



LEGISLATIVE ASSEMBLY OF THE NORTHWEST TERRITORIES
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Speaker: The Honourable Robert H. MacQuarrie, M.L.A.

LEGISLATIVE ASSEMBLY OF THE NORTHWEST TERRITORIES

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TABLE OF CONTENTS

20 February 1980

| | <u>PAGE</u> |
|--|-------------|
| Prayer | 596 |
| Questions and Returns | 596 |
| Tabling of Documents | 598 |
| Motions | 598 |
| Consideration in Committee of the Whole of: | |
| - Bill 18-80(1) Loan Authorization Amendment Ordinance No. 1, 1979-80 | 600 |
| - Bill 1-80(1) Appropriation Ordinance, 1980-81 | 600 |
| Report of the Committee of the Whole of: | |
| - Bill 18-80(1) Loan Authorization Amendment Ordinance No. 1, 1979-80 | 640 |
| - Bill 1-80(1) Appropriation Ordinance, 1980-81 | 640 |
| Third Reading of Bills: | |
| - Bill 18-80(1) Loan Authorization Amendment Ordinance No. 1, 1979-80 | 640 |
| Assent to Bills: | |
| - Bill 18-80(1) Loan Authorization Amendment Ordinance No. 1, 1979-80 | 641 |
| Orders of the Day | 641 |

YELLOWKNIFE, NORTHWEST TERRITORIES

WEDNESDAY, FEBRUARY 20, 1980

MEMBERS PRESENT

Mr. Appaqaq, Mr. Arlooktoo, Hon. George Braden, Hon. Tom Butters, Ms. Cournoyea, Mr. Evaluarjuk, Mr. Fraser, Hon. Arnold McCallum, Mr. McLaughlin, Hon. Robert H. MacQuarrie, Mr. Patterson, Mr. Pudluk, Mr. Sibbeston, Mrs. Sorensen, Hon. James Wah-Shee

ITEM NO. 1: PRAYER

---Prayer

SPEAKER (HON. ROBERT H. MacQUARRIE): Item 2, oral questions.

Item 3, questions and returns.

ITEM NO. 3: QUESTIONS AND RETURNS

No written questions? Mr. Patterson.

Question 70-80(1): Relationship Between Liquor Advertising
And Public Consumption

MR. PATTERSON: Mr. Speaker, this is a written question to the Minister of Social Services. Does the Department of Social Services or the Northwest Territories Alcohol and Drug Co-ordinating Council have studies on the relationship, if any, between liquor advertising and public consumption of liquor? If so, could those studies be tabled in the House? Thank you.

MR. SPEAKER: Thank you, Mr. Patterson. Other written questions? Returns from Ministers. Hon. Mr. Wah-Shee.

Return To Question 26-80(1): Hours Of Operation, Fort Simpson Ferry

HON. JAMES WAH-SHEE: Mr. Speaker, I have three returns. The first one is to a question asked by Nick Sibbeston. Ferry hours, Fort Simpson. Due to current budget restraint the Department of Public Works cannot recommend daily 16 hour ferry service on the Liard River crossing. However, if funds become available the department is prepared to recommend extension of the service one or two days per week, depending on the total amount of this extra service which must be negotiated with the contractor. The department is also prepared to meet with Mr. Sibbeston to determine which days would be acceptable to his constituents for such extended service.

MR. SPEAKER: Thank you. Another?

Return To Question 37-80(1): Problems, Unincorporated Settlements

HON. JAMES WAH-SHEE: Yes. This one deals with the question asked by Mr. Arlooktoo on unincorporated communities. In the past two years it has been evident that the move from settlement status to hamlet status has been viewed by some communities as too large of a step to take at one time. In order to facilitate progression by a community at a speed determined by the community, the Department of Local Government has been, in conjunction with the communities, the Baffin Regional Council, the Association of Municipalities and other interested groups developing a new ordinance. This ordinance, which will be ready for presentation to the Legislative Assembly in 1981, will permit settlements like Lake Harbour to accept the amount of authority and responsibility for governing their communities that they desire at a speed established by the community. As a community decides to accept responsibility for a program the necessary equipment and other facilities as well as funding will be turned over to the community council.

In reply to the specific problem of fire trucks at Cape Dorset and Lake Harbour; in this period of fiscal constraint it has become necessary to establish the larger communities as a higher priority for upgrading of firefighting equipment. It is the intention of the Department of Local Government to upgrade the fire equipment in Cape Dorset and Lake Harbour in 1982-83 fiscal year.

MR. SPEAKER: Do you have another yet, Mr. Wah-Shee?

Return To Question 50-80(1): Recreation Officer, Baffin Region

HON. JAMES WAH-SHEE: I have two short ones. A question asked by Mr. James Arreak. Recreation officer for Baffin region. Although this years budget for the recreation division is less than last year due to financial restraint, sufficient funds have been identified from within the Department of Local Government to establish a fully qualified recreation officer position in the Baffin region effective April 1, 1980. This is consistent with this department's basic aim of decentralization of program and service delivery responsibility to the regional offices of Local Government.

MR. SPEAKER: The final one?

Return To Question 51-80(1): Fire Alarm System, Rankin Inlet

HON. JAMES WAH-SHEE: The final one is in answer to a question asked by Mr. Curley. Rankin Inlet, fire alarm system. The Department of Local Government is very concerned about the recurring problems with fire alarm systems in several communities. Several attempts have been made at solving these problems but apparently the systems that work well in small communities in the South cannot be adapted to provide an equal service in the North. The problem varies from fluctuating power, severe weather, and vandalism, to too sophisticated equipment for local maintenance. The department has designated a fairly large amount of funds in its budget to endeavour to solve these problems this summer.

One of the problems in Rankin Inlet is that the present system will have to be expanded to cover the new subdivisions. The other problem is the type of siren horn that was installed. Both of these problems will be investigated this summer and corrective action initiated.

MR. SPEAKER: Thank you, Hon. Mr. Wah-Shee. Any other returns from Ministers?

Item 4, petitions.

Item 5, tabling of documents.

ITEM NO. 5: TABLING OF DOCUMENTS

Mr. Sibbeston.

MR. SIBBESTON: Mr. Speaker, I would like to file Tabled Document 6-80(1): Statement On Indian Health Policy, from the Minister, David Crombie, this past fall and I would also ask that this be made available to all persons today if possible, since we are on the subject of health.

MR. SPEAKER: Thank you, Mr. Sibbeston. Tabling of documents. The Hon. Mr. Wah-Shee.

HON. JAMES WAH-SHEE: Mr. Speaker, I have the pleasure of tabling Sessional Paper 1-80(1): Aboriginal Rights and Constitutional Development in the Northwest Territories.

MR. SPEAKER: Thank you, Mr. Wah-Shee. I understand you would like a brief consideration of that to be given in committee of the whole tomorrow.

HON. JAMES WAH-SHEE: That is correct, Mr. Speaker.

MR. SPEAKER: We will add it to the orders of the day. Are there other documents to be tabled?

Item 6, reports of standing and special committees.

Item 7, notices of motion.

Item 8, motions.

ITEM NO. 8: MOTIONS

Motion 18-80(1), Delivery Of Fire Truck, Tuktoyaktuk. Ms. Cournoyea.

Motion 18-80(1): Delivery Of Fire Truck, Tuktoyaktuk

MS. COURNOYEA: Mr. Speaker:

WHEREAS there does not appear to be any immediate resolution to the problems of fluctuating power feeds to Tuktoyaktuk;

AND WHEREAS all fires would not have progressed, this year, to near total loss of control if there were adequate availability of equipment, trucks, and water;

AND WHEREAS this community has turned back a healthy amount of their O and M funds to the territorial government;

AND WHEREAS the Dempster Highway is open and a vehicle can be brought in;

NOW THEREFORE, I move that this House recommend that the administration provide for the immediate delivery of a new backup water tanker for the fire truck in Tuktoyaktuk.

That is seconded by the Hon. Tom Butters.

MR. SPEAKER: Thank you, Ms. Cournoyea, and I notice the wording is slightly different from that which was given in the notice of motion but the intent is precisely the same and I am willing to accept it if there is no objection from any Member. Could we go back over that wording momentarily so we have it exactly as it is?

MS. COURNOYEA: It is in the final paragraph: Now therefore, I move that this House recommend that the administration provide for the immediate delivery of a new backup water tanker for the fire truck in Tuktoyaktuk.

MR. SPEAKER: Duly moved and seconded. To the motion, Ms. Cournoyea.

MS. COURNOYEA: Mr. Speaker, I believe everybody is aware of the continuing problems we have had in Tuktoyaktuk and the loss of valuable property to the Housing Corporation and to private residents. Also this last week we almost lost a teacher's residence, and it was just by chance that someone had come out and noticed smoke because the resident was in Inuvik at that time and would not have been able to report the fire.

The Northern Canada Power Commission, NCPC, provides power to this community and there have been many complaints, both in Inuvik and Tuk, that possibly the infrequent and fluctuating feeds are causing havoc to the furnaces and motors, the motors that are generated by power to give heat to the residents.

In three of the fires that occurred this year the reports show that if there was adequate extra water to control the fire, the fires would not have progressed to the state of a complete loss to the community residents. The Tuktoyaktuk community, the hamlet of Tuk, has turned back an amount of their O and M funds which they did not use, so I do not believe it would be a terrible strain on this year's budget to provide this facility to the community. I believe in providing this facility, this water tanker, we would probably save more money than what has been lost at this time.

A vehicle can be delivered to the community over the Dempster Highway, as it is open and in fairly good condition. There does not seem to be a possibility of NCPC going into Tuk on an inquiry to judge whether the facilities they provide to this community are, in fact, creating a problem. I believe that a water tanker for this community should be provided as soon as possible in order to cut down on the losses that this community is facing.

MR. SPEAKER: Are there other comments on the motion? Mr. Patterson.

MR. PATTERSON: Mr. Speaker, I know that there are some hon. Members of this House who would say that this is too specific a motion to occupy the business of this Assembly, that if Members of this House bring up specific concerns of their constituencies and take up our valuable time that they are taking away responsibility which should properly fall on the Executive or the administration. I do not agree with that and in speaking in support of the motion I just wish to assert again that this sort of situation is obviously of grave concern to the Member who made the motion. If there are any other competing claims on the Local Government budget then this Assembly is the place to discuss those competing claims, and I for one am satisfied that this motion deserves our unanimous support. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Patterson. Are there other comments? Are you ready for the question?

SOME HON. MEMBERS: Question.

MR. SPEAKER: On the motion. It has been duly moved and seconded that this House recommend that the administration provide for the immediate delivery of a new backup water tanker for the fire truck in Tuktoyaktuk. Those in favour of the motion please indicate by raising your hands. I am sorry, did you have anything to comment first, Mr. Wah-Shee? Did you want to address the motion?

HON. JAMES WAH-SHEE: Yes.

MR. SPEAKER: I am very sorry. We have not completed the debate.

HON. JAMES WAH-SHEE: The Local Government department has discussed the matter with the local hamlet council and we are considering purchasing a unit on a cost sharing basis with the hamlet council and the Department of Local Government. So, we are dealing with the motion that is being proposed by the representative of the Western Arctic. Thank you.

MR. SPEAKER: Thank you, Mr. Wah-Shee. Is there any other comment on the motion? Are you ready for the question?

SOME HON. MEMBERS: Question.

Motion 18-80(1), Carried

MR. SPEAKER: Those in favour of the motion please indicate by raising your hands. Those opposed? Carried.

---Carried

Are there any other motions? Is it agreed then that we resolve into committee of the whole?

SOME HON. MEMBERS: Agreed.

---Agreed

MR. SPEAKER: Item 9, consideration in committee of the whole of bills, recommendations to the Legislative Assembly and other matters.

ITEM NO. 9: CONSIDERATION IN COMMITTEE OF THE WHOLE OF BILLS, RECOMMENDATIONS TO THE LEGISLATIVE ASSEMBLY AND OTHER MATTERS

This House will now resolve into committee of the whole to discuss those matters that are listed on the order paper with Mr. Pudluk in the chair.

---Legislative Assembly resolved into committee of the whole for consideration of Bill 18-80(1): Loan Authorization Amendment Ordinance No. 1, 1979-80, and Bill 1-80(1): Appropriation Ordinance, 1980-81, with Mr. Pudluk in the chair.

PROCEEDINGS IN COMMITTEE OF THE WHOLE TO CONSIDER BILL 18-80(1): LOAN AUTHORIZATION AMENDMENT ORDINANCE NO. 1, 1979-80, AND BILL 1-80(1): APPROPRIATION ORDINANCE, 1980-81

THE CHAIRMAN (Mr. Pudluk): (Translation) The committee will come to order. Page 12.05, operations and maintenance, \$18 million. Hon. Mr. Braden.

HON. GEORGE BRADEN: Mr. Chairman, given that we have gone through second reading of Bill 18-80(1), An Ordinance to Amend the Loan Authorization Ordinance No. 1, 1979-80, I am wondering if I can get the consent of the committee to consider this bill in committee of the whole before we proceed to our discussion on the Department of Health.

SOME HON. MEMBERS: Agreed.

THE CHAIRMAN (Mr. Pudluk): Is this committee agreed?

---Agreed

Bill 18-80(1): Loan Authorization Amendment Ordinance No. 1, 1979-80

HON. GEORGE BRADEN: Thank you, Mr. Chairman. Members will note that they have a copy of the ordinance to amend the Loan Authorization Ordinance in their green binders and I would just like to say a few words about this amendment before we get into discussion, if any.

It is with regret that I must ask this committee to consider and approve an amendment to the Loan Authorization Ordinance. Members will notice that I am proposing an amendment which would authorize the Commissioner to borrow an extra \$250,000 from the Government of Canada. The purpose of the loan from the federal government is to assist the Northwest Territories government in the provision of loans to industry in the Northwest Territories. In this particular case a loan is required by the Slave River sawmill in Fort Resolution. Mr. Chairman, I said that it is with regret that I must introduce and seek approval on this amendment. I want Members to know that up until late November and early December of last year the Government of the Northwest Territories had assurances from both the Treasury Board and the Department of Indian Affairs and Northern Development that a long-term funding package would be approved to assist the sawmill operation in Fort Resolution. Further assistance from DREE, the Department of Regional Economic Expansion, to upgrade the capital equipment of the sawmill operation was also to be provided, although it was to be contingent on the funding we were supposed to get from the federal government.

I do not want to unnecessarily bore Members with a discussion of what has taken place in the last three months but I want to say that because our friends in the Treasury Board secretariat and the Department of Indian Affairs and Northern Development could not agree on the best way to present this proposal to the ministers of the Treasury Board, and because of the federal election we find ourselves in a position where we must loan the sawmill some money to keep it operating. I would stress to Members that this is another example of the problems which arise from our outdated and poorly functioning financial relationship with the federal government.

Loan To Complete Winter Logging Program

To conclude this part of my remarks I want to assure Members that I intend to continue pressing the Department of Indian Affairs and Northern Development and the Treasury Board to reconsider our submission as soon as the new government gets organized. However, in the interim we must obtain the required legal authority from the Legislative Assembly to loan the Slave River sawmill \$250,000, in order that it can complete its winter logging program. I want to point out further, that the sawmill generates about 30 jobs per year and has provided about 100 man years of employment between 1974 and 1977.

To conclude, I see this amendment as an unfortunate step which must be taken because of our problems with the federal government. I would urge that Members provide approval to this committee and in third reading of the bill, which I would like to see get through this House today. Thank you very much.

THE CHAIRMAN (Mr. Pudluk): Any general comments on the proposal? Shall we go through clause by clause discussion?

MS. COURNOYEA: Mr. Chairman, in this Bill 18-80(1), there is an amount other than \$250,000 which brings up the total amount to four million dollars. May I have an explanation on how that relates to the \$250,000 that Mr. Braden is talking about?

THE CHAIRMAN (Mr. Pudluk): Go ahead.

HON. GEORGE BRADEN: As I understand it and I could be corrected, Mr. Chairman, the \$3,750,000 is the amount which was approved by the last Assembly for 1979-80. As you see, Mr. Chairman, under clause 2, point 1, this amount was to finance loans to municipalities for capital purposes on the security of debentures. Now, Mr. Chairman, what is being proposed here is that for 1979-80 we would have to add an additional \$250,000 on to this figure in order to legally make loans in this fiscal year.

THE CHAIRMAN (Mr. Pudluk): Did you have any more, Ms. Cournoyea?

MS. COURNOYEA: So what we are talking about in Bill 18-80(1) is four million dollars, is that correct?

HON. GEORGE BRADEN: With the amendment and adding on the additional \$250,000, Mr. Chairman, the total for 1979-80 is four million dollars but the particular amendment we are dealing with here is only \$250,000.

THE CHAIRMAN (Mr. Pudluk): Does anybody else wish to speak on this proposal? Hon. Mr. Braden.

Changing Designation Of Allotment

HON. GEORGE BRADEN: Pardon me. I have made a mistake. I have been told, rather, the total amount for 1979-80 was voted last year at four million dollars and we are simply changing the allotment or the designation of where that money is to be allotted. We are identifying loans to third parties for purposes of assistance to industry in the amount of \$250,000 out of that four million dollar figure which was voted last year.

THE CHAIRMAN (Mr. Pudluk): Is the committee ready to go through clause by clause? Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

THE CHAIRMAN (Mr. Pudluk): Clause 2. Agreed?

---Agreed

Clause 1, short title. Agreed?

HON. ROBERT H. MacQUARRIE: Have you already agreed to clause 2?

THE CHAIRMAN (Mr. Pudluk): The way I heard it, yes.

SOME HON. MEMBERS: Agreed.

---Agreed

THE CHAIRMAN (Mr. Pudluk): The bill as a whole? Agreed?

---Agreed

So I will report this bill ready for third reading. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

THE CHAIRMAN (Mr. Pudluk): Does this committee wish to go back to Health, is that agreed?

---Agreed

Department Of Health

I believe the Department of Health, page 12.05, \$18 million under O and M. Mr. Patterson.

Motion To Have Elected Hospital Boards And Health Committees

MR. PATTERSON: Mr. Chairman, I would like to make a motion that this Assembly endorses the principle that the health care delivery system in the Northwest Territories must be accountable to the people served and that therefore all elements of the health care delivery system in the Northwest Territories should be controlled through elected hospital boards, boards of management, community health committees and the like by elected representatives of the people being cared for.

THE CHAIRMAN (Mr. Pudluk): There is a motion on the floor. To the motion. Mr. Patterson.

MR. PATTERSON: Mr. Chairman, this motion replaces the motion I withdrew yesterday. I think there was considerable discussion and I believe agreement yesterday, that a fundamental principle in delivering health care services, is that in order to ensure that the services are relevant to the people served it is a principle of this government and the Department of Health that all elements of the health care delivery system in the Northwest Territories should be controlled by elected boards, hospital boards, community health committees and the like. This is a principle that I am asking the Assembly to endorse. It is I think a fundamental statement of policy and I think will be very important in planning the future of health care in the Northwest Territories. There is a possibility of a study of health care delivery in the Keewatin, the Inuit Tapirisat of Canada has called for a study of health services in the Northwest Territories.

Fundamental Principle In Delivery Of Health Care Services

Mr. Justice Emmett Hall has just been in the Northwest Territories in connection with his review of medicare and indicated the possibility that he might recommend a more detailed study of the peculiar problems of health care delivery in the Northwest Territories. Also there is some talk about the federal responsibility being devolved to the Northwest Territories and for all these reasons I think it is important that this Assembly recognize a very fundamental principle in delivery of health care services. I think it is a fundamental principle, Mr. Chairman, because there is in my opinion, certainly in the area which I represent and am familiar with, a serious problem in that with all the best will in the world and with all the money in the world the services being provided by the regional hospital in the Baffin region often fail to take into account the requirements, wishes, values and even traditions of the people who are served. Even though a great deal of money is spent, much of that money is wasted or misspent because the health care services are not delivered in a way that is relevant to the people to whom they are being delivered.

This covers a very minor area like the sort of diet that is being given to patients in the hospital to much more basic questions of consent, communication between patients and medical personnel and feedback from the patient to the professional personnel and the managers. All these things are seriously deficient in the Baffin regional hospital simply because the authorities have not seen fit to establish even an advisory board let alone a proper hospital board. Until that is done, Mr. Chairman, and until the health care delivery system becomes accountable to the people it serves, I am afraid that the quality of our health care in the Northwest Territories, notwithstanding the amounts of money which are being spent on it, the significant amount of money

being spent on it, is going to be deficient and not relevant to the needs of the people, many of whom have a different culture and a different value system and a different viewpoint than those of the professionals who serve them.

For all of these reasons I am asking that this Assembly endorse the basic principle that responsibility for delivering health care should ultimately rest with elected representatives of the people who are being served by that health care system. Thank you, Mr. Chairman.

THE CHAIRMAN (Mr. Pudluk): To the motion. Mr. Sibbeston.

Following Up On Committee Motions

MR. SIBBESTON: Mr. Chairman, I support the motion but I just wonder whether the motion perhaps could be more specific in terms of advising the respective government officials of the principles so adopted? I am just concerned that this motion will be made and it just endorses a principle and I wonder what happens to it. Does it just sit on the books here hidden from the knowledge of the responsible government officials, or what happens to motions? If this were to be passed in its present form, is there a system whereby the Speaker or the Clerk sends out letters to all the various government officials, government officials who perhaps should be advised of this motion?

THE CHAIRMAN (Mr. Pudluk): Mr. McCallum, do you wish to respond to that?

HON. ARNOLD McCALLUM: Mr. Chairman, I would suggest that we would take obvious note of what is being directed to us by this Assembly. As I indicated we are now putting control and management of medical facilities and the programs in those medical facilities in the control of local people. I do not know if I can add much more.

THE CHAIRMAN (Mr. Pudluk): To the motion. Mr. Sibbeston.

MR. SIBBESTON: Perhaps my questioning is not understood. I am just wondering, this motion is made, it is a good motion, but what happens to it? It does not say the respective government officials ought to be informed. I am just wondering what happens to a motion like this where it does not say anything except that we endorse the principle. I appreciate what Mr. McCallum says but there are federal hospitals and federal nursing stations throughout all of the North. I am just wondering whether the Speaker perhaps, or the Clerk or the Commissioner -- who would write a letter to all of these little nursing stations and all the hospitals, who writes to the Minister of National Health and Welfare to tell them that the people of the North passed this motion?

THE CHAIRMAN (Mr. Pudluk): Mr. McCallum.

HON. ARNOLD McCALLUM: Mr. Chairman, it would seem to me that on motions which are made and passed in the House, they are reported to the Chair, to the Speaker once we go through this. It would seem to me then that the Speaker would direct those resolutions of the motions through the Clerk's office through to the people involved. I do not know whether in fact it would mean writing every nursing station as they are under the federal minister. I would expect that that would be the direction it would go as well as a direction to this ministry in terms of where we have responsibility.

THE CHAIRMAN (Mr. Pudluk): Mr. Commissioner.

Action Would Be Taken On Committee Motions

COMMISSIONER PARKER: Mr. Chairman, in a general sense when motions are approved by the committee, or by the House, the motions are extracted from the Debates and the administration prepares the necessary letters to the people who should receive them. Now, if this motion were to pass, the action would lie with Mr. McCallum to seek to achieve what the motion proposes within the limits of his authority. In the area of the federal system, National Health and Welfare, either he would prepare, or someone on my staff would prepare the necessary, and I may say strongly worded letters, to the appropriate federal minister with a copy to the Minister of Indian and Northern Affairs, advising of the content of the motion, in fact giving the content of the motion and providing that person with a copy of the appropriate section of the Debates. Furthermore, a reply would be requested to the motion within a certain period of time and that reply would be reported back to the House or, if the action was taken sooner, it might become obvious that it had been acted upon.

THE CHAIRMAN (Mr. Pudluk): To the motion, Mrs. Sorensen.

MRS. SORENSEN: Thank you, Mr. Chairman. I have a point of clarification I would like to ask of Mr. Patterson and that is his definition of the word "controlled". I wonder if you could elaborate on just what exactly it is, what it is you mean by "controlled". Do you mean administered or do you mean the complete devolvement of the program to the local level?

THE CHAIRMAN (Mr. Pudluk): Mr. Patterson.

Meaning Of Control Of Health Care Services

MR. PATTERSON: By "controlled" I mean administered, managed, run, operated. I mean they have the power. I mean that the devolution of responsibility for health care services and all elements of them should be controlled by elected local groups like hospital boards, boards of management and community health committees. For example, the community nursing station, the regional hospital should be managed and operated by people who are the recipients of the services. Now, I recognize that my motion does not provide details of the kind of regional and local structures that might be required, but it discusses a principle, and I trust that the use of the word "control" makes it clear that I am talking about the maximum accountability or responsibility for the operation of the services without, of course, infringing on the province of the medical professional or the independence of the professionals who might be employed. By "control" I mean that all the decisions relating to management and operation of these elements of health care delivery should be controlled by elected persons.

THE CHAIRMAN (Mr. Pudluk): Mrs. Sorensen.

MRS. SORENSEN: Thank you, Mr. Patterson. Mr. Chairman, I wonder if I could then direct a question to Mr. McCallum. My question concerns devolvement and what financial responsibilities would then come to bear upon those local boards if we were to carry through with this principle. What financial responsibilities would fall on their shoulders with regard to, say, deficits that they might incur, or problems of financing? If they did get into trouble would they then have to go to the community through taxation to raise the funds that they might need?

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

Financial Responsibilities With Devolution

HON. ARNOLD McCALLUM: Mr. Chairman, not at present they would not. Were they to be devolved, depending upon those things that are devolved, at the present time we devolve to communities the operation and maintenance of medical facilities and the programs. Their budgets are reviewed by the department and through THIS, Territorial Hospital Insurance Services. They propose a budget for the operation and maintenance of those facilities, and that funding is then given through THIS. Were there to be, and I have some difficulty with the terminology or part of the motion where it says "all elements of a health care delivery system", I am not sure how that would occur, for example, medicare raises a problem. Medicare is a central concept to Canada in general and in point of fact Mr. Justice Hall's reason for talking to various provinces and territories was to talk about the universality of that program, the portability, the accessibility, etc., of medicare. It would be difficult to turn that to the control of a body, a local body. You have as well, the supplementary health care programs. You would have of course private practitioners, but in terms of the health facility and the programs of the health facility, and the elected representatives of people having the management capability to do that for the medical facility, then I do not think there would be any difficulty. They would obviously make a budget and there would obviously have to be some kind of control as it is under the present situation. If there were an overexpenditure by those people in the operation of that facility and that kind of program then there would have to be some kind of amendment or different kind of legislation to look after that.

Some Problem With Complete Local Control

Otherwise they would have to run their own audit but that is only to indicate what they spent, that kind of thing. There is not that kind of control. At the present time there is control of the kind of funds and funding that would go to a board of management for the operation of a medical facility. I guess my concern, if I may, Mr. Chairman, then, is the term "all elements of a health care delivery system" in the motion. I wonder how we would reconcile at least those three areas that I mentioned, medicare, supplementary health programs, medical practitioners, to local control. When you are talking about the operation of a health facility and the programs that health facility has, I have no difficulty with that. I do not think anybody else has, in devolving that to elected representatives of the people being cared for because that is in point of fact what we are doing.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Mrs. Sorensen, did you have anything else?

MRS. SORENSEN: No.

THE CHAIRMAN (Mr. Pudluk): Let us take a 15 minute break for coffee and go back to the subject. I am sorry. I did not wear my glasses this morning. Hon. Mr. MacQuarrie next.

HON. ROBERT H. MacQUARRIE: Thank you, Mr. Chairman. I am I think, sensitive to the type of thing that Mr. Patterson would like to see. I do have concerns about the motion and a couple of them have already been expressed, one when it says "all elements" and then later talks about boards, boards of management, health committees, whether each element was to have its own elected body or whether all health care services in one community would come under one body or whether there would be one for a nursing station and another for dental technicians and community health workers and so on. Another problem that I see as being very serious was alluded to, in a sense, by Mrs. Sorensen. When the question of what does control mean is answered by saying operated, managed,

directed, then I think a question has to be asked at the end of that list and that is, financed. Because what would happen is, you would confer on elected bodies authority to control health care and presumably to make decisions about expenditures and so on, but if they were not responsible at the same time for raising revenue for those services then you could get into a situation where they are not accountable, where they make decisions that involve large amounts of expenditure but are not accountable financially for making those decisions.

Various Areas Having Elected Boards

Another concern I would have and I hope that Mr. Patterson when he sums up, will address some of these things would be there are these kinds of boards in the area of education. This would extend then to health. Are there other areas as well where there should be elected boards? Where does this principle end that each activity ought to have elected representatives controlling it particularly? You know, could it extend to corrections, public works programs in a community or whatever, or is there a very good reason why health should be included but then not anything beyond that? I see that if we were to follow that principle in other areas it could maybe become very costly and ultimately, a cumbersome process.

THE CHAIRMAN (Mr. Pudluk): Mr. Minister. Could you hold on? In the English version it is page 12.05 and in Inuktitut it is page 12.06. I would like to make you clear on that. Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, I indicated that there are possibly three areas and there may be more. I would like to suggest that there is another important area to be considered and that is the status then of the employees of medical facilities who are public servants, members of the Public Service Association. That could present a problem. Lest I give the impression, Mr. Chairman, that the department and therefore the government, are against devolving authority to locally elected representatives of the people, may I suggest that if the motion does go through that we would take it, that is, the department and the government would take it, accept the motion as direction. We would then come back to the Assembly with a proposed plan for devolution of authority in matters pertaining to health to indicate just what we believe can be devolved to it. I had indicated there is no difficulty with medical facilities and the operation of same to boards of management, elected hospital boards, and I think we gave a positive response in terms of that yesterday.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Did you have anything more, Hon. Mr. MacQuarrie.

HON. ROBERT H. MacQUARRIE: No. That is fine.

THE CHAIRMAN (Mr. Pudluk): Mr. Patterson.

Principle May Not Apply To All The Health Care Delivery System

MR. PATTERSON: Mr. Chairman, could I just remind the hon. Members this is merely an attempt to state a principle, a direction in which we should be going. I recognize that the principle may well not apply to certain elements of the health care delivery system in the Northwest Territories, that in fact elected representatives of the people may not want to become involved with a centralized administration system such as medicare and other aspects of the present system. I also admit that it is not my intention that control should extend the responsibility to raise the money to operate these facilities because if that condition is tied to the devolution of power to elected representatives then, of course, they will never have the ability to operate hospitals or, for that matter in my region anyway, in the foreseeable future.

They will not have the option of running their schools either because we simply do not have the tax base to fund schools or hospitals and will not for some time. But these obstacles, Mr. Chairman, I do not see as preventing us from approving this broad principle. Now, if Mr. McCallum's concern is to be addressed, then I would certainly entertain an amendment which would say that the health care delivery system in the Northwest Territories should, wherever possible, be controlled, etc. To answer Mr. MacQuarrie's concern as to how much control is an individual board going to have, is each aspect of the health care delivery system going to have its own committee? I do not know the answer to these questions.

I do not think we need to think that far ahead if all we are going to be doing is endorsing the principle. If that concern is one that is significant, then, of course, all we need to do is say that the health care delivery system in the Northwest Territories should, wherever possible, be controlled by elected representatives of the people being cared for and not even specify examples of how they should exercise that control. I think the motion could include a board of health running the entire Northwest Territories system with representatives from all regions and community health committees in all communities or it could envision a very decentralized method of administering, delivering health care on a regional and a community basis where each nursing station is controlled by the community in which it is located, where that community says, "These are our priorities. This is what we want our health care system to do. We are concerned about these issues."

Focus On Preventive Health Problems

We want to focus on these preventive health problems as the system develops through the course of constitutional talks, through the course of discussions between native organizations and this Assembly and perhaps through other studies this whole area develops in the Northwest Territories. All I am saying is there is one thing we can all agree on; whatever direction it is going to evolve, whoever is going to have responsibility, a fundamental principle is that the people who receive the services should, wherever possible and to whatever extent possible, should control the delivery of that service. Mr. MacQuarrie asked me a very provocative question, Mr. Chairman: How far do I see this devolution movement going? To what extent is government going to give away powers to publicly elected local bodies? All I can say, Mr. Chairman, is that I think particularly in the Northwest Territories that we have a long way to go in these directions.

I would like to see the disciplining of professionals taken out of the hands of professionals and put in the hands of responsible and representative laypersons, for example. I think the area of policing must also be accountable to people served and not a remote and unhearing central military authority. I am not really afraid that this will be a precedent that will telescope and run away from us. I think it is long overdue in the fields of education and health as beginning priorities and all my motion seeks to do is recognize a principle which may be imperfect in its execution but let us at least state as clearly as we can to what seem to be sympathetic territorial authorities, federal authorities and whoever else may become involved in these problems, let us state to them that this is one thing we can accept as being sensible. Again it is only a principle and I do not expect that we should have to answer all the detailed questions and problems that have been posed, for example, the concern about public servants. My feeling is that there may be problems of ensuring standard benefits and salaries and this sort of thing to public servants, but on principle those who work in health care delivery, if they are not willing to be accountable to the people they serve, then they are not suitable servants. They are not suitable to be involved in the delivery of health care services and my attitude would be that that concern, while it may be significant, should not prevent us from accepting the principle of the people who are being served having a say, having a significant say in how that service is delivered. Thank you, Mr. Chairman.

SOME HON. MEMBERS: Question.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Patterson. Mrs. Sorensen.

Motion To Amend Motion To Have Elected Hospital Boards And Health Committees

MRS. SORENSEN: I have an amendment if I may, Mr. Chairman, and I will read it in its entirety: That this Assembly endorse the principle that the health care delivery system in the Northwest Territories must be accountable to the people served, and that therefore, appropriate elements of the health care delivery system in the Northwest Territories should, wherever possible, be controlled at the regional or local level by elected representatives of the people.

THE CHAIRMAN (Mr. Pudluk): To the amendment? Mrs. Sorensen.

MRS. SORENSEN: I think, Mr. Chairman, one of the problems with being as specific as outlining specific hospital boards, boards of management or community health committees is really not what we are wanting to endorse. I think primarily what we are wanting to do is make sure that the control is at the regional or local level. It may be more fitting to put the control of health care, say in the Baffin region, into the hands of the Baffin Regional Council and they then set up a mechanism which they see as being appropriate for the delivery of health care. I think basically that is the reason why I feel it is more appropriate to add "regional or local level".

THE CHAIRMAN (Mr. Pudluk): To the amendment.

SOME HON. MEMBERS: Question.

Motion To Amend Motion To Have Elected Hospital Boards And Health Committees,
Carried

THE CHAIRMAN (Mr. Pudluk): The question being called. All in favour of the amendment? Down. Opposed? The amendment is carried.

---Carried

Now, to the motion as amended. Mr. MacQuarrie.

HON. ROBERT H. MacQUARRIE: Thank you, Mr. Chairman. There are still a couple of concerns I would have and I would like the opportunity to comment on them. One is certainly that whenever a body is elected it has a mandate from the people and in some sense, is sovereign. I can certainly appreciate very much the importance of having people who are affected by programs having something to say, not just a little bit but a great deal to say about those programs. At the same time that idea of sovereignty and financial responsibility cannot be discounted. Notwithstanding Mr. Patterson's remarks, it is simply true that it is not necessarily just a matter of the government giving away powers to other governments. The fact is, on a regional level or on a territorial level or a provincial level you can have elected representatives of people who are concerned with the well-being of those people. There is no doubt at all in my mind, Mr. Patterson, that in many areas benefits accrue to people by virtue of collective consumption of certain social services. I will put that in plainer language; it is quite obvious that no community in the Northwest Territories, if it was left entirely to its own resources, would be able to have the kind of health services that many of them have at the present time.

The reason that the level of services is reasonably good is because each community is collectively consuming health services in co-operation with a lot of other communities in this Territory. Now, what I say, and I believe it is a legitimate concern, is if that is true then the larger community must still have something to say about the delivery of those services, and it is just not a question of local people who are receiving the services having complete control over them. So, I believe there has to be a kind of balance, but a balance, and I guess your concern is that in the past there has not been a balance at all and that local people are ignored. I am sensitive to that and sympathetic to it, but at the same time I am just a little bit reluctant to endorse what seems to me would be going entirely the other way. I am a little reluctant about that. However, in view of what you have said in respect of your motion I believe I can support it, understanding the kind of thing you are concerned about and that you would like to see happen.

THE CHAIRMAN (Mr. Pudluk): To the motion as amended.

SOME HON. MEMBERS: Question.

Motion To Have Elected Hospital Boards And Health Committees, Carried As Amended

THE CHAIRMAN (Mr. Pudluk): The question has been called. Those in favour of this motion as amended would you please put your hands up? Nine. Down. Opposed? The motion is carried as amended.

---Carried

Now, the Department of Health, Territorial Hospital Insurance Services, 0 and M, \$18 million. Does anyone wish to make a speech on that?

MR. EVALUARJUK: (Translation) Mr. Chairman, to the Minister of Health, I would like to ask the Minister of Health in which department, I do not know which department we are in now, and I want to ask about the ophthalmologist and dentists. I want to know which department that comes under. Perhaps I could talk about this.

THE CHAIRMAN (Mr. Pudluk): Mr. Minister, I think he is trying to ask about the eye doctors and dentists. He wants to understand when would be the best time to ask.

HON. ARNOLD McCALLUM: Mr. Chairman, it would come under this particular section, that is Territorial Hospital Insurance Services where, for example, the Stanton Yellowknife Hospital as it acquires expertise in these areas of ophthalmology and other particular services, and the Member referred specifically to ophthalmology and dental services, where one of our hospitals has that kind of a specialist then, of course, we fund for those services. In other areas those services are provided by the federal government. For example, there is the dental therapy school where they train dental therapists. We have an ophthalmic technician training program under way, as we do with other aspects of health; certified nursing assistants, administrators, and of course we try to ensure that there are sufficient dental therapists who will work within the Territories. If the Member has a specific question in relation to ophthalmology and services such as dental services, I would attempt to answer it under this section.

THE CHAIRMAN (Mr. Pudluk): Mr. Evaluarjuk.

Ophthalmology And Dental Services To Communities

MR. EVALUARJUK: (Translation) Thank you, Mr. Chairman. There has been a concern regarding ophthalmology and dentistry. They do not come into the settlements for a long, long period of time and will the Department of Health attempt to have these services available to the communities more often? They have facilities for them. One of these has not been up for a long time and one of these facilities is used for a hotel when people come in about two or three times a year. One of the doctors' housing units is used when the dentist comes into the settlement but I think it would be better if there was a dentist who would stay, say in Igloolik, and then go to different settlements because there is good accommodation in Igloolik. I was wondering, these two buildings both cost money all year when they have to keep them heated while there is no one there and it seems to be a waste of money. I was wondering, perhaps not just in Frobisher Bay, but there should be another one in another place in the Baffin so that other communities could be taken care of more often.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Evaluarjuk. Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, I recognize that the Member has indicated that there is a concern that the ophthalmic practitioners and dental practitioners are not in particular communities often enough or for long enough periods of time. In the East those services are provided by the medical services branch, National Health and Welfare, and are contracted by them out of Montreal, I think predominantly Montreal. They obviously experience a recruiting problem, as do other communities in many parts of the Northwest Territories of attracting certain practitioners of medicine in smaller areas because of the volume of practice.

Matter Will Be Discussed At Health Co-ordinating Committee Meeting

As regards their setting up new areas or remaining, for example in Igloolik and moving out from Igloolik to other closer areas rather than servicing from Frobisher, I would take that as advice from the Member. When we meet with medical services in the health co-ordinating committee meetings then I will again impress on them the concern that the Member has raised, and other Members, in that they would like to see a better quality of service in that particular area as in others. However, that is the avenue we would have to go through. That is the only time when we obviously sit down with people of medical services branch, National Health and Welfare, and impress upon them that in point of fact there is this concern, especially ophthalmology and dentistry.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. I notice it is now 2:30 p.m. I think at this point we should now take a 15 minute break.

---SHORT RECESS

THE CHAIRMAN (Mr. Pudluk): (Translation) Members, I think we have a quorum. We are still on Health, page 12.05, 0 and M, \$18 million. Ms. Cournoyea wanted to speak.

MS. COURNOYEA: Thank you.

THE CHAIRMAN (Mr. Pudluk): You have got the floor, Ms. Cournoyea. I cannot hear you.

MS. COURNOYEA: The mike is not on.

THE CHAIRMAN (Mr. Pudluk): It is okay.

MS. COURNOYEA: Mark Evaluarjuk expressed my concern in terms of the lack of dental care and as a member of the board of directors of the Inuvik General Hospital we have begun a number of months of trying to approach the problem of even getting professional people to actually work in our area. In our area there is not a problem of money to pay these people as positions are presently vacant. The problem appears that there are no professional people who are willing to work in the North in the Western Arctic and it appears that this may be a similar situation in the other areas. I do not know how, if we do not have the professional people actually working in the field, we will ever come to a stage where we just never go beyond emergency dental care and that is the state we are presently in. There are many factors that are complicating the issue of acquiring professional people to work in the North.

Motion That Social Services Get Endorsement To Hire Dentists Outside Canada

I would propose that a motion be passed here that the Department of Social Services get the endorsement of the Canadian Dental Association to hire outside Canada and once that is gotten the Department of Social Services instruct the Department of National Health and Welfare that this endorsement has been acquired to hire outside Canada.

THE CHAIRMAN (Mr. Pudluk): Can we have a copy of that motion? Before we get the copy of that motion does anybody want to speak to that motion? Mr. Patterson.

MR. PATTERSON: Mr. Chairman, there are two resident dentists in Frobisher Bay serving the Baffin region and I have just learned that one of those dentists is moving to the Yukon. Apparently one of the reasons it is difficult to attract dentists to work in the Northwest Territories is that they can do a lot better financially working in private practice. I am wondering if the Minister, recognizing, of course, that this is not a territorial responsibility, but I am wondering if the Minister can provide us with any advice. Has your department looked into the question of the salaries paid to dentists in the Northwest Territories compared to the scale elsewhere? Would you consider recommending to the federal officials that perhaps something should be done about the salary scale in order to attract and keep resident dentists in regions like the Baffin region and other parts of the Territories where it is presently a federal responsibility?

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

Salaries Paid To Dentists In N.W.T.

HON. ARNOLD McCALLUM: Mr. Chairman, we have not looked at the salaries paid to dentists, but we obviously could and press for revision, press for review, if you like, of those salaries as to how they compare with salaries in other areas. I should indicate that in terms even of staff, other medical staff, in a lot of cases it is not just the salary that is a deterrent in the case of some medical practitioners, it may very well be with dentists as well. It is the practice, the kind of practice that they can become involved with, that is, in terms of a learning situation as well for them. So I do not know if it is just a salary factor that impedes the attraction and retention of

medical practitioners. I think that there are other factors involved but we have not dealt with that as yet. We will take the comments, of course, to the medical services branch of National Health and Welfare and bring that again as a particular point to the health co-ordinating committee meetings.

THE CHAIRMAN (Mr. Pudluk): To the motion. Mrs. Sorensen.

MRS. SORENSEN: Mr. Chairman, I wonder if you could read the motion again. I did not quite hear it all.

THE CHAIRMAN (Mr. Pudluk): I will ask the Clerk to read it for me.

CLERK ASSISTANT OF THE HOUSE (Mr. de Vos): Mr. Chairman, the motion reads: That the Department of Health get the endorsement of the Canadian Dental Association to hire outside Canada and once that endorsement is received the Department of National Health and Welfare be instructed to proceed to hire outside Canada.

THE CHAIRMAN (Mr. Pudluk): To the motion. Are you ready for the question?

SOME HON. MEMBERS: Question.

THE CHAIRMAN (Mr. Pudluk): Thank you.

Motion That Social Services Get Endorsement To Hire Dentists Outside Canada, Reworded

CLERK ASSISTANT OF THE HOUSE: Just on a point of clarification, the word "instructed" where it appears in this motion, has been changed by Ms. Cournoyea to read "urged".

THE CHAIRMAN (Mr. Pudluk): Thank you. Mr. Patterson.

MR. PATTERSON: I do not know why the motion has been made. Is there a problem recruiting dentists within Canada?

THE CHAIRMAN (Mr. Pudluk): Ms. Cournoyea.

MS. COURNOYEA: Yes, there is. In my dealings with the Inuvik General Hospital we have had a problem in securing any dental people in Inuvik. The advertisements have been put out all across Canada and the Canadian Dental Association has been made aware of the situation in our area. We have taken every step to make it known across Canada that we just do not have anyone in our area and there has not been any reply at all up to three weeks ago. The only dentist that we had in Inuvik was recruited for Yellowknife as a director of the dental department or whatever it is, so we lost the only dentist we had. We have just not had any success at all in Canada and the situation appears that the Canadian Dental Association does control and protects to a great extent, Canadian graduates from university and dental schools, the Canadian forum for work. It would be very important to get their endorsement. We have asked for their help in finding dentists to work in the North but they have not been successful at all. National Health and Welfare has done a great deal of advertising for us and they have not secured any positive response.

It appears that once they go outside Canada, the Canadian Dental Association would have to really endorse it. Otherwise it does not appear possible that anyone would come into Canada if the Canadian Dental Association did not endorse hiring outside and it is a critical situation for us because we just do not have anyone. The work has been done but there is no one who has responded. The situation in our area, and it takes in right down to Fort Franklin and Fort Good Hope, is that people are just not getting any dental care whatsoever. Personally I had to go to Edmonton and receive dental care. There was just no one I could go and see. I realize that there are health facilities in Yellowknife but we have a problem in the communities because the Inuvik General Hospital dental group serves all the communities in the region and we are in a very sad state. It appears that there is no one in Canada who wants to work in our area.

THE CHAIRMAN (Mr. Pudluk): Thank you, Ms. Cournoyea. Does that answer your question, Mr. Patterson?

MR. PATTERSON: Yes.

THE CHAIRMAN (Mr. Pudluk): To the motion.

SOME HON. MEMBERS: Question.

Motion That Social Services Get Endorsement To Hire Dentists Outside Canada, Carried

THE CHAIRMAN (Mr. Pudluk): The question has been called. All in favour of this motion? Down. Opposed? The motion is carried.

---Carried

0 And M, Territorial Hospital Insurance Services, Agreed

Page 12.05, Department of Health, Territorial Hospital Insurance Services, 0 and M, \$18 million.

SOME HON. MEMBERS: Agreed.

THE CHAIRMAN (Mr. Pudluk): Is that agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Capital, Territorial Hospital Insurance Services

THE CHAIRMAN (Mr. Pudluk): Thank you. Capital, \$1,650,000. Mrs. Sorensen.

MRS. SORENSEN: Thank you, Mr. Chairman. On page 12.10 under detail of capital I see a category called "planning for regional hospitals and nursing homes." I wonder if the money that is in that area covers our recommendation (c) from the standing committee on finance which stated: That planning for the area hospital at Cambridge Bay and the regional hospital in the Keewatin be proceeded with during the 1980-81 fiscal year?

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, yes, that planning money is for those two facilities.

MRS. SORENSEN: Where is the location of the nursing home?

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, in Hay River.

THE CHAIRMAN (Mr. Pudluk): Mrs. Sorensen.

MRS. SORENSEN: The standing committee on finance also had a recommendation and I will read that as well. It was recommendation (b): That the Executive Committee be requested to review the proposals for the expansion of the Stanton Yellowknife Hospital. I would just like to make some comments with regard to that recommendation. There was concern voiced when we met in December about the ability of the North to staff a regional hospital, the reason being of course, attracting and keeping health professionals of the scope required in a regional hospital such as proposed for Yellowknife.

Plans For Stanton Yellowknife Hospital

Some Members of the finance committee were not convinced that considerable savings could be made by building a regional hospital in Yellowknife as opposed to sending critically ill people south for hospitalization. Some in fact, felt that coming to Yellowknife would be no different than going to any other southern city since Yellowknife is virtually a southern city in their opinion. Others, of course, felt it important that people wherever possible be kept in the North and therefore more facilities should be built wherever possible in the North. I think what is required with regard to the Stanton Yellowknife Hospital, Mr. Minister, is a more thorough understanding of what is proposed in the plans with regard to the hospital expansion, the reasons why a regional hospital is required in this area and what additional services not now found in the Yellowknife hospital would be added.

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, the plan for Stanton Yellowknife Hospital is to make it a referral hospital. The present facility was designed for multi-bed wards, small nursing units and little consideration was given to isolation. When consideration is given to infectious diseases, obstetrics, gynecology, surgery, pediatrics, etc., then a maximum safe occupancy would be about 65 to 70 per cent. The current occupancy of the Stanton Yellowknife Hospital exceeds about 80 per cent and it sometimes has exceeded 100 per cent. The present facility does not provide space for the provision of urgently required services; inpatient acute care, services to the mentally disturbed, psychiatric patients, even for tuberculosis patients. We would not expect to be able to have within this facility a total referral system, but there is a large cost in travel, referral to outside hospitals. We believe that we can bring that down and provide to some degree, a better degree than is now being done, that kind of service. So, not as many people will have to leave the Territories to get certain medical services.

Not Economical At Present Time To Provide Referral Systems

Now, it is not, at the present time, economically possible to provide such referral systems in many areas of the Territories. We believe it is possible to do so to a greater extent than now by making the Stanton Yellowknife Hospital, if not a major referral unit, then somewhere in between what it is now and what the ideal would be. There is in the present facility a lack of diagnostic space and chronic care services are not readily available. We believe that we would be able to attract to the North medical professionals to provide a lot of these services that people are now obtaining in the South. It is the only way that we are going to attract these people.

As I indicated earlier in relation to dentists, it is not just a matter of salary in cases with medical people, it is the probability, the possibility of practising medicine for which they are trained and having that kind of a facility in which to do it. The present facility has about 72 beds. We would like to propose that there be 115 beds for acute care and 20 for chronic long-term. We would hope to be able to provide within this facility a greater number, a greater amount of additional space having the wherewithal within that facility by which people can be treated in the Northwest Territories. I believe we can save a great deal in travel costs, obtain medical professionals to do it in the North and more people would then be referred to that facility. We think we can work with the existing medical practitioners across the Territories to do that. There are people now being referred from the Keewatin. There have been instances where this has occurred. Now, it is not possible even in that facility, within the size of the area, to provide all the services that are necessary, there will still be some referrals but not to the degree that we now have those referrals.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Have you anything else, Mrs. Sorensen? If so, go ahead.

Referrals To Stanton Yellowknife Hospital

MRS. SORENSEN: Besides the Keewatin, Mr. Minister, what other areas would the Stanton Yellowknife have referrals from?

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: From Inuvik, and for example, we would get referrals from other areas in the Mackenzie area, north and south. Hopefully we would be able to work with, at the present time, federal hospitals such as Inuvik and have those patients referred to this facility. We think we can work with the medical practitioners there to do that.

THE CHAIRMAN (Mr. Pudluk): Thank you. Mrs. Sorensen.

MRS. SORENSEN: You also mentioned you would have 20 chronic care beds in the expanded hospital. Is this primarily for tuberculosis patients then?

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Not totally and not necessarily. The chronic care cases would be identified within a community and there may very well be some but not totally. Chronic care patients would be identified within the community and referred to that facility.

THE CHAIRMAN (Mr. Pudluk): Is there any more, Mrs. Sorensen?

MRS. SORENSEN: I noticed you also have \$1.5 million designated and what would that money be used for during this fiscal year?

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, primarily that money is to be spent in architectural design and architectural fees.

MRS. SORENSEN: What would the federal share be in the building of this hospital?

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, when the facility is constructed the share of the federal government would be about 25 percent of the total cost.

MRS. SORENSEN: Thank you.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mrs. Sorensen. Mr. Wah-Shee.

HON. JAMES WAH-SHEE: If Yellowknife Stanton Hospital is planned to be a regional hospital in the future, what communities will it serve outside the Northwest Territories specifically?

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

Referral Centre For N.W.T.

HON. ARNOLD McCALLUM: Mr. Chairman, I am not just sure what communities outside the Northwest Territories it would serve. There are some cases that are referred now to units, medical units and facilities in Edmonton that may very well be referred here but I am not sure, as I understand the question, in terms of what areas outside the Territories. Primarily we are hoping and planning this to be for referrals from within the Territories. It may very well be that it is advantageous for people, rather than going south, to come north, to here, and I suggest possibly Fort Chipewyan, but I do not know.

THE CHAIRMAN (Mr. Pudluk): Mr. Wah-Shee.

HON. JAMES WAH-SHEE: Well, if it is going to be a regional hospital, what arrangements has the department made in regard to having native translators available to that hospital so that native patients who do not speak any English at all can communicate with the so-called professional people, and also with the staff?

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, the present facility provides to a very small degree some interpreter services. This particular service would be incorporated within the total planning of it, so that in point of fact there would be that service provided to people of the Northwest Territories, that is so that people will understand why they are there in the first instance, why they have been referred there and provide for interpretation of the kind of services that are being given to people. I recognize that in some instances, and I think it has been expressed in the past, that patients who come into a hospital may not really know what the purpose of them going there is, that kind of communication is not done completely. We would hope to be able within the total planning of such a system, because it is to be a referral or regional unit, to provide total communication to all patients. That is one thing that we would insist upon.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. According to my list, Mr. Butters is next.

Effect Of Regional Hospital On Other Facilities

HON. TOM BUTTERS: Mr. Chairman, if the word "regional" is an apt description of the service that this hospital will be performing, then it probably has an important role to play in the current facilities that are available in the Territories. My main concern here is that what we could see occur as a result of the construction of this hospital, is that regional facilities that already exist elsewhere will be cannibalized and stripped away to feed a medical unit constructed in Yellowknife South.

I think the report that was developed, relative to the construction of the Stanton Yellowknife Hospital on the basis the Minister is putting before us, recognized that there is a regional concern and a regional interest in having, if possible, medical treatment as close to home as possible. In fact the report, if I recollect, recommended that a unit be constructed at Cambridge Bay to serve the needs of people living in the Central Arctic. My concern here is that a patient from Inuvik or the Inuvik region in general, coming into the community to receive service would prefer, if possible, to obtain that service in Inuvik so that they could be close to their family. I am afraid that the plans that are going ahead here might see, as I say, the regional facilities diminished and just become referral units or glorified nursing stations. I for one, would reject that policy and I would vote against that policy and I would do everything I could to prevent that arrangement from occurring.

---Applause

THE CHAIRMAN (Mr. Pudluk): Thank you, Hon. Mr. Butters.

Present Plans Do Not Have Assembly Approval

HON. TOM BUTTERS: I am not finished yet, Mr. Chairman, if I may continue. The concept we are presently approving, not only in the planning but in the capital estimates, I do not recall has ever been presented to this House, has ever been considered by Members of this House, has ever been approved by Members of this House and I think it should be before it goes ahead at the speed with which it is being pushed here.

THE CHAIRMAN (Mr. Pudluk): Thank you, Hon. Mr. Butters. Would the Minister like to respond to that?

HON. ARNOLD McCALLUM: Mr. Chairman, yes, I would. It is not the policy of the department to relegate existing medical facilities to glorified nursing stations. It is the policy of the department, hopefully of the government, that we would be able to provide to patients in the Northwest Territories as great a degree of service as is possible with existing facilities, with new facilities, with additional medical professionals. The existing facilities in the Northwest Territories and newly planned facilities for other areas are meant to complement the total system.

We believe it would be an integrated system because I do not believe that, in the existing facilities, we are able at the present time to provide the level of service that we could in a totally new concept. I for one, would agree with the Member that were existing facilities to be downgraded I would not want to do that. I believe that we are trying to put together an integrated system whereby we can provide people of the Northwest Territories with an increased level of service in the Northwest Territories utilizing what is present and what would be planned and in no way is it the policy of the department and the government to downgrade existing facilities. I think that this is a step forward in determining how we can best provide people of the North with a better level of service.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. The next speaker is Ms. Cournoyea.

MS. COURNOYEA: Mr. Chairman, I would very much like to endorse what the Hon. Mr. Butters has stressed and when the discussions first came out in the newspapers about the build-up of the Yellowknife hospital and I was not at that time involved with any of the discussions. Certainly from the Inuvik area we did inquire about why the decision was made and for what reasons. I think if I were to set priorities I would not have gone this particular route because most of the people from our area who are in need of medical care, once the Inuvik General Hospital is not able to take care of them, are in a very serious state and these people often like to choose a hospital. At one time people were all sent to Charles Camsell Hospital. Through the pressure that has come through community levels they are able to make a decision in terms of the kind of treatment they are going to get and receive, although the preference still is to the Charles Camsell Hospital.

Some people know there are certain medical units within other hospitals that can deal with particular medical problems in a much more professional way because they have these particular medical units set up and each hospital has its main points of professional care that they offer and generally they have to be fairly large hospitals to be able to maintain that kind of staff. I know in Edmonton itself they have difficulty in trying to keep their staff upgraded in a competitive way so that they can say that their hospitals are better than the next one and it is a difficult chore.

Setting Priorities For Medical Facilities

I am wondering why the decision went and I suppose I could make the assumption that it was a political decision because, you know, there is always a great big feeling that if we get everything in the Northwest Territories that is really great. Sometimes when we take responsibilities I think that the priorities have to be set according to where the best means can be achieved and I would say if I were setting priorities that I would look to maybe extended nursing facilities or hospitals in the regions because I just do not see how it can be justified in terms of transportation when we are talking about the whole North. I think it would be more expensive to bring people from the Baffin region to Yellowknife

and from the Keewatin to Yellowknife. I would say that it would take a great deal of time and effort to build up the facilities to a point where you can offer the kind of medical services that are normally required when a person is sent out of the region. I am wondering why we are going this route and certainly with the explanations that I have received over the months I cannot really say that I am happy that that decision was made in terms of what is best. I wonder how many people in our area were asked what they would do when they required complicated medical care. I am sure that I can say for almost every one of them that they would prefer to have the choice of the large hospital where there are all kinds of specialists and when they are diagnosed in a certain fashion if the diagnosis appears to be wrong they can go to any number of specialists.

Medical Doctors Prefer Big Centres

I do not think by any stretch of our imagination that we can promote the interests because I know many medical doctors who like to do their medical practice in the forum where there are many, many, many other people who they can compete with. Every day there is a new medical solution to a problem coming out and they like to be involved so the best will never come to the Northwest Territories no matter how good we say we are. I think we are going the wrong route. I believe what we should be doing is thinking of hospital care in the regions and then later on then we can think of building up a big facility in this area. I support the regional hospital for the Yellowknife area definitely, but in terms of providing a more professional service for all of the Northwest Territories. I do not believe we are really being reasonable and rational in making that assumption.

THE CHAIRMAN (Mr. Pudluk): Thank you, Ms. Cournoyea. Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, I want to indicate first and foremost that if I left any impression that we were talking about all and every patient in the Northwest Territories at this particular facility, let me set it straight. It was not the intent to treat every patient, all patients of the Northwest Territories in this particular facility. I had indicated a few moments ago that there would always be a need to refer people for particular things, particular services, for treatment outside. For some time, not just the last House, even previous to that, within the Mackenzie area and even from the Keewatin with the transportation there running back and forth, it has been possible to have some people from even there cross if they are referred by a medical practitioner, by a doctor. We pay at the present time, a great deal of money in transporting people out for services and treatment that could be provided in the Northwest Territories. That is the government. It has been told time and time again that we have to provide services in the Territories for those people. People are sent out or referred out to other units. They are there for extended periods of time, for a longer period of time and this government bears the cost of that transportation.

Attracting Medical Professionals With Improved Facilities

We have the possibility, the probability, high probability of attracting medical professionals to provide services, not total medical services, but a great deal more than we have now into a medical facility that, in point of fact, is within the Territories. We could provide in such a facility to a better degree than is now being done even in Inuvik, ear and nose, internal medicine professionals, even ophthalmology. Those people are referred to another medical facility and usually go where their doctors refer them. I indicated that we believe we can work with the medical practitioners in Inuvik, in other areas of the Mackenzie to have these people referred to a better equipped central facility. In any case I want to make it clear on my part that it was not a political decision to centre that facility here. We have a major area where you can attract people, medical practitioners to provide a better service and that is what we are attempting to do, to set up increased services for people in reacting to what has been said for a number of years. The high cost of transportation and retention of people for long periods of time in the South for what could be done here in the North has to change. You have to look at it. We, again to make it abundantly clear, are not proposing to provide all services.

The expansion has been contemplated for a couple of years, a number of years. We have proceeded. We have not, if you like, proceeded with the total because of course, we have to get Treasury Board approval for the construction or acceptance of such a facility, but we believe we are going to be able to better provide those services in this area for people. We would expect the co-operation of existing facilities to make it a totally integrated system which would provide better services to people in the Northwest Territories. The government has been reacting to that kind of comment, that it has to do that.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Ms. Cournoyea, are you finished?

MS. COURNOYEA: Yes.

THE CHAIRMAN (Mr. Pudluk): The next speaker is Mr. Patterson.

Emphasis Must Be On Primary Health Care

MR. PATTERSON: Mr. Chairman, I am very concerned that the issue of the Stanton Yellowknife Hospital points to a direction that the Territorial Hospital Insurance Services, THIS is taking toward, what I call and I think the term used in the field is tertiary care, that is, increasing amounts of money, facilities, experts, specialists, equipment will be concentrated on curing sick people when they are in the most serious stages of illness. However, what I wish to strongly urge upon this Assembly and I think now is the time that we ought to ask this question is what emphasis is being given to the other direction? That direction is primary health care at the community level, preventive health care, health education and secondary health care at the regional level. There is a tremendous amount of money spent in our region, for example, on tertiary self-care but a great disproportionate expense on preventive health care building on the community level at the nursing station and regional hospital level.

Now, I find looking at the capital estimates a great incongruity, Mr. Chairman. Here is \$1.5 million, allocated, we are told primarily for architectural fees, and correct me if I am wrong about that, but a significant amount for architectural fees and designs. I notice in future years we are talking about an expenditure of some \$14 million to \$16 million on the plant that this architect will design, and in the next column we have planning for regional hospitals and nursing homes in the same breath, \$150,000. Now, Mr. Chairman,

the question I want to ask is how can we plan regional facilities? Believe me people in the Keewatin strongly feel they should have a regional facility and going to Yellowknife is going to cause just as many grievances in the Keewatin as the present practice of shipping people out to Winnipeg is causing. It is just as remote a location for those people and I think it is probably just as remote a location for the people from the Inuvik region, because I do not accept that a facility can, by providing interpreters and translators, make people comfortable and make them happy, regardless of the facilities or the medical treatment they can receive in these centres. How can we plan regional hospitals and in the same breath commit the government to this obvious significant investment in a tertiary health care facility in the Northwest Territories?

Need For Cost Benefit Analysis

Now, I have heard no evidence, and the Minister can assist me if such a study has been done, that there has been a cost benefit analysis comparing the cost of sending people out, who are in need of specialized treatment, to locating them here and building a plant like this and trying to attract specialists. I also would like to ask, is there an overall plan yet for development of the priorities for hospitals in the Northwest Territories in the future? Lip service has been made of the Keewatin region's need, examining the need for a regional hospital there and some Member mentioned that at one point a regional hospital in Cambridge Bay had been recommended, but I seem to get the impression that the only plans that exist are piecemeal plans to move strongly in the direction of upgrading a central facility in Yellowknife, but regional plans have not been made and are not advanced yet. Now, I think we should get our priorities straight and my strong feeling is that in emphasizing tertiary health care this government is going in the wrong direction.

I would point out that there was great concern expressed at the community health conference, particularly by representatives of native people and native communities, when they heard Mr. Friesen talk about his factory concept for hospital services whereby great efficiencies and great scientific methods will be applied to process people. But the human side of it, and I think significant things like how far away from home these people will be and how dislocated they will be in a psychological sense, those questions have not been addressed. I have a terrible feeling that in committing this amount of money to an architectural program we are going to get a beautiful facility, a beautiful hospital with wonderful equipment but we will have failed our fundamental obligation to look for a change, for a start at the human side and, at the other primary and secondary aspects of health care in the Northwest Territories which I think we are neglecting.

Overall Plan Should Be Developed

Now, what I am getting around to saying, Mr. Chairman, is that I have yet to be impressed that we should not defer any further move toward tertiary health care facilities in Yellowknife until all the other options have been examined, until there is an overall plan available, until there is a cost benefit analysis because we are going to have to operate and maintain the facility, once it is erected, too. Until all these things are done I am inclined to feel that we should defer this kind of piecemeal approach until we have an overall plan and a coherent philosophy and until I think representatives of the communities are involved in planning for their health future.

I may also say, Mr. Chairman, that I spoke to medical practitioners also who questioned the wisdom of this, this move and questioned the desirability of moving in this direction. So, I think we should seriously consider deferring this planned expansion until we have got a rational, coherent philosophy for the development of hospitals in the Northwest Territories and until that information is before this House. Thank you.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Patterson. Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, I would simply indicate to the Member a couple of questions I think that he put forward. We have a cost benefit analysis of transportation out as opposed to providing services here. There is an overall plan, it is not piecemeal. In order to get special funding from the federal government this kind of background material has to be put forward, and I want to impress upon Members of the committee that this particular project would go through only, only, if in fact we are getting special funding from the federal government. I cannot speak for Friesen and associates and what was said there, but from what I can gather this particular project has the support of the medical profession. I believe what we are attempting to do is provide an integrated system of medical services to people in the Territories, and if you like let me take you through five steps.

Five Steps To Integrated System Of Medical Services

A first level, if you like, a nursing station level; and a second level such as a proposed coast/Keewatin hospital and the Fort Smith Medical Centre which is a new concept and has all facilities there geared to a total package; a third level, the Inuvik, Hay River and Frobisher Bay hospitals; a fourth level in getting more sophisticated and getting more professional people involved at the proposed Stanton Yellowknife Hospital and, finally; a fifth level, referrals to major hospitals in the South, for example the University Hospital.

So, this is an integrated system. Now, should people want to get some further background than that I have no difficulty in accepting a deferral for the provision of these kinds of facts, figures and information to you on this but I do not want to have people misled. It is not a fly-by-night operation we are attempting to run, or a nickel and dime operation or some kind of an operation with no thought to it. It is an integrated, totally integrated, medical service. We are attempting to provide people of the Territories where possible, with a level of service that the government has been hearing about for a number of years. On the one hand we are told that we have to have better professional people in the Territories and you have the difficulty, as has been expressed, of acquiring those people, attracting those people, retaining those people. I do not think we are putting this as the be-all and end-all to the subjugation if you like of smaller units at the first primary or secondary level. Granted we are obviously looking to get a better level of service and that is what we have been attempting to do in reaction to what has been said. So, again, if Members would rather defer the vote on this particular capital item until we provide it then that is what we will do, if the committee would agree to it.

THE CHAIRMAN (Mr. Pudluk): There are still four speakers on my list. I wonder if they would like to speak first. The next is Mr. Fraser.

Method Of Referring Patients

MR. FRASER: Thank you, Mr. Chairman. I have a couple of questions. First of all I would like to ask the Minister if he can see any changes in the present set-up with National Health and Welfare of referring patients to different hospitals once the National Health and Welfare have amalgamated with the Territories. I see room for a lot of changes and I just wonder if the Health department will have any authority as to how these changes should be made.

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, by having the federal government participate in the total program then we would be assured of having their co-operation. There obviously would have to be changes as the Member has suggested, and we would want to be able to, and we think we were able to, explore those at our health co-ordinating committee meetings, the meetings with our department and the medical services branch, northern region, of National Health and Welfare. I agree with the Member there would have to be changes but we expected that we would have the co-operation, once having embarked upon a program of getting and providing health services.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Mr. Fraser.

MR. FRASER: Thank you, Mr. Chairman. I have another question for the Minister. I understand there is a new policy out on free medical help for different native organizations. I wonder if this paper could be made available while we are still dealing with the Health department, Mr. Chairman.

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, I think the Member for Mackenzie Liard tabled the document that I think the Member is referring to. I do not know of its distribution to Members yet but it is entitled I believe "Statement on Indian Health Policy" or words to that effect, but if that is the document the Member is referring to, that is a new policy brought out by the previous federal government, that is the Conservative federal government. This deals with the provision of insured medical services for dealing with dental services, eye services and other services for Indian people. Of course by legislation, by judicial decision in Canada that would apply to Inuit as well. It would not apply to Metis or "others".

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Fraser. The next speaker is Mr. Sibbeston. He does not want to speak now. Hon. Mr. MacQuarrie.

HON. ROBERT H. MacQUARRIE: It is 4:00 o'clock if you want to break for coffee.

THE CHAIRMAN (Mr. Pudluk): Let us take 15 minutes for a break.

---SHORT RECESS

THE CHAIRMAN (Mr. Pudluk): (Translation) The committee will please come back to order. I see we now have a quorum. I believe I have Hon. Mr. MacQuarrie first on my list as wanting to say something.

HON. ROBERT H. MacQUARRIE: Yes, Mr. Chairman, I do have a question.

THE CHAIRMAN (Mr. Pudluk): Please proceed, Hon. Mr. MacQuarrie.

Availability Of Specialist Services

HON. ROBERT H. MacQUARRIE: Mr. Chairman, my first question deals with the specialist services available of an extraordinary type, those specialist services available at the referral centre, such as chronic services and so forth.

THE CHAIRMAN (Mr. Pudluk): Would you care to respond to that, Mr. Minister?

HON. ARNOLD McCALLUM: As to chronic services I indicated there was a lack of space for diagnostic and treatment services, laboratory, radiology, physiotherapy and occupational therapy.

HON. ROBERT H. MacQUARRIE: Excuse me, Mr. Chairman. Just to get the question sorted out I will make it more specific. I do not think we are going to have a neurosurgeon at the hospital but what specialists will be available at this referral centre?

THE CHAIRMAN (Mr. Pudluk): Did you get that, Mr. Minister?

HON. ARNOLD McCALLUM: At the hospital you are absolutely correct. We are not getting into neurology, if that is the term, or open heart surgery. That still would be referred. We would hope to be able to provide ear, nose and throat, obstetric, a radiologist and I am going to stumble over it, an anaesthetist. We would hope to be able to provide better facilities for a pediatrician, mental and psychiatric health, internal medicine, areas such as that.

HON. ROBERT H. MacQUARRIE: It would be the kind of specialist services that would be found in an ordinary medium sized centre in the South to which people in rural areas would have access. Can you tell me whether there are presently specialists of this order in other territorial communities?

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, to the best of my knowledge there are none of these specialists available in other communities.

Functions Of Specialists

HON. ROBERT H. MacQUARRIE: That is adequate. What function beyond specialist treatment would be given, what would be undertaken by these specialists? They themselves would treat patients in their area of specialty but I believe they would have other functions as well. Could you tell me what those are, please?

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Obviously, Mr. Chairman, there would be some travel involved. There would be a training program that we would want to undertake in terms of technicians. There would be an educational benefit in terms of general practitioners as well.

HON. ROBERT H. MacQUARRIE: So in fact, do I understand the specialists would help to provide a service not only to patients who come to Yellowknife but to doctors and other medical people in other centres in the Northwest Territories? Is that right?

HON. ARNOLD McCALLUM: Mr. Chairman, that is correct.

HON. ROBERT H. MacQUARRIE: From what you have told me, then I find I simply cannot agree with Mr. Butters who has suggested that this kind of a referral centre would strip away or cannibalize services that are provided in other Northwest Territories communities because there are not pediatricians, anaesthetists, obstetric specialists and so on in other communities. This seems to be an attempt to provide a service that is not now and cannot be provided anywhere else in the Northwest Territories. These specialists are obviously not going to go to other communities in the Territories, as evidenced by an earlier motion today where a community is having a very difficult time bringing even a dentist into it. So it seems to me that we have the responsibility of establishing a territorial referral centre where some areas of specialty are not highfalutin or exclusive but quite down to earth specialties which could be available to the North's people and these would be provided, it seems to me, in the North where we can control the environment of the hospital and the environment is important. I know at one point Mr. Patterson said that he felt that you do not really make it a northern hospital by ensuring that there are language services available to people. On the other hand at a later time he said and I quote him "significant things like how far people are from home and the psychological environment that they find themselves in".

Importance Of A Referral Centre In The North

So I think it is important to have a referral centre in the North where this government can control the environment of the hospital with input from all of its regional representatives in this Assembly. I personally think that it is very important to understand the integrated health care development program that has been developed by the health care people and to understand that it is an integrated program and that we should attempt to move ahead on all fronts in that program. I think the solution is not at all to put an obstacle in the way of this particular development. In a sense, that is biting off your nose to spite your face. I think that it is wise to go ahead with this development and, if Members see that there are shortcomings in other areas of this total integrated program, that they should call attention to those and try to seek means to make sure that those development programs go ahead as well, rather than obstructing this one particular aspect of the total program.

Mr. Patterson did mention wanting information on cost benefit analysis and I agree that would be useful but at the same time I would have to assert that that should not at all be a final determinant as to whether we should go ahead with this kind of referral centre because if cost benefit analysis is to be the determinant as far as health care programs are concerned we would find that there will not be health care services in any community in the Northwest Territories. I really feel that if Members were to not accept this allotment, to defeat it, that it would set back some years of planning and a lot of work. It is not an instant program as the Minister said. A lot of work has gone into this project already. There seems to be a readiness at this time, I believe, and perhaps the Minister will comment on this in a moment. There seems to be a readiness, at this time, of the federal government to move ahead with it as well and if we do not take the step now when we have the opportunity we are going to lose that support and I sincerely feel that not just Yellowknife but the whole Northwest Territories will suffer as a result of that.

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

Repatriation Costs

HON. ARNOLD McCALLUM: Mr. Chairman, just a comment. Yes, it is our belief that Treasury Board is amenable to moving up with this particular project. We have an agreement in principle. I would just like to offer one comment on statistics if I may. We began this Treasury Board submission in 1976-77 and

I would have to update some figures on it. Just to give Members a brief indication of what it costs in repatriation of patients, in 1976-77 the Government of the Northwest Territories had to purchase, because it was necessary for medical referral, 18,569 days of hospital care from Alberta hospitals at a cost in 1976-77 of about \$1.3 million. An analysis was done by an independent physician of the diagnoses of 2696 residents of the Fort Smith and Inuvik regions who received inpatient and outpatient services in four of the major hospitals of Alberta. The results indicated that if more adequate facilities and services had been available to the Northwest Territories in the Northwest Territories only 11.5 per cent of the total 2696 inpatient and outpatient cases reviewed would have required referral to southern centres, for specialty services such as neurology and neurosurgery.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Is there anything else, Mr. MacQuarrie?

HON. ROBERT H. MacQUARRIE: For me, no. Question.

THE CHAIRMAN (Mr. Pudluk): The last on my list is Ms. Cournoyea.

MS. COURNOYEA: I will defer my position to Mr. Patterson.

THE CHAIRMAN (Mr. Pudluk): Mr. Patterson.

Motion To Defer Capital Vote, Territorial Hospital Insurance Services

MR. PATTERSON: Mr. Chairman, I move that the item capital in the amount of \$1,650,000 under the Territorial Hospital Insurance Services activity and the final vote on the Department of Health be deferred until all relevant reports and studies including the following: cost-benefit analyses; the Mackenzie River area Health Services Study, a report by Gordon A. Friesen; and An Assessment of Hospital Services in Yellowknife, Including Observations on Health Services in the Northwest Territories by Graham Clarkson, October, 1978, be made available to Members of this committee.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Patterson. To the motion. Mr. Patterson.

MR. PATTERSON: Mr. Chairman, this is not an attempt to stop this project going ahead, as Mr. MacQuarrie was concerned about. This is only a motion to defer consideration until we have had a chance to be informed of the planning and studies that have obviously been under way for some years. I think the Minister has indicated he would be willing to make relevant reports available to the House and I tried to specify some of the ones that I knew were of interest including the report of Mr. Clarkson, which I believe the Hon. Mr. Butters referred to in his remarks. It seems to be a very important question we are dealing with and I think it makes sense that we should have as much information before us if we are to make a decision on this question. Thank you.

THE CHAIRMAN (Mr. Pudluk): To the motion?

SOME HON. MEMBERS: Question.

THE CHAIRMAN (Mr. Pudluk): Mr. McCallum.

HON. ARNOLD McCALLUM: Just to indicate that the Friesen and associates report had already been tabled in I think it was the last House -- I am sorry, three years ago, within the life of the last House. Just as a point of clarification, Mr. Chairman, on a cost benefit analysis, does the Member want just upgraded figures in terms of the cost of repatriation of patients over the past year or does he want it over a number of years? I have indicated what it was in 1976-77, and is that what he is looking for?

THE CHAIRMAN (Mr. Pudluk): Mr. Patterson.

MR. PATTERSON: Mr. Chairman, the current figures would be of greatest interest to me if they are available.

THE CHAIRMAN (Mr. Pudluk): Mr. McCallum.

HON. ARNOLD McCALLUM: Mr. Chairman, just as current as we would have the figures then.

THE CHAIRMAN (Mr. Pudluk): Mr. MacQuarrie.

HON. ROBERT H. MacQUARRIE: Thank you, Mr. Chairman, just for clarification for the sake of Mr. Patterson. He will understand that when I made my remarks he had not yet made a motion to defer and I had no reason to suppose that he subsequently would. My remarks were made anticipating that there might be a vote on the matter immediately and therefore I wanted to state my position if that was all right. I do not have any problem with waiting until I have more information, I can certainly support this motion.

THE CHAIRMAN (Mr. Pudluk): Thank you. Mrs. Sorensen.

Design Of The Hospital

MRS. SORENSEN: Mr. Chairman, I too, would also like to speak in support of the motion. One of the major concerns expressed by people who I have talked to is the design and the concept under which this hospital will be constructed. I personally attended, last fall, the community health conference held in Yellowknife where Dr. Friesen discussed what is known as the Friesen method, upon which I believe this hospital has been designed. Many northerners who attended from various parts of the North frankly were not impressed with what Dr. Friesen had to say.

---Applause

They referred to it in many cases as a factory that was not in keeping with the kinds of hospitals that we wanted to see in the North. Mr. McDermit, who was a student of the Friesen design and the former director of Health, has since left the North and since then the design has been questioned by certain northern professionals, among them members of the Stanton Yellowknife Hospital's own management board, and for that reason I feel that I can support this motion. I certainly support the expansion of the Stanton Yellowknife Hospital, God knows I have worked in the surroundings and they are not adequate to serve even the needs of Yellowknife, let alone a region. What concerns me particularly is the Friesen design and, as I said, for that reason I prefer to wait for further information.

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

SOME HON. MEMBERS: Question.

THE CHAIRMAN (Mr. Pudluk): The question has been called.

HON. ARNOLD McCALLUM: Mr. Chairman.

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Just to comment on the comments of Mrs. Sorensen. The design of the facility is the board's responsibility, they get technical assistance from the department. The board deals with the design. Friesen and associates had nothing to do with the design, and as far as we were concerned, the department, in what technical assistance we would give, we would have nothing to do with it. What his comments were, at a particular meeting of people, dealt with kinds of services such as Mr. Patterson indicated,

whereas, we are concerned that the design will be the community or board's decision and the community and the board is made up of representatives not just from Yellowknife but from Inuvik, from Rae-Edzo, Cambridge Bay and from other areas outside Yellowknife. It is a board decision. The board will give technical advice.

SOME HON. MEMBERS: Question.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. To the motion?

SOME HON. MEMBERS: Question.

Motion To Defer Capital Vote, Territorial Hospital Insurance Services, Carried

THE CHAIRMAN (Mr. Pudluk): The question has been called. All those in favour of the motion? Down. Opposed? None. The motion is carried.

---Carried

O And M, Medicare

Now, we are going to move on to the Department of Health, medicare, page 12.06, O and M, \$3,919,000. Does anyone wish to speak to this? Mr. Patterson.

MR. PATTERSON: Mr. Chairman, I would like to ask the Minister to what extent paraprofessional personnel, paramedics, lay persons working with professionals, particularly doctors, are involved in medical services in the Northwest Territories and what his department's position is on the role of paraprofessional people. I am referring to paraprofessional people as distinct from mere interpreters, mere mouthpieces for the professionals. I am referring to a breed of semiprofessional persons who work with the professional in the team approach, who provide service relevant to the professional's assessment of a patient's needs by communicating to the professional what the patient wants to say and what his viewpoint is, as well as simply delivering communications from the professional to the patient. To what extent are our paraprofessionals involved, or will they be involved in the future delivery of medical services in the Territories?

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Patterson. We are on page 12.06 and in Inuktitut it is page 12.05. Mr. Minister, do you want to respond to that?

HON. ARNOLD McCALLUM: Mr. Chairman, under this particular activity we are concerned primarily with medical practitioners, doctors, that is under medicare. However, in the delivery we do indeed support a team approach. The occupational therapist, the speech therapist, the physiotherapist, the dietary consultant, the home care nurse and then in the nursing stations I think there are nurse practitioners. There is a team approach to medicine and to health in the Northwest Territories and it is something that we agree with, or with which we agree.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Does anyone else wish to speak on this subject? Shall I call the question? Mr. Patterson.

MR. PATTERSON: Mr. Chairman, I am afraid I have another motion which I have circulated to Members. I hope it is relevant to the item under discussion, although it covers paraprofessionals in all aspects of health care services as well as working with physicians. Can I make the motion now anyway?

THE CHAIRMAN (Mr. Pudluk): Mr. Patterson, go ahead.

Motion To Train And Employ N.W.T. Domiciled Paraprofessionals

MR. PATTERSON: The motion, Mr. Chairman, is that in view of the extensive involvement of transient personnel in the delivery of health care services in the Northwest Territories, and in view of the low proportion of native persons and paraprofessionals in delivery of health care services in areas with high proportion of native recipients of health care services, this Assembly therefore urges the relevant authority to train and employ, where possible, Northwest Territories domiciled paraprofessionals in all aspects of the delivery of health care services in the Northwest Territories.

THE CHAIRMAN (Mr. Pudluk): I believe all Members have a copy of this motion. Now, to the motion? Mr. Patterson.

MR. PATTERSON: Mr. Chairman, I recognize as the Minister said, his department is committed to this goal and has made some strides. I think it should be noted that the motion also addresses the federal authorities, with whose hospitals I am much more familiar than I am with hospitals under the jurisdiction of the territorial government. However, suffice it to say that in the Frobisher Bay General Hospital, which I am familiar with, it is a sad situation that the only native persons who are involved in delivering health care services are those who are involved either in the most menial labour such as kitchen, janitorial staff or, if they are involved with the delivery of medical services through working with nurses or doctors, they seem to be only involved as mere translators, mere mouthpieces for the nurse, the nurse and doctor. The delivery of medical services must not be simply a one-way communication, there has got to be feedback from the patient to the physician. First of all the patient has to direct, and has the right to direct the sort of treatment he is given. We must not forget that a fundamental aspect of delivering health services is the patient's consent to being given treatment. This requires that the patient be consulted and involved in a meaningful way with his treatment.

Definition Of Paraprofessionals

Now Mr. Chairman, my observation, which is particularly based on the Frobisher Bay General Hospital, is that this process is very deficient in that hospital simply because I think the native persons who are involved working with medical personnel are mere translators, they are not paraprofessionals, they do not work alongside the professional. That is what paraprofessional means to me, a person who works on a team basis with admittedly less professional knowledge, less academic knowledge but a very important area of knowledge in the psychology and viewpoint of the patient which the professional person must know and understand if his services are going to be relevant.

I am well aware of situations where patients come into the Frobisher Bay Hospital and have either before or after treatment called other relatives or English speaking people in the community to ask, "Why am I here, why have I been brought to the hospital, what is wrong with me, and what did they do to me?" Fundamental questions like this. These occurrences are not rare, Mr. Chairman. This is a very serious indication to me of a much wider problem and this is why I think the solution is to emphasize paraprofessional involvement in delivering health care services.

I have tried to explain that the word "paraprofessional" implies a team approach and implies more of an equal status between the paraprofessional and the professional than the status between a translator or an interpreter and the person who is being interpreted for. I also believe that much more could be done to train x-ray technicians, lab technicians and this sort of occupation, by providing incentives to those persons to take the training and return to their communities to deliver health services. I feel that the area of paraprofessional training is most important now, Mr. Chairman, because we still have some distance to go before the high schools will be graduating sufficient native people, at least in our region, that we will have doctors and nurses trained in the ordinary course of events. So this is why I am making this motion and it is directed at all relevant authorities, including, of course, the federal department of National Health and Welfare. Thank you, Mr. Chairman.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Patterson. Hon. Mr. MacQuarrie.

Programs For Training Paraprofessionals

HON. ROBERT H. MacQUARRIE: Could we perhaps ask the Minister in which areas there are presently educational programs for the training of paraprofessionals? I believe there is one in dental therapy, certified nursing assistants and community health workers. Are there others? If you would just comment generally, to what extent do you feel, presently, you are attempting to undertake what is called for in the motion?

THE CHAIRMAN (Mr. Pudluk): Thank you. To the motion. Mr. Minister, do you want to respond to that?

HON. ARNOLD McCALLUM: Mr. Chairman, we do have certified nursing assistants and dental therapy technicians. As I had indicated earlier in my remarks, we are beginning with the ophthalmological technicians in co-operation with Education. We have a bursary program. One of the ingredients of a Stanton Yellowknife Hospital expansion was that there were to be \$462,000 available from National Health and Welfare, a health resource fund for the training of technicians and training of paraprofessional people. This possibility of these particular funds lapsing, were the expansion not to go ahead, is very, very real.

THE CHAIRMAN (Mr. Pudluk): Mr. MacQuarrie.

HON. ROBERT H. MacQUARRIE: Could you say whether there are special attempts by the health services people to encourage native involvement in these paraprofessional programs?

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, yes, there is a training program, not only with paraprofessionals but with administrators as well. There is a concerted effort to involve people in training in vocations involved with the health profession.

THE CHAIRMAN (Mr. Pudluk): Hon. Mr. MacQuarrie.

HON. ROBERT H. MacQUARRIE: Finally, Mr. Chairman, if I could ask Mr. Patterson then, what other particular paraprofessional areas he would like to see attended to and whether he would agree that there is sufficient encouragement for native people to become involved with these training programs?

THE CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ROBERT H. MacQUARRIE: I had asked Mr. Patterson about that.

THE CHAIRMAN (Mr. Pudluk): I am sorry. Mr. Patterson.

Persons Who Aid Doctors In Interviewing Patients

MR. PATTERSON: Mr. Chairman, I was particularly concerned about those persons who aid doctors in interviewing patients. So far I think they are simply called translators or interpreters. I think there should be a classification of person called a paramedical or medical paraprofessional to be trained to work with doctors who are dealing with native persons on a paraprofessional basis and not simply as a translator. I tend to believe that, perhaps despite the best intentions of the department, the persons who are trained as dental therapists and certified nursing assistants tend to provide not a paraprofessional type of service, but rather simply a labour type, menial kind of function where they do not really work with the nurse in the community nursing station interviewing and communicating with patients but rather they seem to be relegated to less important tasks which do not relate to the delivery of services directly to the people. There is a creature called a community health worker, I believe, which was not mentioned by the Minister and these people tend to be employed as joe jobbers for some nurses in some of the nursing stations. The intention of the motion, Mr. Chairman, was partly to try and improve the status of these native persons who might be involved in the delivery of medical services, to upgrade their whole image.

Working Alongside The Professional

I think in many ways it is a problem fundamentally of attitude on the part of the persons, the professionals or semiprofessionals who are involved in delivering health care services. The motion, in referring to paraprofessionals and in the way I have tried to describe my definition of a paraprofessional, tries to encourage the relevant authorities to see native persons who might be involved delivering services as part of the professional team and not simply as a technical aid or providing labour. That there is an expertise which comes through understanding the culture and values as well as the language of the people with whom one deals and that that expertise, if it is not communicated to the professional nurses and doctors who deliver those services, if they do not share that knowledge through the involvement of the paraprofessional, then their service is hollow. No matter how much we spend on it it is hollow because it is irrelevant because it is not culturally relevant. It is a difficult concept for me to describe, except in terms of the word "paraprofessional" which in Latin I think that "para" means alongside the professional, not doing a technical job in the corner for the professional but working alongside as part of the professional team, contributing not academic knowledge, not professional knowledge, but that equally important cultural relevance and human relevance which only those who know the people and have known them all their lives, can provide to make our health services much more meaningful and much more effective and much more credible to the people that they serve.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Patterson. I think the Minister would like to respond to that first. I will go back to you later, Mr. MacQuarrie.

Dental Therapists

HON. ARNOLD McCALLUM: Mr. Chairman, I just want to totally take umbrage to the comment that the Member made when he referred to dental technicians as being joe jobs. I wish I had some of those native people who have been trained in that particular work here to hear the comment that they are doing joe jobs. Let me assure you and Mr. Patterson as well as others -- I am sure there are Members here who know of dental therapists, that they do not do joe jobs. I would suggest, Mr. Chairman, that the Member is dealing with not so much a paraprofessional, but a person who would work along and not be involved with the delivery of health services but to do the things that I suggested in a response to an earlier question from the Member from Rae-Lac la Martre about providing assistance for communication to people in a facility and I suggest that that is not a paraprofessional in terms of health. Again I want to make a point that I do not consider a dental therapist as doing menial joe jobs as the Member said.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Hon. Mr. MacQuarrie.

HON. ROBERT H. MacQUARRIE: Mr. Chairman...

MR. PATTERSON: On a point of privilege. Mr. Chairman, I beg to differ with the Minister. I was not referring to dental therapists when I used that rather perjorative term. I was referring to community health workers in some nursing stations and I think the record will show that that is what I said. If it is wrong, I would like to clarify that I was referring to community health workers in some nursing stations in some communities and in no way intended to berate the valuable work that is being performed by dental therapists and other people, native people whom I am happy to see working in our clinics now.

THE CHAIRMAN (Mr. Pudluk): Mr. MacQuarrie.

HON. ROBERT H. MacQUARRIE. Thank you, Mr. Chairman. I had wanted the last comment just before Mr. McCallum spoke and I guess that is why you have returned it to me now. At that time I simply wanted to say that I had adopted my line of questioning because I was a little reluctant with respect to the motion because I was aware that there are programs, certified nursing assistants and dental technician and so on, and I know some of these people. I can only agree with the Minister that they would have been shocked to hear the kind of work they do to be in a sense termed insignificant. But at any rate a final comment. I would have to say, if you will forgive me, Mr. Patterson, on two or three occasions I have found that what turns out to be the intention of the motion is different from what the wording of the motion states and the intention that you had stated in your last comments I can agree with and would have supported but when I first saw this motion I had concerns because I felt that some of that was already being done. Thank you, Mr. Chairman.

THE CHAIRMAN (Mr. Pudluk): Thank you, Mr. MacQuarrie. To the motion. Mr. Appaqaq.

MR. APPAQAQ: (Translation) Thank you, Mr. Chairman. I support Mr. Patterson's motion very much.

THE CHAIRMAN (Mr. Pudluk): (Translation) Excuse me, Mr. Appaqaq, but can you get closer to the microphone, please?

MR. APPAQAQ: (Translation) I am sorry. I support Mr. Patterson's motion. I think interpreters definitely are required. I used to be an interpreter also, even though I did not know too much English a lot of the time. I have been in the hospital in Winnipeg and in Churchill and in a hospital in northern Quebec. Even though I was in the hospital I was woken up to interpret. They said there were no interpreters around or available. I know that a person cannot be operated on if they do not know what is happening. I also think that in the North, or in the South, where native people are sent also to the hospitals, they do require interpreters. The people who are in the hospitals or patients should know a little bit more about what is going on, what they are in the hospital for. Thank you.

---Applause

THE CHAIRMAN (Mr. Pudluk): To the motion.

SOME HON. MEMBERS: Question.

Motion To Train And Employ N.W.T. Domiciled Paraprofessionals, Carried

THE CHAIRMAN (Mr. Pudluk): The question has been called. All those in favour of this motion please put your hands up. Down. Opposed? It is carried.

---Carried

0 And M, Medicare, Agreed

The motion has been carried. Now, we are on medicare, 0 and M, \$3,919,000. Does this committee wish to agree with this figure?

SOME HON. MEMBERS: Agreed.

THE CHAIRMAN (Mr. Pudluk): Okay, it is agreed.

---Agreed

Capital, total capital expenditure -- that is the same thing. That is no problem. Okay now, we now go to the medical services contract, page 12.07 and in Inuktitut also on page 12.07. I think I will let Mr. Patterson take over as chairman here.

0 And M, Medical Services Contract, Agreed

THE CHAIRMAN (Mr. Patterson): The first item under operations and maintenance totals \$537,000. Is that item acceptable to the committee?

SOME HON. MEMBERS: Agreed.

THE CHAIRMAN (Mr. Patterson): Is it agreed?

---Agreed

That is the total for medical services contract, \$537,000. We should now move on to details of grants and contributions and this is on page 12.08. What page is that in Inuktitut?

MR. PUDLUK: The same page.

Total Contributions

THE CHAIRMAN (Mr. Patterson): The same page in Inuktitut. The total amount is \$12,046,000. Is that item approved? Is it agreed?

SOME HON. MEMBERS: Agreed.

THE CHAIRMAN (Mr. Patterson): Are there any questions? I am sorry.
Mrs. Sorensen. I am sorry, I was looking at you, Ms. Cournoyea. Ms. Cournoyea.

MS. COURNOYEA: In the budget there does not seem to be any provision for other agencies such as the small group that conducted a health awareness program, I believe it was, in Pangnirtung where they labelled a lot of goods in the communities, such as pop, as being dangerous. I really do not even know if the money came out of the Department of Health, but I am wondering if it did, will there be provision for these kind of community incentive programs to take place?

THE CHAIRMAN (Mr. Patterson): Mr. McCallum.

HON. ARNOLD McCALLUM: Mr. Chairman, I think the Member may be referring to a kind of project that was carried out in other communities. In this particular instance it was at Pangnirtung, for instance. That was a federal project funded by the federal government and as far as I know the money for that particular project is winding down, or at least the funds are, but it was a federal project and not from this department.

THE CHAIRMAN (Mr. Patterson): Ms. Cournoyea.

MS. COURNOYEA: I am fine. I just wanted to know where the funding came from and whether the Department of Health was going to support this kind of program in various communities when the incentive was there.

THE CHAIRMAN (Mr. Patterson): Yes, Mr. Minister.

HON. ARNOLD McCALLUM: Yes, Mr. Chairman, we do. As indicated here, a contribution has been made to the Rae-Edzo native awareness project as a step in preventive and promotional health. That was a pilot project which of course, has been going on. As other projects are identified we would attempt to allocate funds to those as well.

THE CHAIRMAN (Mr. Patterson): Mr. MacQuarrie.

HON. ROBERT H. MacQUARRIE: No, Mr. Chairman.

THE CHAIRMAN (Mr. Patterson): Are there any other questions? Mr. Braden.

Rae-Edzo Native Women's Association

HON. GEORGE BRADEN: I just have one for clarification purposes, Mr. Chairman. We see under contributions, the Rae-Edzo Native Women's Association and an amount of \$17,000. When we go back to page 12.02 under administration, the third paragraph makes reference to, "The department provided funds for the successful Rae-Edzo native women's committee health awareness program,..." etc. Now, under grants and contributions in the administration there is an amount of \$46,000. Is the Rae-Edzo Native Women's Association contribution included in that \$46,000 or are we dealing with a separate item altogether on the contributions page?

THE CHAIRMAN (Mr. Patterson): Can you explain that, Mr. McCallum?

HON. ARNOLD McCALLUM: Mr. Chairman, the amount to the Rae-Edzo Native Women's Association is included in the \$46,000.

THE CHAIRMAN (Mr. Patterson): Does that answer your question, Mr. Braden? I notice on page 12.08, apart from the \$12 million, those items add up to \$46,000 and I think page 12.08 is just a breakdown of the \$46,000 found under administration. Is that correct, Mr. McCallum?

HON. ARNOLD McCALLUM: Mr. Chairman, that is correct.

THE CHAIRMAN (Mr. Patterson): Does that answer your concern, Mr. Braden?
Mr. MacQuarrie.

HON. ROBERT H. MacQUARRIE: In other words we would not vote this again. This was for our information and we have already approved all the sums included on this page? For instance the \$12 million was back here under O and M for Territorial Hospital Insurance Services program and so on and so this is just for our information as we go through the pages.

Storefront For Voluntary Agencies

Perhaps I could ask one question while I have the floor and that is the drop in the funding for the Storefront for Voluntary Agencies. I know, again, we have had a year of restraint but I also know it is the policy of Health and Social Services to try and encourage community based activities. Could you explain that rather significant drop in funding and what hopes have they for the coming year, or for the year after this budget?

THE CHAIRMAN (Mr. Patterson): Mr. McCallum.

HON. ARNOLD McCALLUM: Mr. Chairman, we had to attempt to satisfy a number and we did a reallocation from the past year in an attempt to provide some funds for everybody. However, in a particular restraint we had so much and we tried to give some to everybody, and on 12.08 you see the difference between 1979 and 1980, and an attempt to provide something for all. Otherwise we would have cut out some and we thought it was better to at least provide some funds for all projects.

HON. ROBERT H. MacQUARRIE: Very well.

Total Contributions, Agreed

THE CHAIRMAN (Mr. Patterson): For the Members of the committee I am informed that we should consider this item of contributions even though it did show up in the main estimates for the Department of Health, the reason being that when we approved contributions, say on page 12.02 the amount of \$46,000, and approve it on page 12.08 we are approving the direction in which that money will go. Therefore I think we should also vote on this page 12.08, even though we have approved the numbers earlier. Is it agreed that we approve the amount, the contributions in the amount of \$12,046,000?

SOME HON. MEMBERS: Agreed.

THE CHAIRMAN (Mr. Patterson): Is it agreed?

---Agreed

That wraps up the Department of Health with the exception of capital -- I am sorry, Mrs. Sorensen.

MRS. SORENSEN: There are still some outstanding recommendations and comments by the finance committee. At your pleasure.

THE CHAIRMAN (Mr. Patterson): I was just going to say we have completed all the estimates for the Department of Health with the exception of capital on Territorial Health Insurance Services which has been deferred and the final vote which has been deferred. We will go on to your finance committee, Mrs. Sorensen, and their recommendations, yes.

MRS. SORENSEN: Mr. Minister, our recommendation (a) deals with the feasibility of re-amalgamating the Departments of Health and Social Services. The finance committee spoke with the Executive Committee and served notice of this recommendation back in December. Have you had time to consider this recommendation and if so, what is your opinion of this recommendation?

THE CHAIRMAN (Mr. Patterson): Mr. McCallum.

Total Transfer Of Health Services To N.W.T.

HON. ARNOLD McCALLUM: Mr. Chairman, I am of a divided opinion. I realize that that neither satisfies, and I was not trying to be facetious, I really mean it. I am of a divided opinion. I obviously have asked both departments to give me the pros and cons. I have received these and, as Members will appreciate within the last month or more I have not had all that much time to go into it, but I think I prefaced my opening remarks by indicating that if we are to have a transfer of health services to this government we have to be prepared to do so. You simply cannot say, "Yes, we want the transfer of health, the total health delivery system," as has been said here to this government so it then can be devolved to local people without being prepared for it.

Members have indicated there is a communication breakdown. An example would be the difficulty with the federal department. You know there is a line of communication with the federal department. For example, it goes from nursing stations, if you like, to a zone which would be in Frobisher, to a regional headquarters which used to be Edmonton. Hopefully it is going to be here, moving north and then, of course, to the branch office which is in Ottawa. That is an indication that we are attempting to deal with the federal department in the North. The only movement toward that has been, not the transfer but simply, the relocation of that office from Edmonton here and our taking the contract that you just approved.

Pros And Cons Of Amalgamation

There are pros and cons to amalgamating them or to keeping them separate. Provinces have gone on and on with this problem over the years. The latest province to separate is Manitoba, in December. We believe that if we are going to be responsible as a territorial Department of Health or I believe that if we are going to be responsible, as a territorial Department of Health, for health delivery systems, that we need a department of Health because there are a great number of things that must take place. If we are going to get seriously involved with preventive health, with health awareness, involving local people, then we need that department. That is not to set up another bureaucracy and have somebody set up their own fiefdom or kingdom. I really believe that.

On the other hand, there are good reasons why it should be brought together. I at the moment, as I indicated, am of a divided opinion because I want to weigh it and if I am going to suggest it to the Executive Committee I would have to be convinced of it myself in order to go with it. I recognize that the recommendation is for us to consider it. I fully intend to come to the Executive with that one way or the other, but I would want to be, obviously, convinced in my own mind that what I would propose would be the right way and then get support for that within the Executive. I may very well go with that in mind and get shot down which would not be the first time, but at the present time I think we have to be prepared for it and my inclination at the present time is that we require a Department of Health. That is not to suggest that I am going against what you are saying. I can very well be persuaded by others. It may be that I will have to be persuaded by others.

THE CHAIRMAN (Mr. Patterson): Thank you, Hon. Mr. McCallum.

MRS. SORENSEN: I would think that I would rather obtain some direction from this committee with regard to this motion. I do not wish to place a motion on the floor if a considerable number of people who have listened to what Mr. McCallum had to say are satisfied, particularly in the interests of moving ahead. So if the Members are satisfied with the answer, then I would be prepared to withdraw the recommendation.

THE CHAIRMAN (Mr. Patterson): Do Members have a view on the finance committee recommendation? Ms. Cournoyea.

MS. COURNOYEA: I think that the recommendation is more in order with Mr. McCallum's remarks because he said he himself was not sure in his mind and the recommendation is to look into the feasibility of re-amalgamating the department. It does not string him to one line, but it is just recommending and putting forth a motion for maybe a more asserted effort to do that. I do not see that it is contrary to what he said and I feel that we did explore it quite a bit with the various departments and there was not really a clear opinion on what would cost less. Certainly in terms of the restraints that we are under, I think these things should be looked at at all times and I feel that with what Mr. McCallum has just said he fully supports this kind of motion.

THE CHAIRMAN (Mr. Patterson): Thank you, Ms. Cournoyea. Any other comments from Members on the recommendation? Have you got a motion?

Motion To Re-amalgamate Health And Social Services

MRS. SORENSEN: Yes. I will therefore make the motion then. I move that this Assembly recommend that the Executive Committee be requested, should it appear advisable in the interests of economics, to study the feasibility of re-amalgamating the Departments of Health and Social Services.

THE CHAIRMAN (Mr. Patterson): To the motion.

SOME HON. MEMBERS: Question.

THE CHAIRMAN (Mr. Patterson): I heard the question called. I will read the motion again: That the Executive Committee be requested, should it appear advisable in the interest of economics, to study the feasibility of re-amalgamating the Departments of Health and Social Services. All those in favour of the motion please signify.

HON. ARNOLD McCALLUM: Mr. Chairman, I do not want to talk against the motion or I do not mean to because I believe Ms. Cournoyea expressed my views very well, but is the only factor in the interest of economics? Because I thought I was talking about other factors as well.

THE CHAIRMAN (Mr. Patterson): Mrs. Sorensen, do you wish to expand the motion?

MRS. SORENSEN: Again you will have to remember that when we reviewed the departments we were reviewing them with what we thought was going to be severe restraint and we felt that that would be an area where money could be saved. However, there also is the fact that health services may some time be devolved to the territorial government in light of land claims and other matters. Perhaps we do not need a separate Department of Health at this time, but having said that, we also do not want to take two steps backwards when we have come this far. That is really all I have to say.

THE CHAIRMAN (Mr. Patterson): Did you wish to revise the motion then, Mrs. Sorensen?

Motion Reworded

MRS. SORENSEN: Mr. Chairman, Mr. de Vos has advised me that it probably would be wise then to remove "should it appear advisable in the interest of economics" and let the motion stand as is.

THE CHAIRMAN (Mr. Patterson): All right. Then the motion reads: "That the Executive Committee be requested to study the feasibility of re-amalgamating the Departments of Health and Social Services."

Motion Carried

Are you ready for the question? All right. Question having been called, all those in favour of the amended motion? Opposed? The motion is carried.

---Carried

Mr. Wah-Shee, you are just stretching, are you? I think that finishes that motion. It really was not an amended motion. It was a reworded motion. Do you have any other items, Mrs. Sorensen?

MRS. SORENSEN: With regard to our recommendation (b), the finance committee will withdraw that recommendation in light of the motion that was presented by Mr. Patterson concerning Stanton Yellowknife Hospital and we will be meeting at some point following, having been given all the relevant information. At that time if the finance committee feels that we should bring forth another motion concerning the Stanton Yellowknife Hospital then we will do so.

With regard to our recommendation (c), again I feel that the finance committee would like to proceed with this motion even though the money has been identified for the planning of an area hospital at Cambridge Bay and a regional hospital in the Keewatin in the main estimates. Because of our new government, which is a majority government, and the fact that we may not be getting our deficit funding, we may be hit with severe restraint measures within the coming weeks. We feel that a motion concerning this area would be an expression of the priority that this Assembly gives to these planning funds and therefore the money would not be withdrawn in restraint for these two areas.

Motion To Plan For Area Hospital At Cambridge Bay And Regional Hospital In The Keewatin

So therefore I move that this Assembly recommend that planning for an area hospital at Cambridge Bay and the regional hospital in the Keewatin be proceeded with during the 1980-81 fiscal year.

THE CHAIRMAN (Mr. Patterson): To the motion.

SOME HON. MEMBERS: Question.

Motion Carried

THE CHAIRMAN (Mr. Patterson): The question has been called. All in favour of the motion that the planning for the area hospital at Cambridge Bay and the regional hospital in the Keewatin be proceeded with during the 1980-81 fiscal year please raise your hand. Opposed? The motion is carried.

---Carried

Anything else, Mrs. Sorensen?

MRS. SORENSEN: Recommendation (d) dealt with the possible fiscal impact of the Arvik development on the delivery of health services in the Resolute Bay area. Since we made that motion we have undertaken the responsibility to look at fiscal impact of development on the territorial government, so it is more in keeping that we approach the Department of Health separately to get the figures for this. For that reason I will withdraw this recommendation and we will pursue that, as a finance committee, on our own.

Health Information And Promotion

With regard to (e) perhaps the recommendation can be answered by Mr. McCallum. Have you looked at the section called the health information and promotion? Our concern was the fact that when we looked at the chart that the Department of Health gave us we saw a term position of health promotion officer which was supervised by a head of health information and promotion. The concern was, why did you need a head to oversee a term position?

THE CHAIRMAN (Mr. Patterson): Hon. Mr. McCallum.

HON. ARNOLD McCALLUM: Mr. Chairman, the main function would be to promote health awareness, to promote better health and better lifestyles. That was the function of the head of that particular activity of the Department of Health. The term position we had to have because of man year restraint. I think that that particular person was to help in the dissemination of that information. We believe we have to become very serious about this particular aspect of health and I guess we would have had that clerical person, or that term position report to someone else, either administration or some other part of accounting but that is where we felt it should be. We believe that our program as we have started it, and involving communities, is a required step and a step that we would like to see approved. The person was assisting -- obviously as we get into this particular program more and more is taken on. This particular person obviously works with other government agencies in developing programs, that is the head and disseminating information, but I believe that it is a program that has to continue if we are going to be serious about doing anything with health care.

THE CHAIRMAN (Mr. Patterson): Thank you, Mr. McCallum.

MRS. SORENSEN: Minister McCallum, I think the problem was not that there was not a need for health information to be disseminated in the North, the problem was here we had a head and no one to be the head of and in the interests of restraint and saving money we were concerned that we were paying for a title rather than paying for what could probably have been called a health promotion officer. Perhaps the title is in title only and does not have the very high salary that goes with it but I would suspect differently.

THE CHAIRMAN (Mr. Patterson): Mr. Minister.

Name Is In Title Only

HON. ARNOLD McCALLUM: I am afraid the latter remark is more correct, the title is in name only. I almost used another phrase which I think Mr. Braden would have laughed at, a titular head. I think it is more in keeping with it rather than having that person receive any great amount. By the same token, let me assure you that I would be coming back to the Executive and to Finance, and as you get into this program I would be looking for more man years, or person years, to really get involved with preventive health, and there may well be more for which this person could be head.

THE CHAIRMAN (Mr. Patterson): Mrs. Sorensen.

MRS. SORENSEN: Mr. McCallum, if the name is in title only I will bet you \$100 it is a woman!

---Applause

It is, is it not?

HON. ARNOLD McCALLUM: Mr. Chairman, she really is not...

MRS. SORENSEN: Is that position a female position, Mr. McCallum?

HON. ARNOLD McCALLUM: Mr. Chairman, that is correct, I am sorry. I will do everything -- no...

THE CHAIRMAN (Mr. Patterson): Mr. Wah-Shee.

HON. JAMES WAH-SHEE: Mr. Chairman, I move that we report progress.

THE CHAIRMAN (Mr. Patterson): Mr. Butters. I am sorry, I guess this is not debatable. I am going to ask for a vote. Is it agreed we report progress?

SOME HON. MEMBERS: Agreed.

THE CHAIRMAN (Mr. Patterson): Is it agreed?

---Agreed

Mr. McCallum, you are looking surprised.

HON. ARNOLD McCALLUM: I am just wondering, have we finished with Health other than having to come back?

SOME HON. MEMBERS: Agreed.

THE CHAIRMAN (Mr. Patterson): We are now going to report progress and I think we have finished Health.

SOME HON. MEMBERS: For today.

THE CHAIRMAN (Mr. Patterson): So the committee will rise and I will report progress.

MR. SPEAKER: The House will come to order. Mr. Patterson.

REPORT OF THE COMMITTEE OF THE WHOLE OF BILL 18-80(1): LOAN AUTHORIZATION AMENDMENT ORDINANCE NO. 1, 1979-80, AND BILL 1-80(1): APPROPRIATION ORDINANCE, 1980-81

MR. PATTERSON: Mr. Speaker, your committee has met and considered Bill 18-80(1) and the bill is now ready for third reading. We also made progress on Bill 1-80(1). Thank you.

MR. SPEAKER: Thank you, Mr. Patterson. There is a chance for me to break some new ground now. The next item on the order paper is third reading of bills.

Item 10, third reading of bills.

ITEM NO. 10: THIRD READING OF BILLS

Mr. Braden.

Third Reading Of Bill 18-80(1): Loan Authorization Amendment Ordinance No. 1, 1979-80

HON. GEORGE BRADEN: Thank you, Mr. Speaker. I move that Bill 18-80(1), An Ordinance to Amend the Loan Authorization Ordinance No. 1, 1979-80, be read for the third time.

MR. SPEAKER: Thank you, Mr. Braden. Is there a seconder for that motion? Mr. Butters.

I will remind Members that following third reading there may be debate. The bill may be referred back to committee of the whole but there may not be any amendments to the bill. Any debate on the motion of third reading?

SOME HON. MEMBERS: Question.

MR. SPEAKER: Mr. Braden.

HON. GEORGE BRADEN: The question.

MR. SPEAKER: The question being called. Are you ready for the question? Those in favour of third reading of Bill 18-80(1), please indicate by raising your hands. Opposed? The bill is carried.

---Carried

Item 11, assent to bills.

ITEM NO. 11: ASSENT TO BILLS

Mr. Clerk, would you see whether or not the Commissioner of the Northwest Territories is available to give assent to this bill?

COMMISSIONER PARKER: Please be seated. Mr. Speaker, as Commissioner of the Northwest Territories, I assent to Bill 18-80(1), Loan Authorization Amendment Ordinance No. 1, 1979-80. Thank you.

MR. SPEAKER: Please be seated. Mr. Clerk, announcements and orders of the day for tomorrow.

CLERK OF THE HOUSE (Mr. Remnant): Announcements for February 21, caucus meeting, 9:00 a.m., Katimavik A; 10:00 a.m., Katimavik A, a briefing by the Science Advisory Board followed by a luncheon. For February 22nd, 9:30 a.m., Katimavik A, standing committee on finance. I am in error, Mr. Speaker, I understand the finance committee meeting has been cancelled.

ITEM NO. 12: ORDERS OF THE DAY

Orders of the day, February 21, 1980, 1:00 o'clock p.m., at the Explorer Hotel.

1. Prayer
2. Oral Questions
3. Questions and Returns
4. Petitions
5. Tabling of Documents
6. Reports of Standing and Special Committees
7. Notices of Motion
8. Motions: Motion 20-80(1)
9. Consideration in Committee of the Whole of Bills, Recommendations to the Legislative Assembly and Other Matters: Tabled Document 7-80(1); Bill 1-80(1)
10. Orders of the Day

MR. SPEAKER: This House stands adjourned until 1:00 o'clock p.m., February 21, 1980, at the Explorer Hotel.

---ADJOURNMENT

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