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YELLOWKNIFE, NORTHWEST TERRITORIES**MONDAY, FEBRUARY 28, 2000****MEMBERS PRESENT**

Honourable Roger Allen, Mr. Bell, Mr. Braden, Mr. Delorey, Mr. Dent, Honourable Jane Groenewegen, Mr. Krutko, Mr. Lafferty, Ms. Lee, Mr. McLeod, Mr. Miltenberger, Mr. Nitah, Honourable Jake Ootes, Mr. Roland, Honourable Vince Steen, Honourable Tony Whitford.

ITEM 1: PRAYER

HON. JANE GROENEWEGEN: Oh God, may your spirit and guidance be in us as we work for the benefit of all our people, for justice in our land and for constant recognition of the dignity and aspirations of those whom we serve. Amen.

SPEAKER (Hon. Tony Whitford): Thank you, Mrs. Groenewegen. Good afternoon, Members of the Assembly. Before beginning the business of the House this afternoon, I would like to take a few minutes to speak to Members about a group of young people I had the pleasure of spending most of yesterday with. The young adults are part of the Racism: Stop it! Action 2000 youth tour and come from Australia, the United States and other parts of Canada.

The young people arrived in Yellowknife on Saturday evening. I was fortunate enough to be asked to give them a tour of the Assembly building and spent some time with them yesterday. I must say I came away from my meetings with the youths feeling proud, and also very reassured that if these young people are an example of the young people in the world today, then the future is in good hands.

This morning, the group spent time in schools around the city promoting the creation of a society that is understanding, accepting, and free of racism and prejudice. This is just one of 10 youth teams who are touring different cities in Canada as part of this international campaign aimed at stopping racism.

I would like to publicly commend these young people, one as young as 12 years old, for their efforts and for taking a stand on an issue they obviously feel strongly about. In the Northwest Territories, where we have people of such diverse cultures, it is crucial we build a society that is free of racism and one that accepts people for who they are.

As leaders, we often talk about young people being the future. If the vision of these young people is an indication of what we can expect to see in the future, we will have a more accepting society, with vibrant communities that work together towards a racism-free world.

Members will have the opportunity to meet with the young people tonight at a dinner being hosted at the Assembly. I urge each and every one of you to attend and hear firsthand what these young people are saying. That will be set up in the Great Hall at 6:00 p.m.

Orders of the day. Item 2, Ministers' statements. The Deputy Premier, the Honourable Jane Groenewegen.

ITEM 2: MINISTERS' STATEMENTS**Minister's Statement 10-14(2): Ministers Absent From the House**

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, I wish to advise Members that the Honourable Stephen Kakfwi, the Honourable Joe Handley and the Honourable Jim Antoine will be absent from the House today to attend a meeting with aboriginal leaders. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 2, Ministers' statements. Item 3, Members' statements. The honourable Member for Range Lake, Ms. Lee.

ITEM 3: MEMBERS' STATEMENTS**Member's Statement on Proposed Amendments to the Education Act**

MS. LEE: Thank you, Mr. Speaker. I would like to take this opportunity to reiterate my support for the amendment to the Education Act, which was given second reading in this House last Friday. Mr. Speaker, as the Minister responsible for Education, Culture and Employment stated in this House, this bill deals with additional funding to the Northwest Territories' school system, to address the needs to reduce the teacher to student ratio and increase the special needs spending. Further, this bill presents in legislation the agreement reached between the NWTTA and the Government of the Northwest Territories, following the teachers' job action last month.

Once enacted, Mr. Speaker, this will mean \$14 million more to the Northwest Territories' education system over the next four years. More money into the system will result in reduced teacher to student ratios and increased funding to student support services for the beginning of the next school year.

While this amendment arises from the settlement between the Government of the Northwest Territories and teachers outside of Yellowknife, putting it into legislation means the same provisions would apply to all schools within the Northwest Territories. This will mean additional funding for the Yellowknife schools as well. Mr. Speaker, I can tell you the feedback I have received from the school boards in Yellowknife has been quite favourable. I believe this is an important move by the Government of the Northwest Territories, in light of the fact that recruiting and retaining teachers poses an increasing challenge in the North, especially in small communities.

Mr. Speaker, I respect that some Members of the House have concerns with some aspects of this bill. I trust those concerns will be addressed during the committee review process as a normal procedure. In spite of these gaps, Mr. Speaker, I believe this is a step in the right direction with respect to our commitment to education. I applaud the Minister and the Government of the Northwest Territories for making this item a priority agenda for the House. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Ms. Lee. Item 3, Members' statements. The honourable Member for Frame Lake, Mr. Dent.

Member's Statement on Peter Gzowski Invitational Golf Tournament

MR. DENT: Thank you, Mr. Speaker. Mr. Speaker, the Northwest Territories has one of the lowest rates of literacy in Canada. That means an incredible loss of human potential is taking place. It means many people have trouble finding and keeping jobs. It means many people may not be able to access information about protecting their health, safety or rights.

Perhaps most importantly, it also means many people cannot read to their children or help them with their homework. Those children will probably have more difficulty learning to read and write, and will be less likely to finish school.

Mr. Speaker, the Northwest Territories Literacy Council is a volunteer organization that promotes and supports literacy activities in all official languages of the Northwest Territories. They work with community groups to build the skills necessary to plan, deliver and manage local projects designed to provide literacy training.

The biggest fundraiser of the year for the Northwest Territories Literacy Council is the Peter Gzowski Invitational Golf Tournament for Literacy. Since 1990, the tournaments have raised over \$300,000 for the council. This year, the PGI will be held in Yellowknife on a non-regulation, and I emphasize non-regulation, nine-hole golf course that will be created on the ice of Frame Lake on March 29, 2000.

The Northwest Territories Literacy Council is well on the way to building a successful PGI this year, but they can always use more support. Mr. Speaker, I would like to urge Northwest Territories businesses to be genuine with their backing of the Peter Gzowski Invitational this year. Businesses can really benefit with enhanced literacy levels in the workforce. Studies have shown an improved bottom line for employers when literacy levels are improved. Employees with higher literacy skills are more likely to understand, accept and conform to health and safety regulations. Improved employee safety is not only better for the employees, but it also contributes to an improved bottom line.

Mr. Speaker, supporting the Peter Gzowski Invitational Golf Tournament is good for business. Becoming a sponsor might help good businesses get a chance to golf in the tournament, a chance to golf with Mr. Dressup, otherwise known as Mr. Ernie Coombs, if you can find your ball in the constant crowd of kids and adults that always surrounds Mr. Coombs during one of these tournaments. Mr. Speaker, I have participated in a few PGIs, and I must tell you that seeing Mr. Dressup has an amazing effect on young people. Everyone loves him and wants to be close.

I am looking forward to being part of the crowd following the action on the ice of Frame Lake near the end of March. I hope Northerners will join me in supporting the Peter Gzowski Invitational Golf Tournament, as this important event raises funds for the Northwest Territories Literacy Council. Thank you, Mr. Speaker.

-- Applause

MR. SPEAKER: Thank you, Mr. Dent. Item 3, Members' statements. The honourable Member for Deh Cho, Mr. McLeod.

Member's Statement on Fort Providence Ice Bridge

MR. MCLEOD: Thank you, Mr. Speaker. Today, I would like to speak about the ice crossing at Fort Providence. Mr. Speaker, as a resident of and the MLA for Fort Providence, I have an understanding of what this ice bridge means to the economy of the North and to the people I represent.

We were extremely lucky there was not a major environmental catastrophe with the recent incident of the fuel-transport truck breaking through the ice. We all know the truck should not have been on the ice crossing, as there was a weight restriction. I also know the long hours and the hard work the highways department and their contractors put into getting the crossing ready for heavy traffic. They worked 16-hour days getting the crossing ready, and deserve our appreciation.

However, people have to sleep, Mr. Speaker. They cannot be there all of the time. That is why there was no one there to prevent the truck from crossing. Mr. Speaker, this incident made me think of the strains the vast increase of heavy transport traffic due to increased mineral activity must be placing on the ice crossing. I know from personal observation the first reaction of drivers who have never been on an ice road is to close their eyes and drive as fast as they can until they reach terra firma.

We all know the strain this places on the approaches. We all know this shortens the seasons. The reality is the transport companies have to hire drivers who have northern experience to meet the tight deadlines the short ice road season imposes.

Mr. Speaker, from what I understand, the trucking companies and the ice road builders north of Yellowknife do a good job ensuring no one drives too fast on the ice road. If you show up too early at your destination, you get fired. It is very simple and probably very effective.

However, Mr. Speaker, there is no such enforcement at the ice crossing in Fort Providence. The highway patrol passes through on their regular patrols, but there is no regular presence to deter speeders or monitor the crossing. I believe this must change.

The situation is getting worse as more mineral properties move into the construction and production phases of their operations. The ice crossings going north from Yellowknife are useless if the ice crossing at Fort Providence has to be shut down early because the approaches are blown. We need an enforcement presence to ensure this does not happen.

I have engineering and policing concerns regarding the ice crossing at Fort Providence that I will be following up with the Minister responsible for Transportation during question period. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Item 3, Members' statements. The honourable Member for Thebacha, Mr. Miltenberger.

Member's Statement on GNWT Capital Planning Process

MR. MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, I would like to speak briefly about concerns I have with the government's capital planning process and the contracts which are let out in this area. Last week, I asked a written question to the Minister responsible for Public Works and Services requesting information as to how they do estimates, cost overriding and final costs for projects. Today, I will be asking the Minister responsible for Transportation a similar question.

My concern, Mr. Speaker, is it seems to me, with my experience with budgets over the last few years, that there is a tendency for significant cost overruns. There is a significant difference between what is initially estimated and what the final project costs are. I know that from projects in my own riding, where a school came in \$1.6 million over budget. The same happened with the school in Aklavik. I know there was a project in the supplementary appropriation in Inuvik that was over budget. I know the capital project on Highway No. 4 on highway wear was significantly over budget.

This raises serious concerns at a time when we are struggling to find every dollar, to make the best use of every cent we have, to put it into programs for the people we serve. I would like to know from the government if there is a problem. If there is a problem, how do we collectively work to fix it?

We were told that market conditions are a factor. We have to allow for that. We cannot come in after the fact and say it is over budget due to market conditions we did not anticipate. We are paid to anticipate. Our staff are paid to anticipate.

I believe we have to get the facts. I believe asking it in the House in a written form to the Minister will supply me with those facts, which I can then share with my colleagues. Then we can sit down together to look at how this process is working, to see how we can avoid cost overruns and ensure our estimating is within a small percentage of what is initially budgeted for. Mr. Speaker, I will be raising this written question at the appropriate time today. I look forward to working with my colleagues to see if we can save money by preventing cost overruns that can be put to programs or other capital projects. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Miltenberger. Item 3, Members' statements. The honourable Member for Mackenzie Delta, Mr. Krutko.

Member's Statement on Preservation and Enhancement of Aboriginal Languages

MR. KRUTKO: Thank you, Mr. Speaker. In recent days, we had an announcement of two major issues relating to languages. We have heard of the signing of the Government of the Northwest Territories' Candid Cooperation Agreement for French and aboriginal languages in the Northwest Territories, and the official opening of a French school in Yellowknife.

These two events have helped bring attention to the crisis situation in our aboriginal communities regarding aboriginal languages. Mr. Speaker, it is no secret that aboriginal languages appear to be suffering a slow, painful death. Also, there is recognition the self-esteem and confidence in aboriginal people are slowly deteriorating because of their language and culture.

Mr. Speaker, I feel this government has to do more to ensure aboriginal languages are preserved and protected, as well as the culture and well-being of the Inuvialuit, the Gwich'in, the Sahtu, the Slavey, North Slavey, South Slavey, Cree, and the Metis, who were the first people of this land. We have to ensure these cultures and languages are preserved and protected, just like the French.

Mr. Speaker, with the amount of money this government spends on developing our institutions, we cannot forget we have to preserve the history and culture of our people. We have to make people aware of the importance of these aboriginal cultures and languages that have existed for thousands of years.

Yet, Mr. Speaker, I have noticed one thing in this government. When it comes to practicing what we preach, there is very little money put into the area of practice. But we sure do speak a lot in this House.

Mr. Speaker, I feel it is critical this government, no offence to the French, take just as much time and effort to ensure that aboriginal communities have the same rights and ability to establish culturally based schools regarding Slavey, Cree, Gwich'in and Inuvialuit. They should also have the ability to establish schools in their ridings. With that, Mr. Speaker, I will be asking the Minister responsible for Education, Culture, and Employment questions regarding this matter during question period. Thank you, Mr. Speaker.

MR. SPEAKER: Mahsi, Mr. Krutko. Item 3, Members' statements. The Member for Inuvik Twin Lakes, Mr. Allen.

Member's Statement on Congratulations to Arctic Winter Games Participants

HON. ROGER ALLEN: Thank you, Mr. Speaker. On behalf of Floyd Roland, Member for Inuvik Boot Lake and myself, I wish to congratulate and extend good luck to the following athletes, coaches and mission staff who will be representing the town of Inuvik at the Arctic Winter Games in Whitehorse: Shaylene Allen for cross country skiing; Thomas Anthony, pee wee hockey; Jason Baxter, dog mushing, Yvonne Carpenter, mission staff; Shane Gordon, cross country skiing; Tamara Hansen, figure skating; Borg Ho, badminton; Patrisha Kaglia, arctic sports; Lloyd Lamouelle, Dene games; Billie Lennie, arctic sports coach; Mike Muller, badminton coach; Theresa Ross, mission staff; Katy Smith, arctic sports; Rachelle St. Amand, badminton; Glen Tingmiak, badminton; Pat Tingmiak, snowshoeing; Liz Wright, snowshoeing coach; Ben Wright, cross country skiing; and Christine Wright for snowshoeing.

I am confident these representatives from the town of Inuvik will make the town and the Northwest Territories proud. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Allen. I am sure the good wishes of the Members of the Legislative Assembly goes with those young athletes as they go to represent us. Item 3, Members' statements. The honourable Member for North Slave, Mr. Lafferty.

Member's Statement on Snare Lakes Winter Road

MR. LAFFERTY: Thank you, Mr. Speaker. Mr. Speaker, today I would like to bring forward an issue that has been raised in Snare Lake, which is a part of the North Slave riding.

Constituents within this community are concerned with the costs of goods being flown in. The constituency has been comparing costs between the south and the North. You add at least 30 percent for the transportation costs to bring goods up. On top of this, the price of goods going from a large, northern centre to a smaller community are again jacked up.

Mr. Speaker, when there is already little economic activity in small communities, residents cannot afford these extra costs. In Snare Lake, one way to reduce costs is to use the winter road. People can either go and shop in larger communities or have items shipped to them using the winter road. At the appropriate time, I will be asking the Minister responsible for Transportation a question on this matter. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Lafferty. Item 3, Members' statements. The honourable Member for Yellowknife South, Mr. Bell.

Member's Statement on Minister's Forum on Health and Social Services

MR. BELL: Thank you, Mr. Speaker. I would like to talk about the Minister's Forum on Health and Social Services. First, I would like to say it is nice to see some young people here today with some interest in the proceedings. I think it helps remind us all what we are doing here. Thank you for coming out.

Today, I will have some questions for the Minister responsible for Health and Social Services on the Minister's Forum, specifically in the area of addictions. The forum recommended increased spending on addictions treatment. I think this is a very worthwhile recommendation and it must become a priority for this government. I think it is also important to remember that one of our goals should be to have people treated in their home communities. We have heard Mr. Lafferty lobby time and again for a wellness centre in his community, which would be an envelope for drug and alcohol and social service responsibilities and treatments.

This is a very important request for a couple of reasons. I think we all know it is very disruptive for patients to be moved out of their home communities for treatment in larger centres. The incidents of relapse after taking a person out of their community for treatment is much higher than if they were treated in their home communities.

I am very familiar with the tax on the situation in Yellowknife. I think our dollars are stretched to the limit. As a magnet community, we deal with an influx of patients from smaller communities. It is very difficult for us. For these two reasons, especially the benefit of our citizens to be treated in their home communities, it is important this government make this a priority. Today, I will have questions for the Minister responsible for Health and Social Services specifically on the issue of addictions. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Bell. Item 3, Members' statements. Item 4, returns to oral questions. Item 5, recognition of visitors in the gallery. The honourable Member for Range Lake, Ms. Lee.

ITEM 5: RECOGNITION OF VISITORS IN THE GALLERY

MS. LEE: Thank you, Mr. Speaker. In honour of the young people that have joined us in the gallery, and in honour of the pages we have here, I would like to recognize the pages that are working in this gallery right now. They are from Range Lake North School, and I understand it is their last day. I know from my conversations with them that they have enjoyed their time here. They love seeing what we do. If I may, I would like to list the names of pages we have from Range Lake North School: Derrick Cleaver; Josh Swan; Keith Dargo; Maigan Lefrancois; Ryan Chenkie; Steven Klakowich; Tanya Lemieux; and Andrew Wittlinger. If I may, Mr. Speaker, I would also like to recognize Chris and Heather Chenkie, who are prominent business people in the city of Yellowknife, and my constituents in the Range Lake riding. I would also like to note that Heather Chenkie is a fellow graduate of mine from the Sir John Franklin class of 1982. Thank you, Mr. Speaker.

-- Applause

MR. SPEAKER: Thank you, Ms. Lee. I just want to remind Members that when we recognize people in the gallery, they should really be in the gallery. We would all like to welcome you to the Legislative Assembly, and I am sure we would all like to recognize the pages for the good jobs they are doing with us. Item 5, recognition of visitors in the gallery.

I would like to take this opportunity to recognize Angel and Florid Curry, prominent members of our Filipino community, now retired and having time to enjoy the Legislative Assembly. Welcome.

-- Applause

Item 5, recognition of visitors in the gallery. The honourable Member for Mackenzie Delta, Mr. Krutko.

MR. KRUTKO: Thank you, Mr. Speaker. Mr. Speaker, I would like to recognize all of the other people in the gallery who have not yet been recognized.

-- Applause

MR. SPEAKER: Thank you, Mr. Krutko. I am sure that includes Ms. Thomas.

The students in the gallery today are the students from the Grade Six French Immersion class from the William McDonald School, accompanied by their teacher, Yvonne Carine. Welcome to the Legislative Assembly.

Item 5, recognition of visitors in the gallery. Item 6, oral questions. The Member for Thebacha, Mr. Miltenberger.

ITEM 6: ORAL QUESTIONS

Question 57-14(2): Implementing Proposed Plans

MR. MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, my question is addressed to the Minister responsible for Health and Social Services, regarding the tabled report entitled Our Communities, Our Decision: Let's Get On With It!. I had the opportunity of talking with a board member about this to flesh out some of the comments that were made, since they were fairly vague in some areas and open to significant clarification.

My first question to the Minister is: given the fact that since 1994, I estimate Health and Social Services has spent \$2 million on studies and strategic planning. It seems like the department of perpetual study. What are the plans to actually do some of these things? To do exactly what the report says, "let's get on with it"?

MR. SPEAKER: Thank you, Mr. Miltenberger. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Return to Question 57-14(2): Implementing Proposed Plans

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, I could not agree with the Member for Thebacha more. I agree there has been a tremendous amount of studying done of the problems. I am certainly outspoken and on record with the previous government as undertaking that motto of "let's get on with it." We have asked so many questions. Let us start finding the answers.

Mr. Speaker, after the many reports that have been produced, which we will use, such as Shaping our Future: A Strategic Plan for Health and Wellness, the Med-Emerg Report, and now the Minister's Forum on Health and Social Services, we have enough documentation that we can use these as worthwhile tools in aiding us in getting on with it. Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 6, oral questions. Supplementary, Mr. Miltenberger.

Supplementary to Question 57-14(2): Implementing Proposed Plans

MR. MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, when I read this report, and after having talked with people as indicated, the department is targeted as a major part of the problem.

One of the concerns I have is that, since 1997, when we did all of the deficit reduction cuts, until today, based on the figures I have received from the Financial Management Board Secretariat, there has been an 11 percent increase to the headquarters for Health and Social Services in Yellowknife, in programs and frontline staff in Yellowknife. All other communities have shrunk back, yet there seems to be an inflation of the headquarters people in Yellowknife. Would the Minister indicate if, as part of this report, she will look to see whether or not that is the case? How does she intend to get the services and staff out to the people?

MR. SPEAKER: Thank you, Mr. Miltenberger. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Further Return to Question 57-14(2): Implementing Proposed Plans

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, since being assigned the responsibility for Health and Social Services, I have had the opportunity to walk through the headquarters and look at some of the functions that are undertaken there.

Many of the functions I see being performed here are in support of things that are going on at the board level and the community level. For example, there is a group of people that is

solely dedicated to board support. There are other functions, such as a recruitment and retention unit, which looks at helping boards find the workers they need and address those situations.

Another key function of the headquarters is tracking information so we may have a long-term, effective plan as to how we are going to address the problems. It is difficult to operate without that kind of information. It would be difficult to address the target areas. With respect to Mr. Miltenberger's claim that there has been an 11 percent increase in the cost of operating the headquarters, I would have to check into that. It is the first I have heard of that. I would also then want to compare it with the increases that may have occurred as well in the front-line programs at the community and regional level. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 6, oral questions. Supplementary, Mr. Miltenberger.

Supplementary to Question 57-14(2): Implementing Proposed Plans

MR. MILTENBERGER: Thank you, Mr. Speaker. I am glad to hear that the Minister is going to check. You will find that there has been an 11 percent increase to the Health and Social Services staff at headquarters and about a 16 percent cut to all line staff across government, including Health and Social Services, that we have seen brought on by unfortunate inflation.

My supplementary question to the Minister is regarding governance. This report touches briefly on that, but is the Minister open to looking at supporting and encouraging communities and regions to look at alternate forms of governance, as opposed to just trying to strengthen or prop up the existing health boards? Thank you.

MR. SPEAKER: Thank you, Mr. Miltenberger. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Further Return to Question 57-14(2): Implementing Proposed Plans

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, yes indeed, I am willing to look at alternate forms of governance. Right now, we do have nine health and social services boards in the Northwest Territories. They are quite different from each other. Some of them represent one community. Some of them represent an entire region. There is quite a variety of governance structures, and we would be looking at that.

Also, with a mind to the future, it may be worthwhile to look at governance structures where, like the Inuvik and the Dogrib structures, there is a combined board which deals with more than just health and social services. Where you have community services boards that in fact take on a broader array of responsibilities within that region. Some of those boards may also be a precursor to claimant and self-government structures that will be in place in the future. We want to make the board and governance structures as efficient and as standardized as possible so that they will be most effective. Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 6, oral questions. Final supplementary, Mr. Miltenberger.

Supplementary to Question 57-14(2): Implementing Proposed Plans

MR. MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, I would just like confirmation from the Minister that while she wants to have a standardized board structure, that a community or a region is not going to be forced or jammed with a possible system of board structure that does not fit their particular needs because it is deemed to be appropriate by some people. Keeping in mind the unique characteristics that we have talked about between the South Slave as opposed to the Dogribs. It cannot be the same for all people or all regions. I would like the Minister to commit that we will not be jammed. Thank you.

MR. SPEAKER: Thank you, Mr. Miltenberger. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Further Return to Question 57-14(2): Implementing Proposed Plans

HON. JANE GROENEWEGEN: Mr. Speaker, let me just clarify my commitment. My commitment is to look at board governance structures and arrangements that are in existence now to see if things can be made more effective. This will come from the regions. The operative word in my answer was that there may be a direction taken toward standardizing boards. I did not say that would be the case. It will not be done without considerable input from the people who will be governed by those boards. Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 6, oral questions. The Member for Mackenzie Delta, Mr. Krutko.

Question 58-14(2): Funding for French School in Yellowknife

MR. KRUTKO: Thank you, Mr. Speaker. Mr. Speaker, my question is in relation to my Member's statement on the crisis that aboriginal languages are facing, in light of the opening of the French school in Yellowknife. Mr. Speaker, I would like to direct my question to the Minister responsible for Education, Culture, and Employment.

I would like to know: can the Minister tell this Assembly what funding arrangements were in place for the construction of the French school in Yellowknife? Thank you.

MR. SPEAKER: Thank you, Mr. Krutko. The honourable Minister responsible for Education, Culture and Employment, Mr. Ootes.

Return to Question 58-14(2): Funding for French School in Yellowknife

HON. JAKE OOTES: Thank you, Mr. Speaker. Yes, the arrangements were that the federal government would pay \$3.5 million for the construction of the school, and the Government of the Northwest Territories contributed \$500,000 for capital funding on this school. Thank you, Mr. Speaker.

MR. SPEAKER: Merci beaucoup. Thank you, Mr. Ootes. Item 6, oral questions. Supplementary, Mr. Krutko.

Supplementary to Question 58-14(2): Funding for French School in Yellowknife

MR. KRUTKO: Thank you, Mr. Speaker. Mr. Speaker, in light of the statement by the Minister, I believe a precedence has been set by this great offer by the government in regards to the francophone school in Yellowknife.

Mr. Speaker, can the Minister inform the House how other communities, such as the Inuvialuit cultural communities, the Gwich'in, the Dogrib or Slavey communities, could access a similar type of funding or arrangement so they could build schools with a cultural base to protect aboriginal languages in those ridings?

MR. SPEAKER: Thank you, Mr. Krutko. The Minister responsible for Education, Culture and Employment, Mr. Ootes.

Further Return to Question 58-14(2): Funding for French School in Yellowknife

HON. JAKE OOTES: Thank you, Mr. Speaker. Some of the funding that is provided for operations is provided through a Canada-Northwest Territories Cooperation Agreement. It provides approximately \$17.5 million over a five-year period, with \$1.9 million being provided for aboriginal languages and \$1.6 million for French language. This agreement is based on formulas used nationally, Mr. Speaker.

I should point out, Mr. Speaker, that in the Northwest Territories, many communities are governed by aboriginal people elected by the community to the district education council and the district education authorities. In many cases, the schools are culture-based, and schools have the option of implementing aboriginal language programming from kindergarten to grade three.

We do have two specific programs that have been developed to support aboriginal culture and language – the Dene Kede and Innuuqatigiit. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Ootes. Item 6, oral questions. Second supplementary, Mr. Krutko.

Supplementary to Question 58-14(2): Funding for French School in Yellowknife

MR. KRUTKO: Thank you, Mr. Speaker. Mr. Speaker, the Minister did not exactly answer my question. I would like to ask the Minister, especially in regard to the \$500,000 that was used to construct the school in Yellowknife. Can the Minister tell us if other cultural communities can get block funding such as what was done in Yellowknife to build a cultural classroom facility to attach to existing school facilities? Thank you.

MR. SPEAKER: Thank you, Mr. Krutko. The honourable Minister responsible for Education, Culture and Employment, Mr. Ootes.

Further Return to Question 58-14(2): Funding for French School in Yellowknife

HON. JAKE OOTES: Thank you, Mr. Speaker. We also have additional funding of \$1.9 million that is used in school cultural development. In addition, we have \$800,000 that goes to aboriginal language communities to administer and to develop. We do have an aboriginal language strategy that is in the

process of being developed in conjunction with the aboriginal communities. Thank you.

MR. SPEAKER: Thank you, Mr. Ootes. Item 6, oral questions. Final supplementary, Mr. Krutko.

Supplementary to Question 58-14(2): Funding for French School in Yellowknife

MR. KRUTKO: Thank you, Mr. Speaker. Mr. Speaker, can the Minister tell me exactly how a community can get funding similar to the construction of the French school built in Yellowknife, so that communities can access block funding of a similar nature so they can also construct cultural-based classrooms? Thank you.

MR. SPEAKER: Thank you, Mr. Krutko. The honourable Minister responsible for Education, Culture and Employment, Mr. Ootes.

Further Return to Question 58-14(2): Funding for French School in Yellowknife

HON. JAKE OOTES: Thank you, Mr. Speaker. I have to go back to my remarks earlier that we provide approximately \$4.5 million in the promotion of language in the Territories, and it is done through various means. Some of it is through the schools; some of it goes directly to the language communities. That is the availability that we have to look at. Much of this funding for the Ecole Allain St. Cyr was provided by the federal government. Thank you.

MR. SPEAKER: Thank you, Mr. Ootes. Item 6, oral questions. The honourable Member for Inuvik Boot Lake, Mr. Roland.

Question 59-14(2): Response to the Minister's Forum Report

MR. ROLAND: Thank you, Mr. Speaker. Mr. Speaker, as the Minister responsible for Health and Social Services stated, she has been very outspoken about the government getting on with it. I must say I agree that she has been. Interestingly, the Minister will make a formal reply to the Minister's Forum on Health and Social Services in June. My question is why wait until June to make a reply when budget planning is underway at this time? Should that report not be used now in the budget planning cycle to make the necessary changes? Thank you.

MR. SPEAKER: Thank you, Mr. Roland. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Return to Question 59-14(2): Response to the Minister's Forum Report

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, the report was only put out in print a very short while ago. I think I have the press release, and we released the first printed copy of it within the last two weeks. Since then, I have written a covering letter to many stakeholders. We have not yet had an opportunity to see this document and have sent it out to them as well, because whatever we do as a department, we are going to have to do in conjunction with stakeholders and also with MLAs.

I think we need the time to analyze not just the recommendations in here, but many others that have been

made before that. It is part of our strategic planning and setting priorities of this government. I will be meeting with the Social Programs Committee later on this week. We have met already in Fort Providence with the Members. We do need time to set those directions and priorities, and we do want input from key stakeholders, not the least of which are my fellow MLAs. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 6, oral questions. Supplementary, Mr. Roland.

Supplementary to Question 59-14(2): Response to the Minister's Forum Report

MR. ROLAND: Thank you, Mr. Speaker. The Minister said that she sent a covering letter to the stakeholders. In fact, we are taking the report that came from stakeholders, the people of the Territories and, once again, going back out there to say if in fact the report is something that they have either said or agree with before any action is taken. Is that the case? Thank you.

MR. SPEAKER: Thank you, Mr. Roland. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Further Return to Question 59-14(2): Response to the Minister's Forum Report

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, I do not believe there will be any formal process per se for receiving feedback, but of course our department is always interested in the feedback of stakeholders. I think everyone agrees that there is a fair amount of concern in the communities about moving the program and the answers and solutions closer to the communities. We always welcome feedback. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 6, oral questions. Supplementary, Mr. Roland.

Supplementary to Question 59-14(2): Response to the Minister's Forum Report

MR. ROLAND: Thank you, Mr. Speaker. With the budget planning to be brought into this House in June, will the Minister inform us if there will be any changes as a result of this report that will come in as part of that budget, or will that happen in preparation for the budget following that? Thank you.

MR. SPEAKER: Thank you, Mr. Roland. The honourable Minister for Health and Social Services, Mrs. Groenewegen.

Further Return to Question 59-14(2): Response to the Minister's Forum Report

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, I believe that my previous indication was that I would be tabling a formal response to the Minister's Forum on Health and Social Services in April. An interesting dynamic of the forum report that Members may not be aware of, an interesting part of the forum's mandate was to make recommendations to sustain and improve the Northwest Territories' health and social services system without increasing expenditures.

In response to the Member's question about the timing of this so that increased or additional or different spending could be included in the budget process, at this point I am not certain

there will be increased spending. It will be more looking at which areas we plan to focus on and focus our resources in. Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 6, oral questions. Final supplementary, Mr. Roland.

Supplementary to Question 59-14(2): Response to the Minister's Forum Report

MR. ROLAND: Thank you, Mr. Speaker. I am glad the Minister clarified that because spring, while it might be April here, is usually June back in Inuvik. Can the Minister inform me if there will be potential changes because the former response to the report is separate from planning for the budget cycle? Will there be possible changes in this upcoming budget cycle? Thank you.

MR. SPEAKER: Thank you, Mr. Roland. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Further Return to Question 59-14(2): Response to the Minister's Forum Report

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, the timing issue with respect to the budget planning is something that I have not given a lot of thought to yet. I would hope that there is a certain amount of time there that would allow us some flexibility to reallocate and reprofile. A lot of the money from the department does go to the boards, and certainly there would be opportunity for the boards to redirect funding that they receive from this government. I would not say that there would be a need for us to be too strict about what would happen once the money gets to the board level. Thank you.

MR. SPEAKER: Merci beaucoup, Madame Groenewegen. Thank you very much, Mrs. Groenewegen. Item 6, oral questions. The honourable Member for Deh Cho, Mr. McLeod.

Question 60-14(2): Mackenzie River Crossing at Fort Providence

MR. MCLEOD: Thank you, Mr. Speaker. In my Member's statement today, I outlined some concerns I have with the ice crossing in Fort Providence. The Minister responsible for Transportation has taken steps to ensure that the highway is not damaged by heavy truck traffic by reducing the speed limit for transport trucks between Yellowknife and Fort Rae. I assume that the study that recommended the speed reduction also recommended extra highway patrol to ensure compliance. My question for the Minister, Mr. Speaker, is has the Department of Transportation undertaken any studies on the anticipated increase in heavy truck traffic as a result of further mining development? Thank you.

MR. SPEAKER: Thank you, Mr. McLeod. The honourable Minister responsible for Transportation, Mr. Steen.

Return to Question 60-14(2): Mackenzie River Crossing at Fort Providence

HON. VINCE STEEN: Thank you, Mr. Speaker. Mr. Speaker, at this time, I am not aware of any other studies or steps that the department is considering taking. However, I will pass this

question on to the department and get back to the Member. Thank you.

MR. SPEAKER: Thank you, Minister Steen. Item 6, oral questions. Supplementary, Mr. McLeod.

Supplementary to Question 60-14(2): Mackenzie River Crossing at Fort Providence

MR. MCLEOD: Thank you, Mr. Speaker. Can the Minister inform the House whether he would consider a highway patrol office presence in Fort Providence when the ice bridge is in operation?

MR. SPEAKER: Thank you, Mr. McLeod. The honourable Minister for Transportation, Mr. Steen.

Further Return to Question 60-14(2): Mackenzie River Crossing at Fort Providence

HON. VINCE STEEN: Thank you, Mr. Speaker. Mr. Speaker, again I will pass the suggestion on to the department, but I am sure the department has been considering steps such as the Member suggested, to prevent heavier trucks than what is actually allowed for weight limits. Those types of things are being considered by the department, but I will pass the question on to the department. Thank you.

MR. SPEAKER: Thank you, Mr. Steen. Item 6, oral questions. Supplementary, Mr. McLeod.

Supplementary to Question 60-14(2): Mackenzie River Crossing at Fort Providence

MR. MCLEOD: Thank you, Mr. Speaker. As I said in my Member's statement, the ice roads to the north are useless without the ice crossing in Fort Providence. Can the Minister assure the House that the engineering study presently being used to construct ice crossings at Fort Providence will be sufficient to meet the demands of an anticipated increase heavy truck traffic will bring?

MR. SPEAKER: Thank you, Mr. McLeod. The honourable Minister responsible for Transportation, Mr. Steen.

Further Return to Question 60-14(2): Mackenzie River Crossing at Fort Providence

HON. VINCE STEEN: Thank you, Mr. Speaker. Mr. Speaker, I will take that question as notice.

MR. SPEAKER: Thank you, Minister Steen. The question has been taken as notice. Item 6, oral questions. The honourable Member for North Slave, Mr. Lafferty.

Question 61-14(2): Medical Services Agreement with DIAND

MR. LAFFERTY: Thank you, Mr. Speaker. Mr. Speaker, this question is for the Minister responsible for Health and Social Services. Today I would like to follow up on a statement I made last week about medical services available in the North Slave region. Last week, I explained how people within my region would like better medical facilities in their home communities. Would the Minister responsible for Health and Social Services please advise the House of the status of the Government of the Northwest Territories agreement with DIAND for hospital and physician services for status Indians and Inuit? Thank you.

MR. SPEAKER: Thank you, Mr. Lafferty. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Return to Question 61-14(2): Medical Services Agreement with DIAND

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, as Members of this House may know, hospital and physician services for status Indians and Inuit is a separate agreement in contract with the federal government, which is administered by this government on behalf of those individuals who qualify for services under that program.

Mr. Speaker, this is an approximately \$20 million component in the money that is received by Health and Social Services from Indian and Northern Affairs Canada. Mr. Speaker, this particular agreement has been under some dispute with the federal government over the past year. The crux of the disagreement relates to the fact that the costs are increasing for these services, and as the Government of the Northwest Territories is responsible for delivering those services, Mr. Speaker, the issue is the demand on those resources.

With the demand for services, the cost of those services is escalating at about five percent per year and the federal government, up until our most recent talks with them, have refused to have an escalator in there any greater than two percent. They have capped it at two percent, and so this is an ongoing concern. It does represent almost \$20 million a year. We are coming up to a March 31, 2000 deadline, Mr. Speaker, so this is why this is a very important issue to this government. Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 6, oral questions. Supplementary, Mr. Lafferty.

Supplementary to Question 61-14(2): Medical Services Agreement with DIAND

MR. LAFFERTY: Thank you, Mr. Speaker. Is the Minister, along with Cabinet, looking at lobbying the federal government to maybe getting a better percentage for the Northwest Territories?

MR. SPEAKER: Thank you, Mr. Lafferty. The honourable Minister for Health and Social Services, Mrs. Groenewegen.

Further Return to Question 61-14(2): Medical Services Agreement with DIAND

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, senior officials of both Indian and Northern Affairs and Health and Social Services have been working on this issue for quite some time without resolve. On February 2, 2000, Premier Kakfwi wrote a letter to the Honourable Robert Nault outlining this concern. Subsequent to that, the Minister of Indian and Northern Affairs has responded, holding the line on the position of the federal government with response to this cap on the escalation clause in this contract.

So far, this issue remains unresolved. However, I want to assure Members and Mr. Lafferty that the government is continuing to pursue this. Unfortunately, we may be forced to resign... let me be get the right phrase in here... forced to sign this document under protest with the hope of resolving it at some time in the future. The threat is that this funding, the \$16

million that is outstanding right now, will lapse if we do not sign this agreement by March 31, 2000. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. You caused a few hearts to skip a beat there. Item 6, oral questions. The honourable Member for Range Lake, Ms. Lee.

Question 62-14(2): Accident on Ingraham Trail

MS. LEE: Thank you, Mr. Speaker. My question is directed to the Minister responsible for Transportation. I do not know if he is aware, but there has been another accident on the roads surrounding the City of Yellowknife. This time it was on the Ingraham Trail involving another tractor trailer.

I wonder, Mr. Speaker, if the Minister could inform the House about what he knows about the accident and confirm whether or not dangerous road conditions had anything to do with it? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Ms. Lee. The honourable Minister responsible for Transportation, Mr. Steen.

Return to Question 62-14(2): Accident on Ingraham Trail

HON. VINCE STEEN: Thank you, Mr. Speaker. Mr. Speaker, I received a briefing on the accident this morning. This was a single-truck accident on Highway No. 4, Kilometer 57, at approximately 4:00 a.m. on February 28, 2000, involving a driver and one passenger.

The truck was northbound and carrying a rock truck chassis. The driver pulled over too far on the side of the road, rolled over on the truck's side and lost a load. It is believed that the load shifted on the truck. The result was the driver had a cut forehead, and the passenger hurt his back. Both were taken to hospital in an ambulance.

Road conditions were slippery, and there was a curve sign that read 50 kilometres. That is all the information I have at this time, though we had our sanding equipment out, and we were sanding at 10:00 p.m. the night before on February 27, 2000. Thank you.

MR. SPEAKER: Thank you, Minister Steen. Item 6, oral questions. Supplementary, Ms. Lee.

MS. LEE: Thank you, Mr. Speaker. I really appreciate that the Minister was well prepared to answer this question. You would have thought that I advised him in the first place, but I did not. I wonder, Mr. Speaker, if the Minister could tell me anything he knows about the other accident that I have not yet heard anything about, which happened on Highway No. 3?

MR. SPEAKER: Sorry, Ms. Lee, but we have to stick to the one accident. It is a different subject, so I rule the question out of order. Item 6, oral questions. The Member for Yellowknife South, Mr. Bell.

Question 63-14(2): Addictions Treatment in the Northwest Territories

MR. BELL: Thank you, Mr. Speaker. My question today is for the Minister responsible for Health and Social Services. I would like to thank her for opening the forum report and reading the mandate and letting us know that possibly no new money was being considered.

One of the recommendations in the report is that we increase spending on addictions treatment, and this seems to be in direct contradiction to what she had stated. I would argue that if she is not prepared to lobby for new money for health and social services, she essentially will be dusting furniture in Pompeii.

If this government continually makes addictions treatment a priority but turns around and shuts treatment centres in Inuvik and shuts treatment centres in Yellowknife, I am concerned. I wonder if the Minister can give us the status of addictions treatment in the Northwest Territories? Thank you.

MR. SPEAKER: Thank you, Mr. Bell. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Return to Question 63-14(2): Addictions Treatment in the Northwest Territories

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, in the Member's preface, just because no more money would be under the mandate of this report, that no more money would be added to Department of Health and Social Services does not necessarily translate to the fact that no new money would be spent on addictions services. There is certainly room for the potential of reprofiling or reallocating funds within existing budgets, and I think that is something that we should keep in mind.

Mr. Speaker, at the present time in the Northwest Territories, there are various programs and services available relating to addictions services. For example, the Nats' Ejee K'eh facility on the Hay River Reserve is a 30-bed residential treatment facility for addictions. It is a 35-day alcohol and drug program consisting of Dene culture, lecture, the AA 12-step program, and one-on-one counselling.

Mr. Speaker, there are also two treatment centres for youth, which deal with addictions in the Northwest Territories. One is the eight-bed Trailcross facility in Fort Smith, and the other is the eight-bed Territorial Treatment Centre here in Yellowknife. In addition to this, there are also 40 beds available for inmates who are on their way back to their communities. At the Salvation Army here in Yellowknife, they receive counselling on addictions on their way back to their communities through the Early Release Program.

There are also programs within the correction facilities that offer addictions counselling to inmates while they are incarcerated. As we have talked about in this House, there certainly are also referrals to other institutions in the south where specialized treatment is required. Mr. Speaker, I do not represent this little overview to be the entire comprehensive explanation of all services that are available, but hopefully this would give the Member somewhat of an indication of what is available at the present time. Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 6, oral questions. Supplementary, Mr. Bell.

Supplementary to Question 63-14(2): Addictions Treatment in the Northwest Territories

MR. BELL: Thank you, Mr. Speaker. I appreciate that the Minister suggests that we are going to reprofile budgets, but I do not think the kind of money that we need is going to be found within the current budget. I mean, I think that with

reprofiling, there are some possibilities there, but it is almost sketchy at best. I am wondering if the Minister might tell us where she is intending to take the money from? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Bell. The Minister responsible for Health and Social Services, Mrs. Groenewegen.

Further Return to Question 63-14(2): Addictions Treatment in the Northwest Territories

HON. JANE GROENEWEGEN: Mr. Speaker, during this sitting of the Legislature, the repeated message for many of the MLAs has been that we must deal with addictions. Mr. Speaker, I believe that I can say, as the Minister responsible for Health and Social Services, that this is a problem that not only has a very high human cost, it also has a large cost in terms of government dollars.

Mr. Speaker, the question of where funding would be taken from to reprofile for addictions I think, at this point, may be somewhat premature. We need to sit down with Members and other people in the communities and look at the different things that could be put in place that have to do with addictions.

Mr. Speaker, I think Members would agree with me that programs need to be delivered in a way that deals with the root causes of much of the pain in the North that causes addictions in the first place. Models of addiction treatment that treat addiction as a symptom of underlying issues must begin to surface here in the North. Because I do not think that any amount of money could solve the addictions problems in the Northwest Territories.

I think it is going to take an effort on the part of this government and other community and aboriginal leaders, to recognize the magnitude of the problem, then begin to look at ways we might address it. The addictions issue is usually a manifestation of underlying causes. When you identify the underlying causes and people are ready to start talking about them and dealing with them, I think we will have something to begin with. Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Supplementary, Mr. Bell.

Supplementary to Question 63-14(2): Addictions Treatment in the Northwest Territories

MR. BELL: Thank you, Mr. Speaker. Mr. Speaker, I agree with the Minister. I do not think any amount of money could entirely fix our problem. I think it is about life choices. The Minister mentioned she thought it a little premature to start making some decisions on where this money might come from. She suggested we might have to go out and do some research on the matter. I am wondering if the Minister can tell us if she is proposing to study or do a study on where money might come from? Thank you.

MR. SPEAKER: Thank you, Mr. Bell. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Further Return to Question 63-14(2): Addictions Treatment in the Northwest Territories

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, I do not believe that any more formal studies into the

issue are required. I think we already have much of the information we need to start addressing this problem. It is a matter of looking at what has worked in the past. I think I would be correct in saying that many Northerners have been treated for addictions and have had a relapse.

We need to look at the effectiveness of the programs. Are we spending money on treatment, then when the resident returns to the communities, and there is no community support or network there for them, they fall back into the same pattern. We need to look at all of those issues and spend our money in the most effective way possible to see results. Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Final supplementary, Mr. Bell. Item 6, oral questions. The Member for Mackenzie Delta, Mr. Krutko.

Question 64-14(2): High Volume Consumption of THMs

MR. KRUTKO: Thank you, Mr. Speaker. Mr. Speaker, my question is for the Minister responsible for Health and Social Services. It is regarding the questions I asked last week of the Minister responsible for Municipal and Community Affairs. I am speaking of the large numbers of THMs, or trihalomethanes, which are known to have an effect, especially when consumed over an extended period of time, on public and private health.

There are federal standards in place that allow for 100 parts per billion. Those are the federal guidelines. Yet the tests that have been taken on the water in Fort McPherson have exceeded the national standards.

Mr. Speaker, last week, large amounts of THMs found in Nova Scotia and Newfoundland have set off alarms. They are a group of chemicals suspected of causing bladder cancer, colon cancer and the possibility of still-births. THMs are in that group. I would like to ask the Minister, how seriously is her department taking this issue? What is her department doing to ensure something is done on this matter? Thank you.

MR. SPEAKER: Thank you, Mr. Krutko. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Return to Question 64-14(2): High Volume Consumption of THMs

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, the Member is correct. During the past two years, THM levels in Fort McPherson's water supply have been above the national guidelines for community drinking water quality of a limit of 100 parts per billion.

Fortunately, we do not have any evidence that THMs are causing ill health to the people in Fort McPherson. However, Municipal and Community Affairs, the Department of Health and Social Services, and the regional governments are working together. All parties agree that a long-term solution is to develop an alternative water source.

There are agreements that need to be put in place in order for that to occur. Municipal and Community Affairs has been working with the Gwich'in Tribal Council to develop Deepwater Lake as a new water source for the community of Fort McPherson.

The work has been ongoing. It has not happened as quickly as the department would like to have seen. There have been some obstacles. In the meantime, temporary measures for the residents are in place, such as drinking bottled water and filtering drinking water with a Brita home filter. If drinking water was obtained from sources outside of the community supply, the water should be boiled prior to drinking. Mr. Speaker, these are the interim measures that have been taken to address this problem. Indeed, a long-term solution is necessary. Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Supplementary, Mr. Krutko.

Supplementary to Question 64-14(2): High Volume Consumption of THMs

MR. KRUTKO: Thank you, Mr. Speaker. Mr. Speaker, the Minister made reference that there is no evidence as to what THMs are doing to the people of Fort McPherson. How do you detect that? Do we have to have a number of deaths in the community? Or still-births? Is that the type of detection the Minister is waiting for? How will you detect that this is a public health concern?

MR. SPEAKER: Thank you, Mr. Krutko. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Further Return to Question 64-14(2): High Volume Consumption of THMs

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, the Member is again correct. Recent studies have reported associations between THM levels and certain types of cancer, as well as an adverse affect on pregnancy outcomes.

These studies are, to date, inconclusive. A national task group was established in 1998 to comprehensively assess the risks of THMs. To our knowledge, none of the side effects of THMs have been identified to date in Fort McPherson. However, the department is going to be interested to continue to monitor that situation. Hopefully, the long term solution will come about before we ever get to the point where we are having recorded cases of anything related to the drinking water.

Mr. Speaker, the roles of the Government of the Northwest Territories departments that have been acting on this matter are as follows: Municipal and Community Affairs has taken the lead role and provides the funding in this area; Public Works and Services provides the technical support; and Health and Social Services acts in an advisory capacity. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Supplementary, Mr. Krutko.

Supplementary to Question 64-14(2): High Volume Consumption of THMs

MR. KRUTKO: Thank you, Mr. Speaker. I would like to know if the Minister's department has made any attempts to find out about the incidents that are occurring in eastern Canada regarding the THM readings in Nova Scotia and Newfoundland?

MR. SPEAKER: Thank you, Mr. Krutko. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Further Return to Question 64-14(2): High Volume Consumption of THMs

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, I am not aware of the statistics from Nova Scotia and Newfoundland with respect to THM levels. I know the Government of the Northwest Territories, through our department, keeps a registry of certain types of illness, such as cancer. Certainly, the statistics for Fort McPherson could be made available to the Member. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Final supplementary, Mr. Krutko.

Supplementary to Question 64-14(2): High Volume Consumption of THMs

MR. KRUTKO: Thank you, Mr. Speaker. Mr. Speaker, I would like to ask the Minister what attempts her department is making to ensure the people in Fort McPherson can be assured this is going to be monitored, and the health of the people in Fort McPherson will be checked on a regular basis to ensure this does not become a problem? That we do not find, down the road, this was the cause of major increases in cancer cases or birth defects?

MR. SPEAKER: Thank you, Mr. Krutko. Minister Groenewegen.

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. I am not certain I fully understand the Member's question. Is it what measures has the department taken to ensure there will not be any negative outcomes in the future? Was that the question?

MR. SPEAKER: Mrs. Groenewegen, I will ask the Member if he could repeat his question for clarification. Mr. Krutko.

MR. KRUTKO: Thank you, Mr. Speaker. My question is that I want some assurances from the government that there will be ongoing tests, so people in Fort McPherson will be monitored to ensure there are no major increases in cancer cases or birth defects?

MR. SPEAKER: Thank you, Mr. Krutko. Tests and monitoring, Minister Groenewegen.

Further Return to Question 64-14(2): High Volume Consumption of THMs

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, the Department of Health and Social Services, through their tracking of incidents like the kinds of illness Mr. Krutko is referring to, will continue to report and register these illnesses.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 6, oral questions. The Member for Frame Lake, Mr. Dent.

Question 65-14(2): Ministerial Procedures Manual

MR. DENT: Thank you, Mr. Speaker. I have a question for the Deputy Premier. Mr. Speaker, when we brought in the new Legislative Assembly and Executive Council Act, which would increase the transparency on how Members are paid and what

expenses are covered, the Premier of the day committed to make public the Ministerial Administrative Procedures manual.

This manual sets things out, such as the amount a Cabinet Member may claim for expenses while travelling, how much the Executive will pay to accommodate Ministers, and how they collect vacation pay. Will the new government honour the commitment made by the previous government, and make the manual public? Thank you.

MR. SPEAKER: Thank you, Mr. Dent. The Deputy Premier, Mrs. Groenewegen.

Return to Question 65-14(2): Ministerial Procedures Manual

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, I would be pleased to take that question as notice on behalf of the Premier. Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. The question has been taken as notice. Item 6, oral questions. The Member for Deh Cho, Mr. McLeod.

Question 66-14(2): Mackenzie River Crossing Question

MR. MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, I would like to ask for clarification on the question I posed to the Minister responsible for Transportation regarding highway patrol presence in Fort Providence. He stated he would pass that on to the department. I would like to know if I can interpret that to mean he has taken the question as notice? Thank you.

MR. SPEAKER: Thank you, Mr. McLeod. I think the Minister had taken a question as notice, but I am not sure if that was the one. The honourable Minister responsible for Transportation, Mr. Steen.

Return to Question 66-14(2): Mackenzie River Crossing Question

HON. VINCE STEEN: Thank you, Mr. Speaker. Mr. Speaker, I did not take that question as notice. I said I would pass the question on to the department and get back to the Member with what different alternatives we are considering to control traffic at Fort Providence, in particular weight limits.

MR. SPEAKER: Thank you, Mr. Steen. Item 6, oral questions. The honourable Member for North Slave, Mr. Lafferty.

Question 67-14(2): Snare Lakes Winter Road

MR. LAFFERTY: Thank you, Mr. Speaker. I have a question for the honourable Minister responsible for Transportation, Mr. Steen. A winter road has been put into Snare Lake by a contractor. The Chief and Council of Snare Lake would like the winter road extended for two weeks. Is the department willing to fund two weeks of maintenance on that winter road after it is shut down on March 15, 2000? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Lafferty. The honourable Minister responsible for Transportation, Mr. Steen.

Return to Question 67-14(2): Snare Lakes Winter Road

HON. VINCE STEEN: Thank you, Mr. Speaker. Mr. Speaker, I am not clear what section of winter road we are talking about?

Could I have the Member clarify what section of winter road he is talking about?

MR. SPEAKER: Thank you, Mr. Steen. Mr. Lafferty, supplementary.

Supplementary to Question 67-14(2): Snare Lakes Winter Road

MR. LAFFERTY: Thank you, Mr. Speaker. Mr. Steen, the road I am speaking of is the one from Colomac to Snare Lake, which might be around 70 kilometres?

MR. SPEAKER: Thank you, Mr. Lafferty. The honourable Minister responsible for Transportation, Mr. Steen.

Further Return to Question 67-14(2): Snare Lakes Winter Road

HON. VINCE STEEN: Thank you, Mr. Speaker. Mr. Speaker, that particular stretch of road is not under construction by the Department of Transportation. It is maintained by a contract with Robinson Trucking, which was let by the Department of Public Works and Services. If the Member wishes, I could answer as the Minister responsible for Public Works and Services. Thank you.

MR. SPEAKER: Thank you, Mr. Steen. Mr. Lafferty.

Supplementary to Question 67-14(2): Snare Lakes Winter Road

MR. LAFFERTY: Thank you, Mr. Speaker. Maybe I did not phrase the question correctly. I know the contractor put in the road, but I was asking if the Minister responsible for Transportation and his department was willing to fund the extension of the winter road?

MR. SPEAKER: Thank you, Mr. Lafferty. The honourable Minister responsible for Transportation, Mr. Steen.

Further Return to Question 67-14(2): Snare Lakes Winter Road

HON. VINCE STEEN: Thank you, Mr. Speaker. Mr. Speaker, I take it the Member is speaking of the future, and not necessarily this year. We would consider putting it in our business plan if we can afford it. We can see if there is a justification and a need for the road. If we have the support from everyone and the funds to do the job, the department would put it as part of their winter road projects. Thank you.

MR. SPEAKER: Thank you, Mr. Steen. Supplementary, Mr. Lafferty.

Supplementary to Question 67-14(2): Snare Lakes Winter Road

MR. LAFFERTY: Thank you, Mr. Speaker. The question I asked was for the winter road that is there this year. I am not sure if it will be there next year, since there is a contract happening at Colomac. Due to that, the road was put into Colomac, and then a contractor went into Snare Lake. I was asking if they could extend it for this year.

MR. SPEAKER: Thank you, Mr. Lafferty. The honourable Minister responsible for Transportation, Mr. Steen.

Further Return to Question 67-14(2): Snare Lakes Winter Road

HON. VINCE STEEN: Thank you, Mr. Speaker. Mr. Speaker, we will look into it. I would like to clarify that particular road has been opened and is under contract to Robinson Trucking for the whole season, from March 1, 2000 to March 15, 2000. We will look into it. Thank you.

MR. SPEAKER: Thank you, Mr. Steen. Item 6, oral questions. The Member for Hay River North, Mr. Delorey.

Question 68-14(2): Medical Travel and Medivac Contracts

MR. DELOREY: Thank you, Mr. Speaker. Mr. Speaker, the delivery of Health and Social Services in the Northwest Territories involves many medivacs and travel for the delivery of health services, which translates into big dollars for airline companies. I was wondering if the Minister responsible for Health and Social Services could tell me how these airlines arrive at the contracts for medivacs and health travel?

MR. SPEAKER: Thank you, Mr. Delorey. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Return to Question 68-14(2): Medical Travel and Medivac Contracts

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, the Member is correct. Medical travel does represent a fairly large budget item to this government. It represents 4.3 percent of the health and social services budget, or \$7,016,000 of our \$167 million budget. Mr. Speaker, there are two types of medical travel: the charter, where there is an emergency medivac; and the scheduled airline service which are used by patients who are travelling to larger centres for medical attention.

As for the procurement policy, I would have to get details on that and provide that to the Member. Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Supplementary, Mr. Delorey.

Supplementary to Question 68-14(2): Medical Travel and Medivac Contracts

MR. DELOREY: Thank you, Mr. Speaker. Mr. Speaker, is the Minister aware of any policies or guidelines in place as to how travelling patients should be treated? Is there a policy the airlines are supposed to follow?

MR. SPEAKER: Thank you, Mr. Delorey. The Minister responsible for the Department of Health and Social Services, Mrs. Groenewegen.

Further Return to Question 68-14(2): Medical Travel and Medivac Contracts

HON. JANE GROENEWEGEN: Mr. Speaker, I am sure that there are standards, in the case of chartered medivacs, I am sure that there are standards of equipment and services required for patients when they are travelling on a medivac charter.

As for protocol for patients travelling on scheduled airline flights Mr. Speaker, I do not know today what those protocols might be but I could find out for him. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Supplementary, Mr. Delorey.

Supplementary to Question 68-14(2): Medical Travel and Medivac Contracts

MR. DELOREY: Thank you, Mr. Speaker. It was brought to my attention when a member from my riding had to travel for medical reasons, that the pain she went through getting on and off the plane for a trip to Yellowknife for day surgery was worse than what she was suffering from. The airline was not very accommodating to her as far as making it easy for her to get on and off the plane.

I was wondering if the Minister could tell me if she knows of any other cases like that or the procedure that a patient can go through to raise concerns in that area. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Delorey. Minister responsible for the Department of Health and Social Services, Mrs. Groenewegen.

Further Return to Question 68-14(2): Medical Travel and Medivac Contracts

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, I would be very interested in hearing the details of such a case. I am not aware of cases where patients have had difficulty with, it sounds like access to the airplane itself, we are not aware of that. Either through the Member or through the constituent directly Mr. Speaker, we would be more than willing to hear those kinds of challenges. Certainly we want to make it as convenient and comfortable as possible for patients required to travel for medical reasons. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 6, oral questions. The Member for Range Lake, Ms. Lee.

Question 69-14(2): Accident on Highway No. 3

MS. LEE: Thank you, Mr. Speaker. I just have a follow up question to the Minister responsible for Transportation with respect to the accident on Highway No. 3. I asked a question last week about the accident and I have not heard from the Minister.

We do not have too many days left in this Session, and I wonder if the Minister could advise us as to the status of the cause of that accident. If he does not know that, if he could indicate to the House as to when we could expect to hear from him on that, hopefully before tomorrow.

MR. SPEAKER: I would just like to remind Members to ask one question at a time. Thank you, Ms. Lee. The Minister responsible for the Department of Transportation, Mr. Steen.

Return to Question 69-14(2): Accident on Highway No. 3

HON. VINCE STEEN: Thank you, Mr. Speaker. Mr. Speaker, I believe that I indicated at the time that the question was taken as notice because the Member was asking for some information that was not really appropriate for me to give out, because the accident is being investigated.

I hope all Members take into consideration when they ask me what caused the accident or what was the result of an accident, it is not appropriate for me to respond because in most cases these things are being investigated by the RCMP and there is the possibility of insurance claims and everything else.

Again, the accident is being investigated by the RCMP and other authorities so I cannot respond. Thank you.

MR. SPEAKER: Thank you, Mr. Steen. Supplementary, Ms. Lee.

Supplementary to Question 69-14(2): Accident on Highway No. 3

MS. LEE: Thank you, Mr. Speaker. I appreciate that the Minister cannot give us any kind of clinical, forensic or scientific evidence as to the exact cause of the accident. I do not believe that is what I was asking, Mr. Speaker. I do believe that the Minister, as the Minister responsible for Transportation, has the duty to know what is happening on that road and circumstances surrounding an accident that resulted in a person being transported to the hospital for injuries.

Mr. Speaker if I could just reiterate my question, I would just like to know, as soon as possible, hopefully before the end of tomorrow, the last day of Session, if he could report to this House as much as he knows about the circumstances surrounding this accident. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Ms. Lee. The honourable Minister responsible for the Department of Transportation, Mr. Steen.

Further Return to Question 69-14(2): Accident on Highway No. 3

HON. VINCE STEEN: Thank you, Mr. Speaker. Mr. Speaker, I have asked my department to respond to those questions that I have taken as notice as quickly as possible. In some cases, some information is not forthcoming right away so it takes longer to get the response.

However, if Members want to know what the condition of the highway was reported in at that time, those type of things I can respond to because we require our highway crew to inform us as to what the conditions of the highway were at the time of the accident. So we can respond to those kinds of things. But to go deeper than that or to become more detailed, I cannot respond to those types of questions. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Item 6, oral questions. The time for question period has expired. Mr. Krutko.

MR. KRUTKO: Thank you, Mr. Speaker. I seek unanimous consent to extend question period.

MR. SPEAKER: Thank you, Mr. Krutko. I do not believe that there is a point of privilege there and the time for question period has come and gone. We have missed it for today. Mr. Krutko.

MR. KRUTKO: Thank you, Mr. Speaker. I seek unanimous consent to return to Item 6, oral questions.

MR. SPEAKER: Thank you. The Member is seeking unanimous consent to return to Item 6, oral questions. Are

there any nays? There are no nays. Mr. Krutko, you have unanimous consent. Item 6, oral questions. Mr. Krutko.

REVERT TO ITEM 6: ORAL QUESTIONS

Question 70-14(2): Responding to Effects of THMs

MR. KRUTKO: Thank you, Mr. Speaker. Mr. Speaker, regarding evidence that is needed to determine whether or not we have a natural disaster on our hands, it takes a period of time to detect cancer. Mr. Speaker, in a study done at Dalhousie University, they found that women in an area where there are high THM levels were 66 percent more likely to experience still-birth than anywhere else in the country.

Mr. Speaker, my question to the Minister responsible for Health and Social Services is what type of evidence do you need before this government will do anything?

MR. SPEAKER: Thank you, Mr. Krutko. The honourable Minister responsible for the Department of Health and Social Services, Mrs. Groenewegen.

Return to Question 70-14(2): Responding to Effects of THMs

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, this government is doing something. Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Supplementary, Mr. Krutko.

Supplementary to Question 70-14(2): Responding to Effects of THMs

MR. KRUTKO: Thank you, Mr. Speaker. The Minister made reference to evidence that this government needs. I would like to know, how much evidence do you need? Do you need 60 people or 100 people to have birth defects before the government will take the THM threat in Fort McPherson seriously?

Further Return to Question 70-14(2): Responding to Effects of THMs

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, the government, and certainly my department does take the THM issue in Fort McPherson quite seriously. That is why efforts have been made jointly with the Department of Municipal and Community Affairs and the Department of Public Works and Services to address the issue as quickly as possible. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 6, oral questions. Supplementary, Mr. Krutko.

Supplementary to Question 70-14(2): Responding to Effects of THMs

MR. KRUTKO: Thank you, Mr. Speaker. Mr. Speaker, would the Minister tell me if they have looked at other health effects that THMs may cause? She keeps referring to the cancer registry that we have in the government, but we are also talking in another spectrum of the arena, which is the area of still-births and miscarriages. Can the Minister look at other effects that this chemical has upon human consumption?

MR. SPEAKER: Thank you, Mr. Krutko. The honourable Minister responsible for Health and Social Services, Mrs. Groenewegen.

Further Return to Question 70-14(2): Responding to Effects of THMs

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, the information that I have been given is that there is no evidence of harmful health effects related to the THMs in the Fort McPherson water supply. Overall, the cancer rates remain nearly 30 percent below the Canadian average, and no cases of bladder cancer have been reported to the cancer registry during the past 10 years. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 6, oral questions. Item 7, written questions. The honourable Member for Thebacha, Mr. Miltenberger.

ITEM 7: WRITTEN QUESTIONS

Written Question 6-14(2): Capital Costs

MR. MILTENBERGER: Thank you, Mr. Speaker. I have two written questions. The first one is to the Minister responsible for Transportation. It is regarding capital costs.

For the fiscal years 1997-98, 1998-99, and 1999-00 to date, the Minister responsible for Transportation is requested to identify all capital projects over \$5,000 managed by the Department of Transportation on behalf of the government.

In addition, for each project, the Minister is asked to indicate the initial project estimate or budget, actual costs to date, any projected additional costs to complete the project and the primary contractor.

Written Question 7-14(2): Board Funding

MR. MILTENBERGER: My other written question is to the Minister responsible for Health and Social Services regarding board funding.

One recommendation of the Minister's Forum on Health and Social Services was to increase the authority and responsibility of local health and social services boards. Part of increasing the role of these boards is ensuring they have maximum control over funding. The Minister responsible for Health and Social Services is asked to provide for fiscal years 1997-98, 1998-99 and 1999-2000 to date:

- A list of all funding sources and programs that boards can only access through discussion with, application to, or referral from headquarters staff (including GNWT funds, and funds administered by the Department of Health and Social Services on behalf of other parties such as the federal government);
- The amount of money available from each funding source or program for boards;
- The amount of funding accessed from each funding source or program by board;
- The amount of funding from each program source or program that is not requested by boards and that was used on the direction of the department, along

with an explanation of how these funds were used; and

- The amount of funding from each funding source and program that lapsed each fiscal year.

MR. SPEAKER: Thank you, Mr. Miltenberger. Item 7, written questions. Item 8, returns to written questions. Item 9, replies to opening address. Item 10, petitions. Item 11, reports of standing and special committees. Item 12, reports of committees on the review of bills. Item 13, tabling of documents. The Minister responsible for Education, Mr. Ootes.

ITEM 13: TABLING OF DOCUMENTS

Tabled Document 19-14(2): Package of Information Regarding the Student Financial Assistance Program Redesign

MR. OOTES: Thank you, Mr. Speaker. Mr. Speaker, I wish to table the following package of information entitled, Student Financial Assistance Program Redesign. This package includes the following documents:

- The press release Student Financial Assistance Program Improved, dated February 25, 2000;
- Minister's speaking notes dated February 25, 2000;
- Student Financial Assistance Program Redesign overheads;
- Student Financial Assistance Program Redesign briefing note; and
- The report of the Ministerial Forum on Student Financial Assistance.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Ootes. Item 13, tabling of documents. The Minister responsible for Transportation, Mr. Steen.

Tabled Document 20-14(2): Minister responsible for Transportation's Report to the Legislative Assembly for 1999: Transportation of Dangerous Goods Act

HON. VINCE STEEN: Thank you, Mr. Speaker. I wish to table the following document entitled, Minister of Transportation's Report to the Legislative Assembly for 1999: Transportation of Dangerous Goods Act. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Minister Steen. Item 13, tabling of documents. The Member for Mackenzie Delta, Mr. Krutko.

Tabled Document 21-14(2): MacLean's Magazine Article (January 24, 2000) Entitled Questioning Chlorine

MR. KRUTKO: Thank you, Mr. Speaker. Mr. Speaker, I would like to table a document which is a MacLean's magazine article dated January 24, 2000. It relates to health and the question of chlorine. Hopefully it clarifies a lot of the concerns that I have raised, so that other people know that what I am saying is documented evidence.

MR. SPEAKER: Thank you, Mr. Krutko. Members are reminded that when tabling a document, you can speak to the

nature of the document. The other comments should not be included.

Item 13, tabling of documents. Item 14, notices of motion. Item 15, notices of motions for first reading of bills. Item 16, motions. The honourable Member for Thebacha, Mr. Miltenberger.

ITEM 16: MOTIONS

Motion 9-14(2): Tabled Document 14-14(2) into Committee of the Whole

MR. MILTENBERGER: Thank you, Mr. Speaker.

I MOVE, seconded by the honourable Member for Deh Cho, that Tabled Document 14-14(2), The Final Report of the Minister's Forum on Health and Social Services be moved into committee of the whole for discussion. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Miltenberger. The motion is in order. To the motion. Question has been called. All those in favour? All those opposed? The motion is carried. Tabled document 14-14(2) is moved into committee of the whole for discussion today.

Item 16, motions. The Member does not wish to move Motion 10-14(2) today, so it will stay on the order paper for tomorrow.

Item 16, motions. Are there any further motions? There are no further motions. Item 17, first reading of bills. Item 18, second reading of bills. Item 19, consideration in committee of the whole of bills and other matters. Items to be considered are Minister's statement 1-14(2), Sessional Statement, and tabled document 14-14(2), The Final Report of the Minister's Forum on Health and Social Services, with Mr. Lafferty in the Chair.

ITEM 19: CONSIDERATION IN COMMITTEE OF THE WHOLE OF BILLS AND OTHER MATTERS

CHAIRMAN (Mr. Leon Lafferty): Thank you. I will bring the committee to order. We are dealing with two documents: Minister's statement 1-14(2): Sessional Statement, and tabled document 14-14(2), The Final Report of the Minister's Forum on Health and Social Services. What is the wish of the committee? Mr. Dent.

MR. DENT: Thank you, Mr. Chairman. I would like to recommend that we start consideration of The Final Report of the Minister's Forum on Health and Social Services.

MR. CHAIRMAN: Does the committee agree?

SOME HON. MEMBERS: Agreed.

MR. CHAIRMAN: We will take a short 15-minute break.

-- Break

MR. CHAIRMAN: I would like to call the committee back to order. We are dealing with Tabled Document 14-14(2), Our Communities, Our Decisions: Let's Get on With It! The Final Report of the Minister's Forum on Health and Social Services. General comments? Mr. Miltenberger.

MR. MILTENBERGER: Thank you, Mr. Chairman. I will not have many questions today. I recognize this is our first opportunity to speak on this. We have not had our briefings as

Members of our respective committees, or Health and Social Services, in this case. I would like to give the Minister assurances that I will have many specific questions once we have a chance to meet in committee to talk about this particular report and how it figures into the overall planning of the department.

I would like to reiterate some of the concerns I raised in question period today regarding this report and the department.

The first concern is this is the latest in a fairly long list of studies and strategy documents which will be followed, I think sometime in April, by the Children and Family Services Review. I just wanted to clarify some of the wording of the document because it is quite vague and subject to interpretation in a lot of cases. I wanted to make sure I had the right sense of what they were trying to say. I found, based on my discussions with a board member, that we shared some of the concerns and the interpretations of this particular document, specifically the department is a main part of the problem in the delivery of health and social services in the Northwest Territories.

There is a focus on process, as these repeated studies of strategizing documents indicate. We spent hundreds of thousands of dollars, if not over \$1 million to \$2 million mark, on these particular kinds of studies. I think it is time, as the report indicates, to get on with it, and that is directed to the department.

There are many issues here that I feel we have to look at. This document looks at integration at the community level. But it does not adequately touch on the need, in my opinion, for the department to look at how it is doing business.

My numbers show me there has been an overall increase after the deficit reduction cuts in 1997. The Department of Health and Social Services managed to re-inflate itself at the headquarters level by 11 percent, according to the numbers I received from the Financial Management Board Secretariat. It was pointed out to me that there are up to 24 consultants sitting in headquarters in Yellowknife to provide these various support services to the communities and health boards. That number alone causes significant concern.

The fundamental issue is the department gives a lot of responsibility but insufficient authority for boards to make decisions. Unlike education boards, who have authority in the budget side, they can make financial decisions. Health boards cannot. I believe one education board has an acceptable surplus. Health boards, without exception, are running in the red. There is no incentive for them because the department claws back any kind of surplus in key areas where there may be some savings. There is no reward for showing any kind of incentive, ingenuity, creativity or initiative. It is a fundamental difference in approach, which I think speaks to the need to look at how we do business.

I am also concerned about the number of regional program dollars that are actually kept in headquarters that boards have to apply for. Often times it is so convoluted and difficult that many boards do not apply. In effect, what is left is lump sums of money at the headquarters level that is left to the latitude of the headquarters people to put to their own projects because the money is being lapsed by the regions. That was the basic thrust to the question I asked in the House today.

I think the concern of sharing of best practices, which speaks to the issue of communication as well, focuses on the community level. In my opinion, there are critical communication shortcomings and the lack of sharing of best practices in the coordination at the headquarters level.

The board chairs in education, for example, have come up with a format in the process where the board chairs and the Minister can sit down and do some substantive decision making, deciding on issues and setting direction.

The situation with the health boards is so frustrating. They set up their own separate association of health boards. The sense I have is it is almost an adversarial kind of relationship. Which begs the question, why? Why is the cooperative approach not there? Why is there that inability to be cooperative and make the necessary steps to bring people together? That way, you can demonstrate to the communities that there is work being done at the headquarters level.

That work, Mr. Chairman, is not only within the government, but encompasses the pressing need for health and education to play a leadership role in the link with the social envelope. If we are going to make the progress and advances in the area of strong healthy families, children being conceived and born healthy, more than ever the department is going to have to demonstrate leadership. It is going to be incumbent upon them to do that.

This is a continuation of the process that started back in the 13th Assembly when I first went on the Social Programs Committee. I have been tracking this. We have worked through four budgets with the Department of Health and Social Services. I know there is a focus on process, an inadequate attention to outcomes, to numbers, to accountabilities.

Therefore, I would like to suggest that, like education, Health and Social Services should come up with an accountability framework. They should develop a process that puts things on the table for health boards, yet also outlines the obligations and duties of the department, in order that they may be accountable and justify what they are doing. They need to demonstrate how they are providing leadership and trying to carry out the priorities that are identified by this Assembly and by the department.

The structure of governance issues, Mr. Chairman, is also a significant concern to me as we look at the layers of committees, board structures, agencies: the proliferation across the board is very confusing. We have touched on this very briefly. I am glad to hear the Minister say she is open to seeing what possible changes can be made.

It is not just a question of looking at improving health and social services boards anymore. I think we clearly have to look at how we are going to integrate our services under the social envelope. I have a lot of interest and respect for the work the Dogrib people have done in the area of community services boards. When I met with the health and social services board in Fort Smith, I made the case to them that I thought this was the way we had to go as a community. I did not see a regional board in the South Slave being able to be established and effective.

I think we have to look at the other areas. While the mandate of the committee was not to create any new costs and to keep within the existing budgets, the issue of addiction treatment

centres, training for people, board restructuring, are all areas in which we can use existing resources and re-profile. Otherwise, there is going to be a cost. There will be some new requirements. My colleague for the North Slave has requested and made it clear they need an alcohol and drug treatment centre.

Mr. Chairman, there are a whole host of very detailed areas I look forward to going into with the Minister. I would like to point out I will be pushing for an accountability framework, along with a regular reporting back by the department to the Legislature and the Social Programs Committee on a timely basis. They can report on how these recommendations are being implemented and how they tie into the business plan, and what kind of progress is being made on all these key areas. Thank you, Mr. Chairman.

MR. CHAIRMAN: Thank you, Mr. Miltenberger. The Minister responsible for Health and Social Services, the Honourable Jane Groenewegen.

HON. JANE GROENEWEGEN: Thank you, Mr. Chairman. Mr. Chairman, the Member is right. Over the next couple of days, we are going to have the opportunity to go through more briefings and departmental overviews. He says questions are coming, and that is good because we all have a job to do. The job of the Ordinary Members is to express your opinions and ask the questions. The job of Ministers is the undertaking to get departments to answer those questions as best they can.

The Member once again makes reference to the long list of studies. I think there are about 180 recommendations in those combined studies. We have a large amount of material to deal with. I think this material effectively represents the opinion that is out there.

One of the things about the forum is that it does make the recommendations. It has a lot to do with process. The priority the Member speaks of when he says accountability and reporting back to the Legislative Assembly on the progress... one of the things that is not identified in the forum report is the clear targets with the ability for measurable results. I think we need to now take these documents and try to set clear targets.

If everything is a priority, nothing is a priority. That is the kind of information I am hoping to help come up with by meeting with the Social Programs Committee and hearing from other Members.

It is good to evaluate the results and see whether or not we are receiving outcomes from our efforts. I do agree with the Member on that. I think we need to take this information and set some obtainable and clear targets so we can see whether or not we are reaching them.

The Member spoke about the integration of services at the community level. Taking that back a step further, I think we need to look at a more integrated approach. We have so many different funding sources for communities. The Member asked the written question today as to funding sources for boards. Just to give you an idea of some of the federally funded programs, Aboriginal Head Starts, AIDS Community Action program, Canada Prenatal Nutrition Program, Community Action Program for Children, Population Health Fund, Community Animation Programming. There are all these different programs and funding sources, which amounts to millions of dollars.

I think what happens once the programs get down to the community level, the organizations build up around these certain directions. What we end up with at the community level are quite a number of interested organizations who, all in their own right, require administration and the ability to write funding proposals.

When I was in Fort Providence, I was able to get together with a large committee of people. They have said they want to coordinate their efforts at the community level so they can put more emphasis on workers to do the actual work, as opposed to the administrative function.

I think that is a realization communities are going to arrive at over the next while. Each of these NGOs and special committees that spring up at the community level generate a certain amount of economy in the community. There are jobs associated with them. I think it would be better to see if there is a way to pool those resources and the delivery of those resources, so we can avoid duplication. We certainly need every dollar we have to go to good results.

Another issue the Member raised is the number of consultants at headquarters. I will have to ask him for more specific detail on that issue. My impression is there certainly seems to be a good relationship between the boards and the department. But the Member may have to elaborate on further information if he feels things are to the contrary.

I appreciate the Member has a long history of not only working in the social field and health field, but also three years on the Social Programs Committee. He would be in a good position to have made observations that some of the rest of us would not be, because we worked on different envelope committees. That is all I have to say in response to Mr. Miltenberger's opening remarks. I look forward to meeting with him on Wednesday when he chairs the Social Programs Committee. Thank you, Mr. Chairman.

MR. CHAIRMAN: Thank you, Mrs. Groenewegen. General comments, Mr. Bell.

MR. BELL: Thank you, Mr. Chairman. I also look forward to Wednesday when we will get a chance to sit down with the Minister and get a briefing. I think that is very important. While I have had a chance to take a cursory glance at the report, we have not really been able to examine it closely yet. But one of the things I have been able to glean from the pages as I go through this, is that no report can be done in isolation.

To borrow a concept from my colleague, Mr. Roland, I think we get into trouble when we try to take a stove-pipe approach to these problems. Mr. Miltenberger alluded to the same thing. One of the things I gleaned from the information was that education is an underlying theme and a priority.

One of the things the report mentions is we have real problems in the area of recruitment and retention. We know we are battling a shortage of professionals in the health care field in the south. Our prospects for recruiting people from the south are not great in the short-term future. I think we realize one of the things we have to be focused on is training Northerners.

We have a great program at Aurora College that is training nurses. I think 39 or 40 nurses have graduated in the last three or four years. This is a great step. But when we look at the numbers that we need across the Territories, we have some

400 nurses who are currently employed. My numbers might not be correct, Mr. Chairman. Roughly, we are currently able to train about 10 percent of the work force.

We also see that of the 39 nurses we have been able to train, most of them are currently working in Yellowknife. It has to be this department's priority and focus to be able to not only train Northerners, but to get Northerners back to the communities where they can work with the people and make a difference.

FAS and FAE is a huge concern, and I think education plays a major role here. People have to understand the implications of the choices they make. We have to promote healthy lifestyles. Education will play a large role in how successful we are in doing this. I think now we need that, with the discussions on teacher to pupil ratio and problems in the classroom, special needs is a huge issue. We are going to find we will have to mainstream special needs students and provide special or extra help to students who are at what we would have previously considered a normal level. That is how large this problem has become. I think it is epidemic. This is something we are going to have to work on. Education is the key here.

Mrs. Groenewegen alluded to the fact that we cannot just pour money down a black hole. We have to do something at the front end. We can throw a lot of dollars at this problem, and it will not go away. Education has to be a real priority.

I mentioned healthy life choices. This is something we really have to promote. Essentially, we all know we are smoking, drinking and gambling ourselves to death, furthermore to veritable bankruptcy. We are spending a huge portion of every dollar on the social envelope, and health problems are the majority of the spending. Citizens have to be aware of this and realize that we are in a catch 22 situation.

The key has to be education. If we can educate our people and make them realize they have to make decisions that will impact their own health, we will be a lot further down the road. I would like to thank the Minister for her comments today. I look forward to working with her in the Social Programs Committee and getting briefings from her. This is a critical and very important piece of work we have here and I look forward to looking into it further. Thank you, Mr. Chairman.

MR. CHAIRMAN: Thank you, Mr. Bell. Mrs. Groenewegen.

HON. JANE GROENEWEGEN: Thank you, Mr. Chairman. Mr. Chairman, the Member is right that no report can be taken in isolation. There are so many areas of life in the North that are impacted by aspects of the way people live their lives. Everything is inter-related. The Member refers to education as an underlying theme and I could not agree with him more. We as a government have a wonderful opportunity to raise that awareness to the fact that we do have a problem. It is epidemic and it is escalating.

I do not know if there has been a willingness in the past to admit to the seriousness of the problem. It is catching up with us at an alarming rate. We hear statistics from teachers telling us that 40 percent of the children in their classrooms have special needs. We cannot afford either the monetary or the human costs of not pursuing these needs proactively.

With respect to recruitment and retention, the Aurora College's membership is excellent and expanding, training workers to go into the communities with the specialized skills and tools they

will need to serve the communities. I am pleased to see the cooperation with Aurora College in helping to create a Northern workforce, which is ultimately what we need. Anything else in the short term is not a permanent solution.

When we talk about education and awareness, one of our best focuses could be creating awareness in children who have not yet taken up an unhealthy lifestyle. I was very pleased in Fort Providence when we saw children talking about tobacco addiction and the program going on in the community. With some of the more senior people in the community, I do not know if we would ever really register a lot of results in terms of tobacco cessation.

When we are talking about FAS and FAE, if we could focus our attention on the child right from conception to the age of six years, there is a tremendous amount that could be done during that time period. I know the department has talked about that in some of the overviews which have been given to Members. Those are the kinds of areas we have to decide on, if that is a priority we want to direct our attention to.

One of the things we have already talked about as a group is how much awareness there is in the communities as to the cost of some of these indicators we refer to. How can we get the message out to communities that if this amount of money was not spent on addressing this problem, this is the positive direction in which that money could be spent?

I think sometimes we quote statistics, but we need to break it down into bite size pieces that people can take and relate to. Then, communities can set goals and targets, just as we as a government need to do.

When we talk about healthy life choices, we look at the area of role models. I think there is a tremendous amount of good that can be done with that. We sometimes tend to focus on the negative statistics. There are people in our communities that are healthy, stable, and doing well. We do not celebrate that. We could be more positive in our awareness campaigns in depicting them and their actions, and the result of their healthy life choices.

Members of this House carry a lot of responsibility for creating awareness through what we do as role models as well. People watch us and what we do and say, so we have a huge responsibility in that area as well.

It was only five weeks ago the majority of the Members of this House entrusted me with this responsibility, and subsequently Mr. Kakfwi assigned me with the portfolio of Health and Social Services. I just want to tell you, even though the forum report points out many challenges, I think it is an area where we can make progress. I certainly sense optimism in the department and amongst the Members as well. Any positive impact we have will be good and make this worthwhile. Thank you, Mr. Chairman.

MR. SPEAKER: Thank you, Mrs. Groenewegen. General comments, Mr. Roland.

MR. ROLAND: Thank you, Mr. Chairman. Mr. Chairman we have heard on a number of occasions about work that has been done by previous governments, trying to make a difference when it comes to the health and social well-being of the residents of the Northwest Territories. This particular one was started in the 13th Assembly when Members of that

Assembly requested the government look into health practices of the departments and boards in the Northwest Territories.

I think we have to do a little history on this process. For example, one of the terms of reference is to seek recommendations in four specific areas, one of those being governance.

If you look at the system that existed when the Government of the Northwest Territories was first created, there was a central agency that took care of health and social services for the entire Northwest Territories. Over the years, it has slowly devolved to communities and regions. For example, the health boards do a large portion of the delivery of the programs the department was once responsible for. One can always argue there is more work that needs to be done in that area to pursue the further devolution of responsibilities. We have to look at having community representatives, whether it is education boards or health boards, representing the department at the community and regional level.

Those areas still need to be worked on and approved. For example, on health boards, the majority of those positions are appointed by the Minister. There are numbers changing where communities are requesting to take over that responsibility and join with the district education authority, and have those positions elected. I think that is definitely a step in the right direction.

There is still much work to be done in that area if we are going to improve on it. We will need to work closely with the boards. For example, it was a problem to some degree in the 13th Assembly, when Members of the House would question the Health Minister about certain activities that were happening in a community or region. There were, at different times, a statement that this would have to be checked with the boards first before a response could be made.

In my past role as a Minister in that department, I know that at the end of the day, the buck stops with the Minister. This has to be clarified. What roles do departments play versus boards? We have given a fair amount of authority to communities and regions. Accountability also has to go with that. There is such an array of issues when it comes to something as big as health and social services. I think we are going to have to take it step by step, but I believe some areas can be clarified early on and acted on because they have been raised again and again.

Governance is one of those areas. We are going to have to make clear to people some of the changes that have happened as an impact of devolution. For example, in the area of income support, communities have taken it on at one point but returned it back to this government because the negative decisions that had to be made at the community level were very stressful. There are pros and cons to this. As we slowly develop as the Northwest Territories and continue to pursue higher goals, we will come up with a system that is more appropriate for the people of the Northwest Territories.

We have to get on with it, we have to move forward. The title of this document is very clear, Our Communities, Our Decisions, Let's Get On With It. The Minister has even made comments in the area that it is a very appropriate title. I hope the department is going to move on a lot of these areas once we receive clarification on a number of issues.

There are areas in governance where they talk about moving the authority down. How do you do that in light of some of the concerns in the communities now, where that process is not working? How do you give authority down when at the end of the day, the buck stops at the Minister and the Minister has to respond to Members in this House? That is how many people feel. The last step in the process seems to come back to this House when there are concerns raised in the community and it is questioned in this House. One of the responses is that it has to be clarified with the board first before any formal response can be given. That is an area we are going to have to improve on.

Mr. Chairman, the roles of the boards and how you establish those health and social services boards is vital. For example, in my region there used to be 14 members on the health board, one representative from each community. That cost a lot to bring those people together to go through the business of the health board. One of the ways of changing was to try to use the aboriginal organizations, the Gwich'in organization, the Inuvialuit organization and the town councils of Inuvik and Norman Wells. We would try to use those organizations and do work to reduce the size of the board so the work can be done, and to use those organizations to spread the information. We have heard a number of times in this House that this is not the best process, as it continues to run into problems.

Information flow, as we heard, is a common theme, not only in the government, but specifically in the Department of Health and Social Services. The Minister herself has said the department can do better work in the area of getting information out to the public. Get out some of the positive news, which is very rare in the Department of Health and Social Services. We found on many occasions the news you hear coming from Health and Social Services is more of a somber nature. The name that was given to this department behind closed doors or in committee was the department of pain and suffering. That seems to be the issues you are dealing with. Every decision you make affects the lives of individuals in the Northwest Territories.

We have heard of the medical travel situation. I was a member of the committee when we first sat down and were told there could be savings in the area of medical travel. That was our very first budget. Unfortunately, six months out of the gate, we were informed that they did not meet the targets. They overspent six months into the budget. How do we clarify those? They thought they had the answer back then, and it did not work. I am aware the boards have done a study on medical travel. I would like to get a copy of that report.

We get into the area of programs and services that are delivered in communities and regions. We heard the Minister agreeing with a Member here on combining Education and Health and Social Services. We, as members of the Social Programs Committee, heard on a number of occasions the concerns raised because of legislation that is in place that prevents staff from Health and Social Services working with staff from the education department because of privacy of certain types of information. Although it is the same client working with one government, it seems legislation is set up, that says no, this information is particularly good for ourselves and we cannot share that. When in fact, the client is working with the same government. I think that needs to be looked at.

In the area of special needs, we heard the Minister agree there are 30 percent of classrooms with special needs. I believe Inuvik was the one where they had a specialist come up and do a series of tests in that area, mainly in FAS and FAE. Can the Minister inform us on whether or not that has actually been formally accepted? There was some difficulty with the previous government accepting that information. But we are hearing that number being used here. It would be good to know this is an accepted form of testing, because there were considerations and difficulties of getting that accepted.

A lot of the comments that come forward implied the tests that are out there are very expensive with unclear results. You will not start getting clear answers until you pull a birth mother into the picture and do some work there. I do not know if the department has gone that far. It would be nice to know and to clarify the situation because there is a definite need to get clear information out there. We need to say yes or no. Do we accept the situation with the tests that are out there so other regions can use that kind of test and get on with the job? As the report says, let us get on with it. I will leave that with the Minister. Thank you very much, Mr. Chairman.

MR. CHAIRMAN: Thank you, Mr. Roland. Mrs. Groenewegen.

HON. JANE GROENEWEGEN: Thank you, Mr. Chairman. Mr. Chairman, as a government, I think one of the areas we are going into is seeing the social well-being of Northerners is a priority of this government. As Mr. Roland said, we have to build on the work of previous Ministers and previous governments. When we talk of wanting to address the social well being of Northerners, what makes this government's claims or aspirations in this area any different than any other government?

I think there is an opportunity. That is why I am optimistic. There is an opportunity to take a new look at these challenges. We are driven by our fiscal realities, as well, besides the fact many of these demands for services are growing because of needs. I think we have to do some soul searching and make some very honest admissions about the state of affairs when it comes to some of these social indicators.

The Member is right, Mr. Chairman. We have made some progress. Hopefully, the department will no longer be dubbed the "department of pain and suffering". Mr. Chairman, when thinking about the name of the department, Health and Social Services, I would like to take the first four letters of that word health, which would produce the word heal. When we are dealing with people, we have to recognize the fact that we are dealing with whole people, not just with their physical needs. We are dealing with complex people, and emotional, physical, psychological, and spiritual needs. There is a tremendous need for healing in the North.

I think we need to say that and admit that and say it loudly and clearly so our people hear that. Then we should express our commitment as a government to work with people to find the best ways of addressing that. Mr. Chairman, we cannot afford complacency. That is the bottom line.

As for bringing governance structures and problem solving solutions closer to the community, I believe, again, this is an effort that is in progress and there has been some advancement. Sometimes we talk about boards and bringing the decision making closer to the people, but we do not necessarily recognize that in doing that, we are building

capacities at the community level within those boards to systematically and in an organized fashion look at the needs of other people and hear directly from the people and respond to that. That is something that happens over a period of time.

For example, the Chairs that come in for representation on the Stanton Regional Health Board spend a certain amount of time on their board business, but they also spend some time on various aspects of training which they then take back to their respective boards and work with them to build that capacity at that level. It is not just something the department can hand off overnight. There has to be the capacity to deal with those issues at the community level.

I do not think that we are going to see all of the results we want to on a quick basis, but the pendulum that swings between devolving and consolidating is a very expensive exercise. I think we need to state a course in terms of developing capacity at the regional and community levels to deal with these issues. The department has a key role to play in that. From what I have seen, I see them responding to that and doing that. Some Members may have concerns about how that looks, but from what I have seen so far, I have been very impressed and was not aware of all that had gone on in the department prior to this.

The Member speaks of the testing on FAS and FAE and the report from Inuvik. I do not know what tests and standardized tests are available right now, for articulating the degree of FAS and FAE in our communities and in our schools. Without committing to any kind of a further study, I think it would be good to have some means by which to measure this. The reality of FAS and FAE is the indicators from surveys are 25 percent of pregnant women in the Northwest Territories are still admitting to consuming alcohol while pregnant. FAS and FAE is something that can overtake us very quickly.

We have heard of an extreme case where the person is requiring specialized care in a southern facility at a cost of \$300,000 per year to this government. People in the communities and we, as a government, have got to become indignant. We have to become very concerned when we hear of people being robbed of their quality of life because of these addictions to tobacco and smoking and things like this. It is a big challenge. I do not know if Mr. Roland is on the Social Programs Committee this time or not, but I am pleased to hear that Mr. Bell and Mr. Miltenberger are committed to working together to address some of these issues. Thank you, Mr. Chairman.

MR. CHAIRMAN: Thank you, Mrs. Groenewegen. General comments. Mr. Krutko.

MR. KRUTKO: Thank you, Mr. Chairman. Mr. Chairman, I would like to congratulate the members of the committee that went around and obtained this information. It really gives us a reflection of what we are facing out there. I think it is up to us as Legislators to ensure the recommendations have come forth are carried out and we change the way we do things.

I believe they are right when they say the money is adequate to a point, especially regarding the amount of money we spend in the area of Health and Social Services. I believe the problem is the avenue we use to deliver health care in the North. This has to change. We have to find new ways of consolidating the different boards and agencies we have, while at the same time realizing we represent some 40,000 people in the Western

Territory in which, with division, we have a smaller area to control, oversee and deliver healthcare and social services.

One area where we are seriously weak is in the provision of community service. We have taken a stroll up the mountain in where we were talking about moving health and services decision making bodies closer to the communities. What has happened is we have moved it into the regions, but we have not continued that journey to its goal, which is in the communities.

My riding has tabled petitions in this House asking for a public inquiry into the delivery of health and social services in my riding, because the regional health board was broken up from the original process of having communities represented to having aboriginal representation and representation of municipalities. Due to that, the communities feel they lost their voice at the table. I think we have to revamp the whole system, realizing we have limited resources. We have to ensure we do it in a way that we hear what the communities are saying. We have to streamline the level of bureaucracy we have now. We spend a lot of money on duplicate services within the Department of Health, where we have regional boards with regional specialists. Most boards have their own mental health officer, alcohol and drug specialist, and somebody in charge of home care and other projects. We have to somehow start sharing our services between the different boards, realizing there is a cost-saving measure there.

We hear a lot about alcohol and drugs. I had motions passed in this House about the Tl'oondih Healing Program. The Minister says we realize we have a major problem with substance abuse, alcohol and drugs, and violence. We have to realize we cannot just heal an individual, send him home and say; "you are going to be okay. I do not worry about you. We will not see you again." Unless you deal with the problem at its source, and deal with the problems in our communities, you can send all the people in the world to all the treatment centres, but they will end up back where the problems come from.

In order to deal with these problems, we have to find solutions which are made in the communities, by the communities and carried out by the communities. In order to do that, we have to have the resources and infrastructure in the communities. The Tl'oondih Healing Program was exactly what the Minister stated. We needed something that was developed by the community for the community to look at problems, not in light of individuals, but in light of the family as a whole.

Even if one member of the family has a problem, every member in the family is affected. Unless you deal with the family as a whole, you cannot just mend or help one individual. They are going to go back into the household where the other members have not had the opportunity to be dealt with. I think we have to seriously consider that as one of the possibilities of dealing with these healing programs dealing with the family as a whole.

The other area basically identified was the lack of funding in the area of alcohol and drug addictions. I have seen the downfall of the alcohol and drug programs in the North. We used to have programs in the Delta. You had Tl'oondih, Delta House, and programs out of Hay River. In Yellowknife, you had the Northern Addictions Program. Those programs have come to a point where they have collapsed because of the demand,

but also because of the inadequacy of funding for those programs to do the job they were supposed to do.

I feel we have to find new ways of finding revenues to ensure we have programs to deal with the problems at the community and regional level. If we continue to send people south, we are just back to where we were a number of years ago.

We have to start pooling resources between the different organizations, regardless if it is a health board, education board, or the community infrastructure. We have education councils, yet the communities say there is nothing really in place to deal with the health problems because you do not have community health boards.

I believe there should be a consolidation of all of these boards into one board that oversees health, education, and social services, so we cut down on the bureaucracy but also find ways these boards all work together for the betterment of the people at a lesser cost to this government.

The other area I feel we have to put more emphasis on is health care. The whole area of medical care in our communities has a lot to do with the social and economic well being of people in our communities. We know what the problems are, but if a person does not have the educational background, does not have an economic base such as a job, all you are doing is dealing with one problem after another. The problems keep piling on top of each other to a point where it is just uncontrollable.

I think in order to deal with the health and social problems of this government, we also have to have an economic base established in our communities so those people who do want to take the road of being healthy, have an outlook on life where they can see a future for themselves. They can see themselves with a job and the ability to put food on the table for their families so they are not socially dependent on this government.

With that, I would like to touch on another issue, elders' care in our communities. One thing this government has to realize is that we have an elderly population where we are dealing with the baby boomers. We will have a major increase in the cost of care for our elders. How do communities deal with the health problem of our elders, ensuring they have a quality of life they feel comfortable with and dealing with this at the community level?

Last but not least is the area of the environmental health problems. In the report, I see that they did touch on the water problem in Fort McPherson. I feel it is a health problem. It is not just a municipal public infrastructure problem. It is a health problem. You are dealing with a chemical component which, once mixed with chlorine, activates to a point where you cannot just run it into Brita filters and, at the end of the day say your problem is solved. It is not. I feel this government has to do more to ensure the environmental health of our communities is looked at, not just what is happening in Fort McPherson, but in other communities as well. Because of the infrastructure we have in our communities, this can happen anywhere. I would like to note I am thankful for the report and I look forward to the Minister's responses. Thank you.

MR. CHAIRMAN: Thank you, Mr. Krutko. Mrs. Groenewegen.

HON. JANE GROENEWEGEN: Thank you, Mr. Chairman, Mr. Chairman, the Member raises many good points. I am

interested in hearing from some of the other Members, so I am going to try and keep my response brief.

The Member touched on a new area no one else had brought up and that was elders' care and its growing need. Indeed, the life expectancy in the Northwest Territories is steadily growing. We are looking at a large increase. I believe it is a 135 percent increase in our elder population by the year 2018. We need to plan for those realities. We cannot wait and respond to them when the time comes. There is a need for elders' care homes in some of the communities right now as we speak, and we need to look at that area as a priority because there is a growing need in that area as well.

I have made a note of a number of the other points the Member has touched on. I agree wholeheartedly we need to look at the family as a whole unit in terms of treatment. Some of the options that are being examined for some of the facilities that we may have in the future that are not being utilized right, is looking at that very need. It is difficult for people to leave families at home in their communities and go other places to receive treatment. We need to look at treatment that is close to home and also looks at the entire family as opposed to individuals in isolation.

On the whole issue of governance, I have asked the department to help develop some criteria for the establishment and continuation of the health and social services boards. As suggested by the Minister's forum, the criteria will need to consider regional issues and anticipate future resolution of more aboriginal self-government land claims being settled as well.

All potential solutions need to be looked at. The model of community services boards which deal with more than just one specific area, seems like it could hold some potential due to the efficiencies of having one group looking at different areas as opposed to several. That makes a considerable amount of sense. I will be getting back to Members and discussing with them what kinds of models we should be looking at. I think that is all that I am going to say at this time in response to Mr. Krutko's remarks. I have made note of his remarks, and he raised some very good points. Thank you, Mr. Chairman.

MR. CHAIRMAN: Thank you, Mrs. Groenewegen. Next on the list I have Ms. Sandy Lee.

MS. LEE: Thank you, Mr. Chairman. I just have a few comments to make. I plan on writing to the Minister more in depth on my opinion about this report. I would just like to comment first on the issue of governance. This issue has already been touched on by many other Members. There is a balancing act between giving the control over management of health and social issues versus giving control over education. It is a balancing act between giving the control over to the communities versus the economies of scale.

For example, in Maritime and Atlantic provinces, where the scale of population is much larger, the provinces of Prince Edward Island, Nova Scotia and New Brunswick found it was too expensive to purchase hospital supplies separately. They thought it was more economical to combine together, even though they are about 10 times larger than us.

I think the challenge for the Minister is great. Giving enough control to the communities so they feel they have a say in what

is going on in Health and Social Services, as well other community issues.

The recommendations in this report are conflicting. They talk of governance, and then they talk about the need to train the people on the board. That is recommendation two. Then there are the recommendations for talks about more integration of NGOs. Right there, you are looking at very conflicting recommendations and more need for resources. I understand the Minister is a little bit adverse to any more studies or reviews.

In listening to what she has to say about this report, especially with respect to governance, it is clear to me she has given some direction to her department already. I would like for her to summarize, for my benefit, what she has done so far in terms of what her vision is for the governance and the structure of the health care. I am very interested in hearing what she has to say about that.

The second issue I wish to address is more specific than the previous point. It has to do with telehealth. I recently had the occasion of being briefed on telehealth by the person who is in charge of delivering that program. It sounded like a very attractive idea, in terms of allowing medical care to be provided to remote areas. I think we have to understand that in order for the program to be successful, there has to be technological infrastructure in place in these communities.

As far as I am aware, most communities do not even have access to the internet. I think it is really crucial that if we are going to introduce that sort of program, which I do not oppose on principle, I think we have to make sure enough resources are provided to make sure the people who are in charge of delivering that service can do it to the full extent possible.

Another point I wanted to address with the Minister is with respect to dental care. I think it is an issue in the Minister's riding, as well as a concern for everyone in the Northwest Territories in general. I would like to have the Minister's update on what she is doing about the licensing of foreign dentists. That may pose a problem with respect to the supply of dentists in the Northwest Territories.

I think the most important issue here is my fourth point, which is substance abuse and alcohol and drugs. I do not want to go into that, not because I do not think it is an important issue, but it is such a big area. I am sure this Assembly will have many other occasions to deal with this issue, and I intend to do so.

With that, I intend on giving the Minister my reply in writing, but those were my comments. If the Minister could please respond to them for me. Thank you, Mr. Chairman.

MR. CHAIRMAN: Thank you, Ms. Lee. The Minister responsible for Health and Social Services, Mrs. Groenewegen.

HON. JANE GROENEWEGEN: Thank you, Mr. Chairman. On the area of governance, Ms. Lee is right; it is a balancing act.

We try to manage the dollars as best we can. As a department, we have a responsibility for standards of care and service delivery. We have 27 different pieces of legislation within the department. We have federal acts which we have to comply with in terms of standards.

I believe there is a need for a central coordinating agency to deal with this sort of thing. A lot of things can be devolved to regional or community boards, but certainly there are some things that, as a territorial jurisdiction, it is important they be maintained in some central agency, that being the Department of Health and Social Services.

The Member referred to my adversity to studies and reviews, and I think we always need to be examining how we do things to see if they are being done well and to see if we can do things better.

But I still hold to the fact this government, and this department in particular, has spent an inordinate amount of money in the past looking at and studying things. We will welcome the Member's input on how we might be able to gather information without going to such exorbitant costs in the future.

I do not have a particular vision of governance at this point. I have asked the department to put together some options because it is an important issue. Right now with the boards we have in the Territory, two are consistent with cultural claimant groups, the Dogrib and the Deh Cho. One represents a large community with two satellite communities, that being Yellowknife. Two represent small communities, Fort Resolution and Lutsel K'e. Two represent larger communities, that is Hay River and Fort Smith. Each have their own community health board. One represents a government administrative area, that being Inuvik, and one is territorial in scope, and has an acute care focus, and that is the Stanton Regional Health Board. That is quite a variety. I do not know if we are economizing the way we could if we had something the people could feel comfortable with that would address the need to be more standardized.

This is not something new. The issue of governance has been raised in previous Legislatures by MLAs. It has been raised by professional associations and members of the public. There is a fair amount of concern about governance. I will be tabling a formal response to the forum report sometime in April. I will be giving more thought to the governance issue. I will certainly be soliciting the input of Members on that.

The Member raises the issue of telehealth. We need to be innovative here in the North because we are a relatively small population. We are always challenged with our geographic considerations. Telehealth is one of those leading edge things which could serve the North very well. The Member is correct when she said we have to be concerned about access. I think access is better now than it ever has been with the internet. I am not sure what number of communities are linked to the internet at this time.

The dental care licensing issue is something I have had a chance to talk about, with some of the clinic owners with here in the North. They are very concerned that if they are precluded from recruiting foreign dentists, they will not be able to meet the demands for dentistry services in the North.

It was on December 31, 1999, that foreign-trained dentists could no longer write their national exams and become certified in Canada. This exam is a requirement under our legislation, the Dental Profession Act. This act was amended to omit licensing of Part 3 – Foreign Trained Dentists.

This is something we would have to work out with another jurisdiction. We could acquire services for the capability of

writing exams for certification. That is a problem right now. I know it makes some of the people who have been in this business for a while wonder how they are going to sustain their practices without the availability of foreign recruits. I might add we have been very well served in the North in the past. It is probably an area where we need to look to Northerners being trained in, as well as so many other professions.

I look forward to the letter the Member is going to be passing along. Thank you very much, Mr. Chairman.

CHAIRMAN (Mr. Krutko): Thank you, Mrs. Groenewegen. Next on the list, I have Mr. Leon Lafferty, the Member for North Slave.

MR. LAFFERTY: Thank you, Mr. Chairman. In our region, the makeup of the board consists of four chiefs and councillors from the hamlet and band who are appointed by the councils. We have some elected members. The minority are elected.

In our region, we have a concern it is run by the politicians. Because of this, there are a lot of health issues. Even budget funding is believed to be diverted to areas other than where it should be. What we are thinking of doing is having fully elected members. The reason I am saying this is some people will run for election for two or three positions and lose the election. Then they are appointed by the band or the hamlet council, which gives them a back door to come in, whether the public wanted them or not. That is one of the issues that should be looked at and maybe brought back to the communities for suggestions.

Another issue is we should look at training more Northerners, including training them in a second language. I think that is the hope we are looking at in my region. If we could get a facility there, we can train our people using their language. We can treat the elders who do not speak the English language.

I was in Edmonton and I saw an elder in the hospital. He would not get any surgery because he did not know what they were going to do to him. He had his daughter with him, but his daughter did not understand the medical terms. So I interpreted for him. Only then would he get the surgery done. We have issues like that where we have escorts that are with the patients, but the escorts do not understand because there are no interpreters in those areas. Those are the two issues I think we should look at. Thank you, Mr. Chairman.

MR. CHAIRMAN: Thank you, Mr. Lafferty. Mrs. Groenewegen.

HON. JANE GROENEWEGEN: Thank you, Mr. Chairman. Mr. Chairman, the Member raises the issue of elected boards. That is certainly something that could be considered. It could potentially address the issue of people feeling they are not represented by boards. That is something we hear through the forum's report. It would make those boards more accountable to the people they serve. It would be a democratic process. Under the area of governance, the potential for elected boards is definitely there and is something we will be considering.

The Member raises the issue of services being provided in the local language, in his case, the Dogrib language. When we talk about healthcare workers, I think this is another strong argument for training the people from the communities to acquire the skills they need to go back to their communities and deliver those services.

Over the years I have been in the North, I have not heard of too many non-aboriginal persons picking up a second language, particularly an aboriginal language. It is unusual. The language barrier could be addressed through our efforts to train a northern workforce. It could address that problem. I recognize it is a real problem. The Member speaks of the elder in the hospital not knowing what services the hospital wants to provide. I know there are language services provided to patients who are in the hospital, but I could not say how extensive those services are. When you are dealing with someone's health, it is very important they understand what the options are and what is happening to them. I agree with the Member that communication is extremely important.

I think one of the best ways of dealing with this problem is to have our own Northerners trained to do these jobs. This should be a long range goal, one in which we have made some serious advances through our bursaries, the programs available at Aurora College, and through attendance at job fairs to encourage young people to go into the health and social services fields. It should not just be for positions as social workers and nurses. We need to look at all areas in all professions. Thank you, Mr. Chairman.

MR. CHAIRMAN: Thank you, Madam Minister. I have Mr. Delorey, the Member for Hay River North.

MR. DELOREY: Thank you, Mr. Chairman. Mr. Chairman, I like the cover on the report, Our Community, Our Decisions. Let's Get On With It. I am sure people of the North are saying let us get on with it in many different areas, not only in health and social services.

In the area of health and social services, and all the recommendations that are made in the report, I am not so sure we are going to be able to go ahead and get all of these things done without more studies and more evaluations. I can see a lot more, if you read through this.

I do not believe some of the recommendations are going to happen without some more studying. I do not think we have reached the end of that, although I do believe we have to cut down on the amount of studying we do and the amount of money we put into the studies. We need to get some of these things done.

The whole health issue has been mentioned before. I feel very strongly that it is a family issue and very much tied into education. We can do all the work we want in health, including trying to cure the sick, but until we educate the families to do it at home and stress the importance of leading healthy lives, it is going to be a struggle for any government to try and carry out a proper healthcare system. Education plays a big factor in this. Somehow, the two of them have to be tied together, whether it is through the amalgamation of boards or another solution. I think we have to find a way to address health issues through education.

I know one area that is really tough to deal with, and one I have heard time and time again in Hay River, is the problem of somebody coming into a healthcare centre with a sickness that is an ongoing problem. The people dealing with the health problem know the problem is caused from another area. There are two or three different areas that cause this, whether it is the condition of the life of the family, or whether it is education. They are directly related, and they know they can treat that sickness.

They send the person home knowing two or three months down the road, they are going to be back with the very same problem. They have no system in place to address the root of the problem. There may be three areas causing one problem, but the mandate they have only addresses one. And that is what is occurring now. That is the sickness that is there now.

I do not know how you would do it, but I think we have to look at people who are responsible for carrying out health care systems. If they know for a fact this problem is being caused in a different area, they have no way or no right to venture into that avenue.

It would be nice if we had some kind of combination where we could bring these things to light and treat the symptoms for what they are. Maybe that way we could help some people. Whether it is going back to the families, to the parents whatever, and saying this is what is causing this problem. What can we do about it as a unit? We have to bring it back to the family.

In the North, there is a danger we might be losing some of the infrastructure we have. I know the hospital in Hay River sometimes wonders if they are going to be there as a regional hospital or just a community health centre. It is a beautiful facility. I think some of the speciality work could be going on in Hay River. It does not necessarily have to all be in Yellowknife. We have many areas where we could bring in some professionals and set them up in Hay River.

One of the other areas I am concerned with is travel benefits for our people. I know it is important to have special help for aboriginals who are coming out of the small communities. But from the community I represent, 50 percent of the people are non-aboriginals. When they are sick, they are just as sick as the aboriginals. When they need help for travel, I think it should be available to them as well.

I think we go backwards in a lot of cases. I look around and I see the people who are making the biggest wages are the ones who are qualified the most for health benefits, as far as travel is concerned. It is pretty tough when you have two people living next door to each other and one gets airfare to a hospital and the other does not. If they get the airfare, then they get hotel accommodations, meals, and a rental car. It seems like they either receive absolutely nothing or absolutely everything. To represent two people from a riding where one is eligible for this and another is not, I have a hard time trying to justify that, simply because of who they are. If there is any government money going into it at all, then I think one person should be just as qualified for it as the other.

In the area of training, I think it is important we have a lot of northern people trained, especially in the nursing field. One of my colleagues mentioned a while ago that many of the people who are trained in the North are working in North.

I just happened to be talking to one person at the hospital in Yellowknife last week, and he was on his way to Texas. He had gone through a nursing training program, and could not find employment in the Northwest Territories because he had no experience. He had to go to the States to get experience, because he could not get a job in the Territories, even though he took his nursing program here. I do not know if that problem has been fully addressed or not.

I heard it mentioned a while ago that one of the big areas we have to address is seniors. I fully agree. We have many seniors in my riding, and many people who are going to become seniors in the near future. Our demands for programs for seniors is going to be growing dramatically. We have to find a way of addressing those needs as well. I am looking forward to the briefing we have with the Minister responsible for Health and Social Services to get deeper into this and see exactly where we are. I will probably have more questions later on. Thank you, Mr. Chairman.

MR. CHAIRMAN: The Minister responsible for Health and Social Services, Mrs. Groenewegen.

HON. JANE GROENEWEGEN: Thank you, Mr. Chairman. Mr. Chairman, a number of issues the Member touched on have been previously covered. A new issue which was raised is the existence of infrastructure. Some of the things which effect the use of these facilities is the amount of utilization, say like a hospital in Hay River, which was set up with extended care and acute care wings. If we lose an anaesthetist in Hay River, that shuts down the surgery part of the hospital. The utilization of the infrastructure is connected to the staffing. When a facility becomes under-utilized, then we have good infrastructure sitting there that is not being used. That should be a concern of this government.

I agree with the Member that we could look at specialties in certain areas. For example, I know in Hay River, surgery facilities are used for dental cases that come from out of the community and out of the region. That is one area, but there are certainly other different focuses we could bring to some of these buildings we have invested money in.

Another area of speciality is palliative care. We have an opportunity here in the North to regionalize or bring into one central place people who are requiring special care, who are perhaps in the late stages of terminal illness. A place where they receive specialized treatment and be close to their loved ones at a time when they are going through the last stages of their life.

The Member raises the issue of medical travel and the situation he refers to when he says some people have everything paid and others have nothing. We have an interesting situation in Hay River where the deductible amount is \$250, which in fact gets you to most services which are available here in Yellowknife.

When you are implementing a deductible, and it happens to be the amount it costs to get to the service, it is not very much help to people. The Member is right. If you work for a large company, you have medical coverage. Or if you work for the government, or if you qualify under various aboriginal programs. This leaves out a segment of the population, which we would call the working people. These are people who do not have the higher wages or most substantial benefits. It is unfortunate. I have discussed this with the department already. I have wondered if we might develop some form of co-payment, which is based on a percentage of the cost of the travel as opposed to the full amount, which is unique probably only to Fort Smith and Hay River. Thank you, Mr. Chairman.

MR. CHAIRMAN: Thank you, Madam Minister. We are dealing with Tabled Document 14-14(2). It is the final report of the Minister's Forum on Health and Social Services. I have Mr. Steen.

HON. VINCE STEEN: Thank you, Mr. Chairman. Mr. Chairman, I have a number of concerns with this particular report. One of them is regarding medical travel in my riding. Many of the people that would take an opportunity to access medical travel are concerned because of the availability of the service, because so many concerns have been expressed about the cost of medical travel. They believe steps have been taken and it is almost a situation where you have to be very seriously ill before they allow you to leave the community.

Of course, that reflects on how well you can be diagnosed by the nurses or by travelling physicians. People do not have the ability to go back and forth to the nursing stations or to see the doctor, except on a monthly basis. Therefore, they are very concerned they do not have the ability to see specialists. For one, it may be another month before the travelling physician comes back to the community. And will you be able to be medicated if your condition deteriorates and the weather is permitting? People are very concerned about how you actually made the criteria for medical travel. I think Health and Social Services has to have another look at this medical travel criteria in respect to how it applies to outlying small communities.

I also have some comments to make to regional boards and the representation on the regional boards. I believe some other Members have brought some similar concerns to that board members are now appointed rather than being elected, and they are appointed specifically by aboriginal groups rather than the communities.

People get concerned as to how you make these boards accountable if the representative is not accountable. Furthermore, there is no suggestion as to how board members are supposed to travel to the communities they represent. Do they have a budget? Do they have a work schedule that the public is aware of? That the communities are aware of? I have four communities that are represented by the Inuvialuit representative on the Beaufort board, but she also represents two other communities. Now this person has the opportunity to hold meetings in her home community, but I do not know how she is supposed to get to the outlying communities. We have never seen her budget. We have never seen her workplan. As a matter of fact, some of my communities have a hard time remembering having seen her. It becomes a question of accountability. How could you possibly expect the communities to bring their concerns to the board if they do not see the board member? Obviously, they would be expected to write and mail in their concerns.

The question that remains is the MLA not also responsible for these types of concerns? The fact of the matter is, Mr. Chairman, the MLA really has to reply to the community. I can take it to your board or I can take it to your department but, as one of the Members here suggested already, the department responds by saying I have to take it back to the board and see what they have done. It becomes a question of who is responsible for what.

Another example is the new hospital facility being designed and supposedly in the plans for Inuvik. The hospital is supposed to serve all communities in the Beaufort. Recently, I was in touch with four of my hamlets and their executives. They say they are not aware of the plans. They have never seen the plans. They have not seen the design for that hospital and I can tell you, as an MLA, I have not either. I have been here for five years. I have not seen the design.

I am aware this hospital has reached a point where it is in the request for proposal stage, yet the communities are not aware of what the design of that hospital is. That suggests there should be some more cooperation between the boards and the communities they represent.

I am also not aware of what the input is to the boards as other Members have expressed. What are the boards doing for the seniors? There is a suggestion this hospital will address some of the seniors' concerns and some of the seniors' needs, but I am concerned as to who represents all of the seniors at a regional level. Who is addressing the needs of the seniors in each community in my riding, for instance? Right now, I am aware the communities have taken it on themselves to individually request senior facilities because nobody seems to be doing this on a regional basis. My communities are also very concerned that if they had done it on a regional basis, the big communities would get everything first and everybody else would come second. That is the concern expressed by my communities. Mr. Chairman, I really think there has to be some accountability by these boards. If we cannot make them accountable, do we have the political will to take the responsibilities back to the department level? That is the question. Are we going to make these boards more accountable or are we not?

That is part of this whole study. I think that if you look back at every one of these studies that were done, the problems were all related to how do we make our boards and agencies accountable. It seems like we do not have the critical will to do it. Thank you, Mr. Chairman.

MR. CHAIRMAN: Thank you, Mr. Steen. Minister Groenewegen.

HON. JANE GROENEWEGEN: Thank you, Mr. Chairman. Mr. Chairman, I have a great deal of respect for Mr. Steen's comments and opinions and they are noted. Thank you, Mr. Chairman.

MR. CHAIRMAN: Thank you. Just a reminder to the Members here, you should show some respect to the other Members when they are asking questions. It is hard to hear them asking questions to the Minister. I would also ask that you keep the chitter chatter down to a minimum. So, with that, I would like to recognize Mr. Miltenberger.

MR. MILTENBERGER: Mr. Chairman, the issue is past. I do not have any further comment on it at this point. I would like to move that we report progress.

MR. CHAIRMAN: There is a motion on the floor to report progress. The motion is in order. The motion is not debatable. To the motion. Question has been called. All those in favour? All those opposed? The motion is carried. We will rise and report progress.

MR. SPEAKER: The House will come back to order. Item 20, report of committee of the whole on the review of bills other matters. Mr. Krutko.

ITEM 20: REPORT OF COMMITTEE OF THE WHOLE

MR. KRUTKO: Mr. Speaker, your committee has been considering Tabled Document 14-14(2), Our Communities, Our Decisions: Let's Get on With It!, The Final Report of the Minister's Forum on Health and Social Services, and would like

to report progress. Mr. Speaker, I move the report of the committee of the whole be concurred with.

MR. SPEAKER: Thank you, Mr. Krutko. Is there a seconder for the motion? The Chair recognizes The honourable Member for Inuvik Boot Lake, Mr. Roland, as the seconder. The motion is in order. To the motion. Question has been called. All those in favour? All those opposed? The motion is carried. Item 21, third reading of bills. The honourable Deputy Premier, Mrs. Groenewegen.

ITEM 21: THIRD READING OF BILLS

Bill 2, Supplementary Appropriation Act, No. 3, 1999-2000

HON. JANE GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker,

I MOVE, seconded by the honourable Member for Nunakput, that Bill 2, Supplementary Appropriation Act No. 3, 1999-2000, be read for the third time. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. To the motion. Question has been called. All those in favour? All those opposed? The motion is carried. Bill 2, Supplementary Appropriation Act No. 3, 1999-2000 has had third reading. Item 21, third reading of bills. Item 22, orders of the day. Mr. Clerk.

ITEM 22: ORDERS OF THE DAY

CLERK OF THE HOUSE (Mr. Hamilton): Mr. Speaker, there will be a meeting of the Board of Management immediately after adjournment tonight. At 9:00 a.m. tomorrow, of the Standing Committee on Accountability and Oversight, and at 10:30 a.m. of the Full Caucus. Orders of the day for Tuesday, February 29, 2000:

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Recognition of Visitors in the Gallery
6. Oral Questions
7. Written Questions
8. Returns to Written Questions
9. Replies to Opening Address
10. Petitions
11. Reports of Standing and Special Committees
12. Reports of Committees on the Review of Bills
13. Tabling of Documents
14. Notices of Motion
15. Notices of Motion for First Reading of Bills
16. Motions

- Motion 10-14(2): Pipeline Development

17. First Reading of Bills

18. Second Reading of Bills

19. Consideration in Committee of the Whole of Bills and Other Matters

- Ministers' statement 1-14(2): Sessional Statement
- Tabled Document 14-14(2): Our Communities, Our Decisions: Let's Get on With It!, The Final Report of the Minister's Forum on Health and Social Services

20. Report of Committee of the Whole

21. Third Reading of Bills

22. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. This House stands adjourned until Tuesday, February 29, 2000 at 1:30 p.m.

--ADJOURNMENT