



LEGISLATIVE ASSEMBLY OF THE NORTHWEST TERRITORIES

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

LEGISLATIVE ASSEMBLY OF THE NORTHWEST TERRITORIES

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YELLOWKNIFE, NORTHWEST TERRITORIES

FRIDAY, FEBRUARY 5, 1982

MEMBERS PRESENT

Mr. Appaqaq, Mr. Arlooktoo, Hon. George Braden, Hon. Tom Butters, Ms Cournoyea, Mr. Evaluarjuk, Mr. MacQuarrie, Hon. Arnold McCallum, Mr. McLaughlin, Hon. Richard Nerysoo, Mr. Noah, Hon. Dennis Patterson, Mr. Pudluk, Mr. Sayine, Mr. Sibbeston, Hon. Don Stewart, Hon. Kane Tologanak, Hon. James Wah-Shee

ITEM NO. 1: PRAYER

---Prayer

SPEAKER (Hon. Don Stewart): Orders of the day for Friday, February the 5th.

Item 2, replies to Commissioner's Address. There appear to be no replies today.

Item 3, oral questions.

ITEM NO. 3: ORAL QUESTIONS

Mr. Arlooktoo.

Question 7-82(1): Lake Harbour Education Committee Petition

MR. ARLOOKTOO: (Translation) Thank you, Mr. Speaker. I would like to ask an oral question of the Minister of Education. In November I gave him a petition from the Lake Harbour education committee and they were saying that they did not hear anything about this. Is it being worked on or did he throw the petition out? I would like to hear what has happened to that petition. Thank you.

MR. SPEAKER: Thank you, the honourable Member for Baffin South. Mr. Minister.

Partial Return To Question 7-82(1): Lake Harbour Education Committee

HON. DENNIS PATTERSON: Thank you, Mr. Speaker. I would not mind having an opportunity to give a more detailed answer a little later in this session. I can assure the Member that his earlier questions on the subject and the petition has been and is being examined by the Department of Education. As I indicated in my earlier answer to his questions in previous sessions, it does not appear that the enrolment in the school is going to increase significantly in the near future and these plans may have to be long-term plans as a result but I will undertake to give a more detailed reply during this session. Thank you.

MR. SPEAKER: Thank you, Mr. Patterson. You are taking it as notice and will give a further reply at a later time. Oral questions. Ms Cournoyea.

Question 8-82(1): Student Financial Aid Anomaly

MS COURNOYEA: I have a question to the Minister of Education. In the matter of students qualifying for the Indian and Northern Affairs level of funding, why were a number of students not paid the full amount of their entitled bursary?

MR. SPEAKER: Mr. Minister.

Return To Question 8-82(1): Student Financial Aid Anomaly

HON. DENNIS PATTERSON: Mr. Speaker, there was a problem this fall when a number of students who were not eligible under the NWT grants and bursaries system for one reason or another, usually due to having been out of school too long, applied to Indian and Northern Affairs for aid under that program. The Executive Committee decided to provide them benefits under a slight revision of our existing grants and bursaries system which would give them the equivalent to what they would be able to get in Ottawa. In September, in a hurry, we only looked after those students who had not applied for -- or had not been eligible for NWT grants and bursaries. Later this year we realized the discrepancy, particularly in the weekly allowances, and made a decision in December that as of January 1st all students who were in this category would have their allowances increased as of the first of January. So the situation has now been corrected. The anomaly has now been corrected and we decided not to pay students retroactively to the beginning of the year for austerity reasons and also because we felt that if they had managed to survive that long, they would not be in need of retroactive aid. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you. Ms Cournoyea.

Supplementary To Question 8-82(1): Student Financial Aid Anomaly

MS COURNOYEA: A supplementary to the Minister of Education. It appears that these people that you speak of would have been entitled under the Indian and Northern Affairs program. Do these people have legal recourse to claim what would have been justifiably theirs if it was not for the interference of the territorial government?

MR. SPEAKER: Mr. Minister, Mr. Patterson.

Further Return To Question 8-82(1): Student Financial Aid Anomaly

HON. DENNIS PATTERSON: Mr. Speaker, we were told by Indian and Northern Affairs that they were not sure if they had the capacity to meet these requirements within their budget since they accept the principle that all matters of education in the Northwest Territories, including the matter of higher education grants and bursaries, are the responsibility of the Government of the Northwest Territories. The matter of relief to students via Indian and Northern Affairs is something I cannot answer, but I will assure the Member that we will be responsive to any cases where financial hardship may have been in evidence this fall. I would be quite willing to look at a particular case where a student may have had financial hardship. Thank you.

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

Question 9-82(1): Radio Reception In Lake Harbour

MR. ARLOOKTOO: (Translation) Thank you, Mr. Speaker. I asked another question before in the November session. I cannot remember whether it was November or December but I asked. I heard that people in Lake Harbour could not hear CBC. I have heard now that we cannot get CBC and I was wondering if we could be assisted in this matter. The Department of Information informed us that this would be possible before Christmas and I wonder if I can get some answer on this matter.

MR. SPEAKER: Mr. Minister, Mr. Braden.

HON. GEORGE BRADEN: Mr. Speaker, unless the Member would like the Commissioner, who is responsible for the Department of Information, to come in, I would take that question as notice and be back to the Member early next week with a reply on provision of this service in Lake Harbour.

MR. SPEAKER: Mr. Arlooktoo, he is taking your question as notice. If you would like to request the Commissioner to attend, the Commissioner may be able to give you an immediate answer. What is your wish?

MR. ARLOOKTOO: (Translation) Yes, Mr. Speaker. I would like to hear right now what is happening. The Department of Information said -- I told the people in my community that they would have radio before Christmas and I think they feel that they want an answer, whether or not there is a problem on this, on the Lake Harbour radio reception. Thank you.

MR. SPEAKER: Thank you. Is it agreed that we should invite the Commissioner inside the ropes?

SOME HON. MEMBERS: Agreed.

---Agreed

MR. SPEAKER: Mr. Braden.

HON. GEORGE BRADEN: Mr. Speaker, if the Member can give us a few minutes, we will get the information together. I just checked with the Commissioner and he does not have a ready answer but we can get it very shortly.

MR. SPEAKER: Thank you. In case there are further questions, Mr. Commissioner, would you like to join us inside the ropes? Are there any further oral questions? Mr. Evaluarjuk.

Question 10-82(1): Reply Requested To Question 58-81(3), Assistance To Igloolik Co-op

MR. EVALUARJUK: (Translation) Mr. Speaker, I would like to ask the person but he is not listening right now, the Minister of Health. I would like to ask the Minister of Health about the question I asked in November because the co-op lost some money in Igloolik because their freezer was not in operation. We lost about \$10,750 and that was my written question in November. I wonder if I can get a reply. Maybe the Minister -- has he replied to the Igloolik co-op or did he forget about it?

MR. SPEAKER: Mr. Minister, Mr. McCallum.

Return To Question 10-82(1): Reply Requested To Question 58-81(3): Assistance To Igloolik Co-op

HON. ARNOLD McCALLUM: Mr. Speaker, let me first say that I did not forget about it. In fact, if the Member has not received a written letter or communication from me -- because the question was asked of my colleague at the time, the Hon. Mr. Butters, who then passed the request to me to respond in kind -- I know I wrote the Member a letter indicating to him what transpired. If the Member has not received that letter, or the answer to the question he asked, I will ensure that he gets a copy of the letter today from me to him to indicate about it, but I did not forget about it.

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

Item 4, written questions and returns.

ITEM NO. 4: QUESTIONS AND RETURNS

Mr. Minister, Mr. Patterson.

Return To Question 44-81(3): Meals At Hostel In Frobisher Bay

HON. DENNIS PATTERSON: (Translation) Mr. Speaker, a concern was expressed this fall about adult students attending courses in Frobisher Bay. The students attending adult courses in Frobisher Bay, were not getting enough to eat last fall. At the time the Department of Education encouraged adult students to go back for more servings if they wanted more food. They are still free to do this and we shall make sure they know that in the future. Did you understand? Thank you.

---Applause

MR. SIBBESTON: More!

MR. SPEAKER: Are there any further returns?

Item 5, petitions.

Item 6, tabling of documents.

ITEM NO. 6: TABLING OF DOCUMENTS

Mr. Minister, Mr. Butters.

HON. TOM BUTTERS: Mr. Speaker, I have two documents to table. One, Tabled Document 4-82(1), Annual Report of Territorial Accounts, Fiscal Year 1980-81. The document is not translated, but I believe it is one of those which the Inuktitut Members have agreed could be tabled without translation since it is a technical document with many figures. The second document is Tabled Document 5-82(1), 1980 Annual Report, Northwest Territories Co-Operative System and this contains a summary in Inuktitut.

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

Item 7, reports of standing and special committees.

Item 8, notices of motion.

ITEM NO. 8: NOTICES OF MOTION

Mr. Noah.

Notice Of Motion 4-82(1): NWT Air Service Between Winnipeg And Rankin Inlet

MR. NOAH: Thank you, Mr. Speaker. Mr. Speaker, I give notice that on Tuesday, February 9th, I will move, seconded by the honourable Member for Pine Point: Now therefore, I move that the Speaker of this House communicate to the Minister of Transport and the privy council the support of this Assembly for the service presently being provided by Northwest Territorial Airways between Winnipeg and Rankin Inlet.

MR. SPEAKER: Thank you, Mr. Noah. Motions. Mr. Evaluarjuk.

Notice Of Motion 5-82(1): Increase Of Polar Bear Quota In Hall Beach

MR. EVALUARJUK: (Translation) Mr. Speaker, I give notice that on Tuesday, February 9th, I will move a motion to increase the polar bear quota in Hall Beach, seconded by the Member for Baffin South.

MR. SPEAKER: Thank you. Notices of motion.

Item 9, notices of motion for first reading of bills.

Item 12, second reading of bills.

Item 13, consideration in committee of the whole of bills, recommendations to the Legislature and other matters. Bill 1-82(1), Appropriation Ordinance, 1982-83, with Mr. Pudluk in the chair.

ITEM NO. 13: CONSIDERATION IN COMMITTEE OF THE WHOLE OF BILLS, RECOMMENDATIONS TO THE LEGISLATURE AND OTHER MATTERS

---Legislative Assembly resolved into committee of the whole for consideration of Bill 1-82(1), Appropriation Ordinance, 1982-83, with Mr. Pudluk in the chair.

PROCEEDINGS IN COMMITTEE OF THE WHOLE TO CONSIDER BILL 1-82(1), APPROPRIATION ORDINANCE, 1982-83; 13TH REPORT OF THE STANDING COMMITTEE ON FINANCE

Health, Total O And M, Territorial Hospital Insurance Services

CHAIRMAN (Mr. Pudluk): Now this committee will come to order. We are on page 14.05, Territorial Hospital Insurance Services, total O and M, \$23,198,000. Is there anything further? Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, I would just like to respond very quickly to a comment that my colleague, the Member for Keewatin North, Mr. Noah, made yesterday about the building we have been able to acquire in Winnipeg. He asked about who the people are who are looking after that facility. I would simply like to indicate to Members that it is an individual who has been providing that service for a number of years to people of the Keewatin, Mrs. Gloria Penner. I appreciate the remarks that he had indicated, but I think the question he asked was, who the people are who are doing this. We have been able to utilize the services of Mrs. Penner through a contractual arrangement. We have now a contract with Mrs. Penner to provide those services. So, just in response, as to the individual who is doing it, it is Mrs. Penner and I appreciate the comments that Mr. Noah made, because I really believe that this is a welcome addition to the kinds of services for people in the Keewatin that this government has been able to provide.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Any further questions? Territorial Hospital Insurance Services, \$23,198,000. Mr. Appaqaq.

Treatment In Nursing Station In Sanikiluaq

MR. APPAQAQ: (Translation) Thank you. Even though Mr. McCallum is sitting in his chair, can we ask questions of him? My question is, I know that Sanikiluaq hospital is being run by -- it is not run by the Churchill government, but I think I should ask this question. The nurse in the community -- when the Inuit people come to the nursing station, they are not treated if you are supposed to be dying in so many years. Are you supposed to be stating that to the people? When the people hear this, it is not very nice and it ruins their minds. I do not think that is right for the nurse to tell a person that goes to the nursing station that they are going to die when they have a disease. I wonder if that is the way it should be. That is my first question. My second question will be after he answers my first question.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Appaqaq. Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, does the next question depend upon the kind of answer I am going to give? I guess that is a difficulty that I have. I am not sure whether I should say yes or no, but regardless, I do not mean to be facetious. I know, Mr. Chairman, and I believe that the nurses who provide services and have provided services in the Northwest Territories for X number

of years have been very responsible. I believe that they have been able to provide services to people that generally speaking meet their demands. It is not possible to have all the medical personnel that one would like to have in every community. I think the nurses are responsible. I think that there are instances when they may be frank -- in some cases maybe brutally frank with people. I cannot speak for the operation of the nursing stations, save to say that it has been my experience and in talking to people, although there are incidents where the nurses may not respond the way that individuals and communities would like them to respond, nevertheless, I think that they have been very responsible and they have certainly provided a great service.

I neglected to indicate at the beginning, Mr. Chairman, that following the comments of my colleague, the Hon. Dennis Patterson, yesterday when he was talking about having the director of medical services here at times to respond to certain particular concerns that people may put forward -- I would simply like to indicate that the director of medical services for this area is here now. Dr. Martin, I think, is in the gallery. If Members would like to pose questions to Dr. Martin about particular concerns that they raise, I am sure that Dr. Martin would be more than willing to be here and to sit here as a witness. However, in reply to the question that the Member for Sanikiluaq has put forward, I cannot comment specifically. I can only generalize, so maybe I stickhandled around it.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. (Translation) Did you get a good answer, Mr. Appaqaq?

MR. APPAQAQ: (Translation) Thank you, Mr. Chairman. The answer was not sufficient.

HON. ARNOLD McCALLUM: I knew that before I started. Maybe the question was not very good.

MR. APPAQAQ: (Translation) I do not know where I am going to get sufficient information before I leave the session. I really would like to get an answer. Just a minute.

CHAIRMAN (Mr. Pudluk): Does this committee wish to invite Dr. Martin to the witness table? Is that agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Pudluk): Okay. Sergeant-at-Arms, could you invite Dr. Martin? Mr. Minister, are you going to sit beside him or can you communicate that far between you? Dr. Martin, I believe you heard that question. Did you get the question?

DR. MARTIN: Yes, I did.

CHAIRMAN (Mr. Pudluk): Proceed then, Dr. Martin.

Informing Patients With Terminal Disease

DR. MARTIN: I do not know that I am going to be able to answer perhaps any better than than the Minister has at this point except to say that I suppose on occasion a nurse might make a statement like this. Whether she was, you know, making it in all seriousness or not I do not know. It is certainly a serious statement to make to any person. I would appreciate it if you could again give me more detail on exactly what transpired, who the particular individual was that this statement was made to, so that we can go back to the nurse and discuss this with her in more detail. This may have happened, in fact, and presumably

it did because someone has relayed this information to you. I know it is the kind of statement that we do not like to hear and it is the kind of statement that really should not be made to an individual. You also mentioned, I think, that when people come to the nursing station, they are not treated. Was there something more to your question than just a statement about dying? In other words, are people being turned away from the station when they ask for treatment?

CHAIRMAN (Mr. Pudluk): Dr. Martin, I think the question, that part there was concerning about the settlement. If somebody has some sort of a cancer or something and is going to die and that information given to that person that he is going to live only so many days or so many months, you know, does that information have to be told to that person?

DR. MARTIN: I am not sure that I understand you last question. Would you repeat that, please?

CHAIRMAN (Mr. Pudluk): (Translation) Mr. Appaqaq, could you please let us know what your question was concerning whether or not a patient is going to die?

MR. APPAQAQ: (Translation) Thank you, Mr. Chairman. I have not been told this myself really, whether I am going to die or not, but I think the people that I have talked to know better than I do about this. There are some people that might know a little bit more that work with the minister's church group. I think they know a lot more because one of them mentioned to me that older people were told by the nurse that they were going to die and that they cannot go to a hospital in the South because there is no way to cure them. That is the concern of the Sanikiluaq residents. My question was if the nurses in a settlement are supposed to relate to their terminal patients when they are going to be dying. Is it their policy to tell the patients with terminal illness when they are going to be dying or if they are going to die?

CHAIRMAN (Mr. Pudluk): Dr. Martin.

Medical Approach To Terminal Illness Difficult

DR. MARTIN: Well, this raises a difficult subject area obviously about death and dying and it is a subject that the medical profession and nursing profession have had great difficulty, believe it or not, in dealing with. They are dealing with death and dying patients all the time, but the means of talking to these patients has been a very difficult one. It really is a matter to be dealt with on an individual basis. There are many ways that doctors and nurses relate to patients who have terminal illnesses and who may die in the very near future. In some cases they would discuss the particular situation with the patient's relatives and in most cases would do that before broaching the subject with the patient.

I think it depends very much on the relationship between the doctor and nurse and that patient, how they would deal with that individual who is dying. In some cases the subject may be dealt with very directly knowing the person, knowing their personality. They would be told, in fact, that they are going to die and in many cases people who have chronic illnesses appreciate a very direct approach. In other cases, on the advice of relatives, it is often perhaps best not to be quite so direct with the patient, although I think -- I mean we are all going to die. This is the basic premise and I guess we have to look at it a little from our point of view too. How would we like to be dealt with in a situation like that? Would we like a doctor or a nurse to tell us directly or would we not? Would we rather not be told, in the dark so to speak, on the subject. I think most of us probably wish to know so that we can make plans and so on.

Now perhaps what you are saying is that there is maybe a difference between the Inuit culture and our culture in dealing with the problem of death and dying and, if so, I would certainly like to hear that. Perhaps the Inuit way is quite

different in dealing with dying patients and perhaps this is where our difficulty lies in knowing how to deal with this issue with Inuit people and I would certainly appreciate any direction that you or your colleagues could give in this regard.

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. Mr. Appaqaq.

MR. APPAQAQ: (Translation) Thank you, Mr. Chairman. I know I am not getting a direct answer. I was trying to ask a short question. I just wanted to know whether nurses in Sanikiluaq have to tell their patients in the Sanikiluaq area only. That is all I wanted to know. I just want an answer to this question and then I will ask another one.

Equipment For Medical Evacuation

I was also asked to ask about the people who go to the South for medical reasons. I have experienced it before and some other people have experienced it that the patients who go out to southern hospitals, are they supposed to bring hospital equipment with them to the southern hospitals like heavy equipment or apparatus? Is there a by-law or are there policies on this?

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Appaqaq. Dr. Martin, did you get the question?

DR. MARTIN: Just to finish the answer to your first question, no, the people in Sanikiluaq, in my opinion, would not be dealt with any differently than they would in other areas in the Northwest Territories on the subject of death and dying.

I need some further elaboration though on your second question. When you say "equipment", I am not sure what you mean. Patients going normally to a hospital in the South do not have to take equipment. Any equipment is provided; for example, if there is a medical evacuation situation, the nurses or doctors would provide that kind of equipment. I am not sure what equipment you are referring to.

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

MR. APPAQAQ: (Translation) Thank you, Mr. Chairman. Okay, when I was a patient I had to go down South. The oxygen tanks -- they are always supplying Sanikiluaq with oxygen tanks. Just last month when my wife went to the South as a patient this big box with oxygen tanks had to go along with her. When I saw the box with so many oxygen tanks, I did not like it. I want to know whether they had to take the big box with oxygen tanks in it along.

CHAIRMAN (Mr. Pudluk): (Translation) I do not think we understand you quite clearly, Mr. Appaqaq. The oxygen tanks -- were they full or were they empty?

MR. APPAQAQ: (Translation) Mr. Chairman, they are just hospital equipment. They were empty.

CHAIRMAN (Mr. Pudluk): Thank you. Dr. Martin.

Transporting Equipment To Save Costs

DR. MARTIN: Ordinarily when patients are medivaced from communities, any necessary equipment accompanies the patient and if oxygen is needed, this would be provided, but it is quite common as well that when we charter aircraft that we will use those aircraft to transport equipment and supplies back and forth from one point to another. This saves costs, really; it saves sending them through on regular sched aircraft so we try and take advantage of that. It is quite possible that in addition to the equipment that was used for the medical evacuation that there may be other equipment like empty oxygen tanks or supplies, whatever, moved back and forth. Maybe this is what you are referring to.

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. Mr. Appaqaq.

MR. APPAQAQ: (Translation) Thank you, Mr. Chairman. You do not understand me and you cannot understand me probably because I talk -- you do not understand me at all. Probably if we meet later it would be a lot better because you tend to think that the equipment that is brought along with the patients is for the patient's use.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Appaqaq. I think that is a good idea that you can meet with Mr. Appaqaq sometime. There is a misunderstanding between you and him. Dr. Martin, is that agreeable?

DR. MARTIN: Yes, maybe we could meet at coffee and discuss this point if you would like to, when you have coffee this afternoon.

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. I have Ms Cournoyca.

Detoxification Services As An Insured Service

MS COURNOYEA: Yes, Mr. Chairman. Would the Minister of Health and Social Services explain what it means when you have a service like a detoxification service as an insured service? How would you decide that it should be an insured service and what does it mean being an insured service?

CHAIRMAN (Mr. Pudluk): Thank you. Dr. Martin.

HON. ARNOLD McCALLUM: Tilt. Not him, me.

CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, I think it has been pretty well accepted that alcoholism is a disease; that is, it is a medical condition that requires more than lip service being paid to it, more than the kinds of care and treatment that has been given to it in the past. What we have done, as a government and as a department, is to try to treat alcoholism with medical people and consider it as not just a social problem, but more as a medical problem and what we have attempted to do, because of the kinds of concerns that have been voiced not only in this House but in past Houses, is to try to put more substance into the treatment of alcoholism. One of the processes, of course, is the process that we would call detoxification and there are detox centres set up in the Territories. What would be required in order to get it as a health insured service would be to utilize the services of medical practitioners, medical people, and that basically is the rationale for making this concept of the treatment of alcoholism as an insured service -- that we would work with the federal government to provide the kind of funding that would be necessary to provide treatment in a detoxification centre.

There is the Yellowknife detoxification centre and we have people from within the Territories who are involved or who come to that particular centre for treatment. I think that then we recognize that there is a medical aspect to detoxification, rather than just a drying out, if you like. It is a process of dealing with medical people to treat that individual or individuals and because there is a great amount of money being spent on the treatment of alcoholism, we felt that it would be best if we tried to begin to see what we could do about getting it as an insured service whereby we would be able to utilize more than our own funds and if it proved successful, then we would want to try to see what we could do in other areas of the Territories.

CHAIRMAN (Mr. Pudluk): I am sorry, I have lost a quorum. It is okay now.

HON. ARNOLD McCALLUM: We have, Mr. Chairman, as I was about to say, a detailed program outline on the subject, if that is what the Member would want to have, I would be more than willing to make this available. I would be capable of making this available to either the Member or to other Members of this committee; a detailed program outlining what goes on within the process of detoxification and why we put forward the concept that we did.

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

MS COURNOYEA: Just a further question. If the detoxification service is insured, would that mean that the care of people requiring this service would be taken legally under, say, the Indian Affairs program or through another program or others, or both?

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

HON. ARNOLD McCALLUM: Mr. Chairman, no, it would not. It would be dealt with the same as any other insured service, but not specifically. It is something that we would attempt to use the kinds of funds that we have at our disposal. But it is not, specifically. It would be dealt with as the other insured services and the kinds of treatments that we provide to people throughout the Territories.

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

Status Of Yellowknife Detox Centre

MS COURNOYEA: In your clarification you mentioned that you had a detox centre in Yellowknife. Then, does that lend to my understanding that you intend to utilize the Yellowknife detoxification centre program to take part in this insured program? Would you have to bring it up-to-date to fit into the criteria?

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

HON. ARNOLD McCALLUM: Mr. Chairman, the detoxification unit in Yellowknife has been ongoing for some time. It is a very reputable program. Whether we would have to upgrade anything -- obviously, in order to make it an insured service we have to utilize medical people within it -- one of the criteria for it. That we have been able to do. We have been able to determine from our workout with the National Health and Welfare, the federal government, that they would then contribute to it. It is something that we see as a program that would enable us, using what they developed in the Yellowknife program, to use it in other areas. As to how much upgrading we would have to do, I think that the people involved and within our department have come to an understanding. What has been in place and what we have been able to work out in terms of people and other resources, has developed a program that I think meets a need now, in the particular area. We would like to see it enhanced and because we have it as an insured service now, then we would be able to initiate other programs in other areas of the Territories.

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

MS COURNOYEA: Just another clarification. If a person -- myself, say, if I required this detoxification service, and because it is insured, could I choose to go wherever I wished to go under the insurance? Like, maybe I want to go to Edmonton, maybe I want to go to a Calgary centre. Would it be my personal choice to receive this program wherever?

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

Programs For Treatment Within The Territories

HON. ARNOLD McCALLUM: Mr. Chairman, one of the reasons why we develop programs in the Territories is, first of all, because there is a demonstrated need expressed by people in the Territories. Now, there are detoxification and other programs available in other areas of Canada, the same as for any other kind of medical insured service, but we develop programs here so that people would be closer to their home area. As to whether or not an individual would want to express a preference of where they would go, it would be my preference that they receive the treatment in the Territories and I would expect that we would take up an individual request with that individual, but to generalize as to whether any individual wants to be able to do it anywhere else, I would say, basically, the reason why we have the detoxification program in the Territories is to treat territorial people. If we cannot provide that service then, obviously, we would utilize others, but as to a preference, that would be a matter of us working with the individual and dealing on an individual basis rather than generalizing totally.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Let us take a short break. Is it too early? It looks like it is going to be a long day today. Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, when we deal with insured services and the provision of insured services, you have to remember that to be eligible, if you like, for these kinds of services, there must be a referral by a medical practitioner and that is where I bring in the business of involvement with the medical profession. If the treatment is available in the Territories, then, as with all medical insured services, we do not pay the travel costs for people to go elsewhere to get it; if we can provide it in the Territories, which, if I am listening and have been listening properly to people in the Territories for the last number of years, is what people in the Territories want -- to provide the service in the Territories. So, in order to be -- I do not want to say eligible for it, but in order to get the kinds of insured services, an individual must be referred by somebody within the medical profession -- a doctor where there is a doctor, a nurse where there is a nurse.

Travel Costs Not Paid When Service Provided In NWT

If that service is available in the Territories, then I believe we should be providing that service in the Territories and not paying extra costs of travelling outside to obtain those services and that is why I would indicate that we would deal on an individual basis. If an individual would want to look at some other services outside, then we would deal on an individual basis, but as a generalization, we provide the services here, because we believe the services that are being provided here meet the needs of the people. We would not pay the extra travel costs, as with any insured service, when that service is available in the Northwest Territories.

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

MS COURNOYEA: Just one more question along this line. So, if a person from Aklavik required the service and had been referred for a detoxification program, where would he be referred to today?

CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, I would hope that that individual would be referred by the medical person in Aklavik who has been supplied by National Health and Welfare, to the detoxification centre in the Northwest Territories. I say, I would hope that he would. I do not know whether that individual would be referred to the Territories. It is the same way with other insured medical

services. I would hope that patients are being referred, where we provide those services, to the Northwest Territories. Otherwise, we as a government are spending a great deal of money, paying for insured medical services, to our medical profession here and then having other people send them outside, out of the Territories, for the same service.

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

MS COURNOYEA: Mr. Chairman, maybe then the Minister would tell us where that referral point is today. Where is the specified detoxification referral point in the Northwest Territories today?

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

HON. ARNOLD McCALLUM: In Yellowknife, Mr. Chairman.

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

Contracting Responsibility For Nursing Stations

HON. DENNIS PATTERSON: Mr. Chairman, I would like to take advantage of Dr. Martin's presence and get back to the subject of nursing stations, I think generally along the same lines as Mr. Appaqaq was raising earlier. I would like to just put a general proposition to Dr. Martin and that is, given that there is a need to be sensitive to the cultural imperatives of the various regions of the Northwest Territories and that it would be desirable if we could have a mechanism for gaining input from people like Mr. Appaqaq, who have valuable contributions to make to the way nursing stations are operated, would you state your position on this notion of -- I would suggest through a contract, because we know that land claims negotiations may result in changes in the long term -- but what is your position on this notion of by contract adding the responsibility for the nursing stations to the duties of the board of management now established for Frobisher Bay General Hospital? Is the Department of National Health and Welfare receptive to this idea? I say this because I know that if you have not been approached yet, you will be approached by the board of management and myself. I think it is a desirable way of trying to deal with the type of concerns that Mr. Appaqaq has just raised to provide an even better service in the communities in the nursing stations. Could I just have some reaction on moving in that direction by contract with the Government of the Northwest Territories?

CHAIRMAN (Mr. Pudluk): Thank you. Dr. Martin.

DR. MARTIN: The Minister has by correspondence with Inuit groups in the Eastern Arctic indicated that if they should so wish in future for National Health and Welfare to enter into contractual arrangements with the Government of the Northwest Territories for operation of nursing stations, that, in fact, National Health and Welfare would be prepared to do so, but only with the full support of the native groups in those areas. At the present time, as you know, in dealing with the devolution of administrative responsibility for the Frobisher Bay General Hospital, we are only dealing with that hospital and there is no intention at this point of expanding beyond that hospital unless support for such a concept is given by the native groups of the...

CHAIRMAN (Mr. Pudluk): Dr. Martin, could you slow down so the interpreter can catch up? Thank you.

Contractual Arrangements Must Have Support Of Native Groups

DR. MARTIN: I will go back then and repeat that. The Minister has by correspondence with the Inuit groups of the Eastern Arctic agreed that in future National Health and Welfare would be agreeable to entering into negotiations with the

Government of the Northwest Territories for operation of the nursing stations in the Eastern Arctic under contractual arrangements but only with the full support of native groups in that area. So National Health and Welfare would await direction really from those native groups before entering into any new discussions on this issue.

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. Before I get back to you, Ms Cournoyea, I am going to...

HON. ARNOLD McCALLUM: Mr. Chairman.

CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, may I ask a question of Dr. Martin then? Given that those are the ground rules under which additional responsibility, if you like, either contractual -- well, it is not either but basically on a contractual basis -- given that those are the ground rules that it will be with the support of the people of the Baffin region, may I ask Dr. Martin then, through you, Mr. Chairman, if he would indicate to me, does the federal government listen to Inuit Tapirisat of Canada or does it listen to the Baffin Regional Council, to either one or both? What does he mean or what does his Minister mean when he says the native people of the area, the Baffin area, because I have to indicate to Dr. Martin as I have indicated to his Minister, Madame Bégin, that what I am getting and what I have been hearing from here, from Members from the Baffin area, from BRC, is that they would want us to be involved with the operation of the nursing stations. So is he listening to ITC or is he listening to the Baffin Regional Council and the MLAs that are present here from the East?

CHAIRMAN (Mr. Pudluk): Thank you. Dr. Martin.

Direction Sought From Various Groups

DR. MARTIN: Well, in our present arrangement for the devolution of the Frobisher Bay General Hospital, the make-up on that board of management consists of representatives of the Baffin Regional Council and representatives from Inuit Tapirisat of Canada. I cannot give you a definitive answer at this point but I would say that we would appreciate direction from the representatives of the people of the Eastern Arctic, whoever the people of the Eastern Arctic select as their representatives, be it BRC, be it regional organizations of the Inuit Tapirisat of Canada. If the people of the Eastern Arctic, through those organizations, approach National Health and Welfare with a proposal for, perhaps, new arrangements through the Government of the Northwest Territories, then we would, as I understand it, be perfectly willing to accept those proposals. The difficulty would arise, of course, if there was a difference of opinion. If one group had one opinion and another group had another, then we do have a difficulty. I am not sure that it has ever been established. However, it was my understanding in the recent devolution that there was certainly support from residents of the Eastern Arctic to move in this direction so I really have not answered the Minister's question, Mr. Chairman, I guess, but it is an area that perhaps requires further resolution before we move farther ahead on these issues.

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. Do you have another question, Mr. McCallum?

HON. ARNOLD McCALLUM: Mr. Chairman, if I say yes, you will let me go on? If I just want to make comments, you are going to stop me? Mr. Chairman, I guess what my concern is -- and it is exactly as Dr. Martin had indicated -- he had said that if people there want to do it they should go to the federal government.. I would hope that people in the Territories looking for additional health responsibilities would come to this government and then we would go, maybe in unison, to the federal government for it. I would not hope that it would

continue as it is, but I would just like to indicate to Dr. Martin that obviously the board of management is made up of BRC and Baffin Region Inuit Association, to some extent, I guess -- maybe that is where ITC comes in -- but we have had talks with Health and Welfare as well as the board of management.

Federal Government Playing Both Ends

It would seem to me that there is some concern or some question as to who would speak for whom in the East on this question, ITC, BRIA or the Baffin Regional Council or the board of management, who have asked us, that is the Government of the Northwest Territories, to do what we can to have the federal Minister change the Frobisher Bay hospital, for example, to become the Baffin regional hospital. But if I have ITC, as Dr. Martin may well know, who say, no, they do not want any more going on with the territorial government in doing contractual work for the feds, and then I have BRC saying it, Dr. Martin is correct, there is some kind of a problem. I would just like to know what the real ground rules are. Where do we stand and how do we react because we have this concern that is being expressed? "Let us do more." Yet the federal government is saying -- you know, they are playing both ends against the middle.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. McCallum. Dr. Martin.

DR. MARTIN: Well, I assume the next step for National Health and Welfare perhaps is to approach those native groups and ask that question of those groups perhaps, "What do you want us to do in future and who do you want to speak for you in discussions with National Health and Welfare?" I suppose that is the issue that has to be resolved. I really do not know the answer to that question at the moment. We certainly would require some guidance from the Inuit of the Eastern Arctic on this issue.

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. Mr. Patterson.

Motion To Support Contracting Responsibility For Baffin Nursing Stations

HON. DENNIS PATTERSON: Thank you, Mr. Chairman. Well, I am not an Inuk from the Eastern Arctic but I am from the Eastern Arctic and I am quite confident, having attended the Baffin Regional Council where this very issue was discussed at their last meeting in Pangnirtung, and having discussed it with people in ITC whose only real concern is that a government to government transfer of the jurisdiction could imperil future land claims negotiations where health is obviously a major issue -- it has been studied very carefully in the Eastern Arctic already -- and the Inuit want to be able to negotiate health issues in their claim. So I think their main concern is that nothing be done which is irrevocable but this is why I would suggest that the route we should take to give the health system more accountability to elected people is the contract. So having said all this, I am going to move with the hope that this will assist Madame Bégin to encourage this direction that I believe is coming from all interests and I shall move now, Mr. Chairman, if I may, that this Assembly supports the transfer by contract of responsibility for nursing stations in the Baffin region to the board of management of the Frobisher Bay General Hospital.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Patterson. Can we have a copy of that motion, please? Can you give us a few minutes to rewrite this motion? I am going to ask the Clerk to read it for me.

CLERK OF THE HOUSE (Mr. Remnant): Mr. Chairman, I hope that if by any chance we have not got this absolutely correct Mr. Patterson will correct it. The motion reads: That this Assembly supports the transfer by contract of the responsibility for nursing stations in the Baffin region to the board of management of the Frobisher Bay General Hospital.

CHAIRMAN (Mr. Pudluk): Mr. Patterson, the motion is on the floor. To the motion. Mr. Patterson. A point of order?

HON. ARNOLD McCALLUM: Yes.

CHAIRMAN (Mr. Pudluk): Mr. McCallum.

HON. ARNOLD McCALLUM: Mr. Chairman, I do not want to prolong it because I, in essence, agree with what my colleague has said but I think -- and it may be implied within his motion -- but I would expect, because the board of management of the Frobisher Bay General Hospital is and has been set up by this government, I would expect that what Mr. Patterson is saying is that the contractual arrangement would be done from the federal government to this government who...

CHAIRMAN (Mr. Pudluk): Mr. McCallum, I think the mover has the right first to speak for his motion and you can speak right after. Thank you. Mr. Patterson. It was not a point of order.

HON. ARNOLD McCALLUM: Well, then let me raise a point of order, Mr. Chairman. Mr. Chairman, the point of order that I am making, possibly in a roundabout way, is that I would expect any kind of transfer of responsibility should be from one government to the other, not from the government to a board of management that is a creature of this government.

CHAIRMAN (Mr. Pudluk): A point of order, again. Mr. McCallum. Mr. Wah-Shee, a point of order. No? Anybody else? No. Okay. Mr. Patterson.

Motion To Support Contracting Responsibility For Baffin Nursing Stations,
Withdrawn

HON. DENNIS PATTERSON: Mr. Chairman, my motion could be more specific and maybe I will take this opportunity just to withdraw it and I will rewrite it over coffee and make it a little more specific to meet the concerns expressed which I think are valid.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Patterson. Does that suit you okay? Okay, let us take a 15 minute break.

---SHORT RECESS

CHAIRMAN (Mr. Pudluk): The Chair recognizes a quorum. I believe there was going to be a motion. We are still on page 14.05, Territorial Hospital Insurance Services. Dennis Patterson, are you going to move the motion or are you going to keep walking around in front of me?

Motion Urging Intergovernmental Agreement For Takeover Of Responsibility For Baffin Region Nursing Stations

HON. DENNIS PATTERSON: I have a motion, Mr. Chairman. Be it resolved that this Assembly urges the federal Minister of National Health and Welfare to enter into a contractual arrangement with the Government of the Northwest Territories whereby the board of management of the Frobisher Bay hospital will take over responsibility for the operation and management of nursing stations in the Baffin region until such time as other arrangements might be considered in the context of aboriginal rights negotiations. That is the motion.

CHAIRMAN (Mr. Pudluk): Thank you. The motion is in order. To the motion. Mr. Patterson, do you want to speak to your motion?

HON. DENNIS PATTERSON: I think Mr. Appaqaq, Mr. Chairman, illustrated what is an example of many concerns that I have heard from people in the Baffin region about the operation of the nursing stations in the community. The job of a community nurse is a difficult job. I know that the nurses are very competent and dedicated, but I believe that the work they do can be greatly improved if they have an opportunity to get responsible input from public representatives, duly elected in the Baffin region. There have been many problems over the years and I do not need to give examples, but there have been many problems that I think could have been avoided had there been a means of giving community concerns and translating those concerns into policy directions for the way nursing stations are operated in the communities. There have been situations I have seen in the past, within the past four or five years in the Baffin region whereby nurses have had to leave communities or there have been great tensions between nurses and the local councils because of policies which may have been well-intentioned but in conflict with the wishes of the communities. So, the Baffin region board of management is composed of representatives selected by the native organizations concerned and the Baffin Regional Council. It is well represented in the sense that there are communities in the Baffin region represented on that board. It now functions. It has taken over responsibility for the Frobisher Bay hospital and it is only logical that the other major means of delivering medical services in the Baffin region, that is the nursing stations, be also within the control of that group, the purpose being to set sensitive policy on issues such as the one Mr. Appaqaq raised.

I know that the Minister of Health of the Northwest Territories supports this move. I believe that Dr. Martin and his Minister are also sympathetic and I seek support from this Assembly to encourage them to carry on this direction, which I know has been the subject of discussion already by the Baffin region -- or the Frobisher Bay hospital board of management. Thank you, Mr. Chairman.

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

HON. ARNOLD McCALLUM: Mr. Chairman, I do not have anything to add to that. I fully support that. I would hope that the federal Minister would recognize that this is a legitimate request of the people, of the representatives of the people of Baffin to be involved with this and I would see this as being the beginning. If we can have the co-operation of other groups in other parts of the Territories, such as in the Western Arctic for the Inuvik General Hospital and the nursing stations, then I think that, again, I would certainly applaud the efforts and I lend my support to that kind of motion and that kind of direction.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. MacQuarrie.

MR. MacQUARRIE: Thank you. I was momentarily distracted along the way. Am I to understand from the mover of the motion that this is something that the board of management of the Frobisher hospital has already indicated that they would want to undertake? Have they indicated that they feel ready to handle this additional responsibility?

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

HON. DENNIS PATTERSON: Mr. Chairman, I am not on that board. I know that the chairman, Mr. Jim Britton, appeared before Baffin Regional Council at its meeting this fall and said that their board was looking to the nursing stations next and saw that as the next evolution. I do not know whether they have formally petitioned the Minister or made a formal motion, but I can tell you that much and I am quite confident that that is the direction they are going in. Thank you.

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

MR. APPAQAQ: (Translation) Thank you, Mr. Chairman. I am going to be in support of the motion, but to clarify the question, in Pangnirtung the Frobisher Bay person that is in charge of the hospital said that the hospital board of management would be in effect in April and would be representative of all the Baffin. Is the motion going to be connected with that? Is the hospital board of management in operation now?

CHAIRMAN (Mr. Pudluk): Mr. Patterson.

HON. DENNIS PATTERSON: Mr. Chairman, perhaps Dr. Martin can clarify this, but my understanding is that the board of management has started its work and the actual legal transfer has not quite been finished but, as Mr. Appaqaq says, it is expected in the coming fiscal year. I think that is the situation. I guess I am saying that the hospital transfer is now in the bag, as it were. It is not finished, it is about to be finished and what we should do is encourage the Minister of National Health and Welfare not to stop there, but to go further and now consider a further contract, adding the nursing stations. Perhaps if Dr. Martin wishes to correct that we should let him. Thank you.

CHAIRMAN (Mr. Pudluk): Thank you. Dr. Martin.

Contract Not Yet Approved By Cabinet

DR. MARTIN: Yes. I should clarify that. The board of management is an interim board of management until the actual contract is established. The cabinet document has not yet been approved by cabinet, so that all of these measures at this time are preliminary measures in anticipation of a formal contractual arrangement sometime this late spring or early summer. So, I would just like to make that very clear, that cabinet must first approve this arrangement between National Health and Welfare and the Government of the Northwest Territories. That approval is pending. We hope they will approve. They could not. They could reverse that direction, even at this point. There are still some further formal approvals required through Treasury Board before we can then move on to formal arrangements between the two parties, in terms of personnel packages for employees presently employed by the hospital and so on. We are anticipating that with the approvals we will have the contract in operation, hopefully. It looks now like early summer -- June or July -- and there is nothing we can do about the time factor. It just has to move on at that rate. The original date was April the first. There is no attempt to delay, stall or anything at this point in time. It is simply a matter of the necessary approvals being given and moving on with the arrangements following that point.

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. To the motion. Are we ready for the question?

AN HON. MEMBER: Question.

Motion Urging Intergovernmental Agreement For Takeover Of Responsibility For Baffin Nursing Stations, Carried

CHAIRMAN (Mr. Pudluk): All those in favour, please raise your hands. Down. Opposed, if any? The motion is carried.

---Carried

Page 14.05, Territorial Hospital Insurance Services, O and M, \$23,198,000.
Mr. MacQuarrie.

MR. MacQUARRIE: Thank you, Mr. Chairman. Could I ask the Minister whether -- I am sure from time to time, despite the fact that we have particular health services available in the Territories, that through misunderstanding or by design sometimes, I suppose, people are referred elsewhere. With respect to the matter of misunderstanding or ignorance -- in other words, not realizing that there are particular services available in the Territories -- does our Department of Health make an organized and concerted effort to publicize what services are available; that is, publicize to medical practitioners and the public at large and to the departments of personnel of governments and large employers and so on?

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

Efforts Made To Publicize Existing Services

HON. ARNOLD McCALLUM: Mr. Chairman, the Department of Health and the Department of Social Services, whether you want to take them collectively or individually, has spent and is spending a substantial amount of time and funds on health promotion in terms of pamphlets and in terms of information, using ANIK info. I would expect that we are, as well, involved in terms of producing cassette tapes, or putting out pamphlets using native languages, including the Dene languages -- four or five of them at least. If Dene people do not read the languages we are involved with, I think that we have presented the kind of oral communications whereby we do indicate to people what is available in terms of the services, how they should apply for these services. I would be pleased, Mr. Chairman, to present some examples of these pamphlets and this kind of material as soon as I could possibly get them together, but I think that we have this kind of material. I think that in response to the question of the Member, that we do make an effort, through our health promotion, health information division, if you like, or area of this department to provide that kind of service to people.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. MacQuarrie.

MR. MacQUARRIE: So, Mr. Chairman, would the Minister be satisfied that all nursing stations and doctors in the Territories are quite aware of the breadth, the scope of medical services, and for instance, that there is a detoxification program available in Yellowknife for residents of the Northwest Territories?

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

HON. ARNOLD McCALLUM: Mr. Chairman, I would hope that they were. I cannot indicate and be much more specific. I have now detoxification program guidelines that the Member for the Western Arctic asked me to provide for her. I was just going to send it to her. Regarding detoxification program guidelines, for example, I would hope that this material is being passed out not just through the media but that it is available to areas within the Territories and if the nursing stations do not have it, then we will make sure that we can get that material to them so that everybody does know of the kinds of services that are available, not only from this government but from the federal government as well in the totality, if you like, of health services.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. MacQuarrie.

Availability Of Orthodontal Services

MR. MacQUARRIE: Yes. Related to that in a way -- I know it is not an insured service and yet there are contracts which deal with this matter and that is the matter of orthodontal work -- I would just ask the Minister, does the Minister consider that an orthodontal service is available in the Northwest Territories? I know that there is not a specialist who would be called an orthodontist and yet there is at least one dentist that I know of who is British trained and who maintains that as part of normal training in Britain, you learn to deal with the fundamentals of orthodontistry. If there are normal cases, this particular dentist feels that he is trained to deal with normal cases. Yet in Canada I know that particular area of dentistry has come to be recognized as an exclusive specialty and if you do not have particular training in that area, you are not competent to deal with it. When I was delving into it a little bit I suggested to this dentist, "Is it sort of like the matter of giving birth? Is this a suitable analogy where in our society most doctors feel competent, although they have not been especially trained in obstetrics, they feel competent to be present at the delivery of children and they would only refer cases where there are likely complications to obstetricians?" This dentist said that would be a very good analogy. In other words, "Where there are not complications, I feel that I am competent to deal with it. Where there might be complications I would refer to a specialist in orthodontistry." So having a person like that here, does the department feel that there is an orthodontal service available in the Northwest Territories?

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

HON. ARNOLD McCALLUM: Mr. Chairman, to be specific, in response to the question whether we feel that there is an adequate orthodontal service here, if there is adequate orthodontal service here, then the individual who practises that aspect would obviously, I expect, have to meet certain criteria as laid down by the medical profession or, indeed, by a particular group of the medical profession. That would be an evaluation, I guess, that I would be somewhat reluctant to make at this time personally, as to whether in fact the individual to whom the Member is referring is, or does provide an adequate source of that particular service. I am not prepared to indicate whether I believe -- that I would want to make an evaluation of it. I would say though that if people who do utilize that particular service do not want to accept it, then obviously they would seek to get other services elsewhere. Again it is a very expensive part of a health service. I am not suggesting that it is not necessary but it is, to a great extent, cosmetic.

It is not, as the Member said, an insured service. Travel to get that kind of adequate service or orthodontal service is not covered. I would expect that the work of the dentist and the dental therapist over a period of years would indicate that people are now beginning to take a greater interest in having good dental care, health care, which I think promotes good health care, period. So it may come to be that we may, in the ensuing years, have to do something about seeing that there is a greater amount of that service given here. As to the adequacy, that is again a question, but whether we can do anything about it -- I guess I would not want to say, to evaluate whether, in fact, we would have adequate orthodontal care in the Territories. That would be very difficult for me to say.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. MacQuarrie.

MR. MacQUARRIE: Yes, thank you. I will read that response carefully and try to determine what the answer was. Thank you, Mr. Chairman.

---Laughter

HON. ARNOLD McCALLUM: That is what I said.

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

Transfer Of Nursing Home And Chronic Care

MS COURNOYEA: Mr. Chairman, the transfer of the nursing home and chronic care to the department as co-insured services. The nursing home and chronic care, where is that? Where is the nursing home that you are speaking of?

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

HON. ARNOLD McCALLUM: Mr. Chairman, is the Member referring to the second paragraph, is she saying, regarding the highlights, where the nursing home and chronic care is in terms of where they are?

Mr. Chairman, we are talking here about the transfer of the service for nursing home and chronic care from Social Services to Health services. We are talking about the transfer of the cost for it. We are not talking about the actual transfer of any particular facility at this particular time. We are saying that here -- within territorial hospital insurance services what we are doing would be to, in the first instance, establish detoxification services as an insured service, secondly to transfer nursing home and chronic care services from Social Services, the cost of that being included in insured services. We are not talking about an actual nursing home as an institution nor are we talking about chronic care as an institution. We are talking about the costs of operating that facility. We do not have a nursing home, for example, within the Territories but we are going to be involved with that. We are developing a plan for a nursing home but we are talking about the cost to make it as co-insured services, not the actual facility.

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

Establishment Of Nursing Homes

MS COURNOYEA: Are there plans to build a nursing home?

CHAIRMAN (Mr. Pudluk): Yes or no, Mr. Minister.

HON. ARNOLD McCALLUM: Wait a minute, Mr. Chairman. I do not get much of an opportunity. Yes, there are plans to proceed with nursing homes. I think that we have put forward the beginnings of a policy on nursing care. We recognize that, in fact, maybe we are too late but we are attempting to put forth a policy on it, finalize it and hopefully get on with the business of establishing nursing homes.

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

MS COURNOYEA: Are there any proposals that are before you, discussing where the first nursing home should be?

CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Mr. Chairman, yes, there are. We have had representations from Hay River for, I would expect, two or three years, and we have had representations from Yellowknife as well as one from Fort Smith.

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

MS COURNOYEA: Mr. Chairman, on the Stanton Yellowknife Hospital, before I ask a particular question, I would like it to be noted and recorded that perhaps a lot of the concerns that we have and continue to have in the Western Arctic region in terms of hospital care are still there. They have not been alleviated. However, according to this report it says "The Inuvik region health study was completed." I would like to note, unless there are two going on, that it is still being

carried out and is not completed. Hopefully many of the areas of concern will be brought forth in that study that is going on presently. But I would like to say again that we continue to have much the same concerns that were brought forward to this House last year and the year before. We are not satisfied that the problems are being dealt with adequately and I reserve the questions, detailed questions and concerns, until after the report has been tabled.

Planning For New Stanton Yellowknife Hospital

In regard to the Stanton Yellowknife Hospital, you refer to it here, planning and design, and on your capital expenditure, on page 14.10 you indicate that in 1982-83, you have \$1,350,000 and you anticipate in future years \$16,170,000. Could I have the Minister of Health and Social Services indicate if the department's intention is to provide a referral centre for the Northwest Territories in Yellowknife?

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

HON. ARNOLD McCALLUM: Mr. Chairman, let me say that as regards the Inuvik region health study and the phrase that is here -- it says it was completed -- the deadline for the completion of that study is March 31st. This budget document deals with expenditures that would begin on April the 1st, 1982, so we are not suggesting that it is completed now but when we get into the expenditure, it would have been completed if it meets the deadlines that have been laid down for it. Secondly, as to the expenditures for the Stanton Yellowknife Hospital in the coming year, 1982-83, of \$1.35 million, that will be to involve the architect with the actual drawings, it will involve the site preparation, that is to help the city of Yellowknife get involved with the servicing of that particular facility, and thirdly, no, Stanton Yellowknife Hospital will not be a referral centre for the entire Northwest Territories.

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

Dentist For Inuvik

MS COURNOYEA: One question. There was a gentleman, a dentist, who has been making representations to the government services for, I believe, some aid and support to set up a private practice in Inuvik. In the last sessions that we have had there was a strong indication that the government would be willing to assist a person who was willing to move into that area. Could the Minister clarify if this person who is proposing to set up a private practice in Inuvik has been accommodated either by the territorial government, and in Dr. Martin's case, by his department?

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

HON. ARNOLD McCALLUM: Mr. Chairman, I was approached a week and a half to two weeks ago, by some people from Inuvik if I would be in a position to assist the dentists to set up a private practice in the town of Inuvik. I indicated then that yes, I would, as I said in the last session. We would try to do what we can to help any medical practitioner to set up practice in the Territories. I have not, nor has the department had, from the individual dentist in question any kind of a proposal, at least to my knowledge there has not been a proposal. Once we receive a proposal from the individual in question, then I am sure that the department as well as the government would look very favourably upon it.

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

MS COURNOYEA: As well, has Dr. Martin been approached?

CHAIRMAN (Mr. Pudluk): Dr. Martin.

DR. MARTIN: Yes, Health and Welfare have been approached by this particular dentist and, again, we are awaiting a formal proposal from this dentist. We, as well as the Department of Health, Government of the Northwest Territories, are willing to assist where we can in the establishment of private practice in Inuvik. However, we do want something from that individual in the form of a formal proposal so that we can then discuss the issue with that person.

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. Mr. Noah.

MR. NOAH: (Translation) Thank you, Mr. Chairman. This question is for the Minister and I have two questions. \$303,000 which is going to be used in the Baffin region -- I would like to know what that amount of money is going to be used for. That is my first question.

CHAIRMAN (Mr. Pudluk): Mr. Minister, did you get the question? It is in the capital.

HON. ARNOLD McCALLUM: Mr. Chairman, I got the question. What figure is the Member referring to? We are on Territorial Hospital Insurance Services, is that correct?

CHAIRMAN (Mr. Pudluk): (Translation) Mr. Noah, could we wait until we get into the capital on page 14.10 and when we reach page 14.10 you could ask the question again?

MR. NOAH: (Translation) Thank you, Mr. Chairman. I will wait until we get to page 14.10. My next question was, in the Keewatin region there was something going on about whether we should get a hospital or not. At the moment, there has not been very much discussion in this area, but we know we need a hospital in the Keewatin region. When is this hospital going to be built? Do you know when this hospital is going to be built or is it going to be built at all? This is the question for the Minister. Thank you.

CHAIRMAN (Mr. Pudluk): Mr. Minister.

Proposed Keewatin Hospital

HON. ARNOLD McCALLUM: Mr. Chairman, again we are talking about a capital item, but regardless, we have participated with ITC to do the study in the Keewatin. We have allocated within our capital budget close to \$2.4 million for a hospital in the Keewatin. That is the Government of the Northwest Territories share. We believe there should be a facility in the Keewatin. At the present time, to my knowledge, the federal government has not responded specifically to the recommendations and/or the study that was completed in the Keewatin. I believe what has occurred -- and we, as a government are involved with it -- is that there is a proposal by the federal government to take a look at the total expenditure of capital moneys for the provision of health services in the Northwest Territories over the next few years. I think that if all the studies, all the recommendations of the studies, as well as our own concerns and the concerns of the federal government are totalled, I think it represents to the federal government a commitment of somewhere in the vicinity of \$40 million. I believe the direction that the federal government is going to take, is to look at it in total, but I cannot indicate to the Member when there will be a hospital built in the Keewatin. I can only indicate to the Member that this government has put aside or has committed \$2.4 million for the construction of a health facility in the Keewatin. As to where it will go and when it will go there, I cannot indicate that. We have to work with the federal government and, as I say, the federal government are taking a look at the total expenditure in the Territories. I think they have a report -- Dr. Martin may want to comment on it -- a report that is due within five to six months.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Dr. Martin, do you want to say something about this?

DR. MARTIN: Just to add to what the Minister has said, in fact there is a task force consisting of membership from the Department of Indian Affairs and Northern Development, Health and Welfare Canada and the Government of the Northwest Territories. The task force members, in fact, will be in Yellowknife next week to begin their review of the capital requirements in the health service field across the Northwest Territories. They will also be looking at standards for health care in the Northwest Territories. As you know, the study of the Central Arctic and the Keewatin area, as Mr. McCallum has mentioned, made many recommendations and many recommendations which involve large outlays of capital funding. It was the feeling of the federal government, in terms of a response to these studies -- not a detailed response, but a general response to these studies -- that there was a requirement for co-ordination between the levels of government in response to these studies and the recommendations, and the task force has been struck. It was hoped that this task force could report within six months. This may not be possible. There is not a definite date for reporting, but we hope it will be sometime in the next six to nine months.

The question of a requirement for a hospital in the Keewatin will be reviewed by that task force. I can really add nothing further at this time. There is nothing being done, in other words, to move in the direction of establishing a hospital in the Keewatin by the federal government other than to review that in terms of all requirements for capital and delivery of health services across the Northwest Territories. It cannot be, in other words, dealt with in isolation. It has to be dealt with in terms of the delivery of services everywhere in the Territories.

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. Mr. Butters.

Dental Services Still Inadequate

HON. TOM BUTTERS: A comment and a question, Mr. Chairman. I think that the federal medical service is to be congratulated for its innovative approach and initiative in providing resident medical officers in the North. I know that the concept came as the result of a former northern medical officer's visit, Dr. Gordon Butler, and as a result I think a system has been developed by which we will not suffer the shortage of these very important specialists and professionals that has occurred in the past and I thank the department for their work in that area.

There still remains something to be done in the field of dentistry and the provision of dental professionals. I believe that at the present time in my constituency while you could be treated almost immediately for an urgent dental requirement, a minor caries may take six months, eight months or I do not know, to be looked at. In fact, it would appear that the only type of service that can be provided now is emergency service. I am wondering if Dr. Martin might comment on the position I present to him and indicate whether it is a fair and valid comment and in what direction the federal government is proceeding to resolve this problem?

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Butters. Dr. Martin.

DR. MARTIN: I think that is a fair comment and certainly we have had great difficulty in the past in providing consistent dental services across the Northwest Territories. We have had worse times than others, I suppose. We have never really had good times, but in the last couple of years we have worked to try and at least fill those dental positions that in some cases were vacant for long periods of time. We have a full quota of dentists now in the Eastern Arctic. We have two dentists in Inuvik, in the Western Arctic. A third position is being filled on a rotational basis with locum dentists, but we are hopeful that this position will be filled in the near future with a full-time dentist. There is some interest in this position. Our hope, of course, is for the dental therapist to provide the necessary basic services in communities across the Territories and, of course, we have made inroads there but we still have a long way to go, because there are not enough therapists to go around yet to cover all communities.

In the Inuvik area, the situation in terms of servicing I think has improved, because we now have the professionals that we did not have before. In the Mackenzie area we are providing service through private practitioners out of the Hay River dental clinic. They are attempting to provide a service, but it is far from optimal, and I will be the first to agree with that. We are trying to expand that service. In the Keewatin, through a contract with the dental school at the University of Manitoba, we are providing service in that area. In the Eastern Arctic we have three federal dentists on stream who provide service to the Baffin region and regardless of that, you are quite correct, there are long gaps between service to communities and it may well, in some communities, be six months before a dentist comes into that community. We do attempt where possible, when it is absolutely required, to provide emergency dental service. We do bring people out of communities when it is advisable for dental emergencies, but we really cannot bring people out for routine dentistry. To do so would be exorbitant in terms of cost.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Butters.

Dental Therapists Highly Valued

HON. TOM BUTTERS: Mr. Chairman, my experience is that emergencies are recognized as such and treated as quickly as possible and that usually is in a few days. I wonder if Dr. Martin is aware that we in the Territories appreciate, as he has indicated, the value of dental therapists and dental therapy and how important these young people are in our isolated communities and to recognize that fact, that my constituency, Inuvik, has made a very warm invitation to the school of dental therapy to find a home in the Delta area? I wonder if there is any indication as yet whether or not that invitation will be taken up?

CHAIRMAN (Mr. Pudluk): Dr. Martin.

DR. MARTIN: To my knowledge, Mr. Chairman, a decision has been made to relocate the school of dental therapy outside the Northwest Territories where -- and it has not been decided -- the situation in Fort Smith at the moment is that second year students have been recalled in an attempt to complete their training. Dr. Davey, director of the school, has just started this group off in the last week or 10 days and as previously, the number of patients available for treatment by the students is limited in Fort Smith and they will probably be moving out into other communities to provide the necessary patients for that training. It is hoped that the majority at least will be completed by mid-summer or early fall. As far as any relocation is concerned, I really cannot say more than that. I do not know the answer to the question.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Noah.

Need For Hospitals In Keewatin Region

MR. NOAH: (Translation) Thank you. Concerning the hospital areas, we really definitely need some hospitals in the Keewatin region. Sometimes the climate is very cold over there and there have to be emergency cases. Sometimes the weather does not improve and it is very hard to get them out of the Keewatin region. Also the petroleum people who are exploring in that region or the mineral services for mineral exploration that are being done over there, are increasing over in the Keewatin region. I would not want this to be stopped to build a hospital. I know this has to be looked after by the federal government and as we are MLAs in the Northwest Territories, I think we do not have to sit around here or just listen to other people.

This is very important. It is important because accidents happen and also people have to be looked after by nurses. I have understood from the Keewatin region that there are some professional doctors in that region and if we are going to have a professional doctor, I think we should also receive a good hospital. As we are aware, I would like some more support to that matter from the other MLAs including the Minister of Health and Social Services. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Noah. I am next on the list and you will take the chair for me.

CHAIRMAN (Mr. Noah): Okay, Mr. Pudluk.

Emergency Dental Therapy

MR. PUDLUK: (Translation) Thank you, Mr. Chairman. When Tom Butters was talking earlier -- he asked about the dental therapy. You have mentioned, Dr. Martin, that when there are some emergency cases, you can look after that right away when there is emergency dental therapy to be done. How many emergency cases would that have to be? What do you define as an emergency case?

CHAIRMAN (Mr. Noah): Dr. Martin.

DR. MARTIN: The guidelines that are used in dental emergency cases essentially are conditions that will not settle down with conservative treatment which can be administered by a nurse. For example, pain that does not resolve with treatment, infection that does not resolve with treatment, including antibiotics. Most of the dental emergencies fall into that particular area. There is the occasion when accident or trauma is involved, for example, a child might be injured and a front tooth be loosened or dislodged and it is a question of saving that particular tooth rather than removing it. In a case like that it would be considered a dental emergency and the child would be taken to the nearest centre where dental treatment is available.

CHAIRMAN (Mr. Noah): Qujannamiik, Dr. Martin. Mr. Pudluk.

MR. PUDLUK: (Translation) Thank you, Mr. Chairman. When there is a hospital that is pretty far -- for example, I had an experience this winter. Dental problems can get to where it becomes very painful when you live in a place where you cannot have any dental facilities. Sometimes the communities are not visited by the dentist for quite a long time. This year one of my kids was a student at the school and had a toothache. I had to pay for my child to go down south -- pay for my child and myself to go for dental treatment to Frobisher Bay. My child had to wait six days because of an inflamed area around the toothache. While my child was waiting to go down to Frobisher, she could not sleep because of the pain. I had to pay a great deal of money, an amount of about \$500 just for my child to go to see a dentist.

The business of dental treatment should be taken into consideration. The people who have dental offices, they just pick up the phone and the next day they could go to the dental office and it does not cost them to walk to the dentist's office. It is not like that in the smaller communities. I know the business of having a toothache is just like being sick in your body. It is sickness. I have no other questions but if you would like to comment on how you might be able to give better dental services, you may comment.

CHAIRMAN (Mr. Noah): (Translation) Thank you, Mr. Pudluk. Would you like to reply, Dr. Martin?

Prevention Of Dental Diseases

DR. MARTIN: The procedure, if a child or an adult is having dental problems, is to see the nurse in the nursing station and if the nurse feels that referral is required on an emergency basis, then she will make that referral to a centre where dental treatment is available. That contact with the nurse is mandatory before Health and Welfare will assume responsibility for the costs of transportation to that centre. I really cannot comment further. What you have stated is a very common occurrence, I know, in communities. There is no easy answer to this particular problem. We hope that over the years improved dental care will reduce the number of cavities and abscesses and so on that we see in people in the North, particularly in young children, and that is very much an educational process in terms of nutrition and so on.

I think in the long term, to answer your question, what is probably the most important thing we can do to prevent these particular crises occurring, is to know what causes dental disease and do something about it, and we do know the answers. It is a matter of people understanding how they can help to prevent these things. In terms of the treatment service though, as I mentioned in my reply to Mr. Butters, the frequency of visitation to communities is still not as good as we would like to see, obviously, and I am trying to improve that service.

We have made some inroads in the last couple of years in terms of increasing the frequency of visitation to communities through contractual arrangements and through the hiring of dentists but it is a slow process and it takes large amounts of money in order to introduce a more comprehensive dental treatment program to small isolated communities. It also takes a considerable amount of planning in terms of finding the people who are willing to provide that service to us in the Northwest Territories on a long-term basis. None of these solutions comes easily. We are grappling with them, trying to find some answers, and I can only tell you that. That is what we are trying to do. My hope for the future lies really in the dental therapy program, frankly. I think both the dental therapy program and prevention is the answer to our particular concern and if we are going to make any gains, that is where we are going to make them, not in vast expenditures in terms of visiting dentists going to communities.

CHAIRMAN (Mr. Noah): Qujannamiik, Dr. Martin. Mr. Pudluk.

MR. PUDLUK: (Translation) Thank you. This is just for your information. That time when we went to see the nurse and asked her what she could do about my child who had a toothache, when she saw her she just said to me that "You have to pay for her yourself if she is going to go out for dental service." That is the way it was. She said that it was I who had to pay for her to be sent out. That is the end of my comment.

CHAIRMAN (Mr. Noah): (Translation) Thank you, Mr. Pudluk. Dr. Martin, would you like to answer that comment?

DR. MARTIN: No, I really cannot add anything further to that. That was a decision made at that time by the nurse who was fully aware of the particular circumstances and the particular problem with that child. I really cannot say further.

CHAIRMAN (Mr. Noah): Qujannamiik, Dr. Martin. Mr. MacQuarrie.

MR. MacQUARRIE: Thank you, Mr. Chairman. A brief time ago the Minister engaged in some discussion on nursing homes and I have serious concerns in that area but I had been intending to raise the matter under Social Services and is that where the Minister would prefer to deal with that matter, when the deputy minister of Social Services is available to talk about it?

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

HON. ARNOLD McCALLUM: Mr. Chairman, no, I think if the Member has concerns about nursing homes, I would be prepared to talk about them now.

CHAIRMAN (Mr. Pudluk): Mr. MacQuarrie.

Plans For Nursing Home Facilities

MR. MacQUARRIE: Yes. You had been asked whether there were plans for nursing home facilities in the Territories, and the answer was yes, but, of course, plans can be long-term and indefinite, and it seems to me that there is a very real and immediate need for some sort of nursing home facility. In my own constituency at the present time there is a home for the aged, the Mary Murphy home, but it is

designed for elderly people who are able to care for themselves, look after themselves, and for people who are able to do that, it is a fine facility. We find, however, that as age advances -- as it does for all of us -- unfortunately, some of the inhabitants -- and others, who are not even fortunate enough to be in the Mary Murphy home, but may still be with their families or someone else who is looking after them -- but as senility begins to descend, some of them are physically well but are just not able to look after themselves any longer. Yet they are in the Mary Murphy home. Others simply cannot care for them all the time, and so they become a danger to themselves, in a sense.

I think of a particular case -- which I am sure many Yellowknifers would be familiar with -- of one of the inhabitants of that home who wanders quite frequently in the very, very cold weather, and a lot of people are concerned about what might happen to him. A person like that can be abused by others, and runs a real danger of just wandering away and being frozen to death in weather like this. That is just a single example. There are others. People like that, however, are also a danger to other inhabitants of the home because of their absentmindedness and so on and, not being attended to all the time, there is the danger from fire and this kind of thing.

So what you have, then, is a situation where there are certain inhabitants in the home who ought not to be in a home like that, and so they are taking up facilities there that are designed for those who are able to look after themselves. Then you have a waiting list of others who would be very well suited to that kind of facility who can not get into it because these rooms are being occupied. Then you also have the other circumstance where, occasionally, people whose senility is advancing and who then suffer a -- I guess what you would call a chronic ailment. So there is no emergency treatment needed, but they require a kind of nursing care. They wind up in hospital beds in an already overcrowded facility in Yellowknife, and wind up occupying a needed hospital bed over a long period of time. Certainly in this constituency there are a lot of people -- excellent, dedicated volunteers -- who do attempt to alleviate this situation, but at any given time, I am given to understand, there are seven to 12 people in Yellowknife alone who could make use of some sort of nursing home facility, and I am sure there are others in surrounding areas.

I am not making a pitch for a facility particularly in Yellowknife. I would like to see one built, and if it has to be somewhere else, fair enough, because I am sure every community has people like this, who need that kind of care. I know that in Yellowknife there were plans afoot a year or so ago -- not to build a new facility, I do not think, but rather to renovate a certain section of an already existing building in order to provide that kind of facility, and I do not know what happened to that. So I would simply ask the Minister -- I see it as an immediate, an urgent kind of concern. Will the Minister say what plans are afoot and how long are we likely to have to wait before there is this kind of service available for people who need it very much?

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

Department Investigating Setting Up Of Nursing Care Program

HON. ARNOLD McCALLUM: Mr. Chairman, the whole problem of nursing home or extended care services for the Territories is being seriously looked at both with the Social Services area -- the senior citizens' home and the housing -- as well as the Health. I make the distinction here because under the Territorial Hospital Insurance Services, as I had indicated earlier, the cost of the nursing home and chronic care would be borne by the Department of Health as an insured service. That still does not take away that from the Housing Corporation and the Department of Social Services, that they all three may get together to put up some kind of facility -- or varying kinds of facilities. Within the proposed Stanton Yellowknife Hospital -- to relate it directly here to Yellowknife -- there is provision for 10 extended care beds. As to the previous proposal, or the previous

idea of maybe utilizing an existing building -- in this case the Northern United building -- I felt that it was a very high cost situation in all aspects, and it was not the best particular facility to go ahead with. We have home care, not only here, but we have home care in other communities such as in Fort Smith.

There is a program format set up and I would be pleased, again, to suggest to Members who are interested in taking a look at this, that we would make this available to people. We are actively pursuing the idea of setting up a nursing care program, and if it is necessary to build or to utilize other facilities to set up a nursing home, we are actively involved in that.

I would hope that within the year, or a year or two, we would be able to do it. I agree very much -- as I have indicated before -- that we may be past the time when these services were necessary. I would have liked to have done something in previous years. However, with the resources that we have, it is difficult. We do assessment needs in the community, where we feel there is the possibility of a requirement for a nursing home. We have varying opinions as to the number of people involved. It is not, however, something that we are putting aside. I would hope that we would be able to seriously address it within the year, within the next two years, if we can acquire additional funding within the department. If we cannot, then quite obviously we have to look at cutting out something else to provide that.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. MacQuarrie.

MR. MacQUARRIE: I suppose the provision of 10 beds at Stanton, that may be theoretical in a sense, since I understand that from time to time, because of pressing needs when patients come from elsewhere, that there are beds in the hallway from time to time.

HON. ARNOLD McCALLUM: New hospital, I was talking about.

MR. MacQUARRIE: Oh, the new one. Yes. Well, that is great, but it is a little way down the road. You say you have done or are doing assessment needs. Can you be more specific about the extent of the problem in the Territories? Just how many people are in that sort of predicament, who could use centralized nursing care?

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

HON. ARNOLD McCALLUM: Mr. Chairman, I would have to take some time to get the specifics as to the number of people, for example, in Yellowknife who would require nursing home care as opposed to care that they would receive looking after themselves in the senior citizen home or hospital. I would be able to get that kind of information, I think, as to the latest kinds of a survey that we would have. There are varying opinions as to -- I guess as to who conducts the survey. For example, in my own constituency in Fort Smith, there have been a number of determinations made as to how many would require the care. I will get the information as best as I can and provide it for him, but I do not have it at the top of my head.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Let us take a 15 minute coffee break.

---SHORT RECESS

CHAIRMAN (Mr. Pudluk): The Chair recognizes a quorum. If I am going to take this chair tomorrow again, there will not be any coffee break at all. We are still on Territorial Hospital Insurance Services, page 14.05. The honourable Member for Mackenzie Liard.

Translation Services In Yellowknife Zone Office

MR. SIBBESTON: I do not know whether this specifically fits into that area, but I do want to ask Dr. Martin a question. It deals with the whole area, again, of native languages and government being able to respond or deal with native people who come to them. I am aware of the current health workers program in my area. In Simpson I can say there are no problems, but I had a situation last fall where there was a Dene person from Wrigley who travelled to Yellowknife to get some help. Actually, he caught a ride on a government charter back to Yellowknife and he was having a lot of difficulty with his teeth. He eventually saw the dentist here, I believe on Monday morning, and when it came to getting him back to Wrigley he got me and some people from the Dene Nation involved because he said he was not having very much success in dealing with your office here in town. Eventually we went with him and spoke. There seemed to be a whole bunch of women sitting around. I did not see any native persons there at all in the office and this person could not speak very much English, so there was trouble, there was difficulty, there was no proper communications. Anyway, after some discussion and our attempts to see that the department could get him back to Wrigley, the ladies there could not do anything for him. It eventually went up the ladder, I suppose, and they said they would let us know in a few hours.

Eventually the decision came back that the department could not get him back to Wrigley, because he apparently did not have any authorization from a nurse or whoever it was in Wrigley that he ought to get medical attention in Yellowknife, but I am aware of the situation that he was in great pain and really was very lucky to get a ride with the government plane out to Yellowknife as he did. To me it seems as if you have a whole big government department, all sorts of people, women just sitting around drawing big wages and having important jobs and so forth, but a little Dene man comes for some help -- firstly they cannot communicate and then eventually he is rejected for help. So, what good is your department? What good is your department in a situation like that? Do you know if it is a continuous problem, that Dene people come to your office here in town and simply cannot communicate or else cannot get help?

CHAIRMAN (Mr. Pudluk): Mr. Minister.

HON. ARNOLD McCALLUM: Not me. Mr. Chairman, I thought that the question was asked of Dr. Martin.

CHAIRMAN (Mr. Pudluk): It was. I am sorry. Dr. Martin.

Difficulties In Providing Translation Services In Yellowknife

DR. MARTIN: The concern you have expressed in this case, our zone office in Yellowknife in terms of service available and translation facilities -- certainly, at the moment in the office where I guess this gentleman went with representatives of the Dene Nation for some assistance, there is not a translation facility there. Certainly, the health centre does have to provide interpreter services at that level, which aids the direct public health treatment interaction with the community. Your concern is a valid one. It has been raised before in regard to services here in Yellowknife -- interpreter services available in doctors' offices and so on. We do try, as you I am sure are aware, at the community level to provide interpreter services -- in Fort Simpson, for example, at the hospital and health centre and so on. We do seem to have some difficulties from time to time in Yellowknife. This is something that I have discussed with Mr. Pontus through our health co-ordinating committee, because we do share services here and service delivery to a certain extent in Yellowknife. I know that recently the concern was raised by the Native Women's Association, who had, in fact, made a formal proposal for some kind of a service in Yellowknife for native people in terms of counselling

interpreter services, providing them with information on where they can go for service and that kind of thing.

To summarize, we do try and -- there is an interpreter at the hospital as well, I should add -- make it possible for these people to speak to someone in their own language. This particular situation, I agree, was rather unfortunate. I think he did receive some assistance from the right place, through the Dene office at least. I know that the outcome was not what he looked for, but eventually some help was forthcoming. So, yes, there are difficulties in this area in Yellowknife, in terms of communication from time to time and we would hope that in future we will be able to find some answers in that area.

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. The honourable Member for Mackenzie Liard.

Authorization Of Subsidized Medical Travel

MR. SIBBESTON: What about the matter of persons not being able to get any help as far as air fare back, if the nurse in the community which the person comes from does not authorize his going out or does not do something to indicate that the person in fact does have a serious medical problem and does need services elsewhere, like in this case? I can understand the need to have some check on people. Otherwise, I suppose they may go on trips at the expense of the department and perhaps not really be sick, so I appreciate there is a need for a check system, but it seems that in this case, anyway, that the person, simply because he did not see the nurse before he left was out of luck as far as the department being able to pay his way back. Should a situation like this have been able to be dealt with through the normal channels or do all people who do not get authorization from the nurse in the community have problems?

CHAIRMAN (Mr. Pudluk): Thank you. Dr. Martin.

DR. MARTIN: The answer is we cannot make exceptions. To make an exception, in our opinion and in the opinion of National Health and Welfare, is to, in my opinion, open the floodgates, so that we really cannot do it. In this particular instance, there is other assistance, at least, available to this individual. If he is in Yellowknife and let us say stranded and requires assistance in getting transport back to Fort Simpson, the Department of Social Services will pick up. This is a jurisdictional thing, obviously, and I am sure it is difficult for the individual to sort it out, but help could be forthcoming from that department in a situation like that, but the answer is no, we feel we cannot make exceptions. To do so would put us in a very difficult situation in future.

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. The honourable Member for Mackenzie Liard.

National Health And Welfare Too Strict

MR. SIBBESTON: I just find that to be a very kind of strict, a very tough kind of attitude to take, considering your department is responsible for the health of native people. If you do not happen to check with the nurse in your community, like in this case, the person got a free ride out, that happened to be going to Yellowknife and he saw the dentist. It seems to me if all the facts were checked, even if he had not seen the nurse initially, that he did have a very bad case of illness and required dental work and so forth. All your department has to do is simply check and verify to see if the person was sick, if the work was done as he states and then go from there. Just because he did not have a little nurse's permission to go from the community and seek medical help, surely does not mean the whole government department now is unavailable to him. You sound like the federal government all right, but you sound too strict, too tough with your way of operating in the North.

What about the department? It seems as if you have a whole department supposedly there for native people and you do not even have the means of communicating with a Dene when he walks in off the street. It does not make sense. Millions of dollars could be going to waste. What are all those women in the office doing sitting around? Who are they there for if not for native people and they cannot even communicate with the native people? It is just asinine if you ask me. It does not make sense. It seems to me you are the guy that is responsible and you say, "We cannot make exceptions", which does not make sense in the North. The whole North is an exception, it seems to me. To live and survive in the North you cannot live by the rules. You are going to die or not survive. You have got to use common sense and deal with the situation as it arises.

CHAIRMAN (Mr. Pudluk): Thank you. Dr. Martin.

Control Mechanisms Must Be Used

DR. MARTIN: I would assume that certainly the circumstances surrounding that particular individual's problem were investigated by the zone office, going back to the nurse in charge in Fort Simpson and so on, to see whether he had contacted her. The difficulty we experience is that people who -- in this case he came out on a free charter, he was not paying -- but we have been presented with bills by people who have chartered their own aircraft and gone out for treatment and then come to us and asked for reimbursement and we have had to turn them down when the circumstances were checked out. As I mentioned, to do so would be to open the floodgates. Anybody who wishes to go for treatment expects this to be done at government expense. There is nothing to stop a person, obviously, from moving from community to community if he wishes or she wishes, but when government funds are involved in the payment for such movement, then we have to have some control mechanism and this is the mechanism we have in place at the present time, that it has to be done through the nurse in the nursing station. I do not disagree with checking back. That makes good sense and I am sure that in this case there was a check done with the nurse in Fort Simpson -- at least, I hope there was. If there was not, I would like to check.

MR. SIBBESTON: Wrigley.

DR. MARTIN: I am sorry. Wrigley. We are not trying to make the system punitive in any way, but we, as I say, have to have some control and there is other assistance available to individuals who find themselves in difficult circumstances.

CHAIRMAN (Mr. Pudluk): Thank you. The honourable Member for Mackenzie Liard.

Native Women's Association Involvement In Community Health

MR. SIBBESTON: Yes, one latter matter. I was aware and I am aware that the Native Women's Association this past fall was trying to get some kind of a program started in respect of community health, I think in the Fort Smith region. I am aware that they were trying to obtain funds from you, but the department had indicated that you were not able to release funds to the Native Women's Association because there was an agreement in effect between your department and the territorial government. When I was confronted with this I did write to Mr. McCallum asking him that he do what he could to resolve the issue. Has that matter been resolved so that the Native Women's Association in fact could undertake or become involved in a community health type of program?

CHAIRMAN (Mr. Pudluk): Thank you. Dr. Martin.

DR. MARTIN: I have just become aware of that proposal and I assume we are talking about the same proposal. The Native Women's Association had written, in fact, to CESO, which is Canadian Executive Service Overseas, requesting some assistance in establishing a counselling program in Yellowknife. The Canadian Executive Service Overseas have been providing service to native people across Canada, particularly in western Canada and assisting them in many community development projects. We have had some experience with them here in the Territories, on one project we asked

them to work on for us. I have just replied, in fact in the last couple of days, to the Native Women's Association on this matter. This is the first that I was aware of their proposal for a project here in Yellowknife.

So, what I have suggested to the Native Women's Association is that, certainly, we are supportive in principle. I am not in a position at this point in time to give any financial support, although that might be possible in future, but to work with them and perhaps with CESO in the development of some form of counselling service, perhaps in Yellowknife, which I think could well be combined with our present health centre, for example, because people are coming through that centre for very much the same kind of service and it might make sense to, perhaps, combine efforts in that area. That is where we are. In fact, I do not think the letter has even gone out of my office.

CHAIRMAN (Mr. Pudluk): Thank you. The honourable Member for Mackenzie Liard.

MR. SIBBESTON: That is not the program that I was thinking of. This program is to do with the nurse or community health worker program, I believe in Fort Smith, but anyway, we will forget it.

Financial Assistance To Groups Involved In Community Health

Is there an agreement in effect between your department and the territorial government which prevents you from assisting or providing funds in any way to the Native Women's organization or any other groups in the North that want to be involved in community health?

CHAIRMAN (Mr. Pudluk): Dr. Martin.

DR. MARTIN: We work closely with the Department of Health and as far as developmental funds are concerned, if I can just use that term. Certainly I am very limited in the budget I have in terms of providing such funding to community groups but there are funds available in many other areas in terms of establishing developmental programs. Perhaps the Minister might comment in terms of the Department of Health and Social Services in terms of funding in these areas but certainly we work closely together in attempting to provide funding.

CHAIRMAN (Mr. Pudluk): Thank you. The honourable Member for Mackenzie Liard.

MR. SIBBESTON: Maybe you misunderstood me. I asked you whether there is an agreement in effect between your department or the federal government and the territorial government which prohibits or impedes you or prevents you from dealing directly with such organizations as the Native Women's Association providing funds to them and in any way co-operating with them.

CHAIRMAN (Mr. Pudluk): Dr. Martin, please.

DR. MARTIN: The issue of dealing with a group such as a Native Women's Association certainly we could work in terms of perhaps funding them for some specific proposal. There is no agreement at the moment between our departments and the Minister could correct me on that if I am wrong, that stops National Health and Welfare from dealing with a group such as this in a health education proposal or something of that nature. However, under the terms of the relationship between National Health and Welfare and the Government of the Northwest Territories, I would not deal directly with the community in, for example, a contractual arrangement for provision of a specific health service but rather would do so through the Government of the Northwest Territories.

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. The honourable Member for Mackenzie Liard.

Agreement Presently In Effect Is Outdated

MR. SIBBESTON: Well, I am aware that there is an agreement between your department and the government which I think probably makes it difficult if not impossible for you to provide funds directly to Native Women's Association. I have got a copy of the agreement somewhere here. I guess my hope in raising this issue is that it is a matter that could have been worked out despite the fact that there is an agreement in effect. It is, I think, a very old agreement and times have changed, I suppose.

Surely we have arrived at the time in the North when it is possible to have the government deal directly with organizations like the Native Women's Association or else local bodies in respect of health and community matters. I am just surprised that you hold on to the view that you are not going to deal directly with groups like the Native Women's Association and that you insist on going through the territorial government. I mean, after all, really, are you not responsible for the health of treaty Indian people and Inuit people? Must you go through this territorial government? Who is this territorial government? They just came on the scene in 1967. The federal government and the Dene or the Inuit were here for a hell of a longer time than that. It seems to me you are penalizing, you are stifling or you are just not making it possible for organizations such as Native Women's Association to be involved. You know, obviously you must have some energies and certain knowledge and whatnot that they can put to the use of their own people and you say "Well, we cannot. We must now go through the territorial government." If that is the case, then let us get rid of that agreement and let us pave the way for you to be able to deal with such groups as the Native Women's Association. Do you not agree?

CHAIRMAN (Mr. Pudluk): Dr. Martin.

DR. MARTIN: I would just like to clarify the one point in regard to the -- for example, the Native Women's Association. There is nothing at this point in time to stop National Health and Welfare from dealing directly with the Native Women's Association and, in fact, we have dealt just recently directly with the Dene Nation itself in establishment of an arrangement with a liaison worker with the Dene Nation and that is on a direct contractual basis. What I am referring to is dealing directly, for example, with the communities in terms of health service. In such an instance under the 1954 agreement cabinet document, I am required to go through the Government of the Northwest Territories. So we are maybe talking about two things here, if that helps to clarify the point.

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. Ms Cournoyea.

Committee Task Force

MS COURNOYEA: Mr. Chairman, I wonder if Dr. Martin would be able to supply us with the terms of reference, guidelines and objectives of the task force that he referred to earlier and the make-up of the committee as well.

CHAIRMAN (Mr. Pudluk): Dr. Martin.

DR. MARTIN: The terms of reference have not been finalized. The committee task force will be meeting in Yellowknife, as I mentioned, next week to review a draft terms of reference and shortly thereafter, hopefully, the terms of reference can be finalized. There is a steering committee of the task force composed of: Mr. Neil Faulkner, who is an assistant deputy minister of the Department of Indian Affairs and Northern Development; Dr. Lyle Black, who is assistant deputy minister of medical services branch, Health and Welfare Canada; and Mr. Michael Pontus, assistant deputy minister of the Department of Health, Government of the Northwest Territories here in Yellowknife. The members of the committee include Ms Ann Wheeler, who is a senior nursing consultant with the medical services branch in Ottawa as chairperson of the task force; Carl Baker of the Department of Indian Affairs and Northern Development; and Mr. Peter Owen of the Department of Health here in Yellowknife. There are three people on the task force.

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. Ms Cournoyea.

MS COURNOYEA: Is it possible to have the draft copy of the terms of reference?

CHAIRMAN (Mr. Pudluk): Dr. Martin.

DR. MARTIN: Of the final copy of the terms of reference? Yes, indeed.

Nursing Homes

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Stewart.

HON. DON STEWART: Thank you, Mr. Chairman. I would like to go back to the item of nursing homes that was being discussed when I indicated I wished to speak. It would appear to me that little progress really has been made in this field. Hay River, for example, has been involved in negotiations of sorts and doing studies for at least the last five years to my memory and it would appear that we are no further ahead now than we were five years ago. Now, this may not be correct. I would like to ask the Minister if this basically, as far as any particular action is concerned, is a correct statement.

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

HON. ARNOLD McCALLUM: Mr. Chairman, other than having developed a nursing home policy paper that was presented to the Executive, that is basically correct. The statement is basically correct.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Stewart.

HON. DON STEWART: Thank you, Mr. Minister. Well, I think society in general is judged, in part, on what facilities and what care you are able to provide to your senior citizen. Mr. MacQuarrie has done a very adequate job on describing the situation as it now exists so I will not bother going over the same ground again other than to say that in too many places we have one or two things happening. The people needing nursing home care either wind up in the hospital at a very high cost per patient, much higher than in a nursing home, and a hindrance, in part, to the hospital in that they are physically well and more often than not are wandering around the hospital and giving everybody basically a bad time, or in the instance of Hay River, a lot of them are farmed out in homes. We have done a survey on the homes that these people are in and find out that too often they are in homes that are not up to the prescribed standard, no indoor facilities of any kind, and the life in general of these people really is not what it should be.

Motion To Give Financial Priority To Establishment Of Nursing Home Facilities

So to try and give some direction and some impetus to the department, I would like to make the following motion. I move that the Department of Health give priority in the fiscal year, 1982-83, to the establishment of nursing home facilities in those areas that can prove a need.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Stewart. There is a motion on the floor. To the motion. Mr. Stewart, do you want to speak to your motion? Yes, your motion is in order. To the motion. Do you want to speak to your motion? Point of privilege or order. Mr. McCallum.

HON. ARNOLD McCALLUM: Just a point of clarification, Mr. Chairman. Does the motion say to provide them in 1982-83? Is that what the motion says?

CHAIRMAN (Mr. Pudluk): I am going to ask the Clerk to read it for you.

CLERK ASSISTANT (Mr. Hamilton): The motion is: I move the Department of Health give priority in the fiscal year 1982-83 to the establishment of nursing home facilities in those areas that can prove a need.

CHAIRMAN (Mr. Pudluk): To the motion. Mr. Stewart, do you want to speak to your motion?

HON. DON STEWART: Well, thank you. Really I have covered, I think, the basic fundamental reasoning. We have a group, it has probably over the past 10 years been reasonably small but as the Territories are becoming more firmly entrenched in the matter of settlement and people staying here, the need is more apparent every year that these facilities are needed. I purposely worded my motion the way I did to give priority to try and get the Department of Health on track and see what they can do about this problem because it has been five years in studies and in looking at things. I think it is time now to try and get on further with the job. If the money is not there and it is not one of the top priorities, well of course, it cannot be done, but it is to give a little impetus to getting this thing off track and getting it into the rails and keep things moving in a more positive manner than really has happened in the past. Now, I am not blaming anybody when I say that but it has been kind of hanging out there. There have been other priorities. I am just saying well, let us make this one of the priorities for 1982-83.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Stewart. To the motion. Ms Cournoyea.
Area Proving A Need

MS COURNOYEA: Just a point of clarification from Mr. Stewart. When he refers to "in areas proving a need", does he mean the resident areas providing the facilities in their area? Is that the intention of the motion?

CHAIRMAN (Mr. Pudluk): Mr. Stewart.

HON. DON STEWART: Well, I think basically this will vary from place to place. My personal belief is that the closer these things are to the area that the person comes from, the better. So if a larger place can prove the need, that they have 20 people or so that require this type of service, then that is enough to probably warrant putting in a station at that point. In the broader sense, in a regional sense, where you may have to go to eight or nine communities to find enough people to warrant the construction of such a place, then this would become a regional type of a nursing care system. So it all depends, really, on where you are, which group you might fit in, but certainly to keep these nursing homes as close to the base of where the people live as humanly possible.

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

HON. ARNOLD McCALLUM: Mr. Chairman, before I get hit with the idea that I am against nursing homes -- I do not want it to be taken as such -- but if the motion is such that it is directing this department to reassess the amount of money that is now before it under Territorial Hospital Insurance Services, and to then utilize that funding to establish nursing homes in three or four areas, then I am afraid that we are just passing a motion that really does not mean anything. I do not have the funding in here, because this money is going to be used to look after the operation of hospitals, budget review, semibudget review of hospitals, will look after the payment of funds for time in hospitals outside the Territories where citizens get and receive treatment, detoxification, as I have indicated.

If, on the other hand, the motion is suggesting that we would as a group, a committee or an Assembly look favourably on a supplementary submission to begin something, then fine. You know, we have to look at putting these buildings up, and I know there are examples where we could utilize likely three or four areas. It is a question of building them, staffing them, and the rest of it, and, to be quite honest, in 1982-83 I do not have the funding.

CHAIRMAN (Mr. Pudluk): Thank you. Mr. Stewart.

Motion To Give Financial Priority To Establishment Of Nursing Home Facilities,
Reworded

HON. DON STEWART: Mr. Chairman, I am sorry. That was my error. I am a year behind times. I did not mean it for this budget. I meant to give direction for the 1983-84 budget. That is what I meant to do. I am sorry. I put 1982-83. With the consent of the committee, I would like to change the date to 1983-84. It was not intended to interfere with this years budget, but rather to give direction for next years budget. That is what I intended to do. I am sorry. It was my error. With the consent of the House, I would like to change those figures to the years 1983-84.

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Pudluk): Mr. MacQuarrie, do you want to make an amendment to that?

MR. MacQUARRIE: No, I just wish to speak in support of the motion, and to note the Minister's immense relief when the change was made, so I am assuming he heartily supported the intent of the motion all along and wants to do his utmost to ensure that these elderly people have adequate facilities. It was just a question of one years time, so I look forward in the next budget to seeing funds that will ensure these types of facilities are in place. Thank you, Mr. Chairman.

Motion To Give Financial Priority To Establishment Of Nursing Home Facilities,
Carried

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

---Carried

Territorial Hospital Insurance Services, page 14.05, \$23,198,000. Mr. McLaughlin.

MR. McLAUGHLIN: I do not have a mike. Thank you, Mr. Chairman. My question is directed to both Dr. Martin and the Minister. In the situation in Pine Point, we have similar circumstances to those described by Mr. Sibbeston, where people are concerned about medical treatment being received by a member of their family or themselves, and seem unable to have any channel where they can get this problem resolved. The situation in Pine Point is that the nurses work for the medical clinic out of Hay River, so we found in Pine Point that when people who are upset with the nurses want to go over their heads and phone the doctor, usually there is not much of a problem there. The doctors are frequently in the community, so they know the people and the situations, so it is usually handled fairly well. But I would think in situations in the smaller communities that just have nursing stations and do not have doctors frequently visiting it, there should be some way that concerned people should be able to phone somewhere to be able to talk to a doctor to tell him they have a problem and the nurse does not seem to be taking it as seriously as the person who is sick is taking it. So that is something I would like Dr. Martin to respond to.

I would like a response from the Minister to this question, which is fairly similar. Sometimes the doctor that visits the people is not a specialist in the area that the person is sick in, and often these people feel that the doctor does not really know how sick they are. There have been several cases in Pine Point where it has been left for so long the people have had to be sent out to Edmonton in a hurry. It was too late to even send them to Yellowknife to see a specialist there. There were three or four cases in the last couple of years that I know of personally. I was wondering, can we not arrange something that would allow the case to be referred automatically to a specialist, at least for consultation over the phone with the patient? What happens is you put the patient in the situation where he knows that he is going to see the same doctor again, and does not really want to

offend that doctor, but has no recourse when he feels that he should talk to somebody else. So most people finally get desperate enough that they will take their family themselves to Yellowknife or Edmonton at their own expense, and then hope that they can get the money back later. I would like to know if we cannot set up something whereby it would be automatic that if the illness the person has is not covered by the specialty of the available doctor, that it would be automatic that some sort of consultation should be done with specialists.

CHAIRMAN (Mr. Pudluk): Thank you. I do not know which one is going to respond to that first. If you want to flip a coin, that is all right with me. Perhaps Dr. Martin first, or Mr. Minister.

Referral To A Specialist

HON. ARNOLD McCALLUM: I will not play "After you, Gaston". I will answer, Mr. Chairman. Maybe I could take that last question. I would simply indicate to the Member that if an individual has not the faith in the medical practitioner with whom he or she is dealing, then I would suggest that they should get a second one, but, to be referred directly to a specialist, I do not know whom he would like to have refer that individual to a specialist. I cannot be the person to refer them. If they want referral, and the doctor with whom they are dealing in the first instance will not refer them directly to a specialist, then I would suggest they would get another opinion.

I think that I recall talking to the Member on the telephone in an answer such as this. It is very difficult. They must be referred by somebody. If it is not the nurse, it is a doctor, and if that first doctor will not refer them to a specialist, I would suggest that the individual who is concerned should get a second opinion to go directly to a specialist or refer themselves to the specialist. If, in that instance, there is a difficulty, and it is about sharing or looking after the cost, if they are not involved with the mine, Cominco, who I would suggest have a situation where they would be able to get involved with this, then I think that we as a department would deal with it on an individual basis. But somebody has to refer the patient to a specialist, and outside of the nurse that is with the clinic that provides the medical services in that community, I do not know who else would do the referral.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Mr. McLaughlin, could you give them a short one at a time, so there will not be any confusion? Mr. McLaughlin.

Second Opinion From Doctors

MR. McLAUGHLIN: Thank you, Mr. Chairman. The question I was trying to direct to the Minister dealt specifically with doctors. When you have already seen one doctor, it is fine, in Yellowknife you can go and get a second opinion by going to another clinic, but when you are in Pine Point, or even Fort Smith, it is sometimes difficult; you cannot do it. They come there in Pine Point on Monday and they do not come back until Wednesday. The doctor you are seeing might not come back for another week or so. So how do you get a second opinion? You see, that is the problem; the people feel a lot of pressure that if by going over the doctor's head to another doctor, he is going to be offended. Then when he comes back he is going to be mad at them; they really have that feeling, that the next time they see this guy he will not take them seriously. That is the problem that people seem to be running into.

So what I was suggesting is that if the doctor that the people see in Pine Point or Fort Smith is not a specialist in the area where the person has their illness, something should be set up where there is some sort of automatic consultation by that doctor. If there is a specialist in Yellowknife, for example, and that person could at least talk on the phone to the other doctor, he would feel better. It is mostly a big psychological problem more than anything, but there have been cases where people have waited around and waited around for two weeks or four, and finally they had to be sent out to Edmonton, practically as an emergency case because something had to be done right away, but it went on for two or three weeks before something was done.

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

HON. ARNOLD McCALLUM: Mr. Chairman. I would think that it is pretty well accepted policy by the medical profession that second opinions -- no, I think that is an accepted policy. Now, in the instance that Mr. McLaughlin is hypothetically indicating, that something must be done, if the first doctor would not refer them to it, who sets up an instance where there is an automatic referral? What is to stop an individual from getting on the phone and phoning the doctor in another place? I do not know of another way to provide a second opinion, other than to have the patient ask for one. It would seem to me that the doctor in the first instance would not, generally speaking, feel offended if you asked for a second opinion. I do not know how to respond any other way. For me to set up an automatic phone or something, how would it be used and under what instance? Any individual, if you are not satisfied with an opinion that you get from a doctor, surely you go some place else. They are providing a service. If there is not another doctor coming into the community, then I guess you somehow have to go to the doctor, some way, and if that is by telephone, then I would suggest as he is suggesting to contact another doctor. I really do not know what else to say to him in return.

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

Phoning Yellowknife Doctors From Communities For Second Opinions

MR. McLAUGHLIN: Just to go back to my other question, and I guess it is more applicable to communities where there is a nursing station not related to a clinic. My question was, could something be set up similar there where people could phone the doctors in Yellowknife, for example, if their community is not visited by a doctor, to arrange for transportation out? In other words, to go over the nurse's head so that some mechanism is set up so that people could phone and arrange to talk to a doctor when they have decided that the nurse is not paying them the proper attention? I realize that might be abused sometimes, but it is probably going to be used seriously a lot more than it is ever going to be abused.

CHAIRMAN (Mr. Pudluk): Thank you. Dr. Martin.

DR. MARTIN: No, the whole issue you raise is a good issue to discuss because it is difficult for patients, and what Mr. McCallum has said is certainly very true and people do feel or are finding great difficulty, at least, in approaching physicians and asking for a second opinion. Any doctor, in my opinion, or any nurse worth his or her salt would not deny a patient access to a second opinion in any way, shape or form, and should not do that. They are very foolish to do so. Certainly, as Mr. McCallum has suggested, to phone the physician directly and request a second opinion is the valid first approach. If, in fact, that physician refused, then the individual should contact a physician elsewhere and attempt to make that referral himself. I mean what else can that individual do in that circumstance? But ordinarily a physician will make that referral and only in exceptional cases, I would think, would it be otherwise.

The situation in a small community -- that is an excellent point. What does a patient do? It really gets back to the point that Mr. Sibbeston raised, in a situation like that, when the patient feels that they have kind of been done in and that people are perhaps not listening to them and so on. I realize it is a matter of education to help people in situations like that to know what to do; but what they should do is to go to the nurse in that particular nursing station and explain to that individual that they are concerned, that they feel that the particular problem is more serious perhaps than the nurse feels it is, that they would like again a second opinion and in fact the second opinion would come from a physician and request that that nurse contact that physician. If the nurse refused, and I would hope she would not in a situation like that, certainly the individual could make that call, again as we discussed in the Pine Point situation, phoning the physician directly to discuss the case with the physician.

Access To Second Opinion Should Not Be Denied

I realize for native people that is not easy to do that, in many cases because of language difficulties and so on, but through an interpreter, presumably, where it is required, this could be done. I think it is difficult to set up a formalized system of dealing with it. I guess it is very much a matter of educating people in small communities to what they can or cannot do in these areas to help themselves and to also educate the health professionals to acknowledge that fact and attempt to assist people in those circumstances so that misunderstandings do not develop and the individual does get the help that they require. It is a very difficult area. It is not easily handled. I realize and I agree with you on that point, but certainly the second opinion is the approach and everyone and anybody should have access to a second opinion on a particular medical problem.

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

MR. McLAUGHLIN: I guess then I would just like to make one final comment. I would like to hope that maybe within both of your departments that you could possibly set something up so that if people do phone there and say, "I have the following illness or sickness. Do you know which doctor in Yellowknife I should talk to?" because I am quite sure that if you look up in the phone book you are unable to determine which doctor in Yellowknife takes care of which kind of problems. So I would hope that if you have not already, when the new telephone book comes out you could maybe try to have it highlighted somewhere under your departments so that a person can phone the right number and have some sort of access or help to which doctor or clinic they should talk to.

CHAIRMAN (Mr. Pudluk): Thank you. Territorial Hospital Insurance Services. Mr. Wah-Shee.

Arrangements For Boarding And Transportation Of Patients

HON. JAMES WAH-SHEE: Mr. Chairman, I would like to ask Dr. Martin -- there is a number of patients that come into Yellowknife, particularly from my constituency, the area through Rae Lakes-Lac la Martre. If a patient comes into Yellowknife to see a doctor and he has to stay in Yellowknife for two or three days, how are these patients being looked after in Yellowknife here?

CHAIRMAN (Mr. Pudluk): Thank you. Dr. Martin.

DR. MARTIN: Well, as I understand at the moment, the patients are, for the most part, boarded out in boarding homes throughout Yellowknife, and expenses are paid for these patients while they remain in those boarding homes before returning to their home communities.

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

HON. JAMES WAH-SHEE: Has there been any attempt within your department to look at other options in looking after those patients from outside of Yellowknife? For instance, I am aware of cases where patients have been boarded out and they have to travel from the Old Town to uptown and they have to pay for their own taxi and so forth. I just wonder if you have somebody that is assigned to look after those people, particularly when, I would say, the majority of the patients do not speak English.

CHAIRMAN (Mr. Pudluk): Thank you. Dr. Martin.

DR. MARTIN: Arrangements for the boarding of patients and transportation of patients and so on -- we do have a transportation centre in the zone office to make arrangements for picking up patients at the airport and so on, getting them to boarding homes, making arrangements for them to go to doctors' offices and the hospital, and so on here in Yellowknife. Similar kinds of arrangements are in place in Edmonton, Winnipeg, Montreal and so on.

In future, in the Stanton Yellowknife Hospital proposal, there is a suggestion of having a boarding facility as part of that hospital to look after some patients who come into Yellowknife, have them closer to the services. However, there will still be a requirement for other boarding homes over and above that but that is basically the system as it exists here in Yellowknife at this point in time.

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

Dene Speaking People Should Be In Transportation Centre

HON. JAMES WAH-SHEE: Have you considered hiring a Dene person that speaks the language and who understands the patients who could be assigned the responsibility of looking after these patients when they come to Yellowknife, rather than having somebody assigned within your department who is not capable of speaking in the Dene language? I just wonder how does your personnel who cannot understand the Dene language, how do they communicate with a person who does not speak English?

CHAIRMAN (Mr. Pudluk): Thank you. Dr. Martin.

DR. MARTIN: Well, one thing that we have done recently that is a move in the right direction, is to hire a native person who is a driver who will be picking patients up and moving them from the airport to boarding homes and back and forth and so on. That will be helpful to native people. This individual is, I believe, a Dene. As far as having people in the transportation centre at the moment, I would have to check but I do not think, in fact, there is a native person working in that unit at this point in time. So there may from time to time be difficulties in communication and your point is certainly a good one. Having a native person in that unit would be of help to the patients travelling.

Total O And M, Territorial Hospital Insurance Services, Agreed

CHAIRMAN (Mr. Pudluk): Thank you, Dr. Martin. Page 14.05, Territorial Hospital Insurance Services, total O and M, \$23,198,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Total O And M, Medicare, Agreed

CHAIRMAN (Mr. Pudluk): Then page 14.06, medicare, total O and M, \$5,162,000. Mr. MacQuarrie.

MR. MacQUARRIE: Thank you, Mr. Chairman. I am just wondering, Mr. Minister, whether the department has become aware of difficulties of territorial people who are receiving medical services in Alberta being faced with the problem of extra billing. If so, how is it handled, and what does the department recommend, and so on?

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

HON. ARNOLD McCALLUM: Mr. Chairman, I just want to check to see whether we have had any instances reported to us where people are being served with extra billing and/or direct billing. Mr. Chairman, I have been informed that we have not had any, save a person from Manitoba, who was here and moved out, but not from territorial people. Our ordinance indicates that this government would pay the approved cost of insured services in the provinces. We would pay whatever the Government of Alberta settles with the doctors. As far as extra billing is concerned, that is the individual's responsibility, and from what I can gather it is the responsibility regardless of ethnic basis; that is, regardless if the individual would be an Inuit or a Dene person. So for all people, if there is extra billing, that would be their problem.

CHAIRMAN (Mr. Pudluk): Thank you, Mr. Minister. Medicare, \$5,162,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Total O And M, Medical Services Contract, Agreed

CHAIRMAN (Mr. Pudluk): On page 14.07, medical services contract, total O and M, \$760,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Total O And M, Medical Transportation, Agreed

CHAIRMAN (Mr. Pudluk): On page 14.08, medical transportation, \$1,503,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Detail Of Capital, Agreed

CHAIRMAN (Mr. Pudluk): Now, page 14.10, detail of capital, total, \$2,498,000. Mr. McCallum, do you have any questions?

HON. ARNOLD McCALLUM: Mr. Chairman, I think one of the questions that Mr. Noah wanted to ask before was where the money was being spent in this area, the \$352,000, in terms of nursing stations and residences, and where, in the Keewatin. First and foremost, I would simply like to say that the \$352,000 is the Government of the Northwest Territories share of the provision of nursing stations and/or upgrading of existing ones. There is a new nursing station residence being planned for Repulse Bay. There is an upgrading of the facility -- that is, the nursing station -- in Repulse Bay as well. That approximates \$330,000. Whale Cove and Baker Lake, there is approximately \$9000 being spent in those places. In Eskimo Point, \$18,000 is being spent to upgrade the facility, the station, and about \$3000 being spent in Coral Harbour. So I just offer that information, and then he will not have to ask the question again.

CHAIRMAN (Mr. Pudluk): (Translation) Is the answer good enough for you, Mr. Noah?

MR. NOAH: (Translation) Thank you, Mr. Chairman. I am really satisfied with the answer.

CHAIRMAN (Mr. Pudluk): Page 14.10, \$2,498,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

Total O And M, Agreed

CHAIRMAN (Mr. Pudluk): Back to page 14.01, total O and M, \$35,836,000. Agreed?

SOME HON. MEMBERS: Agreed.

---Agreed

CHAIRMAN (Mr. Pudluk): I would like to thank Dr. Martin, who has appeared as a witness.

---Applause

What does the committee wish to do now? Continue on with another department? It will be Social Services.

MR. MacQUARRIE: It is Friday.

CHAIRMAN (Mr. Pudluk): Report progress?

SOME HON. MEMBERS: Progress.

CHAIRMAN (Mr. Pudluk): Progress? Thank you.

MR. SPEAKER: Mr. Pudluk.

REPORT OF THE COMMITTEE OF THE WHOLE OF BILL 1-82(1), APPROPRIATION ORDINANCE, 1982-83; 13TH REPORT OF THE STANDING COMMITTEE ON FINANCE

MR. PUDLUK: Mr. Speaker, your committee has been considering Bill 1-82(1), and wishes to report progress.

MR. SPEAKER: Thank you very much, the honourable Member for the High Arctic. Announcements and orders of the day, Mr. Clerk.

CLERK OF THE HOUSE (Mr. Remnant): There will be a meeting of the standing committee on legislation, Monday, February 8, 9:30 a.m., Katimavik A. Tuesday, February 9, 9:30 a.m., a caucus meeting in Katimavik A.

ITEM NO. 14: ORDERS OF THE DAY

Orders of the day, 1:00 p.m., Monday, February 8, 1982.

1. Prayer
2. Replies to Commissioner's Address
3. Oral Questions
4. Questions and Returns
5. Petitions
6. Tabling of Documents
7. Reports of Standing and Special Committees
8. Notices of Motion
9. Notices of Motion for First Reading of Bills
10. Motions
11. Introduction of Bills for First Reading
12. Second Reading of Bills
13. Consideration in Committee of the Whole of Bills, Recommendations to the Legislature and Other Matters: Bill 1-82(1); 13th Report of the Standing Committee on Finance
14. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. We now stand adjourned until 1:00 p.m., Monday, February 8, 1982.

---ADJOURNMENT

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