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

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YELLOWKNIFE, NORTHWEST TERRITORIES

THURSDAY, JUNE 4, 1987

MEMBERS PRESENT

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

ITEM 1: PRAYER

---Prayer

SPEAKER (Hon. Don Stewart): Orders of the day for Thursday, June 4. Item 2, Ministers' statements. Mr. Patterson.

ITEM 2: MINISTERS' STATEMENTS

Minister's Statement 54-87(1): Status Report On Federal Financial Support Programs For Northern Business

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. I have a statement of an emergency nature. Mr. Speaker, the Executive Council was informed this morning of the potential impact of proposed changes to the delivery of a number of federal regional industrial expansion programs in the Northwest Territories.

Officials of our Department of Economic Development and Tourism have been advised by senior officials of the Department of Regional and Industrial Expansion in Yellowknife and in Ottawa that a review of Special ARDA, EDA and NEDP funding is currently under way.

It is our understanding that no funding commitments can be undertaken until the completion of the review, which is expected to be completed by late July. This means that, subject to the outcome of the review, funding may continue to be suspended until April 1, 1988. Mr. Speaker, whether or not funding commitments are reintroduced later this year, at the very least there will be substantial delays interfering with critical business deadlines such as this summer's sealift and the tourist season.

For example, the Special ARDA board meeting planned for June 9th has been cancelled. It was to consider 31 business related applications worth about \$1.4 million. It was also considering 11 applications in support of hunting and trapping activities across the Territories. They are worth about \$185,000. With respect to the native economic development program, we understand that while review boards will continue to meet, again no funding commitments will be allowed until further notice. Mr. Speaker, the NEDP should be looking at \$100 million worth of projects in the Northwest Territories this year alone.

Finally, Mr. Speaker, the signing of the proposed economic development agreement, or EDA, on June 11th is now in jeopardy. Questions have been raised about the availability of federal funding in 1987-88 under the agreement. This will affect small business and tourism sectors substantially.

The total value of all the federal and territorial assistance, this year, is approximately \$70 million. Through the federal changes, \$62 million of this \$70 million total may no longer be available. This money would have allowed northern businesses to borrow another \$55 million.

Mr. Speaker, yesterday the Territories was dealt a serious blow to its constitutional aspirations. Today we are facing an equally serious blow to our economy. I do not want to understate the importance of this federal decision on the economy of the Territories. Mr. Speaker, there is no business, no community, no sector that will not be affected by this federal freeze.

As you can understand, this has been made a priority by your Executive. The Minister of Economic Development and Tourism, Mr. Sibbeston, is in Ottawa today. He is attempting to meet with his federal counterparts, Mr. Cote and Mr. Valcourt. He intends to stress the critical role that federal programs play in the development and support of the territorial economy. Mr. Sibbeston will report back to this House when further information is available. Thank you.

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

Minister's Statement 55-87(1): A Model For The Delivery Of Alcohol And Drug Services In The Northwest Territories

HON. BRUCE McLAUGHLIN: Mr. Speaker, later today I will be tabling a document entitled "A Model for the Delivery of Alcohol and Drug Services in the Northwest Territories". This model would establish the Alcohol and Drug Co-ordinating Council as a board of management, accountable directly to the Minister of Social Services, with the primary responsibility for co-ordinating community projects and funding. It also proposes a reorganization of the alcohol and drug services section of the Department of Social Services, taking into consideration the pending transfer of Health and Welfare Canada.

The proposed model closely matches the model for mental health services tabled at the last session and, consequently, will facilitate future integration of these two interdepartment programs. Emphasis is placed on decentralization of staff in order to ensure effective program delivery at the local level. This model has the support of both the medical services branch of Health and Welfare Canada and the current co-ordinating council. Thank you, Mr. Speaker.

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

Minister's Statement 56-87(1): CD-Read Only Memory (CD-ROM) Information System

HON. MICHAEL BALLANTYNE: Mr. Speaker, it gives me great pleasure to advise Members of this House of the availability of a new information service which will provide information on a variety of occupational health and safety topics. Through co-operation with the Canadian Centre for Occupational Health and Safety, located in Hamilton, Ontario, we can now offer information through compact discs to the public on a storefront basis. Any one of these discs, which are identical to those sold in music stores, is capable of holding a tremendous amount of information, up to 240,000 sheets of typewritten data. It is a very simple matter to retrieve data from the discs since it does not require expertise with computers. Discs are currently available in both English and French languages, and are updated at least three times per year at a cost of only \$25 each. We are discussing with the Canadian Centre for Occupational Health and Safety the possibility of producing compact discs in the aboriginal languages used in the NWT.

Programs currently offered include information on chemical trade name products, including data on health hazards, first aid, storage and handling of chemicals; a directory of Canadian organizations involved in the field of occupational health and safety; and Canadian Standards Association codes and directories. Other occupational health and safety programs will soon be available on disc that combine a visual image with written information and are an ideal educational tool.

Initially the compact disc units will be located in the office of the safety division in the Northway Building. However, we hope to extend this service to our offices in Iqaluit and Inuvik in the near future. This afternoon my department will provide a demonstration of the compact disc programs in the lobby in order that Members of this Assembly and the public can see for themselves the potential of this remarkable system. Thank you.

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

Minister's Statement 57-87(1): AIDS

HON. BRUCE McLAUGHLIN: Thank you, Mr. Speaker. Last Friday I made a statement to the Assembly in order to introduce a public health program to prevent the spread of the AIDS disease in the Northwest Territories.

The Hon. Jake Epp, national Minister of Health and Welfare, will be providing the necessary funds to put a public health team in place, dedicated solely to this important project. The Government of the Northwest Territories will provide the resources necessary to prepare comprehensive information and education materials to ensure effectiveness. To initiate this program, a thorough briefing of the Members of the Assembly was considered to be a most important first step.

Mr. Speaker, on behalf of Dr. Luis Barreto, epidemiologist, Department of Health, and Dr. David Kinloch, regional medical officer, Health and Welfare Canada, I would like to thank the Members who attended the AIDS briefing last night. The questions, comments and constructive criticisms made by MLAs during the briefing were very much appreciated and will help my officials and Mr. Epp's officials to develop the strategy for this very important public health campaign. Thank you, Mr. Speaker.

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

Motion To Move Minister's Statement 57-87(1) Into Committee Of The Whole, Carried

MR. RICHARD: Mr. Speaker, I move, seconded by the honourable Member for Inuvik, that in accordance with Rule 21(5) the Minister of Health's statement on AIDS be moved into committee of the whole today for consideration.

MR. SPEAKER: Your motion is in order. To the motion.

AN HON. MEMBER: Question.

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

---Carried

Mr. Clerk, please see that this is added to the orders of the day. Ministers' statements. That appears to conclude this item for today. That last statement of Mr. McLaughlin's would be of an emergency nature, I believe. The record will so show.

Item 3, Members' statements. There appear to be no Members' statements for today. Item 4, returns to oral questions. Mr. Patterson.

ITEM 4: RETURNS TO ORAL QUESTIONS

Further Return To Question 0200-87(1): Education Agreement For Status Indians

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. I have a further reply on the question of the education of status Indians in the Northwest Territories. On March 20th, 1987, a written reply was tabled fully answering Mr. Gargan's Question W15-87(1) and Question W32-87(1), concerning the education of status Indians in the NWT. The term "major constitutional question" was used, as outlined in the reply, because the transfer of responsibility of programs from one government to another can be considered a constitutional issue.

Briefly, the reply stated that the Act to Authorize the Commissioner of the Northwest Territories to Enter into an Agreement with the Government of Canada Respecting the Education of Indian Children, was still in effect and that, when the funding and resources for education were transferred to territorial administration in 1969, no further agreements were signed. Detailed plans were developed, however, identifying the objectives and extent of the programs, the number of staff, the physical assets, and the funding being transferred as well as the timing of the transfer. The transfer was handled as a transfer of program resources to another senior federal officer, the Commissioner, who through the 1955 Indian Education Agreement had already agreed to provide for the education of Indian children in the Northwest Territories.

A signed copy of the 1955 Indian Education Agreement has been found in the Public Archives in Ottawa and the Department of Education, with the support of Mr. Pilot and Ms Leslie Allen, has researched the events leading to that agreement.

Prior to the agreement, education in the NWT was under the jurisdiction of the Department of Citizenship and Immigration for Indians, the Department of Northern Affairs and National Resources for Inuit and the Commissioner of the Northwest Territories for non-natives. As a result, the administration of education in the NWT was very complex and problematic. The agreement of 1955 was an attempt to provide a long-term solution by consolidating northern educational services. A committee representing branches of the Department of Northern Affairs and National Resources determined that the best means of improving the situation in the North was for one department, the Department of Northern Affairs and National Resources, to accept administrative responsibility for all schools in the NWT.

A study of the educational arrangements in the North was undertaken and on December 1st, 1954, Order in Council PC 1954-1898 was passed concerning the transfer of the administration of Indian schools in the NWT to the Department of Northern Affairs and National Resources. Great care was taken in the drafting of the Indian Education Agreement to meet the legal obligations outlined in the Indian Act. The Indian Education Agreement was assented to on January 27th, 1955 and was signed on February 14th, 1955.

In 1966, the Indian Affairs branch was transferred from the Department of Citizenship and Immigration to the Department of Northern Affairs and National Resources, which was then renamed Indian Affairs and Northern Development. This action brought all federal responsibility for Indian people under one department. One year later, a territorial administration was set up in the North with a resident Commissioner. Through internal task forces, plans were prepared to transfer program functions from federal to territorial administration.

Education, social development, local government and most aspects of economic development were transferred to the territorial government in 1969 in the Mackenzie district, and in 1970 in the Arctic district, that is, Keewatin, Baffin and Central Arctic. Transfer plans developed by the federal government governed the transfer of resources from Indian Affairs and Northern Development to territorial administration.

The Indian Education Agreement states that the Commissioner provides for the education of Indian children in the NWT in accordance with the provisions of the Indian Act. The Northwest Territories Act provides the authority for the territorial Council, our Legislature, to legislate with regard to education matters, including school boards. The Education Act governs education in the Northwest Territories.

In response to Mr. Gargan's new question as to whether there are any conflicts between the 1955 Indian Education Agreement and the existing Education Act, I have asked the Department of Justice to consider this issue and provide a legal opinion. As soon as I have that opinion, I will make a supplementary reply. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Minister. Returns to oral questions. That appears to conclude this item for today.

I would like to welcome in the gallery this afternoon the grade 11 class from Pine Point with their principal, Mr. John Hodgkins. Welcome to Yellowknife.

---Applause

Returns to oral questions. Mr. McLaughlin.

Further Return To Question 0189-87(1): Extension Of Social Workers' Hours Of Work

HON. BRUCE McLAUGHLIN: Thank you, Mr. Speaker. This is an answer to Question 0189-87(1), asked by Mr. Erkloo on June 2nd, 1987 concerning a half-time social worker in Hall Beach. My officials have advised me that the half-time community social service worker positions in Broughton Island, Clyde River and Hall Beach were all increased to full-time positions on April 8th of this year. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Minister. Item 4, returns to oral questions. Are there any further returns? Item 5, oral questions. Mr. Curley.

ITEM 5: ORAL QUESTIONS

Question 0202-87(1): Strategy To Respond To Federal Review Of Financial Support Programs

MR. CURLEY: Mr. Speaker, in view of the urgent state of the economic situation in the Northwest Territories with respect to the announcement made by the acting Government Leader, I would like to ask the Minister what strategy the Executive Council has right now in order to ensure that the federal government has some responsibility for helping the Northwest Territories to build its economic requirements. I would think that this is serious enough that the Executive Council has to have a plan and strategy to respond to the federal government's action.

MR. SPEAKER: Mr. Minister.

Return To Question 0202-87(1): Strategy To Respond To Federal Review Of Financial Support Programs

HON. DENNIS PATTERSON: Mr. Speaker, as the honourable Member may appreciate, we only received notification of this problem late yesterday from the director of DRIE for the Northwest Territories. The staff of Economic Development has been meeting, since early this morning, in an attempt to get confirmation of this devastating news. The confirmation has been received this morning from senior officials in the Department of Regional Industrial Expansion in Ottawa.

The Executive Council considered the matter at some length this morning and has asked Mr. Sibbeston to attempt, on an urgent basis, to meet with both Ministers responsible today to find out precisely whether there can be some measures taken to cushion the blow in the Northwest Territories. We expect over the next days to be mounting a concerted effort with the federal government in order to try to avert this situation, but I should explain that our best information is that what is being done to the Northwest Territories is being done throughout Canada, so the prospects of getting moneys to continue to flow in the Northwest Territories, although they are more critical for us than other better developed regions, are still going to be quite daunting. So, Mr. Speaker, as we have more information and as soon as we have the results of Mr. Sibbeston's attempts to meet with his federal counterparts in this department, we will inform the Legislature. Thank you, Mr. Speaker.

MR. SPEAKER: Supplementary, Mr. Curley.

Supplementary To Question 0202-87(1): Strategy To Respond To Federal Review Of Financial Support Programs

MR. CURLEY: Mr. Speaker, I would like to correct the Minister because I do not share the view that what is being done to the Northwest Territories is exactly the same as what is being done to the provinces. Mr. Mulroney has taken specific initiatives with respect to western Canada. Early this past winter and fall, he contributed in excess of one billion dollars to the Saskatchewan industry and he has provided additional millions of dollars to the western provinces with regard to the western accord. I hear that the Prime Minister also has a specific project that he is dealing with, with the Atlantic area, called Atlantic opportunities initiatives. I hear that the Deputy Prime Minister is also taking a specific project related to the western economy which will benefit the western provinces. Now, I would like to ask the Minister to see whether or not there are any specific measures being taken because I do not believe that the federal government should be given any acceptance of what they are doing to the Northwest Territories. So, will the Executive Council be taking a hard line approach rather than attempting to accept the fact that the economic reality in Canada is difficult, therefore, we must sacrifice? We have sacrificed enough. We cannot sacrifice any more. Thank you.

MR. SPEAKER: Mr. Minister.

Further Return To Question 0202-87(1): Strategy To Respond To Federal Review Of Financial Support Programs

HON. DENNIS PATTERSON: Mr. Speaker, I can assure the honourable Member that, yes, the Executive Council is gravely concerned about this problem which has just been brought to our attention. We will be taking a very hard line, direct approach. We are not going to sit by and accept this decision without strongly protesting and mounting our concerted opposition.

Mr. Speaker, I would like to further respond to the Member that when I said the Northwest Territories is being treated similarly, as far as we understand, to the rest of Canada I was referring to the impact of these particular national programs, NEDP, EDA and Special ARDA and those in the other provinces as best as we can understand, are also subject to this freeze. That was the only point I wished to make in that regard, Mr. Speaker. Thank you.

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

Question 0203-87(1): Impact Of Loss Of Federal Financial Support Programs

MS COURNOYEA: Further to the Minister answering for the Minister of Economic Development, in his statement he indicated to this House that word was only received yesterday. It is my understanding that his officials met this morning and attempted to calculate just what would be the repercussions of not having those funding agencies operating in the Northwest Territories any longer. Can he give us some indication on what the parameters of those repercussions would be?

MR. SPEAKER: Mr. Minister.

Return To Question 0203-87(1): Impact Of Loss Of Federal Financial Support Programs

HON. DENNIS PATTERSON: Mr. Speaker, this is somewhat speculative since we cannot know for sure to what extent we would have been supported under, for example, the native economic development program. I can tell the Legislature, generally, that the impact of the loss of these programs this year, which certainly appears to be a possibility, could be devastating to our economy, particularly the economies in developing parts of the NWT. The tourism initiatives that have begun so auspiciously in the Northwest Territories would be virtually ground to a halt. The initiatives in renewable resources could be substantially crippled.

Mr. Speaker, roughly speaking, when one counts the commercial money that can be leveraged and attracted alongside the money available through these programs, we estimate that the loss to our economy, if this freeze continues for the year, could be in the order of \$100 million to \$150 million which represents a staggering 10 per cent of our total gross national product for the Northwest Territories. Mr. Speaker, this arises from our estimate that approximately \$50 million worth of federal funding could be lost to northern businesses through the native economic development program and an additional \$50 million in additional financing from commercial sources, or approximately \$100 million in total, given that there is \$100 million worth of applications before the NEDP presently from the Northwest Territories and many of them are very well advanced.

With respect to Special ARDA, six million dollars worth of federal funding could be lost along with an additional six million dollars in assistance from other sources, which includes a two million dollar direct subsidy to hunters and trappers. This represents a total potential loss, with commercial moneys, of approximately \$30 million to the territorial economy. With respect to EDA, assuming that the whole EDA is not activated this year, an estimated six million dollars of federal-territorial funding will not be expended. Approximately \$2.5 million in commercial money could not be levered and this would result in a loss of approximately \$25 million in economic activity.

I should note, Mr. Speaker, that these are very preliminary figures that we have not yet had a chance to develop and detail and they do not even include impacts on employment, welfare, social services, etc. Thank you, Mr. Speaker.

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

Supplementary To Question 0203-87(1): Impact Of Loss Of Federal Financial Support Programs

MS COURNOYEA: Yes, Mr. Speaker. The Minister also indicated that the first time that the government or the Executive or the territorial officials became aware that these program fundings would be ending or cut off was yesterday. I would like to know if he could clarify whether that is, in fact, a true statement or were there indications earlier that these programs were in jeopardy? Thank you.

MR. SPEAKER: The question is on supposition. If the Minister wants to reply to that he may.

Further Return To Question 0203-87(1): Impact Of Loss Of Federal Financial Support Programs

HON. DENNIS PATTERSON: Mr. Speaker, I should say or confirm that the first the Executive Council heard about it was this morning. Mr. Sibbeston informed me that he did have a dinner meeting last Friday with the Minister who is in overall charge of DRIE, Mr. Cote. At that dinner meeting, Mr. Cote, in Mr. Sibbeston's words, "hinted" at some major review taking place but we only got actual confirmation and details, as I said, by letter from a public servant yesterday. Thank you, Mr. Speaker.

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

Question 0204-87(1): Postal Services

MR. ERKLOO: (Translation) Thank you, Mr. Speaker. I would like to ask in regard to postal services in the NWT. I am not sure which Minister to direct this question to. Since this House had a meeting with postal authorities during the Rankin Inlet session the problem of postal services has not changed in smaller communities. Some situations may have improved a bit but not much. This problem is mostly caused by postal employees in the communities who cannot join the CUPW, as they are only casual employees. I would like to ask if the government could find some way to improve this by working with the federal government or with the unions of Canada Post? Thank you.

MR. SPEAKER: Mr. Butters.

HON. TOM BUTTERS: Mr. Speaker, in the absence of my colleague, the Hon. Ludy Pudluk, I will take the question as notice and see that he files a reply as soon as possible.

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

Question 0205-87(1): Video Games, Ukkivik Residence

MR. ARLOOKTOO: (Translation) Thank you, Mr. Speaker. I would like to direct this question to the Minister of Education in regard to Ukkivik Residence. There are recreation facilities that include video machines operated by a local businessman in Iqaluit. The students in Ukkivik are not making any money and they get an allowance from their parents. The video machines in Ukkivik are very expensive and they use all their money to operate the video arcade. For that reason the Ukkivik Residence should be investigated to see if it is required there. I think that they should take those video machines out. It would be easier on the parents maybe if they can install some video machines that the students can use for recreation purposes if that is at all possible in Ukkivik. Thank you.

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

Return To Question 0205-87(1): Video Games, Ukkivik Residence

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. The video games available in Ukkivik Residence, I think, should be considered a supplement to the existing recreation program available in Ukkivik. They are not part of the approved program provided for the entertainment and occupation of students outside school hours. I guess the point I am trying to make is that nobody is expecting or forcing students to use these machines. It is purely optional and parents should not feel obligated to cover the expenses of this kind of entertainment. I might mention that Ukkivik Residence this year has been hooked up to cable television and therefore there is quite a range of television channels available to students. I would also like to point out that in response to the Member's Petition 7-87(1), tabled May 27th, about the student allowances at Ukkivik Residence, I can tell the Member that I am reviewing the adequacy of student allowances at that residence and indeed at other residences and before the end of this session I do expect to give a response to that concern which may possibly increase the amount of money available to students for spending money each week. Thank you, Mr. Speaker.

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

Supplementary To Question 0205-87(1): Video Games, Ukkivik Residence

MR. ARLOOKTOO: (Translation) Thank you, Mr. Speaker. I appreciate your answer. I would like to ask, are there other residences that have video arcades, do they allow video arcades in other residences in NWT or is it just in Iqaluit? Thank you.

MR. SPEAKER: Mr. Minister.

Further Return To Question 0205-87(1): Video Games, Ukkivik Residence

HON. DENNIS PATTERSON: Mr. Speaker, I do know that, at least in the past, in Grollier Hall in Inuvik, video games have been in the residence there. In fact, they were put there at the request of the student council which actually made some money from those games for student council activities. So I believe Ukkivik would not be the only residence that has those games. Thank you, Mr. Speaker.

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

Question 0206-87(1): Report On Low Level Flights

MRS. LAWRENCE: Mahsi cho. (Translation) Thank you, Mr. Speaker. There was a report made on the low level flights. We know that the report has finally been completed and has been given to the government. We are wondering how is the government going to inform the communities of the results of the report?

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

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. I would like to take that question as notice on behalf of the Government Leader. Thank you.

MR. SPEAKER: Thank you, Mr. Patterson. The question is being taken as notice. Oral questions. Mr. Erkloo.

Question 0207-87(1): Honorariums, Alcohol And Drug Abuse Committees

MR. ERKLOO: (Translation) Thank you, Mr. Speaker. I would like to direct this question to the Minister of Social Services. In Hall Beach they have a local committee and they do not get honorariums for their meetings. They would like to know if the alcohol and drug abuse committees, in the communities, when they have meetings, as in Pond Inlet, when they get recognized through the Societies Act, -- is that the only time they can get paid honorariums for the meetings? Or can they get paid just as committee status?

MR. SPEAKER: Mr. Minister.

Return To Question 0207-87(1): Honorariums, Alcohol And Drug Abuse Committees

HON. BRUCE McLAUGHLIN: Yes, thank you, Mr. Speaker. The Alcohol and Drug Co-ordinating Council which sets the policies regarding alcohol and drug projects in the Territories has had debates on this in the past. When they had their general meeting, and the last occasion I believe was two years ago, when this matter was brought up to pay honorariums, there was a motion at the general conference which represented communities from all over the Northwest Territories, and the motion that people should receive honorariums while they are on these committees was defeated. So the policy of ADCC which funds these projects right now is that there should not be honorariums.

Mr. Speaker, that might be something the Member might want to bring up during the discussion on the reorganization of the Alcohol and Drug Co-ordinating Council which is a document which will be tabled later today and will no doubt be in committee of the whole before this session ends. Thank you.

MR. SPEAKER: Thank you, Mr. McLaughlin. Oral questions. That appears to conclude oral questions for today. Item 6, written questions. Mrs. Lawrence.

ITEM 6: WRITTEN QUESTIONS

Question W50-87(1): Child Day Care Act

MRS. LAWRENCE: Thank you, Mr. Speaker. I have a written question on behalf of Mr. Nerysoo to the Minister of Social Services. Would the Minister responsible for Social Services provide answers to the following questions: 1) Were day care centres consulted in the development of the Child Day Care Act? 2) Were community organizations dealing with child care issues and concerns consulted in the development of the Child Day Care Act? 3) Did the government develop any day care policies prior to the development of the Child Day Care Act? If not, would the government indicate what day care policies were used in the development of the Child Day Care Act? 4) Were the day care centres and community organizations consulted in the development of the legislation? 5) Has the government developed any programs or program outline for the implementation of the Child Day Care Act? 6) Has the government done an assessment and forecast of the financial implications and requirements necessary to implement the Child Day Care Act? 7) Did the government consider establishing a board that would be responsible for the implementation of the Child Day Care Act? 8) Who is presently responsible for co-ordinating the implementation of the legislation?

MR. SPEAKER: Thank you, Mrs. Lawrence. The Chair is going to accept that written question from Mr. Nerysoo delivered by Mrs. Lawrence but I do not want this to set precedent. I will have to check the rule on this. I am not sure. I am going to let it go by today but not by way of precedent, for the House's information. Written questions. Mr. T'Seleie.

Question W51-87(1): Advanced Education Programs, Inuvik Region

MR. T'SELEIE: Thank you, Mr. Speaker. My written question is for the Minister of Education. I would like to request the following information with respect to in-service trainees, apprentices and training-on-the-job positions in the Inuvik Region of advanced education: 1) What are the names, the numbers, the location of employment, the type of employment, the home communities and the names of the employers of each of these individuals in each of these programs? 2) Who selects these individuals in these programs and how is the decision made to select these individuals?

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

Item 7, returns to written questions. Mr. Patterson.

HON. DENNIS PATTERSON: Mr. Speaker, I wonder if I might have the indulgence of the House to go back to returns to oral questions?

MR. SPEAKER: A request for unanimous consent to return to returns to oral questions. Are there any nays? You have unanimous consent, Mr. Patterson.

REVERT TO ITEM 4: RETURNS TO ORAL QUESTIONS

Return To Question O186-87(1): Criteria For Access To Employment Enhancement Funding

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. This is a return to a question asked by Ms Cournoyea about the employment enhancement agreement. The employment enhancement agreement is for a two-year period from 1987-88 to 1988-89. In 1987-88, \$1.5 million which has been reallocated from the Canada assistance plan and territorial social assistance funds, will be made available for employable individuals currently on social assistance. In 1988-89 this sum may be increased by \$500,000 to a total of two million dollars if the program is successful.

A regional steering committee composed of managers from Departments of Education, Social Services, Renewable Resources, Economic Development and Tourism, and Canada Employment and Immigration Commission have determined how the \$1.5 million for 1987-88 will be allocated based on two main criteria: 1) Total dollars paid to social assistance recipients in the region; 2) Number of individuals on social assistance between 18 and 40 years of age who are considered employable.

The regional allocations are as follows for the 1987-88 employment enhancement program: Yellowknife, \$50,000; Fort Smith, \$200,000; Inuvik, \$200,000; Baffin, \$360,000; Keewatin, \$438,000; Kitikmeot, \$252,000. The regional steering committee will identify the communities of greatest need in each region. The municipal and band councils in each of these communities will be invited

to submit proposals for training/work experience projects. Members of the regional steering committee will assist municipal and band councils in the development of their proposals. Thank you.

MR. SPEAKER: Thank you, Mr. Minister. We are now on returns to oral questions. Are there any further returns? That appears to conclude that 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. Mr. McLaughlin.

ITEM 11: TABLING OF DOCUMENTS

HON. BRUCE McLAUGHLIN: Thank you, Mr. Speaker. I wish to table Tabled Document 72-87(1), A Model for the Delivery of Alcohol and Drug Services in the Northwest Territories. Thank you.

MR. SPEAKER: Thank you, Mr. Minister. Tabling of documents. Mrs. Lawrence.

MRS. LAWRENCE: Thank you, Mr. Speaker. I have Tabled Document 73-87(1), which is four document papers from the Yukon: Opening a Family Day Home; Choosing a Day Care; Day Care Subsidy Program; and Yukon Day Care Capital Development Program.

MR. SPEAKER: Thank you, Mrs. Lawrence. Tabling of documents.

Item 12, notices of motion. Item 13, notices of motion for first reading of bills. Mr. Butters.

ITEM 13: NOTICES OF MOTION FOR FIRST READING OF BILLS

Notice Of Motion For First Reading Of Bill 20-87(1): Revolving Funds Act

HON. TOM BUTTERS: Mr. Speaker, I give notice that on June 7, 1987, I shall move that Bill 20-87(1), An Act to Amend the Revolving Funds Act, be read for the first time. June the 8th.

MR. SPEAKER: The date as changed has been noted. Notices of motion for first reading of bills. Mr. Butters.

Notice Of Motion For First Reading Of Bill 36-87(1): Supplementary Appropriation Act, No. 5, 1986-87

HON. TOM BUTTERS: Mr. Speaker, I give notice that on Monday, June the 8th, 1987, I will move that Bill 36-87(1), An Act Respecting Supplementary Appropriations for the Government of the Northwest Territories for the Fiscal Year Ending the 31st Day of March, 1987, be read for the first time.

MR. SPEAKER: Thank you, Mr. Butters. Mr. Wray.

Notice Of Motion For First Reading Of Bill 18-87(1): Property Assessment And Taxation Act

HON. GORDON WRAY: Thank you, Mr. Speaker. Mr. Speaker, I give notice that on Monday, June 8, 1987, I shall move that Bill 18-87(1), An Act Respecting the Assessment of Property and the Levying and Collection of Property Taxes in the Northwest Territories, be read for the first time.

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

Notice Of Motion For First Reading Of Bill 37-87(1): Supplementary Appropriation Act, No. 2, 1987-88

HON. TOM BUTTERS: Mr. Speaker, I give notice that on Monday, June 8, 1987, I shall move that Bill 37-87(1), An Act Respecting Supplementary Appropriations for the Government of the Northwest Territories for the Fiscal Year Ending the 31st Day of March, 1988, be read for the first time.

MR. SPEAKER: Thank you, Mr. Minister. Notices of motion for first reading of bills. This appears to conclude this matter for today.

Item 14, motions. Motion 25-87(1). Mr. Angottitauruq. Let the record indicate that the motion was called and Mr. Angottitauruq is not in the House.

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 9-87(1), Bill 5-87(1), Bill 33-87(1), Bill 34-87(1), Bill 4-87(1), Bill 16-87(1), Bill 22-87(1), Bill 23-87(1), Bill 32-87(1), Fourth Report of the Standing Committee on Public Accounts, and the Minister's Statement on AIDS, with Mr. Wah-Shee in the chair.

Mr. Clerk, we will recess for a few moments and find Mr. Wah-Shee.

---SHORT RECESS

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

PROCEEDINGS IN COMMITTEE OF THE WHOLE TO CONSIDER BILL 34-87(1), PUBLIC SERVICE ACT

HON. TOM BUTTERS: I believe the government had concluded the business on Bill 34-87(1) although there was a decision being awaited from the Chair. And until that decision arrives, possibly we could proceed to Bill 4-87(1), the Child Day Care Act.

HON. BRUCE McLAUGHLIN: The decision is here.

HON. TOM BUTTERS: The decision is here?

MR. RICHARD: That is why James was not here. He was working on it.

---Laughter

Bill 34-87(1), Public Service Act

CHAIRMAN (Mr. Wah-Shee): We are dealing with Bill 34-87(1). Mr. Pedersen, do you wish to bring in witnesses before the committee?

HON. RED PEDERSEN: Thank you, Mr. Chairman. Yes, I would like to bring my witnesses in.

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

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Wah-Shee): Thank you. Mr. Minister, for the record, would you please introduce the witnesses?

HON. RED PEDERSEN: Thank you, Mr. Chairman. On my extreme left, Mr. Malcolm Boyle, our manager of labour relations; on my immediate left, Mr. Jake Heron, the deputy minister of the Department of Personnel; on my right, Patrick Orr, the legislative counsel. Thank you.

Motion To Add New Clause 7, Bill 34-87(1), Ruled Out Of Order

CHAIRMAN (Mr. Wah-Shee): Thank you. Yesterday when the committee adjourned there was a motion made by Mr. Richard which the Chair has to rule on. The Chair is prepared to rule on your motion. The Chair rules this particular motion out of order.

MR. RICHARD: Can I ask why?

CHAIRMAN (Mr. Wah-Shee): I would ask that Members wait until the Chair recognizes individuals...

---Laughter

...who will be given the opportunity to speak. Mr. Richard.

MR. RICHARD: Mr. Chairman, could I ask, sir, why my motion is out of order?

CHAIRMAN (Mr. Wah-Shee): Mr. Richard, your particular motion has been reviewed very carefully by the Chair and in the judgment of the Chair, your motion is out of order and the Chair does not wish to engage in a debate...

---Laughter

...in regard to the ruling. So therefore, we are dealing with Bill 34-87(1). I understand that yesterday we completed clause 6.

MR. RICHARD: Point of order.

CHAIRMAN (Mr. Wah-Shee): Mr. Richard, your point of order.

Chairman's Ruling Challenged

MR. RICHARD: In the absence, sir, of any reasons why my motion is out of order, I am obliged to challenge your ruling, sir.

CHAIRMAN (Mr. Wah-Shee): My ruling has been challenged. I rise to report to the Speaker.

ITEM 18: REPORT OF COMMITTEE OF THE WHOLE

REPORT OF COMMITTEE OF THE WHOLE OF BILL 34-87(1), PUBLIC SERVICE ACT

Speaker's Ruling

MR. SPEAKER: Thank you, Mr. Wah-Shee. I have reviewed the authorities in great detail and, in my view, paragraph 773(8)(b) of Beauchesne's is specifically on point. This paragraph states: "An amendment may not amend sections from the original act unless they are specifically being amended in a clause of the bill before the committee." Having reviewed the motion, I sustain the ruling of the chairman, in that this particular section is not part of the paper in front of the committee. So I uphold the ruling of the chairman of the committee of the whole.

I guess we had better go back into committee of the whole with Mr. Wah-Shee in the chair.

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

PROCEEDINGS IN COMMITTEE OF THE WHOLE TO CONSIDER BILL 34-87(1), PUBLIC SERVICE ACT; BILL 4-87(1), CHILD DAY CARE ACT; MINISTER'S STATEMENT 57-87(1), AIDS

Bill 34-87(1), Public Service Act

CHAIRMAN (Mr. Wah-Shee): The committee will come to order. Mr. Richard.

MR. RICHARD: Mr. Chairman, I appreciate now, sir, that I have heard the thrust of your ruling and that of the Speaker. I wonder though, Mr. Chairman, if I might be permitted a question or two of the Minister responsible for this bill on the topic of section 46 of the act. If that means, sir, asking you for permission to go back to general comments so that it fits with your very strict procedural running of this meeting, then I would request the opportunity to go back to general comments so that I might reasonably speak to the Minister on why section 46 was not brought forward for consideration by this committee. Because I am aware that there was a call by some public servants for an amendment to section 46 and if the government is not going to bring section 46 in front of us, it is very difficult to deal with that kind of a request. So, sir, I wonder if you might permit a question of the Minister on the topic of section 46, even if that means going back to general comments. Thank you.

CHAIRMAN (Mr. Wah-Shee): The committee has the request to return to general comments. Does the committee agree?

AN HON. MEMBER: Nay.

AN HON. MEMBER: There has got to be a vote.

CHAIRMAN (Mr. Wah-Shee): Pardon?

AN HON. MEMBER: Point of order.

CHAIRMAN (Mr. Wah-Shee): Point of order. Mr. MacQuarrie.

MR. MacQUARRIE: Yes, I do not think it is a circumstance that requires unanimous consent in order to do that, Mr. Chairman. It would be by a simple vote of the committee as to whether a majority of Members would agree to return to general comments. It cannot be thwarted by a single "nay", Mr. Chairman.

CHAIRMAN (Mr. Wah-Shee): The Chair is still waiting for someone to move such a motion, Mr. MacQuarrie. Mr. Richard.

Motion To Return To General Comments On Bill 34-87(1), Carried

MR. RICHARD: Mr. Chairman, I move that we return to general comments on Bill 34-87(1).

CHAIRMAN (Mr. Wah-Shee): We have a motion. The motion is in order. To the motion.

AN HON. MEMBER: Question.

CHAIRMAN (Mr. Wah-Shee): Question has been called. All those in favour? Opposed, if any? The motion is carried.

---Carried

We have general comments.

SOME HON. MEMBERS: (Inaudible comments)

CHAIRMAN (Mr. Wah-Shee): The vote has been called. We are under general comments. Mr. Richard.

MR. RICHARD: Thank you, Mr. Chairman. Mr. Chairman, in addition to the request by some public servants for a repealing of section 46, I believe I dealt yesterday afternoon with the reasons why I, for one, believe that section 46 should be repealed. Section 46 prohibits the use of employees' association funds for political contributions. A number of public servants I know, and their association, have written to the Minister and the government asking that that be repealed.

But in addition to that request, Mr. Chairman, I would refer back to the debates in this Assembly in October of last year when we were dealing with the revision to our Elections Act. At that time, in discussing section 169, a section of that act, it talked about contributions to political campaigns. We passed a law that said that an association or organization could make a contribution to a political candidate in the territorial election but simply had to attach to the contribution a list of the individuals making up their group. But even that law that we passed, Mr. Chairman, at that time was subject to section 46 of the Public Service Act, and as my colleague, Mr. MacQuarrie, and others pointed out at that time last October, this seemed to be discriminatory against employees' associations or unions, in that some other groups of people are entitled to contribute to a campaign but not a group of employees organized under the Public Service Act. As I recall, and I have referred, Mr. Chairman, to the Hansard debates of October 29th and October 30th, there seemed to be some consensus developing within this Assembly that the wording of the legislation in front of us last October should be changed to try to accommodate unions. As I read the debates of October 30th, when it was last discussed, I thought it was left that the government was going to try to come up with a wording to address that oversight or inconsistency, if you will, and yet when Mr. Pedersen, the Minister of Personnel, is bringing in this bill, which has a lot of good aspects to it, that oversight has not been remedied.

With your ruling, Mr. Chairman, I cannot do anything, myself, nor can any other Member on this side do anything to put a clause in this Bill 34-87(1) to overcome that, so that we can determine what the will of the Assembly is. I would like to ask the Minister of Personnel if the government would not consider bringing forward a bill, or a clause of this bill, which would have the effect of repealing section 46. Thank you.

CHAIRMAN (Mr. Wah-Shee): Thank you. Mr. Pedersen, do you wish to respond to that?

Government Will Not Repeal Section 46 Of Public Service Act

HON. RED PEDERSEN: Thank you, Mr. Chairman. I want to make it clear from the start, Mr. Chairman, that it was not an oversight that this was not put in. Also to state that, no, that this government will not put in a clause repealing the section referred to. Some of the reasons for

that, Mr. Chairman, is that it is my interpretation, contrary to that of Mr. Richard, of the discussion on the Elections Act that we specifically left in section 46 of the Public Service Act for the purpose of prohibiting unions from contributing to political activities.

Mr. Chairman, I am of the opinion that union funds are intended for collective bargaining purposes and it is with this understanding that this government has agreed to recover membership fees from all association members, or for that matter, non-members. Hence, I feel that the government has not only a responsibility, but also an obligation to those employees who may not wish to have their union dues used to support any particular party.

Mr. Chairman, it would be an acceptable thing for this government to remove the clause that is offensive to Mr. Richard if the employees could be given the ability to determine their own rights, by making membership fees in the union voluntary. But they are not. A person joining the public service of the Northwest Territories does have an option of not belonging to the union. But if he exercises that option, that does not mean that he does not have to pay union dues. He has no choice in that matter. If you have no choice in the matter of whether you pay, then I feel very strongly that the funds should be used for the purposes which this government understood that they were for at the time we agreed to collect these union dues under the so-called "Rand formula".

Violation Of Charter Of Rights And Freedoms

Mr. Chairman, in addition to this, there has been a challenge in the Supreme Court of Ontario, which has been referred to a higher court. In the Supreme Court of Ontario, in a one to three decision, the ruling was that trade unions are in violation of the Charter of Rights and Freedoms if they use union dues collected pursuant to a Rand formula provision, which is the formula I just described, for purposes other than collective bargaining and collective agreement administration, in the face of objections by dues-paying employees. Mr. Chairman, not to elaborate on the point, I think that covers, pretty well, my own position and the position of this government. Thank you.

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

MR. ERKLOO: (Translation) Thank you, Mr. Chairman. Now that we can ask general questions, and while we are on that subject, talking about human rights and freedoms, to my knowledge if I were a civil servant I would automatically have to join the union, or PSA, and union dues would be collected from my salary for union purposes. But the way I understand it, if I want to cease being a member of the union, I can do so. But I would still have to pay union dues.

Why is that? Why do I not have a choice of belonging to a union or not? Or if I want to withdraw my membership, and even if I do not want to pay the dues, I would still have to pay them even if I am not a recognized member of the union. Maybe that can be clarified for me.

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

HON. RED PEDERSEN: Thank you, Mr. Chairman. I am afraid, sir, that I cannot clarify it too much to the Member. The best I can do is to inform the Member that this is part of the collective agreement that this government has signed with the Public Service Association of the Northwest Territories. This agreement was signed when the Rand formula, which this is referred to as, became part of the collective agreement of this government with the Public Service Association. But it was quite some years ago.

The rationale behind it is one which I personally do not support and that is why I was not prepared, as I said earlier, to delete section 46. But aside from that, Mr. Chairman, I am afraid I cannot give the Member -- I would be prepared to look it up but I cannot at this point, give him a better answer.

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

MR. MACQUARRIE: Since it is general comments, I think it is very important for something more to be said than what has just been said.

I think, over a period of quite a number of years, in this country and in the United States and in other countries as well, it became evident that labour movements were required in order to improve working conditions for ordinary working people. Anyone familiar with the economic history of the

western world over the past 100 or 150 years would certainly recognize that ordinary working people were seriously exploited in the economic systems that prevailed. And that in order to change that, workers' combinations called unions began asserting workers' rights in Canada and the United States and in many other countries in the world. And as a result of that, working conditions have improved a great deal for many people. There are not people, today, working 16 hours a day for 50 cents. And if finding that they are injured on the job, they are fired as a result of not being of any use to the employer any more. That is the kind of thing that used to happen.

Working Conditions Improved For Non-Members As Well As Union Members

And of course, union people in trying to organize in order to improve working conditions discovered that you could have 90 per cent of workers supporting their efforts and through those efforts winding up with improved working conditions, and the other 10 per cent may not have given any support and yet they were recipients of the benefits of improved conditions as well. Since there was no way to separate that out, there was no way at all that a society would enable 90 per cent of those workers to get better benefits and the other 10 per cent left with poor benefits. As a result of that, I believe the courts, and that is part of the Rand formula, felt that, so long as those funds were used for collective bargaining, all workers would receive the benefits and therefore all workers would be compelled to pay the dues in the labour unions.

But if, as a matter of principle, they did not approve of other union activity and so on, that they would not be compelled to be members of the union and to support its other initiatives. But they would be required in law to pay the same dues as other members. So that is the explanation. Whether Members can accept it or not is not for me to say. But I think that explanation should be given, at any rate, Mr. Chairman.

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

HON. RED PEDERSEN: Thank you, Mr. Chairman. I appreciate Mr. MacQuarrie's comments on that but I just would like to point out that whereas I agree with what he has said, the conditions in the NWT do not exist as they do in the example Mr. MacQuarrie points out. Everything he pointed out is aimed at the ordinary working people against the historically suppressing group, but in the small communities in the NWT today the situation is entirely different. The ordinary people in the small communities are not the union people. Mr. Chairman, the union people in the small communities, the civil servants in the small communities, are a very powerful group. They are, in fact, the elite. They are those who make the decisions in the communities. They are not the suppressed group. They are in fact equal, as I see it, to the group who traditionally were those against whom these provisions, when the Rand formula was invented, was aimed.

An Unfair Advantage To Privileged People

We must take into account the jurisdiction we live in and where something might apply well in the larger communities, which are perhaps more like the southern model, the small communities, of which we have far more in the Northwest Territories, are not like that. I think it would be an intolerable situation, for instance, if we had rules in our acts that permitted a union to go into a small community and invest sizable funds for one particular candidate and thereby against others. They could virtually assure the election of candidates that way. If you check the summary of election expenses returns, as listed in the newspapers after the last election, you will find, Mr. Chairman, that the funds expended on election expenses in the small communities that I am referring to are very, very negligible, and where an expense does exist, it is an airplane fare to the next community to shake hands. I submit to you, Mr. Chairman, and to the committee, that if we allowed that, we would in fact be putting a great and very unfair advantage to the class of people who, in the small communities, already are the privileged people. Thank you.

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

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. On this matter I, too, would like to make a few comments. The role of unions and the reason for the Rand formula I am supportive of because the unions have benefited people in the work place. It is only right that all the people that get benefit from the union activities should pay toward the operation of the union whether they want to actually hold a membership card or not. On the other matter of unions being able to donate to candidates or territorial parties, I am opposed to that. I, personally, prefer the situation that

they have in Quebec, where only individual residents or citizens, private people, can make donations to candidates. I would eliminate the donations from corporations or from any type of association, society or a union and I would like to see all of the jurisdictions in Canada, including ours, move toward that objective.

In the interim we do have a system which allows different organizations to make contributions, including corporations and other associations. But I think in the case of unions, not all people who belong to a union are in favour of a particular party, if you are talking about party support, nor would they be in favour of the same particular individual, if you are talking about a union local in one area of the Territories giving money to an election being held in that area.

What I would suggest is that we should not move in this area but the next Assembly should look at doing something in this area. In addition to that, I would say that if there is going to be something ever done so that unions or other collective employees' organizations can give money to candidates or parties, that it would certainly have to be something I would like to see approved by the general meeting of the union and not just by the executive of the union. In that way you could determine either a formula where donations could be made in proportion to how the membership of the union preferred it to be. In other words, if there were one third in favour of brand Y and one third in favour of brand X and one third in favour of brand Z, as far as the membership make-up, that is how they would divvy out the contributions to parties. Unless the majority of the members wanted to give out a donation to a specific party it could not happen. So, I would suggest that this should be left.

Next Assembly Should Give Consideration

As Mr. Pedersen said, there are court cases which have protected the rights of the individuals from having their union dues being given to parties that they do not personally support. I would urge Members not to pursue this at this time but I think it is something that should be considered by the next Assembly with the ultimate objective being that the only donations acceptable would be personal donations. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Wah-Shee): Thank you. General comments. Mr. T'Seleie.

MR. T'SELEIE: Mr. Chairman, on the bill as a whole, I just want to state for the record that I have opposed both motions that were passed yesterday. Part of my reason is that the matter of extending additional rights or whatever to the public service, I think should be left to the government because the government is the employer of the public service and my understanding is that they negotiate their contracts every couple of years. Some of these areas to me could be subjects for negotiation between employees and employers and I think that is where it should be left, because, as I said yesterday, the public service by and large is probably the one group that is best able to represent its interests in the North. I do not think there is any comparison between any other group and the public service in terms of their ability to represent their interests as a group. To me, if the public service wants to be treated equally in every way, that should mean treated equally in other ways as well. That is why I think that the Assembly should actually go by the recommendation of the Executive Council, who are the employers. They are the ones that should be coming here with recommendations and suggestions for change and seeking approval which is what this bill has done. So, those are the comments I have, sir.

CHAIRMAN (Mr. Wah-Shee): Thank you. General comments. There being no further comments, does the committee agree that the general comments are concluded?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Wah-Shee): Thank you. Now we return to Bill 34-87(1). I understand that the clause 6 has been concluded and so, the bill as a whole, as amended. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

---Applause

CHAIRMAN (Mr. Wah-Shee): Does the committee agree that Bill 34-87(1) is concluded and is now ready for third reading? Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

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

HON. TOM BUTTERS: Thank you, Mr. Chairman. Earlier I indicated that we would do Bill 4-87(1) next but I would ask that the Minister's statement that was to be moved into the House for consideration, on the AIDS programs, might be considered at a time certain, at 4:00 o'clock. I believe that we will have special witnesses available to us at that time and if we might proceed with that item at 4:00 o'clock, sir.

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

SOME HON. MEMBERS: Agreed.

---Agreed

Bill 4-87(1), Child Day Care Act

CHAIRMAN (Mr. Wah-Shee): We are now dealing with Bill 4-87(1), An Act Respecting Child Day Care Facilities. Mr. McLaughlin.

Minister's Opening Remarks

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. It is my pleasure to present the Child Day Care Act for your review. The purpose of this act is to regulate the operation of child day care facilities; to provide for licensing of child day care services; to provide for the appointment of a director of child day care services and specify the duties and powers of the director; to specify the duties of an operator of a child day care facility; to specify that an operator provide for parental involvement in the operation of a child day care facility; and to make a consequential amendment to the Public Health Act.

The basic principle underlying this legislation is that the primary responsibility for child care lies with parents and that the role of government should be to support the efforts of parents in the provision of a high standard of care for their children.

Social change and economic circumstances have resulted in a need for a range of adequate child care services to meet the needs of children and their parents. Consequently the Government of the Northwest Territories supports the development and maintenance of a wide range of community-based child day care programs responsive to the individual and cultural needs of the parents and children served. The primary reasons for legislating child care standards is to ensure the well-being and safety of young children. The proposed Child Day Care Act and child day care standards regulations will give the Department of Social Services the authority to become involved in the licensing and development of child care services and to prescribe conditions and standards for each facility, respecting health, fire, sanitation, safety, emergency procedures, space, equipment and furnishings, group and centre size, child/staff ratios, nutrition, programming and record keeping.

In reviewing this act and the accompanying regulations, it is important to bear in mind that this is only one aspect of the more comprehensive approach to child day care under consideration by the government. The other component is the policy proposal which sets out a mechanism for providing financial support to day care operators in addition to the existing subsidy for parents. No definite statement on funding can be made, however, until the federal government's position is announced, probably at the end of June. In the meantime it is important we proceed with development of legislation which will ensure the provision of safe, quality care for children. Mr. Chairman, your committee's support in reviewing this act and moving it forward, will be appreciated. Thank you.

CHAIRMAN (Mr. Wah-Shee): Mr. Minister, do you wish to invite witnesses before the committee?

HON. BRUCE McLAUGHLIN: Yes, Mr. Chairman. I would like to have two witnesses join me at the witness table.

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

SOME HON. MEMBERS: Agreed.

--Agreed

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

HON. BRUCE McLAUGHLIN: Yes, Mr. Chairman. Actually I am sorry, I have three witnesses, not two. To my right is Mr. Bob Cowcill, deputy minister of Social Services; to my left is Ms Bronwyn Watters, the chief of programs and to my -- oops, sorry, to my far left is Ms Watters and to my immediate left is Ms Giuseppa Bentivegna, from the Department of Justice. Thank you, Mr. Chairman.

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

Comments From The Standing Committee On Legislation

MR. MacQUARRIE: Thank you, Mr. Chairman. The bill had been sent by the standing committee on legislation to as many child care centres as we were aware of in the Northwest Territories to try to elicit responses. We did receive a number of them. It was noted in a number of them that this is the only jurisdiction, I believe, in Canada that does not have child care legislation at the present time. I think the general thrust of many comments was that people want to see something done and yet they are fearful that if it is not done in a sensitive and thoughtful way, that this type of regulation and requirement for licensing could be more of a hindrance than a help. There was some measure of suspicion, I guess, with respect to the bill because it focuses on licensing and regulating. There is no mention of funding. The fear was expressed that rather than assisting in the development of child care and particularly effective child care in the Northwest Territories, a bill such as this, if passed and then applied bureaucratically, could in fact be detrimental to day care in the Northwest Territories, in that if requirements were made of child care centres that could not realistically be met and we established inspectors to go around and visit these places, what we might find is the government in the business of closing child care centres down rather than fostering them and developing them and so on. So, that was the general thrust of the concerns.

Another common statement that was made was that it was very difficult to comment on the bare bones legislation because really the meat of what concerned these commentators was or would be found in the regulations and at that time they did not have access to the regulations. However, the Minister has tabled regulations in this House about a week ago I guess it was and so I am hoping personally that we can discuss those regulations in the committee here this afternoon.

The commentators felt, in addition to the regulations being so important, that some comprehensive territorial government policy on child care was important and that it be related to funding initiatives. In raising that point, the Minister indicated that he recognized the importance of that but also that he was waiting until the federal government announced a national day care initiative and funding related to it. When that was done, the Minister would be in a better position to indicate to people in the Northwest Territories the extent to which this government would be assisting child care programs, and I guess, what would be the priorities for any funding that was made available. I would be interested in discussing those things this afternoon.

Limited Funding And Social Assistance Available

I think, by way of general comments, that is all that is necessary at the moment. Perhaps it should be made clear that there is a little bit of funding available in a roundabout way for child care centres in the Territories at the present time. In the case of facilities, there are instances where the government assists in making facilities available to child care centres, assistance with utilities payment or provision of a building and that kind of thing.

Then, of course, there is a measure of social assistance for low income earners who require child care and simply cannot afford it. They can apply directly to the Department of Social Services in order to get some assistance. But overall, it does not add up to a great deal in any single year. In 1986, I think the total assistance was \$140,000 in the Northwest Territories and I believe half of that comes from the federal government in the way of matching funds through the Canada Assistance Plan.

Not speaking as the chairman of the standing committee on legislation, but just as an individual Member, I think that I would appreciate an opportunity to discuss with the Minister and his witnesses some items in the regulations, before moving ahead to the legislation. But I would like to hear other Members comment about that. I am not even sure whether procedurally, that is acceptable, but I would hope that it is.

MR. RICHARD: So we can talk about the regs?

MR. MacQUARRIE: Yeah. There is a lot of head-nodding up there but it seems to be nodding the wrong way, from my point of view.

CHAIRMAN (Mr. Wah-Shee): Mr. MacQuarrie, thank you for your comments. Mr. Richard, general comments?

MR. RICHARD: Thank you, Mr. Chairman. I simply wanted to mention under general comments a concern that had been raised with me very recently. The draft bill, Bill 4-87(1), has, as Mr. MacQuarrie indicated, been circulated to members of the public and some response has been received by his committee. The regulations, which are a little more detailed and have a little more direct impact on day care operators, only saw the light of day about a week ago when the Minister tabled the draft regulations in the Assembly.

Request For Delay In Implementation

The concern that has been expressed to me, Mr. Chairman, is those people who might be affected by the regulations have not had sufficient opportunity to provide a response or comment on the draft regulations. I appreciate that the Minister has indicated at one point or another that he may delay implementation of the act and the regulations until such time as we see what, if anything, the federal government is going to produce by way of a national day care program. I am wondering Mr. Chairman, whatever the reason he might have to delay implementation of the act and the regulations, if he could make a commitment to delay enacting the regulations for a period of time to allow comment to his department by the affected people, with suggestions for changes that might be desirable. I understand that, for example, the status of women council have made a submission to Mr. Pedersen's office to that effect, that there be more opportunity than the last week or so, to pass comments on these regulations before they are enacted in law. I wonder if the Minister could make that undertaking. Thank you.

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

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. In response to some of the things that Mr. MacQuarrie and Mr. Richard mentioned, regarding child care legislation, in the Northwest Territories we are the last jurisdiction. I should point out that presentations were made by child day care operators and members of the general public to the federal task force on child day care that was in the Northwest Territories. Requests were made and the government was admonished to some degree for not actually having an act in place. One of the reasons we did not have an act in place is for the very reasons that some Members have stated. It is very difficult to apply an act and regulations that suit the needs of all residents of the Territories, which range from private babysitting in a community like Spence Bay, to a full-fledged commercial operation of a day care centre in a city like Yellowknife. So that is why the act is pretty broad and general and the regulations are very detailed. That is the reason we produced the regulations at the same time as the act so that the committee could see what we would be doing in detail when the act came into place.

Proclamation Will Not Be Immediate

It is not the intention of government to have this bill proclaimed immediately. We will not proclaim the bill until there has been a chance for people to review the accompanying regulations and we will not implement the regulations until we are sure that they can be implemented in such a manner as not to disrupt the operation of existing day care services.

Members will also note there are various places in the legislation and regulations which allow the Minister responsible to use his discretion on the timing and the forgiveness of certain aspects of a regulation for periods of time or for certain types of operation, when it is deemed suitable for the day care services happening in a particular community.

So that it is our intention to apply the act and regulations in such a manner for what it is intended; to protect the children. That is what this act is primarily about, to protect children, to make sure that day care standards are in place that are adequate and that can really be called day care. We have to cover the range from traditional babysitting to, as I said before, full-blown commercial operations in a city like Yellowknife. Thank you, Mr. Chairman.

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

MR. McCALLUM: Thank you, Mr. Chairman. I have very few comments to make on it although there are some things I would like to get some kind of direction on, when we come to them, from the Minister or his colleagues. I would like to just comment briefly on the fact that in this instance, this is maybe the only instance we had where we have had a piece of legislation that has been accompanied by the regulations.

MR. MacQUARRIE: Hear, hear!

MR. McCALLUM: And it has been a long time coming from the government to the House when we are dealing with a piece of legislation. Some of us have asked for regulations on many occasions, so I would simply want to indicate to the Minister that I certainly am pleased to see that he has held this legislation off at least until we have seen the regulations, and we may be, then, able to comment on those as well, but this is the first time. So I congratulate the Minister and his people for doing that and I would save my other comments until we come into particular aspects of the bill. Thank you.

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

MR. MacQUARRIE: Thank you, Mr. Chairman. In committee we were given to understand that this is the month when the federal government will announce its national day care initiative and what funding might be available to provincial and territorial jurisdictions for child care.

Questions Surrounding Day Care Initiative

A number of questions surround that, I guess. First of all, when this month will we likely be hearing what the federal government is proposing? A second question might be, will the constitutional accord that was just signed in some way impact on what the federal government was proposing? Is that the very kind of thing, as a national program, that may come into jeopardy as a result of provincial governments having an opting-out provision, and that kind of thing? Has the Minister considered whether there will be any impact with respect to day care? A third question is, if it appears that the federal government is going to be a part of the national day care program and there may be some funds available to this government that are not available now, with some flexibility as to how they are spent, has our government already set priorities in allocating that funding? What would be most important to the government, training for child care workers, or trying to make more spaces available, or the development of programs for child care centres, or what? Has there been some thought given to that kind of priority? Well, I think I will stop right there, lest I overload, and I will come on with another line of questions in a moment here.

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

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. I guess, starting with the recent constitutional agreement, I know that advocates of social programs in the country are concerned about the original Meech Lake agreement and that it might have implied that provinces may get federal funds but not necessarily deliver the program. This morning, on Canada AM, a constitutional lawyer was speaking and he said he felt that that area had been doctored up in the recent agreement that was signed by the First Ministers at the Langevin Block in Ottawa, and that he felt that enough changes in wording had occurred that the federal government, if they initiated a national program, would have specific controls to the extent that the objectives would have to be met by the provincial partners in the program.

No Specific Money Mechanism In Place

But that is a matter of national debate that I certainly can only offer that quote on for the time being. In the expectation of programs, I know that proponents of child day care programs in the

Northwest Territories are a little disappointed that the legislation does not basically have a money mechanism in it but the reason it does not is for the very reasons that I have mentioned to the standing committee before, that we have no idea what the federal government is going to do.

If anybody happened to see the Hon. Jake Epp when he was on a forum which was played two nights in a row in a two-part series on "The Journal", I would say, judging by his answers, that the federal government is not going to go any one particular way with the funding. They are not going to just give funding directly to operators. They are not going to implement a national day care plan and fund the whole cost of it for everybody in the country. They are not going to just use a tax measure and they are not going to just encourage employers to do something. It appears that they are going to do a multitude of things to encourage employers, co-operative groups and commercial operations to continue to operate and to expand their operations by providing more spaces. There may even be incentives to start new capital facilities. That is why we do not have a specific money mechanism in place.

Our priority up here, from what we have concluded so far and heard from the general public, will be to make sure that the existing spaces continue and that is why we do not want to implement this act right away. I believe there is one clause in here that says the regulations will not be implemented for six months. We do not want to destroy what is in place. We would like to encourage more facilities and spaces and that could be accomplished by two ways; by directly contributing toward the capital costs in some projects or by providing existing government buildings. Mr. Patterson's department has helped us in doing a survey of schools which shows that in a lot of the smaller communities the existing schools would have the capacity to put on day care programs in some existing classrooms if this became a policy of the government. So we believe that there are structures in place, owned by federal, territorial or municipal governments, that could perhaps be utilized.

Some funds will have to be available to bring existing buildings up to standard in order to meet these regulations. I guess that some ongoing O and M funds for operations would be in place in that way. Every person who requires day care would have at least some sort of subsidy toward the costs. As well, we would like to continue the program we already have that primarily helps low income single parents with their costs.

Finally, because the regulations and the law itself requires training and qualifications, we would hope, in co-operation with the Department of Education, to encourage the start-up of child day care programs that would qualify people to work in, especially, the more institutionalized formal day care environments. Thank you, Mr. Chairman.

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

MRS. LAWRENCE: Thank you, Mr. Chairman. I would like to ask the Minister a question. Before this act came into effect, did you notify any organizations at the community level or the major organizations such as the Native Women's Association of the NWT? If so, did you get any response from them?

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

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. We have had a consultant, Theresa Wilson, on staff with us from the very beginning of this. One of her first jobs was to consult with all the existing day care operators in the Northwest Territories and make herself available to any other organizations which had an interest. There were several opportunities afforded to any interested individuals or organizations to have an input into the process of developing the legislation and the regulations. In fact, the reason we were confident enough to bring forward regulations with the act was that we did have enough input that we thought that we could formulate regulations which could then be reviewed by the same interest groups and we could get some criticism and suggestions on those regulations so that we will be able to change them before we have to implement them.

I will not go into the details of who all were consulted but I have a two page list here and if the Member would like, Mr. Chairman, we could read it into the records. Thank you.

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

MRS. LAWRENCE: Thank you, Mr. Chairman. It is not necessary to read it into the record but I would like to have a copy of the people who responded. My other question is, how many communities? Are there any communities that made an attempt to seek information or try to set up a day care centre?

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

Interest Raised In Child Day Care

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. During the period of time when the day care consultant travelled through the Territories, much interest was raised in child day care and, in particular, in standards and at the same time there was a growing need and recognition of the need in communities that better day care facilities and operations had to be in place. Mr. Chairman, I would like to ask permission for Bronwyn Watters to give a detailed response to that question.

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

MS WATTERS: ...the day care consultants to all the communities in which there currently are day care centres. Additional input was received from a number of communities, covering all regions. There are about 15 of them: Coppermine, Eskimo Point, Cape Dorset, Fort McPherson, Rainbow Valley, Fort Rae, Holman Island, Detah. A lot of communities did respond asking for assistance in developing programs or in establishing new programs.

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

MRS. LAWRENCE: Thank you, Mr. Chairman. I had a call from Fort Resolution over the winter months and they were trying to set up some kind of a day care centre. I wonder what kind of help or information was given to this group.

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

HON. BRUCE McLAUGHLIN: I would like to ask Ms Bronwyn Watters to answer that. Thank you.

MS WATTERS: Fort Resolution is not one of the communities, apparently, that contacted the day care consultant.

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

MRS. LAWRENCE: Thank you, Mr. Chairman. I did bring it up to the department and at that time I was not even aware that there was a consultant that we have to contact. I just assumed that somebody had to act on their behalf.

CHAIRMAN (Mr. Wah-Shee): General comments. Mr. MacQuarrie.

MR. MacQUARRIE: Yes, since the regulations are the critical matter in all of this, could I just be clear, again, as to what procedure the Minister has said he intends to take with the regulations. Are they being distributed? Is there some formal method of recovering input on the substance of the regulations, and when is that going to occur, if that is the case?

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

HON. BRUCE McLAUGHLIN: I just want to make it clear that when the act itself is passed in the House, our object is not to implement the act immediately. There is a clause in here which I believe says that the regulations will not be implemented for six months after it is proclaimed and we do not intend to proclaim it immediately. However, I believe that once the federal government announces a funding formula, if they do so, we would then have to proclaim the act in order to make sure that the policies were in place so that we could then begin to participate in a national program when it comes into effect.

The regulations will be sent out to all operators and any interested groups; the regulations have already been sent out to organizations that have had an ongoing participation in this process and we expect to get feedback. Before the Executive Council approves the regulations for implementation, the department will have made any necessary changes that it feels should be made. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Wah-Shee): Thank you. General comments. Are there any further general comments? Mr. MacQuarrie.

MR. MacQUARRIE: I notice that there are some pretty precise specifications for staff ratios, for space, for nutrition, for example. Could I ask what formed the basis of those regulations? Was it input that had already been received from groups in the North or are they based on standards that are asserted in other parts of the country, or in other legislation?

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

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. Input in those areas was received, I believe from general public members, as well as from various organizations concerned. I will have to ask Bronwyn Watters, again, if she could answer that in more detail for the Member. Thank you, Mr. Chairman.

Basis Of Standards

MS WATTERS: The standards were developed after review of existing standards in other jurisdictions and then a committee was put together made up of operators of existing facilities. There is a committee of nine people coming from all regions who drew up the draft standards, which were then distributed.

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

MR. MacQUARRIE: Now there are some rather informal operations in the Northwest Territories that would be called child care centres under the act, if they had five or more children under certain circumstances. Were there representatives from that group at the meeting in setting up the standards, because it seems to me that certain of those standards asserted probably would not make sense in the case of those informal operations?

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

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. It is my understanding that the regulations regarding those standards vary according to the settlement situation; it will be able to vary from that. They would not apply to the traditional babysitting type of environment. I will ask Ms Watters if she could give a little more detail on that.

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

MS WATTERS: The regulations, as they are, were designed primarily to apply to formal day care centres. Where there are informal arrangements they are excluded entirely. Where there are arrangements such as home day care centres, which were covered by the act, the regulations are more flexible. The regulations which you see before you apply primarily to formal day care centres and where you specified, they apply to home day care centres.

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

Historical Background

HON. MICHAEL BALLANTYNE: I just wanted to make a couple of general comments. Obviously I am happy to see the first steps the government and this Legislative Assembly have taken to meet the demand for day care. For a little historical perspective, the discussion about day care standards is one that a few of us have been dealing with for a number of years. I think Mr. MacQuarrie alluded to one of the major problems that day care operators and day care experts have found in the Northwest Territories, which is an attempt to find standards that will provide a reasonable level of safety and health but would not preclude day care operations being set up in some of the smaller communities that do not have the same potential to meet standards that, for instance, you could find in Yellowknife. I know for a period of time a lot of the day care operators had put forward the concept of voluntary standards. That was an attempt to get day care operators across the North to adhere to certain minimal standards of health and safety. So it has been a difficult process. It has been difficult for people in the field of day care. It has been difficult for government trying to provide assistance to day care.

Another problem that we found in the past is that the whole concept of day cares was much more developed in some of the larger communities, for instance, in Yellowknife and Hay River and Inuvik and Iqaluit, so there was some hesitancy to go ahead with standards or with programs that would only assist people in the larger communities. During the last couple of years, that has changed, I think rather dramatically. I think that we all recognize now the need for adequate day care assistance of all types. There are different schools of thought about the best way to approach it and I think the government and the Assembly and day care experts in the Northwest Territories, over the next months and years will be looking at the different approaches that can be taken. Probably in the North, ultimately, it will be a mixed approach, a varied approach. We will be dealing with unique problems in different regions, different communities and different areas of the North.

So, the way I see it and the way the government sees this particular bill is as the beginning of that process. I think we will find, as politicians, the demands on the resources of this government for day care will increase. I think we are seeing that people across the Northwest Territories are saying in various ways that they will be looking for positive assistance over the years, from this government. And I think that the next Assembly and the next government will have to take those concerns very seriously, weigh those concerns and those needs with all the other needs we have in the Northwest Territories and make some decisions as to what level of funding this government will provide to day care. I think we all recognize that the governments in the future are going to have some major responsibility in this area.

Legislation Will Enable Cost Sharing

One of the reasons that we went ahead with the bill, as Mr. McLaughlin has said, is that the only way we will have an opportunity to get into any federal cost shared program is to have some basic legislation in place. I have heard from a number of people that perhaps this legislation is not the best legislation. I think Mr. McLaughlin agrees that over the next few years, we will be improving our legislation. We will be improving the ways that we, as a government, try to provide some sort of support for day care.

Regarding Mr. MacQuarrie's earlier comment, which I think was a valid one, it is something that has concerned constitutional experts, whether or not the opting out provision in the proposed constitutional amendments could have some impact. I think the jury is still out on that. Depending on your point of view, I think that the particular clause has been strengthened but there still are some concerns that national programs could be jeopardized.

There is some concern as to what would constitute "national programs". We do not know how that will affect us in the long term. I would think that the final ratification of the Langevin accord could take months or a year, a year and a half before it is finally ratified by all the legislatures and a federal cost-sharing program might come into effect before that.

So, to conclude, Mr. Chairman, the government does not pretend that this is the answer to the day care needs in the Northwest Territories. It certainly is not that. It is the beginning of an answer and it is going to take, I think, the will of future Legislative Assemblies and governments to build on this very preliminary first step.

So, with that, I will conclude my general comments, Mr. Chairman.

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

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Wah-Shee): Thank you. Clause 1.

MR. MacQUARRIE: Could you slow down, please?

CHAIRMAN (Mr. Wah-Shee): Correction. Clause 2, definitions. Well, I am not going anywhere. I am stuck on clause 2.

---Laughter

Mr. MacQuarrie, clause 2. Clause 2, definitions. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Wah-Shee): Clause 3, non-application. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Wah-Shee): Clause 4, appointment. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Wah-Shee): Clause 5, direction of Minister. Mr. McCallum.

Duties And Powers Of Director

MR. McCALLUM: Thank you, Mr. Chairman. I recognize that here, within the regulations and obviously within the bill itself, there are certain things that this director can do. But then it talks about delegating, in writing, any of his duties and powers. I would like to get something from the Minister on just basically what duties and powers the director has, those that he has received from the Minister himself. As I say, I recognize within the bill, that there are certain things that the director can do in terms of issuing a licence, getting into a community. But I wonder, since they are not laid out anywhere, if you could speak on the powers and duties of the director.

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

HON. BRUCE McLAUGHLIN: Yes, thank you, Mr. Chairman. I think, to the first part of the Member's question, the director would delegate his powers to qualified people within the Social Services department in the various regions and that would really depend upon how many people in the region were qualified to take on those duties. But primarily it would be supervisors in the different regions and the area offices who were qualified in the area of overseeing child care programs. The individual powers, I think, are basically outlined immediately following this, starting with clause 8(2) which is inspection and we come to them immediately following this in sections 9, 12, 13, 14, 17 and 19.

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

MR. McCALLUM: Thank you, Mr. Chairman. In delegating any of the director's duties and powers, is it planned to put somebody who could be designated in area or regional offices? Is that what you plan to do or is it just basically in communities where there are such facilities?

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

HON. BRUCE McLAUGHLIN: Primarily it would be to supervisors at the area offices and regional offices, but there would be circumstances in some of the larger communities where, if we did not have staff in place, we would eventually hope to have in place, workers in a community who would be qualified in that area, even if it means in-house training or giving some of our employees leave to take courses at Thebacha Campus. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Wah-Shee): Thank you. Clause 5, direction of Minister. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Wah-Shee): Clause 6, power to delegate. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Wah-Shee): Clause 7, duty to establish registry. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Wah-Shee): Clause 8, duty to inspect. Mr. Richard.

Powers To Apply For Court Order, Ex Parte

MR. RICHARD: Mr. Chairman, I notice the provisions in clause 8 and also in clause 9 for the department to go to court and get an order, in clause 8 to allow the department to enter the day care facility to make an inspection, and in clause 9 to enter private premises just to determine whether or not they are operating a day care facility. In each case the legislation allows the department or the director to go to the court, ex parte, which is without notifying the home-owner or the operator of the day care facility that they are about to go to court and get this court order which would allow them to enter the premises. I am concerned, Mr. Chairman, that they would be able to do that, ex parte or without notice to the home-owner or the operator of the day care facility. I am wondering if the Minister can indicate what is the justification for, in the first instance, taking such a step? Should it not be ex parte or without notice only where there is some sufficient reason? In other words, the department would go into court without notice to the home-owner and, in explaining to the judge why they are there without notifying the other party, they should be required to explain to the judge the reasons for that. That there is a danger to children. Surely, they must satisfy the court of the reason why they are going without notice to a home-owner or to an operator of a day care facility.

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

HON. BRUCE McLAUGHLIN: Mr. Chairman, I believe actually the committee, when we went over this, convinced us to back off a little bit on our suggested powers of the director. I believe initially there was an idea that there would be direct entry without even having to go to court. The reason that we want to be able to have direct entry to the premises even after going to court without giving notice to the operators, is that there may be reports or ongoing complaints about the way an operator is conducting the operation. A child may be at risk and there could be child abuse circumstances involving personnel. The example that comes to mind for me is a case in Alberta recently in a provincial institution where a child was, I believe, fostered out and was actually kept in some sort of a cage built under the stairs. So if we heard that something like that was happening, we would have to be able to physically enter the premises and catch this situation as it exists. If we gave notice, then it would allow the operator a chance to cover it up. So this would only be used in a case, for example, after warnings had been given on a frequent basis. We would have to change a practice but we had heard that the operator was ignoring us so we would want to go in there and catch them in the act of not listening to our repeated warnings. Or if a child was at risk, we would want the similar type of powers for the director that a social worker right now has in communities to go into a residence or a facility to apprehend a child who may be at risk. I would ask the legal counsel here to maybe answer the legal niceties because I would not want to argue with Mr. Richard on that level. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Wah-Shee): Thank you. Clause 8, duty to inspect. Agreed? Order, please. I agree, everybody should pay attention in this committee. Ms Bentivegna, please proceed.

MS BENTIVEGNA: Thank you, Mr. Chairman. Just to point out to the committee that in subsection 8(3), the operator would know that there was going to be an application made because he has already refused the director entry into the premises where in the previous subsection it is stated that there can be inspections. So this was the case where the operator refuses to allow the director into the facility, so therefore, he already knows that there is going to be an inspection. If it was an ex parte application, I think as the Minister has pointed out, then there would be danger to the child because then there would have to be service and therefore there would be a delay. But to cover the concern that the operator might not know, he has already refused entry -- and this is at all reasonable times -- and it was also done through the court process to protect people's homes, so there would not be entry by the director without a court order.

CHAIRMAN (Mr. Wah-Shee): Thank you. Clause 8, duty to inspect. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Wah-Shee): With that we will take a 15 minute coffee break and when we return we will deal with the statement on AIDS.

---SHORT RECESS

Minister's Statement 57-87(1), AIDS

We are dealing with the Minister's Statement 57-87(1), on AIDS. Mr. McLaughlin.

HON. BRUCE McLAUGHLIN: Thank you very much, Mr. Chairman. I appreciate the motion that was made by the caucus chairman, Mr. Richard, to bring this issue into the committee of the whole.

Last night the briefing that was given to Members of the Assembly was, I guess, impressive enough to them on how important a public health concern the disease AIDS is in North America, Canada and the Northwest Territories, that the program that we are about to implement to prevent the spread of this disease in the Northwest Territories is considered by Members to be important enough that the briefing should occur in the committee of the whole so that media and the general public can be aware of how important this Legislative Assembly feels the issue of preventing the spread of the disease AIDS is.

Mr. Chairman, just a few brief comments. Some Members may be aware from listening to the media lately that this is a disease that is growing in numbers. An international conference on AIDS is being held in New York. Some of the most startling highlights that have come out of that are that in the United States of America it is estimated that it is possible that one out of every 30 males is infected with the virus; that although the largest number of cases are still amongst the homosexual and intravenous drug-using community, it is now a fact that the fastest growing number of cases that has been reported are amongst the general heterosexual community. So this is a public health matter that affects everybody. The reason behind the program that we are putting in place, is to move this from just being an issue of interest to people, or just being a general health issue, to turn this into a situation for residents of the Northwest Territories where it becomes a personal disease prevention issue, so that individual people in the Northwest Territories will be in a position where they understand how important it is that they protect themselves, their relatives, their friends and their sexual partners in the prevention of this disease. So primarily what we want to do is make this a disease prevention program that will be personally understood and personally implemented by all residents of the Northwest Territories.

With that, Mr. Chairman, I would like to ask in the two witnesses: from the Department of Health, the epidemiologist, Dr. Luis Barreto; and from Health and Welfare Canada, Dr. David Kinloch, the regional medical officer. Thank you very much, Mr. Chairman.

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

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Wah-Shee): Thank you. Dr. Barreto.

Dr. Barreto's Presentation

DR. BARRETO: Mr. Speaker, honourable Ministers and Members of the Legislative Assembly. At the outset, on behalf of the AIDS co-ordinating committee, I would like to thank you for the opportunity to address you on this extremely important public health issue which has major social, legal and financial implications for all the departments across the government. For some Members in the House whom we addressed last night, some of this material is going to be repetitious, but we do hope it will reinforce the message that we have been trying to provide.

AIDS is a new disease for North America. It has only been around for the last seven or eight years. It has been around in Africa for longer periods than that. Over 36,000 cases of AIDS have been reported in the United States; half of them are dead. About 1015 as of May 25th have been reported in Canada, over half of them are dead as well. A large number of people in the States as well as in Canada, and Dr. Kinloch will run through some of those numbers with you as well, are infected and given the time, most of these will develop AIDS and most of these will die as well. There is no vaccine so far, there is no satisfactory treatment, except perhaps for a ray of hope which is offered by a new drug for treatment of a pneumonia which is usually seen in people with AIDS. The only vaccine that they have so far is awareness and education of the public.

AIDS has recently been declared by a Commissioner's Order as a communicable disease under the Public Health Act, thus including it in the schedule of communicable diseases list. Regulations for reporting of screening results are being worked upon right now. As well, I should tell you that the AIDS co-ordinating committee, in the last period of about a year, has already put in place policies for ensuring that all the blood in the Territories used for transfusion, as well as all the emergency blood donors, are screened for the AIDS virus. Based on current knowledge, however, there is need to put this whole program in top gear. This is because, until very recently, we all felt that only five to 15 per cent of those people who had the virus on the test as positive, would go on to develop the disease. But today we know, based on follow-up of the last eight years, that given the time, almost all of them will go on to develop the disease and almost all of them in a period of two or three years, after developing the disease, will die.

A public health strategy for education of all people in the Territories, in every language and dialect possible, has been developed. Working closely with the Departments of Justice, Communication and Education, a public health strategy has been prepared and will be put in place shortly. This address to this group and to our leaders today, is in fact one of those exercises in educating our leaders with regard to different aspects of AIDS. Dr. Kinloch will now run through some of the important aspects of the disease, focusing on the testing for AIDS and I hope that at the end of this presentation, really, we will be able to show you that condoms are not the final answer. In fact they could provide us with a sense of security which might be, in fact, not correct, especially in inexperienced hands. The answers we hope will also show that screening for everybody is not ideal. Having said that as a briefing on what has happened, I would like to ask Dr. Kinloch to proceed with his presentation.

CHAIRMAN (Mr. Wah-Shee): Dr. Kinloch.

Dr. Kinloch's Presentation

DR. KINLOCH: Mr. Speaker, honourable Members. I shall be speaking from a four-page handout which has been distributed to you and is available to people sitting in the back. The first page is headed "A Schematic View of AIDS".

Exposure

Exposure to the AIDS virus occurs under a very limited number of circumstances. The AIDS virus is fragile; it does not live outside of human cells for very long. AIDS virus cannot be transmitted except by blood and by semen. The virus is found in other tissues; it is found in breast milk; it is found in saliva and tears but there are no authenticated cases of it having been transmitted by other than blood and by semen. Casual contact with someone who is infected with AIDS is not sufficient to transmit the virus. Only intimate contact, usually sexual contact, will transmit the virus. The virus is ordinarily not transmitted from a single exposure but it can be and there are documented cases of individuals who have had only one exposure to the virus. It was sufficient to infect them and ultimately to cause their deaths.

Infection

Infection occurs when the AIDS virus enters your body, enters the blood. Once the AIDS virus has entered, it takes over the apparatus of the cell in order to reproduce itself. A person, once infected with AIDS, is infected for life. During the period of infection the person can transmit the virus to others, even though he or she may appear perfectly well. During the initial stage of infection there may be no evidence whatever that infection has occurred. There may be no associated illness. The person may have a sexual encounter with an infected person, become infected, suffer no apparent ill effects and yet the virus has entered that person's body; it is growing there and it now may be transmitted into others with whom that person now has sexual contact.

Antibody Appears In Blood

After a period of anywhere from several weeks to six or more months after the virus has entered the body, the blood of that individual develops substances called antibodies which permit us to determine that the person is infected, but there is a fairly long period, up to months, when the individual is infected and there is no evidence of that infection so that the blood could be tested during that period and no antibody would be found.

This is a particularly dangerous situation because during this period, when the person is infected but the blood tests are negative, disease can be transmitted. Blood can be donated which contains the virus, which could be passed to others. So it is not sufficient, for example, that the Red Cross relies on blood testing alone to protect the blood supply. They also caution people who may be infected not to donate blood. You will note that in today's Globe and Mail, a letter from the acting national director of the Red Cross blood services pointed out that individuals who have certain risk factors should not donate blood because we cannot rely upon the test to detect whether the blood is safe. Those risk factors include "sexual contact by a male with another male, even once, at any time since 1977; sharing a needle to inject drugs; regular treatment with blood products; sexual contact with someone other than your usual partner, particularly with a prostitute, in areas where AIDS cases are known to occur, such as some major North American cities, central Africa and Haiti" and finally, "sexual contact with anyone who has any of the risk factors described above." Those individuals should not donate blood even if they have had a blood test which was negative because they could be incubating the virus. The individual during this incubation period is a risk to those around them. Some people do not develop the antibody even after the normal period of many months and those people will remain a risk for the rest of their lives.

Screening For AIDS

There has been a great deal of discussion and a great deal of debate and many pronouncements on the need for screening for the disease AIDS and some have advocated that everyone should be tested. But virtually every public health agency in the world opposes such a proposal. The opposition is based on several grounds. First, for the reason I have described in relation to the incubation period, the period after infection during which no antibody is present. So the test describes the current situation at the time when blood is taken. It cannot exclude the presence of infection. The second reason is that when the current tests are applied to groups in which the prevalence of disease is very low, that is, there are relatively small numbers of people who actually have the disease, then the test becomes inaccurate. The tests for AIDS are very sensitive. They operate at levels of efficiency of 99 per cent or more. But the small departure from perfection when applied to large numbers of individuals can produce a sufficient number of false positive results to do far more damage than society can accept.

So the recommendations for testing are limited to those individuals who fit into any of the risk groups, the ones that I have listed in relation to blood donors. There, among those groups, where the prevalence of infection, the numbers of people who are infected as a per cent of the total number of people in that group, is sufficiently high that the test results are accurate at a high enough level that we should perform those tests.

Development Of AIDS Disease

It takes many years for actual AIDS disease to occur after infection. There are very few individuals who develop AIDS disease prior to two years after infection. Infection, again, is when the AIDS virus enters your body. AIDS disease occurs when symptoms and signs develop, when the

individual becomes ill. The illness usually begins subtly but it can appear suddenly. It can resemble other diseases. But it has one characteristic and that is it interferes with the body's ability to protect itself from infection, so that most of the manifestations of AIDS disease are those of infection.

As the months go by and we observe the experience of groups of people who have become infected with AIDS, it is becoming apparent, as Dr. Barreto indicated, that it is not just a small proportion of infected people who go on to develop the disease. It appears to be a fairly stable seven to 10 per cent per year who go on to disease and there are some researchers who now suggest, on the basis of following infected people over an extended period of time, that virtually everyone who is infected will ultimately go on to develop AIDS.

AIDS disease is a terrible, terrible disease. Repeated infections which respond slowly, if at all, to usual treatments have a very disabling effect on individuals and many suffer horribly and virtually all of them will die. The figures that we have from the US and from Canada, indicate that 50 per cent of individuals who have diagnosed AIDS will be dead within two years. Our current drug treatment will delay but not necessarily prevent death. There is no real treatment for the disease and a vaccine is a long way off. The only prescription we can offer for the protection of the public is "Don't get infected."

Distribution Of AIDS In Canada By Risk Category

Let us move now to the second page of the handout, headed "Distribution of AIDS in Canada by risk category to the 25th May, 1987". You will note the risk category is made up of homosexual and bisexual males, intravenous drug abusers, blood product recipients, from an endemic area which has come to mean Haiti or central Africa, heterosexual partners and others. In Canada about 84 per cent of all of our reported cases are among homosexuals and bisexual males; very few drug abusers, although this category is a major contributor to cases in the United States. Nearly 17 per cent of cases in the United States are among intravenous drug abusers, a matter of great concern to the Surgeon General of the United States, who believes that the intravenous drug abuser will be the primary route through which disease transmission moves, from a pattern of male to male, to male to female, and female to male. At that point the progress, the movement of the disease through the population, could intensify. At the moment in Canada we have only 26 reported cases among individuals who are heterosexual partners of individuals infected with the AIDS virus. However, as Mr. McLaughlin has indicated, that group is among the most rapidly increasing in the United States. The numbers are still small but they are increasing more rapidly than other groups. There are a small number of children infected who have AIDS, most of them as a result of contact with a parent at risk, frequently through transmission of the virus during or shortly after pregnancy. The total number then is 1034.

The previous report issued some three weeks earlier was of 1001 cases, indicating an average rate of new disease reported of about 10 cases a week. In the United States a year ago, 26 new cases of AIDS were reported each day to the centres for disease control. This year at the same time, 38 cases per day are being reported.

Estimated Number Of Persons Infected With AIDS

Let us turn now to the third page, and from a discussion of AIDS cases to AIDS infected persons. This table sets out the estimates for the numbers of people who are infected with AIDS. They do not have AIDS disease, but they are infected with the virus in the United States, in Canada and in the Northwest Territories, based upon numbers which were developed in the United States. You will frequently have heard the estimate of 1.7 million infected Americans, well, that is where the numbers come from. A proportion of infected individuals have been applied to each group to produce that sum. The estimate for Canada is based on rates one half that of the US because Canada is behind the United States on the epidemic curve. The number of disease cases is rising rapidly, we are roughly two years behind the United States on that curve. The number of estimated infected individuals in the Northwest Territories is based upon half the rate for Canada, because we are about the same distance here behind Canada on that epidemic curve.

Thus we have an estimate for Canada of just under 100,000 infected individuals and just under 100 infected individuals in the Northwest Territories. To date, we have only a single reported case of AIDS in the Northwest Territories but there are obviously other individuals who are infected, whether it is 88, 48 or 128 we do not know. We can only estimate based on the experience of others.

Still, it raises the very important point that it is not sufficient to look at the number of infected or the number of AIDS cases, because there are many, many more who are infected for each case. Ultimately, most of those infected individuals will go on to the disease. The number of disease cases which are going to be reported in the United States and Canada and the Northwest Territories in 1991 are already determined. Those individuals are now infected and progressing toward the disease at an inexorable rate of seven to 10 per cent per year, so that we can confidently, if somewhat fearfully, contemplate a significant number of infected individuals in 1991 in the orders of magnitude above what we are saying now.

Estimated Risk Of Infection

One of the prescriptions which we have heard in advertising from the South as a means of avoiding infection and of stemming this horrible epidemic is use of the condom. That is true to an extent but only partially true. Condoms have been used for a long time as a contraceptive measure and they have never been fully effective and there is no reason to believe that they will be fully effective in slowing or stemming the spread of AIDS either. Even when used correctly and consistently with a spermicide, condoms have a failure rate of at least five per cent per year. However, in practice the failure rate is probably closer to 15 per cent per year. So, you will see on page four of that handout, the estimated risk of infection for sexual partners of AIDS positive contacts based on condom use at varying levels of efficacy -- if you move across the row of 85 per cent efficacy for the condom, you will see the failure rate of 15 per cent in one year and it becomes a failure rate of 38.6 per cent in three years and a failure rate of 55.6 per cent in five years. Those are not particularly reassuring figures. But those are, in fact, the sort of protection that one can expect from condoms. So, it is not sufficient to continue on as we are and rely solely upon the condom to protect us from infection. That will not work. It is necessary that behaviour patterns change as well.

Behaviour Patterns And Risk Of Infection

We can describe patterns of behaviour that carry no risk of AIDS infection or a very slight risk of AIDS infection and we can also identify practices that place individuals at grave risk of infection. At the highest level of hazard is the unprotected, homosexual encounter with a stranger in a large southern city. In many southern cities in Canada the homosexual population is infected at the rate of about 50 to 75 per cent. So, that one chance encounter may be sufficient. Encounters with prostitutes are also a risk but at a lower level. Indeed, of the 100 prostitutes in Vancouver who have been tested over the past few months, none of them were found to be infected but that does not hold in other cities in Canada and it certainly does not hold in other cities of the world. The principal risk to the Territories arises from the possible importation of AIDS virus by bisexual males or males consorting with prostitutes in the South and bringing the disease back to the Territories.

It is necessary for us to find the collection of activities which will first inform individuals as to the risk that they may expect from AIDS and to provide them with the information they need to protect themselves and others. Part of that process must include establishing a confidential and pure environment in which people who believe they are infected, because they belong to one of these risk groups, can come forward for testing and end the horrible fear they have that they are infected.

Blood Tests

At the time of testing, blood would be taken only after an individual had been counselled regarding what the test can do and what it cannot do; counselled regarding the implications of a positive or a negative test result; and after the individual has signed a consent form for the taking of the blood sample. Blood samples will be submitted to laboratories in the South under code names or numbers so that only the individual tested and the nurse or physician who draws the blood need know that this individual is being tested for AIDS. When the report comes back it will be returned to the individual who drew the blood sample, again in code, and the individual will be called to hear the result of the test and to learn its implications.

The implications are: If a negative test, you are negative at the time the blood test was taken. If you have had recent high risk sexual contact within the past year, then your test may subsequently turn positive and I would invite you to return for a further blood test in six months. If it is negative at that point and you have not had a high risk encounter in the interim

-- between the tests -- then you are probably safe as long as you avoid high risk situations. If the test is positive, the message is much more difficult to transmit because we must inform the individual that they are infected with the virus which we believe goes on to the disease in a very high proportion of cases and at the moment we have no treatment. But we can provide information that would permit that individual to protect others around them.

We propose to deal with AIDS in the same manner we deal with other dangerous infectious diseases -- through contact tracing and counselling with the aim of preventing its further spread in the communities. The message to the public is a short one: "Avoid becoming infected", and we will offer very specific information as to how that might be accomplished. It includes the use of condoms but it cannot rely exclusively on them.

High Rate Of Sexually Transmitted Diseases In NWT

One piece of information regarding the Northwest Territories, specifically, causes us concern regarding the possibility for the spread of AIDS and that is our very high rate of sexually transmitted diseases. In the past year we have had over 2000 cases of sexually transmitted disease reported to us. That is four per cent of the whole population and among individuals between the ages of 15 and 30, it is over 10 per cent. In some communities, it is over 20 per cent.

Thus, we have a situation in which the AIDS virus, once introduced into a community and entering heterosexual transmission, from male to female or female to male, could spread very rapidly. Hence, the urgency and the importance of putting together the pieces of a program that will equip the public to protect themselves.

CHAIRMAN (Mr. Erkloo): Any questions or comments from the Members? Mr. Butters.

HON. TOM BUTTERS: Thank you, Mr. Chairman. I thank our witnesses for their very informative talk. I would like to query Dr. Kinloch on his use of the words "false positive" in relation to the testing. Now I had thought that testing would be an answer or a solution to our problem; you could do tests and identify individuals who had either acquired the virus or had moved on to the AIDS phase. What is a "false positive"? Why do the tests produce so many false positives? And does that mean that a person then could be designated as having the virus and then in truth, not have it? Is that what a "false positive" means in this case?

CHAIRMAN (Mr. Erkloo): Dr. Kinloch.

Accuracy And Value Of Blood Tests

DR. KINLOCH: That is correct. As I indicated, the tests are very sensitive but they are not perfect. And a less than one per cent failure or inaccuracy rate would seem unimportant except when it is applied to a population of a million or 100,000 in which case the actual numbers of false positives become high enough that they outweigh the benefits of carrying out the tests if the test is restricted to those individuals who are at risk. In other words, where the likelihood of finding disease is fairly high, the test is extraordinarily accurate. But it is when we move from those high risk categories into the general population that the difficulty arises.

So our recommendation is that we must avoid carrying out tests on individuals who are at low risk because it is possible, simply through speaking with individuals, to identify whether they are likely to be infected or not. It is far better to do that than to conduct a test. In other words, if you have not had a homosexual encounter since 1977; if you have not used intravenous drugs; if you have not received massive blood transfusions; if you have not consorted with prostitutes in major southern cities or in South America, then it is most unlikely that you are infected. And having a negative blood test is not going to make me, as a physician, feel any more comfortable that you are not.

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

Confidentiality In Small Communities

HON. GORDON WRAY: Thank you, Mr. Chairman. Two questions that keep coming up in the communities time and time again when people ask about AIDS. The first, and it is not so much a question as it is a statement is that, I guess, for those of us from the small communities, it is sort of taken

for granted that in a small community it is very hard to keep a secret. When you say to people, "Well, you know, you should go to the nursing station to get tested", people say, "Well, what is the point? Because if we have got it, everybody in town is going to know about it." So there is a great reluctance to go to the local nursing station because local people work there and the nurses are part of the community. I guess there is a feeling that the information is going to get out. So there is a fair amount of nervousness about it. I just wonder if you care to comment on that one point because obviously, as you say, we have the highest rate of sexually transmitted diseases in the country. So, I probably would be right in saying that it is in some of the smaller communities that the really high percentages come in. So, I think that they are a particularly vulnerable group of people.

And secondly, the other question, and even reading the material I am not quite sure myself, how long do we stay infected? You know, there are some people who say to me, "Well, it was years ago when I was last fooling around; I do not have it or I would have got it by now." Is that true? Or does the virus stay in the blood even if you got the virus say, 15 years ago? Is it possible for the virus to stay in the blood that long and no sign of infection or illness show whatsoever? I guess those are my two questions.

CHAIRMAN (Mr. Erkloo): Dr. Kinloch.

DR. KINLOCH: The issue of confidentiality and of the willingness of people who believe themselves to be at risk to come forward for testing is critical to the success of our efforts to control the movement of AIDS into the smaller communities. That can be assisted if the general public, those who are not infected, at no risk, understand that these individuals who may be infected are of no specific risk to them, that they need not be feared nor shunned nor discriminated against.

Fear Of Discrimination Through Ignorance

It is largely the fear of those who are at risk that such discrimination will take place that keeps them from coming forward. I have spoken with individuals who have explained those fears and provided examples of discrimination that have resulted in the loss of jobs and the loss of homes and becoming a social leper. Much of the discriminatory action lies in ignorance. People do not understand that casual contact cannot transmit the disease. So one of the major aims of our program is to make sure that everybody understands that they cannot get AIDS even from someone who has the disease by shaking their hand or living in the same house or sharing cutlery. The disease does not spread that way. It spreads by sexual contact.

We have been following people infected with AIDS now for only about eight years but it is fairly clear that at eight years, most people who are infected show evidence of that infection. Certainly, anyone who has been infected will show evidence in a blood test within a year of having been infected except for that small proportion of individuals who do not develop antibodies at all.

I think that many people's minds can be put to rest with a few simple facts about the disease and we are preparing to provide that information in every language of the Territories because unless we can deal with the general concerns and the major misconceptions that exist about the disease, we are not going to be able to even approach those folks who really need help, those people at high risk.

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

MS COURNOYEA: Yes, Mr. Chairman. Dr. Kinloch made a statement that we should often be very careful about statistics and certainly I fully agree with that. And in his statement that there were four per cent or approximately 2000 cases of sexually transmitted disease in a given year, could he clarify whether those were individual cases by individual people or were they recurring cases that he is talking about?

CHAIRMAN (Mr. Erkloo): Dr. Kinloch.

DR. KINLOCH: The reports made to us are of occurrence, not necessarily of individuals, and we can break out our figures by individuals as well. It represents probably in the order of three per cent of individuals, if we were to look at it in that manner.

CHAIRMAN (Mr. Erkloo): Ms Cournoyea.

MS COURNOYEA: Mr. Chairman, on Dr. Kinloch's statement that he would not recommend that everyone get tested and as some of my other colleagues have stated, there are not very many things in smaller communities that are secret or unknown. It is just the make-up of the communities, how when one person says one thing to another individual in confidence, it generally magnifies itself. I believe a lot of people would be concerned about that. Given your statement that perhaps there is about 85 per cent accuracy in testing and given that there would be quite an extended educational process that would tell people that the testing is only about 85 per cent accurate, would an educational program to people explaining that not alleviate some of the fears of people who may come up with a positive/negative? Because it would certainly be known to people that there would be that 15 or 20 per cent chance that the testing would not be highly accurate when they were tested, and in any community, if that is the case, you would still have the 15 or 20 per cent margin. Would that not alleviate some of the anxieties and disturbances of people who did get a positive/negative or negative/positive result?

CHAIRMAN (Mr. Erkloo): Dr. Kinloch.

DR. KINLOCH: I believe that the best approach to dealing with this problem is to attempt to convince individuals that we are far better able to exclude them as at risk of AIDS through obtaining information about their behaviour than by carrying out a blood test. Only after we have questioned the individuals about their contact and found that they belong to a risk group, would the test be undertaken, at which time we could have some confidence in the results of the test. The dangers of having individuals labelled incorrectly as infected, are too horrible to contemplate. Even if the numbers of false positives are very small, they are far better avoided than making the attempt to clean up the mess after the fact. What I am describing to you now is based on our current technology. It is possible in the future that we will have a perfect test, but we do not have any other perfect tests and I do not expect that we are going to develop one for AIDS either.

CHAIRMAN (Mr. Erkloo): Dr. Barreto.

Pre-Test And Post-Test Counselling

DR. BARRETO: Thank you, Mr. Chairman. Just to address the same question which was asked. Testing, whenever it is offered, will in fact be preceded by pre-test counselling to in fact ensure what Dr. Kinloch has just said, that the person involved is in a high risk group and that he or she needs the test. Following the results of the test, post-test counselling will also be done to ensure that those who are in high risk groups and perhaps may be negative are tested again and people who may not be at high risk and are found to be positive are tested again if need be, and the implications of the results are explained properly to the people because of all the social, legal, insurance and other ramifications that the test results may have.

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

HON. DENNIS PATTERSON: Thank you, Mr. Chairman. First of all I would like to say that I very much welcome this opportunity to discuss this critical problem in public at the Legislative Assembly. I would like to just mention, if I may, Mr. Chairman, that as Minister of Education I am profoundly concerned about this issue and the need to educate our young people who, I think we have good reason to believe, are sexually quite active. I know that in the Baffin Region last year, 34 per cent of the live births were to young women under the age of 18. Some very young. I think that is one small indicator of the degree of sexual activity amongst young people.

Compulsory Component Of School Curriculum

So I would like to let this Assembly know that I have, along with Mr. McLaughlin, recently taken steps to see that the family life education part of the health curriculum, which has been under careful development for the past several years and which at our direction will include a unit on AIDS as well as on other sexually transmitted diseases, shall be compulsory in the curriculum in all schools in the Northwest Territories this fall. I would like to make it clear to Members of the Legislative Assembly that I have taken this step, with the support of the Executive Council, because I believe that no one should have the option of living in ignorance about this potentially dangerous epidemic disease. And I believe that we owe it to our young people to give them the information, the facts on which to make personal decisions about their personal conduct. I should point out, because I know that this matter of sex education may well be controversial, that a

parent may have the right to withdraw a child from such classes should there be personal or philosophical grounds for doing so. But the instruction will be given to all children unless their parents individually object and withdraw them from the class. I seek support from the Members of the Assembly in making this work in light of this problem.

My first question, and perhaps this is to Dr. Barreto as chairman of the AIDS committee, I think education is critical and I am wondering, will community councils, band councils, concerned groups in communities, regional councils, local education authorities be able to get briefings of this kind in the coming year as part of your education program?

CHAIRMAN (Mr. Erkloo): Thank you. Dr. Barreto.

Public Education Strategy

DR. BARRETO: Thank you, Mr. Chairman. The whole public affairs strategy envisages that in fact from now on we will educate every possible person around us. We have started with the leaders here and we hope to take it at the regional level, at the hamlet council level and at the community level. We hope to have a full-time co-ordinator for the program, who in fact will be responsible for educating people in each region, to have resource people in each region and eventually in communities. We have already made a start on this. Dr. Kinloch and myself and some of the members have addressed regional health boards in the Baffin, the regional health board in Keewatin already. We have also had an opportunity already to address the workshop of all health committees in Baffin.

So that has been a start. This message that we hope to carry on very quickly will be conveyed to all members across the Territories, all the native organizations and political organizations.

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

Condoms Only 75 Per Cent Reliable To Prevent AIDS

HON. DENNIS PATTERSON: Yes, thank you, Mr. Chairman. If I may, I have one more question. Mr. Chairman, I am somewhat concerned about the information about the unreliability of condoms. I think generally many people feel, and the ads from southern Canada have sort of led us to believe, that this is the answer. Condoms will prevent AIDS. But I see from the information here that over a period of use of some years, condoms might be reliable only something like 75 per cent of the time.

This really concerns me because you have already told us that we have a much higher degree of sexual activity in the North and that in some communities, if I am correct, one out of every five people contracted VD in a year. This is very alarming. If we are going to have a difficult time slowing people's activity down and encouraging people to have fewer partners and condoms are not reliable, then we are still very vulnerable.

The question I want to ask is, is not part of the problem with condoms that people do not use them properly and do not know how to use them properly? My question then would be, first of all, are condoms available or will they be made available free in the Northwest Territories in the smallest communities which may have these problems as much as bigger centres? And secondly, are there ways in which condoms can be used so as to be more reliable than, say, 75 per cent and will you be providing information about careful use of condoms so as to improve their reliability? Thank you.

CHAIRMAN (Mr. Erkloo): Dr. Kinloch.

DR. KINLOCH: Condoms are available have been available from nursing stations across the Territories for many years. We have recently inquired about the use of condoms and the numbers that are distributed and have recommended that all nursing stations ensure that they have adequate supplies, and furthermore, that individuals to whom condoms are dispensed understand how to use them correctly. It is pointless to distribute condoms if they are not going to be used correctly.

We are also investigating the relative merits of specific types of condoms. They are not equally good. The general category of condoms that we recommend is a latex condom with spermicide. They are already coated with spermicide because we believe that that is probably the only circumstance under which spermicide would be used. When we have satisfied ourselves that one particular brand or another has the highest reliability level, then we will recommend that that condom be used. The current condoms which are dispensed are latex but they do not have spermicide.

HON. DENNIS PATTERSON: Are they free?

DR. KINLOCH: They are free.

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

MR. CURLEY: Thank you, Mr. Chairman. I would like to compliment the two doctors here today making this very important presentation. I think in the Northwest Territories, forums are much more limited to the ones that are taking place down south. Not a day goes by down south where you do not read through various forums, whether it be a magazine or health journal or other programs that are being conducted to inform the public about this terrible disease which I think is posing a moral dilemma to every individual in the world that is aware of the risk of this particular disease. I think it is a moral responsibility of each one of us to try to ensure that ourselves and our children are fully aware of the danger of this thing.

Problems In Providing Public Information In Northwest Territories

Having said that, Mr. Chairman, I would like to ask the two doctors, I certainly appreciate the strategy that they are taking today, but we still have limited forums for providing public information in the Northwest Territories. What we have heard so far in the public media in the Northwest Territories is not adequate. The kinds of things that I have seen on TV commercials related to the thing are certainly not adequate. I also see that in the Northwest Territories it is going to be difficult to get the message across with the kind of impact that we like to see, because many of our people, particularly in the small communities and isolated regions, normally do not have the ability to read and fully understand what is being printed in various information packages. So I would like to ask the doctors, how are you going to provide this information which you said will be produced in every language in the Northwest Territories? Will it be through the media, through the TV, through the newspapers or will this be a specific journal developed to try to get the message across? I think it is important to understand a bit about that because not many of us ordinary lay people are qualified really to try to get the message across and to try to inform our immediate relatives, or whatnot, and personal friends about the danger of AIDS in this country. Thank you.

CHAIRMAN (Mr. Erkloo): Dr. Barreto.

DR. BARRETO: That is an excellent point, Mr. Chairman. The attempt will be a multi-media approach utilizing every possible resource available in the Territories. It will be posters, pamphlets, newspapers, but more importantly than that, there is a group which does not read these very regularly. And specifically directed for them, there will be a video which we are hoping to produce which will be directed much more at conditions in the North.

We have already made some preliminary inquiries, budgeting, etc., for this and we hope to get working on this very shortly. The whole public health strategy has, in fact, been drawn up with the department of Culture and Communications working closely with the AIDS co-ordinating committee. Tapes especially for the Dene languages are being developed, and if you see today in the packages that we have given you, we have the English versions of the fact sheets A, B and C, telling you the different aspects of AIDS and what is being done in the Territories. It has already been translated into various Inuit dialects. It has been translated into at least three Dene languages. The reason I did not provide the House today with this information was because we have not back-translated it as yet. That is what we are doing.

A tape in Loucheux has already been produced. That has to be checked again and that is why I did not give you a copy today. But it will be available. The radio will be an important media to be utilized, as well as television.

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

MS COURNOYEA: Thank you, Mr. Chairman. I have a three part question, I suppose. The obvious question that generally circulates in a community at the beginning of any kind of concern such as this is, in the Northwest Territories, are there really positively any confirmed cases in the Northwest Territories? I realize that we have been told that if, you know, the percentages as it relates to what happened in the United States and what happened in southern Canada, it would be more than likely that there will be certain assumptions you could make about the Northwest

Territories. But I am not really asking you to make an assumption on the basis of what happened in other places but are there any confirmed cases in the Northwest Territories? As well, if a person is interested and may not even be knowledgeable of who may or may not be a dangerous partner, are there any obvious symptoms that would be known to a person if they had an advanced stage of AIDS?

CHAIRMAN (Mr. Wah-Shee): Thank you. Dr. Barreto or Dr. Kinloch.

Confirmed Cases Of AIDS In Territories

DR. KINLOCH: We have reported one case of AIDS in the Territories. The projection would have suggested there are two. That case has been followed up, contacts have been traced and we have concluded that there is no need to proceed further. We have heard from the individuals in Quebec who previously reported on a hypothetical situation affecting an Inuit who was behaving irresponsibly with AIDS and infecting others. And there was no truth to that particular assertion. The case was used as an example of the dilemmas that the disease produces for those who care for individuals with the disease. The case in northern Quebec apparently has not had contacts in the Northwest Territories, but if there had been contacts, they would have been followed up. In the early stages of disease or, more importantly, in the early stages after infection, even before the appearance of a positive blood test, the individual who is infected may appear perfectly well and may appear perfectly well for periods of several years after infection, so that it is not sufficient to wait until the appearance of disease. And rather, if individuals believe that their partner is infected or may be behaving in such a manner as to become infected, then they should deal with their concern directly and not wait. After the sexual partner has developed signs of AIDS, it is far too late. The partner by then would usually be infected.

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

MS COURNOYEA: Further, Mr. Chairman, to the case in the Northwest Territories. Is that person still living in the Northwest Territories? And further, if a parent had a child who, say, over the last eight years had received several blood transfusions, would you recommend that parent to have the child checked even at that young age?

CHAIRMAN (Mr. Wah-Shee): Dr. Kinloch.

DR. KINLOCH: The infected individual, the individual with AIDS, is still in the Northwest Territories.

The recommendation regarding individuals who have received blood transfusions over the past several years is that unless there are unusual circumstances, such as massive blood transfusions, then testing is not recommended.

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

MR. ERKLOO: (Translation) Thank you, Mr. Chairman. How dangerous is the AIDS issue? I was not aware of it until last night and today, and only what I have learned from the doctors. I would like to thank the good doctors as well as the Minister of Health for making it known. I believe that this issue should be stressed throughout the NWT and I think it would be their duty to let the NWT people know about the dangers of infection from AIDS.

I have heard the number of VD cases in the NWT. In the small communities, it is very great. Compared to Canadian statistics there are more VD cases in the NWT -- four per cent more than the rest of Canada. And before the age of 18 there are quite a few cases of 35 per cent of young people getting venereal disease. Today young women are more in danger who have never had children -- 18 or 19 years of age, they usually have children by the time they are of that age. I am not trying to say that you are not a very good person, but we have to realize that it is a reality today. That is the case as it is in the NWT and it would be spread very quickly since there are so many people that have sexual relations.

I have two questions. First, venereal disease at this time is prevalent. We are quite aware of it. If I contracted VD then it would be obvious that I have it. People would know in the NWT. I would like to ask, when a person has acquired AIDS, how would he know about it, or another person who does not have AIDS?

Another question I have is that in smaller communities where there are no doctors and medical services, laboratories are not available, how could I get tested for AIDS?

CHAIRMAN (Mr. Wah-Shee): Dr. Kinloch.

Symptoms Of AIDS

DR. KINLOCH: For much of the period during which people are capable of transmitting the virus of AIDS to other people, there are no signs and no symptoms. The disease can begin slowly with fevers and weight loss and prolonged diarrhea, infections going on to a severe infection which will make that individual sick enough that he must be treated in a hospital. Or the disease may begin very rapidly with a severe infection, or an unusual form of skin cancer can develop, which produces purplish blotches on the skin or inside the mouth. At that stage the individual is very ill and the course from that point on is usually progressively downhill. The period to which we should place most of our attention is on the period prior to the disease appearing and, even more important, prior to the point at which individuals become infected, because that is the only point at which we can intervene.

AIDS Tests

AIDS testing will be available to everybody in the Territories. AIDS tests can be done in nursing stations. The blood sample can be taken after an individual has been counselled and after a consent form has been obtained and the blood test will be sent out to the South. There is no need for us to attempt to do that testing here in the Territories.

The information on the tests will be provided back to the individual by people who understand what they mean. It is important that anybody having the test understand the implications, understand the limitations of the test, understand what a negative test means and what a positive test means.

The most important information an individual who believes he or she is at risk can receive is that they are not infected because it gives them the chance then to protect themselves from infection in the future. For people who have not had a high risk exposure, they can continue to protect themselves by avoiding the conditions under which they could become infected by the AIDS virus and we will make those conditions very, very specific at the risk of, perhaps, offending some people with the directness of our message. But it is important that people understand precisely the circumstances that might produce infection.

The confidentiality of these tests is the most important feature of the program because if we cannot protect confidentiality to the extent where people will have confidence in us, then people who fear that they may be infected will not come forward. They will have to live with the fear that they are infected and with the possibility that they may infect others.

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

MR. ERKLOO: (Translation) Thank you, Mr. Chairman. My question is going to be directed to the Minister, but I am not too sure -- I remember in the early 1960s we made a book called the Q Book in Ottawa and at the time, the venereal diseases were not well-known among Inuit. When we made information available about the venereal diseases, the smaller communities were just making fun of the information provided because they were not well-informed but afterwards it was not made fun of. AIDS is more serious because you can die from it.

Testing For AIDS

I have heard the United States president has made it mandatory for the inmates to be tested. Have there been any ideas similar to this? If this disease were to be found in the NWT, would it be made mandatory also in the NWT by the Minister? I am not suggesting today, but if we had to do that in the future, would we do it?

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

HON. BRUCE McLAUGHLIN: Thank you, Mr. Chairman. I do not think that I, nor the officials who work for Mr. Epp, nor officials who work in my department can overemphasize how serious this disease is and that it is important that we have a program in place so that everybody in the Northwest

Territories understands how serious this disease may be for their individual communities. So, we are not going to rely on any single means of communication. We are going to use written and audio-visual means of communication to fight this disease and the spread of this disease. In addition to that, we intend to actually make live presentations on this disease in every community in the Northwest Territories. It is our intention that we will approach community leaders and make them aware of how important this is, to make sure that when the public health teams visit the communities to discuss this disease, proper arrangements be made so that all residents of the communities will become involved in the education and informational programs.

As for the testing of individuals, Dr. Kinloch has outlined what the limitations are of testing everybody, but any group of people who are at high risk, and I am aware that in some correctional systems consideration is being given to the testing of prisoners who may be at risk or may be causing risk to other prisoners, and in the Northwest Territories people who are in situations like that will be counselled to be taking tests.

At this time no mandatory testing is contemplated. The Members should realize, though, that under the Public Health Act there is a wide ranging amount of power at the discretion of the Minister responsible, and his officials, to make sure that disease is controlled and that if there are situations where people are knowingly not following advice, as in the case of tuberculosis or any other disease, measures can be taken to discipline or control those people in order to prevent the spread of the disease. Thank you, Mr. Chairman.

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

False Results From AIDS Tests

HON. TOM BUTTERS: Thank you, Mr. Chairman. Once again on the testing. As I understand it, a person who is carrying the AIDS virus could be tested through your system through a doctor or a nurse, could have that test carried out in Edmonton, and the result could be that he does not have AIDS, that the test would be negative even though he was carrying the virus. On the other hand, an individual who did not have the virus could be tested and get a report back that he does have AIDS. Is that correct?

CHAIRMAN (Mr. Wah-Shee): Dr. Kinloch.

DR. KINLOCH: Mr. Chairman, yes, the test is not perfect. It is less likely to miss someone who really does have AIDS than it is to falsely indicate that someone is infected. The likelihood of that happening increases as you move from testing groups at high risk to groups at low risk.

CHAIRMAN (Mr. Wah-Shee): Thank you. Dr. Barreto.

DR. BARRETO: Mr. Chairman, just to supplement that comment by Dr. Kinloch. I just want to add that the test does not tell you whether you have AIDS or whether you do not have AIDS. The test only tells you whether you have been infected in the past or not infected in the past. The diagnosis of AIDS is made at a later date once those tests are positive and certain symptoms develop, the ones that Dr. Kinloch described earlier.

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

Presentation On AIDS A Revelation

MR. RICHARD: Thank you, Mr. Chairman. I want to add my appreciation to the doctors for providing this briefing for us today and last night, as well. Also, my appreciation to Hon. Bruce McLaughlin for arranging for this briefing. The presentation last evening was quite a revelation to myself. I believe that I try to keep fairly current on issues like this but by just reading the conventional media sources, I was actually quite shocked last night on a number of factors that the two doctors presented to us that, in my view, are not there in the general mass media. Primarily what struck me was the inaccuracy of these tests, as accurate as they are, these 99 per cent rates that were described to us but the inaccurate results that can result from testing the entire population.

On the one hand, the figures that you gave us again today which extrapolate, or whatever the term is, take the percentage of high risk groups from the United States population and the southern Canadian population to our population, it appears that there may be 80 to 100 residents who

actually have the virus in their system. That is shocking enough. But, as I understood you to say, if the current tests were given to the entire population of the Northwest Territories of some 50,000 people, there may be as many as four, or five, or six hundred people who will test positive but who do not, in fact, have the virus.

That to me is something that I had never envisaged in all the material I read or heard in the mass media. It confirms to me what the doctors have been saying, Mr. Chairman, that that is a very good reason why, at this point in the technology that is developed, it is very difficult to advocate any kind of mandatory testing to the general population as opposed to high risk groups. That was quite a revelation to me personally.

The other particular item, I suppose, was the information that was provided to us, and again today, on the relative unreliability of the use of condoms. Because I believe the message coming across the television, and they have only started those ads in recent months, the message coming across is that you are reasonably safe if you use condoms and the doctors have convinced me, last night and today, that that is not the message that should be coming across the television to the Canadian people.

I believe, Mr. Chairman, that our government is going to be taking the steps necessary in terms of public education. For the record, I hope later today, just to confirm that, to move a motion in support of the government conducting such a program and to allocate whatever money is necessary to do that.

Professional Counsellors Important

But I also am pleased to hear the doctors say, Mr. Chairman, that it is also important that we have professional counsellors to deal with people who come forward and want to take the test and that they are not going to let just anybody administer the test nor say "Yes, you can have the test." They are going to do some counselling so that the individuals who take the test are aware of what the test will provide them with. And because of the inaccurate results that may be presented, as the doctors have stated, we need people who have compassion to work with those whose test results are positive. I was also pleased to hear, Mr. Chairman, that these two doctors, working with officials in our government, particularly in the Department of Communications and the interpreter corps, have done so much already to get the message out in all languages.

So, Mr. Chairman, I would like at the end of the discussion today to make a motion just for the record. I do not think anyone will disagree with it, but just so we do go on record as supporting the education program. For myself, I personally am going to make a point of contacting the community leaders in my community, such as the city council and the school boards, and I am going to urge them to get this briefing from these two doctors or their colleagues. I would urge other MLAs to do that in each of their communities to ensure that this briefing is given to all the community leaders in the Northwest Territories. Thank you.

CHAIRMAN (Mr. Wah-Shee): Thank you. Any further comments? Ms Cournoyea.

Time Needed To Educate People

MS COURNOYEA: Mr. Chairman, I certainly agree that it is going to take some time to educate people and to bring the message across to apprise people just how critical a situation this new virus can create for their community if people are not aware and are not cautioned or do not know how they can limit the spread of this virus. However, given that in the past it seems that drastic action had to be taken even in tuberculosis, where almost everyone got vaccinated, and smallpox, where something was found, and hopefully with this there will be something that will come up that would probably be 100 per cent. But in the case that with this educational process going on and the fact that we have 50,000 people in the Northwest Territories, and given the statistics that you have quoted and rapid escalation once the disease gets within any community, at what percentage would you suggest that the Northwest Territories create an emergency situation in dealing with this problem?

CHAIRMAN (Mr. Wah-Shee): Thank you. Dr. Kinloch.

DR. KINLOCH: I think it is important that we should avoid accepting or creating an emergency situation because that tends to bring out some unfortunate characteristics in human behaviour that are characterized as a plague mentality. We see some evidence of plague mentality in some of the

excesses in the South in relation to the handling of a demonstration by gays in Washington, DC, for example, where the police force wore long yellow rubber gloves in dealing with the demonstrators. That is ignorance in action, but I am afraid it tends to be encouraged by a feeling that one is dealing with an emergency situation or an emergency is declared. We are going to deal with this virus by ensuring that everybody knows how it is spread and how they can protect themselves. We know more about this particular virus and how it spreads and how to deal with it than about virtually any other disease.

Difficulty Is In Changing Conduct

The difficulty is that it is going to require a change in the way we conduct ourselves in a very sensitive part of our lives. That is the difficulty. The prescription is simple, but following through on the prescription is not. What we must avoid is leaving people with the misconception that they can prevent AIDS from spreading simply by using condoms or by being tested periodically.

There is no simple solution. It is going to require some insight, some understanding and some action. It is not enough that people receive the message and understand it and can restate it. They have to act on it. I think we will have a good indicator of whether people are acting upon it in the Northwest Territories by a reduction of our sexually transmitted disease rates. If our disease rates a year from now are the same as they are today, we are in trouble. The message is simple. Do not get infected. We can provide very explicit information about how to avoid becoming infected. We must now carry that information into every region, into every community in such a way that people will accept and act upon it.

CHAIRMAN (Mr. Wah-Shee): Thank you. Any further comments? Mr. Pudluk.

HON. LUDY PUDLUK: (Translation) Thank you, Mr. Chairman. I would just like to express my appreciation for the people who gave this briefing and for making it very clear. I would like to thank you very much because you have just taught me a lot that I did not know before.

We know that we are going to see increasing incidence in the communities of this disease because of the transportation technology, the way it is. You can go a long way in one day or even in just two hours. We are not sure how we would deal with it or how we would stop it but we know that we can expect to see more cases in the future of people with AIDS. According to the notes that you have, they have very clear information on May 14, 1987, written at that time. It was some time ago that it was written, but we have not seen it until today, and how well they are put together. So, I think that we should save a copy of this letter and start distributing it to the communities. I think that will be the best thing to do. We know that through TV, radio and meetings the people are going to be informed of the disease but we have to start passing on the information and knowledge that we have gained and I think that will be the best route to go.

Time Factor In Shipping Blood Sample

Also, I have a question. You said earlier that if a person is sent to a laboratory for a blood test, that has to be done down south. Some of the communities, especially the smaller communities, only get sporadic plane service. Some of them only receive one flight a week. For example, Grise Fiord. So, the blood sample is going to take a long time to get to the laboratory down south. Is there any time factor involved here, whether a blood sample that was taken so much time ago would not be able to reveal the disease in that person? Thank you.

CHAIRMAN (Mr. Wah-Shee): Dr. Barreto.

DR. BARRETO: Thank you, Mr. Chairman. The answer to the question is, no. It will not matter, if the blood is kept in a refrigerator for a week and then transported to the laboratory. It should not make any difference whatsoever.

Bisexual Group An Important Link

I do want to emphasize the first comment that was made, Mr. Chairman, and that is that travel between the Territories and the South is easily available to a lot of people and it is that group that is of concern; namely the group that is bisexual. Besides the homosexual group that we have spoken about, the bisexual group is an important link between the homosexual community and the heterosexual community. It is the closet bisexual, who leads a perfectly normal relationship with

his wife or with his partner while in the Territories, has a homosexual relationship when he is down south and comes back. He is the kind of person who can get infected down south and transmit it to his wife, to his partner or his other contacts back in the North. It was a very important point that was raised. But hopefully, when this educational material becomes available, that message will get across.

The reason why this is the first time you have seen this material was because this material was in the hands of translators. I appreciate the excellent work and the assistance we have had from all the translators in the departments here. The Inuktitut translations, as I said, are finished and the Dene translations are in progress right now. As soon as this whole package is completed, it will be distributed wherever we can do so.

CHAIRMAN (Mr. Wah-Shee): Thank you. Any further comments? Mr. MacQuarrie.

MR. MacQUARRIE: Thank you. I have a question for the Minister of Education. Essentially, the first question is very simple. At what age will the education program begin in the schools? And the second question is -- I will wait for a moment until he gets the answer to the first question.

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

HON. DENNIS PATTERSON: Yes, thank you, Mr. Chairman. The family life education program is from kindergarten to grade nine and from grades 10 to 12. We use an Alberta program of family life education. I am told that for the issue of AIDS in the family life program, we will begin to tell children about it at the grade three level. Thank you.

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

Orientation For Teachers Of Family Life Education

MR. MacQUARRIE: The second question is with respect to the AIDS component in the family life education program. What orientation will there be for the teachers? I can see in all of this that if there is one thing worse than a lack of information, and that would be very serious for our population, it would be a profusion of misinformation. That is precisely what could happen if the department were simply to rely on some written materials that it sends to schools. I taught in schools for 22 years and I wish I could say that everything that came into the schools was read diligently by teachers, so that when they went into the classroom they knew precisely what they were going to be teaching. But I have to confess that is not the case. Therefore, will there be an orientation for all teachers who will be dealing with it? Will they be assisted by medical personnel in this particular area?

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

HON. DENNIS PATTERSON: Yes, thank you, Mr. Chairman. I would like to explain that on this whole thing, we have been working very closely with the Department of Health, with medical professionals and education experts. I think it is fair to say that the program that has been developed is sensitive to the special circumstances of the North and is quite effective and seems to be quite impressive, partly because it has been under development for several years.

Now to answer the Member's question, Mr. Chairman. we are planning teacher orientation beginning early this fall. The orientation will be conducted by Education and Health personnel. The way we are going to do it is to rely on our regional staff to provide the orientation to every teacher and we are going to ensure that regional staff are given proper training as to how to orientate each teacher. In addition, teachers will be encouraged to work with local health professionals in each community to provide back-up at the community level. Thank you, Mr. Chairman.

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

Plain Talk In Education Program

MR. MacQUARRIE: I heard a radio interview at one point, I believe with Dr. Kinloch, and at that time he said in their approach generally, to education for the public at large, that plain talk would be the characteristic of the education program. Can I ask the Minister of Education whether plain talk is going to be a major feature of the education program in the schools as well, so that there is no misunderstanding of what is being taught?

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

HON. DENNIS PATTERSON: Yes, Mr. Chairman, I think that is what I meant when I said that I believe that the family life curriculum is suited to the North. I think we have set it up in such a way that the whole family life program deals with plain facts, plain talk. In particular I can assure the Member that the AIDS component is going to be specific, straightforward, factual, clear. Thank you.

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

MR. MacQUARRIE: One question for the doctors. I can understand very clearly why any temptation to compel testing is unwise. You have cited a number of reasons and I think they are cogent reasons and we ought to keep them in mind. However, it is not clear to me -- some individual, even though that individual was not from a high risk group, but let us say an individual who perhaps had two or three heterosexual contacts and had a concern of not knowing what the practices of those other contacts were, is going to establish a new relationship, or is coming back to be with his wife, and is trying to be socially responsible. It is not that they want the test to know, themselves, whether they have got it or not because in a sense that is not much good anyway. If you have got it, you have got it and you will find out soon enough I guess, but they would like to know so as not to endanger someone else. They want to be socially responsible and do not want to endanger potential contacts. In cases like that it seems that you still recommend against testing. I am wondering why. Is it expensive, is it time-consuming, or what is it that makes you recommend against it in those cases? Presumably these would be individuals who recognize that there are false positives and that in fact they may be designated, who are willing to say, "Okay, if that is the case, abstention for a year or something and we will find out where we are at." But why not in those cases?

CHAIRMAN (Mr. Wah-Shee): Dr. Kinloch.

Example For Not Testing

DR. KINLOCH: Mr. Chairman, the advice regarding the avoidance of testing in other than high risk cases is one to which we would not be slavishly dedicated. There are circumstances which might suggest to the physician or nurse that an individual might properly be tested. But only after very careful discussion with the patient regarding the nature of the exposures and the basis for the concern and with that information in hand would it be possible to judge whether you might be convinced by either a positive or negative test in a manner other than what you might judge from what you have been told. If you conclude from your discussion with the patient that if the test comes back positive you are not going to believe it, then there is not much point doing the test. It is a judgment call in some circumstances. But as a general rule, at this point, individuals who report that they have had several heterosexual contacts in the Northwest Territories over the last X months, in the absence or in the presence of a sexually transmitted disease, would not constitute a reasonable basis for an AIDS test. There may be exceptions but as a general rule, not.

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

Counselling Instruction For Nurses In Communities

MR. RICHARD: Just a quick question. I was going to ask the Minister of Health or perhaps one of the good doctors, in the same context as Mr. MacQuarrie's questions about the instructions that will be given to teachers, what about the nursing stations in the communities? The delivery of health services in most of the communities is by nurses and in the context of Dr. Kinloch's description of how important it is for the counselling aspect prior to a test, what is going to be done to educate the nurses in the nursing stations throughout the Territories about that important aspect of counselling? Is there a program in place for that now?

CHAIRMAN (Mr. Wah-Shee): Dr. Kinloch.

DR. KINLOCH: Mr. Chairman, yes, we have had an educational campaign under way now for over a year, beginning with attempts to provide an information base for nursing supervisors and nursing directors and a follow-up of written material to individual nursing stations. We intend to maintain a very close relationship with individual nursing stations on the subject of AIDS until we are satisfied that the information that we are providing has been fully appreciated and understood at the community level.

Each new nurse who comes on staff will be provided with this background information in preparation for any situation she might have to deal with in the community but I expect that for some time the reaction of a nurse in the community to someone presenting themselves as a high risk individual seeking testing will be to immediately get in touch with us in Yellowknife for advice and guidance as to how to handle the situation. That is not unreasonable, given the relative infrequency of these sorts of situations at this point. We hope that the infrequency remains.

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

Motion To Extend Sitting Hours, Carried

MS COURNOYEA: Mr. Chairman, may I make a motion to extend this sitting until this topic has been concluded?

CHAIRMAN (Mr. Wah-Shee): A motion is on the floor to extend the sitting so that we can complete this particular topic. All those in favour? Opposed, if any?

SOME HON. MEMBERS: Agreed.

---Carried

CHAIRMAN (Mr. Wah-Shee): The sitting is extended. Mrs. Lawrence.

MRS. LAWRENCE: Mahsi cho. Thank you. I would just like to thank these two doctors for giving us the proper information. Many times we see so many different ads on TV, in the papers, you do not know which direction you are going or whether you should believe the papers or the TV or whatever. I think it is such a scary disease, you know; there is no cure for it. It is so important that I think we really immediately should educate the young people. Our young people are involved in more activities than we expected. When we do educate these people, I think it should also be translated into all the aboriginal languages for the communities, for the band council, for different programs in the community that are already existing. They can use that. It can be done as a video tape or anything that could be translated easily. Once again, I just want to say thank you. Mahsi cho.

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

Communities Respond To Leaders

MR. T'SELEIE: Mr. Chairman, I just want to make a brief comment. Some of what I have heard yesterday and today is new to me. I think for quite a few other people it is probably new. We hear this and that on the radio, on the TV and that kind of thing but it never really sinks in so I think it is a good idea for the government, if that is what they plan to do, to start an information campaign to make people aware of it. The way I hear the doctors' message, at least to me it is loud and clear, that people need to be aware and they need, themselves, to take action on the prevention of this disease. It is my experience that when you begin to have the leadership in any community get behind an issue that most of the time it works out. The people in the community respond to their leadership. I think on this one, the population in the communities can respond. I think the information campaign has to encompass the other transmittable diseases as well, and it has to include, I think, the whole problem of teenage pregnancies. It has to somehow address all of that. So those are my general comments.

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

MR. McCALLUM: Thank you, Mr. Chairman. I just have one question of either of the doctors. You indicate in your handout that recipients of blood and blood products are one of the high risk areas. But you anticipate that this will eventually or fairly quickly be removed as a high risk area. Is that because of the advances in being able to better determine it in the blood donors? Not just with people who are possible risks giving blood, but in terms of better analysis, etc. Is that what you are talking about?

CHAIRMAN (Mr. Wah-Shee): Dr. Barreto.

Screening Of Red Cross Blood Donations

DR. BARRETO: Mr. Chairman, as of November, 1985 every unit of blood that is donated through the Red Cross is screened and rescreened and rechecked for possibilities of the virus. All those wherein even the slightest doubt exists, are disregarded, so that there is only perhaps an extremely remote chance that a unit of blood which has been sent into the Territories from any part is, in fact, contaminated with the virus. For all practical purposes we can say that anybody who has been transfused with any blood which has come from the Red Cross after November, 1985, has virtually no risk at all. However, there is a small risk for people who have had massive amounts of transfusions, and I am talking of at least 20 to 30 units of blood, which were obtained before November, 1985. People who have had large doses of transfusions, and more specifically mothers or women who have had large doses of blood which I have talked about and who are contemplating getting pregnant, might be advised to have the test done. For the rest, it is not advised because of the false positives that we spoke about.

Hemophiliacs Found To Be Positive

There is yet another group which is important for the Territories and those are the hemophiliacs. There are children in the Territories who have been receiving blood or blood products, usually blood products; factor eight, factor nine. These are made from blood. For those who have had this before November, 1985, the story is not very encouraging. Fifty to 60 per cent in the United States of children who have been given these products are today found to be positive. This group is encouraged to have their children checked because the results are almost similar in Canada and could well be the same in the Territories. That is basically the story with regard to transfusions and blood products.

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

MR. McCALLUM: Thank you, Mr. Chairman. I do not know that I could add anything to what has been said. I do want to indicate my support of what is going on with the department, in determining support services of counselling and everything else, for people that have it, and specifically I would guess, for parents of children who have contacted it. It must be very traumatic for a parent to find that by blood transfusion or the use of blood products, their child has contacted AIDS. I would expect that it is traumatic regardless, when one has any kind of disease that is a fatal disease and a matter of time, Lou Gehrig's disease, for example, leukemia, or any other one; that is very difficult to accept.

So, I would hope that we are able to get people who would be able to really counsel people into an acceptance of what is going to happen because there is a need and there is no cure as it is now. It is not as it was back 25 or 30, maybe 40 years ago, with sexually transmitted diseases, relatively simple if one were to contact it. A quick trip to a doctor and it was fine. In this instance though you cannot wait because there is no vaccine in sight. Those of us who have been around for a while know what it was like to finally get a polio vaccine, those of us who have had relatives or friends who contacted it years ago and know what went on then.

False Sense Of Security

To be lulled into a sense of security that, it is like any other disease that has come along and hit mankind over the years, that somebody will get a vaccine for it, is not good enough. The same thing with the use of condoms, as some other Members have indicated. This is the answer to it all and do not worry about anything, this is going to work, is not just a false sense of security and safety but even more so, maybe a feeling or a sense of increased sexual activity. I am personally pleased at the idea that the message will be going out that you cannot be lulled into security or a feeling of safety because, first, the vaccine does not seem to be appearing and, second, the use of contraceptives, in this case condoms, does not give anyone any kind of security. So I would encourage the department and the government and I appreciate the comments of both doctors in that. Again, I do not know that I can say very much more. I certainly appreciate the opportunity to have heard such direct testimony here today from both doctors.

CHAIRMAN (Mr. Wah-Shee): Thank you. Any further general comments? Dr. Barreto.

Compassion And Understanding Extremely Important

DR. BARRETO: Just a comment, Mr. Chairman, on what has been just raised. It is extremely important not only to depend on professional counselling services. Compassion I think is an extremely important word in this whole issue. It is very easy to label people as AIDS positive on test or as AIDS patients and treat them like lepers, segregate them, differentiate them at work and other places and in homes. So compassion, therefore, and a proper understanding of the problem I think are extremely important for all of us to show to people who are in fact positive, who are diseased with AIDS, because it is not easy to know that you have a disease and you are likely to die before too long, whether it be cancer or anything else, but this has major connotations to it and therefore compassion is extremely important.

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

MR. T'SELEIE: Mr. Chairman, just a short question for the doctors. I have read, regarding the cost to the medical system of the spread of AIDS in Canada, that eventually there will be large costs to the medical system and I wonder if for our sakes whether you could comment on that so that it will help to sink in that the early stages of prevention are probably the best thing and it is good to spend resources at this stage rather than to wait for 10 years or whatever.

CHAIRMAN (Mr. Wah-Shee): Dr. Kinloch.

DR. KINLOCH: The costs of AIDS are difficult to comprehend because they encompass costs across all of society. It is not just the direct medical costs and lost wages and pain and suffering. It is the misery that is inflicted across a large segment of people who are friends, relatives and associates of those who are ill and the real danger is a destruction of community life as significant numbers of a community become infected and go on to the disease and die. That is the real cost. If there ever was a case to be made for prevention, this is it, and if you leave with only one message it is the one we have been repeating this afternoon and that is, "Don't get infected. Know how not to get infected."

CHAIRMAN (Mr. Wah-Shee): Thank you. Any further comments? Mr. Richard.

Motion To Recommend That Extensive Public Education Program On AIDS Be Conducted, Carried

MR. RICHARD: Thank you, Mr. Chairman, I would like then, before we close, to move a motion so that the committee will be on record. Mr. Chairman, whereas this committee is concerned with the epidemic of the AIDS disease; and whereas the people in the Northwest Territories still have an opportunity to prevent the spread of this disease in the Northwest Territories; I move that the Legislative Assembly recommend to the Executive Council that it take all steps necessary, including the allocation of whatever financial resources are necessary, to conduct an extensive public education program about AIDS in all communities at the earliest possible opportunity; and in particular, that full and frank briefings be given to each regional or tribal council, each band council, each community council, each education authority and wherever possible, every community leader.

CHAIRMAN (Mr. Wah-Shee): Thank you. Could I have a copy of that motion, please? Mr. Richard, your motion is in order. To the motion.

AN HON. MEMBER: Question.

CHAIRMAN (Mr. Wah-Shee): Question has been called. All those in favour? Opposed, if any? Let the record show that the motion was unanimous.

---Carried

Does the committee agree that this matter is concluded?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Wah-Shee): On behalf of the committee, I would like to thank Dr. David Kinloch and Dr. Luis Barreto, as well as the Minister who introduced this topic to the committee. Thank you.

---Applause

I will rise to report progress.

MR. SPEAKER: Mr. Wah-Shee.

REVERT TO ITEM 18: REPORT OF COMMITTEE OF THE WHOLE

REPORT OF COMMITTEE OF THE WHOLE OF BILL 34-87(1), PUBLIC SERVICE ACT; BILL 4-87(1), CHILD DAY CARE ACT; MINISTER'S STATEMENT 57-87(1), AIDS

MR. WAH-SHEE: Mr. Speaker, your committee concluded 10 minutes ago.

---Laughter

Your committee has been considering Bill 34-87(1), Bill 4-87(1), and the Minister of Health's statement on AIDS. Mr. Speaker, I wish to report that Bill 34-87(1) is ready for third reading as amended. Further, Mr. Speaker, the discussion on Minister's Statement 57-87(1), on AIDS, has been concluded with one motion being adopted.

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. Wah-Shee. 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. Appaqaq.

MR. APPAQAQ: (Translation) Thank you, Mr. Speaker. If you can agree, I would like to return to Item 3, Members' statements.

MR. SPEAKER: You have unanimous consent, Mr. Appaqaq. You have the floor.

ITEM 3: MEMBERS' STATEMENTS

Member's Statement On NWT Representatives In House Of Commons, Ottawa

MR. APPAQAQ: Thank you, Mr. Speaker. At this time we have a great concern about constitutional development in NWT and Yukon. Whereas both territories were not allowed to participate in constitutional talks at Meech Lake in Canada; and whereas federal financial assistance to projects in the Territories are being held back, our development is being thwarted in both avenues, territorial as well as Canadian. So, therefore, I want to let it be known that I am no longer satisfied with our federal representatives in the House of Commons in Ottawa, Thomas Suluk and David Nickerson. They are not representing us on national issues. I have never heard them represent us at the federal Parliament, to date.

MR. SPEAKER: Thank you, Mr. Appaqaq. Item 3, Members' statements. Mr. Clerk, announcements and orders of the day.

ITEM 20: ORDERS OF THE DAY

CLERK OF THE HOUSE (Mr. Hamilton): Orders of the day for Friday, June 5th at 10:00 a.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 9-87(1), 5-87(1), 33-87(1), 4-87(1), 16-87(1), 22-87(1), 23-87(1), 32-87(1), Fourth Report of the Standing Committee on Public Accounts
18. Report of Committee of the Whole
19. Third Reading of Bills
20. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. This House stands adjourned until Friday, June 5th at 10:00 a.m.

---ADJOURNMENT

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