



LEGISLATIVE ASSEMBLY OF THE NORTHWEST TERRITORIES

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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

Cournoyey, 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 and Government Services

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 Centrai)

Patterson, The Hon. Dennis G., M.L.A.
P.O. Box 310
Iqaluit, N.W.T.
X0A 0H0
Office (819) 979-5993 (Iqaluit)
(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
Personnel

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 Culture & Communications

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 Municipal &
Community Affairs and
Public Works & Highways

Officers

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

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

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YELLOWKNIFE, NORTHWEST TERRITORIES

TUESDAY, MARCH 3, 1987

MEMBERS PRESENT

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

ITEM 1: PRAYER

---Prayer

Speaker's Ruling

SPEAKER (Hon. Don Stewart): Before we start the orders of the day, this is a ruling in regard to the point of order raised by Ms Cournoyea on March 2nd, 1987 during committee of the whole, pertaining to the use of electronic devices by a Member. Members will recall that the chairman commented that our rules do not cover this situation and this remark is correct. You will also recall that when our rules do not cover a matter that we would go to the House of Commons rules as our back-up. We have carried out further research and have determined that the Speaker of the House of Commons has ruled on this subject. There was a Speaker's Ruling that electronic devices were not permitted to be used by Members during formal session or committee of the whole because to do so would be an affront to the dignity of the House. It could be a possible distraction to other Members and thereby cause an unwarranted disruption of the business of the House. In addition, only the House has the responsibility and the authority to record its business and does so in Hansard and the journals and other records. The use of certain electronic devices could infringe on this authority.

I would like further to point out and make it clear, however, that the Speaker may relax the ruling from time to time to allow for the use of television and radio coverage of the business of the House when certain circumstances warrant it and it appears to be in the best interest of the House. So with regard to the question raised yesterday, it is out of order for Members to use electronic equipment in the House.

Orders of the day for Tuesday, March 3rd. Item 2, Ministers' statements. Mr. Patterson.

ITEM 2: MINISTERS' STATEMENTS

Minister's Statement 16-87(1): Divisional Boards Of Education

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. I am pleased to be able to provide information with respect to the actions being taken by my department in support of the development of divisional boards of education. The initial proposal for the establishment of divisional boards was contained in the report of the special committee on education in 1982.

In 1985, the Baffin Divisional Board of Education was established and assumed responsibility for the full operations and maintenance budget for the 16 schools and the Ukkivik residence in Baffin Region. A recent review of that board was completed and I am pleased to indicate that the report

contained a number of very positive comments, and satisfied me that in general terms the board is working out very well. The report also included some useful suggestions to assist in the establishment of future boards. No major criticisms or problems were identified. Following the two year trial period of the Baffin board, I am now looking forward to the establishment of additional boards in various parts of the North.

The Dogrib area communities originally proposed moving to board status a number of years ago and have recently renewed that request. I am therefore pleased to announce that I expect the Dogrib divisional board of education to be established as of April 1, 1987. Additional responsibilities will be granted to the board through the course of the year.

A number of other areas are also considering divisional board status and I am very pleased with the progress being made. The Kitikmeot Regional Education Council has set April, 1988 as its target for becoming a divisional board and the Keewatin regional education authority is also working toward this goal. Both of these groups have been involved in meetings and workshops to prepare for the move to the new status.

The Deh Cho Regional Council has had a subcommittee functioning for some time now to consider the options open to communities in the Deh Cho area. Community visits have been held to seek the views and suggestions of the area's residents and I anticipate receiving a report from the regional council at the end of this fiscal year. I expect it will include recommendations for determining the type of board structure which will, within the present legislation, best serve the area's needs.

The Kitikmeot area has already held several planning and workshop sessions to establish goals, objectives and policies for the future board. The members have been involved in considering staffing and resource allocation for the region, and councils, and the superintendent and headquarters staff are working co-operatively in promoting the board.

The Keewatin regional education authority has only fairly recently made the decision to seek divisional board status and is planning workshops and meetings to establish plans and to develop policies to form the basis of future board activities. Headquarters staff are working with the superintendent and the authority, and a detailed work plan has been set to guide the year's work.

The most recent group to indicate interest in a change of status is the Hay River Education Society. Initial discussions with the society indicate that they will be reviewing possible options for future divisional board status and preparing a proposal for me at some point in the future.

Mr. Speaker, I am very pleased with the progress being made and I look forward to the time when each of these groups is able to take full responsibility for education within their communities. I believe the development of divisional boards points to a promising future for education in the Northwest Territories and my department is working hard with regional associations and local education authorities to make it happen. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Minister. Item 2, Ministers' statements. Mr. Ballantyne.

Minister's Statement 17-87(1): Arctic Sovereignty

HON. MICHAEL BALLANTYNE: Thank you, Mr. Speaker. Mr. Speaker, as honourable Members are aware there has been increasing discussion about the enforcement of Canadian sovereignty in the Arctic. Recently, our sovereignty in the Arctic Ocean and in particular, the Beaufort Sea has been challenged by the proposal of the United States to issue exploration permits for oil and gas. The area in question where the exploration is to take place is within the territorial limits of Canada. Mr. Speaker, your government strenuously objects to this incursion into Canadian territory.

AN HON. MEMBER: Hear, hear!

HON. MICHAEL BALLANTYNE: I have made sure that the Prime Minister, the federal Minister of Justice and the Secretary of State for External Affairs are aware of our objections. In response to our concerns, Mr. Speaker, Mr. Clark and Mr. Hnatyshyn wrote to me saying that the Government of Canada

has lodged a strong protest to the Government of the United States and I know that the Prime Minister has responded to a letter from the Government Leader on the same issue. As a result of that strong protest, the proposed activity in the Beaufort Sea was temporarily halted until the sovereignty in that area is resolved.

While this provides temporary relief, it is not a solution to the problem. Mr. Speaker, until this dispute over sovereignty is finally resolved there will continue to be incursions and threats to the Canadian Arctic. It is high time that this matter was resolved once and for all so that Canada would continue to assert its sovereignty in the Arctic. In my view, the Government of Canada must assert that right to sovereignty by taking active steps to consolidate its authority. It should increase activity in these areas. If exploration for oil and gas is the only issue, there is still a chance to resolve the question fairly with the United States. However, once the activity moves from exploration to developing resources, the chances of settling this dispute will be lost forever.

Mr. Speaker, the time to resolve this issue is now -- before it is too late and before the situation gets out of hand. Thank you.

AN HON. MEMBER: Hear, hear!

---Applause

MR. SPEAKER: Thank you, Mr. Minister. Item 2, Ministers' statements. Mr. McLaughlin.

Minister's Statement 18-87(1): Nutrition Month

HON. BRUCE McLAUGHLIN: Thank you, Mr. Speaker. I have a statement regarding the month of March being designated as nutrition month. Proper nutrition helps lead to a healthy body and the promotion of good nutrition is a major goal of all involved in the health care field in the Northwest Territories. Over the past five years there has been a growing awareness of good nutrition. This increased knowledge is due, in no small part, to the efforts of the nutrition liaison committee of the NWT and their annual campaigns for nutrition month. This year's campaign is just beginning and I would urge everyone to follow this year's theme of "Eat well, live well".

The campaign is a result of the joint efforts of the Government of the Northwest Territories Departments of Health and Education, the NWT region of medical services branch of Health and Welfare Canada, the Native Women's Association of the NWT and the Hudson's Bay Company, all of whom have representation on the nutrition liaison committee.

Mr. Speaker, across the NWT, information will be provided to residents through local nutrition month volunteer co-ordinators, nursing stations, community committees and throughout our school system. There are a wide number of activities to be held which will be of interest to all residents. The quality of the NWT nutrition campaign has received widespread recognition in both Canada and the United States at conventions of the Canadian and American dietetic associations.

Mr. Speaker, I am pleased to provide all Members with a copy of the excellent kits being distributed across the Northwest Territories. I would ask Members to wear their campaign buttons to assist me in promoting good nutrition, and especially during March which has been officially designated as nutrition month across the Northwest Territories. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Minister. Item 2, Ministers' statements. Mr. Patterson.

Minister's Statement 19-87(1): Native Languages

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. I am pleased to be able to advise that the Department of Education has established a new section called aboriginal language and culture programs section. Mr. George Cleary, former school principal in Fort Franklin, is the manager for this section. The aboriginal language and culture programs section is responsible for the development of aboriginal language and culture programs for all of the NWT.

Through this section, the department is establishing centres for teaching and learning in the various aboriginal language regions of the Northwest Territories. My department is moving toward the decentralization of curriculum development activities for aboriginal language programs. The

transfer of these tasks away from Yellowknife to field locations will permit greater opportunities for local language resource people to become involved in this work, and will also result in more relevant and appropriate materials. Where possible, each centre will be located in a community geographically and linguistically central to the language area to be served.

We have established centres for teaching and learning in Fort Franklin, Fort Simpson, and Eskimo Point in this fiscal year. Our plans are to establish additional centres to serve the Baffin, Dogrib, Inuvialuktun and Kitikmeot language areas during the 1987-88 fiscal year. As centres are established in the various language areas, headquarters staff will be located in communities where the centres are located.

Since it was established last summer, the centre in Eskimo Point has developed course outlines for a language/cultural instructors course. The Eskimo Point centre is also piloting and revising the grades seven to nine Inuktitut cultural enrichment program and plans to hold an implementation workshop in March for language instructors. The Eskimo Point centre is also developing an Inuktitut studies 10 program which should be ready for piloting in the next school year.

The Fort Franklin and Fort Simpson centres got under way in early fall. Work has begun on the development of programs and materials for both the North and South Slavey languages. The field-based teacher education program began in both centres in January. Presently, program specialists in each centre are providing a course entitled "Basic Communication in a Native Language" for field-based teacher trainees.

Overall co-ordination of the centres for teaching and learning will be provided from Yellowknife by Mr. Cleary, but all aboriginal language needs for each region will be co-ordinated and provided for through the centres. The centres will also serve as a location for field-based teacher education programs, and for the development of aboriginal history and cultural programs. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Patterson. Item 2, Ministers' statements. Item 3, Members' statements. Mr. Ballantyne.

ITEM 3: MEMBERS' STATEMENTS

Member's Statement On Customs Office, Yellowknife

HON. MICHAEL BALLANTYNE: Thank you, Mr. Speaker. Mr. Speaker, as MLA for Yellowknife North, I have received information which I think would be of great interest to my constituents and I think to other Members. The information is from the Minister of National Revenue, the Hon. Elmer MacKay, and it is concerning the possible closure of a customs office here in Yellowknife. Members may be aware that the customs office here was scheduled to be closed. Strong protests were made by Dave Nickerson, the MP for the Western Arctic, by the Chamber of Commerce and by my colleagues, the other Yellowknife MLAs. As a result of those strong presentations, Mr. MacKay has had the matter completely reviewed and he has advised me that they have reconsidered their position and consequently the customs office and the customs operations will be maintained in Yellowknife. Thank you very much, Mr. Speaker.

---Applause

MR. SPEAKER: Thank you, Mr. Ballantyne. Item 3, Members' statements. At this time I would like to recognize in the gallery, Dr. Covert from Hay River. He is an ex-councillor and he is a member of the Emergency Measures Organization and on many occasions has been on the front lines during the floods and during any disasters that we have had in the southern Mackenzie. He has flown by helicopter to give aid to highway victims with regard to accidents and so on, and has often risked his life to bring his medical capabilities to people in the southern Mackenzie. Dr. Covert.

---Applause

Item 3, Members' statements. Any further Members' statements? Item 4, returns to oral questions. Mr. Sibbeston.

ITEM 4: RETURNS TO ORAL QUESTIONS

Return To Question 082-87(1): Policy Regarding Government Use of Aircraft

HON. NICK SIBBESTON: Mr. Speaker, one return to a question asked by Mr. Gargan dealing with the use of aircraft by government personnel. Our response is that there is no government policy that requires staff to use twin-engined as opposed to single-engined aircraft when chartering on government business. The decision as to what size of aircraft is used is based on many factors including distance, load, type of terrain covered, flying conditions and general safety considerations. An effort is also made to ensure that charters are fairly distributed among various companies.

One final factor that is considered in deciding what size plane is used is the wish of the employee. Some people are more nervous about flying than others and it is generally counter-productive to require individuals to fly in single-engined planes, if as a result they are not capable of performing their duties when they arrive at their destination.

MR. SPEAKER: Thank you, Mr. Minister. Returns to oral questions. Item 5, oral questions. Ms Cournoyea.

ITEM 5: ORAL QUESTIONS

Question 089-87(1): Polar Icebreaker Contract

MS COURNOYEA: Mr. Speaker, I believe that this question could be to the Government Leader. In regard to the announcement yesterday that the contract for building a polar icebreaker is going to a Vancouver firm and the fact that the ATCL was on the short list before the icebreaker bid, did this government do anything to encourage that preference for this very important contract should be given to a northern firm operating in the Arctic, with that experience, as well as taking into consideration that it is to bring Arctic sovereignty to the areas that are presently in dispute?

MR. SPEAKER: Mr. Government Leader.

HON. NICK SIBBESTON: Mr. Speaker, I will take notice of that question.

MR. SPEAKER: The Minister is taking the question as notice. Oral questions. Mr. T'Seleie.

Question 090-87(1): Procedure In Executive For Deciding Allocation Of Capital Projects

MR. T'SELEIE: Mr. Speaker, I have a question that I would like to ask the chairman of the Financial Management Board. In the last couple of years, on several occasions, people in my constituency have expressed to me the concern that it is the Eastern Arctic that controls this government. I am not convinced of that. I would like to ask the Government Leader, what is the procedure in the Executive for deciding on certain capital projects and I would like him to indicate, with regard to the decisions of the Executive, on how many occasions they have gone to a vote within the Executive Council?

MR. SPEAKER: Mr. Minister.

Return To Question 090-87(1): Procedure In Executive For Deciding Allocation Of Capital Projects

HON. NICK SIBBESTON: Mr. Speaker, I can tell the Member that the Eastern Arctic Members of the Executive do not control the government. The Member will be, I think, pleased to know that our Executive works very much on a consensus basis. There are not very many decisions made where there is a major split in the decisions of the Ministers. As to the procedure in deciding on certain capital projects, I can say to the Member that the capital planning of the government begins with government officials going into the communities to deal with them as to the capital projects that they would like. A very thorough process occurs where the information gotten in the communities is consolidated in the region and eventually is brought to headquarters in Yellowknife and finally to the Executive Council.

I can tell the Member, too, that when I was Minister of Local Government, I looked into the matter of the allocation of capital projects to various parts of the North. After careful review, I was persuaded and convinced that capital projects are distributed fairly evenly throughout the North.

The government, I guess, during the 1970s, during the years when the Dene people in the West did not want to have anything to do with this government, was not spending as much capital money in our part of the North as in the East. It was at that time, too, when the government was trying to establish government throughout all parts of the North, particularly the Eastern Arctic. I think during that time a lot of money was being spent by the government to establish community governments in the far reaches of the North. I think in recent years, funds for capital projects have been distributed reasonably evenly throughout the North. To summarize, then, the process begins in the communities and works its way up through the system. Eventually Ministers make the final decisions as to the allocation of capital projects.

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

Question 091-87(1): Funding To Purchase Soapstone

MR. PANILOO: (Translation) Thank you, Mr. Speaker. My question is directed to the Minister of Economic Development. In my area we are very short of employment opportunities and we are short of soapstone. They cannot all be assisted by Social Services and the prices of skins or pelts of animals has dropped. I am very pleased to see the information item that the Minister of Economic Development has tabled. In my area, I was informed that they would make an application to get soapstone from another area. I would like to know if there is any funding available in the department, which would be used for soapstone or made available for purchasing soapstone. Thank you.

MR. SPEAKER: That is a good speech that you made, Mr. Paniloo. Very short question. Mr. Minister.

Return To Question 091-87(1): Funding To Purchase Soapstone

HON. TAGAK CURLEY: (Translation) Thank you, Mr. Speaker. As I mentioned, we will have to work on this in more ways than just toward the carvers in NWT. We would have to review these more, how the co-op handles these, and we would have to meet with the arctic co-ops. We have assisted them in terms of funding. Yes, there are incentives made available for carvers. We will have to see if there are any potential markets, also. The government did not indicate that they would purchase carvings. For that reason we made this into a policy, the incentives for the carvers. If we can approve these during the session perhaps the incentive funding can be improved next year. Thank you.

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

Question 092-87(1): Office And Pay Level For Legal Aid

MR. ERKLOO: (Translation) Thank you, Mr. Speaker. My question is to the Minister of Justice. As we all know, the legal aid division assists the people who are appearing in courts. There is always a problem because they do not have an office and they have to talk to their clients privately on confidential matters. There is a great problem in dealing with the clients. I would like to know if there has been any consideration given to this for providing an office. Also, they are getting a bigger workload in some communities and they are underpaid. I would like to know if you are also aware of this. Thank you.

MR. SPEAKER: Mr. Minister.

Return To Question 092-87(1): Office And Pay Level For Legal Aid

HON. MICHAEL BALLANTYNE: Thank you, Mr. Speaker. I am aware of the concern expressed and my department is looking right now at what possibilities are available to try to deal with this concern. Thank you, Mr. Speaker.

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

Question 093-87(1): Move Of Some Departments To Pond Inlet

MR. PANILOO: (Translation) Thank you, Mr. Speaker. I have a question for the Government Leader. He had told the Baffin Regional Council in Pangnirtung that the regional headquarters was going to be -- some of the departments were going to be moved to Pond Inlet. I think there is going to be

some problem for my constituents because the people from Pangnirtung have to travel through Iqaluit to go to Pond Inlet. I would like to find out which departments will be decentralized to the communities. I have found that Iqaluit is the best location for a regional office and if there are any other departments being transferred, I think it is going to be inconvenient for Pangnirtung. I know this would help the people of Pond Inlet but it is going to create problems for my constituency. Thank you.

MR. SPEAKER: Mr. Minister.

Return To Question 093-87(1): Move Of Some Departments To Pond Inlet

HON. NICK SIBBESTON: Mr. Speaker, it is true that there is some decentralization occurring in the Baffin Region. The Renewable Resources department is moving from Iqaluit to Pond Inlet and the move will be done during this fiscal year. It involves half a dozen or so people. The regional director is still in the process of co-ordinating the move and will ensure that the people of Baffin get as good service as is possible and perhaps even better than what has been provided to date. Mr. Speaker, I think it is quite proper that the Department of Renewable Resources is transferring to Pond Inlet. This community is one of the more traditional areas and, as I understand it, it is a good area for wildlife and sea life. The wildlife department is moving into an area that is much more suited than Iqaluit. That is the plan and if the information given is too general I would be pleased to give the Members more detailed information on this matter.

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

Question 094-87(1): Champagne Served At Breakfast

MR. T'SELEIE: Thank you, Mr. Speaker. My question is for the Minister of Economic Development. On February 18th and 19th, his department sponsored a food conference. My information is that delegates were served champagne as part of their breakfast and I would like to ask the Minister whether or not this is true and whether or not that was really necessary?

MR. SPEAKER: Mr. Minister.

Return To Question 094-87(1): Champagne Served At Breakfast

HON. TAGAK CURLEY: Mr. Speaker, I am not aware of the champagne being served but I am aware that all of the products that were served during the food conference were northern products. I remember there was a fruit punch called "arctic berries" and it could have been confused as though it was champagne, but not to my knowledge, Mr. Speaker.

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

Question 095-87(1): Responsibility For Delivery Service Truck Accidents

MR. GARGAN: Thank you, Mr. Speaker. I would like to direct my question to the Government Leader, as the Minister of Municipal and Community Affairs is not here. It is concerning several accidents that occurred in the Western Arctic, concerning the delivery services. I understand that there were two deaths caused because of a delivery service truck running over a young child, I believe -- several of them, in fact. My question is, what is the present compensation policy with regard to this type of death, if there is any? What is this government's policy with regard to whether there was negligence or not. When accidents like that occur, this government could be made responsible, if there was negligence. I wonder whether this government could be sued for -- or is it the municipality that could be sued if such an accident occurs? I want to get that clear, because I understand that when these accidents happened, things were taken very lightly and nobody was really left to blame. It was sort of swept under the rug, if you want to call it that.

MR. SPEAKER: Mr. Minister.

Question 095-87(1): Responsibility For Delivery Service Truck Accidents

HON. NICK SIBBESTON: Mr. Speaker, in the absence of Mr. Wray, I will do my best to provide a reply. The first thing I have to say to the Member is that any accident occurring in a community where the municipality or the local council is involved is taken very seriously. It is very difficult to deal with the Member's question without knowing specifically which accident or which

incident he is talking about. I would be very pleased if the Member could provide more detailed information about his concern. As to compensation, where there are municipalities that are corporations unto their own, these corporations are responsible for their own acts. This government is not responsible or liable for any incidents that occur in this regard. With regard to unincorporated communities, the small communities, the government has responsibility and anything that occurs can fall back on the government and we recognize that. Depending on where the accident occurs, the government may or may not be responsible or liable. I would appreciate the Member asking more specific questions as it is difficult to answer.

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

Supplementary To Question 095-87(1): Responsibility For Delivery Service Truck Accidents

MR. GARGAN: Thank you, Mr. Speaker. I am referring to the accident that occurred in Snowdrift and the other one that occurred in Fort Good Hope, I believe. Further to what I asked, I would like to ask the Government Leader what has happened since these two accidents. They occurred within the last two years and in both incidents, it was a child that was run over. Is the government doing something with regard to preventing such accidents occurring? As I said, Mr. Speaker, this government is taking things kind of lightly and if they are concerned then certainly they must be doing something with regard to making sure that safety of children in the communities is considered with these delivery or service trucks, vehicles.

MR. SPEAKER: Mr. Minister.

HON. NICK SIBBESTON: Mr. Speaker, I will convey the concerns and the questions asked by the Member to the Minister responsible for Municipal and Community Affairs and I will ask that he provide the Member with responses to these two specific incidents that the Member has raised.

MR. SPEAKER: The Minister is taking the question as notice. Oral questions. Ms Cournoyea.

Question 096-87(1): Sending High School Students Outside Region

MS COURNOYEA: Mr. Speaker, it is a question to the Minister of Education. At a meeting on Tuesday, January 27th, at the Kitikmeot regional education council meeting, it was stated by the deputy minister that, in the event that the regional junior and senior high school in the Central Arctic is to be placed, the communities would still be able to send their students to Yellowknife if they chose. Mr. Speaker, I find this statement misleading in view of experiences we have in other regions in attempting to send students outside of the regional area where there is a high school and I would like to ask, Mr. Speaker, whether the policy has changed.

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

Return To Question 096-87(1): Sending High School Students Outside Region

HON. DENNIS PATTERSON: Mr. Speaker, the policy has not changed. Thank you.

MR. SPEAKER: Supplementary, Ms Cournoyea.

Supplementary To Question 096-87(1): Sending High School Students Outside Region

MS COURNOYEA: Then, Mr. Speaker, I would say that this policy clearly indicates that unless there is some very critical, exceptional reason, that in general, regional high schools will have to be supported by the communities that are identified as being where that regional high school is, and they do not necessarily have a choice of sending their children to Yellowknife. Is that true, Mr. Speaker?

MR. SPEAKER: Mr. Minister.

Further Return To Question 096-87(1): Sending High School Students Outside Region

HON. DENNIS PATTERSON: Yes, Mr. Speaker, I think the Member has generally summarized the policy. Obviously, if we are going to establish a regional high school in the Kitikmeot, we are going to have to require students from that region to attend the school, otherwise there will be no reason to build the high school. We do, however, provide for certain exceptions, mainly based on the

child's, the student's, program requirements, so that if a particular course which is required for that student's career plan is not available at the regional high school, then the government will subsidize the student's attendance at another school where that program might be offered.

Mr. Speaker, parents, of course, will always have the freedom to choose where they send their child to school. The policy, however, limits the government's support, through travel subsidy, of that freedom of choice. Perhaps the misunderstanding may have resulted from this impression that there would be government subsidy for freedom of choice. That is not permitted by our present policy and I think the Member has outlined it quite accurately. Thank you, Mr. Speaker.

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

Question 097-87(1): Administration Of Ukkivik Residence, Iqaluit

MR. ARLOOKTOO: (Translation) Thank you, Mr. Speaker. I am asking this question of the Minister of Education in regard to Ukkivik Residence in Iqaluit. Does it have a community council or just an executive running the place, or are there elected councillors there? Thank you.

MR. SPEAKER: Mr. Minister.

Return To Question 097-87(1): Administration Of Ukkivik Residence, Iqaluit

HON. DENNIS PATTERSON: Mr. Speaker, the responsibility for the Ukkivik Residence has been delegated by me to the Baffin Divisional Board of Education, so the elected members of the divisional board are therefore responsible for overseeing the operation of that residence. Thank you.

MR. SPEAKER: Thank you, Mr. Minister. Mr. Arlooktoo.

Supplementary To Question 097-87(1): Administration Of Ukkivik Residence, Iqaluit

MR. ARLOOKTOO: (Translation) Thank you, Mr. Speaker. I understand the situation there now. The Baffin Divisional Board of Education has been looking after the Ukkivik Residence but the Ukkivik by-law there has the terms of reference for the people living in Ukkivik. When are they going to change the terms of reference or rules and procedures for the Ukkivik Residence? There are 17 students from my constituency attending Ukkivik and I think they should change the procedures there to improve it. I think you should try to find out from the communities how well it can be run. Thank you.

MR. SPEAKER: Mr. Minister.

Further Return To Question 097-87(1): Administration Of Ukkivik Residence, Iqaluit

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. Indeed, it is quite possible to change the rules and policies at the Ukkivik Residence and if there are concerns being expressed from communities in the Member's constituency, or communities elsewhere in Baffin, it is quite possible to have those rules and procedures and policies changed. So, Mr. Speaker, I will undertake to inform the Baffin board chairman that this suggestion has been made by the Member for Baffin South and I will recommend that at the next possible opportunity the subject of rules, of discipline and policies at Ukkivik Residence be discussed by the divisional board. Thank you.

MR. SPEAKER: Thank you, Mr. Minister. I understand then that you would take the matter up in further detail with the Member who put the question, when you have the information. Oral questions. Mr. Gargan.

Question 098-87(1): User-Pay Policy For Power In Public Housing

MR. GARGAN: Thank you, Mr. Speaker. I would like to direct my question to the Minister of Housing. It is concerning the user-pay policy. I understand that the Department of Personnel was going to implement the user-pay policy for its employees but also at the same time was going to implement the user-pay policy for people living in public houses in the Northwest Territories -- low rental public houses. I would like to ask the Minister whether this user-pay policy, which was

supposed to have been implemented in 1985, is implemented. If so, in what communities has it been implemented? If not, what communities are not? I also understand that there are people living in public housing that are not paying power as of now.

MR. SPEAKER: Mr. Minister.

HON. MICHAEL BALLANTYNE: Thank you, Mr. Speaker. I will take the question as notice but on a point of clarification, we are talking about user-pay for electricity. I will take the question as notice.

MR. SPEAKER: The question is being taken as notice. Oral questions. Mr. Paniloo.

Question 099-87(1): Funding Freight In Trading Of Country Foods

MR. PANILOO: (Translation) Thank you, Mr. Speaker. I would like to put this question to the Minister of Renewable Resources. In the Baffin Region there is a rule against -- they cannot go caribou hunting and Grise Fiord has a long way to go for caribou hunting. We tried to ask the Minister of Renewable Resources if they can sell caribou meat to other communities; if they can trade other commodities to other communities in return for the food; and if they can trade their own commodities, then can there be assistance for freight? Who could we apply to for assistance for freight for trading? There is no way of making money in the Baffin Region with country food. You cannot sell country food to your neighbours. But for freight -- they spend a lot of money on freight. Is there any way of getting reimbursed for the freight that we use to trade with other communities? There are several communities in the Baffin Region who would like to get caribou meat but it is very expensive to transport it. Is there any further assistance available within the department?

MR. SPEAKER: Mr. Minister.

Return To Question 099-87(1): Funding Freight In Trading Of Country Foods

HON. RED PEDERSEN: Thank you, Mr. Speaker. There are no funds available in the department specifically for that purpose. I would suggest to the Member that perhaps, if there are many communities in Baffin, the Baffin Region Hunters and Trappers Association should ask my field staff and the field staff of Mr. Curley to assist and that they make a proposal under the EDA program where there is a pool of money available for renewable resource development and specifically for inter-settlement trade. Thank you.

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

Question 0100-87(1): Invitation To Minister To Visit Baffin Region

MR. PANILOO: (Translation) This is a different question. Different Ministers arriving in our region once in a while are very welcome and we can understand the government in Yellowknife better. If the honourable Minister is going to run during the next election, after he is elected, can he come and visit our region too, someday, to make our people understand in regard to his department? Thank you.

MR. SPEAKER: Mr. Minister.

Return To Question 0100-87(1): Invitation To Minister To Visit Baffin Region

HON. RED PEDERSEN: Thank you, Mr. Speaker, for the great opportunity to declare my intentions, which I will decline. Whether or not I will run in the next election, I do have on the plans right now to visit the Baffin Region in the recess of this session, between the budget session and the legislation session. So I hope we will be able to do better than after the next election. Thank you.

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

Question 0101-87(1): Day Care Legislation

MR. PUDLUK: (Translation) Thank you, Mr. Speaker. I would like to put this question to the Minister of Social Services. I think last fall, before the session last fall, there was a motion

that was passed in regard to day care centres in our community. Can you establish a day care centre this fiscal year? Can you answer this question at this time? Are you going to introduce day care legislation at this session?

MR. SPEAKER: Mr. Minister.

Return To Question 0101-87(1): Day Care Legislation

HON. BRUCE McLAUGHLIN: Yes, thank you, Mr. Speaker. It is my intention to have legislation tabled as soon as possible regarding standards for child care in the Northwest Territories. However, our government has no other funding at this time to directly subsidize the operation of day care centres. All the provinces are in a similar situation, with requests for new money in this area, and we are waiting for the parliamentary task force to report to the House of Commons and waiting for the federal government to make a decision as to how or if child care is going to be funded nationally. So my answer is that yes, we are going to table child care legislation which deals with standards and no, at this time we have no funding to participate in helping individual child care operations. Thank you, Mr. Speaker.

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

Question 0102-87(1): Disposition Of Assembly Motion Re Cruise Missile

MR. GARGAN: Thank you, Mr. Speaker. I have a motion here that was dated March 5, 1986, with regard to the cruise missile testing. This motion was supported and passed to convey the opposition to the testing of the cruise missile in Canada and especially in Canada's North. Mr. Speaker, I do not know what the rule of this House is with regard to a political decision that is made in this House but I would like to ask the Government Leader what happens once a motion is passed in this House and with regard to this particular motion. It has been over a year now, and I have not in any way, shape or form, seen a letter or any type of correspondence concerning this particular motion that was passed and conveyed to the Government of Canada. I would like to ask this House what is the procedure once a political decision is made? I have been here for four years and sometimes I do not know how these things work.

MR. SPEAKER: Mr. Minister.

Return To Question 0102-87(1): Disposition Of Assembly Motion Re Cruise Missile

HON. NICK SIBBESTON: Mr. Speaker, the Executive Council generally attempts to abide by the decisions made by this Assembly. I think we have a very good record of responding positively to many of the recommendations and motions that are made. In part, the deficit we have is a response to Members requiring of our government programs and so forth that people feel necessary. With respect to the cruise missile, we have acted as strongly as we can in indicating to the federal government the Assembly's opposition to cruise missile testing. Since the motion last year, I have written two letters to the Prime Minister. The most recent one was written in October of 1986. Also, at a recent briefing we had by the Department of Defence with the Executive Council, I and other Ministers took the opportunity to indicate to these defence officials the opposition of Members of the Assembly to cruise missile testing. We will continue to express our view on this matter whenever the opportunity occurs.

But, Mr. Speaker, I can tell the Member that the matter of cruise missiles is simply one that is considered as part of national defence and in the national interest of Canada as a whole. National defence, of course, is a federal responsibility and despite our protests, the federal government continues doing these tests. There is nothing, legally, that we can do to stop them from performing these tests. The lands of the North, inasmuch as native people also claim interest to the lands, legally and technically, are considered federal crown lands and the federal government has jurisdiction to fly over these lands in their testing of the cruise missile. So, I can tell the Member that we are doing our best to convey to the Prime Minister the people of the North's opposition to cruise missiles. We do it at every opportunity. But, apart from telling him and trying to persuade him, there is really nothing legally that we can do to stop them.

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

Question 0103-87(1): Low-Level Flights By B-52 Bombers

MR. GARGAN: Thank you, Mr. Speaker. Since the testing of the cruise missile happened last week -- twice it made a successful flight -- and it has been getting quite a bit of attention. Last year, when it crashed twice, it was not getting the publicity that it should be getting. I would like to ask the Government Leader whether or not the same opposition has been also expressed by this government with regard to the testing of the B-52 bombers?

MR. SPEAKER: Mr. Minister.

Return To Question 0103-87(1): Low-Level Flights By B-52 Bombers

HON. NICK SIBBESTON: Mr. Speaker, the Member has brought another issue, that of the low-level flights, into the forefront by asking his question. That is a matter for which we await the direction of the Assembly as to the position that we ought to take. As a government we have been monitoring the reaction of people at the meetings that have been occurring in a number of communities in this area regarding the low-level flights. It is an issue that we wait for the Assembly's direction as to what action to take. Again, any action we take will simply be letters and communication of protest but if the Assembly directs us to, I think we would do what we were directed in that matter.

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

Question 0104-87(1): Implication For Inuit Travel From Icebreaker Operations

MR. GARGAN: Thank you, Mr. Speaker. I would like to direct my question, again, to the Government Leader. It is concerning the icebreaker that is going to be built by a firm in Vancouver, to practise Arctic sovereignty, I guess, in the Arctic. I would like to ask a question of a Minister, perhaps it would be the Minister of Renewable Resources or the Government Leader. The icebreaker Sir John A. MacDonald has been operating in the North for quite some time and what is the implication of a big vessel like that operating in the Arctic? I am sure it must be causing quite a bit of hardship with the Inuit people that have to rely on the ice for travelling.

MR. SPEAKER: Mr. Minister.

Return To Question 0104-87(1): Implication For Inuit Travel From Icebreaker Operations

HON. NICK SIBBESTON: Mr. Speaker, I had the good fortune and experience of being in Arctic Bay and Nanisivik in early July and heard the concerns of the people there about an icebreaker and two ships that had travelled to Nanisivik to bring goods and also take out the ore from Nanisivik. I did hear the concerns of the people that it did make it more difficult and somewhat dangerous for the Inuit people to be travelling on the ice in the area that these ships have travelled. The matter of ships in the Arctic is one I think that will be of concern to people but of greater importance is the matter of Arctic sovereignty. The federal government is building this ship with the view to establishing and protecting Canadian sovereignty in the Arctic. One has to weigh the benefits of the federal government's action as opposed to the day to day effect that it has on the people. Hopefully, the area that these ships travel will be areas where there are no, or very few, Inuit people living. I do hope that it is a matter that can occur without too much disruption or adverse effect on the people of the North.

MR. SPEAKER: Thank you, Mr. Minister. Oral questions. Mrs. Lawrence.

Question 0105-87(1): Federal Task Force On Child Care

MRS. LAWRENCE: Thank you, Mr. Speaker. I have a question for the Minister of Health. Last summer, there was a task force by the federal government on child care. I wonder if they have completed that report and what recommendations were made? I would just like to know if the Minister has any copy of that report. Mahsi cho.

MR. SPEAKER: Thank you. Mr. Minister.

HON. BRUCE McLAUGHLIN: I am sorry, Mr. Speaker, I did not get all of that question. Could she ask it again? I am sorry.

MR. SPEAKER: Mrs. Lawrence, would you repeat your question, please?

MRS. LAWRENCE: Mr. Speaker, last summer there was a task force on child care by the federal government. These task force people came into Yellowknife to go over ideas, and everything. They all went back and I have not heard anything more on this. I just wonder if the Minister heard anything and if he got a copy of that report, the recommendations, or anything that was done by that task force. Mahsi cho.

MR. SPEAKER: Thank you, Mrs. Lawrence. Mr. Minister.

Return To Question 0105-87(1): Federal Task Force On Child Care

HON. BRUCE McLAUGHLIN: Thank you, Mr. Speaker. As I just indicated to Mr. Gargan, I believe, the child care -- I am sorry, to Mr. Pudluk, when he requested the child care facility in Resolute Bay -- the parliamentary task force has not yet reported to the House of Commons and until they do that, the report will not be available. Thank you.

MR. SPEAKER: Thank you, Mr. Minister. Oral questions. Mr. Wah-Shee.

Question 0106-87(1): Capital Funding For Existing Friendship Centres

MR. WAH-SHEE: Thank you, Mr. Speaker. My question is directed to the Leader of the government. Previously, the administration did provide capital funds for buildings for friendship centres and I wonder if the Minister could indicate whether the government has a policy which provides such support to friendship centres which are now in existence in the Northwest Territories.

MR. SPEAKER: Mr. Minister.

Return To Question 0106-87(1): Capital Funding For Existing Friendship Centres

HON. NICK SIBBESTON: Mr. Speaker, our government has no policy concerning the funding of friendship centres in the North. We feel that it is a federal government responsibility. To date, the federal government's Secretary of State has done reasonably well in funding a number of friendship centres in the North. There was one exception that our government made in this. We provided some funds to a friendship centre in Fort Smith but that was on the basis that the gym and some of the facilities could be used by Thebacha College in Fort Smith. On that basis our government did provide a number of hundreds of thousands of dollars to the friendship centre there. Apart from that, we have resisted all requests to provide capital funds for friendship centres. Unless we are persuaded otherwise, we will continue in that position.

MR. SPEAKER: Thank you, Mr. Minister. Supplementary, Mr. Wah-Shee.

Supplementary To Question 0106-87(1): Capital Funding For Existing Friendship Centres

MR. WAH-SHEE: Thank you, Mr. Speaker. Well, I wonder if the Leader could indicate if at the time when this government decided to provide assistance to Roaring Rapids Hall, the one that I am referring to, whether the Thebacha College at the time did have a gym to provide recreational activities for the students? At the time when this administration decided to provide funding, did the college have facilities like a gym, for the students?

MR. SPEAKER: Mr. Minister.

Further Return To Question 0106-87(1): Capital Funding For Existing Friendship Centres

HON. NICK SIBBESTON: Mr. Speaker, the friendship centre in Fort Smith is Uncle Gabe's. I believe the Member referred to Roaring Rapids, but that is a building of an earlier era. The government did consider that we were justified in assisting the friendship centre in Smith because of the dire need of the college for recreation facilities. With the new start of a recreation leaders program, it was decided that we would assist the friendship centre in their building. Before that, the Thebacha College students had to use the gyms that were available. The one gym that was available was in the high school, I believe. We do feel that there was real, justified need to provide the necessary facilities which could be used by Thebacha College.

MR. SPEAKER: Thank you, Mr. Minister. Oral questions. That appears to conclude oral questions for today. Item 6, written questions. Mr. T'Seleie.

ITEM 6: WRITTEN QUESTIONS

Question W22-87(1): Cost Of Heating Fuel From Norman Wells Refinery

MR. T'SELEIE: My written question is for the Minister of Government Services. My understanding is that home heating fuel in Fort Franklin, Fort Norman and Fort Good Hope is supplied from the Norman Wells refinery. I have the following questions: 1) What is the cost per litre to the consumer of home heating fuel in each of these communities? 2) What price does the government pay for this fuel at the Norman Wells refinery? 3) How is the price arrived at in determining the final prices to the consumer in each of these communities?

MR. SPEAKER: Thank you, Mr. T'Seleie. Written questions. That appears to conclude this item.

Item 7, returns to written questions.

Item 8, replies to the Opening Address.

Item 9, petitions.

Item 10, reports of standing and special committees.

Item 11, tabling of documents. Item 12, notices of motion. Mrs. Lawrence.

ITEM 12: NOTICES OF MOTION

Notice Of Motion 8-87(1): Low-Level Flights In The NWT

MRS. LAWRENCE: Thank you, Mr. Speaker. I will give notice of a motion for Thursday, March 12: Now therefore, I move, seconded by the honourable Member for Rae-Lac la Martre, Mr. Wah-Shee, that this House declare its opposition to low-level flights in the Northwest Territories; and further, that this House communicate its concern to the Department of National Defence and the Prime Minister of Canada, requesting that a full public inquiry into the issue of low-level flights in the NWT be commissioned immediately; and further, that the proposed flights be put on hold while the public inquiry is carried out.

MR. SPEAKER: Thank you, Mrs. Lawrence. Notices of motion. Mr. Curley.

Notice Of Motion 9-87(1): Plebiscite On Proposed Boundary For Division Of The NWT

HON. TAGAK CURLEY: Thank you, Mr. Speaker. I give notice that on Thursday, March 5th, I shall move the following motion: Now therefore, I move that the Legislative Assembly, by encouraging the political development process in this jurisdiction, establish a date during the recess of this session of the Legislative Assembly, to hold a plebiscite, pursuant to the Plebiscite Act, to determine the public's position on the proposed boundary by the Western and Nunavut Constitutional Forums for the implementation of the division of the Northwest Territories.

MR. SPEAKER: Thank you, Mr. Curley. Notices of motion. Mr. MacQuarrie.

Notice Of Motion 10-87(1): Approval Of Tabled Document 1-87(1)

MR. MACQUARRIE: Mr. Chairman, I wish to give notice that on Thursday, March 5th, I will move that this Assembly approve Tabled Document 1-87(1), Boundary and Constitutional Agreement for the Implementation of Division of the Northwest Territories between the Western Constitutional Forum and the Nunavut Constitutional Forum.

MR. SPEAKER: Thank you. Notices of motion. Mrs. Lawrence.

MRS. LAWRENCE: Mr. Speaker, I have to make a correction on my notice of motion, it is for March 5th and not March 12th.

MR. SPEAKER: Correction noted. Notices of motion.

Item 13, notices of motion for first reading of bills.

Item 14, motions.

Item 15, first reading of bills.

Item 16, second reading of bills. Item 17, consideration in committee of the whole of bills and other matters: Bill 1-87(1), Appropriation Act, 1987-88; Bill 7-87(1), Education Act; Bill 6-87(1), Criminal Injuries Compensation Act; and Bill 2-87(1), Advisory Council on the Status of Women Act, with Mr. Wah-Shee in the chair.

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

PROCEEDINGS IN COMMITTEE OF THE WHOLE TO CONSIDER BILL 1-87(1), APPROPRIATION ACT, 1987-88

Department Of Health

CHAIRMAN (Mr. Wah-Shee): The committee will come to order. We are dealing with the Department of Health and opening remarks by the Minister. I wonder if the Minister could indicate whether he wants to have witnesses appear before the committee.

HON. BRUCE McLAUGHLIN: I will ask for my deputy minister and assistant deputy minister to come in after I make my opening remarks.

CHAIRMAN (Mr. Wah-Shee): Is committee agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Wah-Shee): Mr. Minister, would you proceed with your opening remarks?

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. First I would like to apologize for the inconvenience I caused committee yesterday by not having my final draft in typed form. The committee moved faster than I anticipated and I told my department not to be ready until Tuesday. So sorry for that and I apologize for the inconvenience.

Minister's Opening Remarks

Mr. Chairman, honourable Members, I am pleased to present for your consideration, the 1987-88 budget estimates for the Department of Health. The 1986-87 year was a significant one for my department and the Government of the Northwest Territories. It saw the transfer of health services in the Baffin completed on August 30, 1986, and I was pleased with the co-operation of Health and Welfare Canada and the competence and enthusiasm shown by the Baffin Regional Health Board in carrying out their duties.

In addition, we now have the support of the other regions to proceed with transfer and there is currently much activity in this area. I would hope that this fiscal year will see the transfer fully completed across the NWT. It will be a significant step for the NWT to deliver one of its major people programs and to do so in accordance with its principles of devolution through regional and community participation.

I am pleased to say that we have completed our assessment of the needs and mechanisms for long-term care for the chronically ill and elderly. I look forward to active discussion on some of the suggestions in the report dealing with the elderly before determining the government's position. Health and Social Services are jointly hosting a major conference this week to discuss all aspects of northern perspectives on aging and long-term care. If any of you have an opportunity, I encourage you to attend one of the morning sessions held downstairs in the conference rooms.

During the past year, we have done considerable research into cancer mortality and morbidity from 1950 to 1986, in response to the concerns raised last year in the Legislative Assembly from Members of the Baffin and Keewatin. We will soon be producing educational material in this area and have held discussions with groups from both regions.

I am pleased that our tobacco cessation program is spreading rapidly. Residents of the North are becoming more conscious of the environment in which they work and live. Yet one of the major problems identified to us has been the use of chewing tobacco and snuff and the resulting cancers of the mouth. It has been noted that the use of this among children of the North is higher than anywhere else in North America and officials of the department have become known as leaders in Canada and North America on that topic.

We have continued extensive promotional activities in the area of perinatal mortality, teenage pregnancy and sexually transmitted diseases. Workshops put on by staff have been well attended and found extremely helpful, by residents across the North.

Departmental staff have also been active in the development of local health committees in order to bring grass-roots awareness and participation into the health field. We are undertaking more action in the area of training by working with the Department of Education to get children interested in health careers, to get them to stay in school and then to help them locate training afterward. Most of the careers in health cannot be attained by on-the-job training and we are working with the Department of Education, Arctic College and the various associations, such as the nurses' association, to create programs, awareness and opportunities.

Progress Through Development Of Hospital Boards

Our hospitals continue to provide an ever-increasing level of care here in the North and we are pleased with the progress made in the development of hospital boards and their conscientious activity in administering these facilities. As well, we are pleased with the progress on the new facility in Yellowknife and the strides made by the Inuvik board on the long-term care unit in Inuvik. Through our participation in the Churchill Health Centre Board, we hope to have a greater influence on the care given to the residents of the Keewatin.

With respect to our insurance programs, I hope that we can find sufficient funds to develop them further, in the future, especially for groups such as the elderly and those with very disabling illnesses.

I do not wish to go on at length to elaborate on the activities of the department, except to say that 1987 will see further development in all of these areas, with more work being done on mental health, where I believe we now have an appropriate set of principles. The Baffin Regional Health Board is currently making a concentrated effort on mental health since it is the only area where the responsibility has been transferred.

I am hopeful that developments in patient boarding in Yellowknife will see the establishment of new private facilities that will complement the expansion of the Stanton hospital.

The health curriculum guide should be finished this year and we have been told that it will be greatly welcomed by school boards, teachers, students and parents.

Despite our increased costs to provide a reasonable level of care to our residents, we are confident that money spent in our present preventive areas will pay off in the future. While the increase in our budget may look high, once you have analysed it, you will see that it includes transfers for the Baffin Region and some non-controllable costs, and we are confident you will find it reasonable.

I would now be pleased to discuss in detail any areas of the budget you wish. Thank you, Mr. Chairman. If the committee approves, I will invite in my deputy minister and assistant deputy minister.

CHAIRMAN (Mr. Wah-Shee): Does committee agree?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Wah-Shee): Sergeant-at-Arms, would you please escort the witnesses in? Mr. Minister, for the record would you please identify your witnesses?

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. My witnesses are the deputy minister of Health, Paul Moody, and assistant deputy minister, Michael Pontus.

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

HON. BRUCE McLAUGHLIN: Mr. Chairman, I see we are going to do general comments first and then after that do capital.

CHAIRMAN (Mr. Wah-Shee): Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, is it possible to have a copy of the Minister's opening remarks?

CHAIRMAN (Mr. Wah-Shee): Mr. Minister, do you have copies of your opening remarks?

HON. BRUCE McLAUGHLIN: Yes, copies can be distributed.

CHAIRMAN (Mr. Wah-Shee): Are there any general comments? Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, I realize that in the discussion of the Stanton Yellowknife Hospital and the fact that this hospital was built in this region -- just for the sake of reclarification on past discussions, which I am sure will not be too difficult for the Minister or his assistants to reply to, there was a general understanding on the status of the Stanton Yellowknife Hospital that it would be built as a regional hospital for this general area, if statistics were used in a confined area. Could I ask, Mr. Chairman, just to recap, the deliberations of building that hospital; what the intent of that hospital is, who is it to serve and what statistics were used to justify the hospital and if the criteria of establishing the hospital are still being adhered to?

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

Intent For Use Of Stanton Yellowknife Hospital

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. The existing facility has 72 beds and the new facility will have 115 acute care beds, plus 20 beds for chronic care. The intention of enlarging the hospital is to primarily serve residents of Yellowknife and the immediate area, who often were sent out to Edmonton because of lack of beds in Yellowknife, and also other residents of the Western Arctic communities, who were being sent to Edmonton. Even though there were doctors and the ability to care for them here in Yellowknife, they would be sent to Edmonton because there were no beds in Yellowknife. So the integrity of the hospitals in Fort Smith, Hay River and Inuvik, which are the three largest facilities -- they would still have their original catchment base, but the Yellowknife facility would take on people that were being sent south either because those facilities had overflow or because, even though there was the specialty amongst the health professionals in the Yellowknife hospital to handle the patient, there were not enough beds in Yellowknife to do it. Thank you.

CHAIRMAN (Mr. Wah-Shee): Thank you. Ms Cournoyea.

MS COURNOYEA: Just further clarification. In that response that it was to serve Yellowknife, the immediate area and other residents of the Northwest Territories, which other residents is the Minister talking about, Mr. Chairman?

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

HON. BRUCE McLAUGHLIN: Mr. Chairman, any patient referred to the hospital directly, by nursing stations, anywhere in the entire Western Arctic area. If there is an emergency situation where the nurse felt that they should go directly to Yellowknife or when a patient was in one of the hospitals in Inuvik, Hay River, Fort Smith and the doctor there would refer that patient to Yellowknife. With the increase in the size and offering of new specialties which will hopefully occur in Yellowknife, then there is the increased possibility that doctors will refer patients to Yellowknife rather than Edmonton if Yellowknife can offer that service.

CHAIRMAN (Mr. Wah-Shee): Thank you. Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, it was my understanding when this hospital was built that there was -- with respect, taking from the Minister's statement -- the integrity of other units that are available in the regions that were there to serve, to the best of their ability, the people who were in that general area. Mr. Chairman, is the policy then being changed to direct people from a nursing station in Tuk or a nursing station in Fort McPherson? Are these nursing stations encouraged to refer patients to Yellowknife rather than to Inuvik?

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

HON. BRUCE McLAUGHLIN: Mr. Chairman, it is the practice of Health and Welfare Canada and any facilities operated by the Government of the NWT to refer patients to the nearest hospital where the patient can receive the care that the nurse on the spot feels is required. So, in the example given, with a serious injury in Tuktoyaktuk, the normal situation would be to refer the patient to Inuvik. If the specialty or the seriousness warranted, the nurse would have the authority to send the patient to Yellowknife or Edmonton, if the nurse, who is the person on the spot making the judgment, felt that was the necessity. Usually the nurses, if they have the opportunity and the time, consult with the doctor, but if it is an emergency, it is obvious the patient should be referred to the closest hospital to the community, so they get help as soon as possible.

CHAIRMAN (Mr. Wah-Shee): Thank you. Ms Cournoyea.

Policy On Referring Patients To Yellowknife

MS COURNOYEA: Then, with that statement from the Minister, I would believe that there is no stated policy that is encouraging the nurses at the nursing stations to refer patients to the Stanton Yellowknife Hospital.

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

HON. BRUCE McLAUGHLIN: No, Mr. Chairman. In fact, on the contrary, because the federal government operates the hospital in Inuvik and they pay for the overhead of that hospital, whether it is full or not. They have a large basic overhead so they encourage the use of that hospital by patients from the communities that feed into it. It would be to their own financial detriment if they did not use the facility that they are paying the cost to operate. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Wah-Shee): Thank you. Ms Cournoyea.

MS COURNOYEA: Yes, Mr. Chairman. In reference to that statement then, in view of the fact that it is anticipated that the Inuvik General Hospital is planning to rebuild that facility, Mr. Chairman, then it is not the policy, or there is no direction or effort or energy by the Minister responsible for Health or his officials, in dealing with Ottawa, to suggest that there should be a downgrading of the Inuvik General Hospital, because it is the intention of this government to build up the services in Yellowknife at the Stanton Yellowknife Hospital and because the numbers of people that are required to justify increased services at this level requires more patient usage of those facilities. So, Mr. Chairman, can we have assurance that at no time are the Minister or his officials encouraging the downgrading of the Inuvik hospital to justify further upgrading of the Stanton Yellowknife Hospital and its facilities?

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

Sahtu Patients Prefer To Come To Yellowknife

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. Yes, to my best knowledge, there are no efforts being made in that direction. However, I should advise the Member on one thing of which I am sure she is aware. The communities in the Sahtu region have indicated to the federal government and to this government that they would like to have their patients come to Yellowknife, and not just when the new Stanton Yellowknife Hospital is built, but they have requested that it be done now. We do not have a big enough facility in Yellowknife to accommodate that at present, and Health and Welfare Canada continues to have those patients sent to Inuvik. However, the steering committee which will be dealing with the transfer, because it has representatives of the Dene Nation on it, will be bringing this case up, I am sure, when they discuss the transfer and make proposals to this government on the future regime that will exist. So I would not want to mislead the Member to

think that I am not aware that there are some communities that do not want to go to Inuvik any more. There are those Sahtu communities that would prefer to come to Yellowknife. In some cases they are physically closer, especially in the case of emergency, through direct flights. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Wah-Shee): Thank you. Ms Cournoyea.

MS COURNOYEA: Then, Mr. Chairman, in the continuing style of the territorial government, I would say that the Minister responsible for Health would desire to accommodate the wishes of the people of the Sahtu, if they wish to go to the Stanton Yellowknife Hospital for their referrals for health services. In that case, Mr. Chairman, I would say that perhaps the Minister would like to reclarify the fact that certain initiatives, because of the will of the people, are being supported by the Minister of Health, which indicates that certain numbers will be transferred to the Stanton Yellowknife Hospital and not the Inuvik General Hospital, because of the wishes of the people.

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

Mackenzie Valley Communities Desire Service In Yellowknife

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. The situation with the Sahtu communities is that right now it is our intention and the intention of Health and Welfare Canada that those communities feed into the Inuvik General Hospital. We, in no way, nor are the Health and Welfare Canada officials encouraging those communities to do otherwise. I just pointed that out to the Member to be honest with her and outright in this matter. My deputy minister has just whispered in my ear that in fact, the Dene Nation representatives on the steering committee for the western area, which is basically the Mackenzie Valley communities, have indicated that those particular communities, once the transfer takes place and our government has authority, would like those communities to be served in the Yellowknife hospital. So, I am just being honest with the Member in telling her that the desires of those communities have been voiced publicly over radio and through letters to me. Also through their representatives of the Dene Nation, they are making those feelings felt, through the steering committee. Thank you.

CHAIRMAN (Mr. Wah-Shee): Thank you. Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, I would also like to ascertain, also, if the Northwest Territories and the Minister have indicated to federal officials that that is the desire of the communities of the Sahtu region. I am not being critical that he should do that but however, in the negotiation of the transfer of the Inuvik General Hospital, many of the decisions that are being made are being stifled and there are hold-ups through the position of the Dene/Metis, that these health facilities should not be transferred at this time. I would like to say that I have no objection to the Sahtu region people wishing to do whatever they wish to do. That is within their right. However, for the region which represents that hospital, the bringing forward of an adequate position is being frustrated by people who do not wish to use that facility and we are not able to move ahead as quickly as possible. And at the same time, representatives of this government have made known to the federal government, in their negotiations, that these are the wishes of the people, which I do not object to. But these are known, and the whole process of how those medical facilities are going to shake out in the end really has no representation by the people who are actually interested in that particular facility. If we do not straighten that issue out, on the table, of where we are going with the Stanton Yellowknife Hospital, then we people who live in the Beaufort and in the higher parts of the Mackenzie Valley do not have the option to move those negotiations according to our wishes. There has been a lack of really clear statements on where the Northwest Territories' Minister of Health is going on this issue. I still do not feel that I have a clear enough answer in regard to those different positions that he presents on our behalf, Mr. Chairman.

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

Desire Of Sahtu Communities Is Public Knowledge

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. I just want to make it clear that I have never transmitted, myself, directly to any federal officials or to the federal Minister of Health and Welfare, that desire. The desire of the Sahtu communities to come to Yellowknife is public knowledge; they have made resolutions at their regional councils; they have sent letters to me;

they have sent letters directly to Health and Welfare Canada officials; so it is obvious that the regional office of Health and Welfare Canada here knows of those desires. I am sure that they have passed those desires on to Health and Welfare Canada officials in Ottawa. But it is the stated and present position of this government that those communities should continue to be served by the Inuvik hospital. The federal branch of medical services also desires that. But all I am doing is pointing out to the Member that the reality is that those communities are not happy with the present situation and, at some point during the transfer process, that is going to have to be dealt with. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Wah-Shee): Ms Cournoyea.

MS COURNOYEA: I have a lot more questions, but I will make this a final one. Mr. Chairman, I still do not feel that I have a clear answer. First of all, I am aware that the Sahtu has made those requests known publicly and in every direction. I am aware the federal authorities are aware of that position. I am aware that the government representatives are aware of that situation and I certainly respect the decision of the Sahtu community to send their people wherever they want to.

However, we have a critical situation in regard to the Inuvik General Hospital -- which is talking about a transfer -- a situation which involves people who do not have the desire, in the long run, to make use of that facility and the development of that facility with the knowledge that the Sahtu region do not wish to use that facility any longer. It puts us, people who are interested in securing and making sure of a facility that gives the best service to that region, in a very negative position. Because the Minister is not, for some reason, taking a stated position and developing a situation where both people can move in a way that the obstructions are taken out of the negotiations.

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

HON. BRUCE McLAUGHLIN: Mr. Chairman, I would like to point out to the Member that the Inuvik steering committee, which is dealing with the transfer in that area, has representatives from COPE, the hospital board, the Dene/Metis regional council, and that the communities in the Sahtu are not represented on that steering committee. So those committees are not involved in determining the future of that hospital. The town of Inuvik is the fourth member on the steering committee.

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

MR. ERKLOO: (Translation) Thank you, Mr. Chairman. In the Baffin Region the hospital board, as well as small nursing stations in communities, is being transferred to the NWT government from the federal government. In the Baffin Region there is a regional board for looking after the hospital. Can I ask if the regional health boards will be representing the local nursing stations when they are recruiting nurses? Will they be able to hire nurses for the small communities? Or fire them?

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

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. As Members are aware the transfer of hospitals and nursing stations in the Baffin is complete. The regional health board has been established to govern the operation of the hospital and the 12 nursing stations that feed into it. There is a representative from each community on the board and it is normally the chairman of the community health committee that is the representative. When staff are hired the board's members do the hiring and the member representing the community is consulted.

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

MR. ERKLOO: (Translation) Thank you, Mr. Chairman. I understand perfectly now. In the communities there is more input, now, into the hospital board and health services in our region. When the federal government was involved they were not consulted at all in health services. I know that there will not be too many changes in my constituency. The nurses are very efficient and professional in my region, and I am not complaining about them, but there are some local health committees that do not have input into the number of hours worked by the nurses or the times the nursing station is open. Can the local health committees be responsible for the hours the nursing station is open and the hours that nurses work?

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

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. One of the problems in the North is that there are not health committees in every community. In the Baffin apparently there are a few communities where the health committees either are not in existence or their terms of reference and their expertise has to be upgraded. That is one of the things we have specifically set aside in the budget to do some work on. I can assure the Member that, regarding the setting of the hours of the operation of the nursing station, if the local health committee advises or any other committee that is in existence in the community makes a request that these hours be looked at, if that was directed to their representative on the board, then the Baffin Regional Health Board will take into consideration that request.

CHAIRMAN (Mr. Wah-Shee): Mr. T'Seleie.

Sahtu Communities Prefer Services From Yellowknife

MR. T'SELEIE: Mr. Chairman, I just want to say that the communities of the Sahtu would like to be serviced from Yellowknife. I know that this is true not only of the area of health and one of the reasons for it is that people thought they were able to get on better with the language in the Yellowknife area rather than in Inuvik. I know that it is true also in the case of education. Some young people drop out of school because they cannot get along with other students in the Inuvik area. At some point in the future I think that the whole organization of the government region is something that has to be looked at. For the Sahtu I know that the ethnic line is not from there north, it is more south. I do not know from where the Department of Health serves the Kitikmeot, but I always thought that the Beaufort communities have more in common with the Kitikmeot communities rather than the communities in the Sahtu. So I just thought, by way of explanation, I would offer that.

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

HON. BRUCE McLAUGHLIN: I understand the Member's concerns in that area. They have been expressed to me by Sahtu communities. A lot of times geography and the cost of transportation determine where you go for medical services, so the people from Kitikmeot communities have been coming here. In fact, even including Holman Island, which is an Inuvialuit community, that has been the traditional way that health has been delivered in that area. But all those things can be reconsidered by the three steering committees which have been established for the transfer when they determine what they want to do, through the recommendations they make to my department. Thank you, Mr. Chairman.

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

MRS. LAWRENCE: Thank you, Mr. Chairman. I have several concerns and I have questions as well. If I am going to sit here and approve this budget, then the Minister will have to listen to our recommendations and compromise, otherwise I will not approve this budget. I am very concerned about this health program and I will not sit here and listen to the Minister telling me that if any one individual wants training, then they just have to apply to university. That is the position that the Minister seems to be taking and I do not believe that is the position that should be taken especially in health and especially at this time when it is so crucial and there is so much talk going on about transferring health services. I believe that there is a lot of room for training positions in the Health department and that has to be considered. If it is not going to be considered, then there is no sense sitting here. I am not going to waste my time sitting here and listening and approving the budget.

Need For Training Positions

There is room for administrator training positions in the hospitals. There are dietitian assistants. Dietitians are very highly qualified to the point where they cannot even cook our own traditional foods and that is where an assistant can come into place. I know that we cannot lay blame and say we do not have any money. We do have money for training positions. In mental health -- how many of our young people are killing themselves because they have no place to go, no one to turn to? That can be turned into a few training positions in the regions, if not in the communities. In family life -- there are all kinds of diseases coming in, getting closer to us, such as AIDS. I understand some doctors are even trying to hide that. If someone dies from AIDS, then they are going to hide it and blame it on something else. Those things are very crucial to me because I have been in health all my life. I do not have a university degree but I have spent several years in the field, teaching health programs and I do not see why that could not still go on as an ongoing program.

The other question that I have is on the transfer of health services and the Metis people. I would like to know exactly what is taking place up until now. I am getting a little bit fed up with listening to all kinds of excuses. We cannot do this, we cannot do that, and yet we are building a big huge hospital here -- we do not have funding for this and that. I know for a fact that there is funding if you look very carefully. If you put people in the field promoting health programs, whoever is doing that can always find some kind of funding to carry on different programs, because I remember doing that. We do not even have people like that any more.

You mentioned in your opening remarks cancer of the mouth from chewing tobacco -- there are so many of our young people that are chewing tobacco and getting cancer and they are not even aware of it. Nobody is telling them that. All the stores are thinking of is making money on selling the crazy thing.

For mental health, as I mentioned, I cannot understand why more work has not been done in this area. Again, all we need is a good mature person to be able to do that, but no, we have to wait and get somebody to come in with a degree and then we usually end up educating these people on how we are living and what to do with the problems. So many times they are not too useful in many cases.

So I will leave my remarks at that. I will be making recommendations to the Department of Health which I want them to consider seriously and I would like to ask the Minister if he is going to consider that seriously, if not, then there is no sense in my sitting here going through this budget for the sake of going through it. That is one question.

The other question is that I would like to know exactly what has been taking place with the Metis Association in the transfer of health. What is their position and what has been done up to now?

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

Increasing Number Of Students In Training

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. On the first matter, I am actually proud, as having formerly been on the special committee on education and as Minister of Health, of what has happened with native people and their education in the Northwest Territories. The Minister of Education indicated the other day the tremendous increase in native students participating. I received from him the other day information on native people enrolled in health courses and I would like all the Members of this House to know it, and I am proud of these figures: Enrolled in registered nurse programs there are four native students; in certified nursing assistants, five; in dental therapy, seven; bachelor of nursing, two; medical secretary, one. Fall enrolments: registered nursing, one; bachelor of nursing, two; dentistry, one; X-ray technician, one; dental access program, one; and also one student undecided between medicine or dentistry as a profession; for a total of 17 Dene, three Metis and six Inuit. So I think progress is being made.

In addition to that, the Minister of Education -- and he can give you details -- will be expanding the opportunities at Thebacha Campus which presently offers courses there which are related to the health field, such as administration courses. Of the above students, 17 have gained access to programs through the Indian/Inuit health centres career program sponsored by the medical services branch of Health and Welfare Canada. So there is the growing opportunity and as I said to the Member, even as far back as a couple of years ago, if students finish their high school and go on to universities, there are opportunities for them in the health professional field.

Position Of Metis Association On Transfer Agreement

Mr. Chairman, as far as the status of the Metis and the transfer agreement goes, I will give the House a brief history on what happened in that situation. The federal Minister of Health and Welfare, the Hon. Jake Epp, when we were negotiating before this transfer would take place, wanted the Dene, the COPE and the Inuit associations involved in this transfer because those people have a special status under the Indian health care policy. Although money is not going to be transferred to this government, our department will be delivering that program in the field and we will be invoicing the federal government for those expenses. He wanted those three organizations involved in the transfer.

I took it upon myself, as my own initiative, after consulting with the Executive Council, that I would like to have the Metis Association involved as they are a large and important segment of our population. I wanted them intricately involved in the negotiation process, so that they would be involved in how the health regime would be set up after the transfer. For their own reasons, and I respect them, they have taken a principle stand that they do not want the transfer to take place until they can somehow negotiate that they will have the same status as Indians and Inuit under this Indian health care policy.

The Executive Council has decided that we want to have the transfer take place across the NWT. It is in the better interests of all the people of the NWT, including the Metis, to have this happen. The Government Leader has assured them that he will help them at the First Ministers' Conference and bring up their problems in this area and support the Metis national organizations in this objective. Thank you, Mr. Chairman.

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

Field Personnel Needed To Implement Programs

MRS. LAWRENCE: Thank you, Mr. Chairman. I am glad to hear that these people are registered in the health programs. We need these people to do that and I am sure it is not with too much encouragement from the department that they took their own initiative to do this. However, we still need people in the field. I know that there is still a lot of work to be done in the field. I did the work in the field and I was trained through the Department of Education at that time and I could not go to university because I had a family, but I still was trained and I did really well going out in the field and doing the program. I do not see why we do not do that now. Especially today when we are exposed to so many new things and people are not aware of it.

We are sitting here in headquarters in our fancy little offices on nice soft chairs and we expect the people in the field to know what is coming to our desk. I do not believe that paper itself is going to do the implementation. We could sit back and develop all those fancy little pamphlets, but they are not going to do the work by themselves. We need bodies out in the field to give proper information and do the work. We just think that because we are sitting in headquarters and getting all these papers coming in and sending them to the communities, we assume that they are implemented. Some of them are so confusing that even highly qualified people are confused. This is why it is so important, why we need people out in the field doing health programs. I do not believe that is being done. I do not see anyone doing anything out in the field. In fact the more we are exposed to, the less people we seem to have out in the field and our headquarters numbers seem to be getting high. I just cannot see that. That is one comment I am going to make and I will finish later.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. In fact the Department of Health has budgeted money in the past to advertise and send information around so that school counsellors and other people involved can help to encourage native students to participate in the health field. The government gave funding to the NWT Registered Nurses Association, who have done a campaign which includes the television advertisements which I am sure all Members have seen, encouraging native people to become involved in the health field. We will probably be continuing that type of program in this next fiscal year. As I stated, Mr. Patterson has programs at Thebacha Campus. His department has several people advertising those programs and sending that information around the North. And as I also pointed out, there are five certified nursing assistant trainees right now at Thebacha Campus in Fort Smith. Thank you, Mr. Chairman.

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

Suicide Prevention Programs

MR. PANILOO: (Translation) Thank you, Mr. Chairman. I do not have any particular problems to raise. The present Minister of Health has supported some programs in our area and we have been thankful for that. The Baffin Regional Health Board has been started. But I have a question concerning the suicides. They are causing a lot of concern in the North. I would like to ask you about the studies that are carried out for the mentally disturbed or for those people who sniff glue and other substances. While this continues, I would like to get some indication whether my

area could get some funding to counsel these people who have potential to commit suicide. Especially in Broughton Island, that is a great concern of the residents. They do not know how they could obtain the funding. We have considered getting some employees that they can hire themselves. The funding assistance that has been obtained from Social Services is not a problem. We would like to know if you can provide any funding aside from this, that would not continue for the following year.

Especially in the year 1986-87, suicide has been a great problem. It is not connected with drugs or with the mentally disturbed. It is caused by the lack of activities and lack of employment. In my own opinion I think it is because most of the people are so bored with their lives. Even though these young people are educated, it does not help any. Especially for those who have already committed suicide. Your budget is quite large and we will have to just follow by it. If there were two or three communities asking for funding to look after some social problems, would there be any funding made available just for this one purpose I mentioned? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. When Mr. Patterson and I were recently in Iqaluit with the Hon. Jake Epp, it was indicated to us that mental health was a big concern. Mr. Patterson and I advised Mr. Epp of what we felt was lacking in the mental health delivery system in the Northwest Territories and in negotiations on the transfer of the federal health programs to the territorial government, we have identified that as a shortcoming in their program which we would like enhanced. During his remarks to the health board, Mr. Epp was very supportive of that problem and he made some very positive remarks, which I hope will lead to some general resolution on the financing in that area. In particular, in the Baffin, the regional health board has made that their highest priority. The suicide rate among youth in Canada is high, but in the Baffin it is the highest in the country by far. The Department of Health and the medical services branch had a meeting with the health board on that weekend we were there and the board is presently putting together a proposal for the federal and territorial officials to study what can be done immediately through the health board itself. Thank you very much, Mr. Chairman.

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

Make-Up Of Stanton Yellowknife Hospital Board Of Management

MR. WAH-SHEE: Thank you, Mr. Chairman. There are a number of areas I would like to raise with the Minister. But first of all, maybe I could ask the Minister, since Stanton Yellowknife Hospital is going to be a regional hospital, I would like to know what is the present make-up of the board of management of the Stanton hospital? Will there be additional members on that board? For instance, if Sahtu communities want to come down and use the facilities, will they have representation on that board along with other regional communities that will be using the facilities here?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. I can make available to the Member the names of the people on the existing board and the communities that they come from. I do know that the present board does have representation from outside of Yellowknife. I believe Inuvik Region, Kitikmeot Region and the Deh Cho region are represented by at least one member on the board, as well as one or two people from Mr. Wah-Shee's constituency. I have advised, verbally, the chairman of the Stanton Yellowknife board that they are going to have to take that into consideration when the transfer takes place, that there will be more people from the Northwest Territories outside of Yellowknife in their hospital because those will be patients who might have gone to Edmonton but will stay in Yellowknife because the service will be delivered here. The government will, at that time, intend to have more representation from outside of Yellowknife. I do not think it would be our intention to make the board very much larger because I think there are 12 or 15 people on it now but we would change the representation so that it better reflects the patient percentages that go into Yellowknife. Thank you very much, Mr. Chairman.

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

Medical Terminology Training For Interpreters

MR. WAH-SHEE: Thank you, Mr. Chairman. What is the situation with interpreters being available for the Stanton Yellowknife Hospital? As the Minister is aware, I have raised the issue just about every year. Do we have interpreters who are specially trained toward the whole health care? There

are certain terms that the doctors and nurses use, and for the interpreters to pick up on the diagnosis of the doctors and the nurses, those have to be interpreted to the Dene patient who, in most cases, does not even speak any English at all. So I would like to know whether we are training interpreters specifically to work in the health field or are we still using the interpreters that we have now, who do not have that type of special training?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. I am aware of this problem, not just in Yellowknife but also in Edmonton. In Yellowknife, I believe the interpreters are on staff. In Edmonton, I believe they are on contract or on call with Health and Welfare Canada. And the Member is correct; the interpreters do not have specific medical terminology training and the problem is that that terminology translated into the native language does not exist. We have, in the last fiscal year, contracted with an organization in Ottawa to change medical terminology into words that can be easily translated into the native languages. Once that is completed, interpreters will be then trained so that they will be able to adequately describe to patients the different medical problems that confront them. I acknowledge that it is a problem right now and it is not going to be something that is going to be solved within the next six months or year but we are developing a program to train interpreters in the specific use of medical terminology in such a way that the patients will better understand what the doctor and the nurses are describing to them. Thank you very much.

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

MR. WAH-SHEE: Thank you. Will the Minister assure me that there will be a definite program for the interpreters to be specially trained in the health field as a joint program between the territorial Department of Health and the Department of National Health and Welfare, along with the people who are responsible for generally training the interpreter corps?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you very much, Mr. Chairman. If funds are identified through the languages money which was negotiated previously with the federal government in order to establish native languages. Part of that money is being used in this program. It is our intention to, as I said before, train existing interpreters so they can adequately deal with medical terminology. Thank you.

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

Training For Lay Dispensers

MR. WAH-SHEE: Thank you. The other concern I would like to raise is that in my constituency, in particular in Rae Lakes and Snare Lakes, we do not have a full-time nurse stationed in those communities. We get the odd one that comes in from Yellowknife, I believe. So you have a situation where a lay person is responsible for dispensing non-prescription drugs and medication to the patients that reside in those communities. I would like to know whether with this whole discussion on the health transfer from National Health and Welfare to the territorial government, whether your department would be prepared to properly train people in those communities in the paramedics area so that we have somebody at least that can have some training so that a person can live in those communities and deal with emergency situations and do the follow-up after the doctor has been in and out of those communities. As far as I am aware right now, you have a lay person who does not have any training at all, but is responsible for dispensing medication. Can we have a program dealing with paramedics training in those communities where you do not have a full-time nursing station in the community?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, I understand that St. John Ambulance here in Yellowknife can provide such training and I will undertake to have people in my department identify people in your community who can take those courses; preferably the existing lay person who is dispensing drugs. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you, Mr. Minister. We will now have a 15 minute coffee break.

---SHORT RECESS

CHAIRMAN (Mr. Erkloo): Committee will come to order. Mr. McCallum.

MR. McCALLUM: I just have some general comments on the budget itself and note that there are fairly large increases -- I was going to say, "Welcome to the Century Club", to the Minister. The total budget for this department now is over \$100 million. In his opening remarks -- I too am pleased to hear that the assessment is now completed of the needs and mechanism for long-term care and I applaud the Minister and his group for having this particular conference, that is on this week, on all aspects of northern perspectives on aging and long-term care.

I guess the department does deserve quite a few kudos to become known as leaders in Canada and North America on the topic of tobacco cessation, etc., and I can say that I have not ceased as yet.

But I am a little concerned that with his opening remarks the Minister and his people may be becoming well-known in a number of other areas as leaders in Canada and North America. At the top of page three of his remarks, he said "We have continued extensive promotional activities in the area of...teenage pregnancy and sexually transmitted diseases." In fact they even have workshops on it now that have been well attended and very helpful. I recognize that sometimes I am labelled a prude, but do you not think that is going a little too far, Mr. Minister? To have workshops that help residents across the North, having them well attended, to promote sexually transmitted diseases or teenage pregnancy? I kind of think that may be a little bit of a mistake on the part of the Minister. Maybe in the rush yesterday to rewrite his opening remarks, he forgot something somewhere. But I would expect that he is talking about the problems and concerns -- and you are using people to do it and I hope that the people who are conducting these workshops are not too well renowned in these areas. If not, they are going to be after that.

I have some particular concerns about the increase in this department's overall budget. I note from last year's main estimates under THIS, Territorial Hospital Insurance Services, that there is an increase of about nine million dollars. Now I recognize that during the year the revised forecast and grants and contributions for the operation of territorial hospitals has increased by four million dollars. But again this year there is an increase of over five million dollars in here.

Historical Data As Rationale For Increases

The other area, of course, is in the area of other O and M, and there is an increase of about four million dollars as well. I think these are substantial increases in these areas.

Given that some of these result from, if you like, historical data, as a rationale for some of the increases, I find it difficult to accept that comment. For example, in other hospitals -- I am not talking of the budget review hospitals, although there is a fairly large increase in that particular task and I know it reflects the additional funding for the Baffin regional nursing stations, and there is over five million in that area. On the other hospitals, that is payment of services for other hospital costs, there is a fairly large increase involved here. The historical data does not seem to warrant such an increase because the 1986-87 revised forecast is even less than the 1985-86 actuals. Here we are asking to increase it by about \$2.5 million more. I find the rationale that this is based on historical actuals regarding utilization a little bit difficult as a rationale. As well, I recognize that in the area of NWT share of health care, there is a decrease here in terms of \$140,000. I find that this is because of Health and Welfare Canada's guesstimate of what will be required. I have a concern here, Mr. Chairman, that if this is found to be too low, what action is available? It very well may be that it does turn out that it is proper and that it may be too high, but I have some concern that it may not be enough and you are using Health and Welfare Canada's stats, as it were, to do this that simply indicates to us that they have offered no explanation for it. They simply say that this is all you are going to require and that is our share of those areas.

I do not have very many other comments, Mr. Chairman. On the whole business of the Territorial Hospital Insurance Services and the THIS Board, I know the Minister has indicated that he expects that there will be a review conducted by the department on the role of the THIS -- the authority, the relationships of other boards of management with the department and with the THIS Board, after the health transfer has been concluded. I know, as my colleague, Mrs. Lawrence, had indicated, that there seemed to be some difficulties regarding the Metis people in the transfer of this whole

health program. So I guess I can lay aside my concerns about THIS and expect that the Minister or whoever will be involved, will come forward with some kind of a study to indicate and let Members of this Assembly know just what is going to happen with the THIS Board and what role the boards of management in the various budget review hospitals have.

Funding For Baffin Regional Hospital Renovations

There is a concern as well, Mr. Chairman, with this business of capital moneys. I have to go back to the standing committee and I will not quote the Minister; hopefully I can paraphrase it in the proper terminology, so as not to offend Members of the Executive Council. It seems to me that we were talking about a sum of money that we are going to be asked to approve, in the vicinity of \$500,000, that is supposed to look after some kind of renovations to the Baffin Regional Hospital. In our capital book, on page 11.10, it suggests that future years anticipated renovations/expansion in that particular facility are going to be \$11.5 million, but the Minister had indicated -- and I am paraphrasing his words -- that the territorial government's FMB has frozen these funds. They have flagged it and said, "Okay, we are not sure whether we are going to do that because we are not sure the feds are going to get that kind of money to go on with it." He had indicated, I think at that time as well, Mr. Chairman, that the FMB would likely be making a decision on what to do with these funds in the interim between the January SCOF sessions and this particular budget session. Now I do not know what the decision has been on that \$500,000, and on the future moneys and the territorial government's share of these renovations. I would hope that the Minister will be able to indicate to us just where that item is on the agenda of FMB. He did not mention it and I cannot find it in his opening remarks. I would hope that he would indicate something to us along those lines.

As well, Mr. Chairman, and maybe I am repeating myself, I really do look forward to the assessment that has been completed and put into a report, on long-term care for the chronically ill and elderly. Maybe I am going to try and look after myself, but I would be concerned about how you are going to look after me, if the need arises. I would hope that the Minister will provide this House with that report so that he could get full discussion from Members of the House on this particular topic -- the very necessary assessment and very necessary report and very necessary program.

I do not think that I have any further comments, other than the ones that I mentioned, but there obviously will be questions as we go into various parts of the capital, as well as the O and M. I do not think it is necessary for the Minister to respond. I do not think I posed any questions to him. Since the opening comments of the Minister are now public record, I would hope that he would make a change in the words on page three. Thank you.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. I would like to respond briefly to some of the comments. The Baffin transfer last year was only for six months, so there was only a little over four million dollars in the budget for that six month period. This year we have a full fiscal year so there is eight million dollars. That is one of the biggest costs you can see. The Member is right, there are additional costs from the provinces and from both medical and hospital charges and that also reflects on our transportation costs, the cost to the Territories of moving to these facilities, and that is basically because we have a population that is more aware of their health needs and is going for the services. In addition we have an aging population which is increasing and a lot of those people require chronic care and services that do not take place in the Territories.

As well, the one place where you said that there was a decrease, in the NWT share of health care services, that is because our share in this area no longer includes the Baffin. The Baffin O and M cost of administration is now in our budget, so our share of that region is not included anywhere. That is why our share of health care services has gone down -- because the full cost of the Baffin is in our base now, so the cost sharing element has disappeared from there.

As far as the THIS is concerned, the board itself, it is my intention to listen to the recommendations from the three steering committees we have established to work on the transfer. One of the questions is: Should civil servants be the board? Should members of the general public be the board or should representatives of the regional and hospital boards make up this board? That is something we are going to have to deal with.

Baffin Facility Costs Include Federal Share

As for the \$500,000 item in the budget for the Baffin facility; last year there was \$140,000 and \$100,000 of that was spent on the Montreal boarding home. So all that money was not used on planning. The explanation is that what appeared in our budget originally was only our share of the costs of that facility. Now what we have put in the budget is the total cost of that facility which would include the federal share of that project. In the Baffin we cost share in the 80 to 90 per cent range because there is only a 10 or 15 per cent non-native population there. So that facility which we can talk to a little later in capital, will take under its roof three or four existing operations, as well as repatriate chronic care patients from the South if the facility is expanded. So the \$500,000 which is intended for this year, is to do renovations to the kitchen and to do planning for the total project.

As for the report the Member referred to on the aged and handicapped survey; that is available within the last couple of days from the printers and has been distributed to all the delegates attending the conference here. I will have that distributed to Members. Unfortunately there has not been time for an interpretation to be translated and printed yet, but I will see that a summary of that is done as soon as possible. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Mr. McCallum.

MR. McCALLUM: I want to clarify one thing, is the Minister saying that the territorial government's share of the Baffin renovations will be 80 to 90 per cent? Do you not mean the opposite way around? Okay, for a while you scared the hell out of me.

CHAIRMAN (Mr. Erkloo): Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, I have a series of questions to the Minister responsible for Health. The first question is: What is it that we are transferring? Can we conclude that the Baffin health care facilities and medically related services have been transferred to the Baffin or to the territorial government and are handled by Baffin? In that case, what is left to be transferred and in relation to that transfer, how are the negotiating teams made up for the various sections of the NWT?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

Scope Of Health Services Transfer, Baffin

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. What we are envisaging transferring from the federal government to this government are all of the programs that they presently deliver in the NWT. So far what we have transferred in the Baffin are the programs that are covered basically by the Canada Health Act and we have also transferred the programs delivered by the nursing stations, which are the basic public health program and preventive program in the communities. What has not been transferred are the programs primarily run out of Yellowknife, such as the environmental health officers who inspect cafes and eating places -- I am sorry, that particular one has been transferred -- but the mental health program has not been transferred, for example, and a few of the other general overseeing duties that are done out of Yellowknife, the setting of standards, etc. Those will be transferred; basically that is their headquarters operation up here and that will be transferred when we do the whole thing. Basically what has been transferred are the nursing stations and their operation, the hospital and its operation and everything covered under the Canada Health Act.

The responsibility for delivering services in the field, the programs for Inuit and status Indians, has been transferred to us but the money is still retained by Health and Welfare Canada and we invoice them. There is no intention on the federal government's part to transfer that money to us. We will just be an agent on a contract basis to deliver those services to native people and then we will invoice Health and Welfare Canada to recoup that expenditure. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Thank you. Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, I would conclude then that the only thing that is left to move to the Baffin is, basically, services that are in Yellowknife, so there are no further negotiations required with the federal government but rather a decision of the territorial government on when they are going to move that over.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, basically there is one program that has not been transferred and that is the dental therapist program, so that will be transferred. It is supervised out of Yellowknife and it was thought in the best interests of everybody that that should remain the way it is right now. But that will be transferred when everything is transferred. There are some program support services that are headquarters activities that have not been transferred but those will be transferred to our headquarters when the overall transfer takes place.

CHAIRMAN (Mr. Erkloo): Thank you. Ms Cournoyea.

MS COURNOYEA: You made the statement that when these overall transfers are taking place, there are some things that are left in headquarters. Is that headquarters Yellowknife, headquarters Winnipeg or headquarters Ottawa?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Primarily those people that have the function of developing territorial-wide programs and setting standards and policies that would be territorial-wide, would remain in Yellowknife. We are hoping that some of the functions in Yellowknife, the overseeing of some of these programs by supervisors, would be moved under the authority of the regional boards once they are established.

CHAIRMAN (Mr. Erkloo): Ms Cournoyea.

MS COURNOYEA: Then from those statements I would conclude that the issue of health services to the Baffin has fairly well been negotiated and concluded and concurred with by the residents of Baffin and there are really no further negotiations with the federal government in terms of what is left to be done.

The other question is, in relationship to the Keewatin, Central Arctic, southern Mackenzie and the Beaufort, what is the process of those negotiations and how is that divvied up in terms of regional representation as it relates to various native organizations, this government and a federal team to do this transfer?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

Representation On Steering Committees

HON. BRUCE McLAUGHLIN: Basically, Mr. Chairman, there are three steering committees. One is called the Arctic steering committee which comprises the Kitikmeot and the Keewatin communities. It has one person from the Kitikmeot Regional Council, one person from Kitikmeot Inuit Association and in the Keewatin, one person from KRC and one person from KIA. It has Mr. Aked, who is the regional director of medical services for the Territories, on that committee and my deputy minister, Mr. Moody. Also, Mr. Moody and Mr. Aked are on the other two committees, which are the Inuvik steering committee and the western steering committee. The Inuvik steering committee represents the communities of the Beaufort, Inuvik and the Delta, the Dene communities, and the western steering committee basically is all the communities in the Mackenzie Valley and Great Bear Lake and Great Slave Lake areas. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Ms Cournoyea.

MS COURNOYEA: In relation to the transfers of health facilities and the western steering committee. Since the Stanton Yellowknife Hospital has negotiated on the basis of client use of that facility and that basically this service is being built up to serve those people, what are you negotiating?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. The chairman of the Yellowknife Stanton board is on the western steering committee. It is my intention that all three of those steering committees are going to have joint meetings while this process goes on and one of the things they are going to have to undertake is the situation of the Stanton board. As I indicated previously, it is my

intention to increase the representation of people from the outlying regions on that board and it will have to be either people from the general public, or the other alternative is that board members from the regional boards would be put on the Stanton board. So, it would be a separate board to run its hospital and its programs for the residents of Yellowknife as well as for those that come in from the outlying regions, who are transferred in from the other hospitals. So that it is our intention, to have the board broadly represent all the people in the area. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, I wonder if the Minister would answer my question. It appears to me, with the building of the Stanton Yellowknife Hospital, and the statistics brought forward to the federal government, according to status and non-status users of that facility, to justify the expenditure on that hospital, that the negotiations have already been concluded. The facility exists, the criteria have been established on the cost sharing between the territorial and federal governments, the policy has been established that this services the region, which is the general Mackenzie Valley region, the Yellowknife area. So, what are you negotiating?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

Transfer Of Health Services Being Negotiated

HON. BRUCE McLAUGHLIN: Mr. Chairman, we are negotiating the transfer of the nursing stations and public health services in this area which are still under the jurisdiction of Health and Welfare Canada. And because those nursing stations will be feeding, some of them, directly to Stanton, and some of them to the hospitals which we already operate, this steering committee is going to make recommendations to me as to how many regional boards there should be and which communities each regional board should govern. For example, in this area I would envision a Yellowknife board, a board on the south side of Great Slave, a board for the Dogrib communities, a board for the Deh Cho area and a board for the Sahtu area. That is likely what is going to be requested and that those boards will each be represented on the Yellowknife board as well, because of patients going there.

CHAIRMAN (Mr. Erkloo): Ms Cournoyea.

MS COURNOYEA: Well, Mr. Chairman, the nursing stations are in the Northwest Territories presently and provide a service. Stanton Yellowknife Hospital is in the Northwest Territories and provides a service. Obviously the government is transferring funds, particularly to the Stanton Yellowknife Hospital, to service the people who are recommended from the nursing stations. So, can I conclude that the difference of opinion on what is being transferred is really the make-up of the representation, or who should govern the boards?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, there are two things going on. There is a government-to-government transfer and these steering committees are going to help our government make its case as to what we want to have as a health regime in the Northwest Territories after the transfer takes place. Once that is identified, our government will try to negotiate with the federal government that adequate funds be transferred for us in order to have that regime financially capable of delivering the health services that the people want.

How Health Boards Are Established Is Being Negotiated

The other thing that is going to be negotiated within the steering committees and with the steering committees is, in the area that the steering committee represents, how many health boards should there be, if there should be more than one and how should it be set up. For example, in the Inuvik area, would the regional health board govern the hospital and all the nursing stations that feed into it, and therefore, would the board be made up of a representative from each of those stations, which is basically the model we set up in the Baffin? Each region is going to advise this government as to how they want their health board established. Thank you.

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

MR. APPAQAQ: (Translation) Thank you, Mr. Chairman. First of all, I would like to thank the Minister of Health for supporting all our concerns in the region. You have been very responsive to our region so far. In Sanikiluaq the emergency airplanes have arrived from Churchill or Winnipeg and we appreciate that help. The people from Sanikiluaq are very much appreciative of the proper response we get but in other areas there are concerns. For people who have cancer or incurable diseases -- they should not be told that they are going to die. In our culture we are not in agreement with that. I was told in Winnipeg when my father was going to die and he had an incurable disease. Right from the beginning we were told and it was very difficult for us to accept. We were just minding our own business -- the relatives are told right off the bat. Is there a way of implementing our cultural differences in health services? I wanted to ask that question of the Minister of Health. Could you tell the people in Winnipeg to not tell the people that they have an incurable disease? I am placing this question to you first. Thank you.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

Informing Patient Or Relatives About Incurable Disease

HON. BRUCE McLAUGHLIN: Mr. Chairman, I believe it is the normal practice of doctors that when a person is found to have an incurable disease, normally they do not tell that person because they are afraid that the patient himself, if he hears the news, will, I suppose, become sad and is more likely to succumb to the disease earlier than normally. But I think most doctors believe that they should tell one of the senior members of the patient's family the situation, so the family can make whatever preparations have to be made as far as getting the family together and also dealing with any estate or property that the patient might own, to get those things in order. Then they usually leave it up to the family whether the patient should be told that he has an incurable disease or not. That is the standard thing that is pretty well done by doctors across the country, Mr. Chairman.

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

Native Foods For Winnipeg Transient Centre

MR. APPAQAQ: (Translation) Thank you, Mr. Chairman. I would also like to ask about the transient centre in Winnipeg where the patients stay when they have to go to the hospital in Winnipeg. I realize that they do not have any native food in that home and there are always patients staying there. It is quite busy. But they do not have any of their native foods available at all. Just recently I was in Winnipeg on Sunday because there is someone from Sanikiluaq staying there and I was sort of expecting to eat some of our native foods but there was none available. This is one of the things that is not very pleasant when staying in that transient home, because some of the patients do not like to eat the store-bought foods in Winnipeg. I would like to ask you if you would have any comments on this matter. I have been informed that in Churchill they have their own native foods available in the transient home.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, country foods should be available in all of those facilities and if it was not available at the time, there was something wrong. I will have my officials look into that to inquire into why there is not food always available. I should point out that the Keewatin Regional Health Board, which is just in the process of being established, will have the authority to run the Churchill transient centre and the Winnipeg transient centre and that the board will be in charge of the budget of both those places. The Member's community will have a representative on that new board so that they themselves will be able to directly intervene if there is not enough country food there. In all fairness, I think I have to say to the Member that a lot of the young people that go out to these facilities, in all honesty, just cannot wait to get to MacDonald's when they get to the big city. Thank you, Mr. Chairman.

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

MR. APPAQAQ: (Translation) Thank you, Mr. Chairman. I do not have much more to say but I know that there will be a representative from Sanikiluaq on the health board of the Keewatin and that person has been appointed already. I would just like to say thank you, that he will be able to represent Sanikiluaq.

CHAIRMAN (Mr. Erkloo): Mr. Arlooktoo.

Patient Transient Home For Iqaluit

MR. ARLOOKTOO: (Translation) Thank you, Mr. Chairman. In the Baffin Region whenever we hold a regional council meeting, one of the subjects that keeps coming up is not having any transient home in Iqaluit for the patients. Usually the patients are billeted out to the private homes. Sometimes this is a problem for some patients but it is quite convenient for those who have relatives in Iqaluit. One of the problems usually is the people who get drunk when they are out for medical purposes in Iqaluit. This is a problem for the home-owners and especially the elders, who really oppose intoxicated people. For that reason, I think there should be a transient home for patients going to Iqaluit. This is continually brought up during the meetings. I would like to know what kind of plans you have for the future for a transient home in Iqaluit so the patients who are in Iqaluit can have a place to stay.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. That is the first time that this problem has been brought to my attention. We have not had any complaints brought to our attention before, or indications from the health board that this is a problem. In fact, some people have told me that there are some very good homes available and that for the people that live in Iqaluit, the income that those people get is an important thing in the economy there. So that has to be considered as well. But I would tell the Member that we established medical patient boarding homes in Winnipeg and in Montreal because those are the two areas of biggest concern, where serious incidents were occurring to patients, including neglect and even abuse of women and children by some of the operators of homes. And those things had to be done first. In Yellowknife there is an actual shortage of adequate homes that has been brought to our attention and right now, because we have a large number of people boarding in Yellowknife, it is our intention to work on that area first. But I will look into the Member's complaint and see if it is widespread, which I do not think it is, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Erkloo): Mr. Arlooktoo.

MR. ARLOOKTOO: (Translation) Thank you, Mr. Chairman. It would seem that it is not a problem if you are not aware of the situation in Iqaluit. You would have to actually see the problem. It is very convenient for the home-owners who supplement their incomes by having patients stay at their homes. Sometimes the home-owners, after they have had a boarder, do not get paid right away. The problems that arise when patients stay at their homes are usually when patients show up intoxicated. But over all, it is quite all right, but there are some problems.

You mentioned that this is the first time that you have heard about it. I am quite surprised that you have never heard about it before. This has been brought up during BRC meetings. You mentioned that you will look into this. Perhaps you will find out the real situation. I personally think that Iqaluit should have a transient home. It is needed and this has been brought up in my constituency. We do have relatives who live in Iqaluit, but there are others who do need a place to stay. I would appreciate it very much if this can be planned for sometime in the future. Thank you.

CHAIRMAN (Mr. Erkloo): General comments. Ms Cournoyea.

Pediatrician For Inuvik General Hospital

MS COURNOYEA: Mr. Chairman, I am sure that the Minister is aware that originally, some years ago, most of the special services that were required at the Inuvik General Hospital were contracted through the University of Alberta. Not too long ago, a contract was struck by the Inuvik General Hospital, National Health and Welfare and McGill University to provide certain special services to the Inuvik General Hospital. In that supply of services, one of the specialties that are recommended and fed into the Inuvik General Hospital is the services of a pediatrician, although not full time. Could the Minister write a letter and assure me that the officials of this department are not soliciting the McGill University to change their contract to have this pediatrician in Yellowknife rather than Inuvik in order to supplement the services that are required for the Yellowknife Stanton Hospital? Would the Minister provide a directive to his staff in relation to this concern, that specialists who have been solicited through very hard work to the Inuvik General Hospital are not enticed and influenced to deliver that service to the Stanton Yellowknife Hospital rather than the Inuvik General Hospital?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: I am aware that there has been a long, ongoing contract with McGill to supply a resident to that hospital. Our government, on a contract basis for the federal government, supplies them with other doctors. The contract with McGill is something that Health and Welfare Canada has, and I am not aware of the details of it or any changes, but I will undertake to write to the Member advising her of the situation as I know it to be right now and to allay any fears. Neither I nor my assistant deputy minister has heard of any plans to do this. I will, however, write to confirm what the situation is now and let the Member know exactly what the situation is on how doctors are supplied to the hospital.

CHAIRMAN (Mr. Erkloo): Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, I certainly thank the Minister but I really do not require that information because I already know how doctors are supplied to the Inuvik General Hospital and what contracts are out to various universities to supply that service. What I am concerned with is that there is a pediatrician who is assigned to the Inuvik General Hospital who is very good and the service is very good. What I am also aware of is that the McGill University is being courted by certain members of the staff of the Northwest Territories Health department to suggest that it would be better for them to place those services at the Stanton Yellowknife Hospital in order to complement the staff there because it would in the end provide better services to the Inuvik Region.

Mr. Chairman, I realize that in negotiations these are things that get put back and forth. However, there has been a lot of hard work on the part of the interim hospital board of the Inuvik General Hospital to finally convince various government people, including the federal representative, that the University of Alberta was not supplying the service with the intensity and with the priority that it deserved, to service the Inuvik General Hospital. As a result, certain things changed but through that hard work, certain agreements have been made and I am asking for assurance from the Minister of Health that he or his staff are not actively or will not continue to actively pursue the McGill University and the National Health and Welfare, that the pediatrician and one or two other specialists who are serving the Inuvik General Hospital will do better to transfer that type of service to the Stanton Yellowknife Hospital. That is the question and assurance I am asking for, Mr. Chairman.

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Yes, I will undertake to find out what the situation is and I will also undertake to see if what the Member is suggesting is happening, is not happening or does not happen, because it is not the intention of our government to centralize things in Yellowknife.

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

Motion To Institute Paramedic Training Programs For Rural Communities, Carried

MR. WAH-SHEE: Mr. Chairman, I would like to move a motion that this committee strongly recommend to the Executive Council that it institute paramedic training programs for rural communities and further, that this government invite the federal Department of Health and Welfare to participate in the planning and implementation of these programs.

CHAIRMAN (Mr. Erkloo): Can we have a copy of your motion? Your motion is in order. To the motion.

MR. WAH-SHEE: Mr. Chairman, maybe you could read the motion again for some Members who have not heard.

CHAIRMAN (Mr. Erkloo): Okay, I will read the motion: That this committee strongly recommend to the Executive Council that it institute paramedic training programs for rural communities and further, that this government invite the federal Department of Health and Welfare to participate in the planning and implementation of these programs. Motion is in order. To the motion.

MR. WAH-SHEE: Mr. Chairman, the purpose behind my motion is that we should have lay people stationed in the smaller communities that do not have a full-time nurse or doctor. In some of the communities you do not even have proper nursing stations and even if you do, you usually have a

nurse who flies into those communities, in and out. What happens is that you have a lay person in those communities who gives out medication to people and in some cases, these people are not properly trained to do so. In order to get more people involved in the health field, we need to have proper training and paramedic training would be most useful in some of our smaller communities. I think we have people who are interested in that area and paramedics is not a new idea; it has been utilized in various countries and over here we need to have trained people, particularly those people who have to deal on a daily basis with giving out medication and also handling emergencies in cases where you do not have a full-time nurse or a doctor. It is a very useful profession, one that I feel we really need in some of those smaller communities. That is really the reason behind it.

CHAIRMAN (Mr. Erkloo): To the motion. Mr. T'Seleie.

MR. T'SELEIE: Mr. Chairman, I would like to support this motion. It is, for myself, in the community of Colville Lake they have a small nursing station but there is no established nurse that runs the place. I think that if something like this is done, where a local person could be somehow trained, it would serve the people in that community better than the way they are now presently being served. I would support the motion.

CHAIRMAN (Mr. Erkloo): To the motion. Question has been called. All those in favour? Raise your hands. Opposed, if any? The motion is carried.

---Carried

Any more general comments? Mrs. Lawrence.

MRS. LAWRENCE: Thank you, Mr. Chairman, I have questions. In your opening remarks, Mr. Minister, on page three, you mentioned that you had a workshop on teenage pregnancy and different diseases. I would like to know, exactly where did you hold this workshop?

The next question is that further down you mentioned that most of the careers in health cannot be attained by on-the-job training. I would like to know how many on-the-job training positions you have at the moment?

The other question is that the new facility that is being built in front of the old Yellowknife Stanton Hospital, who is going to be utilizing the facility?

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

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. I can distribute for the Members information as to where our workshops have been held in the Northwest Territories on these matters. I can also distribute later the number of on-the-job training positions that may be in place.

YACCS Facility In Yellowknife

YACCS, that is the Yellowknife Association of Concerned Citizens for Seniors, is erecting this facility. They were given some planning money and a small amount of capital funds to help them, but primarily for this project, which I believe is in the order of three million dollars or so -- I cannot remember the figure offhand -- these people in Yellowknife formed an association and borrowed money from CMHC at two per cent interest and planned and constructed this facility themselves. It is intended as a residence for Yellowknife, but I know that at the current time there certainly are not enough people in Yellowknife to fill the facility and that some people from outlying communities, I am sure, would be welcome to use it. There are, in fact, a few people from outlying communities, elderly people, presently in personal care units in Yellowknife. In most of those cases they are elderly people that do not have any relatives to take care of them. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Wah-Shee): Thank you. General comments. Mrs. Lawrence.

MRS. LAWRENCE: Thank you, Mr. Chairman. The other question is that you mentioned also the development of a patient boarding home in Yellowknife. I was not aware there was a boarding home in Yellowknife, maybe you can explain that to me.

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

HON. BRUCE McLAUGHLIN: Mr. Chairman, I indicated that the YACCS facility here was available to some elderly people here in a personal care unit, who would go in there. But unrelated to that, the Executive Council, quite some time ago, approved for two patient transient centres to be established in Yellowknife. One was to be constructed by an organization from the Kitikmeot and the other was going to be the Dene Nation leasing an existing facility. Since then, the Dene Nation has approached me, advising me that they would like to construct a facility similar to the one that has been proposed for the Kitikmeot. We have already given approval in principle for that. The premise for these two facilities is that our government would lease them in such a fashion as to offset the principal and interest payments that would have to be made and that the Department of Health and Welfare Canada would cover the operation and maintenance part of the facilities. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Wah-Shee). Thank you. General comments. If there are no further general comments, does the committee agree that we go into budget detail?

SOME HON. MEMBERS: Agreed.

---Agreed

Detail Of Capital

NWT Share Of Health Care Services

Headquarters, Total Contributions, Agreed

CHAIRMAN (Mr. Wah-Shee): We will deal with capital on page 11.07. Detail of capital, NWT share of health care services, contributions, headquarters. Total headquarters, \$428,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Fort Smith, Total Contributions, Agreed

CHAIRMAN (Mr. Wah-Shee): Total Fort Smith, \$574,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Inuvik, Total Contributions

CHAIRMAN (Mr. Wah-Shee): Total Inuvik, \$177,000. Mr. T'Seleie.

MR. T'SELEIE: Mr. Chairman, could I know what capital projects this is for?

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

HON. BRUCE McLAUGHLIN: Mr. Chairman, in this whole area, under NWT share of health care services capital, this is our percentage share of the cost to construct nursing stations or supply equipment to nursing stations. So that the \$177,000 total for Inuvik would represent our five or 10 per cent share of the cost to put equipment in or make renovations to or construct nursing stations in that region. I do not have the details on how that \$177,000 is broken down -- Mr. Chairman, it is a nursing station and residence in Tuktoyaktuk, that is \$121,700; \$22,200 for the Fort Franklin nursing station residence; and \$12,700 for the Fort McPherson four-plex residence; \$8900 for Fort Norman staff residence; and \$3600 for Fort Good Hope staff residence. That could be anything from the actual construction of a new facility to renovations or even a purchase of a desk, for example, or other furniture for existing facilities.

CHAIRMAN (Mr. Wah-Shee): Mr. T'Seleie.

Problems With Nursing Station In Fort Good Hope

MR. T'SELEIE: The reason I ask about this is that in Fort Good Hope there have been complaints for quite a while about the size of the nursing station. I thought that this was something that was going to be addressed this year. I also know that they are having problems with an X-ray machine in that community. I wonder if the department is aware of that. I would like to also know who is primarily responsible for initiating capital projects in these communities. Is it the federal or the territorial government?

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

HON. BRUCE McLAUGHLIN: The federal government takes the initiative to do projects in the communities where they own and operate nursing stations. Our government sometimes is able to influence them, as to what the agenda should be, and we cost share those nursing stations. The Member will be happy to know that in Fort Good Hope, \$1,700,000 is budgeted for a staff residence and nursing station renovations -- \$1,200,000 on the residence and \$500,000 on the nursing station. Next year for Fort Good Hope for the residence \$818,000 will be spent by the federal government and \$111,000 spent by our government. The project will be completed in 1989-90. Next year there will be planning money for the renovations for the nursing station and in 1989-90 almost one-half million dollars will be spent, between the two governments, to do the renovations to the nursing station. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Wah-Shee): Thank you. Total Inuvik. Mr. T'Seleie.

MR. T'SELEIE: Mr. Chairman, I am happy to hear that. I am familiar with that situation and in my view it is quite serious. The spaces that nurses have to work in is really a small area. I guess part of the problem is that it was renovated a few years ago and the way the renovations were done it somehow made the whole building smaller and that is part of the problem.

CHAIRMAN (Mr. Wah-Shee): Thank you. Total Inuvik. Mr. Gargan.

MR. GARGAN: Thank you, Mr. Chairman. As far as the increase in this budget is concerned, it is increasing at approximately 15 to 20 per cent a year. I would like to ask, what is the trend right now with regard to the type of diseases? Is there an increase in that trend and what is the rate of increase for this year, for example?

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

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. In this area there is a 34 per cent increase and that is because the federal government is undertaking these capital projects in those communities. They determine which capital projects are going to proceed. This has nothing to do with this part of the budget that we are discussing right now, any trends in disease. It is just an upgrading of existing facilities in those communities and regions.

Inuvik, Total Contributions, Agreed

CHAIRMAN (Mr. Wah-Shee): Total Inuvik, \$177,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Baffin, Total Contributions, Agreed

CHAIRMAN (Mr. Wah-Shee): Thank you. Total Baffin, \$11,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Keewatin, Total Contributions, Agreed

CHAIRMAN (Mr. Wah-Shee): Total Keewatin, \$473,000. Agreed? Ms Cournoyea.

MS COURNOYEA: Just for information, could we have a breakdown on some detail on the \$473,000 for the Keewatin?

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

HON. BRUCE McLAUGHLIN: Yes, Mr. Chairman. Of that, \$416,500 is our share for Rankin Inlet staff residence and nursing station renovations; as well, another \$24,700 for that same project; \$9200 for Eskimo Point staff residence and a garage. Those are the three major expenses in that area.

CHAIRMAN (Mr. Wah-Shee): Thank you. Total Keewatin, \$473,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Kitikmeot, Total Contributions, Agreed

CHAIRMAN (Mr. Wah-Shee): Thank you. Total Kitikmeot, \$362,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Total Contributions, Agreed

CHAIRMAN (Mr. Wah-Shee): Thank you. Total contributions, \$2,025,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Total NWT Share Of Health Care Services, Agreed

CHAIRMAN (Mr. Wah-Shee): Thank you. Total NWT share of health care services, \$2,025,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Territorial Hospital Insurance Services

CHAIRMAN (Mr. Wah-Shee): Thank you. Detail of capital on page 11.10. Mr. McCallum.

MR. McCALLUM: Thank you, Mr. Chairman. In the general comments I made at the beginning of this, I referred to the Baffin area, the hospital renovations and expansion of the Baffin Regional Hospital, and I talked here about the anticipated growth in future years in this particular project. Now the Minister replied, in his comments to it, but I want to get straight what is occurring here. We were told in the standing committee on finance the FMB flagged this \$500,000 and froze these particular funds. As I understand what the Minister indicated, those funds have now become thawed. Is that correct?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. I think the exact words I used at the standing committee on finance were "approved, but frozen". The situation on this is that when this first appeared before the Financial Management Board in years past, it was a project slightly over two million dollars. And then it appeared as a project of \$12 million. What happened is that the figures that were initially put in our budget were our share of what it would cost to construct a facility there. The other 85 or 90 per cent would come from Treasury Board. So the figures that were put into this year's documents, which we received and you have seen, have the total cost of the project and include the federal share. Of the \$140,000 that was in last year, \$100,000 was used in the Montreal boarding home and the other \$40,000 was used for some preliminary planning.

The project will: put 10 chronic care beds into the facility and six new acute care beds; move the public health and administration operations -- which are in separate buildings right now -- under one roof; expand the laboratory and X-ray facilities; and as well, do kitchen renovations. This would be a project over three to five years. The \$500,000 in this year's budget are there for two purposes. This is intended for planning and for kitchen renovations.

Project Subject To Treasury Board Approval

The Financial Management Board will not approve this project until after we have Treasury Board approval. As Members are aware, our government had the Stanton project in its budget for a couple of years. We kept sending it back year by year until we finally got Treasury Board approval. So this project will not go ahead until there is Treasury Board approval. And Members should be aware that, unlike capital for nursing stations, this money is not in Health and Welfare Canada's budget. For example, in the Baffin, money has been transferred to us in our base for the future years so that we can do the renovations that they had planned to their nursing stations, out of our budget. But the federal government has transferred all its hospitals in the country to provinces, so Health and Welfare Canada no longer has in its base budget, as it used to, funds to do capital projects on hospitals. So any hospital project they are involved in, is a Treasury Board submission. So our government will be applying, with Health and Welfare Canada, hopefully, for money for projects like this and others in the future. But until Treasury Board approval is finalized, the project, of course, will not go ahead. Thank you, Mr. Chairman.

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

MR. McCALLUM: Thank you, Mr. Chairman. The Minister says "approved but frozen" according to the FMB, not approved or frozen by this committee. For the total cost that is estimated for these renovations or expansions, is that the correct amount that is there, the \$12,140,000? And is our share of that simply \$500,000, or is there a further share?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, the \$12,140,000 is the total expenditure that has been estimated would take place over a period of three to five years to do this project stage by stage. Because it is an existing operating hospital, we would only be able to do parts of the expansion and renovation at one time. We would have to negotiate that; in the Baffin right now, I believe that the average on cost sharing is around 90 or 95 per cent for Health and Welfare Canada and five or 10 per cent for us. So we would negotiate that and the percentage of non-Inuit patients there would primarily determine our share of the capital cost in this project. Thank you, Mr. Chairman.

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

MR. McCALLUM: Thank you, Mr. Chairman. Then our share is either going to be \$600,000 or \$1.2 million, depending on whether you take the five per cent or the 10 per cent. If you strike something in between, it will likely be \$800,000. Is that the total cost as you know it now, regardless of how many years it is going to take?

CHAIRMAN (Mr. Gargan): Mr. Minister.

Territorial Share Based On Number Of Non-Native Patients

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. Yes, our share would be whatever percentage we established with the federal government that would be based on non-natives that used that hospital. As with the Yellowknife hospital, our share would come through us in our base from DIAND and then the balance would come from Health and Welfare Canada. Thank you, Mr. Chairman.

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

MR. McCALLUM: Just one further comment on this half a million dollars that is there now. I understand that the Minister is saying that this \$500,000 is to be used this coming year for kitchen renovations or additions or whatever. Is that correct?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Yes, Mr. Chairman, that \$500,000 would be used for kitchen renovations and planning money for the total project, but only if we get Treasury Board approval for that amount of funds for this year. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Mr. McCallum, general comments.

MR. McCALLUM: Thank you, Mr. Chairman. If the federal Treasury Board approves this project, will you spend some part of the \$500,000 on planning or will you do the renovations to the kitchen regardless?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. The kitchen renovations would only occur if we have Treasury Board approval for federal cost sharing in the project. Thank you.

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

MR. McCALLUM: It begs the obvious question then, Mr. Chairman. When do you expect to hear from the federal government?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, as my friend knows...

MR. McCALLUM: I work with a different group.

HON. BRUCE McLAUGHLIN: ...the previous federal government took three or four years before final Treasury Board approval came for the Stanton Yellowknife project. So basically, this is a project that our government would like to proceed with, if we can negotiate the Treasury Board funds. It has been approved in principle by this government, that we would like to do it, but the project and funds are frozen until we are convinced that we can get them from the Treasury Board. Thank you, Mr. Chairman.

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

Vote Before Project And Funding Assured

MR. McCALLUM: Thank you, Mr. Chairman. If the government is to wait until that occurs, why could not the government come back to this House and ask for a supplementary vote of that money, rather than setting it aside? For that matter, given the track record of the government with special warrants, I am sure that a special warrant could be raised for a half a million dollars -- very quickly after we leave here if, in fact, that is when it occurred. I mean, that is nothing new. It has been done before. I am simply asking the Minister, Mr. Chairman, why does the money have to be voted now if you are not, a) sure the project is going to go ahead; and b) you cannot guesstimate when the federal government will okay it from their Treasury Board. Why do you want us now to approve funds so that you can keep them in a refrigerator?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. This procedure was used previously with major health projects; as I said before, for the Stanton. The item appeared, I think, in the budget in 1980, shortly after we were elected in the Ninth Assembly, and was carried on in the budget each year as a down-the-road project, until it was eventually approved. So that has been done before.

My colleague, Mr. Patterson, and I have already taken the most important first step in seeking Treasury Board approval in this area, in that we have taken Mr. Epp, the Minister responsible, on a tour of the hospital in Iqaluit when he was there, including the kitchen. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Minister. General comments. Mr. Wah-Shee.

MR. WAH-SHEE: Thank you, Mr. Chairman. I wonder if the Minister could indicate what is the status of this health transient centre for the patients from outside of the city of Yellowknife, who are going to be coming in and using the Stanton Yellowknife Hospital facilities?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. As I indicated to Mrs. Lawrence a little while ago, the Executive Council has given approval for two medical patient transient centres in Yellowknife, one to serve the Kitikmeot and one to serve the Dene. The Dene have recently come to me and told me that they do not want to lease an existing facility, that they would like to construct along the lines of the Enokhok Development Corporation's proposal for the Kitikmeot. The Executive Council will be entertaining that proposal shortly, although we have given approval in principle to do both those projects already. Thank you, Mr. Chairman.

Buildings And Works, Headquarters, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Thank you, Mr. Minister. General comments. Detail of capital, territorial hospital insurance services, buildings and works, headquarters. Total headquarters, \$12,082,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Buildings And Works, Baffin, Total Capital

CHAIRMAN (Mr. Gargan): Baffin, total buildings and works, \$525,000. Mr. McCallum.

MR. McCALLUM: Thank you, Mr. Chairman. Last year it says the prior cost for this was \$140,000. The Minister indicated that so much was spent for -- was it the Montreal referral centre? How much of the \$140,000 did he say was spent on the Montreal referral centre?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, \$100,000 on the Montreal referral centre for renovations and \$40,000 was spent on planning for this new hospital in the Baffin. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Mr. McCallum.

MR. McCALLUM: What is the Minister's guesstimate of the \$500,000 that would be required to do the planning now, which was funded for last year and which you did not spend it on?

CHAIRMAN (Mr. Erkloo): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, my assistant deputy minister advises me that it is approximately \$100,000 for planning and \$400,000 for kitchen renovations.

CHAIRMAN (Mr. Gargan): Mr. McCallum.

MR. McCALLUM: Thank you, Mr. Chairman. The Minister is indicating then, the \$100,000 that he spent on the medical referral centre in Montreal will have to go back into planning this year. The total amount of planning that would be required would then still be \$140,000. Is that correct?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Yes, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Mr. McCallum.

Rationale For Vote On Item Of Funding

MR. McCALLUM: Mr. Chairman, the Minister had indicated in the response to a question, why we should vote for it now, when it is not needed, for he is not sure it is needed. Notwithstanding the fact that he and his colleague, Mr. Patterson, viewed or went around with Mr. Epp, he indicated that it had been done in the past, so that is a good enough reason to do it now. Because they have already taken Minister Epp, the federal Minister, around, then we should leave it in. I am not convinced myself that that is a good rationale for voting for this particular funding. I am not suggesting that it may not be needed, but it seems to me that if it is needed, the government has the wherewithal through the Financial Administration Act, through the certain sections of that act that will allow them to get the money when they need it.

But what I am afraid of is that exactly what is going to happen is what happened to the \$140,000 that they used last year, that was supposed to be used for their planning. They spent \$100,000 of it in another area; in another area and they did not indicate to us that they were going to spend it there. Last year we voted \$140,000 for planning on this particular facility. Why the planning did not go ahead, I do not know. I suspect, because I am not sure whether you are going to do anything about it. So instead of spending \$140,000 in the planning, they spent \$100,000 on a medical referral centre in Montreal, which is all well and good, obviously the place must have needed it; I do not know anything about it. What I am concerned about now is that they want us to okay an additional \$500,000, and they still are no further ahead as to whether they know the renovations in total are going to go ahead or are not going to be okayed by the federal government. If we vote the \$500,000, they may very well spend it some place else and come back after the fact and say, "Look, I made a mistake. We have transferred it within..." which they have every right to do. Within their Financial Administration Act, they are allowed to do that. I am not concerned about that.

My concern is that if we are voting the money for a particular project that is iffy out there somewhere, they will turn around and not spend it there. They will spend it some place else. If they require the money, if the go-ahead comes in and they require the money to do the planning and the addition to the kitchen, they can come back with a supplementary to this House between now and the next budget, they can use a special warrant if it is necessary and meet the requirements under the Financial Administration Act, or they can use money that they have in some other area, maybe some of the lapsed money that they are going to lapse in capital. I do not understand why we find it necessary to vote the \$500,000 now.

Government Has Ability To Get Funding Later

I want to make sure, Mr. Chairman, that Members understand what I am saying. I am not saying that they should not go ahead with the expansion or the renovation if the federal government puts up their 90 or 95 per cent of it. But when that time comes for them, or they get word that they are going to go ahead and do it, then fine, nobody is going to say no to the expansion of the hospital that is needed but nobody knows, the Minister included, nobody knows if that kind of expansion or renovation is going to occur, not only if it is going to occur, but when it will occur. I am simply saying that the government has, by its own rules or the rules that we are going to approve, the ability to get that funding at another time. I do not think it is necessary for us to vote this particular \$500,000 now. They had \$140,000 last year to plan for it, and nothing occurred with the expansion, so why spend the money on planning? So you spent it some place else; on the Montreal referral centre. Why do we go through the same charade again here? I am not saying we are not going to do anything about the hospital itself, but it seems to me if they are not going to use the money now, why do they want us to approve it? I would make a recommendation to the Executive: Delete this particular money until such time as the project gets approval or they come to an agreement with the federal government.

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. The \$100,000 was spent on the medical referral centre or the patient transient centre in Montreal. It was spent because the DPW contractor failed to perform his duties and we had to find, from within existing capital budget, money to fix up the facility to make it available to patients. The other \$40,000 was spent on planning. The hospital board of management -- actually the hospital board not a regional board -- spent what funds they had left so they, themselves, did not go ahead with the whole \$140,000 which they had available to them.

Mr. Chairman, I put it to the Members this way, that on one hand we are often called, as a government, for doing things out of the blue without letting Members know. In this case, we are putting it in the budget, the project that we, as a government, would like to go ahead with this fiscal year. If we get Treasury Board approval, which we intend to seek, part of the \$500,000 is needed to do the planning, for the kitchen renovations, and for the proposal that is going to the federal government to get Treasury Board approval. So without the money, we will not be able to forward the project into its next stages and as I have said, we will not spend any of the money unless we can get Treasury Board approval. In other words, we will not do the construction part of the project, I mean the kitchen renovations, unless we get Treasury Board approval. So you cannot have it both ways, Mr. Chairman, on one hand we are told not to pull something out of the blue

halfway through the year by using supps. If we use a supp we are accused of not planning. So if we put the money in like this, we plan well ahead, we show you where the money is coming from, what the total expenses are going to be down the road, then we get told that we should not do that, either.

Planning Money Needed For Preparation Of Submission To Treasury Board

What I would say is that this is a project that the Executive Council approves of doing if we get the Treasury Board money. If we do not get the Treasury Board money we will not go ahead with it but we need the planning money in order to get the Treasury Board approval, for the submission and the plans for Treasury Board approval. By not approving the money, you are in fact, stopping the project from proceeding at all. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Thank you, Mr. Minister. General comments? Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, out of the \$500,000, the Minister states that he requires certain money to do the planning. It seems that amount that you are talking about is \$140,000. I just want a clarification on what you really need, as opposed to what you project you might need, if the federal government approves of their portion of this expansion.

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. As I have indicated, we spent \$40,000 of last year's \$140,000 already, and out of \$500,000 expect to spend \$100,000 on planning and \$400,000 on the actual renovations. The planning money that we expend would also be cost shared with the federal government. Thank you.

CHAIRMAN (Mr. Gargan): Ms Cournoyea, general comments?

Question On This Year's Expenditures

MS COURNOYEA: No, just further clarification. The suggestion that seems to be coming from the Minister is that they are going to go ahead with something this year whether or not the federal government approves it; particularly with the planning, whether the project is approved or not. The planning generally has to be done well ahead of the process of spending money. I would assume that if you did not have your planning done this year or very soon, you would not be able to make the sealift for material that you require to build anyway, so, what I am asking is what do you really want to spend this year? I would assume you want to go ahead with the planning, whether the facility goes ahead in 1987-88 or 1988-89. In normal government planning I very seldom found that they could do a building construction plan in three months and you do not have that much time to order material if everything goes a hundred per cent starting April 1st. So, I am just asking what do you really want to spend this year? You know, with or without the federal approval for the total facility.

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. We want to spend \$500,000 this year; \$100,000 would be for planning for the facility, and once it was approved we would spend the other \$400,000 on kitchen renovations, which are needed now. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Thank you. Ms Cournoyea.

MS COURNOYEA: Well, then, what is being suggested then, that you want to spend \$500,000 this year -- for kitchen, \$400,000; \$100,000 for planning, whether or not the federal approval comes through?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, the \$100,000 would be spent on planning and if Treasury Board approval was not received, we would not recoup a share of that, but we would not proceed with the \$400,000 of construction and renovation to the kitchen unless we had Financial Management Board approval first. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Thank you. Ms Cournoyea.

MS COURNOYEA: Then, what is being asked for, basically, is approval for \$100,000 for planning this year?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Yes, Mr. Chairman. What the hospital board wants to do or the regional health board wants to do is spend \$100,000 on planning, which would include the planning for the kitchen renovations, which would cost \$400,000, which they also want to do this year. Thank you.

CHAIRMAN (Mr. Gargan): Ms Cournoyea.

MS COURNOYEA: I just want to come back. Okay, now, but the \$400,000 kitchen renovations will not be done unless you have federal approval for the whole project?

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: No, Mr. Chairman. If we get approval for the kitchen renovations only, we will go ahead with those. Thank you.

CHAIRMAN (Mr. Gargan): The Baffin, total Baffin, \$525,000. Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, on total Baffin, I will come back to that, when we are voting on it. We are voting so the government can spend \$500,000 in 1987-88, and they are going to spend it without any other provisions of further approval for the total project. That is what we are voting for in my understanding.

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, it is the intention that we will receive a percentage in the area of, I would say, 80 to 90 per cent of that \$500,000 from Health and Welfare Canada. But, should we be turned down by the Treasury Board, there is still a possibility that Executive Council could be persuaded that the kitchen is important enough that we would do it without Treasury Board approval. But it is our intention...

---Laughter

It is our intention to get Treasury Board approval for it before we proceed. But it is a possibility that if we have that turned down, then we would go back to the FMB on it. But we expect to recoup money through Treasury Board approval for that project. Regardless of whether the whole project is approved or not, we would still be getting revenue on the cost sharing mechanism normally used in the Baffin for a project like this to cover off the federal government's share of the cost.

CHAIRMAN (Mr. Gargan): Thank you. Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, I hope the Minister will read the transcripts tomorrow. But my understanding is that the intention of the Minister, really, is not only to spend the \$100,000 for planning but also to persuade the Executive, if there is not a total funding for the total project, to spend the \$400,000 for the kitchen. That is my understanding.

CHAIRMAN (Mr. Gargan): Mr. Minister.

HON. BRUCE McLAUGHLIN: Mr. Chairman, right now the understanding from the Financial Management Board is that the project will not go ahead unless we have Treasury Board approval. But, if we do not get it, I will then maybe have to try to persuade my colleagues to go ahead with it. But right now the situation is that they have approved it in principle, subject to Treasury Board approval, as I said at the standing committee on finance. Thank you, Mr. Chairman.

Buildings And Works, Baffin, Total O And M, Agreed

CHAIRMAN (Mr. Gargan): Thank you, Mr. Minister. Baffin, total Baffin, \$525,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Buildings And Works, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Total buildings and works, \$12,607,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Equipment Acquisition, Headquarters, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Equipment acquisition, headquarters, total headquarters, \$450,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Equipment Acquisition, Inuvik, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Inuvik, total Inuvik, \$26,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Equipment Acquisition, Keewatin, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Keewatin, total Keewatin, \$50,000. Agreed?

SOME HON. MEMBERS: .Agreed.

---Agreed

Equipment Acquisition, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Total equipment acquisition, \$526,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Territorial Hospital Insurance Services, Total Capital, Agreed

CHAIRMAN (Mr. Gargan): Total Territorial Hospital Insurance Services, \$13,133,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Total Capital, Agreed

CHAIRMAN (Mr. Gargan): The rest of the pages are information items. We will go back to page 11.05, Department of Health, total capital expenditures, \$15,158,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Does the committee agree that the detail of capital is concluded?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Gargan): Ms Cournoyea.

MS COURNOYEA: Progress.

Motion To Report Progress, Defeated

CHAIRMAN (Mr. Gargan): Progress being called. All those in favour? Opposed, if any? This motion is defeated.

---Defeated

We will keep on with the main estimates, Department of Health. We are on page 14.10. Mr. Minister, would you like to make opening remarks?

HON. BRUCE McLAUGHLIN: No, thank you. I have made opening remarks in general before. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Gargan): Okay, does the committee agree then that we go through the details of the budget? Mrs. Lawrence.

Motion That Development Of Training Positions For Health Care Professionals Be Examined

MRS. LAWRENCE: Mr. Chairman, at this time I would like to move a motion recommending that the Minister of Health examine ways of developing training positions for native northerners wishing to enter health care professions, including administrative training positions in regional hospitals and community-based preventive health programs, such as family life education, mental health, nutrition, and so on. Thank you.

CHAIRMAN (Mr. Gargan): Thank you, Mrs. Lawrence. Can we get a copy of the motion? The motion is in order. The motion moved by Mrs. Lawrence reads: I would like to move a motion recommending that the Minister of Health examine ways of developing training positions for native northerners wishing to enter health care professions, including administrative training positions in regional hospitals and community-based preventive health programs, such as family life education, mental health, nutrition, etc. To the motion. Mrs. Lawrence.

MRS. LAWRENCE: Thank you, Mr. Chairman. I just do not believe at this time that there is any kind of training position in the health program for on-the-job training and positions such as that. I know that there are training funds available, so they cannot use that as an excuse. I know that all it takes is a little initiative for officials to create training positions and just doing a little work. Sometimes I like to remind the government employees that they are there to work for the people. That is what they get paid to do. Many times we forget that. I was told right in a meeting one time that we have to remind our employees why they are there. I think at this time I am just reminding them that there is work to be done and that we have to start programs such as training programs in the health field.

Implementation Of Programs In The Field

I know that in the health program such as family life, it is very important that we have a program such as this out in the field. Many times we just assume all the things that we become aware of and they are just not always available at the community level. Therefore it is really important that we have training positions, and after they are trained, that they go into the field and implement some of these programs.

In mental health, many times people think that they have to be mentally ill to see mental health people. It is not so. Many times all an individual needs is a person that they can turn to and talk to. They are lacking a lot of that in the community. For nutrition, I do not know if that program is still on but I know there was a time when native women used to come into the hospitals, and do some of the cooking for the patients with their traditional food. That, too, could be turned into a training position, where it could be very useful -- an assistant to a nutritionist -- because many times a nutritionist is very busy preparing meals for people who are sick and have to have special diets. At the same time there are these other people who need to be cooked a traditional meal and sometimes it does not require a university degree to do that.

So, Mr. Chairman, those are my comments and I would like the department to seriously consider the recommendation. Mahsi cho.

CHAIRMAN (Mr. Gargan): Thank you, Mrs. Lawrence. To the motion. Mr. Angottitauruq.

MR. ANGOTTITAUURUQ: Thank you, Mr. Chairman. I will support the motion. The communities have nurses but the problem all the time seems to be that the nurses are not enough for the number of people. I think if we trained native people, the communities could be more educated toward health care, especially on the prevention of disease and other things. I guess the government expects the nurses to do everything in the communities but they are only just as human and just as good as us and they sometimes have to work 18 hours a day. In fact, some of them may work 20 hours because there are just not enough nurses to go around in the communities. A community of 600 may have only two nurses and there are many other things that the communities should know instead of just being treated at the nursing station. There are many other things that some people could do and I think if this motion goes through and the government responds to it we could improve our health care in the Northwest Territories.

Motion That Development Of Training Positions For Health Care Professionals Be Examined, Carried

CHAIRMAN (Mr. Gargan): Thank you, Mr. Angottitauruq. General comments? To the motion. Question has been called. All those in favour? Opposed, if any? This motion is carried.

---Carried

We are on page 14.10, administration. Total O and M, \$3,700,000. Agreed? Ms Cournoyea.

Motion That Health Care Facilities Be Instructed To Make Country Foods Available

MS COURNOYEA: Mr. Chairman, further and in more detail to the motion that was just put forward, I move that the Minister responsible for Health give instructions to all health care facilities under total or partial jurisdiction of the NWT government that country food be made available to the patients or clients in that facility and that the directive be made so clear that the onus of not providing country food be on that particular health care facility.

CHAIRMAN (Mr. Gargan): Thank you, Ms Cournoyea. Can we have a copy of the motion? The motion made by Ms Cournoyea reads: That the Minister responsible for Health give instructions to all health care facilities under total or partial jurisdiction of the NWT government that country foods be made available to the patients or clients in that facility, that the directive be made so clear that the onus of not providing country food be on that particular health care facility. The motion is in order. To the motion. Mr. Sibbeston.

HON. NICK SIBBESTON: Mr. Chairman, just on a point of order. If the motion said "that the Assembly recommend", it would be more appropriate. The motion directs and I think it has been said that you cannot direct the government.

MR. McCALLUM: Have a hard time recommending.

HON. NICK SIBBESTON: But it is still the only means of giving advice to the government. If that were done it would be in order. I would say that at the moment it is not in order pursuant to past precedents. I would ask you to review it for a minute with your Clerk.

CHAIRMAN (Mr. Gargan): Ms Cournoyea, you wanted to put, "that this Legislative Assembly recommend that the Minister responsible for Health..." so the motion reads as follows then: That this Legislative Assembly recommend that the Minister responsible for Health give instructions to all health care facilities under the total or partial jurisdiction of the NWT government, that country foods be made available to the patients or clients in that facility; that the directive be made so clear that the onus of not providing the country food be on that particular health care facility. Ms Cournoyea, your motion is in order. To the motion. Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, this is not a new motion. However, in dealing with a lot of the various committees that are struck to attempt to work with the various hospitals or health care facilities, it is extremely difficult to continually remind that particular facility or service agency in that area that they should be providing the food that people are used to eating.

In the Inuvik General Hospital, the general process is that if you keep hammering the issue, then and only then, and only for two or three months, does it become a reality.

Advice From Community Level Not Being Implemented By Boards

I believe all the people that the Minister and this government ask to sit on various boards take a lot away from our ability to continue asking good people to dedicate their time to do a job at a community level or regional level, when decisions basically are advisory decisions at that level. If those boards are set up and people are asked to dedicate their time for the well-being of their community, then the people at the top should take some strong action in terms of having the advice of those dedicated people listened to. It is fine to make a nice statement about these issues, and I am sure that many of the people who sit in the positions that determine how these facilities are going to operate really do not care much about country food and it is not part of their everyday living experience or eating habits.

Within the board of the Inuvik General Hospital, and in other facilities that are under the jurisdiction or partial jurisdiction of the NWT, it does not seem to really come down to the point where the person giving the directive and the person ultimately responsible for having those facilities service people who are using those facilities, put this high on their agenda, to see that what people eat is what makes them feel comfortable, what makes them feel good. It may not be important to those people that probably the majority of native people going to a hospital would like to have a cup of broth without any rice in it, without any onions in it, without anything else in it.

It is difficult for the advisory bodies to continue to give advice and then have the people responsible take it lightly and not follow up on actually whether the advice of those bodies was really carried out. It comes the point where people do not want to sit on those advisory bodies any longer because they say, "We are giving advice and the guys up at the top really do not care, or they do not see it through, or they do not keep looking to see if that advice is being brought forward and administered in those service facilities." Maybe we have to say we recommend to the Minister responsible and to the people who are in the driver's seat that they see that the advisory bodies that have been entrusted to give advice do not take the brunt of it when various small things that are important to people are not carried out, Mr. Chairman. A directive that is strong enough from the Minister, that would put the onus on that particular facility to answer why that food is not available, is very important at this time.

I believe that this subject has taken a lot of discussion time at the Legislative Assembly. It has taken a lot of time at the advisory and community levels of talk. Right now this motion is saying that the people at the top should put some directive forward that these types of initiatives, these types of policies and the needs of the people who are being served get the kind of attention that will allow them to have a healthier outlook toward the facility and also allow them to get better. I realize that the Minister made a statement earlier that when people go down south they are very happy to get to MacDonald's. I wish the same thing could be said to a lot of people that come up here who are happy to get to our country food stores and support the local economy, but maybe that is the kind of attitude that is prevailing and not allowing this advice to be taken as seriously as it should be. I cannot say that we can equate the normal food fare at the hospital to MacDonald's either, but in any event, Mr. Chairman, this is not something that should be taken lightly and I do not give this advice lightly because people are fed up of giving advice and that advice being something which everyone flaunts as really quite nice but no one really wants to do something about it. This requires some very strong direction from the Minister and the people who are responsible for the health facilities in the Northwest Territories. There is no sense in taking over health facilities from the federal government if they are not going to improve and they are not going to reflect the needs of the people. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Gargan): For the record, I just want to let the committee know that I did make a ruling on your first motion. I said that it was in order, when in fact it was not, due to the fact that you did make it a directive rather than a recommendation. Your second motion was in order and I just thought I would say that first. Mr. Minister.

Authority Rests With Boards Of Management

HON. BRUCE McLAUGHLIN: Just one minor comment, Mr. Chairman. All of the health facilities that this government operates, the three hospitals, the Baffin Region and the long-term care facility in Inuvik, are run by boards of management who can entirely determine themselves what the food is. They do not just advise us, they are boards of management and they have the full authority to provide all the country food they want in those facilities, all that they desire; but I am not concerned about myself writing a letter to each of those boards advising them of the feelings of our government on this matter. Thank you.

AN HON. MEMBER: Hear, hear!

CHAIRMAN (Mr. Gargan): Thank you, Mr. Minister. To the motion. Mrs. Lawrence.

MRS. LAWRENCE: Thank you, Mr. Chairman. I will support this motion because I feel that it is one of the things that is really needed in the hospital. Many times I cooked a meal at home and brought it to the hospital right here in Yellowknife and I am sure if we had someone doing that, a lot of our people would be happy and they probably will get better faster in some cases, because they can have food that they are familiar with. As I mentioned before, when I made recommendations for training, maybe this is one place, too, where we can put trainees in to do this kind of work. At the same time, maybe we could have some of our officials trained in that area as well, so they know exactly what is happening and what is taking place at that hospital. Mahsi cho.

Motion That Health Care Facilities Be Instructed To Make Country Foods Available, Carried

CHAIRMAN (Mr. Gargan): Question is being called. All those in favour? Opposed, if any? This motion is carried.

---Carried

The Chair will now recognize the clock and report progress.

MR. SPEAKER: Mr. Gargan.

ITEM 18: REPORT OF COMMITTEE OF THE WHOLE

REPORT OF COMMITTEE OF THE WHOLE OF BILL 1-87(1), APPROPRIATION ACT, 1987-88

MR. GARGAN: Mr. Speaker, your committee has been considering Bill 1-87(1), Appropriation Act, 1987-88, and wishes to report progress, with three motions having been adopted and the capital estimates concluded for the Department of Health.

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.

MR. SPEAKER: Thank you, Mr. Gargan. 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, please.

CLERK OF THE HOUSE (Mr. Hamilton): Announcements, Mr. Speaker. Members are reminded of the reception in the Caribou Room after recess this evening for the conference on the care of the aged, disabled and chronically ill. There will be a Management and Services Board meeting tomorrow morning at 9:30 a.m. in the caucus room.

ITEM 19: ORDERS OF THE DAY

Orders of the day for Wednesday, March 4th, at 1:00 p.m.

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Oral Questions
6. Written Questions

7. Returns to Written Questions
8. Replies to Opening Address
9. Petitions
10. Reports of Standing and Special Committees
11. Tabling of Documents
12. Notices of Motion
13. Notices of Motion for First Reading of Bills
14. Motions
15. First Reading of Bills
16. Second Reading of Bills
17. Consideration in Committee of the Whole of Bills and Other Matters: Bills 1-87(1), 7-87(1), 6-87(1), 2-87(1)
18. Report of Committee of the Whole
19. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. This House stands adjourned until Wednesday, March 4th at 1:00 p.m.

---ADJOURNMENT

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