion, please raise your hand. Opposed, if any? The motion is carried.

---Carried

Item 13, first reading of bills. Item 14, second reading of bills: Bill 2-86(1), Bill 4-86(1), Bill 5-86(1), Bill 8-86(1), Bill 9-86(1) and Bill 10-86(1). Mr. Butters.

ITEM 14: SECOND READING OF BILLS

Second Reading Of Bill 2-86(1): Income Tax Act

HON. TOM BUTTERS: Mr. Speaker, I move, seconded by the honourable Member for Pine Point, that Bill 2-86(1), An Act to Amend the Income Tax Act, be read for the second time. The purpose of this bill, Mr. Speaker, is to amend the Income Tax Act to exclude from the foreign tax deduction, income from overseas employment because a credit is now given for overseas employment income. This amendment results from the income tax collection agreement between the Government of Canada and the GNWT. The agreement stipulates that the federal Income Tax Act and the territorial Income Tax Act must conform. This amendment reflects an amendment to the federal Income Tax Act.

MR. SPEAKER: Thank you, Mr. Butters. To the principle of the bill.

AN HON. MEMBER: Question.

MR. SPEAKER: Question being called. All those in favour? Opposed, if any?

---Carried

Bill 2-86(1) has had second reading. Bill 4-86(1). Mr. Ballantyne.

Second Reading Of Bill 4-86(1): Insurance Act

HON. MICHAEL BALLANTYNE: Thank you, Mr. Speaker. I move, seconded by the honourable Member for Inuvik, that Bill 4-86(1), An Act to Amend the Insurance Act, be read for the second time. The purpose of this bill, Mr. Speaker, is to amend the Insurance Act to require insurance companies that sell automobile insurance to be members of the Facility Association, which allocates otherwise uninsurable persons among all licensed insurers; and to provide for related matters.

MR. SPEAKER: Thank you, Mr. Ballantyne. To the principle of the bill.

AN HON. MEMBER: Question.

MR. SPEAKER: Question being called. All those in favour? Opposed, if any?

---Carried

Bill 4-86(1) has had second reading. Bill 5-86(1). Mr. Ballantyne.

Second Reading Of Bill 5-86(1): Jury Act

HON. MICHAEL BALLANTYNE: Mr. Speaker, I move, seconded by the honourable Member for Inuvik, that Bill 5-86(1), An Act to Amend the Jury Act, be read for the second time. The purpose of this bill, Mr. Speaker, is to amend the Jury Act to allow an aboriginal person who speaks and understands an aboriginal language, as defined in the Official Languages Act, to serve as a juror even though the person does not speak and understand the English or French language.

MR. SPEAKER: Thank you, Mr. Ballantyne. To the principle of the bill.

AN HON. MEMBER: Question.

MR. SPEAKER: Question being called. All those in favour? Opposed, if any?

---Carried

Bill 5-86(1) has had second reading. Bill 8-86(1). Mr. Butters.

Second Reading Of Bill 8-86(1): Petroleum Products Tax Act

HON. TOM BUTTERS: Mr. Speaker, I move, seconded by the honourable Member for Yellowknife North, that Bill 8-86(1), An Act to Amend the Petroleum Products Tax Act, be read for the second time. The purpose of this bill, Mr. Speaker, is to amend the Petroleum Products Tax Act to provide that petroleum products used for aviation purposes be taxed at a rate of one cent per litre; to decrease the rate of tax imposed on petroleum products used in a railway locomotive from 1.2 to 1.07; to exempt the Government of Canada from any petroleum products tax; and to provide that this act be deemed to have come into force on the 1st day of January, 1986.

MR. SPEAKER: To the principle of the bill. Question being called. All those in favour? Opposed, if any?

---Carried

Bill 8-86(1) has had second reading. Bill 9-86(1). Mr. Ballantyne.

Second Reading Of Bill 9-86(1): Public Trustee Act

HON. MICHAEL BALLANTYNE: Mr. Speaker, I move, seconded by the honourable Member for Kivallivik, that Bill 9-86(1), An Act to Amend the Public Trustee Act, be read for the second time. The purpose of this bill, Mr. Speaker, is to change the frequency that interest is calculated on balances of moneys that form the common fund from quarterly calculations to monthly calculations.

MR. SPEAKER: Thank you, Mr. Ballantyne. To the principle of the bill.

AN HON. MEMBER: Question.

MR. SPEAKER: Question being called. All those in favour? Opposed, if any?

---Carried

Bill 9-86(1) has had second reading. Bill 10-86(1). Mr. Ballantyne.

Second Reading Of Bill 10-86(1): Society Of Management Accountants Act

HON. MICHAEL BALLANTYNE: Mr. Speaker, I move, seconded by the honourable Member for Kivallivik, that Bill 10-86(1), An Act to Amend the Society of Management Accountants Act, be read for the second time. The purpose of this bill, Mr. Speaker, is to allow members of the Society of Management Accountants of the Northwest Territories to also use the designation "Certified Management Accountant" and the initials "CMA" and to make it an offence for non-members to use the designation or initials.

MR. SPEAKER: To the principle of the bill.

AN HON. MEMBER: Question.

MR. SPEAKER: Question being called. All those in favour? Opposed, if any?

---Carried

Bill 10-86(1) has had second reading. Bills 2-86(1), 4-86(1), 5-86(1), 8-86(1), 9-86(1) and 10-86(1), Mr. Clerk, are ordered into the committee of the whole. Item 15, consideration in committee of the whole of Bill 1-86(1), Appropriation Act, 1986-87; Bill 3-86(1), Institute of Chartered Accountants Act; and Bill 7-86(1), Official Languages Act, with Mr. Gargan in the chair.

ITEM 15: CONSIDERATION IN COMMITTEE OF THE WHOLE

PROCEEDINGS IN COMMITTEE OF THE WHOLE TO CONSIDER BILL 1-86(1), APPROPRIATION ACT, 1986-87

CHAIRMAN (Mr. Gargan): The committee will now come to order. Is it agreed that the Minister brings in his witnesses? Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Department Of Government Services

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. TOM BUTTERS: Thank you very much, sir. If they may also proceed to the witness table as they enter the House.

CHAIRMAN (Mr. Gargan): Thank you. We are on page 7.11, detail of capital, Government Services.

HON. TOM BUTTERS: Mr. Chairman, the witnesses with me are the same witnesses that appeared yesterday, deputy minister of the department, Mr. Quirke and the financial officer, Mr. Henry Dragon. While I am speaking I would like to indicate that the honourable Member for Nunakput asked about the omission of Inuvik in my opening remarks yesterday on privatization. I did check my remarks and I did omit Inuvik in that statement, but Inuvik is certainly included with any of the other communities that would receive proposals for privatization of those facilities.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Minister. Does the committee agree that we go through the detail of the capital budget? Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Directorate, Equipment Acquisition, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Thank you. We are on page 7.11 of the capital estimates. Directorate, equipment acquisition, headquarters, \$15,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Office Services

CHAIRMAN (Mr. Gargan): Page 7.12. Mr. McCallum.

MR. McCALLUM: Mr. Chairman, I have a question on the total equipment acquisition. It says headquarters, office furniture and equipment, various. Does that "various" mean various office equipment or furniture or does the various mean that it goes into the different communities?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. TOM BUTTERS: Mr. Chairman, the second answer. It is all regions.

CHAIRMAN (Mr. Gargan): Mr. McCallum.

MR. McCALLUM: Mr. Chairman, if it means then that the equipment is for the regions, why would not this material be bought out of the region? Why is it done out of headquarters?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. TOM BUTTERS: Mr. Chairman, I will ask Mr. Quirke to respond with regard to the process of purchasing.

CHAIRMAN (Mr. Gargan): Mr. Quirke.

MR. QUIRKE: Mr. Chairman, the funding under the office services for office furniture and equipment is just budgeted "headquarters" for the time being. When the regions submit their requirements based on the new positions and the replacement furniture for the regional centres and the communities, once those requirements are defined and made known to us and they are then matched out to the total money available then allocated. We then allocate the regional portion of money to the regional centre and the region does all the buying on behalf of that region.

Buildings And Works, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Thank you, Mr. Quirke. Office services, total buildings and works, headquarters, \$15,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Equipment Acquisition, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Equipment acquisition, headquarters, \$1,267,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Office Services, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Total office services, \$1,282,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Systems And Computer Services

Buildings And Works, Total Capital

CHAIRMAN (Mr. Gargan): Systems and computer services, total buildings and works, \$10,000. Mr. MacQuarrie.

MR. MacQUARRIE: Thank you, Mr. Chairman. I may be a little out of place but I am sure they will let me know if I am. I was unavoidably away from the House yesterday and I did not realize everything was moving so quickly. I would just like to compliment the Minister. Over the past year there were a couple of issues that I raised in this area, one of them was with respect to the licensing of drivers in the NWT. As I pointed out at an earlier session, the Minister was very co-operative in improving the driver's test in the NWT and I am pleased to say that recently I had a letter from the Minister again showing that indeed there are now a reasonable number of failures on the first write for written examinations. So I really approved of the manner in which the Minister handled it and appreciate his following up on it very much.

Also last year I recall raising concerns about tendering procedures for mobile equipment and I am pleased to say that those who had come to me with concerns last year tell me now that things are in their estimation very good indeed. So I just would like to let the Minister know that and I do appreciate the way he follows up issues like that. Thank you.

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. TOM BUTTERS: The department is very pleased to hear that. Obviously I cannot take credit for good administration and the efficient operation except in a very general sense. I will pass the very laudatory remarks of the Member on to those officials that are responsible for improving those situations. Thank you.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Minister. Mr. MacQuarrie, did you want to respond?

MR. MacQUARRIE: I have no doubt that staff had a great deal to do with it under his direction and yes, I am pleased that he will pass it along to them.

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

MR. McCALLUM: Thank you, Mr. Chairman. Again in this instance the headquarters, various -- would the same answer apply here as well? The microcomputer, various, word processors, are these at a region and are they doing the same thing in here as they would have done under office services, office furniture and equipment?

CHAIRMAN (Mr. Gargan): Mr. Minister.

MR. McCALLUM: Excuse me, Mr. Chairman. In the end is it Government Services in the regional offices who do the purchasing?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. TOM BUTTERS: Mr. Chairman, there is a difference here in the process which I will again ask Mr. Quirke to explain.

CHAIRMAN (Mr. Gargan): Mr. Quirke.

MR. QUIRKE: Thank you, Mr. Chairman. In this particular case all the buying is done in headquarters. The process is somewhat similar in that regions will be requested to identify their requirements in microcomputers and word processing. But because these pieces of equipment are very technical, the specification is very complex, and quite frankly we do not have the expertise in our buyers in the regions to handle these types of projects. We do all the actual buying on their behalf but it is up to them to identify the basic requirement of what they need.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Quirke. Mr. McCallum.

MR. McCALLUM: Thank you, Mr. Chairman. But suppliers of these goods -- are they put to tender for suppliers to supply them or does it go directly to a manufacturing wholesale unit? I guess what I am getting at is, is the tendering process limited to Yellowknife?

CHAIRMAN (Mr. Gargan): Mr. Quirke.

MR. QUIRKE: Mr. Chairman, there is a certain limitation in the tendering process on this type of equipment. For example the government has established, in the word processing field, that the government administrative standard is the Micom word processor. So when we go out to purchase then we do purchase directly from the company that supplies that equipment. As to the microcomputers, we have established to the Executive Council through the Financial Management Board four standards of microcomputers. Since these brand standards are established we will buy directly from the manufacturer. Having said that, we have arrangements in Yellowknife, for example, where suppliers are not suppliers of our brand standards, for example, HP or Apple and we will deal directly with the supplier here in Yellowknife because we have helped establish a relationship between the manufacturer and the local supplier.

Buildings And Works, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Thank you. Systems and computer services, total buildings and works, \$10,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Equipment Acquisition, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Equipment acquisition, total headquarters, \$1,815,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Total Kitikmeot, \$250,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Total equipment acquisition, \$2,065,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Systems And Computer Services, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Total systems and computer services, \$2,075,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Supply Services

Buildings And Works, Total Capital

CHAIRMAN (Mr. Gargan): Detail of capital, supply services. Buildings and works, total headquarters, \$15,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Total Fort Smith, \$3000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Total Inuvik, \$3000. Agreed.

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Total Baffin, \$3000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Total Keewatin. Mr. McCallum.

MR. McCALLUM: Mr. Chairman, what kind of warehouse are we talking about here for \$2.4 million?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. TOM BUTTERS: Mr. Chairman, Members will be aware of the current conditions under which government services staff carry out the responsibilities in Rankin Inlet at the present time. We operate out of the Con shed, as it is called, a piece of equipment that was formerly used by the Rankin Inlet nickel mine and it is inadequate and too large to maintain an efficient function. The capital money required here would see put in place a new warehouse structure close to the centre of the community and other government buildings and it would also contain on the upper floor, accommodation for the staff who operate that function and facility.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Minister. Total Keewatin, \$1,155,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Total Kitikmeot, \$2000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Buildings And Works, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Total buildings and works, \$1,181,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Equipment Acquisition, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Equipment acquisition, total headquarters, \$55,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Total Baffin, \$60,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Total equipment acquisition, \$115,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Supply Services, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Total supply services, \$1,296,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Thank you, Mr. Minister. We are on page 10.19, applications development and systems support centre. Are there any questions. No questions. Page 10.20, same thing. Continuing on to page 10.21, computer services and technical support centre. Any questions? No questions. Page 10.22, same thing.

Total O And M, Agreed

For the record, we will turn back to page 10.05, Department of Government Services. Total O and M, \$13,329,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Total capital, \$8,795,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Total Revolving Funds, Agreed

CHAIRMAN (Mr. Gargan): Revolving funds, \$58,748,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Does the committee agree that the Department of Government Services is concluded? Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): I would like to thank the Minister and his witnesses.

Department Of Health

We will turn now to page 14.02, Department of Health. Would the Minister like to make his opening remarks? Mr. McLaughlin.

Minister's Opening Remarks

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. I have fairly brief opening remarks. I am pleased to present for your consideration the 1986-87 budget estimate of the Department of Health.

The GNWT believes that the enjoyment of the highest achievable health status is one of the fundamental rights of every NWT resident. The government also firmly believes that health is a partnership involving personal responsibility for individuals in conjunction with supportive programs and professional services offered by government, non-government agencies and the private sector. The programs we provide in the department and the services we fund amount to approximately 50 per cent of the total amount spent on health in the Northwest Territories. Health and Welfare Canada spend approximately an equal amount operating hospitals, nursing stations and public health clinics across the NWT.

Last year the department's operating budget amounted to 13.2 per cent of this government's operating expenditures. This year that figure is 12.9 per cent. Generally in a provincial setting, health is the largest single budget item, spending over 25 per cent of the total budget and that is the situation in the NWT when the budget of Health and Welfare Canada is taken into consideration.

Increases on the operation and maintenance side reflect volume and price growth. Person year increases of 8.6 -- Mr. Chairman, three of those person years are for family life education

counsellors which is a spousal assault initiative. Three person years are for health liaison officers in Inuvik, Keewatin and Kitikmeot Regions. One person year is for a billing clerk in Inuvik and 1.6 person years represent an increase in casuals.

Priority program initiatives for 1986-87 total \$173,000 and are broken down as follows: school health curriculum, \$8000; tobacco education program, \$55,000; suicide prevention and education program, \$65,000; assessment project of the aged and disabled, \$45,000. Increases on the capital side reflect the expenditures on the construction of the new Stanton Yellowknife Hospital.

Our revenue reflects three significant items: 1) a decrease of \$4.3 million as funds for the Baffin hospital are now transferred through the GNWT base of DIAND; 2) an increase of \$4.5 million in recoveries from Health and Welfare Canada as their 35 per cent share of the Stanton project; and 3) a cost recovery from DIAND for hospital care provided to Indians and Inuit.

In 1985-86 the department will have paid in the order of 500,000 claims for benefits received by residents of the Northwest Territories. These claims occurred in such areas as medicare, hospital insurance, extended medical benefits, pharmacare and medical transportation. In the area of provision of doctors the department also staffed doctors to remote areas in conjunction with Health and Welfare Canada. In addition, we provided funding for five hospital facilities and two boarding homes as well as a number of health promotion programs carried out within the department.

Highlights Of 1985-86 Program

We have been able to effect the following highlights in various regions in the Northwest Territories: In the Baffin Region, there has been substantial progress toward the transfer of nursing stations, with a target date of September 1, 1986 for the transfer. This involves approximately 70 to 80 person years and \$10 million of operation and maintenance concerning the running of 13 facilities. There has also been the provision of a patient boarding facility in Montreal called Baffin House; in the Keewatin Region, there has been a location of a health liaison officer to assist patients and residents. There have been good discussions with the University of Manitoba that may lead to opportunities for NWT residents to enter medical school; in the Kitikmeot Region, planning for a patient boarding home in Yellowknife is the main effect of improvements that are being made in this area; in the Inuvik Region, the opening of a long-term care facility with beds for 16 under a new board of management; and in the Fort Smith Region, commencement of construction of the Stanton Yellowknife Hospital, and support for a Dene boarding home for medical patients in Yellowknife.

Some additional items have been undertaken which include the following: enhancements to the extended medical benefits program; changes to the medical transportation program; completion of an ambulance study report; and introduction of new legislation on mental health.

Looking forward, in 1986-87 issues that we intend to pursue with the highest priority are: 1) the transfer of health services with Baffin targeted for September 1, 1986 and all the rest of the services of Health and Welfare Canada in the NWT by April 1, 1987; 2) increased review of areas of concern which have been brought to the attention of our health liaison officers by residents; 3) increased investigation and analysis of causal factors which result in poor health; 4) review and development of an appropriate mental health program; 5) increased emphasis on health promotion; and 6) personal awareness to develop healthy lifestyles. The health of residents of the NWT is improving and many of the illnesses can now be related to lifestyle. The important message we were trying to convey to residents of the NWT in this next coming year is that your lifestyle and that of your community are very important determinants in your health status.

Mr. Chairman, those are my opening remarks and if I have the committee's permission, I would like to ask in my deputy minister, Paul Moody, and my assistant deputy minister, Michael Pontus.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Minister. Does the committee agree that the Minister brings in his witnesses? Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

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

HON. BRUCE McLAUGHLIN: Yes, Mr. Chairman. My deputy minister, Paul Moody and my assistant deputy minister, Michael Pontus.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Minister. We are on pages 14.02, 14.03, objectives. Are there any general comments? Mr. Richard.

Follow-Up On Motion For Development Of A Mental Health Program

MR. RICHARD: Thank you, Mr. Chairman. Mr. Chairman, the objectives of this department set out in the main estimate documents do not include any particular reference to development of a mental health program. This Assembly last year passed a motion calling on the department to establish a mental health directorate to co-ordinate mental health services in the Northwest Territories. When the Minister has been questioned on earlier occasions about the government's failure to follow up on that motion of the Assembly, the Minister has indicated that mental health is still a federal responsibility. But the Minister is indicating today again, Mr. Chairman, that Health and Welfare Canada are going to be out of the business as early as some 13 months from now. In my view, Mr. Chairman, the department should be developing a mental health program because the excuse or deflection of "Oh, well that is a federal responsibility", is not going to be available much longer. I am concerned, Mr. Chairman, that this Assembly a year ago passed the motion calling on the government to get something in the area of mental health services and we see here some 12 months later two detailed pages of objectives for this department and no reference to any plan to develop a mental health program. Now in fairness, the Minister in his opening remarks referred to some \$65,000 that is going to be spent on a suicide prevention program and I did not quite catch the Minister's description of a list that he read. I do not know whether it was priorities or objectives but included in it was a review and development of a mental health program. So at least in his opening remarks he is hopefully updating the objectives from what we see in the main estimates documents. I would ask therefore that the Minister advise this committee of just what has been happening as a result of the Assembly's motion last year and what concrete steps the department is taking to improve the provision of mental health services to the people of the NWT. Thank you.

CHAIRMAN (Mr. Erklou): Thank you. Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. Mental health is the responsibility of Health and Welfare Canada. We have no funding from them to run programs in the area of mental health. What we have done though, and I am happy to say the Department of Health and Welfare Canada is very co-operative, they have created six positions; one for each region in the NWT, sorry five positions, to put mental health officers in all the regions in the NWT. Those officers' job is to work with community groups, to create public awareness in conjunction with the public health nurses that are in place throughout the NWT. It is appropriate I think that Health and Welfare Canada does do that because public health nurses and Health and Welfare Canada nurses are in all of the communities. People receiving psychiatric help are covered under the Canada Health Act. The first place they visit in most of the regions is the nursing stations and in some of those nursing stations there are public health nurses so I think it is very appropriate that Health and Welfare Canada carry this mandate out because they are the ones that have people on the ground in the health field in all the communities.

I have had an interagency committee report to me recently and that involved people from my Departments of Health and Social Services, as well as I believe someone from the Stanton Yellowknife Hospital and Health and Welfare Canada. Their recommendation really is that a solid plan should be made up, taking advantage of all the resources that this government and the federal government have in place, to co-ordinate a proper mental health plan that will get out to the communities. This can now be done since we have persuaded Health and Welfare Canada to put mental health officers in the regions. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erklou): Thank you, Mr. Minister. Mr. Richard.

Plan For Co-ordination Of Services Before April, 1987

MR. RICHARD: Just a follow up on that, Mr. Chairman, do I take it then that the mental health officers in each of the five regions are new positions within Health and Welfare Canada? Does that mean, Mr. Chairman, that when we take on the responsibility for delivering the current Health and Welfare programs 13 months from now that those mental health officers will be working for the

Minister's department? If so, is the Minister going to have within the department a directorate or a senior mental health officer, some co-ordination of mental health services so that when we wake up on the morning of April 2, 1987 and our government is the only government delivering these services, there will be some co-ordination of the delivery of mental health services throughout the NWT? Thirteen months from now is not that far away. Is the department not working on a plan to co-ordinate these services between now and April 1, 1987 and thereafter?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. In the whole matter of the turnover of Health and Welfare Canada from the federal government to our government, one of the key parts of the agreement is that our officials and Health and Welfare officials will negotiate the existing programs and identify deficiencies. In addition to this, Mr. Epp has actually himself come forward to me that the whole Health and Welfare Canada delivery program in the NWT should be put under full review and that any deficiencies or improvements that our government feels have to be identified and have to be made will be identified during that process. Our government will be involved in it and any agreement which we make with the federal government will not be agreed to by our government unless the results of that in depth review of the health services in the NWT were taken into consideration and that if a transfer occurs with deficiencies, future negotiations could occur to correct those deficiencies, once they are identified and agreed to by both parties.

It is also the intention of our government that if we enter into this contractual agreement to deliver their programs with them, initially, that this is something that could be reviewed because our department does not want to take over a deficient program unless the federal government recognizes that we can renegotiate some of the programs at a later date.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Richard.

MR. RICHARD: Well, Mr. Chairman, I do not agree that the importance of mental health services should be tied to the negotiations between the two governments. For myself, our government's position should be that we are going to develop and deliver adequate mental health services in the NWT whether or not we reach a satisfactory financial arrangement with the federal government. It is something that the communities are demanding. It is something that this Assembly requested a year ago and I would hope, Mr. Chairman, that the Minister and his officials would be developing a co-ordinated plan for the delivery of mental health services quite apart from the global negotiations with Health and Welfare Canada for the takeover of responsibility. It is going to become our responsibility, totally, 13 months from now. I do not think we should wait until April, 1987 to work on a plan.

Perhaps, Mr. Chairman, the Minister could clarify for me because I missed his remarks that preceded the list he read out. One of the items on his list in his opening remarks was review and development of a mental health program. I do not know what he can review; to my knowledge we do not have a mental health program. We certainly need one developed but what were the preceding remarks that led to that list that the Minister read out?

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, my comment was that looking into the future, 1986-87, issues that we intend to pursue with the highest priority are, and then I listed those six areas. Mr. Chairman, the importance of them is not rated by whether they are listed as number one or number six.

Mr. Chairman, I should also point out that we do intend to develop a mental health program in the Northwest Territories but we intend to develop it not just in the Department of Health but to include the Department of Social Services which already has people on staff and already provides and uses mental health services in the NWT, and contracts some of those services outside of our jurisdiction. We also plan on including in the program, of course, Health and Welfare Canada, which has that mandate right now and which has the financial resources and five person years in the field doing that job. So we do not intend to duplicate the mandate already being funded by the federal government, we intend to co-ordinate with them, so that when the turnover takes place we have people in our government and they have people in their government both working in the program but not duplicating services.

Our interest as a government is primarily in the Department of Social Services where we have clients who require mental health services and they are often referred to the Department of Health to see medical doctors or to see a psychiatrist. So we have one department, Social Services which is a user of these services and those services are provided both through THIS and through Health and Welfare Canada, and in some regions through contracts which they have. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Richard.

Minister Updating Written Objectives Of Department

MR. RICHARD: Mr. Chairman, I appreciate then the Minister clarifying that he said in his opening remarks that the development of a mental health program is one of the department's priorities. I do take it from that statement that he is updating the objectives that we see in the main estimates document, in that if it is a priority, it is at least as important as the objectives we see in writing in this document.

On a related matter, Mr. Chairman, the Minister had indicated that there was an interdepartmental committee established to consider the whole question of mental health services and had advised at one point that he would be reporting to the Assembly on the work of that interdepartmental committee at last October's session of the Assembly. I do not believe that happened and I am wondering, Mr. Chairman, if the Minister could indicate whether he will before this session is over be reporting to the Assembly on the work of the interdepartmental committee that was established last year?

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

HON. BRUCE McLAUGHLIN: Yes, thank you very much, Mr. Chairman. The interagency interdepartmental committee which involved as I said before, Health, Social Services, the Stanton Yellowknife Hospital and Health and Welfare Canada did report to me. What they reported basically, was that -- their recommendation was that a plan should be developed for the delivery of mental health in the Northwest Territories, co-ordinating all the people currently working in that area. This may require me to go to the Financial Management Board to ask for term positions for a period of time to work on that, if I am unable to convince Mr. Epp that his department should provide the funds for this work. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you, Mr. Minister. Mr. Richard.

Comments On Report Of Interdepartmental Committee

MR. RICHARD: Mr. Chairman, if that is the Minister's report on the work of the interdepartmental committee, quite frankly I am disappointed. If the results of the work of the interdepartmental committee is that they have concluded that there should be a plan for the delivery of mental health services and a co-ordination of all of the people working in that area, they may have decided over a period of 10 or 12 months exactly what this Assembly decided at its last budget session. I hope they did not spend too many hours of their time coming to that conclusion, to the exclusion of their other work. Surely, Mr. Chairman, the Minister is going to demand from the interdepartmental committee more than that bare conclusion that, yes, we need a plan.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

HON. BRUCE McLAUGHLIN: Yes, Mr. Chairman. Unfortunately the people that we had to call upon, the people who are experts in this area in the NWT, because we have been short staffed in these areas, are people that I know, personally, are working 50 and 60 hours a week, some of them. Some of them are in private practice, some of them on contracts with the government. One of their points that they made to me is that they themselves are so bogged down in this area with their own work that they recommended that the only way that the plan could be put in place was if some people were hired specifically to do that. So that is the recommendation that I have before me. I intend to get funds from Health and Welfare Canada to put such a team of people in place, to hire people. The difficulty is that there is a tremendous shortage of psychiatric and psychological personnel in the country right now. We are having difficulty even hiring people to fill the positions and there is a fairly hefty salary offered to these people. I was also personally disappointed that the committee's report could not give me any more than that but they themselves said that in order to

develop such a plan, it would take people working on nothing but that. So I have taken their recommendations to heart and I am going to try first to get funds from Health and Welfare Canada to do this because it is their responsibility. Failing that I will be trying to do it from within our government on some sort of term basis. I will have to go to the Financial Management Board for help in this area.

CHAIRMAN (Mr. Erkloo): Thank you, Mr. Minister. Any more general comments? Mr. McCallum.

Impact On Health Care Transfer Through Federal Budget Cuts In Spending

MR. McCALLUM: Mr. Chairman, just in light of yesterday's federal budget, and I relate to this whole business of the transfer of certain functions, the federal Minister indicated at that time that there was not only going to be a reduction in discretionary spending, but there is a reduction and an ongoing reduction in the total programs, within the federal government. I note in the figures that are supplied in this federal budget that national Health and Welfare will be the second largest figure for government departments hit by these program reductions. Only Energy, Mines and Resources is larger than that. In light of that reduction that is ongoing and will be going on to the end of this decade, does the Minister have any idea or comments on the impact that that will have with devolution, taking on more responsibilities from the federal department? I wonder if he could comment on that at the present time.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. The recent freeze which was announced in departments within the federal government, prevented damage to programs involving health, safety and security. We are assuming that that same feeling is going to be in place when they fine tune exactly what they are going to do with the federal budget. I think the Finance Minister mentioned, if I remember correctly, that it was unlegislated programs that they had the most control over and were able to do something about. But legislated programs, such as the Canada Health Act, would not allow them to make cuts to the same severity that they could in unlegislated programs. However, there are going to be some cuts.

The federal Minister, Mr. Epp, I know is under pressure to eliminate person years within his budget and the northern medical program, which services the NWT and the northern parts of provinces, is one of the largest areas in his budget that is not legislated and therefore may be an area where financial assault may be made. This is very important to us and that is why our proposed agreement which we have transmitted to some of his officials here in Yellowknife, as well as to the native organizations involved, requests a freeze of the present person years and budget, in order for a transfer to be made to us. We are concerned about that and that is one of the reasons we feel there is an urgency to work on the transfer of Health and Welfare Canada. Otherwise the program may be cut and we will not be able to have any control over that. So it is a concern, but we have not had a chance as a department or government to do any detailed analysis of what this might actually mean in detail to our government. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you, Mr. Minister. General comments. Mr. Gargan.

Indicators Of Improved Health

MR. GARGAN: Thank you, Mr. Chairman. The Minister indicated in his opening remarks that the general health of the public is improving and the O and M and capital for the total department has increased at least \$10 million. I would like to ask the Minister what type of indicators he has used to conclude that the general health of the public is improving.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, two of the main indicators are that there are a lot less deaths at birth amongst residents of the NWT and there are less deaths through disease of young infants of the age two and under. In the NWT the population of those 65 years and over is the fastest growing in the country. The Inuit people are the fastest growing population in Canada. This comes from many reasons; better delivery of health care services in the field, improved housing and improved availability of food. Most of the diseases that are a concern to Members and Members of the Executive Council too are cancer, such as lung cancer, and diseases like that, which cannot be fought by treatment, they have to be fought by prevention. That is why I emphasized that

our government is going to have to make an attack in the public health area along with Health and Welfare Canada and that is why we are promoting non-drinking, non-abuse of drugs and non-smoking, especially amongst youth. Most of the older people have already smoked too long, they have put an edge on their own sword, so to speak. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Mr. Gargan.

Transfer Of Control To Region

MR. GARGAN: Thank you, Mr. Chairman. In the objectives of the Health department, it indicates here "Initiate negotiations concerning the transfer of further health services programs". Is that the transfer from the federal to territorial government that he is referring to? The other thing is has the Minister considered transferring some of those controls either to the regions or communities?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Yes, that is what we are contemplating there, the transfer from the federal to territorial government. And yes, Mr. Chairman, the transfer of control to the regions and communities is exactly what we want and I refer again, as I did in the standing committee on finance, to what we call the "Baffin model". There the hospital services all the communities in the Baffin Region, except the community in the Belcher Islands, Sanikiluaq. Phase two, which is already agreed to by the federal Treasury Board, is the transfer of the nursing stations and it is our plan, as I indicated in my response today to Mr. Arlooktoo's question, that there will be a Baffin regional health board which will govern the hospital and all the nursing stations in the region.

Mr. Chairman, I should add, although we have not yet made this a policy, one of the interesting things in the Baffin is that almost all of the communities have a health board and in many cases it is an elected board and the chairman of that board is automatically put on the Baffin hospital board. I would like to hope that such practice would be continued and maybe even made as a policy so that control of the local nursing stations and the hospital will be under a regional board made up of representatives from each community served. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Mr. Gargan.

MR. GARGAN: Thank you, Mr. Chairman. A few years back there was a booklet that came out of the department showing statistical data on infant mortality, and types of diseases with statistics. I have not seen that type of booklet published by the department for quite some time. Has the department decided to let go of that particular publication? I am not aware of the situation on that.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, the Department of Health does an annual report which primarily deals with statistics related to hospital services, which is the main thing we do in the health field. It does touch upon some of the percentages of diseases and the reasons for death amongst residents of the NWT. However, Health and Welfare Canada I believe has an annual report, as well, which is much more detailed and comprehensive. The Member may not have received it but I will ask Health and Welfare Canada to make sure that from now on Members are put on the mailing list for that and that the most recent copy is sent to all Members.

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

Role, Function And Qualifications For Boards

MR. GARGAN: The other question I have, Mr. Chairman, is the roles and functions of health boards. They have what they call boards of management and they also have hospital boards. I would like to find out what the roles and responsibilities or the mandate of these boards are. I would also like to find out what the qualifications are, to get on these boards because I believe there are instances where people are not allowed because they do not qualify. Exactly what the qualifications are is something that I have to question because in most cases these boards do not specify the type of qualifications required to be on them and yet they say that you are not qualified. So I would like to get that type of information too, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, hospital boards and boards of management are referred to really as the same thing. They are in charge of the policy administration and in control of the hospitals under their jurisdiction. If the hospital serves more than one community then the board is made up of people from several areas. For example the board of management in Yellowknife has representatives from the Deh Cho Region, from the South Slave, from the Inuvik Region, from Kitikmeot and from the Rae-Edzo area. I should also point out, Mr. Chairman, that only the territorial hospitals have boards of management. The federal hospital in Inuvik has an advisory board appointed by the federal government. I cannot remember any instance where a nominee was turned down because they were not qualified. Basically, Mr. Chairman, the people who make up the boards are for the most part, laypersons.

As far as Health goes very few doctors or nurses are on boards. What we primarily put on the board, for example Baffin, in most cases, is the appointed or elected chairman of the local health committee. In other areas these people are nominated by the hospital board itself, by MLAs, by band councils and municipal councils. I do not think that any particular professional qualification is required. Often a board requests of me that I try to have a mix of membership. They want all the different cultures and groups served by the hospital to be represented on the board. Sometimes they may say they would like to have an accountant because there is a lot of money being handled by the board. Some boards have bigger budgets than some departments of government. So it is often an advantage to have a board member with a financial background. I believe having a financial background like an accountant is the only recommendation I have ever had from a board for the qualification that a person should have, other than the interest in health in general. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you, Mr. Minister. Mr. Gargan.

Ambulance Services For Hay River Reserve

MR. GARGAN: I understand what the Minister is saying then is, you do not have to be qualified to be serving on the boards. In your objectives you say something referring to ambulance services. There were a number of instances on the Hay River Reserve in which ambulance services were required. The questions that were asked to justify the ambulance service just delayed the required service that much further. The nurse in charge would have to call the doctor and then the doctor, in turn, would possibly diagnose on the phone whether this individual requires ambulance service or not. That goes back and forth and anything could happen within that time span when this occurs. I believe in Hay River the ambulance service is run by the municipality so that makes it just that much more difficult for ambulance service to be brought to the reserve.

I would like to ask the Minister if that situation could be resolved. I was in Hay River yesterday until about 11:00 o'clock and we had the zone directors of federal Health there and we also had Public Health and Social Services people there. This is one of the problems that they have been having. When I attended that meeting the whole situation was that the community was reacting to a situation and most of the answers they got were patch-up work type of decisions. So there are no real major goals that they have identified, although I did mention that if we act now the situation or the problem would be compounded, by just addressing the reaction to a situation. So the health of the people in the community of the Hay River Reserve has not really been addressed, to resolve that issue. I would like to think that if the transfer occurs we would put special emphasis on the Hay River Reserve because what the people in Hay River take for granted, is something that has really been denied to the reserve. I can only refer to myself, when I brought my daughter over there. In the medical clinic itself they had about three doctors and the waiting time was not that much. They also have two public health nurses and also a CHR. I think that they are overserved but very little is being done for the Hay River Reserve. One area that they have identified that probably the government could provide is ambulance service to the reserve, or establish one there for emergencies. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. First with regard to the Member's opening comments about hospital boards. I just want to make sure that everybody has in their minds that we do not require any professional qualifications to be on a hospital board. It is just the person's general interest in health that we are looking for and it will be a person who is interested enough to attend meetings and participate in the discussions about how the hospital is operated.

Tax-Supported Ambulance Service In Municipalities

In the matter of ambulance services I should point out to the Member that the ambulance service that is provided in Hay River and other municipalities is not funded by the Department of Health or Health and Welfare Canada. The local municipality funds those out of their own resources by raising taxes. The people that pay taxes in that community are the ones whose money is used to buy that ambulance and whose money is used to operate that ambulance. The town of Hay River, and I know the other towns in the highway system, when there is a vehicle accident or serious accidents, go to the scene of the automobile accidents, etc., or fires, whatever and they do not worry about who is going to pay the bill. Mostly, these municipalities are not able to bill anybody after it happens but they are able to collect some of the bills. For example, if a person is a status Indian, Health and Welfare Canada will pay the bill, but for other persons, if it is an auto accident they try to recover the money from the insurance company of the person driving the car or whatever. So these services are provided by the municipalities out of the pocket of their own residents, the taxpayers.

I know in my own community where Cominco provides the ambulance services, the ambulance is not used to take a person to the hospital in Hay River until a doctor has advised it is okay, unless it is a severe highway accident or something like that. If it is an illness, often it is not advisable to move the person. The nurses will not move a person until it has been cleared by a doctor because with back injuries or something like that, you could do more damage moving the person than keeping him in one place. So it is standard practice for nurses to get a doctor's clearance before ambulances are used for medical evacuation, whether it is on the ground or in the air. This also prevents any kind of hysterical or frivolous use of an air or ground ambulance.

Air And Ground Ambulance Report

The other thing that Members should be aware of -- I believe I tabled the air and ground ambulance report at the last session at the same time as I tabled the Department of Health's annual report and I do not know if Members have had the opportunity to read these documents or not -- in the ambulance report there were recommendations made. One of those recommendations is that the Government of the NWT should take the lead role and admit that ambulance services are part of the health care delivery system and that they should be the main agency involved. The report also asks for an upgrading of the training of people that operate ambulances; that paramedics should be trained in the NWT; and that all communities should have at least a minimal level of ambulance service. What type of vehicle we should have and what type of training the local operators of the vehicle should have, would depend on the size of the community and whether it was an air traffic centre or not, or whether on a highway system where there were a lot of accidents on the road.

I have taken that issue to the planning and priorities of the government and the Executive. It has been at priorities for some time now. They have recommended and it was approved today, that the Department of Health should be the main leader in this area and that our government does now recognize that ambulances are part of the health care delivery system. We do not have the funds to do everything that is requested in the ambulance report, which had capital and O and M in the order of three or four million dollars a year at some stages. But my department has been given the task now, to co-ordinate existing resources of the municipalities who own ambulances, of ambulances that are at airports, operated by MOT, of St. John Ambulance people and of Health and Welfare Canada and even of the Department of Local Government which provides vehicles in small communities and the Department of Public Works, so that appropriate vehicles can be made available for the size of the community and the concerns. So that at a minimum in every community, over a period of years as Local Government or DPW change vehicles, we could have a vehicle in these communities that could do double duty as a municipal vehicle, and as well, transfer a patient from his home or the nursing station to an airport. Thank you, Mr. Chairman.

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

MR. GARGAN: Thank you, Mr. Chairman. I would like to ask the Minister who provides the ambulance service for Rae-Edzo? The other thing I would like to mention or express a concern is with regard to the medical code of ethics. In a lot of cases in the communities there are individuals who have diseases that are either carried from birth or by whatever reason, but the medical practitioner does not advise the community or the band about the situation of the individual. It makes it difficult for the community to try to help the individual in whatever way, shape or form, mostly because of this code of ethics that the medical practitioners have, that confidentiality is

maintained. I could use an example of people with diabetes or people with epilepsy. But sometimes it is obvious in the communities that these people go through these situations but how to deal with it is something that is not addressed. The communities could help in a lot of ways toward these people and make a contribution in the area of medicine in helping these people. But a lot of times this confidentiality results in severe injuries or medical complications to these individuals that suffer from these particular types of illnesses. I just wanted to address that particular concern because it is a concern in the communities, not only from myself. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: On the matter of Rae-Edzo ambulance services, that service is purchased by Health and Welfare Canada. I am not sure whether it is from a local band council organization or from a contractor, but the service is purchased by Health and Welfare Canada directly from whatever organization provides that service.

Confidentiality In Health Matters

On the matter of confidentiality between the health professional, the nurse, the doctor and the patient, that is a very important and almost untouchable part of the health system. I would put it to the Member like this, how would you like to find out from your doctor that you had cancer? You were very young, you had a young family, you were trying to figure out how to break the news to them and it took you four or five days to build up the courage to talk to your wife and kids and to explain to them what the situation was, only to find out that some nurse had told your next door neighbour and your next door neighbour told your wife. I do not think that anybody wants their own personal health matters discussed on the streets around the community. So when people have serious diseases, the confidentiality covers those patients. It is a doctor/patient relationship and the confidentiality is there. Members of the immediate family may be informed in some cases, but in general, unless the patient wants this confidentiality to end, the doctor or nurse are not about to talk to just anybody about it.

Now in the case where people maybe do not understand themselves how serious their disease is, these are areas where there could be a breakdown in communication, where there need to be translators. A community health worker could serve that role to help patients out but only when the understanding is clearly given to the patient that they are giving their permission for this person to intervene on their behalf with the doctor or nurse. But, the patient would have to give that authority out first before the doctor/patient confidentiality on the disease would be disclosed.

CHAIRMAN (Mr. Erkloo): Thank you, Mr. Minister. Mr. Gargan.

MR. GARGAN: Thank you, Mr. Chairman. I guess the concern that I have with regard to this whole issue, is that a person could be retarded and could very well still be admitted to a mental health institution just because of the way that he acts. The other situation that you could think about, is with regard to a person who has epileptic seizures. Those are the types of situations that should be made known to a community. Also I think with diabetics, a person has to eat certain types of food -- I am not too sure but I believe that is the situation. I am not talking about exposing individuals that perhaps have venereal disease or cancer, I am talking about people in the community that do have a particular problem for an extended length of time, for all of their life, if you want to call it. Eventually it will be known by the whole community, but I believe in order to eliminate any dangers, it should be made known. Again, it goes right back to that whole principle on ethics. I do not know how to resolve that kind of a situation.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, in the case of mental health patients, the rights of those patients, the protection of their own rights and protection of their own health, are in many cases taken care of in the new Mental Health Act, which the Member had such a fine hand in fine tuning. I think that act provides for the protection of both the patient and the community, and there are means to handle that.

But, in the case of diabetics, people having to take special medicines at certain times every day, like diabetics, or a special diet for diabetics, it is definitely the duty of the health professionals, the doctor and the nurse, to make sure that that patient understands the importance of taking the right medicine at the right time, having the right diet and living the right lifestyle. Diabetics require a lot more sleep and regular hours than a normal person would. That is a responsibility of the doctor and the nurse to do that.

Provisions For Those Who Need Help

Provisions are made, for example, when people are in hospital for a young person or maybe an older person who needs help. Provisions are made under our government's regulations and under the federal government's regulations so that person can be accompanied to the hospital at the government's expense, so the person who accompanies will be put up in the community in a boarding home or whatever, while the patient is in the hospital. The nurse and doctor are supposed to explain to that parent or relative the exact procedures that have to be followed to take care of that patient. Provisions are made for that to be done, and if it is not being done, then it is a communication breakdown somewhere. Any complaint that any Members have in that area, I would be happy to take to the hospital administrator and medical profession, if it is our department, or to Health and Welfare Canada if it is a nursing station or one of the federal hospitals. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you, Mr. Minister. Mr. McCallum.

MR. MCCALLUM: Thank you, Mr. Chairman. I would just like to go back to what I was dealing with first with the Minister. That was this whole business of the apparent federal cut-backs in the program that I think will have an effect, or could possibly have an effect on the devolution aspect of taking over some of the roles of national Health and Welfare, as it applies here in the North. I am not too sure how much of the total budget of national Health and Welfare is involved with the North, but I would expect it would be fairly substantial. From the figures that I have within the federal budget, by the end of the decade national Health and Welfare will have their programs reduced to the tune of about five billion dollars, just under five billion dollars.

Our committee has had some concern with this whole business of a plan of action for the federal program transfer, in that we would hope that when this devolution does occur, you work out things over the next year and a month or so, so that adequate levels of funding both in O and M and capital are there for existing programs. But even beyond that, Mr. Minister, we think that it should also address the idea of funding some initiatives that the territorial government may want to embark upon in the health area, including, as Mr. Richard has been talking about, mental health, because there has been little action taken by the government since the motion from this Assembly. So, we think that within your negotiations you should attempt to acquire, the funding to enhance that particular program, over and above what the federal government is doing now.

I am sure that the chairman of our standing committee, when we come into this or wherever he is going to put it, will put forth the recommendation of the standing committee regarding this whole business of transfer. But I do have some concern with the kinds of program reductions at the federal level and how they will affect the transfer of whatever is going to be transferred from the federal government department to your department here in the Government of the Northwest Territories. As I say, we were hoping that you would be able to look not only at the existing programs, both O and M and capital, but also at any initiatives that your government may be attempting to put forth.

So, I just want to re-emphasize that, Mr. Chairman, on this department. There is a substantial amount of money being cut at the federal level over the next three or four years. In the federal budget, it is just under five billion dollars. Now, what part of that will come up and affect the North, I would hope that your officials could get involved to try to determine. Thank you.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. In the proposed agreement -- and I will make that agreement available to all Members -- which we have sent to federal officials and the native organizations involved. I think, Mr. Chairman, copies of that could be made available and distributed during this committee. I will see that that is done as soon as possible.

In that agreement, one of the conditions is that our Department of Public Works be allowed to inspect all the existing buildings that federal DPW has in the NWT, to find out what repairs are needed to them, when those buildings will have to be replaced and to make sure that what is transferred to us is a capital plan that will allow us to be sure that we have adequate facilities in place.

Committees In Place

Another thing that we are interested in is the operations, finding out exactly how many person years there are, and as well, how many positions there are, because, like our government, there are positions and there are also person years and we have to sort all that out. We have three committees, one on personnel. This committee has already taken some initiatives by having meetings in some of the communities in the Baffin where we are aiming for September 1st transfer, to meet with the employees and get their feelings. We have to worry about -- I was going to say grandfathering the contracts but for nurses, maybe I should say grandmothering. We also have a committee to deal with operations. We also have a capital and finance committee in place to work on the Baffin transfer.

I should say, Mr. Chairman, that the federal Minister to date has been very co-operative. I initiated the idea that the vacancy of zone director in the Baffin should be filled by one of our employees and at first they did not do that, they put one of their own employees in. But when the vacancy came up again I persuaded Mr. Epp that our government should be able to fill that position on contract and he agreed. So we have one of our Department of Health employees seconded to Health and Welfare Canada to run the Baffin zone. This will give us an inside handle on exactly what the operations budget and person year situation is in the Baffin. So I think that to date Health and Welfare Canada has been very co-operative in letting us know exactly what the situation is. We do understand that in the transfer we will have to take into consideration what Supply and Services of the federal government does for Health and Welfare Canada, and how much federal DPW spends to maintain those buildings, because that is not in Health and Welfare Canada's budget. So those are areas we have to look at as well as if there are any positions in Ottawa which maybe should be transferred to Yellowknife.

The bottom line, Mr. Chairman, that Mr. McCallum is pursuing, is on possible budget restraints and how it may affect us. I think if negotiations get tough and the federal government tries to build cuts into the system, our government would not be willing to take it over.

We also are, in the area of mental health, looking at a total review of the whole program in co-operation with Mr. Epp's officials so that any deficiencies can be identified. We would want those reconsidered at a future date, once they are identified.

I think the bottom line is would we want to sit as a government and watch Health and Welfare Canada to decide what programs are going to be cut, if any? Or would we like to be in a position to do that ourselves, if that is what is forced upon us? So that may be a hard decision this government has to make. We may have to say, "Well, we would rather take it over subject to some cuts", but have the power to decide ourselves where they are going to be, rather than not take the transfer and just sit back idly and watch Health and Welfare Canada cut where they would like to. My feeling is that we should go ahead with this transfer and all indications so far are that Mr. Epp and his officials are very favourable to the transfer and have been very accommodating to us in giving us all the information disclosures we have required. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you, Mr. Minister. Mrs. Lawrence.

Northerners In The Health Profession Field

MRS. LAWRENCE: Thank you, Mr. Chairman. I have several concerns regarding health. One of the biggest concerns I have is the transfer of health from the federal to territorial. A few years ago they had a community-based program right across Canada. At that time the Northwest Territories and the Yukon were excluded from that community-based program. The federal reason was because of land claim negotiations taking place. To me it seems that was their excuse for not involving the Northwest Territories. I do not know why they used that excuse. Maybe they figure if we do not train our own northerners we will create good employment for southerners.

To have the services improved, one action we can take is to train our own northerners. I just do not believe the service will be any better unless we get some of our people ready to fill some of these positions. There are going to be several positions that will be filled by southerners because we are not trained to fill some of these positions. It really concerns me because we have a lot of training positions in the departments and there are not too many training in the Health department.

When it comes to opening the new hospital, and I understand it is going to be a big hospital, how many of our people are ready to fill these positions? I have brought this up many times and I am going to bring it up again. What is the department doing in co-ordinating anything in that line with the Department of Education? We have different training programs, renewable resources, social services for the Social Services department, but when it comes to health it is very limited. I am putting that under this one paragraph where you have "community-based initiative program". I guess that leads to my question, what is a community-based initiative program?

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. In answer to the last question, that program is a local public health awareness program. That is primarily what we are looking at there.

Regarding the general comments the Member has made in the training of native northern people to work in the health profession field. I do not mean to be short when I say this but the problem we have in the Northwest Territories is that in order to become a professional doctor or a registered nurse -- to be a professional, this is attained by going to university. Our problem is that in most of our small native communities we cannot get people out of grade 12 or even out of grade nine. So until we can get our students to grade 10 and to grade 12, a lot of these professional fields are shut off to them. Just like other professions, like lawyers, etc., you have to have a high school education before you can get university education.

Now, the other matter of upgrading. My officials have had contacts with the University of Manitoba where there is a northern health medical unit that serves the Keewatin. They have indicated to us that there are positions both in the field of medical doctor and in other health profession fields where we can buy or purchase positions and have positions held open for us in their program. They also are willing to upgrade; they have a program especially for native students to upgrade them. I have also inquired around and I believe there is a place in Alberta called "Sunrise", I think, and a few other programs where these programs are specifically to take native people who are interested and upgrade them to the grade 12 level and put them through universities or colleges to get a health profession education. I have passed this information over to the Minister of Education so that his officials might pursue this. As the Member knows training is consolidated in the Department of Education. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. Mrs. Lawrence.

Training Of Community Health Representatives

MRS. LAWRENCE: Thank you, Mr. Chairman. I am not asking to lower the level of our health program. We have to start somewhere to encourage some of these individuals into health programs. I am talking from experience. Even at the level of community health representatives, they do not even have that. In my area we have one that is part time and this transfer of health has been in the works for the last -- how many years now? The excuse that the two governments are using is that we do not have enough money or we cannot hire them until they are trained. There are several training programs in the NWT government where they are not guaranteed jobs, but they are trained. I just do not understand why they do not start even at the CHR level and then come up, because some of our CHRs did go into a higher level, into registered nursing. I think that has to be looked at very closely if we are going to take some of these services over and if we are going to have a better service because we understand all too well, when you come from a small community, exactly what we are faced with. Some of these people coming from the South do not have that understanding, therefore the service is not meeting the needs of the individuals at the community level.

Another comment I would like to make is regarding the objective to review and assist, where feasible, boarding home operations in Yellowknife. Before we take over any of these services where capital cost is concerned we should have proper home boarding put in place in Yellowknife. We have a very poor system going right now. My next question is what kind of initiation has been taken for negotiations concerning the transfer of further health services programs? Mahsi cho.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

MR. McLAUGHLIN: Thank you, Mr. Chairman. I understand that the Member is interested not just in getting university qualified professions but also community health representatives in the field as one area. In the negotiation on the transfer in the Baffin we have identified what we feel is a

shortage there, so part of our negotiation with them is that, for example they have three CHR's in place in the Baffin right now and admitted a shortage there or we have identified that there is a shortage there, and that is going to be part of our negotiations on that transfer, that funds be in place to fill those positions. I have indicated to the Member before, I am not sure if it was in the House or personally, that Health and Welfare Canada had funds in place for training but they did not have any person years that they would be allowed to fill under the present restraints, so that it would not do any good. In other words, we could have Health and Welfare Canada funding to train some CHR's but there would have been nowhere for Health and Welfare to place them within their budget. So that did not seem to be a lucrative plan to follow. However, if we can identify in the Baffin that there are vacancies for trained CHR's then we could perhaps pursue that with Mr. Patterson.

Boarding Homes In Yellowknife

In addition, in the area of the boarding home situation in Yellowknife I believe I have answered questions in this House to Mr. Wah-Shee explaining the situation and it is this. The Executive Council approved in principle some time ago that they would provide funds to lease boarding homes in Yellowknife from a Kitikmeot organization and from a Dene organization and that, whichever route they chose to follow, we would accommodate them.

In the case of the Kitikmeot organization, they have chosen to construct their own building. They have acquired property to do that. They have submitted plans to Health and Welfare Canada and my department and the Department of Public Works so that we can make suggestions to them. They have approval from the city of Yellowknife so that they comply with the zoning by-laws on the two lots that they are interested in and we will soon be at the stage where I will be seeking Executive and FMB approval to enter into a contract with the Kitikmeot organization.

In the case of the Dene they have chosen to lease, I believe, an existing building in Yellowknife which is, or is being, renovated to accommodate their boarding home situation and we have identified money for this fiscal year to enter into that lease. We are awaiting a formal proposal from the Dene Nation, at which time our Department of Public Works and officials of my department and Health and Welfare Canada will make sure that the accommodation is adequate to meet the needs of Health and Welfare Canada and that the amount of the lease is appropriate for our government to pay. Mr. Chairman, our government is going to pay the lease of these buildings and Health and Welfare Canada will pay the operation and maintenance. Our leasing of the buildings is conditional upon the organizations getting a contract with Health and Welfare Canada for the O and M.

In the area of the general transfer I have answered several questions on the general transfer. What our government wants to do is transfer the Baffin which already has Treasury Board approval by September 1st and transfer all the rest of the services in the NWT presently performed by Health and Welfare Canada by April 1, 1987. That includes environmental health officers, public health nurses, nursing stations and any other services that Health and Welfare Canada provides including the Inuvik federal hospital. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. Mrs. Lawrence.

MRS. LAWRENCE: Thank you, Mr. Chairman. I have one other question. How many positions are you looking at for the new hospital? If you do not have the answer right now you can come back to me with that. My next question is how do you anticipate filling these positions for the hospital?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

Positions Guaranteed For Northern Health Professionals

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. I am not sure what is the exact number of positions but I will distribute that to Members as soon as available. The Stanton board is presently developing their operating plans which involves that so those figures will not be available for some time now. But when they are available a couple of months down the road or whatever I will make the Members aware of the number.

All I can say as far as filling positions goes, is that we have had a great deal of difficulty filling positions and I am also aware in talking to Mr. Epp and Mr. Aked, who is the NWT director of Health and Welfare Canada, in the nursing stations in the northern parts of the provinces, as

well as here, they are having a heck of a time filling all the positions they are funded for. They just cannot recruit nurses to work in small remote communities or in federal hospitals as they would like to. So there is definitely an area where adequately trained northern health professionals could be guaranteed jobs by our government and by Health and Welfare Canada. I tell the Member and any Member, you find me a student who has the qualifications to get into the medical profession, in nursing or as a physician, and I can guarantee you that myself and the Minister of Education will find a spot for that person in a university somewhere.

As for the other jobs like CHRs, if we can get the federal government to identify that there are more CHRs required, for example in the Baffin, we would hope that through the Department of Education we can do some training in Frobisher Bay. I know that I have had conversations with Mr. Patterson and he is planning to do some training for CHRs in the Baffin to fill any vacancies which we can have created through this agreement with the federal government. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you, Mr. Minister. Mr. T'Seleie.

MR. T'SELEIE: Mr. Chairman, I have a couple of concerns with regard to health. The Commissioner's Address at the beginning of this session stated that the transfer of the Baffin health programs from the federal to the territorial would be completed by September 1986 and the transfer of remaining health care programs is planned for April 1987. The general question I would like to ask the Minister is, where is the push coming from to have this transfer take place? I think I mentioned to you in the standing committee on finance meeting that really the ordinary citizen is mainly concerned about better delivery of services and that it does not really make a great deal of difference who administers it. Perhaps you could clarify some of that for me since it appears to me that there are quite a few of us here who are not entirely clear on this planned transfer.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

Regional Organizations Initiating Request For Transfer

HON. BRUCE McLAUGHLIN: Mr. Chairman, the initiatives for the transfer in most cases have come from communities or regional organizations. In the Baffin, Kitikmeot and Keewatin, each one of those regional organizations has written to this government or passed on resolutions from their organizations that they want this transfer to take place. Members might be aware that the Tungavik Federation of Nunavut recently wanted to hold up the transfer and devolution of services from the federal to the territorial government but they specifically said that health was an exception, that they wanted to go ahead. That is mostly because I think the people in the Baffin are very happy with the hospital transfer that has taken place and are looking forward to the transfer of the nursing stations, which will be under regional and community control in the model which we propose to put in place there.

I must also tell the Members that the very first meeting I had with Mr. Epp after the last federal election, I walked into his office primarily just as a courtesy to say hello to him because I was in town I think for an aboriginal rights meeting. He said, "I suppose you are here to get the transfer of Health and Welfare Canada moving in the Baffin and possibly the rest of the Northwest Territories." I said, "That was not on my agenda today. In the Baffin we certainly had the approval of the local communities and native organizations but we had not achieved that in the Dene and Inuvialuit communities and that we would not pursue that until we had their agreement." In that area, the Executive instructed me to start an initial conversation with the Dene Nation president and with COPE and I did those over the phone and had a few coffee meetings. We then pursued having Mr. Epp come up here in conjunction with the Stanton ground breaking ceremony we had. Mr. Epp met with the Metis, Dene and COPE organizations here in Yellowknife.

At that meeting he outlined what the intentions of the federal government were -- that there would be a government to government transfer from the federal to territorial government. I outlined the position of our Executive that when that transfer took place it was our intention to immediately transfer the program over to local boards or regional boards. And that one of the things that had to be taken into consideration was that the special status, the status Indian and Inuit have in health care programs, would be protected. In the proposed agreement that has just been sent around to you, one of the two main principles is that our government would act as an agent for the federal government for the delivery of the Indian health policy, which is, in fact, the program which provides native people in the Northwest Territories with full and complete medical services over and above what all Canadians are guaranteed in the Canada Health Act.

Meeting With Dene Board Of Directors

Next week, I believe on March 4th and 5th, my Department of Health is funding the transportation and accommodation of the Dene board of directors. I believe there are eight or 10 people concerned. We have also invited all the Dene MLAs to participate in this. The agenda is being set up entirely by the Dene Nation. I believe the first day is devoted to internal conversations amongst themselves with the Dene MLAs being invited to participate. Then on March 5th and if necessary on March 6th, my officials, Health and Welfare Canada officials and myself will discuss what we want to see take place in this transfer and why we think it is important for the transfer to take place. The Dene organization itself will then meet in camera and decide what their position is in regard to this. So no transfer will be initiated officially with the federal government until the native organizations concerned are in full agreement.

So we are pursuing the Baffin transfer right now. We have committees in place and we are sending letters of welcome to the Health and Welfare Canada employees that we would like them to become our employees with the transfer. As far as the rest of the Territories goes, we are waiting until the various native organizations concerned are in complete agreement before we pursue this on the next step with the federal government. We have indicated that April 1, 1987 is when we would like the transfer to take place. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Patterson, I think you wanted to make just comments rather than asking a question. Although there are a few people before you, the Chair will recognize you.

Initiative To Transfer Health Services In Baffin

HON. DENNIS PATTERSON: Thank you, Mr. Chairman. I just want to take some of the blame for promoting the transfer of health services in Baffin. It seems to be considered to be something that is not desirable. I certainly respect the right of MLAs to have reservations about the transfer of health in their regions but I would like to explain that I am quite certain that support is very strong for local control of health in Baffin Region. I think the initiative, in addition to the organizations the Minister mentioned, has certainly come from MLAs in this Assembly.

We were tired of not being able to get answers from the federal government about health problems. We tried to get the zone director occasionally, and the regional director of Health and Welfare into the Assembly some years ago. That was a very much less than satisfactory arrangement. We tried to get access to Health and Welfare in Yellowknife, Edmonton and Ottawa. That was less than satisfactory. So a movement began in 1979 to see health services transferred. I went to the trouble, along with Mr. Curley, of going to the ITC annual general assembly in Coppermine in 1980, I believe, to lobby for a resolution supporting health transfer not so that it would erode a constitutional right of the Inuit to have a certain level of health care but rather, as we explained to the ITC, and as the Minister has explained, through a contractual arrangement, and as an agent for the federal government, these rights need not be prejudiced and in fact can be enhanced by having local control.

The support started with the general assembly of ITC who were very dissatisfied with the level of health services and more important the accountability of health officials to the people of the Northwest Territories. It got the support of Baffin Regional Council. It got support of MLAs. Motions were made in this Assembly. The successive Ministers of Health, including Mr. McCallum and Mr. Tologanak and now Mr. McLaughlin, have responded to that pressure in a very positive way. I would like to say the experience has been nothing but good in Baffin in my view.

Achievements Of Baffin Region Hospital Board

If I can just make a few comments, the board of directors is almost exclusively Inuit. Initially it was set up with the regional director of the Baffin Region as chairman but recently he was replaced by George Eckalook of Resolute Bay so the elected representatives now have chairmanship and a very large measure of control on the board. That board has made decisions of benefit to the people in the region, in my view. They, for example, have made significant staff changes. They made difficult decisions on senior staff at the hospital, based on their perception of what will be best for the people they serve. They have been very largely responsible for persuading the Hon. Monique Begin, who was then Minister of Health, to allow the Baffin hospital board to take over the operation of facilities for transient patients in Montreal. And I am telling you, Mr. Chairman,

the conditions prior to the involvement of the Baffin hospital board for transient patients in Montreal were appalling. They were neglected, there were no translation services, there were no proper facilities, and now, thanks to the lobbying efforts of the Baffin regional board, there is an excellent transient facility there that has native staff. They have a van and a safe, decent place for patients to stay. They have done little things like seeing that the diet in the hospital was changed to be appropriate to Inuit patients. They have made efforts to improve training for hospital staff. In fact recently, the Baffin hospital board has made representations which I think are going to lead to the establishment of a certified nursing assistant course in Baffin. I would say that training, which is a goal we all should aim for, can be enhanced if you have people who are accountable to the electors in the North involved in administering the hospital.

Mr. Chairman, I was very impressed at one of the very first Baffin Regional Hospital Board's meetings, to see the board of directors going through the hallway of the Baffin hospital speaking directly to patients in their own language about what they thought of the care that they were getting. Now that is a small illustration of how I think a takeover of health services can result in direct accountability for the quality of services.

I do not think that it needs to prejudice a special constitutional status of native people. If it does, the contract can be cancelled, and that is why it was recommended from the beginning that there should be a contractual arrangement. If it does not work out, it can be terminated. But, I would like to say, with all respect to Members who are nervous about this, that I am quite confident that the experience in Baffin has been nothing but positive. There were some employees who were a bit nervous about whether their benefits would be as good if the takeover occurred, even employees that I have talked to and they are now quite happy with the arrangement.

Better Accountability Means Better Service

So, just to close my comment, Mr. Chairman, I would like to be open about saying, that as an MLA, this is one of the things that I have worked on and that I am very pleased with the sort of response that we have had from the government. I hope that we move just as fast to take over nursing stations as well because they are in need of improvement and they should be now connected with the same system, and that is why I supported the motion made by Mr. Curley the other day. If you move the staff into the North, they are automatically going to be more accountable. If you have a board of directors composed of people representative of the North, they are automatically going to be more accountable. If you have better accountability, you have better service in my view. Thank you.

AN HON. MEMBER: Hear, hear!

CHAIRMAN (Mr. Erkloo): Thank you, Mr. Patterson. We will have a 15 minute coffee break but before we go the Chair would like to recognize the co-ordinators of the alcohol and drug programs from the various centres in the NWT, who are here in Yellowknife for a workshop.

---Applause

---SHORT RECESS

Now, the next speaker is Mr. T'Seleie.

MR. T'SELEIE: Mr. Chairman, the reason that I brought up the transfer of health is that right now the health services for Inuit and treaty Indians is covered by agreements with the federal government and other obligations that the federal government has, and I would not like to see any changes in those. Medical services for treaty people should not be affected by the transfer. You know, I am not objecting to the transfer as such but right now, I do not know that much about it. That is why I raised it here. If the Minister could give us his assurance of the fact that that part of the transfer is not going to be affected, then I think that it would alleviate a lot of our fears. As we go along, we keep talking about responsible government in the Northwest Territories and it seems to be that at some point, the Northwest Territories will be able to collect its own taxes and supposedly have to pay for its own health services. If the economic condition of aboriginal people does not improve at that point, it could mean that, either because we are the poorest people in the North, we will not be able to receive the proper level of services, or because the taxpayer would complain that those people who are not paying their taxes should not

receive health services. That is the kind of scenario I think native people are concerned about. I would just like to see the Minister state that that is not what eventually will happen here, because I think most aboriginal people are a long way from being able to afford the health services that we are now getting.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

Indian Health Policy Not Affected By Transfer

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. The treaty Indians and Inuit of Canada are delivered health care services over and above what is outlined in the Canada Health Act. That policy is called the Indian health policy, and those programs, when they are delivered by a provincial government or a territorial government or anybody else, by a doctor for example, are paid for by Health and Welfare Canada. They, from time to time, may amend that policy to either upgrade it or streamline it or whatever, but the federal government determines what that Indian health policy is. So, in this transfer, that Indian health policy would not be interfered with.

If Members look at the proposed agreement in principle that we have, it says, "and whereas Canada may contract with the Territories to administer on behalf of Canada certain health responsibilities, non-insured services, for aboriginal peoples, where aboriginal peoples, as represented by the aboriginal agreement or aboriginal organizations, agree to such contracts". And, on page three, item five, says, "The parties agree that Canada may contract with the Territories to administer on behalf of Canada, non-insured health services to aboriginal peoples where the aboriginal peoples as represented by the aboriginal organizations, agree to such contracts." It is our intention to strictly be the agent of the federal government for the delivery of the Indian health policy which exists, and that policy covers status Indians and Inuit.

It would also be our intention, if the native organizations wished it, that each organization could sign with our government and with the federal government, a tripartite agreement separate from this general agreement between the two levels of government. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you, Mr. Minister. Mr. T'Seleie.

MR. T'SELEIE: Thank you, Mr. Chairman. I would like to ask the Minister in this respect, when the federal government covers health services for Inuit and treaty people, I would like to know whether they also cover dental services for Inuit and treaty people.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

HON. BRUCE McLAUGHLIN: Yes, Mr. Chairman, the Indian health care policy covers dental services as well as ophthalmic services, transportation and other medical aids like crutches, wheelchairs, drugs or other pharmacy requirements. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Mr. Wah-Shee.

Financial Base Used In Transfer Negotiations

MR. WAH-SHEE: Thank you, Mr. Chairman. On the negotiations of the transfer of health to the territorial government, is it possible for the Minister to indicate what financial base will be used to negotiate the transfer? In other words, there are figures for perhaps other years than 1986 to use in negotiating the transfer.

The other concern I have is that the federal government is indicating cuts within the federal budget right across the board that will affect all federal departments and I assume that is going to affect national Health and Welfare. So I would like to know whether we are experiencing any cuts from national Health and Welfare in terms of their contribution to the territorial government and also the services they are presently providing other than through your department right now, because obviously national Health and Welfare is providing services in the area of health in a number of communities. Are we aware of those kinds of cuts other than the contributions presently being made to your department?

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. Regarding the general transfer of funds and O and M, etc., we have three committees, one on capital and finance, one on operations and one on personnel, which are working in detail on the Baffin transfer right now and we would propose to do the same for the whole transfer once we get the agreement to pursue this. Agreement from native organizations is necessary as far as we are concerned before we pursue that.

As for the cuts referred to, there have been moves within the department, for example at Rae-Edzo, to cut some of the person years out of that community, by Health and Welfare Canada, and as well, apparently in 1986-87, Mr. Epp, along with other federal Ministers, is going to have to make cuts in his programs and it may very well be that this government will have to accept that. I think the worst case scenario is that we are going to have a complete re-evaluation of the health care delivery system done by Health and Welfare Canada officials and our officials with some outside advice, experts on contract probably. In that process we are going to identify any deficiencies and hope to negotiate those necessary person years or funding. It has been the practice in other arrangements like this, for example the formula funding arrangement, to look at the three recent years as being the criteria for which the agreement would be made. In other words, you do not just pick one year. You take an average of what happened over the last three years and predict growth and allow for money for capital replacement. That is the way similar things have been transferred in the past or agreed to in the past and that is what we expect in this situation.

My answer has to be basically, yes. Health and Welfare Canada is in the process of doing some cuts during this fiscal year and will probably be identifying cuts in 1986-87. It is our hope, and you can see on page two in that agreement, in 4.3, that our proposal is that Canada agrees to maintain the current level of services, as of December 1985, direct and common, staffing and budget provided to the region during the period of negotiations and to ensure adequate funds are provided and transferred for these services. It is our intention to keep that existing system and if we are unable to do that, our government and the native organizations may not want us to take over. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Wah-Shee.

MR. WAH-SHEE: The level of resources that is being transferred, or rather that is being made as a contribution toward providing health services to the Inuit and the Dene, will that same level of contribution to the aboriginal people be changed at all or is that going to be at the same level of contribution even if you were talking of the transfer of the health services to the Territories?

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

Services To Aboriginal Peoples Determined By Federal Government

HON. BRUCE McLAUGHLIN: As I mentioned once before briefly, the federal government has an Indian health policy which outlines those services that are provided to aboriginal peoples and the federal department determines what that level of service will be and that service is provided to aboriginal people across the country. This transfer would have nothing to do with any changes which the federal government might make in that Indian health policy. From time to time they do make changes in the manner or level in which that program is delivered but that would have nothing to do with the transfer. Our government would strictly be the agent for them to deliver the Indian health policy in the Territories on the same level as it is delivered in the provinces. Our government would not be a party to any changes that take place if any changes do. We would be the agent to carry out that policy. So the aboriginal peoples of the NWT would have their special status maintained as far as health care delivery goes but minor changes that the federal government might make within that health care policy, which they do from time to time, right now would possibly still occur but that would be outside our government's mandate. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Mr. Wah-Shee.

MR. WAH-SHEE: Thank you, Mr. Chairman. Based on the assumption that the overall population of the Inuit and the Dene will not substantially change -- if anything I see it increasing -- that federal contribution for the Inuit and the Dene under their statutory commitment and responsibility, do you see that decreasing about the time when the negotiated transfers take place or do you see it increasing?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, the Indian health policy is strictly determined by the federal government and the level of that service is entirely determined by them. It is standard to aboriginal people across the country. I believe from time to time they have made changes. I am not aware what any of those changes have been in the past but I imagine as new medical services come along they modernize the agreement or they modernize the policy. Our GNWT and this transfer would have nothing to do with any policy or funding changes the federal government might make in that policy and there has been no indication to us or in that budget that there would be any changes to that policy.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Wah-Shee.

Possible Federal Budget Cuts Before Transfer

MR. WAH-SHEE: Mr. Chairman, I do believe there would be a concern, Mr. Minister, if our government were to negotiate the transfer of health to this government if the federal government, prior to transferring this particular responsibility to the NWT, made a number of cuts. Then in turn, you want to take it over because of the whole concept of devolution. It seems to me that we have to play a role here in terms of protecting the interests of the overall health care and the necessary resources to provide flexibility in terms of the program delivered. But if we are locked in, in terms of limited resources, then obviously we have to tax other sources of revenue to provide this kind of flexibility. So it seems to me that first of all we would be interested in terms of exactly where those cuts are going to be made in the program delivery that the federal government provides throughout the Northwest Territories and exactly what does the GNWT provide in terms of health, in terms of their resources? So in the end, when you are talking about a negotiated transfer, then at least we can make a comparison whether we are better off in transferring that responsibility or whether it should remain within the federal government. It seems to me that it is not really a case of where we want the federal government to continue to deliver these program services but if they are going to make certain cuts before they negotiate the transfer to our government, I do believe we have some concerns here. We would like to have a breakdown in terms of comparison so that we know exactly what kinds of transfer arrangements we are negotiating.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. During the negotiations that we are doing in the Baffin right now, we are identifying what we feel are any service delivery shortcomings and it is our hope that we will be able to, in transfer, negotiate funding to make those improvements. For example, if the population of the Baffin has significantly increased and there is more demand for public health, etc., then it would be our position that they should recognize that growth in the transfer and give us more funding. So that is the same approach we would take on the general transfer for the whole program.

Right now, Mr. Chairman, in all honesty I have to admit that Health and Welfare Canada is fully in charge of the program and if the Treasury Board instructs the federal Minister to make some cutbacks before March 31st, that is going to happen. Then we as a government are going to have to ask, do we want to take over that program even though it is cut back or do we want to sit back and let Health and Welfare Canada run it and make cutbacks and have no say ourselves in where those cutbacks are? We will have to operate the program from within the money and person years they give us in the transfer and if they decide as a government to make us an offer of so many PYs and so many dollars we will have to decide as a government whether we want to take that or not. But I have to point out to Members that if we do not take it and they decide to make cuts, they will then be in charge of what gets cut and where it gets cut instead of our government. I think it will be a hard decision for our government to make in that situation but so far in the Baffin transfer, as I said, the negotiations have gone very well. The federal government seems entirely open to showing us exactly how many person years and positions there are and what their funds are. They have not really been trying to hide anything from us. Things appear to be going well right now. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Wah-Shee.

Level Of Resources Negotiated In Transfer In Baffin

MR. WAH-SHEE: I get the impression, Mr. Minister, and I may be wrong but I stand to be corrected, in the Baffin transfer that was negotiated -- could you tell me if there were any cuts in the services that were negotiated or did they get any increases in the negotiated transfer? Or has the level of resources remained the same? Have they experienced any cuts in the Baffin transfer?

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

HON. BRUCE McLAUGHLIN: As far as we are aware no employees in the Baffin Region have been given notice. The negotiations are not completed there. We are in the midst of negotiating the funding and person years required. We have identified that more CHRs should be in place in the Baffin. There are just three now so we are trying to make a case that there should be more CHRs. All I can tell you is that the federal government has not given anybody in the Baffin lay-off notices. The only thing I know for sure is that, so far in the negotiations, we have identified that there should be more CHRs in the Baffin but we have not finally negotiated that transfer with the federal government yet. Once the negotiations are finalized then our government will have to decide whether we will make that transfer or not. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Wah-Shee.

MR. WAH-SHEE: My final question. If the Baffin transfer did not experience any decrease in the level of services they were getting, the Minister is aware that we in the West, particularly in the western communities, have experienced a decrease in terms of level of services that were previously provided by the federal government. Now, obviously in my mind, if you are talking about the overall transfer then you should take into consideration that we are not prepared to be taking the brunt of this transfer with a decrease in level of services, particularly in the western communities. It seems to me that we also have needs and our needs are no less than any other region. It seems to me that there has to be an equitable transfer to minimize these kinds of decreases in terms of resources being available for program delivery in the area of health.

How are we going to discuss the transfer if the level of services remains intact in some regions, and in other regions you have a decrease? Obviously we would like to know whether this is going to take place in other regions as well and this may cause a negative attitude toward the transfer, if that is the way that it is going to be.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

HON. BRUCE McLAUGHLIN: Yes, Mr. Chairman, guideline 4.3, clearly stated the intention of our government that we would like the staffing and budget frozen as it was in December 1985, and that would prevent any cuts from occurring. That is the position that our government is taking with the federal government. That is, we want to be funded with the same number of person years or positions and O and M money that they had in place in 1985, in order to prevent what is happening.

Downgrading Of Hospital Facility, Edzo

Health and Welfare Canada have said that the specific lay-off notices that they have given out in the hospital facility in Edzo are because of the number of patient days in the hospital and the small utilization of the hospital. The federal government say that they are doing the cuts in Rae-Edzo because the hospital is underutilized and they are saying that it has nothing to do with the transfer. In fact, Mr. Epp said that directly to the people from Rae-Edzo and the honourable Member was in attendance at the meeting that I arranged with the community group from Rae-Edzo to meet with Mr. Epp.

So, what they say they are doing there, is making cuts to a facility that is underutilized. They are going to put a new building up in Rae rather than Edzo and run it as a community health centre, rather than as a cottage hospital. What they are saying is that a 24 hour-a-day hospital operation is not necessary in Rae-Edzo. The Member knows that my department has made available \$5000 plus availability of our staff to help get the statistics together to help the community make a case to Mr. Epp, that the facility should not be downgraded. The Member should also remember that Mr. Epp said clearly that he would give the community the time to make a presentation and that, in the end, Mr. Epp himself, would make the decision as to what was going to be done with that facility. So, the official position of Health and Welfare Canada, is that they are doing that as a cost-saving measure, not related to any transfer. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Wah-Shee.

MR. WAH-SHEE: I do appreciate the assistance that Rae-Edzo is receiving in regard to the planning for the new facility, but the point that I was trying to raise is that there are these various cuts that National Health and Welfare is planning to make, and then on the other hand we are talking about negotiating a transfer. I think that the point that has to be made is what kind of a negotiating position should we take on behalf of the residents of the Territories? As you know, our capability to raise revenues to be flexible in terms of promoting one department versus the other is somewhat limited -- unless the Minister of Energy, Mines and Resources has already negotiated something overnight in terms of taking full control of the natural resources of the Territories, which I do not think has taken place.

I suppose that my point is, if you are talking about the overall transfer then obviously we would be concerned about what kind of transfer are we talking about. In other words, are we talking about trying to negotiate a transfer in terms of the financial base for 1986 and trying to stop future cuts and, at the same time, we accept the cuts that National Health and Welfare have already indicated to us? So therefore, it seems to me that we are negotiating from a disadvantage point of view. I may be wrong and you may feel otherwise, but just for the information of the committee and myself, I would like to be a little more aware of whether we are in a good position to negotiate an arrangement for the transfer of health services to the satisfaction of the people of the North. Certainly I do not think that we would like the administration to negotiate a decreased level of services, obviously, because if we are going to be responsible, then we have to have adequate resources to negotiate and deliver those programs. That is really my point, Mr. Minister. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

Federal Pressure To Reduce Person Years

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. It is our government's position that Canada should maintain the current level of services provided as of December 1985, and that is what we want to negotiate around. It is my feeling, from what has happened so far with any lay-offs that have occurred -- and Members may be aware that in Inuvik General Hospital there were lay-offs which closed down the transient centre and then subsequently closed down the chronic care long-term facility. Our government was able to take both of those services over on a contract with Health and Welfare Canada and re-establish them.

It is my feeling, and the federal government has never said this officially to this government, but it is my feeling that the Department of Health and Welfare Canada, like other departments, is under pressure to get rid of person years, but because most of the health care programs delivered in the Northwest Territories are covered under the Canada Health Act and because the rest of the health care delivery in the Northwest Territories is an obligation to treaty Indians and Inuit, they are obligated to provide the services in some manner, so our experience so far has been that the federal government is trying to cut down on their person years, but because they have treaty obligations and Canada Health Act legislation driving their program up here, they are obligated to pay for those services when they are billed for them. So what we are doing is, we are billing them for services under the Canada Health Act and under the Indian health policy and they are paying them even though they have cut out their person years.

I think that it is imperative and urgent, and that is why I am funding the Dene board meeting next week and Mr. Epp has almost agreed to fund a full Dene leadership meeting in early April -- that is a proposed timing. I think that it is urgent that we get this agreement so that we can allay the type of cuts that are taking place. So, although I understand that we have an obligation to keep the positions in place, I also think that there is an urgency, because I believe that Mr. Epp is under pressure from the Treasury Board to make person year cuts. I think that it is to everyone's advantage, to protect the health care system in the Northwest Territories, to have this transfer go ahead. That is why I am urgently pressing ahead with this now. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you, Mr. Minister. Mr. Nerysoo.

Continued Constitutional Obligation

MR. NERYSOO: Thank you, Mr. Chairman. First with regard to the transfer of medical services to the responsibility of the territorial government, I had the opportunity to be part of the decision that gave direction to the previous Minister of Health with regard to the transfer of

responsibility for Frobisher Bay and I think having taken that position I must say that I am extremely happy with the success we have had in Frobisher Bay and I do hope that we can continue with the success that we had in that one particular hospital. But I do think it is necessary to alleviate some of the concerns and questions that we are asking with regard to the financial implications of the transfer not only to the government itself but to the question of services and programs that are going to be offered to the residents of the NWT, in particular the serious question of the continued constitutional obligation that Mr. Patterson raised earlier that has still been protected in the process of transfer. That is a particularly serious question and I would hope that at some time the aboriginal organizations can negotiate ongoing constitutional commitments.

I do say that I continue to support the idea of the transfer, in particular to allow for participation of the communities and to have a responsibility for the types of services that are being offered to the community and certainly with regard to the accountability of the hospitals, nurses and nursing stations in our regions. I do say though that there still remain some serious questions in my mind with regard to the types of services that might be offered. I have raised a number of questions previously. In particular, the idea of shutting down particular nursing stations, what do we intend to do in future to provide services to those communities that had nurses removed from them?

There is, of course, the question of the ambulance services. If we are not going to respond with providing nurses then what are we going to do about providing adequate medical services to those communities which have had positions removed or are at present having in fact positions removed from their stations? I think it is necessary to recognize now that the population of many of the communities has increased, the demand for medical services increased. Obviously the requirement as well has increased so I think that those issues have to be addressed.

Transportation And Accommodation Costs

I do continue to have concern with the issue of non-status and Metis transportation costs and also accommodation. I asked the Minister a question with regard to the Inuvik hospital and the medical transient centre but while I referred to the medical transient centre in Inuvik, the whole question of transportation costs and accommodation costs does apply generally to all medical services that are provided by our government and as such the issue is a much broader and bigger policy question than just the question of dealing with the Inuvik General Hospital. I note in the response by the Minister that, and this is part of the response: "With respect to non-native and Metis patients who are not indigent, they and their escorts will be accommodated in the centre when space is available. However, they will be required to pay their own accommodation costs to Health and Welfare Canada."

What is strange, Mr. Chairman, is that under the whole question of share of health care services, the territorial government, the GNWT, is in fact paid for the responsibility of providing services to non-status and Metis people. It is quite clear that general services are paid for and you also, in the transfer of funds, have a responsibility for general transportation and accommodation where you are transporting medical patients. I guess the question that I have, and I must compliment the Inuit Members for having been successful because in the same question of whether or not certain Inuit women or certain non-status Inuit could receive transportation costs, they were successful in attaining them and at the moment we do pay the cost without question. So I would like to ask the Minister, did the issue of paying for Metis and non-status people come up as a discussion item in government and what was the position taken by the government with regard to paying the cost of transportation for Metis and non-status?

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Go ahead, Mr. Minister.

Support For Dene Boarding Home, Yellowknife

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. The issue came up as an item of discussion before the Executive because in the proposition to have a boarding home for Dene in Yellowknife the Dene Nation felt that there were not enough status Indian patients to cover the O and M of a facility in an agreement with Health and Welfare Canada. The Members should be aware that for people that are not status Indians or Inuit or who do not work for the government or mining companies or other

companies that have health care plans to cover these types of costs, the government has a program in place which covers the transportation for everybody who is non-status or non-Inuit and those people have their air fare paid except for \$50 one way. If they are indigent, in other words if they do not have enough money to pay for it, then Social Services identifies if they are in need of assistance. They help the Department of Health to do that and the Department of Health has money in their budget to pay, not only the full transportation cost for those people who cannot afford it, but also to pay for room and board. If a Metis or a non-native person has the money, has a job or has the wherewithal they have to pay \$50 toward their air fare and they have to provide their own accommodation.

When this came up to the Executive, the Executive felt there were enough Dene patients in need of medical treatment in Yellowknife and when the new Stanton hospital opens up there will be even more Dene patients in Yellowknife because there will be less need for people to go to Edmonton. So our government feels that there will be enough Dene patients to make the facility operate and that there will be enough Metis and non-status Indians who are indigent who can use that facility and our Department of Health would pay for the room and board in that case. We feel that there are enough clients requiring that service to make it operational so we decided as a government not to change the transportation and the accommodation policy in that regard. I have verbally, and I will certainly do it in writing shortly, with the Dene Nation, given an undertaking to them that we will monitor that situation on an ongoing basis and if contractual changes have to be made then we will have to revisit the question through relooking at the policy or possibly relooking at our lease arrangement. We have given the Dene Nation an undertaking that we encourage them to go ahead with the boarding home and if there are financial difficulties that we as an Executive will revisit the issue. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erklou): Thank you. Mr. Angottitauruq.

MR. ANGOTTITAUURUQ: Thank you, Mr. Chairman. About the transfer, I guess Richard Nerysoo has said what I was going to say. I would not really base my comments on the transfer but I guess what I am going to say is that I will be supporting the transfer of the health responsibilities.

I made some complaints to the Minister of Health, believing that the GNWT has a Minister of Health with the budget, complaining to the Minister of Health about the nurses and what-have-you with health in the communities. A lot of them never were solved; they just go on because this government has no power or control. It can only advise the federal zone directors. Only minor problems can be solved. At the same time I would like to remember what Eliza Lawrence was saying about educating the people.

I will not name any names and I will not name any communities, but there was a time when I went to a patient's home for a visit one afternoon. The nurse came in to visit the patient, with a cleaning lady for the nursing station and at that moment it made me think about what the Minister has said before to Mrs. Lawrence, "Give us people who have a good education." This nurse went to this patient and this patient staying home must have been quite seriously ill. The nurse started asking questions using the cleaning lady as an interpreter. I thought to myself that they have nurses that have good grades, who have a job that ordinary people cannot do, why are they using this cleaning lady as an interpreter? To my surprise, in very few words, the nurse questioned this patient but the cleaning lady could not answer any more because she has never been in school. She was self-educated. I thought that was quite serious and it could not make me accept what you have said to Mrs. Lawrence, give us people with good grades. I did not have good grades but I ended up interpreting because this cleaning lady who was self-trained could not interpret properly. That day I thought to myself, I hope, using this type of person, there are no future illnesses or long-term illnesses.

Interpreters In Health Field

The patients and the nurses or doctors should understand each other perfectly well, in the hope that they get good service and the nurses could treat them better. That occurs I guess because Health and Welfare Canada is responsible for the whole situation. I would like to know what this government is doing for interpreters. In that particular community they had an interpreter who was hired by the federal government and about a year later they had a cut-back for the interpreter. At the time when this nurse had this cleaning lady visiting with her, the proper interpreter, who should have been visiting with the nurse, was sitting in the office doing paper work for the nurse. I could not understand why that would happen. I believe if the territorial government gets the transfer a lot of these problems would be eliminated. I would like to know whether any

improvement is possible in the future for the nursing station interpreters. It seems quite important that someone has to understand pretty well to be interpreting for people who do not speak any English. That has always been my hope, that people who do not speak English, especially in the health field should have good interpreters because one mistake, one misleading instruction for a patient could probably have a long-term effect in the future. Thank you.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Minister.

Phone Communication With An Interpreter In Yellowknife

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. I thank the Member for his comments and also for his questions of me during the year about some of the problems. A lot of those related to transportation problems and in particular, translation difficulties that patients had while they were travelling. I think the Member is aware that some of those requests of his have got somewhere with Health and Welfare Canada, in that they have identified better ways of giving people who are travelling their travelling instructions. I should also add that just recently Mr. Pedersen wrote me that his department feels that now that they have a good full complement of interpreters on staff that they are going to be able to do something in the way of having a hot line, so to speak, that could be used for travelling instructions for a patient. So if they have travelling difficulties, like missing a plane or whatever, they could phone this number and talk to a translator here in Yellowknife, who could then get back to the nursing station or hospital to straighten things out. This could possibly be expanded into other areas.

As well, the Department of Culture and Communications will be in a position to give some training to local people in medical terms and their usage so that the staff of the nursing stations can be trained as better translators, because they will be educated as to what the medical terms are.

I should also point out to the Member that often the CHR's are used for doing some of the office work, and I have to point out that it is often very necessary. The office work that the Member saw, I am not sure of, but on many occasions the translators have to translate the medical instructions that the nurse has written down in English, put them into syllabics so that the patients can take them home with them, so that they or their relatives will know what type of medication is being given or what type of treatment is needed. So the CHR may have been doing that type of work at the time. I thank the Member for his comments, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Angottitauruq.

MR. ANGOTTITAUURUQ: Thank you, Mr. Chairman. It could be quite true. But I hope that this does happen only once across the Northwest Territories. However, I am quite concerned about the people, especially patients, that even when they are not at home or travelling, were not given the proper translation or interpretation. There are a lot of times too, that I have heard patients complain that nurses say that the patients do not listen to them. It could well be true in that case that it may not be the patient's fault, it may be the interpreter's fault in a way, or the nurse's fault, because the nurse took the wrong person to interpret. If a cleaning lady has been to school, that is quite acceptable for me; because you are getting the instructions from a qualified person, you just change the words. But it does not make any sense that this nurse was visiting around with this person who never went to school before. Well, a lot of people could speak perfectly well, even if they trained themselves, but when these exchanges were being carried on, in the middle of the exchanges this lady would not want to interpret some of the words, maybe because she did not know what to say. Maybe she did not understand. I have never talked personally, directly, with this lady in English. I guess it just so happened that I was there to see it happen and to make a complaint. And, if there is only one case in the Northwest Territories where that happened that way, maybe I should not be complaining, but I still have a concern about the whole issue.

I guess I would like to further say a little more about the transfer. Well, there are a lot of complaints from my constituents about health, the nursing stations and things like that. Many other problems. But as I stated before, whenever I make any complaints to the Minister of Health of the NWT for which I am an elected Member of the Assembly, I know it is no good to complain about the health problems because the Minister would refer to Health and Welfare Canada, which has everything in their hands and "I can just make a complaint for you." I guess that means that I am in full support of the transfer.

Regarding the travel to Edmonton hospitals and to Yellowknife, there has been a little improvement there. I am putting it directly at my constituency level, where I see a number of cases. There was one incident where there was a patient at a relative's home. That was long before I became an MLA. There was a complaint from the relative that this lady was sick but she was being sent back home. Once or twice she went to the nursing station and within a week later she was medivaced and she went to Edmonton. She died in the hospital and the relatives complained that it was already too late. She was already far too sick to be cured. I guess there are many problems with health. For some people, they can be very minor problems but for others it can be a serious problem, especially when you are a patient and you are not getting the right treatment.

Appropriate Qualification For Interpreters

I guess I first started off with the interpreter. I think both the territorial and the federal governments should talk things over at the present time to make sure they do not use interpreters, even if they are available, that never went to school before. Well, that you are qualified to be an interpreter even though you never went to school before, as Mrs. Lawrence said earlier, I just cannot agree with the whole issue; a qualified nurse using a person that has never gone to school. There someone is trying to say a person has education and we have to train them and training a person can get them somewhere. But I do not agree with nurses using interpreters that do not seem to be qualified at all to speak about medicine and other illnesses because that could in a way probably endanger a person's health to the extent of a few weeks to a year. I would not want to see people interpreting when they are just cleaning ladies and have never gone to school or taken a trade. Something has to be looked at across the whole Northwest Territories if there is going to be a transfer. If the territorial government is thinking of transferring and it is going to be another few years before they are down the road, I guess they have a few dollars to try and solve some of the problems or try to identify them in that way, so that the interpretation from the nurse to the patient is well understood by both. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. I think Mr. Pedersen and myself are now fully aware of that problem. I think we can get some things in the works to accommodate both unilingual people, while they are travelling, as well as to try to address training in medical terms for the translators that are used in nursing stations. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Appaqaq.

Representative From Sanikiluaq On Board

MR. APPAQAQ: (Translation) Thank you, Mr. Chairman. Our medical services branch has been in the Keewatin Region for quite a while. One major thing that I would like to comment on. I am sure that they have a health board in the Keewatin Region but I have never seen a representative from my community go to a meeting. I have heard quite a while back now, that even before our health services were moved to the Keewatin Region there was one meeting where one of the people attended from my health committee. We have a health committee in our community. However, they have never gone to any other place for a meeting. Perhaps it would be very beneficial to my community if we had sent a representative and also beneficial to the nurse in our community. I am not sure though.

However, I am very happy about the medical services that we get in our region although there has never been a representative going to a meeting. Only once have we met with the hamlet council. Also we met with the Winnipeg officials to rectify this problem and ever since that we have never met with medical services representatives. I do not really mind about this, because we do not have any major concerns, but the only concern that I have is the health services board -- it will be better if we send a representative from our health committee to one or two meetings. At least I hear it will be more beneficial to our nurse if we could send our representative out to a meeting from our community.

So my question is, could he approach the health committee in Keewatin Region to see if they could get a representative from the Sanikiluaq region? I think that would be very good to have one committee representative from my community to Keewatin Region so that we will know about the process of medical services. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

Keewatin Health Board Considered

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. The Member should be aware that right now there is only a board of management for the Churchill hospital and there are only a couple of people from the Keewatin on that board. There are a lot of health problems in the Keewatin area, as we have heard from Mr. Curley and Mr. Wray, and I have asked the Churchill hospital board to expand its membership to include more people from the communities served by their hospital and it was no coincidence that the day Mr. Curley gave his reply to the Commissioner's Address I invited the Churchill board representatives to sit in the gallery and see how the House works. So they heard Mr. Curley's complaints and one of those complaints was that the Keewatin people are not represented. We are considering starting a Keewatin health board. There have been resolutions from the Keewatin to have a Keewatin health board to cover all of health concerns, not just the Churchill hospital. So if we proceed with that we will certainly consider including Sanikiluaq on such a regional health board. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Mr. Appaqaq.

MR. APPAQAQ: (Translation) Thank you, Mr. Chairman. I appreciate your reply, Mr. Minister, and I understand that I had some misunderstandings about this. I did not even know that there was a management board in Churchill but I thought there was one in Winnipeg and we had met with representatives from Winnipeg. I would be very happy if you can proceed with a Member from Sanikiluaq region. I would be very happy to see that. Thank you.

CHAIRMAN (Mr. Erkloo): Mr. Minister, you want to respond to that?

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. If and when we put the Keewatin board in place it would be a board of management that would probably run the Churchill transient centre and the Winnipeg boarding home as well. So I will just add that as information for the Member. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. T'Seleie.

Motion That Fort Franklin Patients Be Treated In Yellowknife, Bill 1-86(1), Carried

MR. T'SELEIE: Mr. Chairman, I have a motion that I would like to move. I move that this committee support the community of Fort Franklin in their request to have their patients transported and treated in Yellowknife rather than at the Inuvik General Hospital.

CHAIRMAN (Mr. Erkloo): Your motion is in order. Do you wish to speak to your motion?

MR. T'SELEIE: Yes, Mr. Chairman, the people of Fort Franklin have been trying to have their people treated in Yellowknife rather than Inuvik for a couple of years now. This issue is something that, at the last couple of regional meetings that I have been to, has come up. The main reason for it is that it is mainly a problem of language, cultures. The Franklin people feel that if they were to come here, because the other communities that are served in the Yellowknife region speak their language more, they would feel more comfortable coming to Yellowknife as patients. I also think that Yellowknife is closer to Fort Franklin than Fort Franklin is to Inuvik. I could never understand why something like this is not done by the health people. It seems to me that the Inuvik hospital could serve other communities in the Kitikmeot Region rather than having those people fly all the way to Yellowknife. I do not know how much more I can say on that. I would like the support of committee Members on this.

CHAIRMAN (Mr. Erkloo): Thank you. To the motion. Mr. Richard.

MR. RICHARD: Thank you, Mr. Chairman. I have no difficulty supporting the motion, Mr. Chairman. If the people in Fort Franklin in Mr. T'Seleie's riding want to come to Yellowknife for their services, that is fine with me. I am very pleased that Mr. T'Seleie, in framing his resolution, did not put it in the negative but in the positive, that he wants the medical patients in Fort Franklin to come to Yellowknife, as opposed to wording it anywhere but Inuvik. I think that is a commendable way to phrase a motion. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. To the motion. Are you ready for the question? Question has been called. All those in favour, raise your hand. Opposed, if any? The motion is carried.

---Carried

---Applause

Mr. Paniloo.

MR. PANILOO: (Translation) Thank you, Mr. Chairman. I would like to ask the Minister when patients are out in hospital in southern institutions, people from the Baffin are dying in the southern hospitals almost every year. Sometimes the patient's family would like to go down to the southern hospital to see the patient but the government is only allowing one family member to go down to see that patient in the southern hospital. The rest of the family that would like to go down would have to pay their own way down.

There was an incident that occurred in my constituency where a wife died in a southern hospital and the husband had to pay his own way down to see the body. I helped him because I felt sorry for him. With this thing occurring quite often I would like to ask the Minister if the territorial government could pay for the air fare for two family members to go down to the southern hospital. Thank you.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

Policy On Air Fares For Relatives To Visit Patients

HON. BRUCE McLAUGHLIN: Yes, Mr. Chairman, the Department of Social Services has a policy whereby they pay the air fare for one relative to visit a dying or extremely ill person when they are in a hospital outside of their own community. The normal practice is to only allow one person to go and Social Services only pays that expense if the family cannot afford it themselves. Whenever there is a situation that might require more than one family member to attend, if the conditions warrant it, it could be arranged for more than one to be paid for. So there are two qualifications. The person has to be unable to pay for the air fare themselves. In other words, it would have to be a person who did not have a job or did not make enough money at their job to be able to pay the air fare. If it was going to be more than one person, that would be an exception to the rule, but families could apply through Social Services to ask for an exception to be made which could be made in some circumstances. But the Member is correct, the policy is just for one and only if the person cannot afford to buy the plane ticket. Thank you.

CHAIRMAN (Mr. Erkloo): Thank you. Mr. Paniloo.

MR. PANILOO: (Translation) Thank you. I would like to make a comment to the Minister. The people in my constituency do not have any jobs and they do not have any money. They cannot afford to pay their own air fare. They are not as fortunate as you and they do not have a job. Even if I tell the people that this is the policy of the Social Services department, I would be very happy if you could explain appropriately to my people about the policy. I would be very happy. Thank you.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, I just want to get clear that when the relatives of the patient cannot afford to pay their way out the department will pay the air fare for one person. That is the existing policy. If it is felt that more people should be going out, if it was brought to the attention of the regional director or the regional superintendent they could then ask me to make an exception to the rule. This on occasion has been done. Sometimes when an elderly person dies they have relatives sometimes in several communities, daughters and sons, and we have sometimes made exceptions. So the standard rule is one person only but exceptions have been made in the past and could be made in the future and if the Member could make that known to people, they could apply to the regional superintendent of Social Services or the regional director to bring it to my attention. Exceptions can be made. Thank you.

CHAIRMAN (Mr. Erkloo): Thank you. Any further general comments? Mr. Pudluk.

MR. PUDLUK: (Translation) Thank you, Mr. Chairman. I think I am going to talk about this some more tomorrow because we do not have very much time left before 6:00 o'clock. I have a lot of things to say so I will wait until tomorrow to ask the Minister my questions. I would now like to recognize the clock.

CHAIRMAN (Mr. Erkloo): Thank you. Does the committee agree with that motion? Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Erkloo): Okay, I will make my report.

ITEM 16: REPORT OF COMMITTEE OF THE WHOLE

REPORT OF COMMITTEE OF THE WHOLE OF BILL 1-86(1), APPROPRIATION ACT, 1986-87

MR. SPEAKER: Mr. Erkloo.

MR. ERKLOO: Thank you, Mr. Speaker. Mr. Speaker, your committee has been considering Bill 1-86(1) and wishes to report progress with one motion being adopted and requests leave to sit again.

Motion To Accept Report Of Committee Of The Whole, Carried

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

MR. SPEAKER: Thank you, Mr. Erkloo. Members have heard the report of the chairman of the committee of the whole. Are you agreed?

SOME HON. MEMBERS: Agreed.

---Carried

MR. SPEAKER: Mr. Clerk, announcements and orders of the day.

ITEM 17: ORDERS OF THE DAY

CLERK OF THE HOUSE (Mr. Hamilton): Orders of the day for Friday, February 28th, at 9:30 a.m.

1. Prayer
2. Members' Replies
3. Ministers' Statements
4. Oral Questions
5. Written Questions
6. Returns
7. Petitions
8. Reports of Standing and Special Committees
9. Tabling of Documents
10. Notices of Motion
11. Notices of Motion for First Reading of Bills
12. Motions: Motions 9-86(1), 10-86(1), 11-86(1)
13. First Reading of Bills

14. Second Reading of Bills: Bills 2-86(1), 4-86(1), 5-86(1), 8-86(1), 9-86(1), 10-86(1)
15. Consideration in Committee of the Whole of Bills and Other Matters: Bills 1-86(1), 3-86(1), 7-86(1), 2-86(1), 4-86(1), 5-86(1), 8-86(1), 9-86(1), 10-86(1)
16. Report of Committee of the Whole
17. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. This House stands adjourned until 9:30 a.m., Friday, February 28th.

---ADJOURNMENT

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