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The Honourable David Krutko, Speaker

Legislative Assembly of the Northwest Territories

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YELLOWKNIFE, NORTHWEST TERRITORIES**Tuesday, March 23, 2004****Members Present**

Mr. Allen, Honourable Brendan Bell, Mr. Braden, Mr. Delorey, Honourable Charles Dent, Mrs. Groenewegen, Honourable Joe Handley, Mr. Hawkins, Honourable David Krutko, Ms. Lee, Honourable Michael McLeod, Mr. Menicoche, Honourable Michael Miltenberger, Mr. Pokiak, Mr. Ramsay, Honourable Floyd Roland, Mr. Villeneuve, Mr. Yakeleya, Honourable Henry Zoe

ITEM 1: PRAYER

---Prayer

SPEAKER (Hon. David Krutko): Before we begin the orders of the day, I would like to draw your attention to the visitors' gallery of the Honourable Jobie Nutarak of the Nunavut legislature.

---Applause

Also, the Honourable Peter Kilabuk, who is the Minister of Municipal and Community Affairs and Minister responsible for the Workers' Compensation Board. Welcome to the House.

---Applause

Also, the Member for Iqaluit Centre, Mr. Hunter Tootoo, welcome to the House.

---Applause

Also, from Cambridge Bay, Mr. Keith Peterson. Welcome to the House.

---Applause

Item 2, Ministers' statements.

ITEM 2: MINISTERS' STATEMENTS**Minister's Statement 14-15(3): Wise Women Awards**

HON. CHARLES DENT: Thank you, Mr. Speaker. Good afternoon. Mr. Speaker, earlier this month we recognized International Women's Day. That is the day when countries around the world celebrate the achievements women have made to improve the quality of life for all.

Twelve years ago, the NWT Status of Women Council established the Wise Women Awards. These awards are in recognition of the dedication and commitment NWT women have shown to the communities in which they live.

Mr. Speaker, it is my privilege to recognize this year's recipients of the Wise Women Awards: Mary Teya for the Beaufort-Delta; Albertine Rodh for the Deh Cho; Beverly Masuzumi for the Sahtu; Beshia Blondin for the North Slave; and Marilyn Sanderson for the South Slave.

These women represent the many dedicated individuals in our territory who work to advance the rights of women and their families. Their contributions allow us to reflect on the many contributions northern women have made to all of our communities. The recent passage of the NWT Human Rights Act and the Protection Against Family Violence Act are examples of how individuals and grassroots organizations can contribute to the legislative agenda of this government.

Mr. Speaker, the GNWT is committed to working in partnership with grassroots organizations in efforts to address the social, economic and political challenges that lie before us.

I would like to recognize the work of the Status of Women Council of the NWT, the Native Women's Association and the numerous community groups and individuals who have worked so tirelessly on women's equality issues. Their help, their advice and their expertise contribute to the growth and development of the North. On behalf of this government, I express my sincerest gratitude for all that these groups have done. Thank you.

---Applause

MR. SPEAKER: Item 2, Ministers' statements. Item 3, Members' statements. Member for Hay River South, Mrs. Groenewegen.

ITEM 3: MEMBERS' STATEMENTS**Member's Statement On Support For Independent Living In NWT Communities**

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, in every community in the Northwest Territories, there are people with disabilities and special needs. The level of support they require to maintain a good quality of life varies from individual to individual. Some challenges are physical and require logistical support like barrier-free access, specialized equipment and modifications to their homes. Some challenges are intellectual and require different types of support.

Recently my colleague, Mr. Delorey, and myself met with a group of concerned citizens in Hay River who are interested in formalizing an association to support persons with disabilities in Hay River. It's hard to believe that, in this day and age of awareness of the needs of persons with disabilities, a community the size of Hay River doesn't yet have well-defined resources for persons with disabilities. Because of this, two things have occurred in the past. People either didn't get the help they needed and their circumstances would deteriorate to the point where their needs would become much more complex and more costly solutions would be required; or, people would have to relocate, often away from the support of their family and friends, to find the programs and services which would meet their specific needs.

An emerging need in Hay River is support for young adults who are typically finished their formal public education, who need some independence from living at home with their parents but aren't quite able to cope without some level of structure, mentoring and supervision. In Yellowknife, for many years there has been the Yellowknife Association for Community Living, which is an example of an organization which could

facilitate the support of such clients. Here and in many other jurisdictions in Canada, there are homes and networks of homes which are like any other home in a residential area, but the family inside, however, might consist of two or three adults with assisted-living needs and a live-in or rotating staff which provide the necessary support and companionship.

Without a formal organization or a specific program, it has been difficult for Hay River MLAs to solicit the support of government departments or agencies for resources and infrastructure needed to get something started. But getting started is exactly what we plan to do. I very much appreciate the recent visit to Hay River by representatives of the Yellowknife Association for Community Living. I also appreciate the representation of the NWT Housing Corporation, the Hay River Housing Authority, the Department of Health and Social Services, the Soaring Eagle Friendship Centre, the Department of Justice and concerned citizens who initially met to discuss this need. I understand that since then there has been another meeting.

Mr. Speaker, I would like to seek unanimous consent to conclude my statement. Thank you.

MR. SPEAKER: The honourable Member is seeking unanimous consent. Are there any nays? There are no nays. You have unanimous consent to conclude your statement.

MRS. GROENEWEGEN: Thank you, Mr. Speaker, and thank you, colleagues. Mr. Speaker, we are going to be looking for support from NGOs and government to move ahead the agenda of this new association. We have people motivated at the community level and they are motivated to identify the needs and to formulate the required responses. Our job as Hay River MLAs is going to be to act as advocates on behalf of these efforts, so later today I will have questions for the appropriate Minister with respect to that support. Thank you, Mr. Speaker.

---Applause

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

Member's Statement On Mackenzie Valley Environmental Review Process

MR. ALLEN: Thank you, Mr. Speaker. Yesterday during question period, on page 272 of the unedited Hansard, I asked the Minister of RWED a question as to whether the government will develop an intervener-status type of approach in the regulatory regime in which the Minister replies that he needed a little more information.

Mr. Speaker, as we all know, last week the Mackenzie Valley Environmental Impact Review Board began its hearings on the proposed pipeline in Norman Wells. This is a landmark event for the people of the Northwest Territories, Mr. Speaker. Not since the Berger inquiry have we embarked on a process like this and yet, at this crucial time in our history, the Government of the Northwest Territories was nowhere to be seen. When other environmental assessment hearings were held on the diamond mines, the government was there making presentations and stating its position. This was the responsible thing to do in the demonstration of leadership.

Mr. Speaker, what is this government's position? If this government supports a pipeline, why isn't it getting up in front of the board and sending a clear message to industry and to the public? Mr. Speaker, it's time to set up and demonstrate that we will try to influence the process that leaves no doubt in the minds of the Aboriginal Pipeline Group, industry and the federal government that sending NWT gas to southern markets remains a Canadian priority. I will be asking the Minister questions related to this important matter. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Item 3, Members' statements. Member for Sahtu, Mr. Yakeleya.

Member's Statement On Chief Albert Wright School In Tulita

MR. YAKELEYA: Thank you, Mr. Speaker. My Member's statement has to do with education and the school in Tulita. Mr. Speaker, we continue to speak about supporting our children to receive most of their educational training in the North. This starts in your home community, in a school that provides us the necessary space and opportunities for our children to lay a good foundation for success at the post-secondary level. Our children require a safe and enjoyable place to learn and to grow in their learning.

Mr. Speaker, right now in my riding of Sahtu, the school in Tulita is in desperate need of replacement. I have personally walked through this school and talked to the teachers, parents, and the students about the Chief Albert Wright School and the state of the structure, and also with regard to possible health concerns related to poor regulations. In addition, Mr. Speaker, I was made aware that students in grades 10, 11 and 12 were overcrowded in the current school.

Mr. Speaker, the school children and the people of Tulita deserve a safe and enjoyable learning environment, and I am pleased to say that the government has started the process of replacing the Chief Albert Wright School in this year's infrastructure acquisition plan. Roughly \$12 million will be spent over the next four years, and I would like to thank the Minister of Education, Culture and Employment and the government for recognizing the needs of the children of Tulita and for moving quickly to replace the Chief Albert Wright School. I will have questions for the Minister at the appropriate time, Mr. Speaker.

---Applause

MR. SPEAKER: Item 3, Members' statements. Member for Range Lake, Ms. Lee.

Member's Statement On Disability Action Plan

MS. LEE: Thank you, Mr. Speaker. Mr. Speaker, I would like to speak today about the disability action plan. In May of 2001, the former Premier, Stephen Kakfwi, tasked the Disability Steering Committee Partnership with developing an interdisciplinary and multidimensional framework that would guide the development of effective programs and services and promote the full inclusion of persons with disabilities throughout the Territories.

Mr. Speaker, the partnership had representation from the GNWT and a myriad of non-government organizations

and aboriginal organizations, including Health and Social Services; Education, Culture and Employment; Municipal and Community Affairs; NWT Housing Corporation; the NWT Council for Persons with Disabilities; the YK Association for Community Living; the YWCA of Yellowknife; the Dene Nation; and, Inuvialuit Regional Corporation. I am happy to note, Mr. Speaker, the partnership started with 100 needs and concerns, and they have distilled all of the issues into five building blocks and now it has been turned into a disability action plan.

The five priority areas that were identified in the action plan are as follows: under education, to ensure that barrier-free, lifelong learning opportunities that maximize the potential of individuals with disabilities are realized; under the heading of employment, to enhance the employability of persons with disabilities, encourage entry and re-entry into the labour market and support more work opportunities; under income support, to design a system that is responsive to the needs of people with disabilities, and to provide for an income safety net which rewards individual work efforts to the greatest extent possible, but which provides financial assistance if self-support isn't possible or insufficient to meet basic needs.

The fourth item, under independence, is to ensure that disability supports provide for active participation at home, at school and in the community, and that they maximize personal and economic independence. Lastly, Mr. Speaker, the action plan deals with housing issues: to ensure that persons with disabilities will be provided with a range of housing options that are affordable, accessible and that maximizes independence.

I do believe, Mr. Speaker, the government has the final action plan of this and I am in full support of the findings and the plan under this action. I would be looking to the government to make sure that they follow up on this plan and implement them as much and as early as possible. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Item 3, Members' statements. Member for Yellowknife Centre, Mr. Hawkins.

Member's Statement On Statutory Requirement Of Boards To Table Annual Reports

MR. HAWKINS: Thank you, Mr. Speaker. Mr. Speaker, this government and the public entrusts a number of critical programs and services to boards and agencies. Many of these boards and agencies are required by law to prepare annual reports. This may seem like a formality to some, however, it is an important and necessary tool that we have to hold our boards and agencies accountable.

Mr. Speaker, it has come to my attention that in the case of at least one board it has been several years since an annual report was tabled in the Legislative Assembly, despite a clear requirement in the law. This concerns me greatly. How are the Members of the Legislative Assembly and the public to know whether government money is being spent responsibly?

If a board can't get it together to submit an annual report, how well are they managing their other responsibilities? Moreover, how is it that a board has been able to get away with breaking the law for several years in a row? I find it very disturbing, Mr. Speaker. If one board can get

away with it, how many others out there are doing the same?

Mr. Speaker, with the fiscal situation we're in, it's more important than ever that we look carefully at the results we're not getting, not only from government departments, but also from boards and agencies. For a start, I expect annual reports from the public bodies that are required by law to make them and I expect the Legislative Assembly to start making them. I will direct questions to the appropriate Minister later this afternoon. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Item 3, Members' statements. The Member for Nunakput, Mr. Pokiak.

Member's Statement On Maximizing Pipeline Employment Benefits

MR. POKIAK: Thank you, Mr. Speaker. During the election campaign, I spoke to my constituents about the need for preparation for the proposed Mackenzie gas pipeline. The pipeline discussions have been on the agenda for a number of years in the Beaufort-Delta, and many of my constituents are concerned about the training that will be available. Many of our young people need to be prepared for the anticipated influx of jobs, which will come with the pipeline. The Department of Education should take the lead role in ensuring our young people are trained for the many jobs to come, even though some of these jobs may be really short term.

Mr. Speaker, in my community of Tuktoyaktuk, there are two buildings that can accommodate 100 or more people. These buildings can be used as a training base for people in the Beaufort-Delta region. Mr. Speaker, by utilizing one of these buildings, it would bring people from the Beaufort-Delta region into one community that can accommodate training for our young people. Courses for consideration for training in the Beaufort-Delta for residents are welders, heavy equipment operators, heavy duty mechanics, power engineering, and housing maintenance.

Mr. Speaker, it is time for the Department of Education and Aurora College to consider utilizing one of the camps in Tuktoyaktuk as a sub-base for training to get our young people ready for the pipeline and other potential projects that will come down the road, such as the potential mining opportunities around the community of Paulatuk. Aurora College considers sitting down with the two owners of the buildings in Tuktoyaktuk to negotiate a contract to utilize the buildings for training. It is time for the government and all of its partners to take action to address the training needs of the people of the Beaufort-Delta. The community of Tuktoyaktuk has the infrastructure to meet that training need. All we need now, Mr. Speaker, is the foresight to rise to the challenge. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: The Member for Great Slave, Mr. Braden.

Member's Statement On Clawback Of National Child Benefit Supplement

MR. BRADEN: Thank you, Mr. Speaker. Last week I spoke of the need to stop this government's clawback of the national child benefit supplement. It is a significant topic and I want to speak on it again. One of the prime obligations of government is to improve the living conditions of its citizens, particularly those in the greatest need: those who struggle to get beyond the poverty line and those who want to improve their skills and abilities to function in our rapidly changing society. I believe our citizens want to become more self-sufficient and want to be able to take advantage of the development opportunities that are afforded here in the NWT.

Minister Dent, in his response to questions, is correct in saying that the program has three goals. Reducing child poverty, Mr. Speaker, is listed as the first one, and there is a growing chorus of NWT residents and family advocates telling us that we should indeed be stopping this claw back. It is reinforced by people such as Jane Stewart last year, then the federal Minister of Human Resources Development Canada. She stated during a meeting here in Yellowknife of territorial and provincial Ministers that this territory should stop clawing back the national child benefit supplement.

Further strengthening this position, the United Nations reviewed Canada's compliance with the international covenant on economic social and cultural rights. Its report states that the clawback should be prohibited. The NWT is one of five jurisdictions in Canada that continues to do this.

Mr. Speaker, we shouldn't always rely on federal Ministers or outside organizations to tell us what to do, but we do have Alternatives North, our local non-government organizations, and citizens on income support who have consistently opposed this clawback. It seems like a pretty solid and knowledgeable base of opposition to this government's position. The clawback just digs a bigger hole of poverty for people to crawl out of.

Overall, our income support program, because of the housing investment that we make in it, is a good one. Where we fall down is the adequacy of our food and household living allowances. Can you imagine, Mr. Speaker, trying to get by on feeding two kids for less than \$10,000? Some Members will recall, Mr. Speaker, a game we played out here in the Great Hall a couple of years ago. Mr. Speaker, I request unanimous consent to conclude my statement.

MR. SPEAKER: The Member is seeking unanimous consent. Are there any nays? No, there aren't. You have unanimous consent to conclude your statement.

MR. BRADEN: Thank you, Mr. Speaker. The poverty game was an exercise organized by family advocates here in Yellowknife, and it was a fascinating exercise because it caused us, as MLAs, to sit down and go through the motions that recipients of income support would have to go through. We had to get through a month of living on income support. Just about all of us had to do some cheating of some kind or another to get our families and ourselves by on one month.

The bottom line, from my perspective and many others, is that income support levels, given the cost of living in the

North, are not adequate. Stopping the national child benefit clawback by this government will make a tremendous difference; an \$800,000 difference a year for many families, Mr. Speaker. Thank you.

---Applause

MR. SPEAKER: The Member for Tu Nedhe, Mr. Villeneuve.

Member's Statement On Role Of Elders In The Retention Of Traditional Knowledge

MR. VILLENEUVE: Mahsi, Mr. Speaker. As I said in my Member's statement yesterday, Mr. Speaker, I would like to again talk about the importance of seniors and elders in the NWT in the context of retaining our languages, cultures and traditional knowledge.

Mr. Speaker, the elders of the NWT represent a vast wealth of information and knowledge that the residents of the NWT cannot afford to lose, especially at the alarming rate that we have witnessed in the past few years with the passing of many prominent elders. Mr. Speaker, the information and the knowledge of the elders who have passed on, and those who have not been utilized to date will be forever lost if we do not start to develop and encourage the sharing of these resources within our school systems, institutions, and this government.

Mr. Speaker, I would like to encourage this government to be more receptive to development of a database or an institution which encourages the growth and retention of all of the traditional knowledge so that people from all walks of life can enjoy all of the historical knowledge and stories that are passed on to our children, and also some of this traditional knowledge to help them in their daily lives, be it information on traditional medicines used by our ancestors, traditional activities and customs, traditional trails and hunting methods, or just some historical information that is told in the words of the elders who have been directly involved in a lot of the issues that we as northerners are living with today, such as treaties, land claims, northern development, and non-development of our lands and resources.

That being said, Mr. Speaker, I would like to again emphasize the importance of this initiative and, in particular, the growing reliance on our seniors within our society to ensure the success of many of this government's and other governments' programs and services. Mahsi, Mr. Speaker.

---Applause

MR. SPEAKER: Member for Nahendeh, Mr. Menicoche.

Member's Statement On Transportation Infrastructure Priorities

MR. MENICOCHÉ: Mr. Speaker, Mahsi cho. (Translation) I would like to speak to the Minister of Transportation. I would like to speak about the pipeline. I would like to know how they are going to fund this project because they have no funding, Mr. Speaker. (Translation ends)

...the growth of development in the North, which, of course, includes the Mackenzie Valley pipeline. I can see though that our approach is not entirely consistent. In my riding we have Highway No. 1 that needs attention and is

impacted when it comes to this specific development. How can we support such development, yet not allocate resources to prepare our infrastructures like our roads in the Nahendeh for growth? I can appreciate our tight resources, yet I do believe that we can reallocate our resources to that which is a priority today.

Today I would like to affirm that my constituents do indeed demand action in focusing these needs to identify that this is a priority for my region. As well, Mr. Speaker, I do notice that there is no priority in our current budget in order to spend dollars in our region for roads in the Nahendeh riding. I would like to address this to the government and I will be speaking to it later. Mahsi cho.

---Applause

MR. SPEAKER: Item 3, Members' statement. The Member for Hay River North, Mr. Delorey.

Member's Statement On The Importance Of The Manufacturing Industry

MR. DELOREY: Thank you, Mr. Speaker. Mr. Speaker, today I would like to address an issue that is very important to myself as a Member representing the community of Hay River. It is in the area of manufacturing. Mr. Speaker, manufacturing in the Northwest Territories has been an industry that has been around for quite some time. Obviously, as the way the Minister of Resources, Wildlife and Economic Development put it yesterday, this industry has grown in export from \$15.3 million in 1998 to \$43.6 million in 2002.

Mr. Speaker, I think it is an industry that stands to have a lot more growth in the Northwest Territories. I would like at this time to recognize and thank the then-Minister of Transportation, the Honourable Joe Handley, for coming to Hay River last fall and addressing the issue of capacity building in bridges across the Territories, because with all of the bridges that we are going to be putting in in the next few years, there is a huge potential for increased capacity building and bridge building. The Minister worked out a deal with the Hay River companies that saw an experimental project to build capacity to handle that task, and I want to thank him for that.

In the Finance Minister's opening address, the Minister mentioned that there seems to be an awful shortage of affordable housing in our communities. I know that the Minister responsible for the Housing Corporation, the Honourable Michael McLeod, is tasked with that deal of trying to put as many houses in the communities as he possibly can. I know that from seeing a contract that has just gone out for mobile units or prefab units, that that is one way he is trying to address that situation. I think, Mr. Speaker, rather than putting out a tender and cancelling one of our government policies, which is the BIP, that there may be a better way to do this. I would like to encourage the Minister and this government to look at our partners in industry to see if there is another way that we can come up with prefab units that we can put in our communities and meet the needs that we are trying to address. I know that there are industry partners out there that are willing to take on this challenge and see if we can build these prefab units in the Northwest Territories at a comparable price to the South. Mr. Speaker, I would like to seek unanimous consent to conclude my statement.

MR. SPEAKER: The Member is seeking unanimous consent to conclude his statement. Are there any nays? No, there aren't. You have unanimous consent to conclude your statement.

MR. DELOREY: Thank you, Mr. Speaker. Mr. Speaker, rather than putting out tenders and waive our own policies, such as the BIP that bring out statements from the public as we are doing things that are laughable and a sleazy move by our government to get around our own policies, I would like to encourage the Minister and the government to look at our industry partners and put a prefab unit building in the North so that we can benefit, our industry benefits, the Minister benefits, and our communities benefit. I would like to encourage the government to do that. Thank you.

AN HON. MEMBER: Hear, hear.

---Applause

MR. SPEAKER: Item 3, Members' statements. The Member for Kam Lake, Mr. Ramsay.

Member's Statement On Committee Of The Whole Debate

MR. RAMSAY: Thank you, Mr. Speaker. I would like to use my Member's statement today to speak about the discussion we had yesterday as it pertains to the grant-in-kind of \$120,000 to forego the interest on a \$2.6 million loan guarantee for Det'on Cho Diamonds.

Mr. Speaker, I know I was close to the line in terms of questioning how this deal was brokered. Mr. Speaker, one thing that this government and other Members will quickly learn from me is I like to call it like I see it. Sometimes, Mr. Speaker, this may land me in hot water, but I have a sense of right and wrong that I will continue to rely on. If my comments yesterday were close to the line, I apologize for that. What I will not apologize for is the message that I feel was delivered yesterday to the government and the Premier that I and other Members are paying close attention to the dealings this government has. The Premier made reference yesterday that should the \$120,000 be deleted it would come out of the budget and we would have to make up for it elsewhere. His suggestion, Mr. Speaker, was legal aid and some other programs. I did not appreciate the threat, Mr. Speaker. It reminded me of my days at city hall when we were discussing our budget and possible spending cuts and or tax hikes. The threats then were that the pool would close, the busses would stop running, all of which were unfounded. The city had a budget of \$32 million, Mr. Speaker, and our budget is nearly \$1 billion. For the Premier to suggest other areas of the operation would suffer as a result of the deletion of this item is ludicrous.

The bottom line, Mr. Speaker, is that we are the stewards of public money and we have to safeguard those interests. I am a supporter of economic development and business here in the Northwest Territories, and will continue to be. We must make sure that any dealings are as transparent and as upfront as possible, Mr. Speaker. I look forward to working with the Premier, Cabinet and my other colleagues here over the next four years to ensure that we safeguard public funds to the best of our ability. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Item 3, Members' statements. Item 4, returns to oral questions. Item 5, recognition of visitors in the gallery. Mr. Ramsay.

ITEM 5: RECOGNITION OF VISITORS IN THE GALLERY

MR. RAMSAY: Thank you, Mr. Speaker. It gives me great pleasure to recognize Mr. Tony Vane, a local businessman up in the audience. In addition, with Mr. Vane are Mr. Ivan Kalina and Andre Kalina, father and son from the Czech Republic. They are over visiting the Northwest Territories. So welcome, gentlemen, to the Legislative Assembly.

---Applause

MR. SPEAKER: I would like to welcome you to the House. Item 5, recognition of visitors in the gallery. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Speaker. I would like to also recognize our chief negotiator for the Tulita Yamoria Community Secretariat, Mr. Ernie Lennie. It is good to see him in the gallery watching over us. Thank you.

---Applause

MR. SPEAKER: Item 5, recognition of visitors in the gallery. Mr. Handley, Premier.

HON. JOE HANDLEY: Mr. Speaker, I too would like to recognize a good constituent of mine, Tony Vane. Thank you.

---Applause

MR. SPEAKER: Item 5, recognition of visitors in the gallery. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Speaker. I don't think he is in the gallery, but no stranger to this House is Mr. David Hamilton. He is bouncing around the building, back from Victoria on business. So I would like to do a special recognition to Mr. Hamilton. Thank you.

---Applause

MR. SPEAKER: I would like to also welcome Mr. Hamilton back to the Legislature, but you can only recognize people when they are present in the gallery. Just a reminder. Item 5, recognition of visitors in the gallery. For the lady sitting in the gallery who hasn't been recognized, I would like to recognize you and welcome you to the House.

---Applause

Item 6, oral questions. Ms. Lee.

ITEM 6: ORAL QUESTIONS

Question 55-15(3): Draft Disability Action Plan

MS. LEE: Thank you, Mr. Speaker. Further to my Member's statement on the disability action plan, my question is to the Minister responsible for Persons with Disabilities, Minister Miltenberger, although this question involved many departments in the government. Mr. Speaker, I would just like to ask the Minister whether or

not he has received the draft action plan in his hands and whether or not he has had a chance to review them. Thank you.

MR. SPEAKER: Minister of Health and Social Services, Mr. Miltenberger.

Return To Question 55-15(3): Draft Disability Action Plan

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. Yes, I have.

MR. SPEAKER: Supplementary, Ms. Lee.

Supplementary To Question 55-15(3): Draft Disability Action Plan

MS. LEE: Thank you, Mr. Speaker. I appreciate the succinct answer from the Minister. Could we have some elaboration from the Minister as to what steps he has taken, what work has been done within the Cabinet with respect to this action plan, and would this be brought to the House for discussion? Would it be brought to the committee? What is he planning on doing with this plan? Thank you, Mr. Speaker.

MR. SPEAKER: Minister of Health and Social Services, Mr. Miltenberger.

Further Return To Question 55-15(3): Draft Disability Action Plan

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, the intention is to move this strategy forward. We will do a final review of the deputies, at which point I want to take it to Cabinet in its draft form, as well as to committee so that we have a chance to look at the results of a number of months' work and what is being recommended by this multi-departmental agency task group that did the work. Thank you.

MR. SPEAKER: Supplementary, Ms. Lee.

MS. LEE: Thank you, Mr. Speaker. May I ask the Minister as to whether or not the budget that we are discussing includes any of the action items that might be following from this action plan? Thank you.

MR. SPEAKER: I'll have to rule that question out of order. The line item you're talking about is presently under Committee of the Whole and we will be dealing with it under that context. But your original statement, if you can keep it in that line I will allow the question, but do not refer to the budget which is presently in Committee of the Whole and will be reviewed today. Supplementary, Ms. Lee.

Supplementary To Question 55-15(3): Draft Disability Action Plan

MS. LEE: Thank you, Mr. Speaker. I appreciate your ruling, Mr. Speaker. Mr. Speaker, may I ask the Minister, I'm trying to get at where the Minister is with this action plan. Is it still in the discussion stage? Has it been approved for any precise action? Have any dollars been allocated for those actions? Thank you.

MR. SPEAKER: Minister of Health and Social Services, Mr. Miltenberger.

Further Return To Question 55-15(3): Draft Disability Action Plan

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, we are in the final stages of doing the work, finalizing the document which was initiated by Cabinet about 24 months ago, in 2001. The intention, as I indicated, is to go back to Cabinet with the work with all the analysis and action plan building on the strategy. As well, I want to take these documents to the committee so that we can have the full discussion necessary as we look at this issue along with many others that we intend to discuss with the committee. Thank you.

MR. SPEAKER: Final supplementary, Ms. Lee.

Supplementary To Question 55-15(3): Draft Disability Action Plan

MS. LEE: Thank you, Mr. Speaker. Listening to the Minister's answers very carefully, I'm not able to ascertain whether or not anything is going to be done out of this action plan. Could the Minister indicate whether or not the government will have accepted the recommendations of the plan and that government is working to implement them? Thank you.

MR. SPEAKER: Minister of Health and Social Services, Mr. Miltenberger.

Further Return To Question 55-15(3): Draft Disability Action Plan

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, this work was initiated at the request of the former Premier. Under his direction, the work has been carried out. It has involved senior people in many departments, as well as NGOs. The work is now being made ready to take back to Cabinet with an action plan attached and some estimates in terms of costs. Cabinet will, at that point, review the work and will make their decisions and determinations on what is being proposed. Thank you.

MR. SPEAKER: Item 6, oral questions. Member for Sahtu, Mr. Yakeleya.

Question 56-15(3): Chief Albert Wright School In Tulita

MR. YAKELEYA: Thank you, Mr. Speaker. In my Member's statement today I spoke about the need to replace the Chief Albert Wright School and this government's commitment to begin construction this year. My question to the Minister of Education, Culture and Employment is what will be accomplished with the \$1.6 million that has been identified for the project this year?

MR. SPEAKER: Minister of Education, Culture and Employment, Mr. Dent.

Return To Question 56-15(3): Chief Albert Wright School In Tulita

HON. CHARLES DENT: Thank you, Mr. Speaker. Mr. Speaker, the initial year of this project, like most others, is dedicated to planning and site preparation. So that would largely be what we are going to accomplish in the first year of the project. Thank you, Mr. Speaker.

MR. SPEAKER: Supplementary, Mr. Yakeleya.

Supplementary To Question 56-15(3): Chief Albert Wright School In Tulita

MR. YAKELEYA: Mahsi, Mr. Speaker. I thank the Minister for his response. Can the Minister tell the Assembly the rough timelines for the construction and opening of the new Chief Albert Wright School in Tulita?

MR. SPEAKER: Minister of Education, Culture and Employment, Mr. Dent.

Further Return To Question 56-15(3): Chief Albert Wright School In Tulita

HON. CHARLES DENT: Thank you, Mr. Speaker. Mr. Speaker, the intent would be to have the initial community consultations on the school design this spring to then start the work on the design with detailed planning work commencing by the fall. We would likely be able to embark on the gravel haul over the course of the next winter using the ice road. I guess to make a long story short, the construction should be complete by the spring of 2007 if everything goes according to schedule.

MR. SPEAKER: Supplementary, Mr. Yakeleya.

Supplementary To Question 56-15(3): Chief Albert Wright School In Tulita

MR. YAKELEYA: Thank you, Mr. Speaker. Given that it will be about three years before the new school opens, can the Minister inform the Assembly whether there are any plans to deal with the current ventilation problems with the Chief Albert Wright School?

MR. SPEAKER: Minister of Education, Culture and Employment, Mr. Dent.

Further Return To Question 56-15(3): Chief Albert Wright School In Tulita

HON. CHARLES DENT: Thank you, Mr. Speaker. Mr. Speaker, there had been some work done on the ventilation system leading up to Christmas last year. The system was worked on. There have been tests done in the school and it has been found that most of the classrooms are well within the satisfactory range for carbon dioxide. There were a couple of classrooms that were a bit higher than what would be considered ideal, but still within the safe range. We are continuing to monitor that situation, but as things stand right now the tests in each of the classrooms have shown that they are safe and we will continue to watch to make sure that they stay at that level. Thank you, Mr. Speaker.

MR. SPEAKER: Final supplementary, Mr. Yakeleya.

Supplementary To Question 56-15(3): Chief Albert Wright School In Tulita

MR. YAKELEYA: Mahsi, Mr. Speaker. As I mentioned in my statement, there's overcrowding at the Chief Albert Wright School, particularly the Grades 10, 11 and 12 students. Can the Minister inform this Assembly whether he would consider putting a portable classroom into Tulita to deal with this problem?

MR. SPEAKER: Minister of Education, Culture and Employment, Mr. Dent.

Further Return To Question 56-15(3): Chief Albert Wright School In Tulita

HON. CHARLES DENT: Thank you, Mr. Speaker. Mr. Speaker, during the community consultation process we'll have a chance to discuss with the community what the options might be. As things stand right now, we don't have any spare inventory of portables that we could put into the community and if we were to purchase one, we would have to take it out of the budget for the new school. The school itself, as it sits now, was built for a capacity of 176 students. It currently has 160 in it. What we're going to do is work with the divisional education council for the region, the DEA and the community and see if we can't find some accommodation to instead concentrate on a bigger and better school rather than putting a portable in there and make sure that we are still able to deliver the program over the course of the next three years. Thank you, Mr. Speaker.

MR. SPEAKER: Item 6, oral questions. Member for Yellowknife Centre, Mr. Hawkins.

Question 57-15(3): Legal Services Board Annual Report

MR. HAWKINS: Thank you, Mr. Speaker. Mr. Speaker, section 9 of the Legal Services Act requires the Legal Services Board to prepare an annual report each year, which is then to be laid before the Legislative Assembly at the earliest opportunity. My question to the Minister of Justice, Mr. Speaker, is can the Minister tell us when he expects to be tabling the Legal Services Board's next annual report, along with the other seven tardy annual reports? Thank you, Mr. Speaker.

MR. SPEAKER: Minister of Justice, Mr. Dent.

Return To Question 57-15(3): Legal Services Board Annual Report

HON. CHARLES DENT: Thank you, Mr. Speaker. I have just received the annual reports for the Legal Services Board for the years 1996 to 2002. It is my intention to table those reports within the next few days. I am hoping that I will very soon have the 2003 report and my intention is to table that as soon as possible after I receive that. If not during this session, then certainly in the session in May-June. Thank you, Mr. Speaker.

MR. SPEAKER: Supplementary, Mr. Hawkins.

Supplementary To Question 57-15(3): Legal Services Board Annual Report

MR. HAWKINS: Thank you, Mr. Speaker. A lot of research went into reading this and it has caused our office quite a bit of concern. My question to the Minister would be, has he indicated to the board that he expects them to comply with their obligations under this act, including the requirement to submit an annual report each year? Thank you, Mr. Speaker.

MR. SPEAKER: Minister of Justice, Mr. Dent.

Further Return To Question 57-15(3): Legal Services Board Annual Report

HON. CHARLES DENT: Thank you, Mr. Speaker. Mr. Speaker, I'm advised that the department and my predecessors repeatedly advised the board of their

requirement to complete their annual reports. As I said, this has been done for 1996 through 2002 and I now have them and am preparing to table them.

MR. SPEAKER: Supplementary, Mr. Hawkins.

Supplementary To Question 57-15(3): Legal Services Board Annual Report

MR. HAWKINS: Thank you, Mr. Speaker. Can the Minister advise us what his responsibility is for ensuring that the Legal Services Board complies with their statutory obligations, including their requirement to submit annual reports? Thank you, Mr. Speaker.

MR. SPEAKER: Minister of Justice, Mr. Dent.

Further Return To Question 57-15(3): Legal Services Board Annual Report

HON. CHARLES DENT: Thank you, Mr. Speaker. Mr. Speaker, the Member has already quoted section 9 of the Legal Services Act, which is the first part that indicates the requirement for the annual reports. The Financial Administration Act also states that every public agency shall for each financial year prepare and submit to the appropriate Minister an annual report of that public agency. So my responsibility is to remind the board to prepare its annual reports, then to table them once I have them. Thank you, Mr. Speaker.

MR. SPEAKER: Final supplementary, Mr. Hawkins.

Supplementary To Question 57-15(3): Legal Services Board Annual Report

MR. HAWKINS: Thank you, Mr. Speaker. Mr. Speaker, as I pointed out, the last annual report for the Legal Services Board I haven't been able to find since the year 1995-1996. Can the Minister explain why there hasn't been an annual report tabled in the Legislative Assembly for the last seven years? Further, how could that ministry allow the board to act without following through on their obligated requirement? Thank you.

MR. SPEAKER: Minister of Justice, Mr. Dent.

Further Return To Question 57-15(3): Legal Services Board Annual Report

HON. CHARLES DENT: Thank you, Mr. Speaker. I can't answer why the situation developed with previous Ministers. It was before my time. I can assure the Members of this House that it will not be allowed to continue and that, in fact, you will be seeing the reports as you should. Thank you.

MR. SPEAKER: Item 6, oral questions. Member for Hay River South, Mrs. Groenewegen.

Question 58-15(3): Independent And Assisted Living In Hay River

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, in my Member's statement I referred to the fact that there is a group that has gotten together in Hay River and are interested in forming something, I'm not sure if they're going to call it the Hay River association for community living, but something similar to that. Historically in Hay River, if we had adults who had intellectual challenges and who needed assisted living support, they

would normally go to places like Red Deer or Yellowknife, in some instances. There hasn't ever been anything formal available in Hay River. I would like to ask Minister Miltenberger if there are funds available to directly fund an association for community living in Hay River. Initially, I would suggest the funding would be used to conduct a survey to identify the needs in Hay River and then develop a local action plan to address those needs. Would there be funding available? Thank you.

MR. SPEAKER: Minister of Health and Social Services, Mr. Miltenberger.

Return To Question 58-15(3): Independent And Assisted Living In Hay River

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. At this point the only organization we assist with funding is the NWT Society for Persons with Disabilities. We have the one in Yellowknife. There's also one in Fort Smith. They get by basically on their own as volunteer groups. Thank you.

MR. SPEAKER: Supplementary, Mrs. Groenewegen.

Supplementary To Question 58-15(3): Independent And Assisted Living In Hay River

MRS. GROENEWEGEN: Thank you, Mr. Speaker. I'd like to ask the Minister, what kind of support does the GNWT provide to the Yellowknife Association for Community Living? It's an organization that's been around for a while. I'm not sure where they get their funding, but does the GNWT provide any resources, financial or otherwise? Thank you.

MR. SPEAKER: Minister of Health and Social Services, Mr. Miltenberger.

Further Return To Question 58-15(3): Independent And Assisted Living In Hay River

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. We work with the Yellowknife association in a number of areas. We're looking at some projects they have on the books. We are spending most of our time, as I indicated, with the NWT society for those with disabilities and looking at the disability framework. We, as well, try to work with communities like Fort Smith where the society for the disabled there worked very hard with the community and they got funding to look at barrier-free access to buildings and making all the sidewalks compatible so people could cross with walkers and wheelchairs and those types of things. There are a number of ways that we work to assist, but we have a very limited budget in this area. Thank you.

MR. SPEAKER: Supplementary, Mrs. Groenewegen.

Supplementary To Question 58-15(3): Independent And Assisted Living In Hay River

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, now I am confused because the first question I asked was did the GNWT provide any support. The Minister responded, no. Now he's saying that he works with these associations in other communities on certain projects, works with them, supports them, I assume provides some sort of resources in response to those projects on the books, as he refers to them. Is that correct? Thank you.

MR. SPEAKER: Minister of Health and Social Services, Mr. Miltenberger.

Further Return To Question 58-15(3): Independent And Assisted Living In Hay River

HON. MICHAEL MILTENBERGER: Yes, Mr. Speaker, in Yellowknife, for example, there's work being done on a dementia facility that we have been assisting with. They have been assisted with some money for studies, as well. There has been the issue of access to the land for a facility that's been dealt with in Cabinet. So we are assisting in that way. Thank you.

MR. SPEAKER: Final supplementary, Mrs. Groenewegen.

Supplementary To Question 58-15(3): Independent And Assisted Living In Hay River

MRS. GROENEWEGEN: Thank you, Mr. Speaker. So, Mr. Speaker, we have now determined that Mr. Miltenberger's department does assist communities with projects and studies and surveys and, I understand, he said that resources are limited, but would the Minister, Mr. Speaker, entertain a proposal from a Hay River community living association for funding to conduct a survey so we can identify the needs and create an action plan for the community of Hay River? Thank you.

MR. SPEAKER: Minister of Health and Social Services, Mr. Miltenberger.

Further Return To Question 58-15(3): Independent And Assisted Living In Hay River

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, yes, we'll consider any proposal that any community puts forward. In this case, yes, we will consider a proposal if it's put forward by the community of Hay River.

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

Question 59-15(3): Business Incentive Policy Application On Housing Contract

MR. DELOREY: Thank you, Mr. Speaker. Mr. Speaker, in keeping with my Member's statement on manufacturing, I would like to address a few questions to the Minister responsible for the Housing Corporation, the Honourable Michael McLeod. Mr. Speaker, I mentioned in my Member's statement that I think we have seen an opportunity of probably promoting manufacturing in the North a little bit more. I think the Housing Corporation could play a role in that. The Housing Corporation has recently put out a tender for some 22 mobile units, prefab units. I would like to ask the Minister, in order for a firm to get that contract, to be awarded that contract, how much northern content would the firm have to put into that contract in order to secure it? Thank you, Mr. Speaker.

MR. SPEAKER: Minister responsible for the Housing Corporation, Mr. McLeod.

Return To Question 59-15(3): Business Incentive Policy Application On Housing Contract

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, as the Member is aware, the BIP has been

waived on this whole initiative to supply market housing to the communities. Therefore, there is no requirement for northern content. Thank you.

MR. SPEAKER: Supplementary, Mr. Delorey.

Supplementary To Question 59-15(3): Business Incentive Policy Application On Housing Contract

MR. DELOREY: Thank you, Mr. Speaker. Mr. Speaker, I would like to get from the Minister, if he could verify for me, whether the whole of that contract is separated from the BIP or if there are some portions of it, as far as setting up the units or building pads that is all-inclusive, or is some of that separated where the BIP would apply? Thank you, Mr. Speaker.

MR. SPEAKER: Minister responsible for the Housing Corporation, Mr. McLeod.

Further Return To Question 59-15(3): Business Incentive Policy Application On Housing Contract

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Our plan is to tender for all the mobile homes or facilities that we require for market housing FOB. The ones for the highway system will be FOB Hay River and...I'm sorry, the ones that require barge transportation will be FOB Hay River and the ones on the road system will be FOB in the communities. The second part of this initiative is to put them up, and the LHOs in the communities will be given the responsibilities of the gravel pads and the hook-up for sewer and water and fuel. Thank you.

MR. SPEAKER: Supplementary, Mr. Delorey.

Supplementary To Question 59-15(3): Business Incentive Policy Application On Housing Contract

MR. DELOREY: Thank you, Mr. Speaker. Mr. Speaker, in considering this contract and other contracts, I know the Minister has identified that there is a growing need in communities for units and these prefab units may be the answer for us. I was wondering if the Minister and his department considered a meeting with the industry in the North to see about doing a cost-analysis of what it would cost in the North to build these prefab units as compared to the South. Thank you, Mr. Speaker.

MR. SPEAKER: Minister responsible for the Housing Corporation, Mr. McLeod.

Further Return To Question 59-15(3): Business Incentive Policy Application On Housing Contract

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. In response to that question, no, we haven't met with industry as of yet. This is an initiative that we inherited from the 14th Assembly. We have some real serious timelines to work with. We need to have the contract out and the buildings in Hay River by a certain deadline. Therefore, we haven't had the opportunity talk to large groups. We have contacted the affected communities. We have contacted the Construction Association. We have some people coming to meet with me to talk about the initiatives such as the Member is referring to, about the possibility of looking at how we can manufacture these units in the North. That's certainly something we would embrace. We are encouraging it. We would like to see something of that nature set up for the long term. So we

intend to, but as of yet we have not talked to anybody regarding construction of these units. Thank you.

MR. SPEAKER: Final Supplementary. Mr. Delorey.

Supplementary To Question 59-15(3): Business Incentive Policy Application On Housing Contract

MR. DELOREY: Thank you Mr. Speaker. Mr. Speaker, I would like to thank the Minister for those answers and I am encouraged by the answer he gives. I would like to get a commitment from the Minister that he work with the industry and do a cost analysis of what we can do in the North to keep as much business as we possibly can, whether it is work with RWED and the Housing Corporation, but with the focus of keeping as much northern content as we can and in line with keeping them to an affordable cost where we can meet the community needs. Will the Minister agree to do that? Thank you, Mr. Speaker.

MR. SPEAKER: Minister responsible for the Housing Corporation, Mr. McLeod.

Further Return To Question 59-15(3): Business Incentive Policy Application On Housing Contract

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, our intent is to try to generate that interest. Our direction requires us to have these units cost effective, to plan market rent for the communities and competitive resale value, and we are also required to have full cost recovery and no subsidy to these units. We would be very interested and would commit to the request of the Member. Thank you.

MR. SPEAKER: Item 6, oral questions. The Member for Nahendeh, Mr. Menicoche.

MR. MENICOCHÉ: Thank you very much, Mr. Speaker. I will direct my inquiries to the Minister of Transportation. I am just wondering about Highway No. 1 that runs through the Nahendeh riding. What specific priorities do they have to maintain and spend on maintenance on our highways for this coming fiscal year?

MR. SPEAKER: Mr. Menicoche, maybe I will get you to rephrase your question. It is outside the realm of the Minister's authority with regard to your original statement. So could you rephrase your question because I don't think the Minister understood it? Rephrase your question.

Question 60-15(3): Highway Maintenance Priorities

MR. MENICOCHÉ: Thank you very much, Mr. Speaker. Just in reference to my Member's statement where it appears to me that the priority is not spending enough money on Highway No. 1 that is in my riding. I am just wondering what priorities the Minister has for this coming fiscal year in upgrading and paving the highway.

MR. SPEAKER: Minister of Transportation.

Return To Question 60-15(3): Highway Maintenance Priorities

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, all of our highways are important to us. We need to provide safe travel for the commercial traffic as well as private vehicles. Highway No. 1 is slated to have some paving overlay on the south end of it, and we will be

looking at some minor upgrades in certain areas of the north end of Highway No. 1. I don't have that specific information, but I will commit to providing that information to the Member. Thank you, Mr. Speaker.

MR. SPEAKER: Supplementary. Mr. Menicoche.

Supplementary To Question 60-15(3): Highway Maintenance Priorities

MR. MENICOCHÉ: Thank you very much, Mr. Speaker. I just wanted to reassure my constituents that indeed the department is placing a priority on that road, and especially when it comes to tourism. I was wondering if the Minister is aware that last year the people in my riding were concerned that the highway wasn't maintained on a regular basis, that the big motor homes were turning around halfway and if the Minister will address that and keep a target on more frequent maintenance on our highways. If I can get assurance from the Minister with that regard.

MR. SPEAKER: Minister of Transportation, Mr. McLeod.

Further Return To Question 60-15(3): Highway Maintenance Priorities

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, I was not aware that the Member had concerns regarding maintenance. Our reports indicate to us that the highway is safe. We are targeting some dollars for the riding of Nahendeh, especially in the Liard area. We will be looking at a study that is being conducted by Transport Canada to project increases on traffic volumes as a result of potential development. We will be using this study to access more federal funding. Thank you.

MR. SPEAKER: Item 6, oral questions. Member for Great Slave, Bill Braden.

Question 61-15(3): National Child Benefit Supplement Clawback

MR. BRADEN: Thank you, Mr. Speaker. My question is today continued to the Minister of Education, Culture and Employment in the area of the clawback of the national child benefit supplement. In a discussion last week, we learned that one of the reasons for continuing the programs that the GNWT has and financing through this clawback is that we want to help people create an attachment to the workforce. This is a bit of a nebulous phrase and I am wondering, Mr. Speaker, if the Minister could explain what is meant by helping to create an attachment to the workforce and how do we indeed measure our success in this objective. Thank you, Mr. Speaker.

MR. SPEAKER: Minister of Education, Culture and Employment, Mr. Dent.

Return To Question 61-15(3): National Child Benefit Supplement Clawback

HON. CHARLES DENT: Thank you, Mr. Speaker. Mr. Speaker, by creating an attachment to the workforce, what is meant is the goal is to encourage people to transition from income support to working and gaining income on their own, as opposed to receiving a supplement from the income support program. How do we measure the success of that? We do have some follow-up with clients, but by and large the biggest measure of success is the

turnover of the people who cycle through the system, coming on and off the program.

MR. SPEAKER: Supplementary, Mr. Braden.

Supplementary To Question 61-15(3): National Child Benefit Supplement Clawback

MR. BRADEN: Mr. Speaker, the number of people cycling on and off. You know when we look for value for money, one of the results we are getting, all too often, these are the fuzzy answers we get. What I am looking for here are some real numbers, something that I and others can hold up and say this is getting us somewhere or not. I would really like to know. Can the Minister justify what the results are by not giving families in poverty situations the national child benefit supplement?

MR. SPEAKER: Minister of Education, Culture and Employment, Mr. Dent.

Further Return To Question 61-15(3): National Child Benefit Supplement Clawback

HON. CHARLES DENT: Thank you, Mr. Speaker. Mr. Speaker, whether we should calculate the national child benefit as part of the family income before calculating income support, or whether or not there is a measurable way of determining if that's helping get people into the workforce, I am not sure that is the issue that is most important. If we are going to use public monies to provide support to people, we need to make sure we have a consistent and fair way for assessing. Some people might qualify for the national child supplement, others may not. If we are going to have a mechanism for determining what support this government gives people, it shouldn't be just because they qualify for one program or another. The whole gambit of what they have needs to be taken into consideration. I met with Alternatives North. Clearly, their concern was the support that we're providing and they feel income support program isn't adequate. I suspect that that is what the Member is saying as well. I don't think that we should take just one section that some people might qualify for and agree that it should be passed on.

If there is an issue of adequacy, we need to deal with that. It should be dealt with in a consistent manner so that all the income that people have is taken into account before we figure out what we should give them. I suspect that the Member is really speaking about the issue of adequacy of our current program. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Supplementary, Mr. Braden.

Supplementary To Question 61-15(3): National Child Benefit Supplement Clawback

MR. BRADEN: Mr. Speaker, I appreciate the Minister's answers. These are wide ranging, complex issues. A lot of different value systems and ideas come into play. Where the Minister talks about eligibility, there is also an aspect that I think deserves some more exploration. That is where we take a national child benefit supplement from whoever is eligible and then we create programs for families and young kids. Is there equitability in the access to these programs? Taking from somebody in a given

community, can we reassure them that they are getting an equal benefit in return? Thank you.

MR. SPEAKER: Minister of Education, Culture and Employment, Mr. Dent.

Further Return To Question 61-15(3): National Child Benefit Supplement Clawback

HON. CHARLES DENT: Thank you, Mr. Speaker. I cannot necessarily guarantee equity in access to those programs because they are community-based programs. They are funded based on applications. So, typically they are programs that are developed in the communities. They are not necessarily in all communities, so there isn't necessarily an equity of access.

One of the other things that we use the monies for is the territorial worker supplement. That is a program which is designed to encourage low-income people to stay in the workforce. It is provided equitably to all people who qualify for it. So the one portion that the Member has asked about, no, I can't guarantee that there is equity. In terms of adequacy, I have committed already that I would meet with the standing committee to discuss the program outlining its purpose, its costs, what benefits it provides and discuss with them where we might need to make some changes and that commitment stands, Mr. Speaker.

MR. SPEAKER: Final supplementary, Mr. Braden.

Supplementary To Question 61-15(3): National Child Benefit Supplement Clawback

MR. BRADEN: Mr. Speaker, to that commitment, and I have indicated already, as other Members have that I certainly look forward to engaging that. It has also caught the attention, needless to say, of non-government organizations and others who would like to be able to participate. I would like to say that they could and should because they are very much the people on the front line. Would the Minister welcome the participation of stakeholders and non-government organizations in this review? Thank you. Mr. Speaker.

MR. SPEAKER: Minister of Education, Culture and Employment, Mr. Dent.

Further Return To Question 61-15(3): National Child Benefit Supplement Clawback

HON. CHARLES DENT: Mr. Speaker, it was not the intent when I said that I would involve the standing committee, that I would embark on an expensive road show. I have no money in the budget for a consultative process. I would much rather examine with the standing committee where we go from here before agreeing to do that. If we have any money to spare, I would rather see it put into the program rather than into the review process. I have met with advocates such as Alternatives North to talk about the program. I think I know what the concerns are. I would like to hear from MLAs who represent the public on the standing committee, what they feel the concerns are with the program, and then discuss with the standing committee where we might make some changes. I have no intention of embarking on an expensive public process. Thank you, Mr. Speaker.

MR. SPEAKER: Item 6, oral questions. Member for Inuvik Twin Lakes, Mr. Allen.

Question 62-15(3): Support For The Mackenzie Valley Pipeline

MR. ALLEN: Thank you, Mr. Speaker. I will be consistent with my Member's statement as well. A preamble to my question, Mr. Speaker, again on March 12, the representative for Imperial Oil said it got what it was looking for. Deadlines will lead up to the environmental assessment of the Mackenzie Valley pipeline. Mr. Speaker, my question is to the Minister of Resources, Wildlife and Economic Development. I want the Minister to state whether he will have his department step up and make presentations and take a position in support of a proposed pipeline project. Thank you, Mr. Speaker.

MR. SPEAKER: Minister of Resources, Wildlife and Economic Development, Mr. Bell.

Return To Question 62-15(3): Support For The Mackenzie Valley Pipeline

HON. BRENDAN BELL: Thank you, Mr. Speaker. As the cooperation plan unfolds and as we get down the road toward the joint environment impact assessment hearings, and we are preparing for these coordinated regulatory hearings with the NEB, the Mackenzie Valley Land and Water Board, the Gwich'in Land and Water Board, and the Sahtu Land and Water Board. We will make sure that they are holding hearings in the same area so as not to have such a cumbersome process that we are tied up in consultation for the next 15 years. Certainly, the Government of the Northwest Territories will come forward, make an intervention, represent the interests of the people of the Northwest Territories, ensure our interests are upheld, ensure that northerners are involved and heard, and make sure that the management of our environment and wildlife is first and foremost and that the benefits that flow from not just this development, but any other development, as has been our past practice. We will stand up and make the case that the benefits need to remain in the North, as well as the job opportunities and the business opportunities. You can expect to hear that message loud and clear from this government. Thank you, Mr. Speaker.

MR. SPEAKER: Supplementary, Mr. Allen.

Supplementary To Question 62-15(3): Support For The Mackenzie Valley Pipeline

MR. ALLEN: Thank you, Mr. Speaker. I am pleased to hear that. But, I will also hold the Minister accountable for those words. I want to elaborate and be more proactive from the political perspective rather than from a managerial or administrative one. I want to reference a comment made to industry on January 26th, where I said in my follow-up meeting with Petro Canada and ConocoPhillips, that I would continue to support the exploration activities in the Mackenzie Delta/Beaufort area from a constituency perspective. I will make this same confirmation to the company. So, again, I will ask the Minister if he would provide us with the political details as to what position of this government would be in this approach to making statements to the environmental assessment review. Thank you.

MR. SPEAKER: Minister of Resources, Wildlife and Economic Development, Mr. Bell.

Further Return To Question 62-15(3): Support For The Mackenzie Valley Pipeline

HON. BRENDAN BELL: Thank you, Mr. Speaker. We are certainly supportive of continued exploration, continued economic development, not only in the Member's riding but in all ridings in the Northwest Territories. Obviously, if there is a need to balance economic development with the preservation of our environment...But that is something that doesn't come with any surprise. Anyone in the Northwest Territories or anyone in this House, that has always been our message. We will continue to be consistent with that. I have also had the chance to meet with industry, with the Mackenzie Valley producers group and other industry representatives. Our message is the same. I'm glad to hear we are on the same page with the Member, that we are certainly supportive of development. Wherever we can lend a hand, certainly engage us, because we are prepared to do that. Thank you.

MR. SPEAKER: Supplementary, Mr. Allen.

Supplementary To Question 62-15(3): Support For The Mackenzie Valley Pipeline

MR. ALLEN: Thank you, Mr. Speaker. Again, I take the Minister's question in stride. I am very pleased to hear that he is on the same wavelength as I am. It brings to mind, Mr. Speaker, that in the political process, we also deal with adversarial positions. One of the key stumbling blocks to our prosperity seems to be that canvass governments appear not to trust Canadians to make their own economic decisions. In the context of my questions on the pipeline issue, I am going to ask the Minister if he would raise that as an important profile in the deliberations to the success of a potential pipeline development. Thank you, Mr. Speaker.

MR. SPEAKER: Minister of Resources, Wildlife and Economic Development, Mr. Bell.

Further Return To Question 62-15(3): Support For The Mackenzie Valley Pipeline

HON. BRENDAN BELL: Thank you, Mr. Speaker. I think it is our nature, unfortunately, to tend, at times, to get hunkered down in adversarial positions. I think we have to move past that. I think we have to look at what is in the best interests of northerners and NWT residents. Certainly, this government will act and make sure we are working toward achieving the best interests of all northerners. I think it is important for us to move past adversarial positions. I don't think we are trying to restrict northerners who are going out, making an effort to be entrepreneurial, looking to be involved in businesses and looking to take advantage of this development. I want to support that. I know this government wants to support that. That certainly is our intention and will remain so. Thank you, Mr. Speaker.

--Applause

MR. SPEAKER: Final supplementary, Mr. Allen.

Supplementary To Question 62-15(3): Support For The Mackenzie Valley Pipeline

MR. ALLEN: Thank you, Mr. Speaker. I certainly respect that response. I recognize that our political system in the

Northwest Territories is not always conducive to the approach of economic business development. I am going to ask the Minister if he is willing to enter other regions of the Territories to help promote the prospects of a Mackenzie Valley gas pipeline to see if we can somehow influence some of the political institutions that come outside. I think that is one of the systematic problems we are having in the Territories. Again, I am going to ask the Minister if he is prepared to go into other regions and see if he can influence the political process at this point. Thank you.

MR. SPEAKER: Minister of RWED, Mr. Bell.

Further Return To Question 62-15(3): Support For The Mackenzie Valley Pipeline

HON. BRENDAN BELL: Thank you, Mr. Speaker. We as a government feel that we have an educative role to play and need to be able to ensure that communities have all of the necessary information before them when they are making these very important decisions about whether or not to support economic development. Certainly at times the NWT and the jurisdiction here are no different than other jurisdictions. At times economic development can be at odds with political development, sometimes it is in lockstep. I think we have to look at these things on a case-by-case basis, offer all of our support as a government, and certainly agree to work with community groups, whether it is pipeline, hydro, mining, any of these economic development opportunities. I think the best thing that we can do is be willing to support and buttress the efforts of local community groups. Certainly, we will commit to continue to do that. Thank you.

MR. SPEAKER: Item 6, oral questions. Member for Tu Nedhe, Mr. Villeneuve.

Question 63-15(3): Compensation For Hunters And Trappers

MR. VILLENEUVE: Thank you, Mr. Speaker. Today I just want to raise a question to the Premier of the NWT with regard to the NWT Power Corporation's latest rounds of community consultations in Fort Resolution, Hay River and Fort Smith. Mr. Speaker, I have had a lot of issues on impact development and compensation being raised by constituents and people who used to be constituents of the Treaty 8 area during this latest round of community consultation. I just want to ask the Premier how this government plans to address these issues, to resolve the issues of compensation of the trappers and their families who have lost cabins, traplines and equipment in the wake of the last dam development.

MR. SPEAKER: Mr. Premier, Minister responsible for the Power Corporation, Mr. Handley.

Return To Question 63-15(3): Compensation For Hunters And Trappers

HON. JOE HANDLEY: Mr. Speaker, I am assuming that the honourable Member is referring to the compensation for damages that occurred a number of years ago when the Taltson Dam was first put in place. To the best of my knowledge, this issue is still before the courts, and I believe the courts and the other parties are waiting for action on the part of the claimants. So I really can't get into a lot of detail on this one. Thank you, Mr. Speaker.

MR. SPEAKER: Just to warn the Member, if an item that you are raising is before the courts, we are not to debate it in this House. So it is just a question of caution in regard to how you phrase your question. Supplementary, Mr. Villeneuve.

Supplementary To Question 63-15(3): Compensation For Hunters And Trappers

MR. VILLENEUVE: Thank you, Mr. Speaker. Basically, I just wanted to ask the Premier how this government will present these individuals with options or avenues that would assist them and help this government take on some responsibility as owners of this current dam, how they would help these individuals who have been seeking compensation for the past 20 years in dealing with recent developments and in the future developments of this project.

MR. SPEAKER: Mr. Villeneuve, I have to rule that question out of order. It is referring to an issue that is before the courts, so the question is out of order.

---Ruled Out of Order

Item 6, oral questions. Member for Hay River South, Mrs. Groenewegen.

Question 64-15(3): Funding For Assisted Living In Hay River

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, my questions are again for the Minister of Health and Social Services, also responsible for Persons with Disabilities. Mr. Speaker, now that I have ascertained that this new Hay River association for community living could submit a funding proposal, I was just wondering if that should go directly to the Minister or should it go through the Hay River Community Health Board? What would be the normal course of action for such a funding proposal? Thank you.

MR. SPEAKER: Minister of Health and Social Services, Mr. Miltenberger.

Return To Question 64-15(3): Funding For Assisted Living In Hay River

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, the Member could suggest both. I know when we dealt with the acts in terms of a dementia facility, that they did involve Yellowknife health and social services and the department before it came across my desk. So either way would be fine. Thank you.

MR. SPEAKER: Supplementary, Mrs. Groenewegen.

Supplementary To Question 64-15(3): Funding For Assisted Living In Hay River

MRS. GROENEWEGEN: Thank you, Mr. Speaker. I will pass that on to the group. Also, Mr. Speaker, it has not been unprecedented in the past for infrastructure, such as houses and lands, to be provided by other government departments in the address of social issues. I think of such things as the contribution for the land for the playschool in Hay River, the contribution of a home for second stage housing for the women's shelter in Hay River, which the home I believe belonged to the NWT Housing Corporation. So in the interest of advancing the program of the folks in Hay River, I was wondering if the

Minister could agree to work with me to lobby the Minister responsible for the NWT Housing Corporation for some real property in Hay River to accommodate an office and some program area. Thank you.

MR. SPEAKER: Minister of Health and Social Services, Mr. Miltenberger.

Further Return To Question 64-15(3): Funding For Assisted Living In Hay River

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, I would, as Minister, of course be looking for the first step which should be the submission of a proposal that would articulate what the intention of the group was and what some of the plans are. Subsequent to that, if there is a need to work collaboratively with the Member and other departments to try to move things ahead then, yes, I would be prepared to do that.

MR. SPEAKER: Item 6, oral questions. Member for Sahtu, Mr. Yakeleya.

Question 65-15(3): Disability Action Plan

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, my question is for the Minister of Health and Social Services who is responsible for the disability framework action plan. Mr. Speaker, my grandfather was in a wheelchair for many years of his life, and my mother told me a story that when he was in the bush that he had lost the use of his legs and he would drag himself to the trees and cut the trees down for firewood. My grandfather's attitude towards his life was hoping that this disability framework action plan would instil into people in our communities. What types of timelines can the people expect in terms of improving their lives with regard to this action plan that is being considered in the House right now?

MR. SPEAKER: Minister of Health and Social Services, Mr. Miltenberger.

Return To Question 65-15(3): Disability Action Plan

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, as a system for Health and Social Services, we are having our budget reviewed before this House, but we have been spending well over \$200 million a year for the last number of years trying to improve the life of northerners. With regard to this particular framework, I hope to be able to move this into Cabinet and into committee in the next couple of weeks, keeping in mind, of course, that we are operating in a very tight fiscal climate, so we are trying to be as responsible as possible within that context. Thank you.

MR. SPEAKER: Supplementary, Mr. Yakeleya.

Supplementary To Question 65-15(3): Disability Action Plan

MR. YAKELEYA: Thank you, Mr. Speaker. Thank you, Mr. Minister. I was hoping I would get some of the answers in terms of the type of support systems that the people in our communities in the Sahtu region could expect in terms of the action plan with regard to the disability issue. When can they expect to see some real tangible improvements or some changes to their lives in terms of the issues they are dealing with today?

MR. SPEAKER: Minister of Health and Social Services, Mr. Miltenberger.

Further Return To Question 65-15(3): Disability Action Plan

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, as the honourable Member mentioned about his grandfather, many people have a lot of initiative, a lot of heart and are very self-reliant. Our hope is to try to foster those attitudes and those ethics in people. We currently spend a considerable amount of money. Also, as I indicated in some of my earlier answers to the Member for Hay River South, we have engaged with community governments to look at tangible practical things that can be done in terms of barrier-free access in terms of our work in here in Yellowknife and in other communities with placards for the disabled. If the community identifies and the people in the communities identify areas, there are tangible things that can be done today. What this framework and action plan will do is supplement a lot of that work, and hopefully provide a better focus once it has been through the proper steps. But in the meantime, there are things we can do today. Thank you.

MR. SPEAKER: Supplementary, Mr. Yakeleya.

Supplementary To Question 65-15(3): Disability Action Plan

MR. YAKELEYA: Thank you, Mr. Speaker, and thank you, Mr. Minister. I wasn't going to bring this issue up, however, a constituent from my riding asked if I could raise this issue and support this initiative. I want to thank that person for helping me look at some of the issues that sometimes I forget. Would the Minister commit to work with the people in our regions in terms of implementing some of the tangible improvements for people who are deemed disabled?

MR. SPEAKER: Minister of Health and Social Services, Mr. Miltenberger.

Further Return To Question 65-15(3): Disability Action Plan

HON. MICHAEL MILTENBERGER: Mr. Speaker, once again, I will make the commitment to all my colleagues and, in this case, the Member for Sahtu, that I, as the Minister, will seriously look at any proposals that are put on my desk. As well, I have made and will honour the commitment to work with MLAs and regions to look at how we do business. If there are ways we can do things better, then we're prepared to do that. If there's a way we can work more collaboratively in the region or as a government here in Yellowknife, then we will do that. So, yes, I will be happy to do that.

MR. SPEAKER: Final supplementary, Mr. Yakeleya.

Supplementary To Question 65-15(3): Disability Action Plan

MR. YAKELEYA: Thank you, Mr. Speaker, and thank you, Mr. Minister. It reminds me also that when I was in Holman a gentleman who was disabled made his way to the community hall for one of the workshops that I attended. That brings me to this question: Would the Minister commit to work with other departments in terms

of buildings having accessibility for people who have hard times with mobility, with moving around in a wheelchair, and that the Minister would keep monitoring those buildings that people need to have access to?

MR. SPEAKER: Minister of Health and Social Services, Mr. Miltenberger.

Further Return To Question 65-15(3): Disability Action Plan

HON. MICHAEL MILTENBERGER: Mr. Speaker, access to GNWT buildings for people with disabilities is an important issue, and it's one that as a government we are committed to making sure that access is there. So, yes, once again I will commit to work with the Member, community governments, MACA and whoever else we have to ensure that for new buildings, of course, that kind of access is built in. As for those current buildings that don't have that access, then it should be allocated for as they look at community kinds of maintenance. Thank you.

MR. SPEAKER: Item 6, oral questions. Member for Yellowknife Centre, Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Speaker. I have to first start off by saying oral questions wouldn't be oral questions unless we engaged our favourite Minister responsible for the FMBS, the Honourable Mr. Roland. Mr. Speaker, I want to hold up in front of everyone a piece of history. I put a little sticky over "annual report," and I wrote "report," because this is the last report filed in 1995-96...

MR. SPEAKER: Just to remind the Members, you're not allowed to hold up pamphlets or names or tags or whatever in the House. So I just want to warn the Member that you are not allowed to do that. So you are warned.

MR. HAWKINS: Thank you for pointing that out, Mr. Speaker. If I could, I would hold up a piece of history that would point out "annual report," although I would demonstrate I had put a sticky on it that says "report," because that piece of history hasn't been followed up on, the annual part, for many years, as I pointed out earlier. My question would be to the honourable Member, the Minister responsible for the FMBS. I do have a concern with the fact that we have not been following through with these reports being tabled in the Assembly, and there's no way I can believe that my enquiry with regard to where did these things go can be simply followed up with oh, they were sitting on my desk, I just forgot to hand them in.

Mr. Speaker, my question to the Minister is how does the Minister's department monitor the reporting requirements of public boards and agencies under the Financial Administration Act? Thank you, Mr. Speaker.

MR. SPEAKER: Minister of Finance, Mr. Roland.

HON. FLOYD ROLAND: Thank you, Mr. Speaker. Mr. Speaker, I have to apologize to the Member and ask him to clarify his question, as I was trying to find information in response to preparing for another question. So I apologize for that. If the Member can rephrase his question for me. Thank you.

MR. SPEAKER: Mr. Hawkins, rephrase your question.

Question 66-15(3): Reporting By Public Boards And Agencies

MR. HAWKINS: Thank you, Mr. Speaker. I hope I don't lose another question on the list because I have to repeat it.

---Laughter

I will squeeze the next two together if that's the case. Mr. Speaker, my question to the honourable Minister is how does this Minister monitor the reporting requirements of public boards and agencies under the Financial Administration Act? Thank you, Mr. Speaker.

MR. SPEAKER: Minister of Finance, Mr. Roland.

Return To Question 66-15(3): Reporting By Public Boards And Agencies

HON. FLOYD ROLAND: Thank you, Mr. Speaker. Mr. Speaker, each Minister would deal with those departments, boards and agencies that they're directly involved with. If it's a health and social services board, that report would be filed through that responsible Minister and be brought forward to the House. I would become involved if in fact there were parts of the act that were not being followed. Then we would look at the situation on a case-by-case basis and see what requirements were not met and what penalties might be there, and we would move forward on that basis. Thank you.

MR. SPEAKER: Supplementary, Mr. Hawkins.

Supplementary To Question 66-15(3): Reporting By Public Boards And Agencies

MR. HAWKINS: Thank you, Mr. Speaker, and thank you, Mr. Minister. In light of this new revelation coming forward, what action, if any, will your department be taking in these cases when boards and agencies fail to supply clearly spelled-out requirements under the Financial Administration Act?

MR. SPEAKER: Minister of Finance, Mr. Roland.

Further Return To Question 66-15(3): Reporting By Public Boards And Agencies

HON. FLOYD ROLAND: Thank you, Mr. Speaker. Mr. Speaker, I think I can vouch for the current Cabinet, that we would not allow those situations to happen.

---Applause

AN HON. MEMBER: Yah, yah!

---Applause

HON. FLOYD ROLAND: There are a number of actions that we can take. One of the main areas is to withhold the funding that they deal with. That would be a very critical move on our behalf, to absolutely shut down the program by not allowing the funding to flow to that group or agency. As well, depending on the situation, the Minister could step in and remove the board or put in an administrator from a different board or agency. There are a number of avenues that we could take as a government. Thank you.

MR. SPEAKER: I would just like to acknowledge the clock. Time has run out for oral questions, but I will allow

Mr. Hawkins to conclude his one remaining supplementary and his final supplementary. Mr. Hawkins.

Supplementary To Question 66-15(3): Reporting By Public Boards And Agencies

MR. HAWKINS: I sincerely appreciate that, Mr. Speaker. Thank you very much. Mr. Speaker, I don't have to stress the importance of these reports. They are very important tools for this Assembly to measure whether our funding is being used properly. Mr. Speaker, will the Minister investigate this incident that has been brought forward and report back to the House as to what corrective actions have taken place so that these tools will not be overlooked in the future? Thank you, Mr. Speaker.

MR. SPEAKER: Minister of Finance, Mr. Roland.

Further Return To Question 66-15(3): Reporting By Public Boards And Agencies

HON. FLOYD ROLAND: Thank you, Mr. Speaker. Mr. Speaker, once again, I would vouch for my Cabinet colleagues in these particular areas. In this particular situation that has come forward, the Minister has looked into it, has reported to this House, and will be tabling documents in this House to bring the situation to the current time frame. Thank you.

MR. SPEAKER: Your final supplementary, Mr. Hawkins.

Supplementary To Question 66-15(3): Reporting By Public Boards And Agencies

MR. HAWKINS: Thank you, Mr. Speaker. My final question, again to the Minister responsible for the FMBS, will be would the Minister be willing to launch an investigation to ensure that this problem isn't being repeated by any other board and agency, and further report those findings and table them in the House at this Legislative Assembly? Thank you, Mr. Speaker.

MR. SPEAKER: Minister of Finance, Mr. Roland.

Further Return To Question 66-15(3): Reporting By Public Boards And Agencies

HON. FLOYD ROLAND: Thank you, Mr. Speaker. Mr. Speaker, as a government we are operating prudently and being effective and efficient with the funds we do have available. I will commit that we will go back to the Ministers who have responsibilities of boards and agencies under their authority, and request that they see if we are meeting the timelines. If those aren't being met, then I will report those back to this House. Thank you.

MR. SPEAKER: Item 7, written questions. Item 8, returns to written questions. Item 9, replies to opening address. Item 10, replies to budget address. Item 11, petitions. Item 12, reports of standing and special committees. Item 13, reports of committees on the review of bills. Item 14, tabling of documents. Item 15, notices of motion. Item 16, notices of motion for first reading of bills. Item 17, motions. Item 18, first reading of bills. Mr. Roland.

ITEM 18: FIRST READING OF BILLS**Bill 4: Supplementary Appropriation Act, No. 3, 2003-2004**

HON. FLOYD ROLAND: Thank you, Mr. Speaker. I move, seconded by the honourable Member for Weledeh, that Bill 4, Supplementary Appropriation Act, No. 3, 2003-2004, be read for the first time. Thank you, Mr. Speaker.

MR. SPEAKER: The motion is in order.

AN HON. MEMBER: Question.

MR. SPEAKER: Question is being called. All those in favour? All those opposed? The motion is carried.

---Carried

Item 18, first reading of bills. Item 19, second reading of bills. Mr. Roland.

ITEM 19: SECOND READING OF BILLS**Bill 4: Supplementary Appropriation Act, No. 3, 2003-2004**

HON. FLOYD ROLAND: Thank you, Mr. Speaker. I move, seconded by the honourable Member for Weledeh, that Bill 4, Supplementary Appropriation Act, No. 3, 2003-2004, be read for the second time.

Mr. Speaker, this bill makes supplementary appropriations for the Government of the Northwest Territories for the 2003-2004 fiscal year. Thank you.

MR. SPEAKER: The motion is in order. To the principle of the bill.

SOME HON. MEMBERS: Question.

MR. SPEAKER: Question has been called. All those in favour? All those opposed? The motion is carried.

---Carried

Bill 4 has had second reading and is now referred to Committee of the Whole for today. Item 20, consideration in Committee of the Whole of bills and other matters: Bill 1, Appropriation Act, 2004-2005; Committee Report 1-15(3): Standing Committee on Accountability and Oversight Report on the Review of the Draft 2004-2005 Main Estimates; Committee Report 2-15(3): Standing Committee on Social Programs Report on the Review of the Draft 2004-2005 Main Estimates; Committee Report 3-15(3): Standing Committee on Governance and Economic Development Report on the Review of the Draft 2004-2005 Main Estimates; and, Bill 4, Supplementary Appropriation Act, No. 3, 2003-2004, with Mr. Ramsay in the chair.

ITEM 20: CONSIDERATION IN COMMITTEE OF THE WHOLE OF BILLS AND OTHER MATTERS

CHAIRMAN (Mr. Ramsay): Thank you, colleagues. In Committee of the Whole we have Bill 1, Appropriation Act, 2004-2005; Committee Report 1-15(3): Standing Committee on Accountability and Oversight Report on the Review of the Draft 2004-2005 Main Estimates; Committee Report 2-15(3): Standing Committee on Social Programs Report on the Review of the Draft 2004-

2005 Main Estimates; Committee Report 3-15(3): Standing Committee on Governance and Economic Development Report on the Review of the Draft 2004-2005 Main Estimates; and, Bill 4, Supplementary Appropriation Act, No. 3, 2003-2004. What is the wish of the committee? Mr. Allen.

MR. ALLEN: Thank you, Mr. Chairman. Committee suggests we review the Department of Health and Social Services with the intent of concluding that department today. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Allen. Do Members agree?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): We will take a quick 15-minute break. Thank you.

---SHORT RECESS

CHAIRMAN (Mr. Ramsay): I will call the committee back to order. What is the wish of the committee? Mrs. Groenewegen.

MRS. GROENEWEGEN: Mr. Chairman, I move that we report progress.

CHAIRMAN (Mr. Ramsay): There's a motion on the floor. It's not debatable. All those in favour? All those opposed? The motion is carried.

---Carried

I will rise and report progress.

MR. SPEAKER: Item 21, report of Committee of the Whole. Mr. Ramsay.

ITEM 21: REPORT OF COMMITTEE OF THE WHOLE

MR. RAMSAY: Mr. Speaker, your committee has been considering Bill 1, Appropriations Act, 2004-2005, and would like to report progress and, Mr. Speaker, I move that the report of Committee of the Whole be concurred with.

MR. SPEAKER: Do you have a seconder for that? Mr. Allen. The motion is in order.

AN HON. MEMBER: Question.

MR. SPEAKER: Question is being called. All those in favour? All those opposed? The motion is carried.

---Carried

Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, I seek unanimous consent to return to item 20, consideration in Committee of the Whole of bills and other matters.

MR. SPEAKER: The Member is seeking unanimous consent to go back to item 20. Are there any nays? There are no nays. You have unanimous consent.

MR. SPEAKER: Bill 1, Appropriation Act, 2004-2005; Committee Report 1-15(3): Standing Committee on Accountability and Oversight Report on the Review of the

Draft 2004-2005 Main Estimates; Committee Report 2-15(3): Standing Committee on Social Programs Report on the Review of the Draft 2004-2005 Main Estimates; Committee Report 3-15(3): Standing Committee on Governance and Economic Development Report on the Review of the Draft 2004-2005 Main Estimates; and Bill 4, Supplementary Appropriation Act, No. 3, 2003-2004. By the authority given the Speaker by Motion 2-15(3), the House is resolved into Committee of the Whole to sit beyond the time of adjournment until the committee is prepared to report, with Mrs. Groenewegen in the chair.

**REVERT TO ITEM 20: CONSIDERATION IN
COMMITTEE OF THE WHOLE
OF BILLS AND OTHER MATTERS**

CHAIRPERSON (Mrs. Groenewegen): I call Committee of the Whole to order. What is the wish of the committee? Mr. Allen.

HON. ROGER ALLEN: Thank you, Madam Chair. The committee recommends that we review the Department of Health and Social Services with the intent of concluding the department today. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you. Does the committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Further, I would like to ask the Minister of Health and Social Services if he has opening remarks on his departmental main estimates.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Yes, I do.

HON. MICHAEL MILTENBERGER: Today I am pleased to present the main estimates for the Department of Health and Social Services to the Committee of the Whole.

In the 2004-2005 fiscal year, the department is requesting a total of nearly \$247 million. This represents an additional \$13 million (or 5.6 percent) over last year's main estimates.

As I stated to the Standing Committee on Social Programs, these are challenging times for the government and for the department. As a government, we are burdened with a rising debt, and as a department we are burdened with a health and social services system that needs a cash infusion to make fundamental and lasting improvements.

In light of the government's debt position, this department is committed to meet the budgetary challenge of controlling costs, while maintaining existing services. Initially, the department's 2004-2005 requirements were determined to be approximately \$249.7 million. However, to meet the targets we were given to achieve the GNWT's overall required reductions, the department implemented \$2.7 million in reductions.

The increase from last year's main estimates to this year's is due solely to keeping pace with the cost of maintaining our existing system of services year to year. These increases include investments into the workforce, such as collective agreement increases and investment to our physician and specialist workforce and higher costs relating to foster care for our children and youth,

placement of adults and children in southern facilities for specialized care, medical travel, supplementary health travel and supplies and purchased services.

The department's budget request of \$247 million will be allocated between five main areas of activity.

- \$31.8 million is allocated to program delivery support, which provides the support and assistance needed through the system for frontline staff to provide services to NWT people. Support includes recruitment, training, systems development and support, as well as administration of health insurance programs and authority operations.
- The delivery of health services programs will cost \$132.2 million. These programs cover a wide range of services such as public health, chronic care, inpatient and outpatient care, and physician services. These services are primarily delivered through health centres, public health clinics, physician clinics, hospitals and insured facilities in southern Canada.
- The supplementary health programs budget of \$15.1 million will cover additional benefits provided to NWT residents in accordance with various policies. These programs include extended health benefits, Metis health benefits, indigent health benefits and medical travel benefits.
- Community health programs has a budget of \$61.6 million. This program area has the primary goal of developing community wellness through health promotion activities. These include activities aimed at giving children the best possible start in life, and initiatives that target at-risk individuals and families.
- The directorate funding of \$6.3 million includes system-wide leadership and development, planning, monitoring and evaluation, policy and legislation review and development, and administrative support for the department.

As Members are aware, the federal government has identified new health care funding for each jurisdiction. For us, this amounts to just over \$5 million in 2004-05. Though this new cash infusion is welcomed, it is a mixture of one-time-only and ongoing funding. This government needs to continue pressuring the federal government to examine the funding requirements of our system. It is clear that these resources will only partially address the much-needed long-standing improvements that will ensure the future wellbeing of our people.

As I have stated in the past, the people of the Northwest Territories are our greatest resource. Continuing development of the NWT, whether it is social, economic or political development, is dependent upon the strength and wellbeing of individuals, families and communities. The programs and services offered by the department and authorities are there so that residents can receive treatment when they are ill, supports when they need assistance during difficult times and information to make informed choices instead of risky ones. But our system of health and social services must be more than a safety net. It must be a means by which people empower themselves to become healthier and more active in creating wellbeing for their families and communities. Investments we make

to the network of services are investments we make into NWT people.

For this reason, the department and authorities will continue to implement the health and social services system action plan 2002-2005. We are now in our third year of this plan and we have made significant progress in spite of the financial challenges already stated. For example, we have developed an integrated service delivery model that provides a blueprint of how health and social services should be provided in the NWT, including how the network of agencies and professionals should collaborate and integrate services. We are in the process of restructuring the health and social services system so that the department and authorities are better able to fulfill their mandates and serve communities better. We are introducing system-wide mechanisms for planning, reporting, financial accountability, human resource development and informatics management.

These improvements are not necessarily "visible" to the public, but they are a critical foundation for the delivery of responsive, high quality programming. With these structural improvements in place, activities for the 2004-05 year can shift to the next phase of the action plan, which focuses on improving programs and services, particularly in the areas of prevention and promotion. A good example is the introduction of a new kind of service to NWT residents, a 1-800 call centre that will provide the public with round-the-clock advice and information from health professionals. This call centre will be in addition to the current frontline services available in our communities and will be activated this spring. In addition, our budget reflects investment into mental health and addictions services, and we are implementing a system-wide human resource plan so that professionals are in place to deliver frontline services.

I welcome the opportunity to answer any questions committee Members may have as you consider the main estimates for Health and Social Services. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. At this time, I will ask Ms. Lee, Chair of the Social Programs committee, to provide the committee's overview of the department's main estimates. Thank you.

MS. LEE: Thank you, Madam Chair. The Standing Committee on Social Programs met with the Minister of Health and Social Services and his officials on Friday, February 20, 2004, to review the draft main estimates for the department.

The committee noted the department is estimating it will spend \$246,978,000 in operations expenses and \$9,929,000 contained in the department's infrastructure acquisition plan for the fiscal year 2004-2005.

The Members made note of the following issues during their review of the draft main estimates for the Department of Health and Social Services.

Federal Government's Failure To Meet Its Responsibility

The committee noted that the federal Department of Health and the Department of Indian and Northern Affairs are disputing more than \$30 million in charges relating to the delivery of health services and programs to aboriginal

people in the Northwest Territories since 1999. The committee commends the Department of Health and Social Services' commitment to delivering a quality healthcare program to all northerners, regardless of ethnicity. The committee agrees with the department there is no option but to pay for these services as the evolution of a two-tier health care system is unacceptable.

To date, the government's efforts at the officials and ministerial tables have been cordial but ineffective. The \$30 million this government is carrying on its books, as a receivable from the Government of Canada is money that this government could be putting towards delivering programs and services to all residents of the Northwest Territories.

With this thought in mind the committee believes it is time to aggressively involve our aboriginal partners in our dispute with Ottawa and has forwarded the following recommendation to the Standing Committee on Accountability and Oversight for their consideration.

The Standing Committee on Social Programs recommends the Government of the Northwest Territories place the issue of the Federal Government failing to meet their healthcare responsibility to aboriginal residents of the Northwest Territories on the Agenda for the Northern Leaders Meeting with a view to arriving at a consensus on a joint plan of action to recover this debt.

Dementia And Long Term Care Facilities

The committee supports the department's efforts thus far in assisting the Yellowknife Association of Concerned Citizens for Seniors in planning a dedicated dementia facility in Yellowknife.

Committee Members believe there is a real need for such a facility in the Northwest Territories. Such a facility would relieve strain on other long-term care facilities that are not designed or properly staffed to deal with the myriad of needs that caring for a dementia patient can entail.

It was noted by committee Members that there was a need to balance territorial facilities like a dementia centre with that of the need for more long-term care facilities in the regions.

The Standing Committee on Social Programs looks forward to further discussions on the future of a dedicated dementia facility and regional long-term care facilities in the next business planning cycle.

Telehealth

The committee is very interested in ensuring the success of the telehealth program. Members noted with disappointment the scaling back of the equipment purchases when compared to numbers contained in last year's infrastructure acquisition plan.

In the subsequent discussions, Members did point out that the use of telehealth does not always translate into cost-savings for the Department of Health and Social Services. In some cases, it would result in increased costs as a doctor may order someone medevaced in advance of the doctor's regularly scheduled visit to a community, based on observations made through the use of telehealth.

However, the committee does not view this as a major problem as several Members did point out that early diagnosis of a condition does increase the chance of a positive outcome for the patient and could possibly reduce the costs to government through the use of a less invasive or drastic treatment regimen.

The standing committee looks forward to further discussions on the future of the telehealth program in the Northwest Territories during the next business planning cycle.

Board/Authority Operations

It has become apparent to Members that the present board and authority structure for the Department of Health and Social Services and the Department of Education, Culture and Employment is no longer sustainable given the fiscal situation that this Territory finds itself in.

As the health and education authorities spend the bulk of government dollars in the Northwest Territories, it is appropriate that the government's initial effort in reviewing the board and authority regime in the Northwest Territories should begin with them. It is also necessary that a long-term vision be developed which clearly defines any new authority's role and function.

If the streamlining effort is done properly, committee Members see an opportunity to increase local and regional involvement in the process. Members would point out there is a need to examine such issues as the present review of the Dogrib Community Services Board and a communications and participation strategy to ensure that communities understand the need for streamlining of the authorities and have the ability to let their concerns be known during any process.

If a decision is made to follow the community service board model there is an opportunity to improve service delivery at the community level and to make the system more accountable to the people it is supposed to serve.

The Minister has indicated he wants to work with the committee in examining this issue and Members look forward to these discussions.

Support For Prevention And Promotion Programs

The committee is convinced the department is losing ground on the prevention and promotion front at a time when there is a strong indication it is time to increase our efforts in health promotion and prevention. Members are very alarmed by the health-indicator statistics as presented by the chief medical officer. All trends are indicating an increase in preventable diseases and conditions. In the minds of committee Members, this indicates a need to develop a course of action.

It seems the department is at cross-purposes with itself when it reduces funding to health promotion and prevention programs. We are not going to reduce costs down the road in providing healthcare to our residents unless we are prepared to make an investment right now in health promotion and prevention programs.

Committee Members strongly support the efforts of the department in implementing tobacco awareness campaigns targeting young people before they become addicted to nicotine but would point out there is a need to

put a similar effort into developing and delivering health promotion and prevention programs aimed at sexually-transmitted diseases, tuberculosis, diabetes and obesity.

Any health promotion and prevention program needs to be flexible enough to adapt to the needs identified in health indicator reports such as the recent report on cancer trends in the Northwest Territories. For example, it is apparent the department has addressed the issue of smoking in a dedicated health promotion and prevention strategy. What are not addressed are the other behaviour patterns that have contributed to the increase of other types of cancer like colorectal cancers. There is a clear need for a health promotion and prevention program aimed at the other primary causes of cancer in the population of the Northwest Territories.

The Standing Committee on Social Programs recommends that the Department of Health and Social Services develop an action plan to deal with the increase of incidences in sexually transmitted diseases, tuberculosis, diabetes and obesity.

The standing committee will be vigorously pursuing this issue during the next business planning cycle and wants to see evidence of an increased emphasis on health promotion and prevention programs at that time.

Territorial Treatment Centres

The Standing Committee on Social Programs is very concerned with the state of addictions treatment in the Northwest Territories. Many constituents have expressed frustration with their inability to access the programs and services they need to detoxify themselves and gain sobriety closer to the communities in which they live.

There is also concern about the lack of treatment programs available for young persons in the Northwest Territories.

This is an issue the committee hopes can be dealt with during the life of this Assembly. Members believe it would be possible to develop a system using residential and community-based treatment programs that meet the needs of territorial residents.

Insurance And Women's Shelters

Members of the standing committee were made aware that women's shelters in the Northwest Territories were having problems accessing affordable insurance for their facilities due to exorbitant increases over last year's insurance rates.

Further information supplied by the department indicated they were able to assist all shelters in the Northwest Territories in acquiring suitable insurance coverage for 2004/2005.

While pleased the issue of insurance coverage for the shelters was laid to rest for the next year, committee Members caution that this issue may come up again. If insurance premiums make it impossible for the non-government organizations to deliver these important programs it may become necessary for the department to take a more direct role.

At the very least, the committee would like to see the department following this issue closely and coming up with a plan of action.

Support For Aboriginal Liaison Person At Stanton

The committee appreciated the Minister's recognition there was a need to improve services for aboriginal patients at the Stanton Territorial Hospital by addressing translation and cross-cultural communication issues.

In particular, the committee noted the hospital has hired a discharge planner and coordinator to help people get back to their home communities and ensure that medical practitioners are ready for them when they arrive. This is a welcome first step but Members noted that it only addressed half of the equation. Those residents who arrive from our smallest communities are sometimes left to their own devices in accessing services at Stanton. This can be very overwhelming to someone with limited English skills and understanding of how hospitals operate.

During the next business planning cycle, the standing committee would like to see evidence of either a system or dedicated staff to deal with incoming aboriginal patients.

Madam Chair, that concludes our response to the review of the budget for the Department of Health and Social Services.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. At this time I'll ask the Minister if he would like to bring his officials into the Chamber.

HON. MICHAEL MILTENBERGER: Yes, I would, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Does the committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Agreed. Thank you. I'll ask the Sergeant-at-Arms if she would escort the Minister's witnesses to the table. Thank you.

Mr. Miltenberger, for the record could you please introduce your witnesses?

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. I have with me Dave Murray, deputy minister of Health and Social Services, and Warren St. Germaine, the acting assistant deputy minister of corporate services.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. At this time I will ask the Members if they have any general comments on the Department of Health and Social Services. Ms. Lee.

MS. LEE: Thank you, Madam Chair. I don't want to offer general comments, but I do have some questions about some of the issues being raised by the Minister in his opening statement. The first question is on page 6 and it has to do with the 1-800 call centre. Madam Chair, I understand that on the surface -- and the Minister has spoken about this in this House -- this is an initiative that would give access to residents who are not in major centres in particular who may want expertise and advice from medical professionals or health care professionals on any ailment or health conditions they may have. It is my understanding that this project has become much larger and much more complicated than what was initially anticipated. I'd like to know from the Minister what the original plan was for this project and what is anticipated as

a budget now and what has been some of the problems in implementing this project. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, what is envisioned with this particular initiative is another level of service, another avenue of access to medical information for Northwest Territories residents that's available 24-hours a day by licensed health practitioners, nurses. It's done in other jurisdictions like Alberta and Ontario where they have 1-800 numbers and the calls go into centres where they're staffed 24 hours a day by health professionals that have all the information of our jurisdiction and will be able to respond to issues to give a concerned client some initial information on questions they may have in regards to any particular situation. It's intended to complement services that are at the community level and, as well, complement, for example, the book "Do I Have to See a doctor or Nurse?". It's to provide one more avenue of access for all northerners that's not dependent on medevacs or medical travel, but it's just dependent on being able to use a telephone. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Ms. Lee.

MS. LEE: Thank you, Madam Chair. I have a question for the Minister in another area and it is broad. I appreciate that we're going to be going into different areas, more specific programs and services that we will be reviewing the budgets on, but I'm wondering if I could ask the Minister about what he plans to do on the supplementary health benefits programs. In the last Assembly, the Minister had undertaken to do a massive review on it and at the end of the last Assembly he still had not presented the results of that review. Can I get an indication from the Minister as to when he expects to have the results of that and when would the Members of this House get a chance to have an input into that? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, the document was completed late in the last Assembly. It was given initial review by the Cabinet of the 14th Assembly. We were subsequently overtaken by election events and so what the intention is now is to have the study taken back to Cabinet, as well as into committee for review and discussion. There's a lot of information in there. There are some recommendations. It's a very complex area and one that's going to require a lot of consideration. So the intention is in the next few weeks to take the document back to Cabinet and then, as well, take it to committee for review and discussion and mapping out a plan of how best to proceed in this very important area. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Ms. Lee.

MS. LEE: Thank you, Madam Chair. That is the second issue that the Minister is working on. Earlier today in the House there were questions raised about the disability action plan which the Minister is taking into the Cabinet, and this latest answer that the Minister is giving suggests that the changes to supplementary health benefits have

not been concluded. Can the Minister give an indication as to why that is? Is that because of dollar implications that he's not able to advance this? Does that mean that it is probably more than likely that we're not going to see the result of that? I just want to get a realistic picture here. I want to get the goods on where we are on this and does he see any problem with concluding those two? Let me just stick to this issue. Does he see a major problem implementing that supplementary health benefits issue? Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, as I indicated, the work has been done for the initial document. This is a complex area and we as a legislature have not had a policy discussion about the type of health care system we have, what changes we may want to anticipate. Right now, on the supplementary health side, we have a fragmented system of delivery that has evolved over the years with no clear linkages in many cases and it has become time to look at that. But it's going to require careful consideration because there are implications in a number of areas, not the least of which is the one in terms of the services we currently provide for the federal government in addition to the other supplementary health care programs we provide to our own residents that are not covered under those federal programs.

There are cost implications, to be sure, but depending on the direction that's chosen that's going to require some policy discussion. It's not just a case anymore of just putting more money into the current system. We have to look at how the system is now operating. Clearly, if the debate in this House over the last eight years is any indication, the system requires an overhaul, that particular program area for sure. The intent is to move that into Cabinet and the committees as soon as we can. The work is done, as is the work on the disability framework, which has just recently been signed off by the four deputies of the involved departments. We are now ready to take it into Cabinet and committee, as well. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Ms. Lee.

MS. LEE: Thank you, Madam Chair. My last question is on the item of the outstanding \$30 million or approximately \$30 million that we have a claim for against the federal government. I'm totally in support of the committee's position, obviously, and the argument that we, as the NWT legislature, have to work with our aboriginal partners in advancing this agenda and to make sure that we get paid every cent that we feel we are entitled to. But I do have a question on the details of that. The Minister has mentioned on many occasions in answering questions in this House that there are points of dispute between the GNWT and Government of Canada as to what services should be eligible for the federal government to pay. I guess my question is how much of this approximately \$30 million in his mind, in his most objective analysis, is something that we should just give up expecting? It's such a contentious debate, I mean, if it's a case where the GNWT has decided to provide certain services and certain health care benefits because we feel on an objective policy basis that is something that we should be providing to our residents, but it is something that is not anywhere near based on any criteria

that the federal government sets for themselves, I think there's a fine line between saying we're entitled to this from you because we provided it and you have to pay for it to saying this is something that we're willing to pay and that doesn't necessarily make it an accounts receivable on the part of another government. I don't know if the Minister understands, but I want to know what the realistic number is out of that \$30 million that we can really be fighting for. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. There are the two program areas. There's the program administered for DIAND for services to Indian and Inuit people for hospital and medical services and, as well, there's the non-insured health benefits. The DIAND programs are currently in arrears almost \$23 million going back to 1999. We, as well, are negotiating with them on money that we are confident we're going to get, but is tied up into cash flow issues, which is about \$19.2 million. Then we have about \$4.7 million that we're currently negotiating with Health Canada on with non-insured health benefits. There are some very fundamental issues involved in this, as well. We signed an agreement under some duress. In 1988 we signed an agreement, there was a cap put on of two percent per year. We can demonstrate very clearly that our costs are growing at an average of about seven to nine percent a year. So you don't have to be a math wizard to realize very clearly that we're building up a debt. Last year alone it will be about \$8.5 million that we've paid out over and above what we're funded. The one bit of good news is that Health Canada has agreed to increase the base for non-insured health benefits by about \$2 million from \$5.9 million to \$7.9 million.

The problematic area for us is DIAND. I met with the Honourable Ethel Blondin-Andrew yesterday to talk to her about the situation. I know the Premier has raised this issue at the tables that he is at with the First Ministers, as has the Minister of Finance. Bureaucratically, we will be told on the DIAND program side that we're not going to get any of that money back, that we signed a deal and that's it, too bad. But like many things in our business, I don't think we can afford to just accept that answer. Not when we're \$8.5 million out of pocket last year, a cumulative total of \$22.9 million to date out of pocket. Clearly the intent of this program is not to beggar the Government of the Northwest Territories. We're working, supposed to be collaboratively with the federal government, to administer a program that should be cost neutral to us as a government and it isn't. So we can't afford at this point to give up any ground in the negotiations. Clearly, the two percent ceiling is not acceptable and it's an issue that is getting a lot of interest. I've met with Minister Pettigrew as well. The level of frustration is so high the Premier has gone public, as have I, that if at some point this is not resolved, we can't go broke delivering programs for the federal government. The federal government is going to have to look at stepping in.

So to make a long answer short, I don't think we can afford to give up on anything at this point. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Under general comments. Mr. Allen.

MR. ALLEN: Thank you, Madam Chair. I wasn't particularly going to make any comments, although I think

I'm compelled to now in a similar context as Ms. Lee. Certainly it's specific to the issue of the federal government's failure to meet its responsibility, as the Minister has stated. I just want to cross-reference a number of articles and correspondence I've had with the Finance Minister, as well, trying to interlay it with your replies on March 18th, pages 137 through to 143 inclusive. I was beginning, Madam Chair, through just reading an area that I expressed concern on behalf of my constituents and that was to look at capping or suggest to cap the Department of Health and Social Services as a way to mitigate the increased costs in respect of the vastly growing costs. Again, to me it is important that when we have accruals, the non-insured health benefits and the other component you expressed here, I still think if the federal government is capping the department, then obviously they should really consider capping as well an index to that cap to those annual increases. Thus, I think you would prevent yourself from going into some insolvency on a number of the program components. Certainly, the area that intrigued me was the fact that the Member for Range Lake asked you a question in regard to launching some legal action, and although you inferred, Mr. Minister, that there was a court case initiated in the past, the federal government went back to its old ways of just dealing with you on a number of legal fronts. Again, I think this goes back to the very essence of my initial questions about the constitutionality of our North and how we deal with various federal departments, and being somewhat at their beck and call when it comes to delivering the expensive part of our programs, and obviously health is one of them.

Madam Chair, I think it is important, as well, in the overall context that we must look at further articles that the Minister says, and I am going to quote from March 22nd, he states, "Delivering a program on their behalf is putting us in the poorhouse, it is not a good deal for anybody to be carrying the fiscal can for the federal government." We certainly want to support the Minister in trying to convey that very important message to our federal colleagues, because we are at a point in our fiscal situation that requires us to take a more stringent approach to see if we can somehow alleviate some of those increased medical costs. Again, I want to look at whether the northern leaders meeting will resolve this issue. We don't believe so. My constituents believe that the experience we had with the social committee gathering in Hay River is that we are probably going to end up with the same net result, whereas we have no political strategy to approach the federal government in trying to resolve that critical issue of health care costs. Certainly, I don't know if it is in their vested interest to pursue that, other than saying that we need to work with Ottawa in the dispute over what is owed to the Government of the Northwest Territories. I want to assure the Minister that I want him to look at methodologies, so we can support your objective in trying to resolve this. Certainly we feel that the ultimate resolution to this is to return it back to the federal government under either the Department of Indian and Northern Affairs or else Health Canada. I think that is the only way to resolve this issue and show that we do need to protect our sovereignty and that we would have the capability of working with the federal/territorial relations on the matter before us, and the various other matters before us.

I want to perhaps pay a bit of attention to what was suggested to the Finance Minister and the fact that I think

we need to really work towards finding a result to not only this situation, but to all the situations that are confronted to the Assembly, especially the 15th Assembly, and deal with it in the context of our fiscal outlook. It is regrettable that health is always being tackled on a number of frontal issues, but again I think the indicator is the fact that we have to ensure that the federal government acknowledges that we have to work in the context of viability and sustainability.

So with that, Madam Chair, I just wanted to convey to the Minister that there is a vast knowledge out in the public that we need to deal with the major concerns that you have expressed in this House, and some of the responses you have made to the ongoing questions. We certainly look forward to working with you in terms of trying to see if we can resolve some of these outstanding issues with the federal government, in particular with how we deal with trying to develop some legal instruments in doing that. Madam Chair, that concludes my remarks to the department. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Allen. Next on the list for general comments I have Mr. Menicoche.

MR. MENICOCHÉ: Thank you very much, Madam Chair. With reference to the opening remarks from the Minister of Health and Social Services, I am really pleased that for the next coming budget year we are able to hang on to what we have. I have always stated that some of the things that affect my riding and the people live in the small communities, it is not so much the quantity of health care that we have, it is the quality of health care that really affects them with that region. With that, I will just make reference to my request the other day for the department to look at some type of cross-cultural training for the new workers coming into the smaller communities, as well as the need to maintain the improvements that have been going on with regard to regular community visits for smaller communities. The people who live in those smaller communities like the visits, but once they become regular then they have some assurance and some confidence in our system. That goes a long way with confidence in the department as well. Some of these regular visits will help with the need, particularly in the community of Wrigley. We believe that there is a demand for a nurse, however, with the increased regular visits I believe that some of their issues and their needs will be cared for. I believe that we can do with what we have here, and it is just a matter of improving the quality of delivering our health care for the next coming year. The Minister assured me previously and I would just like to get his comments on my remarks here today. Thank you very much.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Menicoche. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. If I may, I would just like to quickly respond as well to some of the questions and suggestions made by the honourable Member for Inuvik Twin Lakes, as well as Mr. Menicoche. In the issue of capping costs in the Northwest Territories to contain our costs, my suggestion and my opinion is that the best way to control our costs in Health and Social Services is at the front end, and as the Social Programs committee has identified as well, and that is on the personal choice side and getting people to make the right personal choices when it comes to drinking and

smoking, what they eat, and exercising enough so that they maintain their health. That is a savings beyond price, there is a dollar savings, but good health is something that is critical to us all. So capping costs at the other end would just disadvantage, in my opinion, the people we are here to serve and whose wellbeing we are trying to better. This is an issue that is on the table with the broad range of other issues that we are talking about with the federal government when it comes to resources, funding, and structural inequities that have to be fixed so that we have appropriate resources as we sit on one of the hottest economies in the Northwest Territories constantly stand cap in hand before Ottawa shuffling our feet and tugging our forelock, asking for a few more shackles to help the people. It is not a position I think any of us like to be in. So we have to be vigilant, we have to maintain the pressure.

With regard to the issues raised by the Member for Nahendeh, yes, we have made note of the good issue you raised in this House, and touched on again today about the issue of talking to the authorities about effective cross-cultural training. It is something that I have committed to that we will do. As well as when we do finally get our calendars in sync and we make the tour to Nahendeh, I look forward to sitting down with the Member and the leadership there, and the board, to talk about services in the communities like Wrigley where there was a nurse position at one time, but there is no longer, and what options there are within the resources we have to look at improvements. So I look forward to working with the Member there as well.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Menicoche. I have Mr. Allen.

MR. ALLEN: Thank you, Madam Chair. To the Minister, I don't think anybody likes to be put into an insolvency position, but I think unfortunately you have been forced into one and that is my point. It is my deepest regret that if you look especially at the health reform policy that is introduced globally, we take a somewhat different approach. I think this is an opportune time to review where we are. As my reply to the opening address stated very emphatically, we need to look at some comprehensive reviews to look at some of the inefficiencies and remove some of those inefficiencies. I can refer back to many of your reports in the last four years that really indicate that there is a need to look at some policy reform, as well as an expenditure reform. I think that will be something that we need to really emphasize at this level.

I think politically speaking, from a constituency perspective, we have to deal with that issue otherwise we are going to continue, but not in terms as your statement says here at a 5.6 percent increase over last year's estimate. We must look from 1999-2000 and we are now in excess of \$50 million in real dollars. So that is a contentious issue amongst your patients--if I may just use the word patients--across the North, and I think we need to look at where we can assist you by suggesting that we have to look at certain reform, and that is what we are trying to advocate here. I just wanted to express to you, Mr. Minister, that I understand perfectly well the deficit situation of this government, but if we are looking at an overhaul of our fiscal strategy, we need to have a look at the impacts that the health care costs have upon our residents. Certainly, as we go through your main

estimates, I want to emphasize that as my critical point. With that, Madam Chair, I thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Allen. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, I would like to thank the Member for his comments, and indicate that I know that we both share the same goal. As we go through these estimates, and in the coming business plans during the life of this Assembly we will be working collectively to look at the very issues that the Member touched on in terms of efficiencies. As Minister in the department, we have been charged with certain targets within the fiscal framework that have been set by the government and we will be working to meet those. We intend to work very closely with all of the Members to do that. I appreciate the Member's comments and indicate that yes, we will be looking for those efficiencies which he refers to. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. I have next on the list for general comments, Mr. Yakeleya.

MR. YAKELEYA: Thank you, Madam Chair. General comments for the Minister and his officials. The Minister and myself along with his officials did a tour of the Sahtu region in the early part of my election to the Legislative Assembly, and there were lots of concerns that the Sahtu communities have expressed to the Minister. The high priority of health services in the Sahtu region is something that is in dire straits, I guess I could say, in terms of how we look at our health system here in the Sahtu region. The majority of the people in the Sahtu region are aboriginal people and we want to look at how best to integrate the aboriginal methods of health in combination with the existing system right now. I am glad to see that the Minister has an integrated model of services that he is going to use as a blueprint for health and social services in the Northwest Territories. I want to ask the Minister a question in regard to that integrated service model. Can you just elaborate on this in terms of how it is going to benefit the people in the Sahtu region?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Yakeleya. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, this is a model. It is very basic in terms of how you do business. We are trying to set up the program areas along the lines that I have heard Members talk about in this House since I have been here, where the systems are structured so there is cooperation and collaboration at the community level among the various health and social services practitioners that we set up and agreed to standards of what services should be available in the various communities of different sizes so that we have a baseline to work from. How do we get the nurse to work with the alcohol and drug worker, to work with the social worker, to work with the homecare people? The model is built on trying to set up those, and the doctors, to do that. How do we structure our services at a regional level where we have specialists in different areas? How do we structure those teams so that they can provide services across the territory to the many communities? How do we bring to bear some services in a coordinated way that are very, very fundamental to the circle of life? How can we do things like birthing services? The integrated service delivery model attempts to do that. We

are very nearly at the final stages where we can bring that document forward. We have been working on it now for the last two years as a system with the authorities. So we have already been doing a lot of the work anyway. The services are already there. It is trying to coordinate and structure them in a more effective and efficient way. We also want to make sure that they are linked in as we get more capable as a department and a system into education as well, and how do we work more effectively with the schools, and the adult educators, as well as the housing people, basically the social envelope areas. So this is very fundamental and is hopefully going to improve services for all of the communities. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Madam Chair. Thank you to the Minister also. I have said in the Sahtu region, health is on the minds of the majority of people and how we deliver health services in our region. A lot of the people in the communities talk about the need to start strengthening and supporting the aboriginal methods of dealing with issues such as sicknesses, diseases, and other things, not only physically, but mentally, spiritually and emotionally. We haven't yet given enough prudence to the knowledge and tradition of our elders with regard to promoting an aboriginal method of dealing with health. We certainly need to look at that in terms of how we deliver health care, at the same time strengthening the existing health system right now and having them work together.

Madam Chairperson, the one issue that we have a high degree of concern with in the Sahtu is with the amount of cancer that is being diagnosed in the Sahtu region, and the potential for some high cases of diabetes in the region. I read in a magazine the other day that some people may have some symptoms of diabetes, but they're not too sure and they are being checked. I appreciate the Minister's quick response and the government's response on the Meningitis issue in our region. People were very happy to hear that this government took quick action in terms of any further fatalities in our region.

What I would like him to look at is integrating the aboriginal way of dealing with health and sickness in our communities. There are some really good people who are still in the Sahtu region who have those skills and have that knowledge to deal with sickness; not only physically, but mentally, spiritually emotionally also. I would like to suggest that this department push for the aboriginal concept of dealing with health in our communities, and not only rely on the physicians or nurses who are trained and disciplined to deal with health. Take into consideration the aboriginal way of looking at health issues. That method is important, Madam Chair. I would like to ask the Minister if he would let his officials communicate that somehow down to our health care workers in the Sahtu region.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Yakeleya. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, the Member and I have had a number of discussions with regard to the issue of traditional health practices in healing. A couple years ago I had the good fortune to go to Whitehorse for the first time, and while I was there I managed to take a look at the hospital in Whitehorse. They had, at that time, a separate

wing that was set up for traditional medicine and healing. I would be interested, once I get a chance to sit down with committee, to talk about the interests that before we go much further along, to go over and take a look. It's one place I know that's very close. It's our northern neighbour and they have already made some investments in this area. They have recognized the value of looking at all parts of healing that are out there and medicine. We want to move on this. I would like to do it in conjunction, at this point, with the Social Programs committee. So when we have a chance to meet, I would be interested in talking about the possibility of going over and taking a look firsthand at what is being done in our neighbouring territory to see if there is some value there, which I think there is. I found it very interesting when I was there. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Madam Chair. The big push for our health in the region is to have some influence through one example is the Northern Stores and the products they sell. A lot of our children are, I guess through promotion and education, buying healthy foods, but the cost of healthy food is fairly high. So a lot of pop, chips and candy are being sold to our kids out there, and pretty soon we wonder why our kids are so overweight and some of them may be prone to early diabetes, dental problems, and all kinds of other sickness that goes along with not eating healthy foods. I think that's something that this government or this department could look at and encourage having some incentives for communities to direct them to eat healthy foods and live a healthy lifestyle. I hope that through the life of this government we can do that: promote healthy lifestyles in our communities.

The potential of the Mackenzie gas pipeline down the Northwest Territories corridor is scary because of the high degree of potential diseases that could have an impact on the communities. For myself, in terms of this department, the direction is to get down to the brass knuckles and start having some really good, solid health programs in the communities that they can buy into and get involved in terms of promoting healthy lifestyles to our people and our children, and also at the same time, supporting our health care workers and giving them the proper support to look at difference ways of delivering health. We have some good ideas in the Sahtu in terms of how health should be dealt with, but sometimes we run up against the wall of bureaucracy or the system. It doesn't make sense sometimes, and I think that's something we could be looking to. The people in the Sahtu and the department had some unique discussions in terms of how health should be done. Some of the issues in the Sahtu; for example, Colville Lake, on the Minister's tour that we look at Colville Lake as one nursing station that certainly could use some help from this department. There is a lack of nurses available in the Sahtu region, and I think the amount of work the nurses do and the burnout that the community could help. I believe the communities can help our health care workers, just give us the opportunity to be involved in the health care system. That's all I have to say, Madam Chair, for my comments. If the Minister wants to respond, it will be up to him. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Yakeleya. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. As the Member has pointed out, we are faced with many challenges in the Northwest Territories in our constituencies. While we have many more problems that we do have resources, we do have a significant amount of resources on the table sometimes that are maybe not used as effectively as they could be or could be put to needs that are more pressing than others. That's something we have to look at.

The issue of getting people to make the right personal choices is a very difficult one. As the Chair of Social Programs pointed out, the health indicators are still going the wrong way and we are spending a fair bit of money trying to convince people to make those choices but it's not a battle we can win alone. We are all, in our own way, role models. In our communities we have to convince the adults and the young people to make those choices so that the children, most of all, are born healthy.

We also have the capacity with the board structure and authorities set up as we have for regions and leadership in regions to bring, in my opinion, significant pressure to bear on the stores that provide services in our communities. That if there's a decision and pressure to sell healthy foods, then stores are in the business to make money and if there's money to be made because it makes sense as it does with the Atkins diet or whatever, it will happen. As well, we have to accept the challenge. I believe the mayor of Inuvik put the challenge out when we were up in Inuvik that health should match education, where there is no junk food and schools are considered junk food-free zones. I think that's a challenge that we can't help but accept, because it's in keeping with everything that we talk about in terms of the right choices and healthy living and proper diet and those types of things. So there are a lot of practical things we can do, as well, that don't necessarily cost money but require us to step up and engage the people in our communities. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Under general comments next I have Mr. Pokiak.

MR. POKIAK: Thank you, Madam Chair. Just a couple of general comments for the Minister, Madam Chair. I'm glad to see that he's going to maintain the existing programs and services we have in place now. I remember bringing up a Members' statement sometime back in December or January when I talked about escorts for elders, and also about translations when they travel outside of the communities. I'm sure hoping that your department can continue these services for people outside of the smaller communities.

I am also wondering, Madam Chair, about the recruitment process for the registered nurses in the communities. I know it's a difficult process, but I sure hope your department can recruit the necessary health care workers we need in our small communities, because we know they do get overtired, as I stated some time ago.

Another comment; I think also with regard to mental health workers for the smaller communities, when they do come into our communities they should have all the training culturally and get to know the people well.

Madam Chair, with regard to the comment made by the Minister about DIAND's two percent ceiling. Again that's

just another one to deal with. If DIAND says that's going to be the limit, that's the cap we have to deal with.

Looking in the newspaper which I read a couple of days ago, where the Premier talked about health and social services contributions, that we're trying to get from the federal government. Where do we go from there if we can't get the money from the feds? Are we willing to give that responsibility back to the feds? Again it's something we have to talk about. These are just some general comments I'm making, Madam Chair. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Pokiak. Mr. Miltenberger, would you like to respond to any of those comments?

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, the Member has once again raised a number of issues that, as he is aware, we are currently working on. We are in the process of trying to come up with a mutually convenient date so that we can do a tour of his constituency, as well. At that time I would look to further discussing some of the issues.

We are, as he indicated, committed to maintaining the programs and services throughout the fiscal exercises that we're currently engaged in. We have invested a significant amount of money in nurses. We have a considerable number of graduates now who are coming out of the nursing program at Aurora College, and we're now at a point of giving them enough experience so they can go into the communities and work on their own or with not much supervision. As well, we have to be able to convince the nurses who are graduating that it's worth their while to work in communities outside of the large centres. So we are making progress in this area, but not as fast as we would like. I acknowledge that up in the Beaufort it's still an issue, keeping nurses in the long term and there is still the issue of nurse closures both there and in the Mackenzie Delta and that's one of our challenges. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Pokiak.

MR POKIAK: That's it, Madam Chair. Thanks.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Pokiak. Under general comments, next I have Mr. Braden.

MR. BRADEN: Thank you, Madam Chair. Reflecting on Ms. Lee's notes and remarks from committee, which I'm proud to be a Member of the Standing Committee on Social Programs, perhaps reflecting the same thing, Madam Chair. When the Minister and his officials were before us we had a pretty comprehensive briefing on a number of the major indicators, measuring sticks in our health care system. It is a daunting and a disappointing kind of report card. Some of the highlights that come off this are that 20 percent of all deaths in the NWT are alcohol related. Forty percent of all accidents involve alcohol. Suicide is bigger by a wider margin than any other cause of death by injury. Diabetes, which was once a low-incidence disease in the NWT, is now gaining and now in the age bracket 40 to 64 years, the NWT is ahead of Canada. Our tuberculosis rate is seven times that of Canada, and it seems the spread of STDs is as much as eight times the rest of Canada. This is a particularly disturbing one because it is a major signal of the

incidence of HIV infection that is likely to follow. Half of the young men in the NWT are binge drinkers, as defined by people who take five or more drinks at a time 12 times a year.

The common thread through this is that just about all of these are preventable or avoidable situations, Madam Chair. It comes back to what the Minister has been saying to what we're hearing experts and other politicians have said in this House for some time now, that helping people understand the consequences of their choices and their lifestyles, the things we do or how we live, are really a major impact here.

We have a number of cost drivers in our system that we can't do very much about, Madam Chair. We have an aging population. Public expectations of what our institutions can do or should do are getting higher. There's an emphasis in our technological age that things can be fixed quicker, but this means that, of course, we have newer and more expensive technologies and the people, the skills that are required to run this are getting much more sophisticated. So salaries and getting access to these people is getting much more difficult and, of course, expensive. We have probably just a much greater awareness and readiness to try to do something about mental health issues, Madam Chair, than we have had. These are some of the things that are out of our control and are forcing the growth, compared to the kinds of things that we could be avoiding.

It's not something that government can or should take overall responsibility for, Madam Chair. I'm learning that, and it's a message that I guess I'm trying to communicate more and more to constituents and audiences that talk about this. So then we're in an age where government tries to make everybody happy all the time. We're just not able to on this one. The decisions and the choices that individuals take and then the environment that's created in healthy families and schools and communities is so much more the direction we have to go. It underlines what we have I think underlined in our report. What we'll be doing in motions throughout the rest of his day and this evening is urging much, much more emphasis on promotion and awareness and prevention measures as really probably our most effective tool to turn the tide on some of these really devastating situations.

This is going to take a long time and there is no magic way of doing it. We just can't sit down and write another program that is going to get people to buy into this. So I hope that in our work and for the people that are perhaps listening this afternoon, or maybe reading an account of this, that if our leaders in our communities can think about their role, leaders at the aboriginal First Nation level, Madam Chair, people who are active in our schools, in our health communities, our volunteer communities, who can take some of this message to heart and see what kind of a difference they can make at their own level.

Finally, Madam Chair, I was listening to the federal Finance Minister, Ralph Goodale, for a few minutes delivering the federal budget this afternoon. In the area of health care he said sustainability is really the overall question that federal, provincial and territorial leaders have to look at. How can we sustain the burgeoning and sophistication of the system? Here is where if there was an avenue that I would offer, it is try to get everybody to appreciate that they too have a role in this. They just can't show up at an emergency ward or at a clinic and expect

that some magical band aid can be applied every time something goes wrong. There is, as the Minister has said, a great degree of responsibility that we should all be taking.

There is one thing that I would like the Minister to consider. I know he is already doing it but I would like to reinforce it. That is that at the federal level that we fight at least for recognition and adoption of the unfairness of the per capita funding formulas that always seem to be our lot. It seems to be our fate when it comes to funding programs, not only in health but in a number of other areas, and we won't get anywhere, we will lose ground if we are unable to win the battle for recognition that we are compelled up here to do things differently than the rest of Canada. Along with that comes differences in cost. So that is one area that I would like to leave with the Minister in his representation of us at the federal, provincial and territorial level. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Braden. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. I would like to thank the Member for his comments, and his bleak but true recitation of the issues facing us and the cause. I just want to acknowledge that the issue of per capita funding is one that we always take to the table as Ministers when we go to the federal/provincial/territorial table. It is part of the repertoire of unresolved issues that we have. Per capita doesn't suit us. We want to have a rebasing of things like tax effort that the Minister of Finance has talked about. So that is there and I know it gets raised at every opportunity. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Next on the list for general comments I have Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. I will start off by saying I agree with a lot of what my colleague, Mr. Braden, had to say on this department and where we are in terms of delivering this important and vital function in our society. I know the Minister has his hands full with this department in trying to accomplish a lot of things with a minimal amount of resources. I think a lot of times folks take for granted the health care system that we have in place here. It is, in my opinion, one of the best in the country if I can say so. I have been in southern Canada, my parents are now living in New Brunswick and I know they can't even get a doctor in New Brunswick and it is very difficult. Some relatives of mine are faced with the same realities in southern Canada, and I think a lot of times we don't realize just how lucky we are to have the system in place that we do.

One thing that I think doesn't get enough attention--I know Mr. Braden alluded to it a little bit--is the fact that alcohol and drug addiction is something that I don't know how exactly we get a handle on it. I know in the Minister's opening comments there wasn't a lot of mention of it. Just at the end he says in addition our budget reflects investment into mental health and addiction services, but drugs are not mentioned and alcohol is not mentioned. Those are two key problems that face the Northwest Territories. The problem with illicit drugs in the communities is at an incredible rate. You can go to any small community in the Northwest Territories today and find cocaine, crack cocaine, marijuana, acid, anything you

want you can basically find on the streets of any of our communities, and our people are suffering as a result of this dependency now on drugs. Alcohol is a big enough problem in and of itself, but this drug culture that prevails now in the Northwest Territories is something I think we have to take very seriously as a government and try to find solutions to tackle it. We are going to lose a whole generation here if we are not careful, that are going to fall into this type of lifestyle with drug addiction and leading their lives in not worthwhile, healthy pursuits. I don't know how we tackle it, I will be careful with what I say here, but there are operations in a lot of communities where they are growing marijuana. I don't know what the RCMP are doing about it, but we have to crack down on what is happening in the small communities. You can walk from house to house in a lot of communities and the smell of marijuana permeates the air. It is quite alarming and it is something I think we don't pay enough attention to.

I will ask the Minister a question here, that investment into mental health and addiction services that the Minister speaks of in his opening comments; I guess the question I would have to him would be where would I find that in the budget? I am not a Member of the Social Programs committee, I am a GED Member so I didn't have a chance through committee to ask that question, so I will ask it now, Madam Chair. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Firstly, I would like to thank the Member for his positive comments about the services. I agree; having travelled around the country and other places that we have a level of services in the North that is very high, and I think often unappreciated until you are in another jurisdiction and you recognize the value of what we have here.

The issue of alcohol would come under alcohol and addictions. Mental health services would come under integrated activity 500, which is, I think, integrated community health programs when we get to the budget.

With regard to the issue of alcohol, I agree that of all of the issues we deal with, in my mind the issue of alcohol runs like a river of misery and sorrow and hurt that runs through the North touching every community, causing us inestimable grief and cost. It is something that we have not yet come to grips with, and clearly as northerners we have a penchant for drinking and smoking, and doing all of those things that are hard on one's body, one's families, and one's health.

The issue of hard drugs is also one of growing concern. Though the statistics I have seen indicate that while it is a problem, it is still a relatively small one, especially in comparison to the alcohol issues, it is not one that can be ignored. I know in some communities like Yellowknife it is quite prevalent given the population, the transient nature, and the amount of money that is here. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. I would just like to again ask the Minister, this investment is something new or is it an ongoing investment, or what his planned action to tackle the drug and alcohol questions in the

Northwest Territories might be, and how he sees this fitting into his budget if there is any new money directed at those programs. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, a couple of years ago there was work done on a mental health and addictions family violence strategy. As well, there was a report done on the alcohol and drug services in the Northwest Territories called the Chalmer's report, titled a State of Emergency. It clearly identified that that area of program delivery was very weak, suffering from many things, one of them probably being benign neglect. The attempt we have made is through a number of things we are doing, one of them -- the integrated service delivery model -- is to bring addictions workers into the fold, as it were, of the health and social service workers that we have at the community level. We also recognized, and one of the things that was pointed out very clearly, was that addictions workers, alcohol and drug workers had worked for years often in isolation at very, very low pay with no real job description in very difficult circumstances. Many had worked for years just because they were very dedicated to the issue. So what we have done and what our first focus has been is to get a decent job description, get some money for some decent wages and benefits for the workers, add some mental health workers, re-describe the alcohol and drug workers to become community wellness workers, as well as putting into place some clinical support for them in terms of some mental health supervisors at the regional levels. That has been the first major step that we have taken in terms of trying to enhance and better use the services. Keeping in mind that the focus is to work at the community level, trying to deal with prevention. Waiting until people are in facilities or waiting, as we talked about earlier on other areas, until they are sick, often we are too late. We have to continue to invest at the community level and we want to focus on the young people, we want to focus on pregnant mothers, and we want to give the community wellness workers that are in alcohol the tools and the training to in fact be more effective, recognizing that when you are dealing with alcohol issues, you are not just dealing with alcohol issues. There are usually multiple issues that come to the table and we have to give them the skills to be more effective.

So that is the thrust that we are on. It started a little over a year ago, and we are looking at trying to get it fully implemented. As a Minister, I can tell you I remain firmly convinced that our salvation lies at the community level and working on the ground there with the people and the services there. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. I know in the Minister's opening comments he talks of the \$5 million cash infusion from the federal government. Where is that \$5 million reflected in his budget, or is it just absorbed into the whole function? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. The money is identified. I will get Mr. St. Germaine

to tell us exactly where we can point to it in the budget. I can tell the Member that we have added \$1.4 million in new resources to mental health and addiction services in the main estimates. We have added another \$276,000. As well, there is almost \$1.3 million of federal money that we are going to be dealing with. We have primary health care in the Northwest Territories, it is laid out under program delivery support activity 200, the \$5.3 million.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Ramsay, did you want to respond to that? The 10-minute time ran out when you were speaking last time, but go ahead Mr. Ramsay.

MR. RAMSAY: Thank you for allowing me, Madam Chair. Just a quick question, I know he refers to some different page numbers, but in our main estimates what page number would that appear as, Madam Chair?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: I hate to delay the workings of the House, but I was just chatting to the director. The question is where is it in the main estimates?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. St. Germaine.

MR. ST. GERMAINE: Thank you, Madam Chair. In activity 200, which is page 6-13, there are increases there of \$922,000. Under activity 300, which is health services programs, which in your main estimates is page 6-17, there are increases of \$4.4 million, and those two increases make up the total of \$5.3 million in new federal funding. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. St. Germaine. General comments. Next I have Mr. Delorey.

MR. DELOREY: Thank you, Madam Chair. A few comments on the Minister's opening remarks. I may stray from the opening remarks a bit, but in context of the problems that we face in the health care system, I know that the Minister doesn't have an easy job of trying to address all of the issues that we have, as well as the growing costs that are involved. It is a system that appears to have no end in sight as far as where we are going to go with our programs, and when we are ever going to find solutions. I know this morning at about six o'clock, I drove my daughter to the airport and I was listening to the radio and there was some health professional I think from Vancouver. He was talking about the health care system in Canada as a whole, and what caught my attention about it was he said our health care professionals are lying to us about the programs that we have in place today, and the free health care system across Canada, and we continue to throw more money and more money at the programs that we have in place and there never seems to be any results coming out at the other end. He was saying that within 25 years if we don't change our approach to health care, that there won't be a health care system and it will be too late at that time to even fix. Having said that, he didn't put all of the answers out there either, and I certainly don't have all of them either.

In looking at the health budget for this year I was tempted to go back and look over the comments that we have made over the last four years in health care, and addressing some of the issues that are facing us. The issues don't seem to change, and the problems don't seem to change. One of the things that I noticed in going back over the last four years, I looked at the budget addresses in each of the four years during the 14th Legislative Assembly, and there was a very high emphasis put on early childhood development. We continued to mention that consistently over the four years through the budgets, more money into year two or into year three of the programs of early childhood development. I notice that this time when the budget came out, and even in the Minister's opening remarks, early childhood development is not even mentioned in here, except that we want to give our young people the best start we can in life, and that may be what that was referring to. I would just like to ask the Minister, has there been less of a focus on early childhood development now and more towards this integrated service model that I want to speak of a little bit more after. Is the focus stretching or are we starting to see results of the programs and the millions of dollars that we have put into early childhood development? Are we starting to see some improvement in that area? Thank you, Mr. Chairman.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Delorey. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. The issue of early childhood development is a specific program where there was funding that was time specific and that is sunsetted at the end of this fiscal year. We haven't put any more money in to continue the program. There is federal money, \$500,000, that will be carrying on for another year, both for ourselves and for Education, Culture and Employment. It's a program where the funding has sunsetted. We are committed to children. We are spending millions dealing with child welfare issues. We also have the healthy children's initiative, but this one particular program the funding has sunsetted.

Madam Chair, another issue is this doctor the Member heard on the radio, I think he's being very optimistic with 25 years if we continue the status quo. In my opinion -- and I have heard this from many quarters as well -- we will be lucky to make 10 years. It isn't sustainable at the rate we are going with the costs we are incurring and with the very fundamental basic personal choice. The onus is on the rise. It is a very pressing issue for us. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Delorey.

MR. DELOREY: Thank you, Mr. Chairman. As I referred to it, I know the department is working very hard now introducing this integrated service model. One of the areas I have touched on many times over the last four years, even within this integrated service model, is alcohol and drug addictions and how we treat alcohol and drug addictions. I am glad to see through the integrated service model that the Minister and the department thinks a licensed alcohol and drug worker can deal with mental health problems, but I don't know that we can rate people like that. I think every illness or sickness has its own characteristics and specialties to deal with them. I don't know how long we would take to start seeing results that can justify the programs that we are putting in place.

Going back to early childhood development, I certainly wouldn't want to see that program come to a total end, whether we change the name of it or do whatever we do with it. I personally believe that that is a program that may not have been in place long enough to see positive results in, but I think is very important because if we don't start seeing them young and helping them to live healthy lifestyles, we will be sorry for that in the long run. I would like to ask the Minister if he's committed to continuing on with the early childhood program or a program similar to that. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Delorey. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Currently the healthy children's initiative is another program geared for children, we put in \$1.8 million. Education, Culture and Employment puts in a similar amount. We have another \$160,000 for health promotion funding. In addition, there is a whole host of programs hosted by the federal government that are geared towards children, in many cases. As well, we continue to provide all the other services under child welfare through foster care and group homes and those types of services and the work provided by social workers, but there is no plan at this point to continue on with early childhood development. It has sunsetted, as I indicated, and there is no money in the budget to continue on with it. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Delorey.

MR. DELOREY: I am really sorry to hear that that program will be coming to an end. It's one that could show some very positive results. On the integrated service model, I would like to ask the Minister the justification behind not wanting licensed alcohol and drug workers involved in that integrated service model. I know that the department comes back and says they want to make them community workers or wellness workers, but I don't think an alcohol and drug counsellor that's licensed has the capabilities of dealing with a mental health problem, and I don't think a mental health expert has the tools to deal with an alcohol and drug victim or patient. I would just like to ask the Minister how does he justify that we can treat alcohol and drugs, but we don't need to recognize them as a profession? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Delorey. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the issue of how you deal with alcohol and alcohol addiction is a whole field of study. It's a whole profession. I just read a very interesting article from the National Aboriginal Health Organization where they did a review of northern addictions services. They clearly identified a need to have some versatility when dealing with people. Someone who comes in with an alcohol addiction, that is not the only presenting problem that is there. As we look at our indicators, the way we have been doing business in alcohol and drugs hasn't been as successful as it can be and has to be. We are not saying we don't support having trained workers. There are some who want to get trained in the area of addictions, and we are prepared to support those people as we do other professionals if they want to take that area of training. We also use Nechi training, which is an eight

module course delivered at Poundmakers. So we are attempting with the work we've done in the addictions area with the job descriptions, the increase in pay levels, we are going to deliver and set up a training curriculum and opportunities for these people, these workers to get trained and keep current. That will be one of the areas where if they choose to train in that area, we will support them. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Delorey.

MR. DELOREY: Thank you, Mr. Chairman. In this training for alcohol and drug counsellors or workers, will they graduate with a certificate of any kind and will that be transferable? Will they have mobility rights to go and work any other place across Canada as a counsellor or mental health worker or alcohol and drug counsellor? Will it give them mobility rights with that certificate, or do they get one? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Delorey. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Education and training of any kind, I believe, is a good investment. If they choose to take the addiction counsellors certification program, then clearly they will have that mobility. The Nechi training also has credibility and I believe is portable. We are going to look at developing a training program for community wellness workers that will include not only addictions training, but also other areas of dealing with people who have multiple presenting problems and we are going to be working through the college to do that. We are going to make it as credible and portable as possible.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Delorey.

MR. DELOREY: Thank you, Mr. Chairman. I just have one more question for the Minister. Again, it's a bit away from his opening remarks, but certainly with the health of our residents. It's an issue I addressed with him earlier this year. It's with the discrepancy that we seem to have between status Indians and seniors and what level of benefits they are able to access through drugs. The Minister had committed to me at that time that he would look into that situation. I would just like to ask him if he has, and what he's been able to find out, Mr. Chairman. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Delorey. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, that's one of the areas of our dispute in negotiations with the federal government. We provide a higher level of benefits than they are prepared to cover in medications, especially in their non-insured health benefits. That is one of the challenges as we look at supplementary health benefit programs. How do we rationalize and integrate the service, so that we have the same high level of service for all our citizens? Right now, there are discrepancies. It's an issue we recognize. The Member has made an appropriate observation that there is a difference and it's one of the challenges we are trying to deal with as we look at moving the supplementary health review forward. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Delorey.

MR. DELOREY: The last thing I would like to briefly mention is the fact that we are still seeing some very high vacancy rates in doctors and nurses. Are we getting anywhere over our recruitment and retention plan? Is it getting tougher out there? Is the department able to address some or find some places where we can maybe attract doctors up here? Is there anything new happening on that front? I know Hay River right now is experiencing a shortage of doctors and nurses and the ones we do have are getting really burnt out and threatening to leave. Is there anything we can do to improve on our recruitment and retention plans? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Delorey. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. If I could make my comments specific to Hay River, the honourable Member for Hay River South raised the issue as well in the House yesterday, at which time I committed and we've already started the process of talking to the deputy about looking at the turnover rates to see if there are any trends. We will work with the board and the authority there. Very clearly, on the compensation and benefits level, our compensation and pay for doctors puts us at the top right now. We compensate our health practitioners, especially the doctors very, very well. We are just in the process of hopefully concluding a new agreement which will build on that. In my mind, the issues of recruitment are not necessarily monetary ones. I have committed to work with the board and the staff there to take a look at what's happening and take whatever steps we deem necessary to work with Hay River to deal with those issues. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Delorey.

MR. DELOREY: No, thank you, Mr. Chairman. I have probably had my 10 minutes.

CHAIRMAN (Mr. Ramsay): Thank you for being honest, Mr. Delorey. Mr. Villeneuve.

MR. VILLENEUVE: Thank you, Mr. Chairman. Again, I have to commend our Minister of Health and Social Services. He's got some real big challenges in the next term of this government to maintain the current level of health and social services within the NWT. Just to touch on a topic that the honourable Member for Hay River North was referring to with the retention of employees in the health and social services area, the Hay River region in particular, just for the very fact that a lot of my constituents from the Deninu K'ue use those services and rely heavily on health and social services out of the Hay River hospital and through the Hay River board of health and social services. I hope the work the Minister will be doing with the Hay River Health and Social Services Board with the new cash injection of \$800,000 will alleviate some of those problems.

Just to comment on some of the remarks, as far as what some of the other Members are alluding to as far as the drug and alcohol awareness programs in the NWT. I know there are a lot of issues that surround of drug and alcohol awareness and addiction that are not directly related to

the use of alcohol or drugs, but basically a lot of families have a lot of social issues and community issues.

I know the last term of this government, there have been some treatment programs or treatment centres available for alcohol and drug problems in the NWT and whether this new budget is going to be revising those institutions that were basically, from what I gathered from people who used to work there, they were given the guarantee that the funding for some of these centres and facilities would not be affected and in less than a year later that they were given that guarantee, they were given the notice that there would no longer be any more funding for a lot of these institutions. I just want to ask the Minister if on any of these new monies that the government will be moving around to supplement the different programs, if any of these dollars will be expended or allocated or possibly revising and reopening, rehiring, alcohol and drug counsellors to run these centres.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Villeneuve. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, I am not quite clear what the Member is referring to. I know in the 14th Assembly, we had Nats' Ejee K'eh, which is still operational. We have also been doing business with the Salvation Army and have increased the amount of business we are doing with them and using the programs they offer on a per bed basis. We continue to use services down south on a required basis in places like Poundmakers and Henwood and Bonnyville and those different places. We've invested all the money I talked about earlier into trying to improve and beef up and better support the alcohol and drug workers, now community wellness workers at the community level. I am not quite sure what the Member is referring to. The budget is clear, we are looking at maintaining those services and trying to move ahead where we can with the funding that's available, both ours and federal money.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Miltenberger. Mr. Villeneuve.

MR. VILLENEUVE: I was just referring to the treatment centre that is located outside the capital here in Yellowknife, the one that is on the Detah highway. In my discussions from the previous manager and one of the coordinators of the programs there in the last couple of months, he was talking about how successful the programs were and the level of funding was pretty secure for that facility. Being a facility that is close to the capital of the NWT, which is experiencing the highest rate of alcohol-related incidents and problems with drugs, I am curious why the facility was suddenly closed down.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Villeneuve. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, in political terms, it goes back in history sometime to the 13th Assembly, I believe, where NAS was initially down on Franklin, if my memory serves me correctly. Then they moved it out into the building at Somba K'e where it experienced enough program and financial issues, if memory serves me correctly, that a decision was made in the 13th Assembly when we were dealing with budget issues to close that one along with I think it was Delta House in Inuvik, keeping Nats' Ejee K'eh

as the primary alcohol and drug facility in the Northwest Territories, which has since been supplemented by the Salvation Army.

The most recent discussions with that particular facility have involved housing. We initially looked at in terms of its child welfare potential, but it was deemed to be too expensive to renovate for the money we had. So we ceased having an interest in the facility. I understand that the Salvation Army is considering looking at that facility for possible use, as well. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Villeneuve.

MR. VILLENEUVE: Thank you, Mr. Chairman. I thank the Minister for that explanation. Just getting back to the opening comments on the increases in the investment in our physician and specialists workforce in the NWT. I know it's always on the rise with the collective agreement increases and higher costs related to the cost of living and just northern expenses in general. I know that the NWT does have a hard time to retain a lot of specialists and physicians. I'm just wondering what types of monitoring tools the department has in place to ensure that the physicians and these specialists that they hire and try to retain, that we are actually getting value for the money that this government is putting out for all these specialists. When I go through the lists of specialists in our workforce, there seems to be a lot of specialists there in my view, but I'm not too up on all the social and physical issues that northerners are dealing with. But looking at some of the specialists, I can say for sure that a lot of these positions wouldn't be required to be working every day, day in and day out in a lot of instances where we have specialists like orthopaedics and really specialized physicians in the workforce. I'm just curious as to how we measure the value for dollar that this government and the residents get out of a lot of the specialists.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Villeneuve. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Specialists act in many cases as consultants to general practitioners, and the patients go from a general practitioner and get referred to see a specialist. As you've seen by some of our indicators, our aging population and some of the prevalent issues that are affecting us in terms of the cancers and the other health issues, there are lot of issues in terms of orthopaedics, and a lot of colorectal cancer issues as well; lung, heart, circulatory because of diabetes, that the specialists do provide a valuable service. We, as well, track the number of patients the doctors, especially specialists, see. As well, we have arrangements -- since we can't provide all specialist services in the Northwest Territories -- with Capital Health in Edmonton where those services that we don't provide here, patients are referred south.

So it is, without a doubt, a very high end, expensive service. The average salary for a specialist is over \$400,000 a year, but it's a service that is important and one that we want to make sure is as efficient and effective as possible. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Villeneuve, thank you for your comments. Your time is up and I will ask now for any additional general comments on the Department of Health and Social Services.

SOME HON. MEMBERS: Detail.

CHAIRMAN (Mr. Ramsay): Detail. We'll move now to page 6-9, directorate, operations expense, total operations expense, \$6.296 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Agreed. Page 6-13, program delivery support, operations expense, total operations expense, \$31,789 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): If I could, I would like to, in the absence...I'm not supposed to say that? Mr. Menicoche.

MR. MENICOCHÉ: Mr. Chair, as each department is aware, there was a requirement by Committee of the Whole to get more detail under other expenses. I was just wondering if the Minister can provide that for 6-13 and, begging the committee's indulgence, as well as 6-9.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Menicoche. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. There is \$167,000 for travel and transportation; \$108...I'm doing the directorate. Was that the question? Sorry; okay. Travel and transportation, \$167,000; \$118,000 for material and supplies; \$61,000 for purchased services; \$642,000 for contract services; \$79,000 for fees and payments; \$11,000 for other expenses; computer hardware and software is \$32,000; for a total of \$1.109 million.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Just for clarification, we're on 6-9, Mr. Menicoche. Was that your question on 6-9? Thank you, Mr. Minister. Mr. Menicoche, anything further?

MR. MENICOCHÉ: Yes, Mr. Chair, as well as on 6-13.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Menicoche. We did agree to 6-9, and thanks to the Minister for getting that information on the other expenses there. We're now on 6-13. Mr. Minister, could you supply the detail on the other expenses, \$7.640 million.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. There's \$440,000 in travel and transportation; \$399,000 on materials and supplies; \$995,000 on purchased services; \$3.032 on contract services; \$779,000 on fees and payments; \$1.707 million under other expenses; \$288,000 under computer hardware and software; for a total of \$7.640 million.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Menicoche. Mr. Villeneuve.

MR. VILLENEUVE: Thank you, Mr. Chairman. Just on the program delivery for the \$7.640 million on other expenses of \$1.707 million. I was just wondering if the Minister could let us know what the breakdown is for those other expenses within those other expenses.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Villeneuve. Mr. Minister.

HON. MICHAEL MILTENBERGER: Mr. Chair, I'll get Mr. St. Germaine to speak to that.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. St. Germaine.

MR. ST. GERMAINE: Thank you, Mr. Chairman. Those charges are primarily for chargebacks for the TSC and chargebacks for communications services related to the digital communications network.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. St. Germaine. Mr. Villeneuve.

MR. VILLENEUVE: No, thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Villeneuve. Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. Going by the activity description, I think this is where I could be asking questions about the patient information electronic system. I was talking to some of the medical health professionals in the city, and I was advised that there have been some efforts to create an electronic system where there could be a much more smooth exchange of information about patients within the guidelines of privacy laws and such. I think common sense would tell us that we only need to go to a local medical centre or doctor's office, and it seems that a lot of staff there are just managing files on each person. I think every one of us eventually goes and sees a doctor for whatever ailments or whatever we have. So far, every doctor's office, in Yellowknife anyway and I'm sure it's the same in communities, has a manual file system for patients. If an individual goes to two or three different doctors, which is quite possible given that it's not always easy to go and see a doctor. You go and see a doctor when you can, where you can. I think there's huge room for more efficiency and more accurate information. This would improve delivery of the program and medical services in a number of ways, not the least of which is to have and enable the doctor or nurse or nurse practitioner or whoever is delivering the health care of seeing the patient could have all the information about the patient right in front of her or him, about the medication or any of their conditions that that patient may have. I'm of the understanding that there were some health care professionals who have gone to the Minister and had a strategy to develop this system. But because the department took so long, now we're seeing a situation where there's one being developed in Yellowknife and there's another one being developed in Hay River. That's causing not only the duplication of the possible system like that, but definitely not meeting the objective that was originally intended. So I would like to give an opportunity for the Minister to advise us about what he knows about that, what he has done or not done and what he is planning on doing. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the Member is correct in her assessment of the state of information services, and it's an issue that plagues not only the Northwest Territories but it's a national issue in terms of medical records, patient information and being able to be effective in how patient information is used and transmitted. In fact in a recent conference board study on health in Canada, the

comment was made that our health information systems as a nation wouldn't be used by your corner grocery store because they're so inefficient and out of date. That's why we have the money we do in our health information systems is to try to rationalize those. We currently have over 100 separate information systems in health alone that we're trying to rationalize, that have sprung up over the years. Yes, there is currently a pilot project being done through the Great Slave Dene here in Yellowknife. As well, Hay River is looking at a different model and we want to see which one has the greatest applicability as a system. The intent is we want to be able to hook up our systems in the communities indefinitely across the territory. Right now we have the issues, for example, in Stanton not being able to trade information. Simple things like that in a community like this, let alone moving information from Paulatuk to Yellowknife. So it is a significant challenge and it's very important.

Our financial information systems are the same. We have three different financial information systems, so across the board we are struggling with our information systems and trying to bring some rationalization to that. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. I would like to have more clear information from the Minister as to what has been the obstacle in getting to that. I think Yellowknife would be a great place to develop a system and implement it. Not because it's the capital city, but we have a situation where we have the hospital where most of the general practitioners practice at some point or another. Then we have specialists in Stanton Hospital. To think that just two or three years ago the government spent a lot of money paying for the administrative support of all the clinics. So I would think because the government is paying for those admin services, it is in the interest of the government to reduce the spending, but it should make it logistically easier to set up a system to organize and coordinate and coalesce the admin services in all clinics in the city. So I want to know from the Minister why is there a need to try two different pilot programs in Hay River and in Yellowknife? Why don't we just do it in one place, make it work, and then apply it to all the facilities in the Territories? Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, as a system, we have identified the problem areas in many different places, and one of them is our communication information systems across the Northwest Territories. As a department we have been working and we have invested a lot of money trying to rationalize those services. We are also part of the territorial service centre, as an effort to bring some consolidation to that service. We haven't moved as fast as I would have liked as Minister. In fact, we've lapsed some money because we have been unable to get some of the work done. Part of the problem in our slow response has been that we've had a couple of authorities moving in different ways. We've had them at the table so that we now are working in a more coordinated fashion and we're going to make sure that we don't end up with duplication or two separate systems which, very clearly, would be counterproductive. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Thank you. Could the Minister advise us as to how much money has gone into this project thus far and how much is planned for this year?

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: I must apologize, Mr. Chairman. Did the Member want to know how much we spent, or how much we're going to spend? Sorry.

CHAIRMAN (Mr. Ramsay): Mr. Minister, I believe she wants to know how much money was spent in the past and how much money is being spent in this year's budget.

HON. MICHAEL MILTENBERGER: Mr. Chairman, we funded from within \$50,000 in the last year, and we're anticipating another \$200,000 this year.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. I really think that is a very important area and it's one that is worth investing money in. In the not-too-distance-future we will reap benefits from having a coordinated electronic patient information system. I see here, under program delivery support under other expenses, I believe the Minister indicated that there is \$3.032 million allocated for contract services now. When you're dealing with money that big, why is it the Minister could only find \$100,000 for this purpose? At the same time, I would like to know what areas that \$3 million are being spent in. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the \$3 million is mainly being spent on contract services for the provision of the employee assistance program, in medical bursaries as well paid to health profession students.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Mr. Chairman, I guess the questions could go on forever here. Could I just ask the Minister for the breakdown on how much money goes into the employee assistance program? I'm assuming that is for the GNWT employees who need counselling service or whatever support there is available for employees there. Medical bursaries and students. Could I just get a breakdown on that, please?

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, we don't have that level of detail, but I will commit to get that information and I will pass that on.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee, anything further?

MS. LEE: Thank you, Mr. Chairman. Maybe I could squeeze in a question here about recruitment and

retention. The activity description reads here that that's what this activity is involved in. I need to raise a question about what has been in the media lately where a doctor was hired in the North to practice, when it was known to whoever was doing the hiring that the doctor had a background history where he was prohibited from having a general practice licence in other jurisdictions. What I want to know is what steps the Minister has taken to prevent that sort of situation from happening again. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, we've looked at this situation. We've also asked Dr. Atkins, who does our medical enquiries, to take a look. I'm satisfied that the process worked as it should in the vast majority of hirings. In my tenure as Minister, this is the only instance where I've been called to do the things that I've had to do in this particular area. The system worked as it should, that the people involved in the system engaged in due diligence, that things that happened, which I am not at liberty nor do I think are appropriate to discuss in this House. But the medical professionals and the systems that were there worked. The reality was situations happened. Once the individual was on the job, steps were taken and the system responded appropriately. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee, your time has expired. I'm going to move now to Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chairman. The issue I want to talk about is program delivery support in our communities. Sometimes the way this government operates or sometimes how this department operates is something in the magnitude of how we operate in larger centres. In the small communities we have a small population, everybody knows each other and there are different authorities. Sometimes it's very hard to get services approved or get services requested from our people. I wonder if the Minister has considered in our small communities, such as the ones in the Sahtu, where they could have a community health committee in the Sahtu. In our communities, we deal with the Inuvik Regional Health Board. Some of our communities are negotiating self-government agreements, and it will be a while before that is in place and implemented. However, there certainly needs to be some mechanism or some structure in place in the communities where the communities can feel some ownership. Right now they feel somewhat alienated with regard to the health programs and social services in the communities. I want to ask the Minister if he has given any thought to that.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Yakeleya. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, there are two things that I could offer on this issue. The first one being that as a government we've made a commitment and invested considerable amounts of time and money in establishing the Sahtu Health and Social Services Authority that will bring into the Sahtu the decision-making capacity and program administration for the people in the Sahtu by the people in the Sahtu. We set up the administration. We have a CEO in place, we're working on the staff housing

issues. There was a considerable amount of work done at the front end with our committee that went around. A regional committee went around the Sahtu and consulted on how best to do this. The direction to this point from the leadership was they want to hold off on setting up the board itself, but focus on administration, which we did. The goal, when we move on the board, which I'm getting some signals is now ready to be considered, would be to have community representation from each community to sit as a board of management providing direction and authority in the delivery of health and social services.

The other broader issue that's going to affect all boards and agencies was touched on, as well, by our Social Programs committee and has come up in this legislature as one of the issues we want to look at. That is the role in the broader sense of boards and agencies in the Northwest Territories, and what's the best structure to in fact have, given the number of boards and in many cases the common mandates and the smallness of our jurisdiction. So in those two areas, I think work will be done and is being done that will make the systems in the Sahtu more responsive to the people. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Minister, for the answer. The issue, I guess, is it's important that when we're dealing in the Sahtu to feel that we have the ownership of the health and social services in our communities, and we are looking to this government for as much support as possible. Mr. Chair.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Yakeleya. I'll just ask the gentlemen on the other side of the room here if they could just keep their conversations down a little bit. It's distracting to the Minister and to the speaker. Thank you.

MR. YAKELEYA: Thank you, Mr. Chairman. I kind of lost my train of thought now because of this.

---Laughter

I want to thank the Minister for his comments and thank this government for entering into the aspirations of the Sahtu people in terms of creation of the Sahtu health board. It's something that has been long outstanding. Previous governments have dealt with it, and now we're starting to see some fruition of the people's wishes in the Sahtu region.

One of the things that I wanted to touch upon is the telehealth. We think that would save a lot of money for the Sahtu people. I know there is a telehealth program in Deline, but I'm not too sure the status of that. I've been hearing that the community of Deline hasn't used the telehealth very much or hasn't been trained in that operation. I wonder if the Minister could help me out there in terms of the status of the telehealth program in Deline. Are people using it? Am I hearing incorrectly? Are they being trained in Deline to use telehealth? I think that's a really good idea, and I think that should be supported more down the Mackenzie River in the other communities. That could save a lot of money in terms of medevacs, so I just wanted to ask the Minister that question, Mr. Chair. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Yakeleya. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, Deline does have a telehealth site. It's an existing site and it's for primary care. In terms of the kinds of services it's capable of providing, there is a long list like orthopaedics; biomedical services; dermatology; diabetes education; dialysis consultation; ear, nose and throat; some neurology issues; ultrasound, to name a few. Mr. Chairman, it's an issue that was identified by the Social Programs committee and it's one where we haven't had the resources to expand it to the extent that we'd like. It's one that I think has value, as well. We have to continue to work on it. One of the problems is if there's a high turnover of staff, it makes the use of that kind of service more difficult as well, just because a lack of familiarity goes with the patients as well as the staff and the equipment. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chairman. The last issue I wanted to talk about was the tiny little community of Colville Lake and the status of their health centre and the services that they're getting from this department in terms of medical health services and the lack of training for health care workers. The more we need the Sahtu health board to service that community, because that community is surely not getting the types of services that any other communities are down the Mackenzie Valley. It seems like it's forgotten in some sense. The Minister and I went up there for a tour and we heard a lot from the elders. We heard about the amount of health issues that are happening in Colville Lake and the type of equipment the people have. They're talking medieval tools for health care services, second-hand, hand-me-down medical equipment up there. A small community like that deserves a little more attention. I hope that with the Minister's comment on the creation of the Sahtu health board that we could help our communities like Colville Lake, and other communities in the Mackenzie Valley that are maybe facing the same kinds of issues. I know it's tough on the Department of Health and Social Services. I'm going to state that I will give whatever support that I can in terms of a voice or a letter to Health Canada to pay up their dues. I guess it's just the same old song, and getting the federal government to own up to what they have. Our government has gone to some strength to help our people, but it's the federal government that is not owning up to the people of the Northwest Territories. We deserve better health care than what they proclaim what they have done for us, especially up in the small communities that are isolated and away from the road system and rely on planes. Again, I support the Minister in terms of however we can get that \$30 million or more, I'm all for it. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Yakeleya. Your time is up. Mr. Minister, did you wish to comment on Mr. Yakeleya's comments? Thank you.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the Member again raises a good point. This is my second trip into Colville Lake and there are issues with very basic equipment. Because they're small, some of the equipment was maybe not medieval but definitely circa Korean War. Maybe not Korean War, probably newer than that. But it's definitely

second-hand equipment. We have also been to communities where I've seen X-ray machines held together with twine, and nails holding things so the pieces wouldn't come down, and cobbled together plywood benches. So, yes, the issue of basic equipment; we have some money for diagnostic equipment, the X-rays we're going to look at across the land.

The other issue that has come up that is very important is the issue of vehicles in the communities. There's not a set standard. Some communities are very well equipped, some communities have vehicles that are over 20 years old, some communities are forced to share between two separate buildings, one being the social workers and the nurses, for example, one vehicle which tends to be very problematic with house visits. So there are a host of areas.

The other one, of course, that the deputy just mentioned is we have dental therapists that are labouring in communities with no equipment, or equipment that is very old and outdated. So there are pressures on us to do those very fundamental things, equip the staff we have to do the work that they have been hired to do. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. I have a couple more questions and I'm hoping this is the right area. The department has \$240 million, but it's divided into about six sections, so I guess I have as good a chance of hitting it here.

The first one has to do with the nurses being trained out of Aurora College. The Minister mentioned earlier that part of the expenses under this section is medical bursaries, and I'm hoping this is an area where I can talk about some of the concerns that the new graduates from the Aurora College nursing program have expressed to me. Mr. Chairman, I do believe that there is a general agreement that that is an excellent nursing program at Aurora College. I think the concern has to do with the continuity of education. More than most other professional training, nurses need not only academic and hands-on training they get at the school, but they need continuative training in the clinical settings at the hospital. In order to do that there have to be teachers and mentors and practitioners who would provide them with the support. I've been advised by nurses in training or in internship, just almost on the verge of becoming full, practising nurses, but not yet qualified or prepared to do that. They find themselves in clinical settings where almost all the nurses on shift are inexperienced nurses. We're talking about situations where one small mistake could amount to something very, very big. Some of these nursing students were very, very concerned that there just are not enough staff there or support there for them to get the proper training and proper supervision.

I know that the Minister is aware of this, and I do believe they are having some programs and money geared towards addressing that. I would like to know, from the Minister, what he is doing and whether or not he is aware of that problem and what he has done to address those. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, I guess it's not quite an embarrassment of riches, but after a period of time when we're desperately looking for nurses, because of the investment we made over the last few years we have graduated 50 or 60 nurses in the last couple of years and there are more coming. Now the pressure is on us to be able to provide them with the practical experience. We have been working with Hay River, Yellowknife, Fort Smith and Inuvik to place the students and those who are newly graduated into those facilities to give them the on-the-ground training that they need. We've also invested in I believe it's nine nurse mentor positions that have been sent out across the Territories that are supposed to work with recent graduates.

One of the areas where we have to make the next step is how do we take the nurse who have worked in hospitals and in larger facilities and train them for community service. That's a separate area where it's very difficult, because in many of the smaller communities the nurses don't have a lot of the time to provide that service. So it's an issue that we're still working on in that particular area. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. I believe this is an issue that has been brought up in this House by myself and other people, as well. It's something that I've probably had some exchange of words with the Minister. That has to do with the fact that while the government has made some progress in providing resources to train new nurses, there has not been an equal amount of support for the experienced nurses who would provide the resources to the new graduates. The Minister mentioned that there are nine mentorship programs being provided all over the Territories, but he has also mentioned that we are graduating nurses at a lot higher level than that. I think common sense will tell us that you would need at least one mentoring nurse for every two or something, not nine for many dozens of new grads who are being produced, and I think we are going to be producing even more. A lot of criticism in the nursing profession has been that there have been just not enough compensation and incentives for the experienced nurses to stay in their job and for us to retain them, and also to encourage them to provide support to the new grads. So I want to know from the Minister if there is any way for us to expand that support to the experienced nurses. You have to pay the trainers to train the new grads until they become fully practiced, qualified and get all the skill sets necessary for them to spread out into the communities.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, this is a complex issue. We are working in a number of areas to make sure that we have the correct balance of pay, benefits and compensation. We just finished an extensive job health job review where there was nearly 500 positions assessed, and slightly less than half went up, slightly less than half stayed the same, and 25 would drop somewhat. Those 25 are being appealed. The intent was to better recognize some of the complex skills in some of the positions like OR nurses and intensive care nurses and some of those other professions, that they were adequately compensated.

There was a recognition, to a large extent, that they were under compensated. So that has been dealt with.

We're also in a process of coming forward with a program that's going to better compensate and recognize the challenges to nurses working in the small communities; the one, two, three and four-nurse stations.

We also have a professional development fund that's open yearly to each employee. It's nearly \$300,000; about \$1,900...Sorry, I'm not reading this right. It's about \$1.9 million budgeted for 2003-04 for professional development. There is another \$239,000 budgeted in 2003-04 for advanced nurse mentorship. There is \$156,000 for social work mentorship, and \$110,000 budgeted for education leave; \$277,000 budgeted for the nurse practitioner education bursary; \$373,000 budgeted for the student support program, formerly the northern development program -- it's designed to assist northern students pursuing careers in health and social services -- \$106,000 for southern educational program, a remissible bursary; and \$80,000 for medical bursaries for NWT students who are away at school. This totals, for 2003-04, \$3.339 million. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Thank you. That leads me to a question of what the budget is for those similar areas for 2004-05.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, those programs remain in the budget at that level.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. I should just state here that I am aware of the job evaluations that have gone on with respect to nursing positions, and I am not sure I agree with the Minister that that has settled the question, but I'm prepared to let the arbitration and appeal process take its course. In due course, I'm sure I will be making my positions known to the Minister and to find ways with the Minister on how to address some of the grievances that I know exist within the nursing profession.

Having said that, Mr. Chairman, I do have a question on a whole new area, but if there are other Members in the line-up I'm prepared to stand it down for now.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. I don't have any other Members lined up to speak on this. I guess I have Mr. Yakeleya now, but go ahead with your question, Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. I do believe my next question comes out of this, and it has to do with health insurance benefits for those residents who are not Canadian citizens but who come to live and work in the Territories for one reason or another. I want to state, first of all, that we want to make sure that we have a tight control on who gets our health cards. There have been lots of debates about whether or not those who are eligible who are being issued our health care cards are meeting the criteria and such, and we would encourage

the department to make sure that they do the job of making sure that only those who are eligible gets them. This is an issue that our legislature has to address, and that is the fact that with Yellowknife attracting a lot of foreigners who come to work in the diamond industry, and historically we have attracted other foreign nationals who come to work in the North, whether as nannies and in many professions. I am told that one is entitled to get health benefits under NWT health insurance, if a person is eligible to work and live here. But when they apply for those health care benefits, they run into some problems and obstacles.

Another case that I've heard that happened lately is a person who came to work for a diamond mine in the North who has a work permit and, therefore, is eligible for health benefits under our insurance plan, was denied insurance because the person did not have a passport that was valid for more than six months. I'm not sure what the rationale is behind requiring such criteria. So I would like to know from the Minister if he could advise us as to what the GNWT's policy is in terms of the criteria and eligibility for foreign nationals who work and live here and who are eligible for health benefits? Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, we keep our policies and regulations consistent with other jurisdictions and with the federal government. If a person is just here on a work visa, it has to be specific to the community in which they are working. If you have landed immigrant status you are eligible. Marriage to a Canadian citizen without taking the steps to deal with your visa or your immigrant status does not necessarily qualify a person for health care.

There are a number of issues that come up. We deal with them all on a case-by-case basis because they all tend to have unique circumstances. The Member is correct; the majority of concerns arise out of Yellowknife, given the size of the community and the magnitude of the community that it is in terms of employment and the transient nature of some of the population. So we attempt to be as responsive as possible, and I think I have dealt with about every Yellowknife MLA at one time or another with immigration issues in their constituencies. So it is a difficult area where there are a lot of unique circumstances. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Thank you, Madam Chair. I don't think the Minister answered; maybe he did. Am I to understand that in dealing with health care benefits for foreign nationals, it's done on a case-by-case basis, or is there a written policy or regulation that the Minister could provide us with? More specifically, I would like to know under that policy why is it that we would require...Is there a requirement for someone to have a valid visa for six months to a year or something, before one could be issued health care benefits? I think a lot of us walk around with a visa that would expire in a lot shorter period. I don't understand the requirement for that. If there is one that makes sense, I'm prepared to accept that. So could the Minister provide us with information on what the rule is? Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Lee. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, the issue of foreign nationals, once again, depends on the documentation that they do have and what kind of status they have in the country. But I will commit to provide the policy that we operate by in terms of foreign nationals and immigration when it comes to health care.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Minister. I have Mr. Yakeleya.

MR. YAKELEYA: Thank you, Madam Chair. Just three questions in terms of delivery. In light of the government's fiscal constraint about delivering health services and social services programs into our small regions and small communities, in light of the heavy activity in the Sahtu region last winter and this winter in terms of oil and gas exploration, it has been brought up to me by one of our community members that the oil companies have paramedics. One of the members thought it would be a good idea if the medics could look at doing some training in our communities, and even assisting our communities in terms of helping out the nurses. But I'm not too sure how that would work, because it was an idea that one of the members of the community thought it would be good to have the medics come in, possibly do some small training with our people to help out with our nurses, and over the long term maybe some of our community members might want to be medics and may have an opportunity go into that field. I'm not sure how familiar the Minister is with this, or if this is a new thing. I would like to hear his comments in terms of what he thinks of the idea of having medics possibly work with our communities in terms of delivering health care. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Yakeleya. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, the issue of the medics and trying to work closely with the companies doing the work in a region outside communities I think is one that bears further investigation. Clearly, we want to make this a collaborative effort and, as the Member indicated, they do have trained people on the ground and they may have an opportunity as part of their interest in doing business and being willing to work with communities to do that. I think it's something that I would be willing to commit to put on the table as a suggestion to the various board Chairs and CEOs as something we should look at specifically and contact some of the companies we know are there to see what the possibilities may be at the regional and community level. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Minister. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Madam Chair. The other issue I'll talk about is the amount of energy we have given to retention and recruitment of the nurses into our communities. Nurses used to stay in our communities for a long, long time; almost to the point where they became one of our community members. Today it seems like it's a revolving door; three months or six months and they're in and out. There is lots of money and lots of resources that go into retaining the nurses and recruiting them and keeping them in the community. Sometimes it's really

hard on our old people, because they see a nurse for a short while then all of a sudden there's a new nurse and they have to explain their whole health history to the nurse, and it just goes on and on.

One of the things I know that we're looking at in our region is we have some people who worked in the community health field for a while, CHRs. We think the CHRs could give good mentorship programs in our communities. Some of the nurses that come into our communities need to get acquainted with the customs and the beliefs of the people and how the community works. So CHRs might be a good link between the people and the new nurses. The new nurse is under a lot of strain and maybe a lot of demand, and maybe doesn't quite understand the dynamics of the communities. It might take something differently, and they might interpret something totally out of context. The CHRs may be a good contact in terms of being mentors for new nurses coming into communities and working with the people. Right now we see that our nurses are kind of answering to the government, but really the nurses are there for the people, and CHRs might be a good contact between the nurses and the community. Making use of the CHRs in our communities might be something that could help us save some money in terms of dollars being poured into retention and recruitment of nurses. I think it's about the relationship in our community and our people. I wonder if the Minister would provide a brief comment to that idea, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Yakeleya. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, the Member has identified what I see as one of the pivotal people and one of the pivotal professionals in the community is like a CHR. I know that in many cases they are the fixed point. As the nurses rotate in and out, the one person who is there that has the knowledge of the community, that has the knowledge of the health centre, the corporate knowledge as well as the cultural and community knowledge is the CHR. We also know that many of the CHRs haven't had adequate training over the years, that there used to be courses and there hasn't been for some time. It's something we've identified as an issue we would like to build into our business plan. As well, I met with the CHR association to talk to them about that. They also provide a valuable cross-cultural component in terms of indoctrinating and bringing the new members into the community and the nurses that may be through there. So they are a very valuable resource, in my opinion, and they provide a wide range of services oftentimes, in my opinion, far above and beyond what they were initially possibly trained for just because they are, in some cases, the only ones there. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Minister. Mr. Yakeleya.

MR. YAKELEYA: That's all for me, Madam Chairperson.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Yakeleya. This might be a good time to take a brief break. Thank you.

---SHORT RECESS

CHAIRPERSON (Mrs. Groenewegen): Thank you. I will call Committee of the Whole back to order. We are on

page 6-13 on the Department of Health and Social Services, program delivery support, total operations expense, \$31.789 million.

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Mr. Ramsay.

MR. RAMSAY: Sorry, gentlemen and ladies. I have a few questions, Madam Chair. I just wanted to know a little bit more about the recruitment and retention. I know it's an important function that takes place, but I want to know how much of the recruitment and retention is allowed to take place by the authorities. Currently there is not a centralized recruitment and retention focal point in our government. We allow it to be farmed out to the various authorities. Is that correct?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. This is a coordinated and collaborative effort between the department and the authorities. We've collectively laid out how we want to do recruitment and retention; the focus, the different program areas, the dealing with the doctors involving the medical directors in recruitment and retention, working with the nursing association. So we have the players at the table. There is some done at the authority level, but a lot of it is coordinated through the joint senior management committee, which comprises with the senior officials in the department and the CEOs from the authorities.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. Does the Minister see any difficulty in having so many people involved in the recruitment and retention of these health care professionals?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. The problem used to be that the department would recruit and would be at trade shows along with the different authorities competing with each other. Now we work collectively with the authorities and the department to coordinate our efforts to make sure that we are not duplicating, to make sure the process and procedures are there and we have the proper supports in terms of the retention side and that we've involved, as I indicated, the medical directors, we've worked with the medical association, as well as the nursing association. It's key to have the right people at the table and as long as it's coordinated, it's an effort that requires everyone to participate.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. Does each authority have their own people dedicated to the recruitment and retention strategy that the Minister talks about? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Madam Chair, each authority has their own complement of human resource people and that is one of their functions. The one place that has one staff person dedicated to help with the recruitment of doctors is Stanton, just given the numbers. All the specialists are there, as well as a significant number of the general practitioners. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. Being new to this Assembly and being new to this process, not being a Member of the Social Program committee, one of the observations that I would have as new coming in here, I think part of the problem with the Department of Health and Social Services and the escalating costs associated with carrying this out is there is too much delegation out to the various authorities and perhaps some duplication in delivery of services. I think we are spending far too much on administrative-type overhead and not putting enough of an emphasis on getting that money into frontline workers and into communities where it can really make an impact. Instead, we are spending it on administrative overhead and that's what I see at first glance at this budget, my first go around. Does the Minister see that as being a problem and as part of the escalating cost associated with carrying out his mandate? Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, one of the biggest costs to us, if I can get this plug in one more time, that costs us millions, absolute millions is our drinking, smoking and lack of exercise and poor diet. The amount we spend on administration between the boards and the department, we figure is in the neighbourhood of seven to eight percent. Out of our \$247 million budget, over \$180 million of that will go immediately to the authorities and they will administer the programs on our behalf. We want to make sure that we don't duplicate our administration costs or spend too much money on admin. It is a legitimate concern. It can get away from a person. We are vigilant and we know we are under close scrutiny by the legislature to make sure we aren't wasting program money on admin. So it's something we try to be very conscious of. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. Thanks for that response, Mr. Minister. I would just like to know what or if any plans are in the works for starting up a palliative care unit in Yellowknife or somewhere in the Northwest Territories. I know we don't have one currently and I think it's a glaring omission in our health department. I would like to know what his plans are to try to address that omission.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, what we are concerned about--and I have met with some of the people in Stanton, but is an issue in every community--is the end of life period of time with people who live in the communities. Sometimes they

require hospital care. Sometimes they can be looked at at home. We are working with the services we do have with the nurses and the home care people to try to ensure that we are very responsive and sensitive and trained as best we can to deal whenever possible with the end of life situations in the home community. In the health centres and hospitals like Stanton, Inuvik, Hay River and Fort Smith, the staff there are also trained. They use the acute care beds. The Member is correct; we don't have a separate palliative care unit or hospice, but we do try to accommodate that very critical final time in a very sensitive way. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. Thanks to the Minister for the response. This is something I feel quite strongly about and if we do land more money in the near future, I think this is something that definitely should be on the table for discussion, hopefully when that time comes. I know right now we are definitely under some financial constraints that might not allow us to do it right now, but it's something the Northwest Territories really needs. I am glad to hear him say that he recognizes that.

The next question I have, Madam Chair, is I have heard stories about the hospital in Fort Smith. I know we have a very significant staff complement at that facility, but we don't have any patients, from what I hear. I am just wondering if the Minister is aware that we are running a hospital in Fort Smith that is staffed to the hilt, but does not have the patients to warrant its operation on a full-time basis. Thank you, Mr. Chairman.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, we are currently engaged in a process to look at our acute care beds territory-wide that the average utilization rate, once you agree on the definition of acute care, is approximately 37 percent across the Northwest Territories. The average cost of an acute bed is about \$300,000. So as we look at efficiencies, the Member is correct; we are looking at acute care bed requirements in Fort Smith, Hay River, in Yellowknife and in Inuvik. We intend to move ahead with a plan to rationalize the usage and look at what's the best use for that resource. The issue is sustainability, as was raised earlier in this House. The resources that are in the communities, there are pressures that we can't meet right now. So if in a community like Fort Smith, Yellowknife, Hay River or Inuvik, if there were an overabundance of acute care beds, then we have to reprofile resources to meet other needs and we will be moving to do that. That work will be brought back to Cabinet and brought back to the Social Programs committee as well. It's an issue that we are aware of that we are moving on, especially looking at the fiscal climate we are operating in. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Minister. Next on the list I have Mr. Hawkins.

MR. HAWKINS: Thank you, Madam Chair. I appreciate the opportunity here. I want to reference a quick comment with regard to long-term dementia care as I proceed into the recruitment and retention portion of my discussion. First of all, I am in full support of any long-term dementia care facility that the Minister can find a way to help

support the evolution of a program that the Yellowknife seniors have brought forward where the Minister in the long term can find a way to work in the O and M portion of our budget. Although it's not noted here anywhere specific, I just wanted to make sure it was referenced with my support and my willingness to proceed in a deficit situation that could build support for something like that. That being said, I want to reference the recruitment and retention portion of our budget. Retention is probably one of my primary concerns, in a sense, because if we can't establish a long-term base of nursing staff, for example, at our territorial facilities, it does cause me a bit of duress. Could the Minister cite some of the primary difficulties that he sees in retention and recruitment in the health care industry? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Hawkins. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. I will just pick one component of the system that pertains to nurses and I will indicate some of the problems if I can use that as a starting point for the Member. Where we have community nurses in the past, given the shortage of nurses and in order to recruit them and to come up even on a short term, we created a system where we would bring in locum nurses, casual nurses, pay their travel in, cover their accommodation and their food and fly them out every three weeks, six weeks, three months, whatever the term was. What we've created, as we look at training northern nurses and we've done away with VTA, housing for long-term staff, we've made a bunch of changes and by attempting to deal with the immediate pressing problem of getting nurses into our communities, we've created a longer-term problem in terms of beginning able to get nurses to stay because now many nurses prefer to work on a three-month basis where they get flown back to BC, Alberta or wherever they may be hired from. So that's one issue. We've made significant gains in terms of training nurses, but we have to get them out into the communities.

Regarding doctors, we have a very, very competitive package but in some areas we still have trouble recruiting some of the specialists. They are very hard to find and that's a national/international issue and problem. We have some problem in the more specialized areas dealing with radiology and pharmacists, where there are not a lot of them, the lack of a pharmacist can shut down a hospital. The problem there is that we have businesses, drug stores and big chains coming in and I suppose they come in and recruit the pharmacists. They offer them whatever they are making, plus more. It's a significant incentive. We have to deal with that as well. So those are some of the areas that cause problems in terms of the longer-term recruitment.

Another issue in the communities is we have negotiated an agreement with the unions to be able to use agency nurses, but the problem with that is it's a very expensive remedy because we have to pay the agency \$500 a day finder's fee, plus pay the nurse's salary and all her costs. So when we import a nurse from an agency, it's a very expensive short-term remedy, one that we spend the money on, but it's one of the other problem areas in terms of getting nurses into the communities. The nursing component in the larger centres is not as difficult, but the smaller communities struggle. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Hawkins.

MR. HAWKINS: Thank you, Madam Chair. Referencing the last portion about the nursing agency, I wish to assure the Minister that I have had discussion with one person in this contest who left the North and they were picked up and now they are a temporary resident of the North filling this type of position. I won't say that I wish we could be doing more, but that's the primary concern. I can't assume the Minister is doing more, but what is the Minister doing to prevent that? I will wait for the Minister's comments before I provide my own in this particular case. If we are providing \$500 a day plus the nursing fee, add that to the point that some local nurses have pointed out that they feel they are being overworked with the retention issue because they are working so much overtime, that money could be allotted somewhere else. What is the Minister doing on the retention side, so we don't have to go to agencies for the \$500 plus a day, VTA, housing, et cetera, Madam Chair?

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, the mid-term solution for us, not even mid-term, is training our own northern nurses and getting them trained to the point where they can work in the communities having a competitive pay and benefit package at the community level that will attract them to stay there, as well as enough support and things like training and professional development, that they will consider it a career.

We are also looking at an annual allowance for nurses in small communities that will give them compensation that recognizes the circumstances they work under, the isolation and pressure of being on call all the time and where they don't have a lot of support.

We are also taking steps to bring into play nurse practitioners, which will raise the level of professional capacity of the nurses. We would like to be able to not only train them, but also work with the nursing association to come up with the method to have nurses that have a lot of experience to take a refresher course and write a challenge exam so we can get nurse practitioners as well into the field. We've also had a relationship with northern Ontario where they are training nurse practitioners in lead communities to have nurses get experience in using some of the communities in the North as a practicum site for some of that particular training. So those are some of the things we are putting into place attempting to get a longer-term workforce in place. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Hawkins.

MR. HAWKINS: Thank you, Madam Chair. Madam Chair, would the Minister for my benefit, and maybe other Members, do we have nursing practitioner legislation in the Northwest Territories that enables this industry to move forward? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Yes, we do, Madam Chair. It was put into place by this Legislature late in the 14th Assembly. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Anything further, Mr. Hawkins?

MR. HAWKINS: Absolutely, Madam Chair, absolutely. I think you brought up earlier that each health authority has its own HR recruitment area. Is there any strategy noting our difficult fiscal times of consolidating some of these recruitment and retention centres? Is there any long-term strategy possibly migrating them to the eventual outcome of a human resources department with the Government of the Northwest Territories? Can you express on your cost-savings measures implemented to date in that area? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Hawkins. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, we, as a Legislature, have identified the whole area of human resources and how to best coordinate within government, and that includes, as well, the authorities. So we are very interested in taking part in that exercise. There is, I believe, a clear benefit to be gained by greater coordination and collaboration of how human resources are delivered in the government and the possible consolidation at the regional levels to provide some of the services. We are also looking at that in the pay and benefits side. There is merit to that. We are also looking in Yellowknife specifically where there is a crucial mass of health facilities and possible amalgamations that make sense, integration of services between the Yellowknife health and social services and Stanton where there is a lot of overlap in the services that are provided in the pay and benefits side, the human resources side, the administration side and the finance side. So we think there is a potential capacity there to have some efficiencies, economies of scale. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Next on my list I have Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. I didn't get to a couple of other questions I had, so I'll take a few more minutes of your time, Mr. Minister. I was quite happy to hear your last comments. Thank you.

This may be a complex issue, but the disposition of the facility on the Detah road, what is the current disposition of that facility and what might the Minister see that we can do with that in the future? What are we going to do with it? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, I don't want to slag off the Member of put him off, but that is a facility where I understand the Housing Corporation carries the mortgage. Health and Social Services has no interest in that building at this point and we are not involved in any of the discussions anymore at this juncture related to its possible use. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. I will raise that question with the appropriate Minister at the appropriate time. I know Mr. Villeneuve talked earlier about the availability of detoxification facilities in the Northwest Territories and I know the one here in Yellowknife was shut down a few years back. Given the fact that we are experiencing what I believe is a very high level of persons that are suffering from the addiction to alcohol, we are getting many folks moving into Yellowknife from the regions and they bring their problems with them, Madam Chair. We don't have a facility here in Yellowknife to effectively treat them. I know there are some programs at the Salvation Army, but I think we are missing a step if we don't have a dedicated detoxification facility, not just for alcohol, but for drugs. I mentioned earlier what a problem drugs are becoming in our society here in the Northwest Territories. I think it's very important that we have a facility in place to help people get their lives back in order. Madam Chair, I would like to ask the Minister what it is costing the Department of Health and Social Services to send people to places like Henwood and what these facilities charge the Government of the Northwest Territories to look after our citizens.

As an aside to that, I think it's enough of a difficult time for an individual who is having problems with alcohol abuse and the family problems that come as a result of this alcoholism, and then they have to leave the Northwest Territories and any support mechanisms that they have in place are not there. They are not here. They are on their own in Edmonton or Toronto, wherever the government sends them. I have some difficulty with that, that we are sending our residents south for treatment when I think they should be treated here in the Northwest Territories. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, the Member is correct; the Salvation Army offers a social detoxification program. Stanton, as well as Hay River, Smith and Inuvik, as far as I understand, can do medical detox but they don't have a separate standalone program. They can respond on a case-by-case basis and provide that particular service. We have an alcohol and drug facility other than the Salvation Army at Nats' Ejee K'e where they have a \$1.6 million budget. Down south we currently spend about half a million dollars a year on southern addiction treatment costs. Madam Chair, I would also point out as we talk about facilities, one of the other areas we have to take a serious look at is Nats' Ejee K'e which offers a very specific, narrow, 28-day program and runs at about 25 percent occupancy. We have to work with them as well to come up with a type of program or programs that are more responsive to the needs so we can try to keep as many of our citizens in the North as possible for that type of service.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. Thanks to the Minister for getting me that response. The next question I would have for the Minister is how would he see the city of Yellowknife, given the fact that we have a definite problem here in terms of alcohol abuse and the problems associated with it, how does he see us getting a dedicated detoxification centre established here in Yellowknife?

Once again, is it not on his radar, or is it? Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, the issue of building a separate detoxification centre, another facility, is not high on the priority list at present. We have some services in terms of detoxification that are meeting the need, as far as I can see. At present, we have some other more pressing issues to deal with. It is something that we are aware of, but it is one of the issues where we have more problems than resources. When it comes to any kind of separate detoxification facility in Yellowknife, as the Member will notice, it is not in the capital plan. We have other issues; for example, in Yellowknife, the Yellowknife Association of Concerned Citizens for Seniors has a strong initiative for a dementia facility. We have dementia issues in every region and community where we have long-term care facilities, where we have to try to look at making some possible infrastructure adjustments to make them more user friendly for that type of clientele. So just on the infrastructure side, those are some areas that are very pressing. We have also a number of communities, one which comes to mind is Wekweti that doesn't have a nursing station, where we have communities that don't even have nursing stations. So we have a lot of issues. Detox is there, but there are other issues in the queue that are above that. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Ramsay.

MR. RAMSAY: Thank you, Madam Chair. I am not 100 percent satisfied with the answer that there are other more pressing issues. I know the Minister talks of the development of the dementia facility here in Yellowknife. As far as I am aware, that project will mostly be publicly-raised funds to get that building up and running. There might be some operational money associated with it at the end of the day, but I don't know if it is going to be a big capital outlay by this government. I don't think that is the plan. I might be mistaken on that, but I would like to know what are these pressing issues? I know the fact that some communities don't have health centres; which communities are they? Maybe the Minister can let me know once again. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Ramsay. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, with the dementia unit, what is being proposed is that the lease costs are covered under their O and M budget, and their O and M budget is a few million dollars a year that is not in any budget at present. So ongoing costs, that addition to our budget base. We have 12 communities that don't have any kind of health or nursing station. We have a number of communities that only have lay dispensers. We have some communities that only have one nurse, which is no longer an acceptable level of service, it is not acceptable for the RCMP and it is not acceptable any longer for the communities that we have to budget to upgrade to at least two nurse facilities. We have pressing issues in terms of other infrastructure in the actual construction, and we keep coming back for forced growth items as a matter of course, but things like unexpected meningitis costs...I

don't want to minimize the concern of detox, but there are some facilities that are available, however rudimentary it may seem in some eyes, it is adequate. I don't have the numbers before me but the demand for a full-sized detox centre, medical detox if that is what we are talking about, I don't think are high enough to warrant a separate facility. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Next on the list I have Mr. Yakeleya.

MR. YAKELEYA: Thank you, Madam Chairperson. It is interesting that the Nats' Ejee K'eh in Hay River is at 25 percent occupancy and it is a facility that is worthwhile in the Northwest Territories, and the use of it, I think, could be used quite well in terms of the Sahtu region. I am talking about family treatment programs in light of the residential school experiences and how it impacted my region, and how a lot of the community members have talked about seeing a family treatment program in the Northwest Territories. If the Minister would consider Nats' Ejee K'eh as one point of where family programs could be introduced into that facility, I think it will go a long way in terms of helping our families deal with some issues that we are seeing now in our communities and reading them in the newspapers.

Family breakdown is one of the key components that need to be repaired in our communities. I am glad to hear the Minister say that maybe Nats' Ejee K'eh needs to be looked at in other ways to fill the occupancy rate in terms of how best we could use that facility. It is there, it is 25 percent occupied, and we need family programs, we need youth programs, we talk about elder abuse, we need programs for our elders. They are caught in some trying times here, from being on the land to coming right in to work. Things are happening today, and I think we need to take some time out and get back to it and see how well we can work with our communities right across the Northwest Territories. We need to look at these issues and take advantage of Nats' Ejee K'eh. At one time I was an employee there and it is a good facility. They have some good people working in Hay River, both on the reserve and in the town of Hay River. I think it is a good place that we can look at to start having some northern programs for our people. I would like to ask the Minister to comment on my comment. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Yakeleya. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, the suggestions by my colleague are good ones. The issue of Nats' Ejee K'eh is going to go on the table for the authorities and the department to look at as a collective. It would seem to me that one of the possible options is being able to deliver two or three different kinds of programs over the course of a year that would deal with a number of issues, be it youth or families or men. Clearly we have to look at where our need is, southern placements, what the communities are telling us, and how do we in fact gear up that facility. It is a very good facility, it is a northern facility. It has a very good aboriginal component, it is culturally appropriate, so I think this is one where we have room to move. So I agree with the Member, we have to sit down as we will be with the authorities, as I indicated with the department, to look at the best kind of programming that may be possible to make the best possible use of this facility. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Madam Chair. What the Minister says is very encouraging for myself to know that there is some consideration being looked at for Nats' Ejee K'eh for family programming. In the Sahtu region we talk lots and I work with our families, so I hope it comes to reality that we have some family programs for the northern people here and we can use Nats' Ejee K'eh as a facility for such a purpose.

The other point I wanted to ask the Minister, Madam Chairperson, is the facility we have in Deline is abandoned. There is a facility there that's abandoned that we think could be used by the people of the Sahtu and maybe by the people in the Northwest Territories. A lot of people are recovering in hospital or in other institutions, and lot of them just want to come home to the Sahtu region to be in recovery and to have a place where they can get help and take care of themselves. Deline has such a facility that is just sitting there and we want to see if that could be used sometime in the future. I think the Minister was made aware of this in our tour of the Sahtu region. The members of Deline made a presentation to the Minister on that facility and it's there already, you don't have to build anything. It could be used for long-term recovery or things like that. The facility is already there, Madam Chairperson, so it's not adding any cost to the department. It would be a matter of possibly some reprofiling. I want to ask the Minister to see what would be his consideration to the Deline request when he was on the tour there. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Yakeleya. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Madam Chair, I am aware of the Deline facility, I have been in the community a number of times. The last time I was there with the Member, I think every one of the communities we visited, except I think Colville, had a request for a long-term care facility. As the Member will recollect, the challenge has been common. Even though we have the benefit of a Sahtu authority and being able to make those decisions at a regional level, I indicated to the Member it would be impossible building long-term care facilities in every community.

The Sahtu has the benefit of a facility already constructed, and if there was regional support at the community level, then I think there's a potential ability to move this forward in terms of a possible use for that facility, given the statistics we have that show the aging population, the pressures on long-term care facilities and the eventual need for more beds. I'm interested in working with the region and the Member. If there is support in the Sahtu, as I indicated to the Member, then I think we have some grounds to build on. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. Mr. Yakeleya.

MR. YAKELEYA: One more comment, Madam Chairperson. It has to do with the quality of services with regard to the program delivery of health care services in the Sahtu. There is no blame to the government nor to the nurses; times are tough, the stress level is high and nurses today have to do a lot in our communities and we are trying to do as much as we can to support our nurses

and support the government in the services that we get in our community. Sometimes because the demands are so high for the nurses and sometimes when they come in on short-term notice and some things are happening in the community that they are unaware of or they don't pay attention because of other issues, and sometimes people snap at the nurses and sometimes they snap back. They get into an argument and then we get complaints as MLAs, and we try to look at both sides of the coin. I think a way we could look at this is to assist the nurses and assist the department by having communities take some initiative by possibly looking at a first response team. There are some people who would volunteer to help the nurses in terms of medevacs, accidents on the highway or in the community, and would help the nurse in terms of some of the logistics that the nurse may be called upon. There are a lot of nurses in our communities that are pretty good, I must say. Some of the nurses are really good in our communities and the people really appreciate them. But they are human beings like everybody else and they get stressed out, and they may have families or whatever. We need to support each other in this field, and we need to know that the government is going to help us do some creative approaches to help our nurses. I know my time is up, Madam Chair, but that's all I wanted to say.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Yakeleya. Any response to those comments, Mr. Minister?

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. The Member raises an important and often delegate issue, and that's the need for communities and the people working in the communities -- nurses and other professionals -- to have a relationship. Like most relationships, if they're not a good relationship, then chances are one of the parties will end the relationship. The professional people, nurses especially, are very, very mobile and have the capacity to pick up the phone and go just about anywhere they would like. Most of them come in on a short term, plus they're a profession where there is lots of communication among nurses. So if things go bad in a community, then it tends to reflect badly not only on the nurses possibly, but also on the community when it comes to recruiting other nurses. It applies to teachers and other professions, as well. So we all have to be aware, communities and ourselves and the people working in communities, that there is that need for a relationship. That particular fact I know has in fact ended the stays in different communities of nurses and other professionals. So it's a good point that the Member has raised. It's a delicate one, but it is a very clear fact. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Minister. Next on my list I have Mr. Hawkins.

MR. HAWKINS: Thank you, Madam Chair. Before I start, I would like the Minister to clarify a couple points he made when he was being questioned earlier. How I understood his comments were he referred to meningitis as a priority, when it was being brought up about what are priorities and what are some of the pressures of the priorities of the Department of Health and Social Services. He also references the acts in another item when we were discussing about capital cost priorities. If the Minister could clarify for my benefit, let's say for the record, of course. To my knowledge, the meningitis issue was a special warrant issue so it wouldn't have been perceived as a budgeted item, therefore, it wouldn't have been seen

as a line item issue that would have demanded pressure in that regard. It was tackled under the supplementary appropriation, so it's a special warrant. If he could confirm with me that the coordination of the acts planned to build a long-term dementia care facility in the Yellowknife area, that the capital cost would rest on the shoulders of that association, not the capital cost resting on the shoulders of the Department of Health. If he could clarify those two points before I proceed with my questions. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, I used the issue of meningitis as an example of one of those big ticket costs that come up that require a significant amount of unbudgeted money, especially in times where there are tight fiscal conditions that require us to respond and that take up resources, take up taxpayers' dollars, take up government resources. So that was the context in which I mentioned that. I didn't mean to imply that it was a capital item or something we knew was coming but didn't budget for. It's something that happened and we responded as quickly as we could.

My understanding in terms of the proposed dementia facility is that the lease cost would be included in the O and M, and those O and M costs would be borne by the department, funded by the department. There is no such figure because the design isn't clear and the staffing complement isn't clear, but we know it's going to be in the millions of dollars. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman, and thank you, Mr. Minister, for clarifying those questions. Mr. Minister, you had indicated earlier, and may I make very clear to the Hay River Members that it is not my intention to pull the foundation out from underneath the Hay River facility when I question this comment, but my concern is I think you referenced earlier that it costs us \$1.6 million to run the Hay River facility, and I think you referenced that it runs at a 25 percent operational rate. Did I understand that correctly? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Hawkins. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. It runs 25 to 30 percent over the course of a year. Those are the statistics we have.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. What did it cost to build this facility?

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Hawkins. Mr. Minister.

HON. MICHAEL MILTENBERGER: Mr. Chairman, that is a bit of historical data. I would offer a qualified semi-educated guess, since I was on the board at the time, it is in the neighbourhood of \$3 million, and that is just what I recollect going back many, many years now.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Hawkins.

MR. HAWKINS: I am satisfied with that estimation. Proceeding with my next line of questioning. Are there structural problems with that building, that it is breaking into two that this Assembly needs to be referenced to before I proceed to my next questions? I believe it is, from my professional point of view. Could you clarify that for my benefit? Thank you, Mr. Minister.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Hawkins. Mr. Minister.

HON. MICHAEL MILTENBERGER: Mr. Chairman, there were some structural problems with the foundation that I think were funded and dealt with. There was movement, I think there may have been some permafrost where they built. This was before the time of thermosyphons and those types of technology. There were some problems but they were rectified. I will just get Mr. St. Germaine to maybe expand a bit for you if you will allow that, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Yes, Mr. Minister. Mr. St. Germaine.

MR. ST. GERMAINE: Yes, thank you, Mr. Chairman. Yes, several years ago there was money appropriated in the capital plan to basically monitor and remedy or mitigate any shifting of the foundation. Monitoring continues, the need to mitigate was minimal and we no longer carry that budget item because it has ceased to shift as much as it had in the past. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. St. Germaine. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman, and thank you, officials, for answering that because you answered my next question, does it have continued ongoing structural issues. Now proceeding to the \$500,000 referenced in what it costs to send NWT residents to southern facilities. Not being an accountant, therefore, I am now looking for the exact number when I reference this, but as I see we are spending half a million dollars to send people south to a facility. If we can reference in old dollars as a \$3 million facility in Hay River, doesn't that \$500,000 start to build a case about building a facility to suit the needs that we are obviously sending people for treatment in the South? Does that not warrant a pressing issue? I am not suggesting it is overstepping the need of the Wekweti nursing station, but I do want to stress, does that not stress a capital need to a problem? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, what it indicates as we look at system inefficiencies in economies is that we have a facility that is not clearly, but delivering a program that it has subscribed to as it can, as it could be. The Member for Sahtu just made some comments about other program needs, which I think are accurate. We just have to sit down and look at how we best utilize that facility. It is a very nice facility and I think it has the capacity to offer rotating programs or programs that are going to be more

fully subscribed to than the one there currently is. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. I appreciate the Minister going into my next question, although he didn't really answer the investment of \$500,000 into a new facility that could help supplement the needs that we must be directly sending these people for. I think the Minister referenced it in such a way that really we are sending these people south for some reason, because obviously they are not being treated in Hay River for another reason, and the Hay River facility, the way I understand it, unless it has been clearly referenced in a different context, must be suiting and serving different needs. So from looking at this as brush strokes, why are we not investing that \$500,000 into the Hay River facility, at least keeping our citizens north? When will I see that initiative of the shifted dollars being invested in a territorial sense rather than sending people south? Because running a facility at 25 to 30 percent, if I was running a business, I think I would be running myself into the ground. Just referencing that, when will I see the shift of those types of dollars to the Hay River facility, to supplement that failing grade of occupancy?

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Hawkins. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, we're in the process of doing this review. The hope, of course, is that our prevention as well will pay off, and the amount of people requiring treatment will drop off. However, the health indicators we have, and alcohol consumption indicators we have indicate that may be somewhat optimistic in the short term. So we are going to work as we are on the acute care side and the long-term care side to look at these efficiencies. We have our target, \$2.7 million this time, and the Minister of Finance has also already indicated that next year it is \$20 million, and the year after it is another \$20 million. So we are going to be looking very closely at all our services to make sure that they are as efficient and effective as possible in all areas, including this one. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. Seeing my time has run out, I better ask my questions in a clump here. How many people per year does the Hay River facility see, and how many people are sent south? I would be happy to release the floor at that time. Thank you very much.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Hawkins. Mr. Minister.

HON. MICHAEL MILTENBERGER: Ninety-nine were the number of clients that went through Nats' Ejee K'e this year, and 100 clients were for the south.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. I don't have anybody else on my list, and I see Mr. Hawkins with his hand up. Okay, Mr. Hawkins, we will give you one more round of questioning.

MR. HAWKINS: Thank you, Mr. Chairman, for recognizing my pressing questions, and thank you, colleagues. Mr. Minister, are you able to speak to the success rate of our 99 clients at the \$1.6 million Hay River facility per year versus the 100 clients that travel south that are \$500,000 southern access to facility treatment programs? Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Hawkins. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, if the Member means did the individual clients come out of their programs and go on to lead a life of sobriety in industry and hard work and become successful in all of those areas, I can't say. I can't say if in fact they relapsed as soon as they got home. All I know is what our broad numbers tell us, that the alcohol issue is one of the biggest scourges we have in the Northwest Territories and it is not getting any better. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chair, and thank you, Mr. Minister. Does the department do any tracking of this information on return clientele to the services in order to get some awareness that programs are either working or not working? Is the facility in Hay River able to increase its operational level noting that it runs at a 25 to 30 percent capacity? Are they able to increase their capacity even though they have empty beds?

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Hawkins. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, one of the key points that these numbers demonstrate and what the literature tells you, as well, and what we know politically to be true in dealing with people, once they require treatment, it's a very difficult, high end, expensive process and the issue of prevention and promotion for prevention and making the right choices is where we have to focus our efforts. Does Nats' Ejee K'e have the capacity to increase and response to their requirements? I do believe they do. I just think we have to sit down and take a broad system and look at what our needs are as a territory. They have a board that reports to the Deh Cho Health and Social Services Authority, but it's a territorial facility that we fund and I think we have to sit down with the people in the business and clearly look at what our needs are. We also want to look at increasing our ability to access some of the Salvation Army programs, as well, on a cost-per-bed basis, which will give us greater latitude and will reduce some of those half-million dollars that we now spend down south. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. Speaking again on the treatment issue, what are you spending on the localized area, referring strictly on Yellowknife, on treatment programs from your department? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Hawkins. Mr. Minister.

HON. MICHAEL MILTENBERGER: Mr. Chairman, if he's referring to addictions treatment funding, we currently spend \$611,000 between the Salvation Army and the women's healing and recovery program. Plus Stanton has some funding as well, \$212,000. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. Mr. Chairman, is the Minister in any way able to speak to the success rate of any of these programs, be it run by the Salvation Army, be it Stanton, be it the Hay River facility or southern facilities? Is the Minister able to reference any success rate at all on how our dollars are being spent? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Hawkins. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. We would, at some point, have to agree on what the possible definition of success is. I know many, many people in my life, in my travels across the North, who no longer drink, I know many people when you go to parties who don't drink. Conversely, I know as Minister in this business, that for every person that quits drinking, there seem to be three or four who start. Once again, success is very difficult to quantify in this particular area. I also know we still have babies being born with FAS and FASD. I guess we can measure the lack of success would probably be the easier way to do it, because we know what those numbers are. We know what the draw is on these programs and we know what our consumption rates are. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. Just going back to your Hay River facility versus the southern facility, we talked about 99 people going to the Hay River facility. Could the Minister explain why we send people south? The difference is the program, I guess. I can only fathom why we send half the people south and half the people to Hay River. Can he specify why we do that rather than automatically suggest that they go a funded territorial location? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, there are a number of reasons why that would be. Some may be the gender. The Hay River program is a 28-day program that has only one intake. They used to have a continuous intake problem and they don't do that anymore. Now you are limited to a monthly entry. There may be some other pressing side issues, what they call concurrent disorders. We talked about that previously in terms of the training of community wellness workers. When it's alcohol, there are chances that there are other related pressing problems. So those are some of the issues. I know we do send some parents south, so the program at Nats' Ejee K'eh as I recollect is geared to men. So those are some of the issues that would make it necessary to use southern placement facilities. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. I guess I just want to hammer my point clear on success rate. In my discussion in the not so recent past, but with the Tree of Peace probably about 18 months ago, someone in the community came to me about a family member requiring treatment and the fact that they can't truly access the treatment they needed. They were significantly overwhelmed with alcohol and drug issues. So they didn't know where to go and for some reason, I am glad they called because they needed to call someone and I called the Tree of Peace. The Tree of Peace referenced the stress over and over and over again the success rate where some people are being treated in the southern facilities. They are sent to Grand Prairie or wherever as a holiday and the success rate of that trip was significantly lower than being treated in their home community.

The other thing is referencing the out-of-town healing, the fact that it was a shock when the people returned to their community and they felt they had zero support mechanism, not always, but typically outside of their home community. So the success rate was lower, which means we may be saving dollars by sending them south, but we get repeat clients, therefore, just because we can send more doesn't mean we can get a better product. So the point I am really getting at is, as my time runs out, I am just going to stress to the Minister--and I say this without prejudice--that I am disappointed I don't get a sense of the success rate. It was made clear to me our success rate is much stronger if we keep our people in our community and, with that said, it means a lot. So if we are sending folks out for whatever reason, it would mean a lot for us as an assembly to understand what type of numbers we are dealing with. Maybe that's the option. I want to make sure we are spending our money where the people are getting the best value. As I close my point, I don't necessarily mean best value means bottom dollar. Best value is how people are being treated. As far as I am concerned, this is a pressing issue, as has been pointed out earlier. People's lives are on the line. Some are in destructive circumstances and that is a pressing issue. Thank you, Mr. Chairman. I appreciate the final comments.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Hawkins. There was not a question there, more of a comment, Mr. Miltenberger. We will move on. Page 6-13, program delivery support, operations expense, total operations expense, \$31.789 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-15, program delivery support, grants and contributions, contributions, total contributions. \$18.381 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-17, health service programs, operations expense, total operations expense, \$132.249 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Mr. Allen.

HON. ROGER ALLEN: Thank you, Mr. Chairman. I am not going to take too long on this, but I want to reference a

few points I made earlier about a letter I received from Finance Minister Roland on the delivery of essential programs and services in the most effective, efficient and economical way. In another one, he speaks to resource revenues and also to protecting low-income residents. With that in mind, especially in the health services program, Mr. Chairman, I've read with intense interest from the Fraser Forum a new health reform policy in Slovakia reminds Canada of a lesson it has yet to learn, and it speaks to a number of interesting initiatives that small Slovakian country had taken in terms of reforming its health care. I see a number of interesting sectors that we could take as excerpts from this article that the department may want to look at in the longer term to see if that would fit some of our own recommended reforms here in the Northwest Territories. I certainly believe that it also has some very interesting methodologies it could employ here. In the context of what the Minister said earlier about the vulnerability of our health care system, should we not be looking at something that would be more of a cost-sharing program for health care? I'm going to ask the Minister if he would look at some of the transitions that this European country had made in terms of addressing its health care program. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Allen. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Which country was it? Thank you, Mr. Chairman. Mr. Chairman, if the Member would share that information with us we'd be happy to check into it. We have made contact with other countries, Australia and New Zealand. We have had some preliminary looks at the Philippines. We did some work there. As well, we're looking at some possible staffing issues in the Ukraine. So if the Member had some information, we'd be happy to look at that and talk to him about following up on it. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Allen, did you wish to respond?

MR. ALLEN: Thank you, Mr. Chairman. Just for the record, I'll read into the record, it's dated February 2004, the Fraser Forum, a Fraser Institute review of public policy in Canada. It's on pages 27 and 28. There are a number of references, notes to the issue of new health reform policy in Slovakia. It reminds Canada of a lesson it has yet to learn. Just for the record I'll read into it. Again, I think it's an important article in that it shows that there is, as I stated earlier, from a global perspective, concepts of global reform being introduced and trying to meet the ever-increasing costs of health care across the world. Certainly I found this article very interesting in the context of it articulating some reforms that are cost shared through both a patient and the health care system. I just wanted to raise this article in the context of this sector of page 6 of 17. There's no real question to that, Mr. Chairman, just to point out to the Minister that there are further reforms occurring in the world. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Allen. Thanks, Mr. Minister. We'll now move on to Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. I have two questions under this section. The first one is for the breakdown of other expenses for \$25 million, please. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. There is \$3,000 for travel and transportation; \$601,000 for contract services; \$24.533 million for fees and payments. Mr. Chairman, I believe that \$25,000 comprises of \$602,000 for NWT hospitals Canada Blood Services; \$20.103 million for out-of-territories hospitals, which is Capital Health Authority and our funding arrangement with Nunavut; \$1.13 million for fee-for-service billings to NWT residents; \$594,000 for fee-for-service billings to non-residents; \$196,000 for a new standardized physician contract; and, \$2.629 million for physicians outside the NWT fee-for-service billings, totalling \$25.137 million. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you for that detail, Mr. Minister. Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. For the \$20 million to the Capital Health Authority in Edmonton, I believe, could the Minister indicate how much of an increase he's expecting to pay in this budget compared to last year's budget? Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. I apologize if I didn't state clearly. There are two under that \$20 million. About \$10 million or so is the Capital Health Authority and there's a built in escalator. I'll get Mr. St. Germaine to speak to that. As well, we have another fairly significant contract with Nunavut worth about \$8 million. I'll let Mr. St. Germaine elaborate.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. St. Germaine.

MR. ST. GERMAINE: Thank you, Mr. Chairman. The Capital Health Authority agreement hasn't been renewed for the current year so we're projecting at current rates. That will be offset and is hard to predict with the change in the utilization.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. St. Germaine. Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. Put it another way, could the Minister advise as to how much we paid to the Capital Health Authority last year and how much he expects to pay this year? Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Mr. Chairman, we paid approximately \$10 million last year and we anticipate there will be some increase. There's a new contract that has been negotiated and there's an agreed to process and increases that we have to talk to the Capital Health Authority about. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Yes, Mr. Chairman. My apologies. I shouldn't ask the Minister to see or forecast the future here. Maybe I should ask him for how much he paid to the Capital Health Authority the year before; not for 2003-2004, but 2002-2003.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Last year we negotiated for the first time in I think it was almost five years, with the Capital Health Authority. The contract, once again we don't have that level of detail. I think it was in the neighbourhood of \$6 million. Given the length of time since the last negotiation, it went up and we changed the contract format and how billing is done to better reflect current realities. But it's about \$10 million last year and we anticipate there will be some increase once we finish negotiations for the coming year. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. Is the Minister able to say with certainty that increase of \$4 million to the Capital Health Authority is as a result of changes in contract and not due to change in the use of services?

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Once again I'll let Mr. St. Germaine give you the detail, but it was a very detailed negotiation where they had extensive statistics over usage and utilization and I think there's also a switch in billing, as opposed to a fee-for-bed as a fee for a specific kind of service that you were receiving and they were all priced differently. I'll let Mr. St. Germaine speak to that. He was involved in the negotiations.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Miltenberger. Mr. St. Germaine.

MR. ST. GERMAINE: Thank you, Mr. Chairman. When we renegotiated the contract the price structure changed significantly to reflect the type of patients that were being treated from the Northwest Territories. Typically they were patients requiring higher care and the cost to treat them and maintain them was much higher than the average bed rate that we were paying at the time, which was approximately \$930. Now we're paying a differential rate depending on whether it's ICU or other wards and so on. So rates ranged from anywhere from \$1,000 to \$1,700 a day depending on what patient need is. Over the intervening period, the actual number of patients staying on an in-patient basis at the Capital Health Authority have gone down. What has gone on is the price has gone up significantly. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. St. Germaine, for that explanation. Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. Thanks for that info. Going back to the \$8 million under expenses for Nunavut, I'm not clear about that because I would have thought that we would actually be getting money from Nunavut. I was under the understanding that we provide services to them. So could I get more information on what this \$8 million expense is? Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. We have a fairly interesting billing process. What happens is we negotiate with Nunavut and the money comes to us and then goes into Stanton's budget. So this would be reflected in Stanton's revenue that they earn for providing the service to Nunavut.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. I'm still not clear on that. So the money gets written up as a revenue at the hospital, but as an expense in the department. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): I believe that's the case but, clarification, Mr. St. Germaine.

MR. ST. GERMAINE: Yes, thank you, Mr. Chairman. There's also an \$8 million revenue item in the department's revenue portion of the budget. There's \$8 million coming into the GNWT consolidated revenue fund. As that money comes into the government's coffers we make payments to Stanton hospital for the services they provide to Nunavut patients. It's a bit of a flow-through from the department to the authority. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you for that explanation, Mr. St. Germaine. Ms. Lee.

MS. LEE: Thank you. Now that we have those loops sorted out, could the Minister indicate whether or not there has been a downward trend or upward trend in terms of the services that we provide for Nunavut residents? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you. What there has been is, I don't have the exact usage numbers, I know there has been a renegotiation and how the service is paid for has changed, as well. It's more in line with how we get billed from Capital Health. It's billed on a fee for the specific service. There's a funding level based on the complexity of the service.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. I have a separate question for the remaining moments there. I believe this is the section under which the department pays for the physician services and I think we're aware of some of the pressures there have been on staffing and recruiting and retaining doctors in the city and the Territories. Could the Minister provide sort of a status report in brief about where we are in terms of complements of medical professionals? Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you. I didn't catch the last part. She'd like an update on the current negotiations?

CHAIRMAN (Mr. Ramsay): No. Ms. Lee.

MS. LEE: No. Thank you, Mr. Chairman. Not necessarily. I just wanted to have a status report on the complements

of medical report. Have we succeeded in recruiting and retaining medical professionals? Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, I believe we're running about a 26 percent overall vacancies, down from 32 in June. Rather than try to give you what I have here, I have a document here that I'd be happy to share. It has all the stats. It was provided to standing committee, but it outlines all the percentages of vacancies and such and it's dated from, I think, December.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Perhaps you could supply that to Members. Thank you, Mr. Minister. Mr. Menicoche.

MR. MENICOCHÉ: Thank you very much, Mr. Chairman. If I could just ask the Minister, is this with reference to medevacs in the communities? Does it fall under this category at all?

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Menicoche. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Medevacs are covered under supplementary health programs.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Menicoche.

MR. MENICOCHÉ: That's fine, Mr. Chairman. I'll just reserve my comments until that page.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Menicoche. Mr. Pokiak.

MR. POKIAK: Thank you, Mr. Chairman. I'm going to speak about the nurse-in-charge in the communities. I'll give you a case in point; back in Tuktoyaktuk we have four nurses and one nurse-in-charge. My question is in regard to the authority that the nurse-in-charge may have in regard to making emergency situations where a patient may need to be medevaced. I don't know if it's the right section, but that's my question. How much authority does the nurse-in-charge have to decide when a medevac needs to take place? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Pokiak. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the nurse-in-charge has fairly significant authority that she would probably be in contact with Inuvik to double check with the physician on call, but the physician on call would be taking her assessment of the situation. I would suggest that the nurse-in-charge has significant authority when it comes to authorizing or requesting a medevac.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Pokiak.

MR. POKIAK: Thank you, Mr. Chairman. A case in point is going back in a time, it's sort of a person thing that I had with what happened back home when I was campaigning. Something happened to one of my sons there and the nurses couldn't diagnose what the problem was. It took up

to about three days before they finally decided to have a conference between themselves to decide exactly what the problem was. I was lucky that they realized it was an emergency, because the individual ended up with appendicitis. By the time he got to Inuvik, it burst. In that case I'm just wondering, I think the nurse-in-charge at that time should have made a decision in regard to the problem. I'm just wondering, are the nurses-in-charge or nurses capable of diagnosing these kinds of situations. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Pokiak. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, it would depend on the qualifications and experience of the nurse-in-charge. There may be recognition of some of the symptoms. There would also be, I would suggest, contact with Inuvik so as to double check or get that professional feedback from the doctor if it's something that could be of that nature.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. Pokiak.

MR. POKIAK: Thank you, Mr. Chairman. That was my next question anyway. I think the question I was going to follow up with was does the nurse-in-charge rely on calling the physicians in Inuvik in cases like this where something important needs to be attended to? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Pokiak. So you're satisfied with the Minister's response?

MR. POKIAK: Yes, I am. Thanks.

CHAIRMAN (Mr. Ramsay): Okay. Thank you, Mr. Pokiak. Page 6-17.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Health services programs, operation expense, total operation expense, \$132.249 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-19, health services programs, grants and contributions, grants, \$25,000.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Contributions, \$102.729 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Total grants and contributions, \$102.754 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-21, supplementary health programs, operations expense, total operations expense, \$15.43 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-23, supplementary health programs, grants and contributions, contributions, total contributions, \$10.6 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-25, community health programs, operations expense, total operations expense, \$61.601 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-27, community health programs...Wow, wow. Sorry, sorry. Trying to get home for American Idol; sorry, folks. Just joking, just joking. Show of hands. Ms. Lee.

Committee Motion 4-15(3): To Develop An Action Plan To Deal With STDs, TB, Diabetes And Obesity, Carried

MS. LEE: Thank you, Mr. Chairman. I have a motion to make. Mr. Chairman, I move that this committee recommends that the Department of Health and Social Services develop an action plan to deal with the increase of incidences of sexually-transmitted diseases, tuberculosis, diabetes and obesity. Thank you.

CHAIRMAN (Mr. Ramsay): The motion is in order. We'll just take a few moments here to pass it out. Thank you, committee. The motion is in order. To the motion. Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. Just a very short comment. During the deliberations of this section during the committee review, we were given a presentation from the chief medical officer that showed quite an alarming trend in incidences of various sexually-transmitted diseases and something like tuberculosis, that really we should have a very good handle on. If the Members look at page 6-26, we are looking at quite a substantial reduction in the health promotion budget. In 2002-2003 to the year 2003-2004, there was at least about a \$1 million increase, and now this year we are going back than where we were in the year 2002-2003. So we believe that while the Minister has indicated that this is an important area and it has been mentioned in the opening statement, it is not being expressed to the same degree in dollar amounts. So we felt that it was very important that we expressed our collective view that this is not an area that we could fall behind in. So that is the impetus behind this motion. I would like to ask for committee's support for the motion. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. To the motion.

SOME HON. MEMBERS: Question.

CHAIRMAN (Mr. Ramsay): Question has been called. All those in favour? All those opposed? The motion carries.

---Carried

---Applause

Thank you, committee. I have Norman Yakeleya. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chairman. Just for the record in terms of the early childhood development

initiative program, I just wanted to ask the Minister the status of this early childhood development initiative program in the communities or for this government.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Yakeleya. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, as I indicated earlier, that is a fund that has sunsetted, that there is one year left, about \$500,000 that the federal government has on the table. The territorial portion is sunsetted and it has not been replaced. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Miltenberger. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chairman. The early childhood development initiative program has been doing a lot of good in our communities in the regions, and I had a phone call today about a concern from one of the communities in the Sahtu, and they asked if I would raise this concern. Right now they're scrambling for money, the program is up and has been running, and a lot of hopes were drowned out by not funding this program. This program has done a lot of good in the Sahtu region. It may not have any plans in winding down this program and how it's going to be told to the communities. It's not good; it's not good for us, for our communities and for our children. I got several complaints, several enquiries from Deline and Tulita. They are saying let's do something about this program, it has done a lot of good in our communities. We're talking about healthy living and healthy lifestyles, and it starts with our generation. A lot of good work has been done in this program. So it's something that this government really needs to bring to the attention of the federal government in terms of this kind of programming. They had the budget address on TV and we got some reports on the federal government's address. You know, walk their talk in terms of the early childhood development programs in our communities. They are very important, very key. It's something that a lot of families, a lot of children, a lot of organizations in the communities depend upon. If it's a sunset clause I understand it, and I just hope that in some way this government could work with some of the partnerships that they're looking at forming with regard to some development in the Northwest Territories. They have to put back into some of the resources and infrastructures in the communities with regard to doing business in our communities down the Mackenzie Valley in terms of natural resources that are being taken out of the Northwest Territories, such that these programs are worthwhile and worthwhile fighting for. So I think that the Minister should suggest in any way that they could look at supporting this program and continuing on with the people in the small communities. I think I want to offer that and I will keep bringing this up because it's a worthwhile cause and it's a crying shame, Mr. Minister, that this program here has to be sunsetted.

AN HON. MEMBER: Crying shame.

MR. YAKELEYA: It's a crying shame, Mr. Minister. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Yakeleya. Mr. Minister, did you wish to comment on the Member's concern?

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, this is a program with two parts. There's a component that Health and Social Services delivered, and there's a component that Education, Culture and Employment delivered. So I'll speak to our part of the program which is sunsetting and which was geared on having home visitors making young mothers aware of how to raise a child, some blocks and things that would help young children with some of their basic skills. The education side dealt more with literacy, language nests and that type of thing.

The hard reality is that it that it's a sunsetted program, and as we looked at the \$2.7 million we had to cut and control in our costs, this was one of the areas that was looked at. I would point out, as well, that the 2003-2004 wellness initiatives funding between ourselves and the federal government into the communities which are First Nations and Inuit wellness programs, administered by the Department of Health and Social Services on behalf of the Northern Secretariat, totals \$12.4 million. So it's a significant amount of money. This relatively small piece is sunsetted. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. I don't think we have anybody else on the list. Mr. Yakeleya, you have a couple minutes left. Do you have another question?

MR. YAKELEYA: Yes, thank you. I'll see what I can do within one minute and 30 seconds. The hard reality is also that there's the proposed Mackenzie Valley pipeline coming through the Northwest Territories. Surely the government and the development organizations can look at this worthwhile project in our communities. The hard reality is that this program is going to be sunsetted by the federal government, and the communities have done a lot of good work and our kids are getting into a lot of the issues that we're dealing with right now: tobacco, obesity, diabetes, STDs. Young mothers are having babies and even children are having children. That's the hard reality in our communities. I just want to voice my strong support and passion for this type of program and see somehow if within the life of this government that we could continue something like this. Is there any way of profiling that they could keep a program like this going for the young mothers in our communities? Mothers are getting younger and younger every year. That's all I wanted to say, Mr. Chair.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Yakeleya. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. I appreciate the Member's concern, but at this point the program has been sunsetted. The federal government has \$500,000 left in for the coming year, but then their portion will sunset as well. At this juncture, the budget we have does not include that particular amount of money. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Back to page 6-25, community health programs, operations expense, total operations expense, \$61.601 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. I have neglected to ask for a breakdown of other expenses in previous pages, but I will not go back if the Minister will commit to providing that to me in writing for the breakdown of other expenses for \$4.9 under supplementary health programs. Could I ask for the breakdown of \$10.563 million under community health programs, please? Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. If I may offer this to the Member, under supplementary health programs, \$200,000 for travel and transportation; \$688,000 for contract services; \$4.293 million for fees and payments, for a total of \$4.983 million. Community health programs, \$381,000 for travel and transportation; \$347,000 for materials and supplies; \$196,000 for purchased services; \$6.266 million for contract services; \$3.352 million for fees and payments; \$16,000 for other expenses; \$6,000 for computer hardware and software, for a total of \$10.563 million.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister, for providing that detail. We will now move to the total operations expense on page 6-25, \$61.601 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Agreed. Page 6-27, 6-28 and 6-29, community health programs, grants and contributions, contributions, total contributions of \$47,524 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-30, active positions, an information item. Page 6-31, another information item, health and social services authorities - active positions. Agreed?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Agreed. Page 6-32, details of work performed on behalf of others. Mr. Yakeleya.

Committee Motion 5-15(3) To Develop A Plan Of Action To Recover Federal Shortfall In Health Funding, Carried

MR. YAKELEYA: Thank you, Mr. Chairman. I have a motion here. I move that this committee recommends the Government of the Northwest Territories places the issue of the federal government failing to meet their health care responsibility to aboriginal residents of the Northwest Territories on the agenda for the northern leaders meeting, with a view to arriving at a consensus on a joint plan of action to recovery of this debt.

---Applause

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Yakeleya. The motion is in order, we will just pass it around. We'll just make sure everybody has a copy of the motion. To the motion.

SOME HON. MEMBERS: Question.

CHAIRMAN (Mr. Ramsay): All those in favour? Opposed? The motion is carried.

---Carried

---Applause

We will now move. We're back on 6-32, committee, details of work performed on behalf of others.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Details of work performed on behalf of others continues to 6-35, for a total department total of \$16.389 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): We will go back to page 6-7 which is the department summary. Operations expense and a total expense of \$246.978 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): We will now turn your attention to the back of your main estimates book to the CAP. CAP-13, Health and Social Services, community health programs, total community health programs, \$1.125 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. I have questions on community health programs various information systems there, health management information system, community and public health information system, patient and hospital scheduling system. These amount to over \$3 million. Could I just get brief information on what these are? Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. I thought I would be able to hear without my earpiece, but could I get the Member to repeat the question? Sorry.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Ms. Lee, could you repeat the question to the Minister? Thank you.

MS. LEE: Sure, thank you. Mr. Chairman, I wanted to know what these information systems are that the Minister is asking for capital funding in the amount of \$2.2 million under health management information system, \$1.1 million for community and public health information system, and patient and hospital scheduling system for \$800,000, and children and family information system I guess. I'm wondering are we building a computer infrastructure, is this something new? Oh, I guess that's the prior money that we've spent, okay. Could I still get an idea about what this is meant to do? Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Ms. Lee. Mr. Minister.

HON. MICHAEL MILTENBERGER: Mr. Chairman, I'll ask Mr. St. Germaine to give you the detail.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mr. St. Germaine.

MR. ST. GERMAINE: Thank you, Mr. Chairman. The \$625,000; the health management information system is the administrative system that's utilized to track and record people who register for the health care system, the registration. It also generates and tracks fee-for-service payments, hospital stays. Basically all the health systems that are part of the insured system are captured under that particular system.

The current system that we have and are replacing is about a 10-year-old system and no longer meets the way we do business.

The children and family information system is an information system used in family and children's services. It's basically an information system that gathers and tracks information on various activities of our child welfare workers in terms of their interactions with clients.

The community and public health information system is a system in place in most of the health centres, which does a couple of things. It schedules and tracks appointments for patients coming in for various clinics and also tracks and records encounters with patients. It also has a component that we are looking at for a public information system that would capture immunizations on an individual basis. Thank you, Mr. Speaker.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. St. Germaine. Ms. Lee.

MS. LEE: That is sufficient. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Lee. Back to CAP-13, community health programs, total community health programs, \$1.125 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Health services programs, continues onto CAP-14, total health programs, \$8.804 million, for a total department total of \$9.929 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Does committee agree that consideration of the Department of Health and Social Services is concluded?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Thank you. I would like to take a moment to say thank you to Mr. Miltenberger, Mr. St. Germaine and Mr. Murray for your attendance today and this evening. Thank you very much.

---Applause

We will just give our Minister and his witnesses a couple of minutes to pack up.

What is the wish of the committee? Mrs. Groenewegen.

MRS. GROENEWEGEN: Mr. Chairman, I move that we report progress.

CHAIRMAN (Mr. Ramsay): The motion is in order. To the motion. All those in favour? All those opposed? The motion is carried.

---Carried

I will now rise and report progress

---Applause

MR. SPEAKER: Item 21, report of Committee of the Whole. Mr. Ramsay.

ITEM 21: REPORT OF COMMITTEE OF THE WHOLE

MR. RAMSAY: Mr. Speaker, your committee has been considering Bill 1, Appropriation Act, 2004-2005 and Committee Report 2-15(3) and would like to report progress with two motions being adopted, and, Mr. Speaker, I move that the report of Committee of the Whole be concurred with.

MR. SPEAKER: Do you have a seconder for that? Mrs. Groenewegen. The motion is in order. To the motion.

SOME HON. MEMBERS: Question.

MR. SPEAKER: All those in favour? All those opposed? The motion is carried.

---Carried

Item 21, third reading of bills. Mr. Clerk, orders of the day.

ITEM 22: ORDERS OF THE DAY

CLERK OF THE HOUSE (Mr. Mercer): Mr. Speaker, there is a meeting of the Accountability and Oversight committee tomorrow morning at 9:00 a.m.

Orders of the day for Wednesday, March 24th:

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. Replies to Budget Address
11. Petitions
12. Reports of Standing and Special Committees
13. Reports of Committees on the Review of Bills
14. Tabling of Documents
15. Notices of Motion
16. Notices of Motion for First Reading of Bills
17. Motions
18. First Reading of Bills

19. Second Reading of Bills
20. Consideration in Committee of the Whole of Bills and Other Matters
 - Bill 1, Appropriation Act, 2004-2005
 - Bill 4, Supplementary Appropriation Act, No. 3, 2003-2004
 - Committee Report 1-15(3), Standing Committee on Accountability and Oversight Report on the Review of the Draft 2004-2005 Main Estimates
 - Committee Report 2-15(3), Standing Committee on Social Programs Report on the Review of the Draft 2004-05 Main Estimates
 - Committee Report 3-15(3), Standing Committee on Governance and Economic Development Report on the Review of the Draft 2004-2005 Main Estimates
21. Report of Committee of the Whole
22. Third Reading of Bills
23. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. This House stands adjourned until Wednesday, March 24, 2004, at 1:30 p.m.

---ADJOURNMENT

The House adjourned at 9:00 p.m.