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**The Honourable Frederick Blake Jr, Speaker**

# Legislative Assembly of the Northwest Territories

## Members of the Legislative Assembly

### Speaker

**Hon. Frederick Blake Jr.**  
(Mackenzie Delta)

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**Hon. Diane Archie**

(Inuvik Boot Lake)  
*Deputy Premier*  
*Minister of Infrastructure*  
*Minister responsible for the NWT Power Corporation*

**Mr. Ronald Bonnetrouge**

(Deh Cho)

**Ms. Caitlin Cleveland**

(Kam Lake)

**Hon. Paulie Chinna**

(Sahtu)  
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*Minister responsible for Homelessness*  
*Minister responsible for the Public Utilities Board*  
*Minister responsible for the Workers' Safety and Compensation Commission*

**Hon. Caroline Cochrane**

(Range Lake)  
*Premier*  
*Minister of Executive and Indigenous Affairs*  
*Minister responsible for the COVID-19 Coordinating Secretariat*

**Mr. Richard Edjericon**

(Tu Nedhe-Wiilideh)

**Hon. Julie Green**

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*Minister responsible for Persons with Disabilities*  
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(Nunakput)

**Mr. Rylund Johnson**

(Yellowknife North)

**Ms. Frieda Martselos**

(Thebacha)

**Ms. Katrina Nokleby**

(Great Slave)

**Mr. Kevin O'Reilly**

(Frame Lake)

**Ms. Lesa Semmler**

(Inuvik Twin Lakes)

**Mr. Rocky Simpson**

(Hay River South)

**Hon. R.J. Simpson**

(Hay River North)  
*Government House Leader*  
*Minister of Education, Culture & Employment*  
*Minister of Justice*

**Hon. Shane Thompson**

(Nahendeh)  
*Minister of Municipal and Community Affairs*  
*Minister of Environment and Natural Resources*  
*Minister of Lands*  
*Minister responsible for Youth*

**Hon. Caroline Wawzonek**

(Yellowknife South)  
*Minister of Finance*  
*Minister of Industry, Tourism and Investment, including responsibility for the Business Development and Investment Corporation*  
*Minister responsible for the Status of Women*

**Ms. Jane Weyallon-Armstrong**

(Monfwi)

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**YELLOWKNIFE, NORTHWEST TERRITORIES****Wednesday, March 9, 2022****Members Present**

Hon. Diane Archie, Hon. Frederick Blake Jr., Mr. Bonnetrouge, Hon. Paulie Chinna, Ms. Cleveland, Hon. Caroline Cochrane, Mr. Edjericon, Hon. Julie Green, Mr. Johnson, Ms. Martselos, Ms. Nokleby, Mr. O'Reilly, Ms. Semmler, Hon. R.J. Simpson, Mr. Rocky Simpson, Hon. Shane Thompson, Hon. Caroline Wawzonek, Ms. Weyallon-Armstrong

The House met at 1:32 p.m.

**Prayer**

---Prayer

**SPEAKER (Hon. Frederick Blake Jr.):** Colleagues, before we begin today, I just got a reminder from the interpreters to please slow down, they're having a hard time to keep up with everybody so just be mindful. Take your time; we have all day. Ministers' statements. Minister responsible for Health and Social Services.

**Ministers' Statements****MINISTER'S STATEMENT 227-19(2):  
CULTURAL SAFETY UPDATE**

**HON. JULIE GREEN:** Mr. Speaker, eliminating anti-Indigenous racism in the health and social services system is an urgent issue in the Northwest Territories and across the country. I rise today to reaffirm our government's commitment to advancing cultural safety for Indigenous residents. This is a commitment we will continue to act on and today I will provide an update on the progress we have made in the past year.

The principles of cultural safety and anti-racism are widely recognized as best practice when it comes to providing services in health and social services settings. The Department of Health and Social Services began this work in 2013, partnering with Indigenous communities to establish a strategic vision and action plan based on the information gathered from consultation with Indigenous residents and through research.

Mr. Speaker, I believe we have made significant progress in this area. I want to recognize the cultural safety and anti-racism training initiated in June 2021. A team of Indigenous staff designed this made-in-the-North training over a four-year period. They took a "nothing about us without us" approach by piloting 13 different training sessions and seeking regular guidance from the NWT Health and Social Services Leadership Council and Indigenous Advisory Board. Over 200 staff participated in the pilot training program.

Mr. Speaker, since the launch of the final mode last summer, approximately 100 staff have taken the training. Monthly sessions will be offered in 2022-2023, beginning with Fort Smith and the Beaufort Delta. The training is delivered in-person over two days and includes a mix of guest speakers and activities to build the knowledge, skills, and self-awareness of staff. The goal of this training is to enable staff to better understand anti-Indigenous racism and improve cultural safety for Indigenous clients.

Mr. Speaker, training is an important component of this work, but it is not enough. That is why we have established the new cultural safety and anti-racism unit within the Department of Health and Social Services. They will lead our efforts to embed the principles of cultural safety and anti-racism throughout the system.

I am pleased to advise this unit is now fully staffed. These positions focus on priority areas, including Indigenous knowledge and wellness, child and family services, and training and content development. The people in these positions will also serve as expert consultants within the system, ensuring that our commitment to cultural safety is present in guiding all policies, programs, and documents. This new team is comprised almost entirely of Indigenous staff from the NWT and uses a decentralized approach that allows staff to work from their home community.

Mr. Speaker, we know that Indigenous staff within our system often experience anti-Indigenous racism themselves and have ideas about how to make things better which are not always heard. A community of practice for Indigenous staff is being planned. It will provide a supportive peer network and a safe forum to share innovations, wise practices, and offer solutions to address anti-Indigenous racism.

Mr. Speaker, cultural safety has been at the heart of the development of the new Indigenous Patient Advocates Program that will launch next fiscal year. This team of regional Indigenous staff will provide direct support to Indigenous residents to help them access services in Fort Smith, Hay River, Stanton Territorial Hospital, and Inuvik. This team will also

help to inform and drive this work being done to promote cultural safety and address anti-Indigenous racism.

Finally, Mr. Speaker, we are committed to this important work and expand on these programs when and where possible. We will continue to collaborate with Indigenous partners, communities, and staff to ensure this work is being driven by Indigenous people as we strive for every Indigenous person in the NWT to experience a culturally safe environment every time they interact with the NWT health and social services system. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Ministers' Statement. Minister responsible for Environment and Natural Resources.

**HON. SHANE THOMPSON:** Thank you, Mr. Speaker. Mr. Speaker, as the weather warms, we are seeing more hunters heading out on the land, including many who are traveling up the winter road to harvest caribou. Most are harvesting safely, respectfully, and following traditional practices. Unfortunately, a few hunters' illegally and disrespectful harvest puts unnecessary pressure on the barren-ground caribou herds. These herds are already facing challenges related to changing climate which can impact their habitat and food sources.

Today, I would like to talk about this year's caribou hunting season along with the Tibbitt to Contwoyto winter road, and how we are working with co-management partners to encourage a safe and respectful harvest. This is particularly important given the significant decline in many barren-ground caribou herds including a 99 percent decline in the size of the Bathurst herd since 1986. The Bathurst herd is now comprised of at least 6,240 caribou.

Mr. Speaker, we recognize the importance of caribou for the food security and know that current harvest restrictions have been hard on Indigenous people. ENR is working closely with Indigenous governments and Indigenous organizations to support the conservation and recovery of the Bathurst herd while also supporting harvest from healthy caribou herds and other wildlife species.

As a Minister, I have been working with leaders from the Yellowknives Dene First Nation, the Tlicho government, Lutselk'e Dene First Nation, North Slave Metis Alliance, Deninu Kue First Nation, Salt River First Nation, and the Northwest Territories Metis Nation to support the recovery of the Bathurst herd. An important part of this effort is the mobile zone, which was created in 2015.

The mobile zone is based on the current location of Bathurst herd by using satellite collars. It provides a buffer around the herd, which is kept as small as

possible, and offers protection to the herd by prohibiting harvesting within this zone. This zone is maintained using a collaborative approach by the GNWT, the Tlicho government, and the Wek'eezhii Renewable Resources Board. It is also supported by various co-management partners.

Weekly maps are posted at ENR and community offices, online on the ENR website, and along the winter road to let people know where the mobile zone is. Officers along the winter road provide information to hunters and can help them load the map on their GPS.

ENR continues to have a strong enforcement presence along the winter road, including regular patrols by vehicle, snowmobile, and helicopter. So far this year, we have had three ongoing investigations of illegal harvest involving a total of 22 caribou. We are also working with community-based monitors and guardians established by some Indigenous co-management partners. They work with harvesters to provide up-to-date information about the mobile zone and about where caribou harvesting can be done legally.

But Mr. Speaker, enforcement is just part of the equation. We want to encourage traditional practices that will help sustain wildlife populations and support recovery of the Bathurst herd. ENR has many programs designed to encourage communities and individuals to get out on the land and to harvest, including the Community Harvesters Assistance Program and the Take a Family on the Land Program.

For many years ENR has provided funding to communities on the range of the Bathurst herd. This funding is intended to support harvesting from other healthy herds, and other species. I am pleased to hear from several successful community hunts which have provided meat to communities, including moose and caribou from the Beverly herd.

Last year we learned of the accessible Beverly caribou in an area outside the mobile zone where they had not historically been found. We worked with partners to provide harvesters with the appropriate authorizations to legally harvest in that area. Last December, we worked with the Indigenous governments and Indigenous organizations to hold a gathering with respectful harvesters to listen to their advice on how to encourage safe and respectful harvesting practices.

In January, I met with Indigenous leaders to consider eight recommendations that came out of that meeting. We used "what we heard" from those harvesters to develop messaging, and we have improved our overall communications to reach a broader audience.

Mr. Speaker, respectful harvesting is a cornerstone of traditional values. The GNWT, and the support of co-management partners and Indigenous leaders, is working to encourage friends, family, and community members to harvest respectfully and legally. If you know anybody who may have wasted their harvest or hunted illegally, remind them that our collective goal is to ensure that there are caribou for our children and grandchildren. Encourage them to follow the Indigenous knowledge shared by leaders, elders, and respectful harvesters. Remind them to take only what they need from the area where harvesting is allowed, to take bulls and leave cows, and to share their caribou meat with elders and people in need.

Respectful harvesting is an important part of ensuring that these caribou herds remain healthy for generations to come. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Ministers' statements. Members' statements. Member for Yellowknife North.

### Members' Statements

#### MEMBER'S STATEMENT 1018-19(2): TOURISM IN SMALL COMMUNITIES

**MR. JOHNSON:** Thank you, Mr. Speaker. I'd like to begin today, Speaker, by acknowledging how good I look in my new vest, Mr. Speaker. And I'd like to thank the artisans who made it, Georgina Franki, a very talented seamstress, known to many of us as a Tlicho language instructor and to more of us in this House, particularly as our clerk, Jen's mom.

In addition, this beautiful beadwork, Mr. Speaker, is second to none and some of the best work I've ever seen and made none other than the Member for Monfwi, Mr. Speaker.

And there's a bit of a point to my fashion acknowledgement, Mr. Speaker, and that I would like everyone in this House to do everything they can to support our local artisans. And with March 1st and the return of tourism, Mr. Speaker, I'm proposing operation shakedown, where we do everything we can to get the money out of the hands of tourists and into the pockets of our local artisans, Mr. Speaker.

I'd like to see the Minister checking bags at the airport to make sure as people leave, they got enough furs, enough moccasins, enough carvings, and enough paintings, and they get on that plane and went what just happened?

In addition to that, Mr. Speaker, Yellowknife North, I'm starting to see tourists back already and it -- when you walk around Yellowknife North, you see lots of tourists, and I understand that; it is the best place on earth. But I often think, Mr. Speaker, that just coming

to Yellowknife is not truly seeing the North. We all know that, that you have to get out into our communities and experience that. So, in addition to operation shakedown, Mr. Speaker, I'd like to propose operation get outta town.

And Mr. Speaker, I believe with a targeted approach and partnership with operators in our communities, we can get some of those visitors to make sure that when they visit the North, it's not just Yellowknife. I believe even a small percentage of those visitors who come to Yellowknife, if they tack on another destination, that is good for business for the small communities. It means jobs in those communities, and it really means an all-around better experience for those tourists.

I'll have questions for the Minister of ITI on what we can do to support our artisans and tourism in our small communities. Thank you, Mr. Speaker.

**MR. SPEAKER:** Members' statements. Member for Hay River South.

#### MEMBER'S STATEMENT 1019-19(2): POST-PANDEMIC HEALTH SUPPORTS

**MR. ROCKY SIMPSON:** Thank you, Mr. Speaker. Mr. Speaker, after that Member statement I think that we should just move on to oral questions.

Mr. Speaker, as we move from pandemic to an endemic response, our small communities will continue to be susceptible to COVID outbreaks and will require ongoing support and resources. Mr. Speaker, subject to weather conditions and location, several small communities are not easily accessible. With limited housing options, many families are experiencing overcrowding in homes which may create an unhealthy environment.

Furthermore, as reduced monitoring enforcement of CPHO orders begin, combined with increased number of workers, visitors, and residents entering the NWT, I am concerned for the health of those in small and remote communities. I do not want to see anyone forgotten once we are in our endemic response and beyond. Therefore, it is imperative that this government develop a well thought out plan that incorporates health supports to address any COVID or potential COVID outbreaks in any community going forward.

Mr. Speaker, as a start, one of the tools I would like to see provided to remote and small communities at no cost is antigen rapid test kits. These test kits must be made available through grocery stores, health centres, community governments, RCMP detachments, and NGOs. This would make certain that anyone who may require a test can access them in a timely manner which may help to reduce potential COVID outbreaks. It may not be the

ultimate solution, but it allows one to monitor themselves and family members.

Mr. Speaker, another tool we have is communication. Communication is an important aspect to providing health services in the NWT. At times, we disappoint in this area. We rely on professional healthcare staff in those small communities to do more than initially asked of them. That includes communicating this government's healthcare initiatives, programs, and limitations to residents.

Mr. Speaker, to provide comfort to residents, healthcare staff, communities, and Indigenous governments, we must effectively communicate to them that health supports will be provided post-COVID. Mr. Speaker, I will have questions for the Minister of Health at the appropriate time. Thank you.

**MR. SPEAKER:** Thank you, Member for Hay River South. Members' statements. Member for Thebacha.

MEMBER'S STATEMENT 1020-19(2):  
ALLOCATION OF BUDGETS

**MS. MARTSELOS:** Thank you, Mr. Speaker. Mr. Speaker, today I'm going to talk about the funding gap between the small communities, regional centres, and that of the capital. Mr. Speaker, as an MLA representing a regional centre in the NWT, it is challenging at times to constantly have to fight for funding to be allocated to my community for certain initiatives, projects, or programs. I find myself getting frustrated and discouraged at times because it is always a battle between the capital and other regional centres and small communities for who or what gets funding. The rationale for where and what gets funding is sometimes unclear, unreasonable, and not logical.

Mr. Speaker, some communities are always taken care of no matter what. It's just a matter that the allocations of the budgets do not seem to be fair and do not address the needs of regional centres and small communities. The majority of these allocations almost always come at the expense of smaller communities and regional centres.

Mr. Speaker, I often wonder how budgetary funding allocation decisions are made by Cabinet. Is it broken down on a percentage basis, or is it allocated to each region and community based on population, on a per capita basis? Is it based on the needs and priorities of the government? Or is the budget based on the subjective views and opinions of Cabinet alone? These are very open questions.

Mr. Speaker, I understand that budgets always need to be negotiated. And being an MLA, it is not an easy

job. However, I do not think this process needs to be as demoralizing or hostile as it can sometimes be. I also understand that regional politics has always been a factor in our democracy on both a national and territorial scale. That is the nature of our system. However, we also need to be able to bridge that divide and work together to find a mutual solution for all communities and regions. Mr. Speaker, I seek unanimous consent to complete my statement.

---Unanimous consent granted.

Mr. Speaker, the small communities and regional centres seem to always be fighting over crumbs within our territorial budget. That does not seem fair at all and does not seem to be in line with the values of consensus government in my eyes. In fact, I sometimes question the effectiveness of consensus government given the way that some things are done in this building.

Overall, Mr. Speaker, I think our territorial budgetary process needs to be reevaluated as it currently stands. In my opinion, funding in our budget is allocated unevenly and is leaving the smaller communities and regional centres with less. I will have questions for the Minister of Finance later today. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Thebacha. Members' statements. Member for Inuvik Twin Lakes.

MEMBER'S STATEMENT 1021-19(2):  
POSITIVE CHANGE REQUIRED FOR SMALL  
COMMUNITIES

**MS. SEMMLER:** Thank you, Mr. Speaker. Mr. Speaker, today our theme is focusing on small communities.

Small communities of the NWT are a major part of the identity and the uniqueness of the Northwest Territories. We have many beautiful communities and cultures from Alberta border all the way up to the Arctic coast, and our territory covers vast distances.

Mr. Speaker, our small communities also have a lot of needs some of the other larger take for granted. Some small communities have no doctor, and few don't even have a nurse full-time in their community. Some have no RCMP. Schools struggle for teachers in their community due to many reasons but one we've heard numerous times is the lack of housing. If someone is injured in a small community, they can't call an ambulance to bring them to the health centre. The graduation rates in our smaller communities are lower than the rest of the Northwest Territories. The unemployment rates are high in the small communities. Our residents in all communities struggle with mental health and addictions but in our small community, there are less support for them in

their community. There is lack of housing available, which leads to family overcrowding. With overcrowding, Mr. Speaker, we have seen in the past years, like TB go through our communities, and then most recently COVID-19 hit some of our small communities very hard.

Mr. Speaker, these are things that I've heard from residents of the Northwest Territories coming from small communities and my colleagues here in the House.

Mr. Speaker, with the pandemic hopefully behind us now, it's time for us to get back to work on these and other important issues for our residents that they deserve. So, I look forward to working with my colleagues here today to really try to bring positive change for the people of small communities. Thank you, colleagues, and thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Inuvik Twin Lakes. Members' statements. Member for Deh Cho.

MEMBER'S STATEMENT 1022-19(2):  
LACK OF INFRASTRUCTURE IN SMALL  
COMMUNITIES

**MR. BONNETROUGE:** Mahsi, Mr. Speaker. Mr. Speaker, I stand in this House today to express my community and other small communities' concern with the recent budget spending. Of course, the small communities do not see any new spending on their wish lists, new jobs, nor any decentralized positions, which will add value to our workforce and community.

Mr. Speaker, since coming into the 19th Assembly, when one mentions the word "decentralization", it is like an unfathomable term and a threat to government employees who do not want to uproot, leave the city, or a regional centre. We, on the other hand, who live in small communities, see this as a lifeline to our very existence, and this can only enhance our local economy. We would then be able to plan for much needed infrastructure, such as office space to accommodate new employees, and perhaps there will be no questions with providing childcare spaces.

Mr. Speaker, we in the small communities look up to the large centres with envy as to what they have in terms of jobs and infrastructure. We scratch our heads and wonder why we constantly get turned away when we bring our plight to this government. Yet, when last minute proposals come in, right away they make a budget line item simply because they come from a large centre.

If COVID has taught us anything in regard to small communities, it's the lack of infrastructure and staff to house homeless residents of our communities. I believe I brought such a situation to this government

with no end results. I didn't even receive an apology for this situation and the situations our communities find themselves in.

This government needs to issue an apology to our residents for the lack of improved services to our healthcare, lack of infrastructure, lack of attention to our education system, and for the lack of jobs faced by our residents.

Mr. Speaker, I could go on and on and on, but I believe small communities' issues have been brought to the forefront many times without much success. This government needs to start touring into our communities to hear our experiences and wants of the people. Mahsi.

**MR. SPEAKER:** Thank you, Member for Deh Cho. Members' statements. Member for Kam Lake.

MEMBER'S STATEMENT 1023-19(2):  
HOUSING REPAIRS IN SMALL COMMUNITIES

**MS. CLEVELAND:** Thank you, Mr. Speaker. Mr. Speaker, the need for safe affordable and well-built housing has been the North's primary social challenge for decades and is consistently identified by Assembly standing committees as a root issue at the core of NWT social challenges.

Levels of government have spent over 60 years trying to house Northerners. Historically, territorial homeownership programs helped low income families access mortgages and home repair programs. These programs were introduced decades after the federal government's housing programs pushed homeownership through the Matchbox Home Housing Loan Program and the Northern Rental Purchase Program for residents to purchase old rental stock.

What we have now is a high number of homeowners created by government homeownership programs who now deal with high mortgage arrears and houses that require thousands of dollars in repair. But these homeowners are sounding alarm bells as the houses they live in require major repairs in communities with limited access to trades people and high costs to bring in contractors.

Housing repair needs are not exclusive to privately owned homes. The government's public housing stock also has a long list of required housing maintenance.

This past week, my colleague from Tu Nedhe-Willideh asked the housing Minister to provide a detailed housing assessment to bring homes in his riding out of core need. The Minister pointed to community housing plans as a solution to "look at what communities want to plan and what they want delivered in their communities."

But Mr. Speaker, the community housing plans identified existing housing, additional housing infrastructure needs, and the barriers faced within each community. Along with its three community housing plans, the NWT Housing Corporation published five-year action plans.

The Whati action plan contains a target to inventory all private housing to identify the number of units with major and minor repairs. The deadline for the target is year 2, or 2021, and does not include public housing infrastructure. So the requested detailed housing assessment for Tu Nedhe-Wiilideh is years away, Mr. Speaker.

But Mr. Speaker, that doesn't mean that we are years away from action. Concerns raised through the Whati housing plan identified access to qualified local home repair tradespeople as one of the community's biggest challenges and the community requested education supports on home maintenance, paperwork, and money management.

The Minister is right - listening to communities, what communities want, is key. But the foundation of that has been made clear through discussions, reports, and conversations in this House. People want safe affordable adequate and suitable House and they are asking for the training to be part of the solution. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Kam Lake. Members' statements. Member for Frame Lake.

MEMBER'S STATEMENT 1024-19(2):  
SMALL SCALE HYDRO IN TLICHO  
COMMUNITIES

**MR. O'REILLY:** Merci, Monsieur le President. On the theme of small communities, I want to turn to the issue of building energy self-sufficiency. I firmly believe this is exactly what the NWT Power Corporation should be doing, that is, basically doing itself out of a job by starting to finally face the transition that all utilities must deal - our overreliance on big grids, crumbling assets, a shrinking user base, and ever higher power rates that leads to a self-fulfilling spiral out of control.

On the very last day of the last Assembly, I tabled information on costs for many hydro projects for the Tlicho communities of Whati, Gameti and Wekweeti. As I understand it, these three projects, which would eliminate the use of diesel in three communities, could be built for around the same cost as the much-delayed Whati transmission line. When I raised this issue in the last Assembly, I got no real answers.

Mr. Speaker, I don't expect much more here today. That's because the Department of Infrastructure and the NWT Power Corporation are still locked into the

old paradigm of big grids and centralized power rather than adapting to new realities of renewable and alternative energy and building energy self-sufficiency in small communities.

In 2019, the department had not even done any evaluation of energy options for these Tlicho communities but was plowing ahead with the transmission line of questionable cost and value. I will have questions later today for the Minister of Infrastructure on building energy self-reliance for smaller communities, especially in the Tlicho region. Mahsi, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Frame Lake. Members' statements. Member for Monfwi.

MEMBER'S STATEMENT 1025-19(2):  
ILLICIT DRUGS IN SMALL COMMUNITIES

**MS. WEYALLON-ARMSTRONG:** Thank you, Mr. Speaker. Today I am doing it on illicit drugs in small communities. Today I am going to talk about illicit drugs, specifically crack, crack cocaine in small communities.

There are many people dealing with addictions and crack addictions, especially crack addictions in the regions. Mr. Speaker, everyone knows someone who is using crack. Crack is a much different addiction than alcohol. The withdrawals are different. Mr. Speaker, we cannot pretend that there is no drug problems in small communities. Mr. Speaker, community needs more education about crack and how to help friends and family members who are struggling with crack addictions. Mr. Speaker, at one time we all know there was no alcohol or drugs in small communities. Now we see them everywhere.

As I have said before in this House, kids as young as 12 years old, 12 years old are experimenting with drugs. A report from 2012 showed that among Northerners aged 15 and over, one in nine people have tried crack in their lifetime. This number rises to one in seven in small communities. The physical appearance is obvious when they are abusing crack cocaine.

Mr. Speaker, the problem for people in small communities is that there is very little opportunity to escape the influence of drugs in small communities.

Mr. Speaker, we hear from parents in the communities who are doing their best but fear for their child because the child falls into the grips of drug dealers.

As we know there is little employment opportunities and many young people fall dependent on income assistance. Mr. Speaker, in communities there is only one place to cash income assistance cheques and people who sell the drugs know that, and they

are waiting. So are adults, both young and old, are caught as soon as their income assistance is cashed. They have to fight to stay clean and sober.

We can see today in the Yukon, they are fighting -- Mr. Speaker, can I have unanimous consent to conclude?

---Unanimous consent granted

Mr. Speaker, we can see today in the Yukon they are fighting an opiate crisis. Today in the news, the headline reads, Hay River leaders pledge for action on drug dealers profiting from death. Drug dealers are talking money away from families and it is the child, the future generation, who pay the price. We are losing people, youth and parents, to drugs, especially in small and larger communities. Mr. Speaker, I will have questions for the Minister of Health and Social Services. Thank you.

**MR. SPEAKER:** Thank you, Member for Monfwi. Members' statements. Member for Great Slave.

MEMBER'S STATEMENT 1026-19(2):  
SMALL COMMUNITIES INFRASTRUCTURE

**MS. NOKLEBY:** Thank you, Mr. Speaker, I'm ready for you today, so.

Mr. Speaker, when I put my mind towards the economic and social issues of this territory, I always come back to the thought we are only as strong as our weakest community. Therefore, despite being a Yellowknife MLA, I always try hard to keep my mind on the bigger picture for this territory and all residents.

In my career, and from my time as a Minister, whenever I traveled into a small community, I've always been struck by the lack of basic infrastructure. It's for this reason, Mr. Speaker, that I've spent a lot of my time in this House speaking about building roads and bridges and other infrastructure in communities far from the confines of the district of Great Slave. And I thank my constituents for allowing me to do so.

Mr. Speaker, I'm talking about a topic today that I've raised many times in this House - the Great Bear River Bridge.

When I ask the Minister of Infrastructure questions, I'm always assured that things are progressing and that the project is moving forward. And I appreciate that. However, Mr. Speaker, when I speak with leaders in the region, they feel in the dark and not engaged in the process at all. They don't know what the government is planning and feel a worry that the project money may lapse without ever seeing an excavator bucket dig into the ground.

In the past, Mr. Speaker, I've spoken about the procurement process for the bridge and emphasized the need to ensure local business and local people get work. However, there is much more to this project than just contract dollars. The community wants to be part of the discussion when decisions are made - decisions such as, should 30,000 truckloads of granular material be run through the town, or should money be put into looking at bypassing it using the existing winter road access?

There's concern about the use of the winter road to haul granular material. Will more money be allocated in order to repair the road as degradation will occur more rapidly than in a normal season?

What about the influx of southern workers that potentially bring with them illicit drugs, or express racism to our Indigenous people causing further trauma?

How will the training be doled out and who will benefit? What are the goals of the community itself from the project? What capacity are they lacking? What trades do they need, and how can this project be used to address their gaps?

These are all questions that need to be answered before any government project is kicked off in a community, and the GNWT, Mr. Speaker, needs to ensure that community voices are always at the table. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Great Slave. Members' statements. Returns to oral questions. Oh, Member for Tu Nedhe-Wiilideh.

MEMBER'S STATEMENT 1027-19(2):  
AFFIRMATIVE ACTION IN SMALL COMMUNITIES

**MR. EDJERICON:** Mr. Speaker, today I want to talk again about the Affirmative Action Policy. The GNWT is the largest employer in the NWT. As all employment in the small communities is limited so employment with the GNWT in the small communities is highly valued. It provides stability, it allows people to stay in the -- afford homes and raise their families. But Mr. Speaker, I am concerned that the pathway for people to get into the GNWT and work their way up to managerial and leadership positions is not clear as it should you be.

Mr. Speaker, the GNWT signed a socio-economic agreement with the mining industry. In those agreements, the GNWT negotiated ambitious employment targets for Northerners, specifically Indigenous hires. Not only is the GNWT holding the diamond mines to account to report on employment targets, the GNWT also requires the diamond minus to report on these employment targets by job category.

The diamond mines have to report on the number of Northerners, Indigenous employment by entry-level jobs, semi-skilled labour, skilled labour, and professional and management.

Mr. Speaker, this is an area that GNWT and DEAs to need to address.

If the GNWT had to report employment targets by category by department, this will help to identify where attention is needed. For example, any entry-level jobs always be filled with Indigenous applicants. If that job is not filled by an Indigenous person, there needs to be internal mechanisms in place to report why. Mr. Speaker, the NWT holds the diamond mines to higher standards of hiring, training and development of Northerners and Indigenous employees. It's time for the GNWT to catch up, be accountable, and transparent. I will have questions for the Minister of Finance later today. Mahsi.

**MR. SPEAKER:** Thank you, Member for Tu Nedhe-Willideh. Members' statements. Returns to oral questions. Recognition of visitors in the gallery. Member for Nahendeh.

### Recognition of Visitors in the Gallery

**HON. SHANE THOMPSON:** Thank you, Mr. Speaker. Mr. Speaker, I would like to recognize one of our interpreters, Mary Jane Cazon. She's from my home community of Liidlil Kue First Nation, or Fort Simpson. She does a great job and I thank her very much for the work she does for the people here and the territories. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Nahendeh. Recognition of visitors in the gallery. Member for Inuvik Twin Lakes. Oh, Inuvik Boot Lake.

**HON. DIANE ARCHIE:** Quanainni. Today I would like to recognize our Inuvialuktun translators, Valerie Steffanson and Lillian Elias. And it's Lillian's birthday today, so Happy Birthday.

**MR. SPEAKER:** Thank you, Member for Inuvik Boot Lake. Recognition of visitors in the gallery. Member for Inuvik Twin Lakes.

**MS. SEMMLER:** I too would like to recognize our translators, Val Steffanson and Lillian Elias. And to our Minister where he says we need to try and speak our language so I'm going to try this, and Lillian can laugh at me after. [Translation Unavailable] Happy Birthday.

**MR. SPEAKER:** Thank you, Member for Inuvik Twin Lakes. Recognition of visitors in the gallery. Member for Great Slave.

**MS. NOKLEBY:** Thank you, Mr. Speaker. Mr. Speaker, I rise to recognize Ian Down of Northern

News Services who has been in our gallery quite a bit over the last while. I felt that it was time that someone recognized him for being here. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Great Slave. Recognition of visitors in the gallery.

Welcome. If we have missed anyone in the gallery today, welcome to the Chamber and I hope you're enjoying the proceedings. It's always nice to have an audience with us here. Also, to the interpreters, you're doing a great job; keep it up. Okay. Recognition of visitors in the gallery. Acknowledgements. Oral questions. Member for Hay River South.

### Oral Questions

#### QUESTION 1011-19(2): POST-PANDEMIC HEALTH SUPPORTS

**MR. ROCKY SIMPSON:** Thank you, Mr. Speaker. The questions will be for the Minister of Health.

Mr. Speaker, I've heard that Health Canada's starting to supply rapid tests through the Northern stores and North Marts in the territories. How do people get access to these tests, and is there a cost? Thank you.

**MR. SPEAKER:** Thank you, Member for Hay River South. Minister responsible for Health and Social Services.

**HON. JULIE GREEN:** Thank you, Mr. Speaker. Thank you for the question from the Member for Hay River South. It's true, the federal government has reached an agreement with the Northwest Company and is about to reach an agreement with Arctic Cooperatives. And the nature of this agreement is to supply rapid antigen tests through the Northwest Company and Arctic Co-Op stores that are located in NWT communities. People can go to those stores, ask for a test, and it is available to them free of charge. There are a few places that don't have a North Mart or an Arctic Cooperative such as Yellowknife. We're working on an agreement with the City of Yellowknife to give us access to one of their facilities to give out tests. So, there are a couple of other exceptions as well. Colville Lake doesn't have either of those stores, Lutselk'e, Sachs Harbour. So there are discussions going on between the GNWT and those communities to ensure they get a supply of tests and there's someone to give them out. Thank you.

**MR. ROCKY SIMPSON:** Thank you, Mr. Speaker. Mr. Speaker, will the Minister confirm if those tests are meant to replace testing currently being provided or given out at the health centres, or are the rapid

test kits just another option in addition to the health centre testing? Thank you.

**HON. JULIE GREEN:** Yes, thank you, Mr. Speaker. Thank you for that question. It enables me to clarify that the community health centres, where they exist in NWT communities, will continue to offer point of care testing. The rapid antigen tests are an extra to that. So there will always be testing available in the communities that have health centres.

I just want to make a point at this point that the purpose of the test is not to replace masking, vaccination, social distance, and so on. It's a way for an individual to test themselves if they have symptoms before making an appointment for a confirmatory test or deciding not to make an appointment. But in any case, it's not supposed to be a shortcut around vaccination. Thank you.

**MR. ROCKY SIMPSON:** Thank you, Mr. Speaker. Mr. Speaker, not all communities have a Northern store or a North Mart, and I understand the Minister said that they may -- they're talking to the -- or the federal government's talking to the City of Yellowknife to be able to hand out those rapid tests. But in the communities that don't have them, the smaller ones, like I'm thinking Kakisa for instance, would they be made available, say, through an NGO or through the Indigenous government offices, or are they kind of left out? Thank you.

**HON. JULIE GREEN:** Yes, thank you. In all cases, the Northwest Company is still doing the delivery, but they're trying to connect with community leadership to provide the test to them. And the list of those communities does include Kakisa but also Gameti, Wekweeti, Whati, Jean Marie, Nahanni Butte, Samba K'e, Wrigley, and Enterprise. Thank you.

**MR. SPEAKER:** Thank you, Minister. Final supplementary, Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Mr. Speaker. Mr. Speaker, will the Minister confirm if those tests will be handed out to those entering the NWT at the border monitoring sites while those monitoring sites are still in place? Thank you.

**HON. JULIE GREEN:** Yes, thank you, Mr. Speaker. Mr. Speaker, the tests being given out at the airports and the land borders will stop being given out at the end of this month when the public health emergency ends. But for schools and businesses, non-profits and so on who are involved in the ProtectNWT program, they have a good stockpile of tests now I'm told, and they will be able to access tests in the future. Thank you.

**MR. SPEAKER:** Thank you, Minister. Oral questions. Member for Thebacha.

QUESTION 1012-19(2):  
ALLOCATION OF BUDGETS

**MS. MARTSELOS:** Thank you, Mr. Speaker. Mr. Speaker, could the Minister of Finance tell us if she believes the current process for budget allocations among communities is done fairly and equally? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Thebacha. Minister responsible for Finance.

**HON. CAROLINE WAWZONEK:** Thank you, Mr. Speaker. Mr. Speaker, the budget allocations are done based on needs of the whole of the Northwest Territories. So when the budgets are being prepared, firstly, Mr. Speaker, it's incremental budgeting. So we're not a party system. We don't have a party that comes in, gets elected, shows up with their platform and has the money allocated to go with it. What we are, by consensus, is we operate on tradition and as such, each department has to get done basic work, has to get done basic services. Each department is responsible for their budget. They put it together. They bring it forward each year. There's forced growth that goes into that, things like -- those are unavoidable expenses. Inflation is one example. Or a collective agreement increase is another one. And then as a consensus government when we have a set of priorities, Mr. Speaker, we look at the fiscal situation that we're in, figure out what can be allotted to those new priorities that we've all come up with, and that's the number we came up with at the beginning of this Assembly, you'll recall two budgets ago, \$25 million over the life of this government. That was before COVID, before various other fuel increases, before floods, and yet, Mr. Speaker, that's the situation we're in. So that is how the money gets allocated. Again, it's to make sure that the government keeps functioning, that all of the Northwest Territories gets the programs and services it requires, and that we as a territorial government make our best efforts to achieve every single one of the priorities set for us by the Assembly. Thank you, Mr. Speaker.

**MS. MARTSELOS:** Mr. Speaker, can the Minister explain how funding allocations among all of the communities of the NWT are decided? Thank you, Mr. Speaker.

**HON. CAROLINE WAWZONEK:** Thank you, Mr. Speaker. So, again, Mr. Speaker, there is not a geographic determination. We don't say, you know, for example that one region needs to get more or less than another. The department -- each department would come up with what its needs are. So, for example, if ECE -- and I'll make perhaps an example out of the Infrastructure budget since that's not on the floor of the House right now.

Mr. Speaker, if one of the communities says they need a new school, even if the community is only a few hundred people, if they're in line for a new school and that community needs a new school, it goes on to the infrastructure acquisition plan. I know Colville Lake, for example, is in dire need of a new school, and that is one of the areas that's being looked at. It's not looking at the size of that community because if it were, Mr. Speaker, they might never get a new school and that's not how the Government of the Northwest Territories is going to serve its residents. So it's not looked at geographically. It looked -- again, is on the basis of need as known to each department, coming in through the -- each Assembly coming in through each Minister who puts that lens of need and knowing the priorities that we decide for ourselves, that's how it gets allotted. Thank you, Mr. Speaker.

**MS. MARTSELOS:** Mr. Speaker, could the Minister tell us if funding allocations from the territorial budget are divided based on population size on a per capita basis? Thank you, Mr. Speaker.

**HON. CAROLINE WAWZONEK:** Thank you, Mr. Speaker. Mr. Speaker, similarly to what I said with respect to this not being parceled out bit by bit or to one community over another depending perhaps on where a Minister's from or where they might like to go, that is simply not how the budget here gets allocated. And it is not done on a per capita basis. Again, it's done on each department looking at where the areas of need are, what are the areas where we need to spend more.

So again, I gave an example earlier, Mr. Speaker, with respect to ECE and schools. Same issue with respect to healthcare. I mean, the medical travel costs for certain communities on a per capita basis would not serve those communities. If folks who need to leave from certain of the most distant communities of the Northwest Territories wouldn't be able to get medical travel if we did this on a per capita basis, and that is not how the Government of the Northwest Territories functions, Mr. Speaker. We want to ensure that, again, every resident has the best possible chance based on the need, based on the limited resources we have. And so each department brings forward to FMB what their needs are, what they see areas of particular concern are, and we're trying to allocate the money as best we can across all regions, across all departments, for all the residents in the territory. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Final supplementary, Member for Thebacha.

**MS. MARTSELOS:** Mr. Speaker, can the Minister tell us if budget allocations among the communities are based on the need of the community or are those

based on political decisions by the Cabinet? Thank you, Mr. Speaker.

**HON. CAROLINE WAWZONEK:** Thank you, Mr. Speaker. So we're coming full circle to where I started, Mr. Speaker. So each department, again, has a set budget that allows them to perform the basic functions, programs, and services that they have to undertake. When there's an ask made and for example, Mr. Speaker, I undertake budget dialogue. It's something I've done for two years in a row now, and that's done in the summer to give time for the departments to react to what we might hear in that process. Community governments attend, individual NGOs, nonprofit sector attend, business chambers attend, and individual members of the public also attend, Mr. Speaker. And every single one of them is bringing forward a different ask, a different need, identifying a different area where there's pressure points. And when they've done that, Mr. Speaker, and again as I've said, each department that delivers those programs and services can go back and say, have we met those needs; are there new needs that we didn't know about or that we weren't focusing on? And we can do that to bring through the business planning cycle in the summer which builds upon and gets us to where we are now, which is the main estimates. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Oral questions. Member for Great Slave.

QUESTION 1013-19(2):  
SMALL COMMUNITY INFRASTRUCTURE

**MS. NOKLEBY:** Thank you, Mr. Speaker. Mr. Speaker, my questions are for the Minister of Infrastructure about the Great Bear River Bridge.

The quarry permit for the bridge states that there could be up to 600,000 cubic meters of granular material hauled. Given an end dump generously hauls 20 cubic meters, that's 30,000 loads going across the bridge and such. So can the Minister -- or sorry, going across the roads.

Can the Minister speak to what is the plan for that hauling? Will it be going through the town on the municipal roads? Who will pay for the wear and tear on the roads? And how will safety be addressed? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Great Slave. Minister responsible for infrastructure.

**HON. DIANE ARCHIE:** Quanainni. Details associated with the implementation of the project will be developed once the project is procured. The method of procurement is yet to be determined. I can say that considerations of saving existing community infrastructure and consideration of the environment

are paramount as we go forward on a lot of these -- on these infrastructure projects. Quanainni.

**MS. NOKLEBY:** Thank you, Mr. Speaker. And I do appreciate that we're still fairly early in the process, but I don't think it hurts to start looking at these ideas or these issues now to ensure they get captured. So my next question is about the ice road.

Similar to my first question, the amount of traffic on that winter road because all the material will have to be hauled during the wintertime across the Mackenzie, I'm concerned that that's going to create greater degradation of the road faster than it would with a lighter more less commercial traffic.

So I'm wondering has an ice engineering company been contracted already to provide an ice control plan for this work? Will there be extra monitoring during the hauling? And what would the costs be somewhat around that and has that already been incorporated into the budget? Thank you.

**HON. DIANE ARCHIE:** Quanainni. Consideration of traffic on the winter roads, proper monitoring, will all be considered once we get to the procurement stage. And I thank the Member for her suggestions on third party professional consultation. I do want to add, Mr. Oqakti, that procurement and construction are anticipated to take place in the summer of 2023, and the bridge opened for traffic on January 2027 if all things go in line with the project and timelines. Quanainni.

**MS. NOKLEBY:** Thank you, Mr. Speaker. Mr. Speaker, I think there's sometimes a bit of a disconnect to communications here because while the department is often chugging ahead with their project, I'm not sure that that's filtering down into the community level. And as I mentioned in my statement, there is worry about money lapsing and issues not being addressed as well as community improvement not being captured.

So my next question is can the Minister commit to creating a community impact advisory group with local community leadership that includes regular in-person meetings, say bimonthly, in order to hear their concerns and properly consult? I think that the community is always best situated to know what will work for them and what won't, and as well too, they always know where all the quirks and the skeletons are. So I think engaging them quickly and having a regular ongoing conversation and being proactive would be helpful in this case. Thank you, Mr. Speaker.

**HON. DIANE ARCHIE:** Quanainni. Several rounds of community engagement sessions, traditional knowledge studies, pre-engineering, and award of the engineering services contract have been completed, and these continue -- have been

completed, and these continue with the next schedule for Tulita in the coming days. A meeting with the community of Tulita is scheduled for tomorrow. You know, it is logical to be able to involve the community in all these consultations. So that's what we're attempting -- that's what we're doing. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Final supplementary, Member for Great Slave.

**MS. NOKLEBY:** Thank you, Mr. Speaker. And I appreciate that now that we're moving into the next fiscal year that you know, things will -- there will be new things starting to happen this summer. I'm assuming, and I know actually, that this meeting tomorrow would be a virtual meeting between the Minister and the town and so I guess I would like to re-ask, will the Minister commit to visiting the community of Tulita to speak with leadership about the Great Bear River Bridge within the next three months? Thank you, Mr. Speaker.

**HON. DIANE ARCHIE:** Quanainni. You know, right now we are planning bilateral meetings in the next couple months. The community is fully engaged. I have met with them in the past and, you know, talked about discussing some of the procurement process going forward. I just want to say that the GNWT, Department of Infrastructure, is starting these discussions early. I already mentioned in the timelines that we're not set to start until next summer. But I feel like it's important that we continue community engagement, reach out to the leaders, and to be able to have that discussion so they know what's happening with these projects. Quanainni.

**MR. SPEAKER:** Thank you, Minister. Oral questions. Member for Frame Lake.

QUESTION 1014-19(2):  
SMALL SCALE HYDRO IN TLICHO  
COMMUNITIES

**MR. O'REILLY:** Merci, Monsieur le President. My questions are for the Minister of Infrastructure.

Small scale hydro projects for three Tlicho communities would allow them to meet their energy needs, offset diesel for electricity, and could displace home heating oil while significantly reducing greenhouse gas emissions and the cost of living.

Is the Minister aware of these, any hydro studies, and can she tell us whether the cost of these mini hydro projects as comparable to the proposed Whati transmission line? Mahsi, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Frame Lake. Minister responsible for Infrastructure.

**HON. DIANE ARCHIE:** Quanainni. We are aware, and we have been involved in several pre-feasibility

studies of mini hydro projects in the Tlicho region. We are actively working the Tlicho government and the community government of -- community of Gameti to advance the Whati transmission line and the Gameti mini hydro projects.

Our initial estimate, used to inform the 2030 Energy Strategy, for the Whati transmission line is about 350 per lifetime GHG reductions as compared to the 750 or more lifetime GHG reduction for something like Gameti mini hydro.

Gameti is the most promising of the potential mini hydro projects in the region. Oqakti, it is important to note that these are projections and will be subject to change as these projects advance. Quanainni.

**MR. O'REILLY:** Merci, Monsieur le President. I want to thank the Minister for that. I didn't really get an answer so I might have to try it as a written question.

But it's my understanding of the costs of some of these mini hydro projects should go down specifically to all-season road now providing easier transportation. Can the Minister tell us whether there's been a comprehensive evaluation of energy options for the Tlicho communities, including mini hydro transmission lines from various sources and, perhaps most importantly, looking at value for money in terms of greenhouse gas reductions. Mahsi, Mr. Speaker.

**HON. DIANE ARCHIE:** Quanainni. Actions under the 2030 Energy Strategy are assessed against the main goal of having reliable, affordable, sustainable energy systems here in the Northwest Territories. This means that we must consider more than just GHG emissions, but we consider things like cost of energy, keeping the lights on, keeping people warm during the winter, economic development, as well as community support and community security. We are following the 2030 Energy Strategy which was developed through an extensive public engagement and informed by many years of feasibility studies to help us compare options.

The -- you know, I respectfully disagree with the Member that we're not evaluating things seriously. I encourage the Member to be able to look at and review our energy initiatives report which outlines all the excellent work that the government is undertaking to meet our goals, including \$38 million invested in this area in 2020-2021. I also encourage the Member to share his thoughts as we continue with public engagement in the next three-year energy action plan, which is currently underway. You know, it's feedback from these engagement sessions that really be able to give us directions and actions over the next three years. Quanainni.

**MR. O'REILLY:** Merci, Monsieur le President. I want to thank the Minister for that. Of course she well

knows that I don't support the doomed 2030 Energy Strategy. It's not going to meet its targets no matter what the Minister says. She knows that. But we may be able to reduce or eliminate all three -- all the diesel for three Tlicho communities for the same cost as building a transmission line to just one. Given that there hasn't been this evaluation of options that I've mentioned, why is the Minister proceeding with a transmission line to Whati only? Mahsi, Mr. Speaker.

**HON. DIANE ARCHIE:** Quanainni. We are not proceeding with the transmission line alone. We are working in partnership with the Tlicho government, the community government of Whati, to be able to advance the transmission line and the community of Gameti on the mini hydro.

It's important, Mr. Speaker, to note that the transmission line is entirely on Tlicho lands. There are projects that our Indigenous partners want to advance, and we are -- and we agree in this regard. We look forward to moving these important projects forward in partnership. We're also working with Northlands Utilities to support feasibility work to better understand the better energy options for the community of Wekweeti. Thank you.

**MR. SPEAKER:** Thank you, Minister. Final supplementary, Member for Frame Lake.

**MR. O'REILLY:** Merci, Monsieur le President. I want to thank the Minister for that and, of course, my Member's statement was about making small communities self-reliant in terms of their energy needs, and this 2030 Energy Strategy, the doomed strategy, is not going to get us there.

So what assurance can the Minister give us in this House that the new energy action plan will start to seriously evaluate options to reduce greenhouse gas emissions, value for money, and build community energy self-sufficiency when we can't even get a transmission line right? Mahsi, Mr. Speaker.

**HON. DIANE ARCHIE:** Thank you, Mr. Speaker. I'll answer the fifth question here. You know, I did talk about the actions under the 20 energy -- 2030 Energy Strategy that is assessed against some of the main goals of having the reliable services here in the Northwest Territories. You know, it is our mandate to be able to reduce emission of greenhouse gas. You know, we are looking at public engagements. I encourage everybody to take part of the engagements because it's the feedback from that that helps us go forward in the action plan. That's all I'll say. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Oral questions. Member for Yellowknife North.

QUESTION 1015-19(2):  
TOURISM TRAINING IN SMALL COMMUNITIES

**MR. JOHNSON:** Thank you, Mr. Speaker. My questions are for the Minister of ITI. And I'd like to know what kind of training initiatives are currently being offered to our small communities to help them build tourism capacity? And I know many of these, COVID kind of threw a wrench in it, but when those programs will be available in person again? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Yellowknife North. Minister responsible for Industry, Tourism and Investment.

**HON. CAROLINE WAWZONEK:** Thank you, Mr. Speaker. Mr. Speaker, quite a number of training opportunities are available. Some have continued; some have gone virtual for example. And I'll just note that they're available on ITI's website so if I don't get through them all, keeping in mind our time, I certainly would commend anyone interested to go to ITI's website. And perhaps we'll put something out more specifically on this given that tourism is hopefully restarting with a vigor.

Northernmost Host is a two-day customer service workshop that's available. It is generally done in person but it's certainly going to be ramping up now with regional staff. They're Starting a Tourism Business; it's a half-day workshop. Business Market and Trade Ready; again, Mr. Speaker, something that is making sure that the companies are ready to go. Business mentorship opportunities, formal program there that does not necessarily require anything in person. Youth tourism mentorship. Mr. Speaker, there's funding available through Tourism 2025 for most of these programs as well. So again, quite a variety really aiming to connect with businesses at whatever point they might be in their business lifecycle. And again, commend folks to go to the ITI website and make sure they're finding their way or talk to their local program coordinator. They will -- they will find something to meet them where they're at so that we can get tourism up and running. Thank you, Mr. Speaker.

**MR. JOHNSON:** Thank you, Mr. Speaker. And I appreciate those programs, and I think it's good to get the word out that anyone who wants to take them can do that.

My question is, can the Minister speak to any work currently being done by the department to prepare small communities for the return of tourism and specifically any work that's being done to make sure that, you know, tourists don't just come to Yellowknife and they can actually have the opportunity to visit some of our other communities? Thank you, Mr. Speaker.

**HON. CAROLINE WAWZONEK:** Thank you, Mr. Speaker. Mr. Speaker, I totally agree with that, and the simple fact, Mr. Speaker, is that if folks are

coming into the Northwest Territories looking to go and have an experience outside of a major centre, that is going to benefit the whole of the Northwest Territories. They're going to be landing in one of the major regions, likely spend some time there, and then be able to go out and travel. So this is a full win for everybody.

Mr. Speaker, we've not ever stopped. Tourism has been one of the areas that received quite a lot of the relief and recovery effort and focus. I mean, all of these are all the snappy acronyms you might recall - GRIT, and PREP, and TRIP. There's also the Tourism Product Diversification Marketing Fund. That one's been around a while. And Community Tourism Infrastructure Contribution Programs. Again, I do believe communities are well aware of them but, Mr. Speaker, we will be making every effort to make sure that those programs are getting ramped back up and that folks are aware because this -- we do certainly hope to see a return to tourism as fast as possible. Thank you, Mr. Speaker.

**MR. JOHNSON:** Yeah, thank you, Mr. Speaker. I'd like to speak a bit to the role of tourism development officers, especially as we seem to be placing more of these positions in communities, but I think there's a bit of a -- sometimes those communities simply don't have the operators or tourism infrastructure already. And I think we could look at some other models. I point to the McPherson tent and canvas company, a subsidiary that we own that loses money every year, but I think it -- it's worth it. It's worth owning that to provide services. And I'm just wondering, given tourism development officers are often there to inspect operators, are they actually empowered to maybe work with the Indigenous governments or work with communities to establish some sort of other model where we provide services and if we got to subsidize it for the first few years, Mr. Speaker, I'd be more than happy to see that. Thank you.

**HON. CAROLINE WAWZONEK:** Thank you, Mr. Speaker. This sounds like it might be a bit of a full program revamp that I have not certainly turned my mind to here on the floor of the House. Community tourism coordinator positions do indeed assist the community-owned projects and community governments. So Mr. Speaker, yes, they already perform that role of not only monitoring but of actually being a conduit of information. Similarly, tourism development officers, Mr. Speaker, they're the ones delivering on those programs that I had mentioned earlier in a lot of cases. So I do think there's -- they have an important role to connect local operators to bigger funding opportunities, to connect local operators one to another, if they're developing a product, to be able to facilitate and sell, and to help ensure that communities and community tourism operators are aware of all these funding pots that I've been talking about.

So Mr. Speaker, more than happy to have conversation with the Member if there's something that is not being achieved in all that, because that certainly is the vision that we have is to make those connections and to be that enabler for this important industry. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Final supplementary, Member for Yellowknife North.

**MR. JOHNSON:** Yeah, thank you, Mr. Speaker. I think similarly to the McPherson tent and canvas model, which, you know, I do consider a success, I think is the win -- or Indigenous governments through the development corporations become operators, and I think this is, you know, being acknowledged as a priority for the department, is to develop the Indigenous tourism sector. I'm hoping the Minister could just speak to some of the work being done to partner and work with our Indigenous development corporations to get tourism operations off the ground. Thank you, Mr. Speaker.

**HON. CAROLINE WAWZONEK:** Thank you, Mr. Speaker. Mr. Speaker, I think this is going to be a growth area in the Northwest Territories, ecotourism opportunities to experience Indigenous communities and culture firsthand. I really -- I fully believe this is an area where the Northwest Territories is on a leadership track. We do already have some good positive examples. The Sambaa K'e Development Corporation, down on the shores of Trout Lake, this is an opportunity. Similarly in the Sahtu, it will be one of the development corporations that's looking ultimately to be involved in the Canol Trail which would be, you know, world class in terms of what it may offer historically and in terms of hiking. So this work is happening, Mr. Speaker, and would fully agree that there is opportunity here to do even more. So I'm happy to bring some attention to that. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Oral questions. Member for Monfwi.

QUESTION 1016-19(2):  
CRACK COCAINE ADDICTION SERVICES

**MS. WEYALLON-ARMSTRONG:** Thank you, Mr. Speaker. My questions are for the Department of Health and Social Services about crack cocaine in small communities. I want to ask the Minister, does the Department of Health and Social Services have services available for people who are addicted to crack; are those services available in the communities? Thank you.

**MR. SPEAKER:** Thank you, Member for Monfwi. Minister responsible for Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Mr. Speaker. Mr. Speaker, I'm not aware that we have community

specific or drug specific treatment. I think that we deal drugs -- we deal with drug addiction as a whole and with alcohol addiction separately from that. So in terms of a detox, we are working on a medical detox model. It is possible to go to do detox here in Yellowknife. For full scale facility-based treatment, the person would need to be south to one of our six options for residential treatment. Thank you.

**MS. WEYALLON-ARMSTRONG:** Thank you. Will the Department of Health and Social Services increase services available to people in the community?

**HON. JULIE GREEN:** Yes, thank you, Mr. Speaker. Mr. Speaker, this is an area that we continue to invest in. We have created some specific funds like the Aftercare and Addictions Recovery Fund which was not fully subscribed in this fiscal year. The Peer Support Fund which helps people who are coming back from treatment, also not fully subscribed. The On the Land Healing Fund, which is worth almost \$2 million, also not fully subscribed. So I feel that we have a selection of services available to people to try and meet them where they're at and for the needs they have and that -- I think our biggest challenge is making that known to the public rather than increasing the number and variety of services. Thank you.

**MS. WEYALLON-ARMSTRONG:** Thank you. Can the Minister commit to undertaking a pilot project where a team of Indigenous counsellors and services are available to provide more direct intervention to people caught in the cycle of addictions? Thank you.

**HON. JULIE GREEN:** Yes, thank you, Mr. Speaker. Mr. Speaker, the point of the addictions and recovery after -- Addictions Recovery and Aftercare Program is in fact to assist communities to hire their own counsellors to deal with issues around addiction and recovery. And in particular, as you may know, there are -- there are 16 people being trained in BC who are called the Dene Wellness Warriors. And there's money available to communities to hire those folks and help them with their addiction services. That fund is not fully subscribed so I would encourage the Member to speak to her leadership about applying for it. Thank you.

**MS. WEYALLON-ARMSTRONG:** Thank you. Could the Minister commit to working with the Minister of Education and Justice to ensure youth are educated and supported within the school curriculum and through counsellors to help youth in small community choose healthy lifestyle free of drugs? Thank you.

**HON. JULIE GREEN:** Yes, thank you, Mr. Speaker. Mr. Speaker, we do have different kinds of media engagement with youth to warn them about the

dangers of drug and alcohol abuse, and I believe that that is delivered within the curriculum at the schools although that is really not my department. But we certainly agree that talking to youth at a very early age about the dangers of drug and alcohol abuse is important to keeping them healthy and ensuring that they get the best possible start in life. Thank you.

**MR. SPEAKER:** Thank you, Minister. Oral questions. Member for Kam Lake.

QUESTION 1017-19(2):  
APPRENTICE EMPLOYMENT IN SMALL  
COMMUNITIES

**MS. CLEVELAND:** Thank you, Mr. Speaker. Mr. Speaker, my questions today are for the Minister of the NWT Housing Corporation.

Yesterday, the Minister responsible for the Housing Corporation said that on April 1st, 2020, the Housing Corporation amended its construction contracts to require general contractors to support at least one northern apprentice on work assignments for the duration of the construction project.

The Minister identified 33 new apprentices working on assignments to date. This is great news, Mr. Speaker, and I'm wondering if the Minister can speak to how they are monitoring general contractors, what the reporting requirements are, and what are the consequences for not hiring a local apprentice on a project? Thank you.

**MR. SPEAKER:** Thank you, Member for Kam Lake. Minister responsible for the Northwest Territories Housing Corporation.

**HON. PAULIE CHINNA:** Thank you, Mr. Speaker. And thank you to the Member for the question as well too.

When we were looking at the 90-unit delivery throughout the Northwest Territories and looking at our repairs as well, I wanted to make sure that we did have opportunity for smaller communities and employment. So just to answer the Member's questions that she had asked, the requirement to provide an apprentice work assignment applies to the Housing Corporation's new construction contracts. So in all of our contracts, there is a requirement that they have to hire local and we need to include an apprentice as well too. The contractor is required under this term of the contract to report all labour content, including apprentices, to the Housing Corporation as part of their interim progress payment request, providing an apprentice work assignment, it is a contractual requirement, and if not satisfied, the contractor could be deemed in breach of the contract. To date, I am pleased to advise that the Housing Corporation has not seen these issues. Thank you, Mr. Speaker.

**MS. CLEVELAND:** Thank you very much, Mr. Speaker. And that's great news from the Housing Corporation.

My next question is about supporting these apprentices beyond the project. So how is Housing Corporation helping see these apprentices through to their completion of their program to become journey persons? Thank you.

**HON. PAULIE CHINNA:** Thank you, Mr. Speaker. The apprentices would have a range of opportunities to continue to advance in their program. Opportunities would include future construction projects with the government, private sector and others, including Indigenous governments. The Housing Corporation also continues to promote apprentices -- apprentice opportunities with the local housing authorities. Currently, the Housing Corporation supports up to 12 apprentice positions in our local housing organization each year. Each apprentice is supported by a career development officer out of ECE regional service centre, who can advise an apprentice on employment opportunities and job -- and jobs in demand across the Northwest Territories. The career development officer supports the apprentices through their apprenticeship typically three to four years. These supports include career counselling, resume writing, access to technical for each level of their apprenticeship, financial supports during the technical training, academic supports during their technical training. Thank you, Mr. Speaker.

**MS. CLEVELAND:** Thank you very much, Mr. Speaker. Mr. Speaker, I'm wondering -- and I'm happy the Minister brought up the relationship with ECE because I think that's a really important one in order to build local trades capacity. So I'm wondering if the Housing Corporation works along ECE to maintain a list of apprentices within each community that contractors can access? And I'm also wondering if as part of that relationship with ECE if career advisors actually have access to the needs of a community as far as trades development so that they can encourage high school students, when they go into high schools, to take on these roles in their communities? Thank you.

**HON. PAULIE CHINNA:** Thank you, Mr. Speaker. I think I heard three questions in that question. But it's good to get the information out to the public as well too.

The Housing Corporation continues to work closely with ECE in providing opportunities for apprenticeship with our local housing organizations. The Housing Corporation also plans to participate in upcoming career fairs and other venues to promote these apprenticeship opportunities.

The Housing Corporation participates in a departmental working group with ECE and provides regular reporting to ECE on apprenticeship hires with local housing organizations as well as those supports through our new construction contracts.

The Housing Corporation works with ECE to verify the apprentice hires under the new construction contracts and the Northwest Territories registered apprentices. ECE administers the apprenticeships, trades and occupation certificates, which includes registration of apprentices.

Due to the privacy legislation, ECE does not share names of apprentices with employers; however, ECE does provide advice to employers who are looking for apprentices.

Further, each apprentice is supported by a career development officer who can advise an apprentice on employment opportunities and jobs in demand across the Northwest Territories. Mahsi, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Final supplementary, Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Mr. Speaker. Mr. Speaker, for my 7th question today, I was wondering if the Minister can share if maintenance and repair plans are shared with the community in order to engage local residents on what the plans are of Housing Corporation and how people can get involved in that? Thank you.

**HON. PAULIE CHINNA:** Thank you, Mr. Speaker. The Housing Corporation district offices work closely with the local housing organizations to identify priority repair projects in the community. In addition, the Housing Corporation continues to work with development of community housing plans with communities that identify priority investment areas, including repairs project priorities. The Housing Corporation continues to report -- promote, sorry, the Community Housing Support Initiative Program that engages community leadership to identify housing solutions for their community. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Oral questions. Member for Tu Nedhe-Wiilideh.

QUESTION 1018-19(2):

INDIGENOUS RECRUITMENT AND RETENTION

**MR. EDJERICON:** Thank you, Mr. Speaker. I just want to just touch a little bit on the Affirmative Action Policy. It was first discussed back in 1976 when Stuart Hodgson was still the -- was still around. And back in that time, they felt the need of creating a policy. So it's been 46 years now since that discussion's been ongoing and it's something that

needs to be looked at. And at this point, I'm not too happy the way it's -- where it's going. It's -- it needs a lot of work and I'm hoping that the recruitment and retention action policy plan that the Minister of Finance spoke about the other day, they will take that into consideration.

Anyway, I have a question but I had mentioned earlier the GNWT holds the diamond mines to high standards for their employment targets, also in reporting. Can the Minister commit to producing annual reports that demonstrate whether the GNWT has reached the employment targets by department and brought to this House? Mahsi.

**MR. SPEAKER:** Thank you, Member for Tu Nedhe-Wiilideh. Minister responsible for Finance.

**HON. CAROLINE WAWZONEK:** Thank you, Mr. Speaker. Mr. Speaker, I don't have the entire government's financial -- or human resources plan in front of me. I do have the Department of Finance with me, Mr. Speaker, and the way that it is being broken down, so that we can achieve the targets that we've committed to set in the Indigenous Recruitment and Retention Framework, is to include senior management, middle management, positions that require university equivalency, positions that require college trades equivalency, and positions requiring high school equivalency. And that is then broken down between Indigenous employees/non-Indigenous employees so that there's an understanding of what the targets are and an understanding of where we are at in achieving them. As I said, I have the Finance one here. But this is a template that's been determined to apply to the whole-of-government now, which is part of what is different, is actually having those targets in a way that is, you know, again, the whole-of-government has the same template, the same approach, and each department is going to have its own target, and they will be recorded to report back on them year after year. Thank you, Mr. Speaker.

**MR. EDJERICON:** Thank you, Mr. Speaker. When you look at the diamond mines and how they report it by job category, you'll see the opportunity to better track how employees progress in their careers. Establishing job categories is a very useful HR tool where oversight can be managed. Can the Minister commit to reviewing the jobs under the public sector and categorizing them in a way that separates out entry-level position from middle management and senior management, etcetera? Mahsi.

**HON. CAROLINE WAWZONEK:** Thank you, Mr. Speaker. So again, we are right now doing exactly that, right, with the purpose of having these templates in every business plan for every department is so that they are looking at the different categories, because the representation of Indigenous northerners in different categories is not

the same. And we want to ensure that they are moving forward so that we have Indigenous employees who are reaching positions of middle management and ultimately senior management and that there's a succession plan that goes with that. So by tracking this differently and putting it in there, we will be in a position to see what we're achieving. We will be in a position to have a succession plan. And we will be in a position to be held account for it. Thank you, Mr. Speaker.

**MR. EDJERICON:** Thank you, Mr. Speaker. Can the Minister commit to establishing an employee targets by job category by department and including this information under the annual report? Mahsi, Mr. Speaker.

**HON. CAROLINE WAWZONEK:** Mr. Speaker, yes, that's -- yes, that's an easy yes. That's how we -- that's exactly where I want this to go so that, again, it's more -- better understood. And there's the public service annual report. There's the business plan process that we go through. But it may well be that we need to find another mechanism by which we can continue to provide this information. It is very apparent that it's of great interest, and it should be, and it's really -- if we're going to achieve the kind of see change that we want in terms of being a representative workforce, having those numbers out there so that they're well known, I think that will be very powerful. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Final supplementary, Member for Tu Nedhe-Wiilideh.

**MR. EDJERICON:** Thank you, Mr. Speaker. Can the Minister commit to establishing an internal oversight in the hiring process where, for example, in an entry-level job is filled by a non-Indigenous applicant, the hiring committee needs to be able to explain this to oversight committee why? Thank you, Mr. Speaker.

**HON. CAROLINE WAWZONEK:** Thank you, Mr. Speaker. Mr. Speaker, there are some internal processes already that do strive to achieve that. So for instance, if -- again, there's certainly the appeal process that can apply to some which would go through a very formal evaluation of whether or not the Affirmative Action Policy was properly applied. And then there's also with the targets that we have now, there is a greater expectation on hiring managers and on their supervisors about whether and or how they're achieving this. So -- and then of course, there's also other less formal mechanisms, Mr. Speaker, such as the Indigenous employee advisory committee who I know we've been quite relying on in order to get to the point of having this framework ready. So I do believe there are some of those processes in place. I will go back to the department now, though. I'm certainly happy to commit to go back and just to ensure that we are in

fact going to be able to achieve the goals of meeting these targets or if we're not meeting them, that we're able to truly analyze where we're not and why we're not. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Oral questions. Written questions. Member for Kam Lake.

### Written Questions

#### WRITTEN QUESTION 37-19(2): USE OF INDIGENOUS LANGUAGES ON OFFICIAL DOCUMENTS

**MS. CLEVELAND:** Thank you very much, Mr. Speaker. Mr. Speaker, my question is for the Minister of Health and Social Services.

The use of traditional names on vital statistics documents like birth certificates and driver's licences is incredibly important to both the recognition of the importance of traditional names and the revitalization and preservation of Indigenous languages. It is my understanding that an Indigenous font working group was established to complete work required to pursue the use of traditional names on vital statistics documents.

My questions are:

1. Who sits on the Indigenous fonts working group;
2. What GNWT systems will be impacted;
3. What are the technical needs of the Government of the Northwest Territories to see this change;
4. How are other jurisdictions implementing Indigenous fonts on vital statistics documents; and
5. What impact will this change have on a national level.

Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Kam Lake. Written questions. Returns to written questions. Replies to Commissioner's address. Petitions. Reports of committees on the review of bills. Member for Yellowknife North.

### Reports of Committees on the Review of Bills

#### BILL 37: INFORMATION AND PROTECTION OF PRIVACY ACT

**MR. JOHNSON:** Thank you, Mr. Speaker. Your committee would like to report on its consideration of

Bill 37: An Act to Amend the Information and Protection of Privacy Act is ready for consideration in Committee of the Whole as amended and reprinted. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Yellowknife North. Reports of committees on the review of bills. Reports of standing and special committees. Member for Yellowknife North.

### Reports of Standing and Special Committees

#### COMMITTEE REPORT 25-19(2): REPORT ON THE BILL 37: AN ACT TO AMEND THE INFORMATION AND PROTECTION OF PRIVACY ACT

**MR. JOHNSON:** Report on Bill 37: An Act to Amend the Information and Protection of Privacy Act

#### Introduction

Bill 37: An Act to Amend the Access to Information and Protection of Privacy Act received second reading on November 25th, 2021 and was referred to the Standing Committee on Government Operations for review.

Bill 37 would amend the Act to clarify certain provisions and enhance compliance with legislated timelines. Specifically, Bill 37:

- Amends the definition of "business days" to exclude mandatory leave days;
- Clarifies the elements of the Information and Privacy Commissioner's response on completing a privacy review; and
- Removes the term "agency" and "agencies" from the definition of "common or integrated program or service."

#### Public Feedback

Committee published a notice seeking public feedback on Bill 37 and received no responses.

#### Committee Review

On December 6, 2021, the committee met in camera to examine Bill 37 for the first time. During this review, the committee was concerned with the proposed definition for "business days". Originally, clause 2 of Bill 37 proposed:

- Section 2 is amended by repealing the definition of "business day" and adding the following definition:
- "Business day" means a day other than a Saturday, Sunday, or a holiday, or any day on

which the Information and Privacy Commissioner, or other persons employed in the public service, are on mandatory leave.

While the committee agreed with the intent of this change, the committee was concerned that the proposed wording was confusing. The amendment intended to ensure the Government of the Northwest Territories mandatory leave days are not counted as business days when applying timelines under the Act; specifically, the five mandatory leave days many GNWT employees take in December and January of each year.

However, the bill's reference to "other persons employed in the public service" was problematic because there are GNWT employees who may take their mandatory leave at any time of the year.

The committee was concerned that the proposed definition of "business days" would not necessarily be restricted to the five days taken by many GNWT employees in December and January and was apt to lead to confusion.

The committee was further concerned that the proposed definition could be confusing because the Information and Privacy Commissioner is not a member of the public service.

The committee corresponded with the Government House Leader regarding its concerns. The correspondence ultimately led to a motion to amend clause 2 of Bill 37. That motion read:

That clause 2 of Bill 37 be amended by striking out the proposed definition "business day" and substituting the following:

"Business day" means any day except

- a) A Saturday,
- b) A Sunday,
- c) A holiday, or
- d) Any day between December 19 and January 5 on which the majority of persons employed in the Office of the Information and Privacy Commissioner are on mandatory leave.

Committee was satisfied that the motion resolved its concerns. Therefore, the committee agreed to and passed the motion with concurrence of the Minister of Justice, during its public hearing and the clause-by-clause review on March 7, 2022.

#### Conclusion

The committee reports Bill 37: An Act to Amend the Information and Protection of Privacy Act, as amended, to the Legislative Assembly as ready for consideration in Committee of the Whole.

The committee acknowledges and appreciates the commitment of the Minister of Justice, his officials, and the law clerk to engage with the committee to resolve wording issues in the legislation. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Yellowknife North. Reports of committees on the review of bills. Tabling of documents. Minister responsible for Industry, Tourism and Investment.

### Tabling of Documents

TABLED DOCUMENT 590-19(2):  
CANADA ENERGY'S REGULATOR'S 2020-21  
ANNUAL REPORT OF ACTIVITIES UNDER THE  
NORTHWEST TERRITORIES OIL AND GAS  
OPERATIONS ACT

TABLED DOCUMENT 591-19(2):  
REIMAGINING CLOSURE SUMMARY REPORT,  
JANUARY 26, 2022

TABLED DOCUMENT 592-19(2):  
REVIEW OF RESOURCE ROYALTIES IN THE  
NWT DISCUSSION PAPER

**HON. CAROLINE WAWZONEK:** Mr. Speaker, I wish to table the following three documents: Canada Energy Regulator's 2020-21 Annual Report of Activities under the Northwest Territories Oil and Gas Operations Act; Reimagining Closure Summary Report, January 26th, 2022; and, Review of Resource Royalties in the Northwest Territories Discussion Paper. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Tabling of documents. Minister responsible for Infrastructure.

TABLED DOCUMENT 593-19(2):  
PLAIN LANGUAGE SUMMARY FOR BILL 46: AN  
ACT TO AMEND THE MOTOR VEHICLES ACT

**HON. DIANE ARCHIE:** Quainainni. I wish to table the following document: Plain Language Summary for Bill 46: An Act to Amend the Motor Vehicles Act. Quainainni.

**MR. SPEAKER:** Thank you, Minister. Tabling of documents. Notices of motion. Member for Thebacha.

### Notices of Motion

MOTION 50-19(2):  
EXTENDED ADJOURNMENT OF THE HOUSE TO  
MARCH 28, 2022

**MS. MARTSELOS:** Mr. Speaker, I give notice that on Friday, March the 11th, 2022, I will move the following motion:

I move, seconded by the honourable Member for Hay River North, that when this House adjourns on Friday, March 11th, 2022, it shall be adjourned until Monday, March 28, 2022; And furthermore, that at any time prior to March 28th, 2022, if the Speaker is satisfied, after consultation with the Executive Council and Members of the Legislative Assembly, that the public interest requires that the House should meet at an earlier time during the adjournment or at a time later than the scheduled resumption of the House, the Speaker may give notice and thereupon the House shall meet at the time stated in such notice and shall transact its business as if it had been duly adjourned to that time. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Member for Thebacha. Notices of motion. Motions. Notices of motion for the first reading of bills. Minister responsible for Education, Culture and Employment.

### Notices of Motion for the First Reading of Bills

BILL 47:  
AN ACT TO AMEND THE EMPLOYMENT  
STANDARDS ACT, NO. 2

**HON. R.J. SIMPSON:** Mr. Speaker, I give notice that on Friday, March 10th, 2022, I will move that Bill 47: An Act to Amend the Employment Standards Act, No. 2, be read for the first time. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Notices of motion. Minister responsible for ECE.

**HON. R.J. SIMPSON:** Thank you, Mr. Speaker. I misspoke. I give notice that on Friday, March 11th, 2022, I will move that Bill 47: An Act to Amend the Employment Standards Act No. 2 be read for the first time. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Notices of motion for the first reading of bills. First reading of bills. Second reading of bills. Minister responsible for Infrastructure.

### Second Reading of Bills

BILL 46:  
AN ACT TO AMEND THE MOTOR VEHICLES  
ACT

**HON. DIANE ARCHIE:** Quainainni. I move, seconded by the honourable Member for Sahtu, that Bill 46, An Act to Amend the Motor Vehicles Act be read for the second time.

This bill amends the Motor Vehicles Act to clarify that:

- The registrar may exercise certain powers based on a report of prescribed medical examination that is required for a particular class of driver's licence under the regulations; or, for drivers as a condition of their driver's licence without first having to require a second identical medical examination and that the registrar may consult with a medical professional to review the report.
- Repeal the definition of "approved drug screening equipment" and replace the definition of "novice driver",
- Lower the thresholds for penalties related to blood alcohol concentrations exceeding 50 milligrams of alcohol in 100 millilitres of blood and concentrations exceeding 80 milligrams of alcohol in 100 millilitres of blood to concentrations equaling or exceeding 50 milligrams of alcohol in 100 millilitres of blood and concentrations equaling or exceeding 80 milligrams of alcohol in 100 millilitres of blood;
- Clarify that penalties related to blood alcohol concentrations equaling or exceeding 50 milligrams of alcohol in 100 millilitres of blood apply to drivers of commercial vehicles; and penalties for failure to comply with demands made under section 320.27 or 320.28 of the Criminal Code;
- Stipulate that novice drivers, drivers who have not attained 22 years of age, and drivers of commercial vehicles are subject to penalties where bodily substance sample taken from the driver under section 320.28 of the Criminal Code indicates a drug is present in the driver's body; and clarify that a drug does not include a drug authorized to be used for medical purposes;
- Add an exception to the prohibition against operating a motor vehicle while disqualified or prohibited for a person participating in alcohol ignition interlock device program;
- Stipulate that a person's driver's licence is cancelled if a judge in the Northwest Territories prohibits them from operating a motor vehicle on the basis of Criminal Code conviction; and
- Correct inconsistencies and errors identified in the act.

Quanainni, Mr. Speaker.

**MR. SPEAKER:** Thank you, Minister. Motion is in order. To the principle of the bill. Oh sorry, Minister responsible for Infrastructure. Okay, you guys are confusing me here. 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? Any abstentions? Motion is carried. Bill 46 has had second reading and is referred to committee.

---Carried

Second reading of bills. Consideration in Committee of the Whole of bills and other matters: Bill 23, 29, 38; Minister's Statement 202-19(2); Tabled Document 561, 567, 578, 579-19(2).

By the authority given to me as Speaker by Motion 1-19(2), I hereby authorize the House to sit beyond the daily hour of adjournment to consider the business before the House, with Member for Inuvik Twin Lakes in the chair.

### Consideration in Committee of the Whole of Bills and Other Matters

**CHAIRPERSON (Ms. Semmler):** I now call Committee of the Whole to order. What is the wish of committee? Member for Frame Lake.

**MR. O'REILLY:** Merci, Madam la Presidente. Committee wishes to consider Tabled Document 561-19(2): Main Estimates 2022-2023, with Health and Social Services. Mahsi, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Ms. Semmler):** Thank you, committee. We will take a recess.

---SHORT RECESS

**CHAIRPERSON (Ms. Semmler):** I will now call Committee of the Whole back to order. Committee, we've agreed to consider Tabled Document 561-19(2): Main Estimates 2022-2023. Does the Minister of Health and Social Services have any opening remarks?

**HON. JULIE GREEN:** I just have to find them.

**CHAIRPERSON (Ms. Semmler):** Minister.

**HON. JULIE GREEN:** Thank you, Madam Chair. I am here to present the 2022-2023 Main Estimates for the Department of Health and Social Services. Overall, the Department's estimates propose a decrease of \$2 million, or 0.3 percent, over the 2021-2022 Main Estimates. These estimates support the mandate objectives for the Department of Health and Social Services while continuing to meet the GNWT's fiscal objectives to prioritize responsible and strategic spending.

Highlights of these proposed estimates include:

- \$1.55 million for initiatives, including resources to expand Healthy Family Programming as well as an allocation to continue the implementation of the territorial cancer care program;
- \$2.08 million to address Forced Growth; and,
- \$26.3 million for other adjustments, the most significant being collective agreement increases and funding agreements with our federal partners offset by a \$485,000 reduction to our travel budget.

The department anticipates a \$32.14 million decrease in the budget because of the wind up of the COVID Secretariat. The rest of the decrease is a result of sunseting agreements with funding partners, and 2021-2022 one-time budget allocations.

We continue to focus on our mandate and the priorities of the 19th Legislative Assembly by:

- Increasing supports for meeting health and wellness needs and priorities of Indigenous people in the NWT;
- Improving access to home and community care services in all NWT communities and ensuring services are provided in a culturally-safe manner to improve independence and quality of life;
- Increasing supports for mental wellness and addictions recovery;
- Improving early childhood development indicators through the renewal and expansion of the Healthy Family Program to support expecting parents and those with young children;
- Enhancing culturally-safe relationship-based care through primary healthcare reform initiatives;
- Engaging Indigenous governments regarding the implementation of federal legislation respecting First Nations, Inuit and Metis children, youth and families;
- Increasing attention to initiatives that improve the sustainability of the health and social services system; and finally
- Increasing the stability and representation of the workforce by identifying labour force needs along with recruitment and retention strategies.

That concludes my opening remarks. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you, Minister. Do you wish to bring witnesses in?

**HON. JULIE GREEN:** Yes, I have witnesses.

**CHAIRPERSON (Ms. Semmler):** Okay, just wait. Thank you. So we'll -- committee has agreed to forego general comments. Does the committee agree to proceed to the detail contained in the tabled documents?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Ms. Semmler):** Thank you. Committee, we will defer the departmental summary and review the estimates by activity summary. The committee has agreed to consider the activity, first, of COVID Secretariat. And does the Premier wish to bring witnesses into the House? Just wait, Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you, Madam Chair. Madam Chair, where this operations and maintenance budget is for the next fiscal year, and we anticipate the COVID Secretariat winding up at the end of March, I'll be speaking to the COVID Secretariat. Thank you.

**CHAIRPERSON (Ms. Semmler):** All right. So do you wish to bring witnesses in then?

**HON. JULIE GREEN:** I do.

**CHAIRPERSON (Ms. Semmler):** Sergeant-at-Arms, please bring the witness in.

All right. So Minister of Health and Social Services, please introduce your witnesses.

**HON. JULIE GREEN:** Thank you, Madam Chair. On my left is Russell Neudorf, the associate deputy minister for the COVID Secretariat. And on my right is Mr. Bruce Cooper, the deputy minister of Health and Social Services.

**CHAIRPERSON (Ms. Semmler):** Thank you. Welcome. We will now start on page 178 with COVID Secretariat, and there is information items on page 179. Questions from Members? Questions for the COVID Secretariat? Don't see any, okay. Okay. Member for Frame Lake.

**MR. O'REILLY:** Thanks, Madam Chair. Look, I recognize that the main estimates were put together quite a while ago and the Minister has talked about the public health emergency ending April the 1st. So should we expect to see any changes in what's presented here in the main estimates? And why don't we start with that. Thanks, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you, Member. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you, Madam Chair. When you look at this page, you could see that the 2020-2021 Actuals are prorated for eight months, the eight months that the secretariat existed in that fiscal

year. The 2021-2022 Main Estimates and revised estimates are for the full year. And the final column, the 2022-2023 Main Estimates are for first four months of the next fiscal year. It's our intention to bring over some of the staff to the Department of Health and Social Services to continue dealing with COVID as an endemic disease, and we are going to reassess our needs as this first four-month period comes to an end. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Frame Lake.

**MR. O'REILLY:** Thanks, Madam Chair. So after the four months -- well, okay. Yeah, I'm just trying to figure out how that's going to work because as I understand, once the public health emergency ends there's no more public health orders. So presumably compliance and enforcement operations are going to wind down very quickly. But I could see where there might still be need for, you know, some policy work, some sort of services around endemic management and so on. But the largest item on page 178 for the COVID Secretariat is compliance and enforcement. So should we expect that that's going to wind down very quickly, or how's that's going to transition? Thanks, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you, Member. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Madam Chair. Madam Chair, the compliance and enforcement is primarily directed to the public health orders that are part of the public health emergency. But there is still scope for compliance and enforcement of containment orders, for example, should they be required during future outbreaks. And for more detail on this, I'll turn to Mr. Neudorf if I may, please.

**CHAIRPERSON (Ms. Semmler):** Thank you. Mr. Neudorf.

**MR. NEUDORF:** Yes, thank you, Madam Chair. So we are as working on winding down of the COVID Secretariat in keeping with the expected timing for ending of the public health emergency. So, you know, on April 1st, we would -- the orders would be dissolved and all of the operations or requirements of the COVID Secretariat would be wrapped up. So we are working this month to work on the orderly transition for that. Some of those activities will occur early into the month of April just so that we can properly wrap things up. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Frame Lake.

**MR. O'REILLY:** Okay, thanks. And, you know, I've always supported the COVID Secretariat and I've always understood that it was really -- really a coordination function and a lot of the people that

were there were seconded, voluntarily moved around within GNWT, to perform valuable public services. What's the general arrangement for those folks now to be able to go back to their home departments and/or if they were on contract, has all of this stuff been sorted out in some sort of stepwise transition? Thanks, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you for the question. The people who were hired at the COVID Secretariat were hired on a short-term basis knowing that this was an interim measure. But for the specific information about how the windup is going and people returning to their home departments, I'd ask, through you Madam Chair, if Mr. Neudorf could answer.

**CHAIRPERSON (Ms. Semmler):** Thank you. Mr. Neudorf.

**MR. NEUDORF:** Yeah, thank you, Madam Chair. Coming into the month of March, we had about 130 employees still on staff with the COVID Secretariat and as the Minister indicated, their employment contracts were timed to end with the end of the public health emergency. So there was about a dozen or so employees that have ended already when the isolation centre, the requirement to isolate following travel, ended and we shut down the isolation centres. The majority of the rest of those employees have employment contracts that end on March 31st. About a quarter of the employees that are hired on casual contracts that would end March 31st, about half of those 130 employees are actually term contracts. So those, both casuals and terms, they would be employees new to the GNWT and generally, they would be -- you know, they don't have another department to go back to. About a quarter, then, of those 130 employees are on transfer assignment from another department and we are working with those other departments to ensure that they have a, you know, properly -- proper landing spot for when their employment ends with COVID Secretariat and they go back to work with their home department. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Frame Lake.

**MR. O'REILLY:** Yeah, okay, thanks. I was furiously trying to scribble all of that down while the -- our colleague was rhyming off the numbers and so on. But is there a publicly-available document or plan? And look, I get that all of this is happening very quickly, but I think we may need to better communicate some of this not just amongst the MLAs but with the public. So is that something that's in preparation that the Minister is going to be able to

share with the public sometime soon? Thanks, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you, Member. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you for the question. Yes, it's important to let the public know in a holistic way what the plan is moving forward, and I expect to be able to share that information coincidentally with the end of the public health emergency so that people know what the best next steps are.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Frame Lake.

**MR. O'REILLY:** Thanks, Madam Chair. Just checking my notes here. How are we going to deal with -- like, I see that there's quite a large number here for purchased services in the last financial year and much reduced. Is that for, like, PP and E, or what's that actually for, and how would that work getting carried forward when we're looking at trying to manage COVID as an endemic? Thanks, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. I think for this level of detail, I would appreciate it if you'd call on Mr. Neudorf. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Mr. Neudorf.

**MR. NEUDORF:** Thank you, Madam Chair. So specifically the purchase services line item for 2022-2023, the budget was -- there's a -- some demobilization costs and scaling down of operations is the main expenditure there. Most of that expenditure would be further to boarder camps that we have established for the past year and a half or so, one at the Alberta border, Highway 1, and the other one at the Highway 8, Yukon border, on the Dempster Highway.

In terms of the budget moving forward, it's -- you know, we do expect some realignment of the various line items here to match up with the proposed GNWT response to the endemic as we move past the end of the public health emergency and the GNWT continues with its kinds of continuous readiness approach and the ability to deal with outbreaks in a surge capacity. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Frame Lake.

**MR. O'REILLY:** Thanks, Madam Chair. Very quickly, I wasn't really quite -- kind of looking at the right line item. I meant to ask about fees and payments down

from 12.7 million to 4.2. What's happening there? Thanks, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you. What I see on this page is that most of this budget in the last -- in the fiscal year that's just ending had to do with isolation centres, which of course, we're not anticipating to need as much of. But there will still be some lease space that we will require. But once again, for the detail, I'll ask Mr. Neudorf through you to answer. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Mr. Neudorf.

**MR. NEUDORF:** Thank you, Madam Chair. The Minister was right that the majority of the cost here is isolation centres, and that's why the number's been high kind of 2021 when we had a significant demand due to travelers and isolation centres. At the end of 2020, we brought in the isolation payment policy that significantly reduced the usage of isolation centres. So even though there's more months of usage for, yeah, the 2021-2022 fiscal year, the total of dollar amount did not go up that much and in fact, our expenditures will be significantly less than the line item that's here because we've been able to control the use of isolation centres. And then the amount for 2023 was the notional amount that we had when we originally set up the COVID Secretariat, we set aside for isolation centres and obviously that money would be used to -- as part of the response to the endemic phase that the government will be moving into. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Any other Members have questions? Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. Can the Minister just speak to any plans to how 8-1-1 will operate past April 1 and any efforts being made to make sure that the people at 8-1-1, although are not public health nurses, are giving the same and accurate advice in relation to public health? Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. We understand that 8-1-1 has generally been a useful service for the public to report the results of their tests and to get information about COVID generally. The hours and the staffing complement will be reduced. We anticipate a lower volume of calls to that number, but we do plan to continue offering that service and we're looking at the scope of services that might be -- or information that might be provided through that service. So that's the plan going

forward, that it will still be available; it will be available on days during office hours, and it will provide a range of advice about COVID-related activities, issues.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. I'm happy to hear that. And I was hoping the Minister could speak to whether there are currently any plans or considerations to keeping 8-1-1 kind of as a brand and a product long term going forward. I think there's some natural fits there. Perhaps the health system navigator could be found through 8-1-1 or something similar to health link in Alberta, which, you know, is kind of a service to help people navigate the health system that everybody kind of knows that's a good place to start. Have those conversations been had? Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. I'm not sure whether those conversations have been had. We do have a help line, an NWT Help Line now. I don't know if the scope includes patient navigation. But I think this question would be best directed to the deputy minister, please. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Yes, so we are going to take the opportunity to look at this 8-1-1 service over the next few months. It certainly has been highly valued. We've been -- there's work happening with the health authority to strengthen the connection between nursing and the operators on that line, and we're certainly aware of the way 8-1-1 gets used in other jurisdictions as a valuable service that helps sometimes keep people away from primary care or emergency rooms. And we are looking to see whether there might be a business case for that going forward, and we would consider it in the context of business planning. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Are there any further questions under the COVID Secretariat? Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. Just a couple of questions. And further to what my colleague for Yellowknife North was speaking of, I remember when 8-1-1 first came online and the reception of having that service from constituents was very positive. And to me, when I speak about integrated service delivery, I get very excited about something like this because this might be as close as we get to integrated service delivery in the -- in the near future. And so I definitely look forward to

more conversations about what the potential future is of the 8-1-1 brand.

One of my questions is Mr. Neudorf spoke about the reduction of the staff complement for the COVID Secretariat, but the numbers within the main estimates remain unchanged. I'm just wondering if the Minister can address that. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Madam Chair. Madam Chair, the main estimates are prepared in the fall and a lot has happened since then. We've finished the delta outbreak; we had the omicron outbreak; and now we're moving towards the end of the public health emergency. And so the staff complement, which Mr. Neudorf referred to earlier, is going to be reduced and the bulk of the staff will be moved into the Department of Health and Social Services working in the Office of the Chief Public Health Officer and in Population Health. However, there will be also four positions that will be moved into MACA and a point-five position being moved into ENR. So what we're looking at going forward is 16.5 jobs that started with the COVID Secretariat being reprofiled and brought into different departments depending on the focus of the work.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. No, and I think that's great information for people to have, and I think that if now is an appropriate time to ask that, people's interest may have been perked by the point five position from ENR. And so I'm wondering, even though this is not an ENR section, if the Minister can speak to that. Thank you.

**CHAIRPERSON (Ms. Semmler):** Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. The point-five position in ENR and one full-time position in MACA have to do with wastewater surveillance. We've experienced good results from having wastewater surveillance in communities across the NWT as an early warning sign that COVID is present in the population. And so we plan to continue that program and have staff in MACA and ENR run the program. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair, and thank you to the Minister for that clarification. I know that the wastewater testing has received a really good national recognition as well so kudos to the department for their work there.

My next question is in regards to fees and payments. I see that that has been cut by about a third. I'm wondering if the Minister can provide clarity around what is included in the \$4.2 million. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. The bulk of this spending is related to isolation centres. Even though we have cut back the availability of isolation centres, there will still be a need for medically-assisted self-isolation. So we continue to carry this line item primarily associated with isolation centres. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. I know over the course of the pandemic a lot has changed about what is funded or isn't funded, and so I'm wondering if from here on out, as the Minister said, medically-advised isolation, if isolation will only be provided when it is determined necessary, then, by the Chief Public Health Officer, or if the Minister can address kind of what the policy will be. And I don't know if they're prepared now, and I understand if they're not, given that we are still under a public health emergency but if that will be -- how that policy will be determined. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. For that kind of policy detail, I think it would be helpful to hear from Mr. Neudorf. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Mr. Neudorf.

**MR. NEUDORF:** Yes, thank you, Madam Chair. I can kind of speak to what's happening now around medically-advised self-isolation and what's been happening for the last little while.

So two reason -- generally two reasons why individuals need to stay in an isolation centre. One is if they need it -- were directed there because of an order following travel. And in the last few months it was because they needed to isolate before they went into a small community so the isolation centres were set up for that. But most of the use, actually, in the last few months, and particularly with the omicron outbreak, was around medically-advised self-isolation. So that's when, because of a positive -- typically a positive COVID test, they were directed into isolation because of -- by a public health official and they could not do that safely at home and so then the advice was to come into an isolation centre, and it was -- that service was provided by the COVID Secretariat.

The other big use was around the vulnerable population and with cases in there that they did not have a safe place to isolation, then they were taken into the isolation centres.

For the month of March now, where the requirement to isolate after travel is no longer in the order, so we're not -- no longer need to operate the isolation centres for travelers, but they are still there and available. We've kept kind of one or two -- one staff person available so that we can just assist when there still is a requirement for medically-advised self-isolation. And this is kind of pretty extreme cases. We're not getting a lot. In fact, I think the first day we kind of had three calls about it. And then in the last week, we have not had any requirements for medically-advised self-isolation following. So given as omicron cases continue to come down, we would expect the requirement for this medically-advised self-isolation would continue to decline. And into the future what happens after the end of the public health emergency, I guess that would be at the direction of the Chief Public Health Officer and any isolation requirements from her and her office. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. So just to confirm, we may find that this line item might be, by quite a bit, underspent depending on what happens with COVID and advice of the Chief Public Health Officer then, is that correct?

**CHAIRPERSON (Ms. Semmler):** Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. This is an estimate, of course. And the thing is that it could be out, and there could be a surplus in here. But if there is a community outbreak, let's say in Yellowknife because it has the largest vulnerable population, that money could be gobbled up pretty quickly with having the vulnerable population housed in isolation centres. But we're erring on the side of caution and just waiting to see what the spring brings.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. I guess my final question is in regards to federal supports for the COVID Secretariat for the 2022-2023 year. I know that just in hearing what we're talking about today, a lot of the ongoing funds are really to ensure that the North is protected. We have limited housing resources, which have an impact on this, and healthcare in the territory is quite expensive. And so I'm wondering if there are discussions with the federal government to continue supports for this? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. We hope to have federal support for COVID as an endemic, and there are some supports we know they are providing; for example, rapid antigen tests are coming from their stockpile. Vaccines are still coming from their stockpile. But we have additional costs for service delivery that we've made an ask for. And to put more detail to this, I'd ask you, Madam Chair, to call on the deputy minister. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister.

**MR. COOPER:** Thank you, Madam Chair. So throughout the pandemic, we've of course have relied very heavily on the federal funding to support our multiple elements of our approach. We've been doing a good job on a monthly basis of tracking what those are and -- so that we can both defend our expenditure and do proper management.

We have contributed to some work that's been ongoing in government to track expenses and have contributed to I guess an ask that has been put forward. So just to affirm that we are doing our best to try to convey that there will be costs and that we would sure appreciate having some extra federal support for them. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. I just want to talk about I guess the enforcement of orders. And there was fines that went along with them, and I'm just wondering if there's -- where that -- you know, when that money was received, if people pled guilty where it went or how it was dealt with. And also, you know, just the cost to enforce the tickets given out, if we have an average. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you, Member. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. For that detail, I'd appreciate you calling on Mr. Neudorf.

**CHAIRPERSON (Ms. Semmler):** Thank you. Mr. Neudorf.

**MR. NEUDORF:** Yes, thank you, Madam Chair. We've given out a total of 73 tickets today -- to date. Our approach has always been with education first and to, you know, encourage people as best we can to follow the public health orders and, in many cases, we just needed to provide education to ensure so people could be doing the right thing. But sometimes that didn't work and then we had to follow up with warnings, verbal and written warnings, about 1,400 or so of those given out. Sometimes that doesn't

work, and we do have to have to follow up with tickets. So like I said, 73 of those. The majority of those were to individuals, and the vast majority of those had a fine of about \$1,700. They are still going through the court system. So there are a variety different end points for those tickets to date. Some have been paid already. About -- I would -- about a third of them have been paid already. A third of them are before the court system still. And then there would be another third or so that would be for a variety of different reasons that we actually -- when it came to actually pursuing the fine and we decided not to proceed with it.

And in terms of revenue around those fines, that -- I believe that's the Department of Justice that would actually get the revenue, record the revenue associated with those fines. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. You know, as we're winding down here, the ones that -- I guess you say a third have been paid and a third in the courts. Is there any indication that maybe the department may just, you know, not -- or just ask that -- or direct that those ones that are in the courts will not be pursued any further and just drop them? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** I don't feel like we can comment on things that are sitting before the court right now. So I'm going to give that a pass.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. And I appreciate that, and I understand.

The next item here is the wind down costs. Are we looking at any additional costs with respect to -- you know, we've got camps set up at the border. You know, we've used -- you know, rented out buildings and that. Is there any additional costs -- like, say for instance, as an example, the border in -- at -- on Highway 1, you know, it's on lands that -- I guess that are looked after by ITI. Will there be a cost to clean up that land? Is there any damage? Any environmental damage that has to be looked at? You know, and not just that one but other ones as well. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. I'd ask Mr. Neudorf to answer that, please.

**CHAIRPERSON (Ms. Semmler):** Thank you. Mr. Neudorf.

**MR. NEUDORF:** Thank you, Madam Chair. So we are talking to the contractors that are providing the infrastructure at those two campsites, and the Member's correct that when we talk about kind of the more significant wind up costs, it will be in those two highway camps on the Dempster Highway and at the Alberta border. We are not anticipating anything extraordinary as part of, you know, demobilization. That infrastructure that's there is provided by the contractor and as part of the contract that we have in place, we would expect that they'll come in and clean up. We have appreciated being able to use the infrastructure that was at the Highway 1 border crossing, you know, prior to COVID, which was, you know, the visitors centre there at the 60th parallel. That certainly -- that infrastructure -- ITI's infrastructure and just the Department of Infrastructure and their turnouts they had there, we've used them, and we've appreciated that. We have had -- are having ongoing discussions them, just to make sure that when we leave that we clean things up appropriately, and we'll involve both of those departments as part of the cleanup. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. And with respect to I guess early -- like, I'm not sure what the contracts were, if equipment is -- it was just month by month or if it was -- you know, a fixed term. Will there be any extra costs, I guess, if there is a -- you know, release of equipment earlier than anticipated? And also employees, will there be any additional severance required, you know, anything significant I guess with respect to, I guess, demob. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Madam Chair. I'd like to call on Mr. Neudorf for this question. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Mr. Neudorf.

**MR. NEUDORF:** Yes, thank you, Madam Chair. We are not expecting any extraordinary costs for actually winding up of our activities. The contracts that we have in place for the two camps, in fact, have been extended and have been extended month by month as we -- as the public health emergency has been extended, and we've been able -- you know, we've been planning, I guess, for March 31 end of that emergency and our operations for a while now. So we've been able to work with the contractor and

extending the contracts to ensure that that timing works out.

In terms of employees, we're also not expecting any severance or any extraordinary costs for employees. As I said before, of the 130 employees that we had on staff, three-quarters of them are under employment contracts that actually have a March 31 end date in the employment contract. So when that employment contract end, they're -- they will simply cease to become GNWT employees. And then the other quarter was for employees on transfer assignments to other departments. And of course, when that March 31 comes around, then they will just go back to their other home departments, and the home departments will -- are planning to have those employees back already. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. And for I guess the management and I guess any staff as well, will they -- is there -- will any bonuses be paid out for -- you know, for the people that I guess were part of this secretariat? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you. I'd appreciate this question going to Mr. Neudorf.

**CHAIRPERSON (Ms. Semmler):** Mr. Neudorf.

**MR. NEUDORF:** Thank you, Madam Chair. There are -- there is nothing extraordinary, no extraordinary bonus for any COVID Secretariat employee. Of course, there are in the terms of existing contracts with excluded employees and with senior managers, there's opportunities for bonuses and there may be that some employees would qualify underneath those existing GNWT bonus programs. But there's nothing extraordinary for the COVID Secretariat. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. Yeah, if it's possible to provide bonuses, is there a set of criteria that would -- that you could share with us to give us some indication of how those bonuses would be doled out? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you. I'd like Mr. Neudorf to answer, please.

**CHAIRPERSON (Ms. Semmler):** Mr. Neudorf.

**MR. NEUDORF:** Thank you, Madam Chair. I guess we're not planning on handing out any extraordinary bonuses as part of the COVID Secretariat. So there is no kind of criteria that we're even thinking about for doing that. We would be -- for the -- we would follow the processes that are in place for excluded employees and for senior management as part of existing GNWT processes but there's nothing extraordinary or unusual for any COVID Secretariat employee. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Are there any further questions under the COVID Secretariat from Members?

Seeing none, Health and Social Services, COVID Secretariat, operations expenditure summary, 2022-2023: Main Estimates, \$11,864,000. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Ms. Semmler):** Thank you, committee. Minister of Health and Social Services, did you wish to change your witnesses out?

**HON. JULIE GREEN:** Yes, please.

**CHAIRPERSON (Ms. Semmler):** Thank you. Sergeant-at-Arms, can you please escort the witness out and escort the new witness in. Thank you.

Minister, will you please introduce your witness for the record.

**HON. JULIE GREEN:** Thank you, Madam Chair. We've been joined by Mr. Derek Elkin. He's the assistant deputy minister of corporate services for Health and Social Services.

**CHAIRPERSON (Ms. Semmler):** Thank you. And we still have deputy minister Cooper with us. All right. So we are now on page 174, Health and Social Services, administrative and support services. Do Members have questions? No questions? Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. Just a quick question in regards to an increase in funding in the territorial health investment fund agreement for systems sustainability office. I'm wondering what the new administration expenditures cover. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Madam Chair. This is a continuation of our previous agreement. The bulk of the money goes to medical travel but a smaller amount of it goes to addictions and recovery services. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Yes, thank you very much, Madam Chair. And I appreciate that.

My next question is in regards to -- and it kind of -- I feel like this is the best place for this would fit. But one of the things that I've been running into with multiple constituents is a desire to enter into the healthcare field to be part of the solution helping the GNWT fill roles. And one of the things that constituents are finding is that if they're already a GNWT employee that doesn't work with health and social services, if their education desires don't fill their current mandate of their division, they're having a hard time sometimes accessing financial supports for that. And so I'm wondering if the Department of Health has looked at kind of either an all-of-government approach or either a departmental approach of helping staff pursue careers in the healthcare field. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you, Madam Chair. Thank you for the question. We do have a Health human resources workforce plan coming forward next month, and it'll offer a number of ways to support people in their interest to get into health professions as well as providing bursaries for people who want to get into the health profession. How those are going to work with existing NWT programs, I'll ask the deputy minister if he has anything to add. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you, Madam Chair. So we do have a -- and we'll be continuing a number of funding programs for staff, generally for staff that are already in the healthcare system to be able to refine their skills and to, you know, carry on in their career ladder. And I think we've -- we have about \$2.2 million annually that we have available to support these kinds of activities, and we'll have certainly more to say about that with the arrival of the HR strategy. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. No, I think that a lot of people are really looking forward to this strategy and are quite excited about it.

Can the Minister speak to how the Health human resources HR plan will work in conjunction with the Indigenous Recruitment and Retention Framework that the government also released? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you. I'd like to ask the deputy minister to answer this question, please.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you very much. One of the primary goals of the HR plan will be to increase local employment and to increase a representative workforce. So this is going to be one of the -- certainly one of the cornerstones to the plan as it is to our system right now. So we will certainly be in lock step and establishing targets and following the HR policy that has been -- has been set. So they will be one and the same. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Are there any further questions under administrative and support services? Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. Just looking at the adult support services and in there, it includes day shelters. So I suspect that it means that the -- like, a day shelter that's funded in Hay River. I know that there was a -- you know, there -- \$75,000 -- or seven -- yeah, \$75,000 in the budget, but the cost to operate that shelter was quite a bit more. Is the department looking at covering that additional cost? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you, Madam Chair. Madam Chair, it would help me if the Member could tell me which page he's looking at.

**CHAIRPERSON (Ms. Semmler):** Member for Hay River South, can you clarify?

**MR. ROCKY SIMPSON:** 181.

**CHAIRPERSON (Ms. Semmler):** That's a different section. We're gone backwards. We were in administrative and support services. So we're before COVID Secretariat. You're good? Okay.

Administrative and support services, any other questions? All right. Health and Social Services, administrative and support services, operations expenditure summary, 2022-2023 Main Estimates, \$54,848,000. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Ms. Semmler):** Thank you. So skip COVID Secretariat again and then go to page 180, Health and Social Services, health and social programs, activity -- sorry, and information items on 82 and 83. I'll go back to Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. Yeah, again, it's to do with the day shelters. I know that, you know, we had a budget for them, and some of the -- well, at least the one shelter I know cost more to operate than what -- than what the department's providing. I just want to know if that additional cost would be looked after by the department? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. As I understand it, our budget for this area is \$75,000 articulated in this budget. We recognize that that's probably not a whole year's worth of funding and we need to find additional sources of funding. I understand there's been some conversations with Indigenous Services Canada about whether they can also support the shelter. So we are aware that this is not an annual figure, and they'll be a need to work with partners to bring that up to an annual amount. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. I'm just looking at the community culture and innovation, and I see that there's a -- I think a 3.6 million roughly increase in that. Can the Minister just provide an explanation? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you, Madam Chair. Madam Chair, this is a variety of things. So it includes the Mental Health Act review board, the Yellowknife combined day shelter and sobering centre. There was a shortfall there in insurance and tax spending. There is money going into addictions recovery and aftercare, the anti-poverty fund, which is the source of funding for the Hay River day shelter. Collective agreement increases and then finally home and community care and mental health and addiction services bilateral agreement is a part of this increase as well. So it's, you know, sort of a catchall for community mental wellness and addictions recovery spending. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. Just going to another line item here, family violence prevention, and it's showing \$4.181 million. Can the Minister tell me, like what percentage of that would stay in Yellowknife and how much would go -- what percentage would go out to the surrounding communities? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. Most of that funding goes to -- directly to the family violence shelters. So about 400,000 goes to the shelter in Tuk; 660,000 to the shelter in Inuvik; 694,000 to the shelter in Fort Smith; 930,000 to the shelter in Yellowknife. The reason that's so much more is because they are also the people to contact for 24-hour support and emergency protection orders. So there's some additional staffing. That is territory-wide but based in Yellowknife.

There was a lapse, but we're not expecting this -- that we're expecting that's just temporary to provide regional -- or pardon me, family violence shelter support. There is a group that meets from time to time that talks about issues that are common to family violent within the shelter operations and meeting the standards.

And I did forget to mention, and the Member will be very interested to know, that this list includes \$680,000 for the family support centre in Hay River. So the shelter support funding is \$3.3 million, and then the remainder is for contract services and family violence prevention fund and communications related to the prevention of family violence. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you, Minister. Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. And I appreciate the Minister including Hay River in there. I thought maybe she missed it. Anyways, the next one is the population health. I see there's a \$1.3 million lower cost, I guess, or a smaller budget there for 2022-2023. What -- what's that about? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** It's about so many different things that I'm going to ask Mr. Elkin if he can explain. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Mr. Elkin.

**MR. ELKIN:** Thank you, Madam Chair. As the Minister mentioned, it's a bunch of sunsets of previous federal agreements primarily, so. And positions on funding associates so the agricultural strategy implementation, two and a half positions for sunset. The Canada Smoking Control Act, one position sunset in -- after 2021-2022. Climate change and health adaptation funding agreement, the .5 FT. And as well as the meat inspection regulations, another .5 FT and O and M. And the emergency treatment fund bilateral agreement for

opioid therapy. Again, it's offset by increases in the collective agreement and some new federal funding as well starting in 2022-2023 going forward. And including, for example, the toll-free tobacco line funding agreement and some money related to northern wellness agreement as well as the Canadian congenital anomalies surveillance system funding agreement.

So a lot of details, a lot of federal funding in population health area and time limited funding. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. I just want to go back to the -- I think it's the family violence prevention again, and I'm just looking at the numbers here, and wondering I guess, why the difference in communities. Like, for instance, I think Fort Smith gets 300K more than Hay River. And I'm just wondering why that would be; what's the criteria that would cause something like that to happen? Is it just the matter of -- of the organization -- you know, that's what -- that's what they're asking for or is it something else? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Madam Chair. For more information about how the funding is distributed to the shelters, I'd like to direct the question to the deputy minister. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you, Madam Chair. So this was -- this is a function of operating costs. These are the shelters who submit their budgets. We -- people may recall that there was an increase that took place in the prior fiscal year, a fairly significant increase to address operating costs. So what you're seeing here is really directly related to the budgets on the operating costs of the -- of this, various shelters. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. No further questions.

**CHAIRPERSON (Ms. Semmler):** Are there further questions from Members under health and social programs? Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. I guess I'll start with a comment I've made before and that I for the next main estimates, I would like departments to work together and maybe review ones that have

too many key activities and one that have too large of key activities.

I note this is \$350 million on three pages, which is, you know, bigger than other department's single budget. So it's hard to find the line items and to sort through what exactly is in here. And I guess I will begin with the first very high-level question. Do we have a projection of what the health authority's deficit will end up at the end of this current fiscal? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you, Member. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Madam Chair. I don't think we have a figure for the end of this fiscal year. I think we produce a figure annually, and the last figure was rounded up \$160 million. So that was true one year ago.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Yellowknife North.

**MR. JOHNSON:** Yeah, thank you, Madam Chair. I guess I'll just ask -- and I pretty much know this answer, but do we expect the -- I guess a better question is when do we expect the health authority will not run a deficit? I'm quite confident given COVID this last fiscal, they will run a deficit and likely probably in the budget we're passing will also run one. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. It's difficult to imagine how the health system is going to continue spending at the current rate with this incremental budget and at the same time retire this huge debt. There have been high level discussions by the council of the federation on the Canada health transfer which are led, in our case, by the Premier. So it would -- it would assist us to -- to obviously get a bigger grant from Canada. But even so, retiring a \$160 million deficit is -- is going to be a big challenge unless we become a fabulously wealthy oil producing entity. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. I'd like to switch gears a little. Somewhere in here, the office of the public guardian is funded. I guess I've stated a couple times I know the department provides some support through contract services and sometimes provides staff to help with their policy work. But can I get an update of whether we are accomplishing our goal of reducing the waitlist at the office of the public guardian. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Madam Chair. Madam Chair, this budget includes an additional staff person for the office of the public guardian, recognizing that the caseload is increasing with people who need those services as either they age or in some cases as our population grows and some of the needs are more acute, and so they need the office of the public guardian. The current wait times in the office of the public guardian, I would have to ask the deputy minister if he can answer that.

**CHAIRPERSON (Ms. Semmler):** Deputy minister Cooper.

**MR. COOPER:** I don't have that information with me. But we will certainly -- we'll get that information. I just point out that we are seeking in this year's budget a position that will certainly help us address the wait time issue. That's how we're trying to respond to the present issue. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. I am very happy to hear that. I think that is a much-needed position. I didn't hear it in your highlights too, but I think it is a highlight that would make some progress on that.

I believe that office also has been tasked with some policy work and possibly getting the Public Guardian and Trusteeship Act updated. The big issue here is -- my understanding is that certain people with disabilities are not quite meeting the criteria for public guardianship, but they probably should, and in some cases, you know, their caretakers or they themselves would like to. I'm just wondering if we have an update on whether we will see changes to the Public Guardian and Trustee Act. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Madam Chair. In our current legislative summary for this Assembly, this work is not contemplated. So I would say that it wouldn't come forth until the 20th Assembly at this point. Thank you.

**CHAIRPERSON (Ms. Semmler):** Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. Lastly, I've had some conversation with the Minister, and the Minister's received some letters about the Salvation Army funding. I guess, so my first question is -- because I actually don't know whether the Bailey House is at all funded by Health. Is that funded by Health and Social Services? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. No, I don't believe that we do fund the Bailey House. But we do fund withdrawal management, and we do fund the Supported Living Program. Maybe I should turn to the deputy minister for a more complete response. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you. So we do provide through the NTHSSA funding to the Salvation Army for the programs the Minister referenced. Bailey House, I understand, is supported through housing. And so we -- there's a number of GNWT entities that are pooling resources to support the Salvation Army. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Yellowknife North.

**MR. JOHNSON:** Yeah, thank you, Madam Chair. Yeah, I -- I understood that. I just wanted to make sure there wasn't some other partial money going to Bailey House. I guess my questions is about the supported living, the addictions and aftercare work, and the mental health work that I know NTHSSA supports. But none of those programs have seen a significant increase since I believe 2015, and I believe we actually are working to expand some of it -- or hoping that we can work with the Salvation Army to expand some of their aftercare but they're running into the same problem that I know many people are, is that they can't keep up, you know, without year over year increases. And admittedly, they're also losing staff to GNWT shelter positions which pay a little better. I'm just wondering if the Minister can commit to, you know, reviewing those programs and meeting with the Salvation Army to make sure that, you know, the immediate fiscal pressures they are facing can be addressed. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. Yes, I have received correspondence from the Salvation Army, and I appreciate that they are in a difficult position. I recall it from my own time in the nonprofit world of trying to compete with GNWT salaries. And so I'm certainly willing to make that commitment to look at their funding level now and to see how we can support them going forward so that they don't wrestle with this continuous staff turnover. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. And I'm happy to hear that, and I think that ties into a larger conversation that we've been having in this House about reviewing how we fund all our non-profits and making sure, you know, some of them don't get ten years behind in a contribution agreement with no increase.

I wanted to switch now to some discussion on midwifery. The last budget, I'm very happy to see, we moved to the next phase of midwifery supports, and I've been following the department getting those positions advertised and put out.

One of the concerns I've been hearing is we are still not quite operating at a midwife model according to their standards of practice, which would be to actually provide home births if people want them. And one of the reasons for that is that we don't provide on-call funding. You know, they are not on call 24 hours a day to respond to those needs. I'm wondering if, you know -- I know there's a plan and there's further phases. If this is a step, the on-call funding that would allow home births that we will be seeing in the future. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Madam Chair. And I appreciate the question. I feel like we're a long way from paying midwives to be on call simply because we have jobs that we need to fill, and the midwives are -- are, you know, in short supply at this point. They're also -- as you probably know, the positions we're advertising now are to support communities in their home births. So what I'm struggling with is whether we would have enough staff to provide an on-call service saying that, you know, midwives can't work 24 hours a day. So that to me would be a new direction in this budget and would need to be incorporated into the business planning process. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Monfwi.

**MS. WEYALLON-ARMSTRONG:** Thank you. I'm not too sure if it's in this area but it's on grants and contribution transfers.

I know that ECE, they set up a scholarship program to attract early learning childcare workers. And in the NWT, we know that speech and language is very important, especially in the small communities where we're lacking lot of services. Speech and language is one of the most important -- it's important for lot of us in our community because we have young kids. As I was saying before, we have little kids that are entering JK with no language skills, and we lack those services in the communities.

So I was just wondering why health and social services are not setting up scholarship programs to attract communities -- small communities' youth to pursue a career in speech and language area. Why -- I would like to see something like that set up by health and social services because -- so that way we don't have to rely on southern coming up or we don't have to rely on Yellowknife and/or if there's something that Yellowknife set up or headquarters, then they're always -- there's some barriers, and it's -- because one of the things that they always do -- even like they did with the CYCC program, they said you got to have a master's program, you know, or a doctorate program to deliver some of the programs. But lot of these young people in our communities, they know, and they know the language; they know the culture; they know the families. So I think having a program for young people to pursue, especially to work with young people from their community, this -- the scholarship will -- it would be nice if there's a scholarship set up to help pursue a career will be greatly appreciate by many community members. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Member from Monfwi. You might recall that I had a conversation with Member for Yellowknife North yesterday about speech language pathology. We're short of speech language pathologists. And so I think it makes sense for us to look at how to bring more people into that field wherever they're from. We're having trouble recruiting them. And so while our professional development funds and bursaries are not specific to specific services like speech language pathology, that is what the -- those funds are there to support. And so we would like to be able to attract people to those professions and provide them with incentives to train and stay in the NWT where at all possible. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Monfwi.

**MS. WEYALLON-ARMSTRONG:** Okay. Okay, thank you. Another one, you know, mental health and addiction is a major issue, and we've been talking about it a lot in this House in this sitting. And here it says a hundred K or it's a -- it must be a hundred thousand, because funding to support organizations in the delivery of mental health and addiction programming, I think this a hundred K -- or a hundred thousand, maybe one or two communities will be covered the way that it's set up. And why that funding is so low and when you know that it's -- mental health is a major issue. You know, it's affecting everybody in the community from small to larger centre.

**CHAIRPERSON (Ms. Semmler):** Thank you. Oh, Member for Monfwi --

**MS. WEYALLON-ARMSTRONG:** From 2021 to 16 -- yeah, from 164 to a hundred, two consecutive years. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, I'm wondering if the Member could tell me what page she's on because when I'm looking at this page, it shows that the estimates for community mental wellness and addictions recovery is \$20,359,000. So if I could have some clarification, I could better explain. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Monfwi.

**MS. WEYALLON-ARMSTRONG:** It's on page 182 and 183. It says funding to support organizations, and there's lot of organizations that's out there that would like to help. Like, there's the friendship centres. There's native women's centre. There's all kinds of, you know, organizations out there and, you know, the Arctic Wellness. This a hundred thousand is not going to go too far to fund organizations that are willing to work with community members in small communities with -- regarding mental health and addictions.

**CHAIRPERSON (Ms. Semmler):** Thank you, Member. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. I had some questions about this myself. So what that is is the Addictions Recovery Capacity Building Fund, and it is, as I say, for capacity building within the NWT to provide support to mental wellness and addictions. So this is about strengthening NWT resources to respond to those issues. So that's only one part of the total spend on mental health and wellness. So the entire -- the entire spend includes child and youth care counsellors; mental health and addictions programs like the community counselling program; the day and sobering centre; the acute care provided at the psychiatric unit at the hospital; facility-based treatment; on the land healing. And then the specific funds, we have Peer Support, Addictions Recovery and Aftercare, and then the capacity building fund that the Member just mentioned. And in addition to that, the Community Suicide Prevention Fund.

So the money is segmented into a number of different options. Some of it is provided by GNWT employees and others are provided on contract, and yet others are community-based funds where the communities propose to spend the money within the funding criteria and then go ahead and develop their own programs to deliver. So what the Member is looking at is just a fraction of this -- of the total spend

on mental health and addictions recovery. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you, Minister. Member for Monfwi.

**MS. WEYALLON-ARMSTRONG:** Okay, thank you. Okay, family violence prevention too as well, it's a funding to support organization that offer programs to -- you know, to protect, assess. And I think you just mentioned all the organization or the regions that will be getting a certain amount. Is that only for the shelter? Like, is that for the family violence centre or like Alison McAteer House? Is that what it is for? So is there any other regions that can access that funds where they are, you know, will say, for example, friendship centre? Can they access fund from here to work with families in my regions? Or -- I'm just asking you a question on that. Like, can any other organizations in the regions can apply for that fund?

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. It isn't only for Alison McAteer House. There are family violence shelters in Tuktoyaktuk, Inuvik, Hay River, and Fort Smith. So it supports all of them. This is not an application-based fund. This is a funding existing shelters. I know there's some interest in safe house -- a safe house program in the communities and regions without family violence shelters, and that includes the Tlicho and Sahtu regions. But they are not part of this business plan. Those proposals are not developed to the extent that they have been funded at this point. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Monfwi.

**MS. WEYALLON-ARMSTRONG:** Okay, I keep forgetting. Okay, thank you. Thank you for the information. Yeah, that's -- I'll just wait until get to the next one.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. Madam Chair, the first line item that I want to look at is on page 181. It's the specialty services. And I see that there's about a \$2.5 million increase to that one. And I just note that specialty services is internal medicine, general surgery, pediatrics, obstetrics, gynecology, orthopedics, karyology -- sorry -- urology, oncology. There's a whole list of specialists that Northerners have access to under that line item, and I'm just wondering what percent of specialty services are delivered by locums. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you. That's very operational. I think we would have to come back to you with that.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Minister. And I appreciate that commitment. Is it possible to table that information in the House so [Audio]

**CHAIRPERSON (Ms. Semmler):** Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. I appreciate that. My concern with this and the reason that I was asking is a lot of these specialty services are hard to find positions and hard to fill positions, and we have a really long waitlist in the Northwest Territories, and so I'm wondering if any of this \$28 million is also used to not only pay for the specialty services to come here but also for Northerners to access those services elsewhere? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** What my notes say in this area, Madam Chair, is that specialty services are provided in the NWT as a result of a referral. And specialty services include areas such as internal medicine, general surgery, pediatrics, obstetrics, gynecology, orthopedics, urology, oncology, ophthalmology, gynecology, oncology, and ENT. So it's my understanding that this money pays for people to come here to deliver the services. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. And so just so that I'm understanding correctly, so if a doctor provides a referral then the GNWT provides access to that specialty service, is that correct? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you. It really depends on whether it's an insured service or an uninsured service. Hospital-based services are insured services, but I feel like I'm getting over my head so I'm going to call a friend. Deputy minister Cooper.

**CHAIRPERSON (Ms. Semmler):** Thank you, Minister. Deputy minister Cooper.

**MR. COOPER:** Thank you, Madam Chair. So yes, specialty services would be accessed through a -- normally through a referral. And if a person is receiving a specialty service out-of-territory, then

that would be something that would be covered off in the next expenditure category when we -- well, I'm not sure if it's the next one but when we get into the out-of-territory treatment, because in -- this money goes to fund salaries and the money -- and for out-of-territory, where we're dealing systems that have a fee for service and we're guided also by interprovincial billing, that's why out-of-territory services and specialty services that residents access in, for example Alberta, will show up in another section, all through the same doorway of a referral. Thank you.

**CHAIRPERSON (Ms. Semmler):** Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. So I will come back to my next questions then in the next section for that one.

So I'm going to move on, then, to the FASD clinic -- or the FASD diagnostic clinic. And so I'm wondering what line item within here -- would that come out -- I guess if it's adult services, then the adult clinic would come out of that. And one of the things that I find very interesting just in working with different constituents is that if a resident goes through the adult diagnostic clinic and they are found to have all of the markers of FASD through working with the healthcare professionals but they do not have confirmation from a birth parent, whether or not that person for different reasons is unexcessive -- or inaccessible to get that confirmation from a birth parent, then they don't get a full FASD diagnostic. And so my concern is that there are a number of residents who could potentially fall through the cracks and not receive the support that they need, even if they're identified as needing support. And so I'm wondering if the FASD diagnostic clinic has the flexibility to still provide the support for people who meet the markers but do not receive the full diagnosis. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. My understanding is that -- that the clinics are really built around providing the diagnosis and that the supports are offered separately. So in the event that someone does not have a diagnosis, there would still be supports available to them but not through that clinic. It might be through community counselling. It might be through some form of treatment. I think there are a number of ways that services could be provided but they're not necessarily within the scope of the FASD clinic. I'll just ask the deputy minister if he'd like to add. Would you like to -- no, he doesn't want to? Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. My concern with this one is I feel like this is a point of which Northerners can easily fall through cracks that need supports in the Northwest Territories where I fully support the FASD diagnostic clinic but I feel like it gets us to a certain point but not to the next point that residents need. And so I'm wondering if within this budget for the adult FASD clinic, if there is room for either a caseworker or a navigator. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you, Madam Chair. Yes, I can see where that would be useful. I think the entry point into the FASD clinic is through the healthcare provider, whether that's a doctor or nurse practitioner. And so my sense is that if there is no diagnosis, then the person would return to their healthcare practitioner and again ask for assistance in understanding what their disability is since the FASD has been ruled out. So I don't know if we need a navigator in addition to the healthcare provider who provided the initial referral and who would get the results of the referral. So the budget doesn't contemplate this at this point. But it's something that we can review and see whether we can make a business case for it for the next budget.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. I appreciate the Minister's willingness to continue this conversation.

My next question is in regards to the child and family services line item that I see has some -- a small increase, which I'm guessing is forced growth. Can the Minister speak to what this increase is and also what it will give the child and family services division? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you, Madam Chair. Madam Chair, this -- looks like another increase for another phase of the child and youth care counsellors. You said child and family -- child and family services? Yes. I think I'll ask Mr. Elkin if he can provide some detail on this. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Mr. Elkin.

**MR. ELKIN:** Thank you, Madam Chair. The 382,000 increase in this activity is -- there's a number of items there as the Minister mentioned. A couple of the new items is money for -- \$225,000 forced growth for legal fees, and there's also a hundred thousand that was approved last year as well as an addition for

child and family services respite services as well. There are some other offsets, but those are the two main items in this activity.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. And so the legal services, are those legal services available to solely health and social services or also available to families who are working with child and family services? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. I'll ask Mr. Elkin if he has an answer to that. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Mr. Elkin.

**MR. ELKIN:** Thank you, Madam Chair. I don't have that detail handy. We'll have to get back to you on that.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Tu Nedhe-Wiilideh.

**MR. EDJERICON:** Thank you, Madam Chair. I'm not really sure -- I'm in one -- on page 181, and I'm not sure if that's -- we're on that same page? I reviewed this section in the budget here, and I'm trying to find the section on facilities but I'm just going to speak to it here if it's okay.

I just want to mention that in our Tu Nedhe-Wiilideh riding in Fort Resolution, we have a brand-new facility that was built years back. It was a multi-million-dollar facility. It's a beautiful facility. Right now it's for seniors, and on the inside of the building we could have up to about four people. We have a kitchen. We have TV room and that kind of thing. And we also have cabins for seniors that want to be independent outside that facility.

But going back to the facility, I guess somewhere along the lines the health and social department made a decision to shut down that facility, and it's still operational but they no longer house elders inside the facility. They use it for programming. And there are elders on the outside cabins. But in 2018, they -- this issue was brought to the House in regards to a petition to reopen the facility, and I'm not sure where it went.

So my question to the Minister, is this something that -- that can we go back and take a look at that, because what's happening is that in our communities, a lot of our elders are getting old and they -- if they get sick, they go to Hay River, or they go to Yellowknife, or sometimes down to Edmonton and places like that. And a lot of times, they -- they

want to -- if they're really sick and they got cancer, they probably want to be closer to home and that kind of thing. But most times, they end up passing away outside their home community. So there's got to be a way. I mean, you know, when we talk about, you know, in spirit of reconciliation, working together, and etcetera, and we got a budget of \$594 million here. I just want to know if there's a way that we could probably work with the Minister and see -- and revisit that facility to see if we can provide those services for our elders again and bring them home. You know, if anything, you know, they want to die at home if they're closer to home and they're really sick.

And the other thing too is that we also need to have a home care nurse or something that we could, you know, care for them and that kind of thing. So I just want to ask the Minister if she maybe could maybe take a look at this and get back to me. Mahsi.

**CHAIRPERSON (Ms. Semmler):** Thank you, Member for Tu Nedhe-Wiilideh. I think regarding the home and home community care -- home care, that all goes under the next section. But I'm just going to let the Minister answer.

**HON. JULIE GREEN:** It was a lot. So what I recall about this area is seeing a letter from the community about operating that facility for long-term care, and it is no longer a facility that is operated by Health and Social Services. We have located the long-term care facilities in regional centres so that we can serve the greatest number of people at once. So for people living in Fort Res, they would go to Woodland Manor in Hay River. And there is an expansion plan for Woodland Manor in the near future. So I think that the response that I gave the prior Member was that the community would need to look for funding, not for nursing services -- we provide nursing services, but for maintenance and operation staffing that the community would need to look for partnerships to operate the -- if I understand this correctly, this is the prior health centre, that they would need to look for partnerships to find operating money for that. We can't operate multiple facilities in Fort Res. But having said that, this is just going from my memory, and I'm certainly prepared to revisit that and bring myself and you up to date on the last steps taken in this area. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you, Minister. Member for Tu Nedhe-Wiilideh.

**MR. EDJERICON:** Yeah, thank you, Madam Chair. I welcome the Minister to maybe have a meeting with the residents in Fort Resolution, the leadership, and the Metis Council, and to revisit the idea of maybe perhaps looking at restarting this facility. It's a shame that, you know, we got a beautiful facility. The government spent a lot of money building it. And now it's just being used for programs. So it would be nice if the Minister -- we could travel together to Fort

Resolution and meet with the leadership there and see what we could do to listen to their issues, concerns.

I know -- it's my understanding that this issue's been brought to the House already. It's been talked about. I know the petition's been there. But, you know, when I hear from the Chiefs of the Metis leadership and the mayor in Fort Resolution, this issue is still there. And, you know, the elders don't really want to be in Hay River. You know, they want to be closer to home. If they are sick, they want to be with family, etcetera. You know, so there's got to be a solution here. If we could work it out, I welcome that. Thank you, Madam Speaker, to the Minister.

**CHAIRPERSON (Ms. Semmler):** Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. Please do invite me to visit your communities. I would like to do that.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Tu Nedhe-Wiilideh.

**MR. EDJERICON:** Thank you for that. Another question I have on another note is the -- again, I went through this document. I'm trying to understand it. And the positions in Edmonton for Larga Homes, do we have any full-time positions there that have worked actually in Larga Home? The reason I say that is because we still do -- we still deal with patients that are going down south for medical travel. Sometimes they'll sit at the airport, and they don't have -- there's a language barrier. It's my understanding Larga Home is -- is one of the contract services that the government provides. But again, at the same time, they're -- there are barriers there. In that part of, in that part in Alberta, it's Cree. You know, here in the North we have, you know, six different cultures here that go down there, etcetera. And so that's a question I want to know, if we do -- do we have staff there? Thank you.

**CHAIRPERSON (Ms. Semmler):** I just want to make sure that we're in the right section with Larga. I don't think this is the right section. Like, we have it all broken down, so -- but I'm going to give it to the Minister to answer if she can.

**HON. JULIE GREEN:** Sure. So the operation of the Larga House is contracted to the Gwich'in Tribal Council, and we contract them. They provide the services. We have heard in the past that they provide very good service. They're good to go to the airport and get people, take them to their appointments, and so on. But language can be a barrier.

Medical travel provides for an escort with somebody who doesn't understand English. So that's one possible way to assist a person travelling for medical who doesn't speak English.

Another possibility that we haven't fully developed is whether it would be useful to have the kind of Indigenous patient navigator available at Larga House that we are talking about establishing -- well, we are going to establish in Fort Smith, Hay River, Yellowknife, and Inuvik, that it may be useful to have that kind of a navigator available to the people who use Larga services in Edmonton. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you, Minister. Member for Tu Nedhe-Wiilideh.

**MR. EDJERICON:** No, that's all the questions I have. And again, I -- as I go through the documents, I'm just trying to understand that section. But -- but Madam Chair, if we were to go through this document, can we continue to just read out what page we're on so that we could follow the discussion? Mahsi.

**CHAIRPERSON (Ms. Semmler):** We were on health and social programs still. Everybody gets a chance to speak to it before we move on. So do I have any Members who haven't spoken to this section wishing to speak to it? Member for Thebacha.

**MS. MARTSELOS:** Thank you, Madam Chair. I just want to ask a couple of questions with the family violence prevention. Are there any shelters in the North that are serving men? You know, when -- in my former leadership role, there was a lot of men that required that. You know, it's an -- it's not only women that are mentally and physically abused. There's also a lot of men. And men don't come forward as easily as women do. And so in -- I just want to know -- also I also want to see a consideration for that eventually. There should at least be one home or one shelter in the North that should be serving the male population, because it could be very, very, very challenging for men who are in that situation. I've seen a lot of cases that -- of that even in my community.

I was also going to ask is this part of the -- family violence, is it -- I don't know if it's a health and social program that it could be brought into the schools at an early age, because, you know, it's a -- when there's trauma at home, it affects everybody in the whole family, including the children. So I just wonder if -- if we could start considering some of those programs in the elementary and the high schools. That's -- you know, if we catch some of these programs and have counselling for family violence prevention at early stages in life, it might prevent some awful things that happen in the future. Those are the couple -- and I also wanted to comment on, you know, you have under mental health and addictions and On the Land Healing Fund. I just wanted to also mention that it's over \$2 million that was undersubscribed, and I want you to know that in my other leadership role that we had sometimes a six week program with a complete team out of -- out

of addictions facilities in the south. We chose which facility we were going to go with and brought the entire team up to Fort Smith under this fund a couple times. And we had a six-week program, not 42 days. And it was -- you know, and we have some very successful candidates. Just last week, I met one of the candidates in Walmart and, you know, after years of addiction, this person is clean and sober, and it's overwhelming. And, you know, when it's undersubscribed, people don't realize they can do a lot with this fund. And you could bring the whole team in, and that includes psychologists, an elder, the whole team. There was five to a team. And also -- we also had someone that actually distributed the medication, which is a very important part of the program. And we also had every night kind of an entertainment thing with Salt River, and we invited people from the community to come to speak to them. So this could be -- I don't think people -- it's proposal-driven. Maybe sometimes maybe you could think about it, but not everybody -- well, I've had incredible staff at Salt River but maybe some of the smaller communities don't have that, and if they are assisted in applying for the program I think that it could be a point in the right direction. That's all I have to say, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you, Member for Thebacha. Minister of Health and Social Services, do you have any...

**HON. JULIE GREEN:** Yes, thank you, for your questions. So I understand there is a shelter for men in Fort Good Hope. I'm not sure if it's only for people in Fort Good Hope. And that would be a long way to go from -- for someone in Fort Smith.

A more feasible solution for men who are experiencing violence may be to apply for an emergency protection order. So that's where you engage a justice of the peace to secure your access to your house and to keep the abuser out of the house. And so that's one possibility that would provide a local solution where the person being abused doesn't have to go to another community for services. So I just want to put that on your radar as a possibility.

The YWCA in Yellowknife offers a program for children who witness violence. It helps them to process the trauma that they've experienced as a result of being in a situation where family violence has occurred and how to be better -- better prepared to deal with their own anger and issues as they -- as they grow up. I don't think that that's a school-based program. I think it's a community-based program. I feel certain that the YWCA would be more than willing to share their learning of this -- it was originally called Project Child Recovery, that they would be willing to share their learnings from that. So they do it now as an afterschool club called Dudes Club, and the -- it's boys. And they go once a week and talk

about -- about their issues related to their own lives and how to live a healthy life.

The On the Land Program is probably undersubscribed because the money is divided among the Indigenous governments, and so if Indigenous governments don't take up their share then the money doesn't get spent.

I'm well aware of the relationship between Salt River First Nation and Poundmakers, and I've mentioned it in other context to Indigenous governments that are looking at On the Land programming as one possibility to provide the programming part of the On the Land Healing Program, that, you know, beyond the benefits of being on the land and living in a more traditional way, that there also be -- there can also be a program that is specifically oriented to getting people into treatment, which I understand is what happened at Salt River, to help families heal, and to help people when they return from treatment to maintain their wellness and sobriety. So I'm assuming that if people are listening to us talk and they're interested in that program, they could contact the Salt River First Nation for more information. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Anything further, Member for Thebacha?

**MS. MARTSELOS:** I just have another question. One of them it's to do with medical travel. I know we're going to be having patient advocates and maybe that will solve some of the problems of medical travel. But when a doctor at a health centre approves medical travel and an escort, then it goes to a Yellowknife office here and sometimes then they -- they don't get the escort approval. So I'm just wondering -- I know there's a review, I think, of medical travel in the works, and so would that review address my concern? Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you, Member for Thebacha. Since that's in a totally separate section, that's under supplementary health benefits, is it not? Or is it --

**HON. JULIE GREEN:** It is under that.

**CHAIRPERSON (Ms. Semmler):** Or is -- no. No, it's a different department for that. So we'll come back to that. Is there anything else under health services? No, okay. Thank you.

Health and social programs, any other questions from Members that haven't had a chance to speak to it? Thank you.

Health and social services, health and social programs, operations expenditure summary, 2022-2023 Main Estimates, \$350,476,000. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Ms. Semmler):** Thank you. We will now turn to page 185 and 186, long term and continuing care services with information items up to page 88. So 86 to -- 186 to 188. So does Members have questions under long term and continuing care services? Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. Madam Chair, my first question is around the seniors' funds found on page 187. The seniors fund did see a slight increase in the 2020-2021 Actuals to 330 from 305, but it appears as though the number of contributions, and this is the money going to the NWT Seniors Society, is consistent year after year. I'm wondering if they're expected to increase this funding given that the number of seniors across the territory is increasing. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you, Member for Kam Lake. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. I'm not sure what the NWT Seniors Society has asked for. I know a lot of the funding that goes there is around elder abuse. But for more detail, I'll ask the deputy minister, please.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you very much. So the increase in last year's actuals was related to a \$20,000 allocation to the NWT Recs and Parks Association for the Elders in Motion program. And there was also an additional \$5,000 allocated to the Hay River Seniors Society. And so that is what accounted for that -- that growth that year. We -- the budget has been stable, but as grants come along, we do, as it's been proven by the actuals of 2021, have capacity to flow other funding as required. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. No, I'm happy to hear that there was additional funds that went to the recs and parks and the Hay River Seniors Society as well. I'm assuming that some of this money went to helping seniors stay active, get out of the house. I know that one of the things that we've heard quite a bit about over COVID is the effects of isolation on our seniors and our elders, and so I'm wondering if -- if -- sorry, Health and Social Services intends to find ways to replace this \$25,000 that was used last year, either through funds, grants, or contributions from maybe the federal government or other third party investors, to be able to continue supporting activity with our seniors and our elders? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. As the Member may know, we're currently developing a senior strategy and so we're looking for gaps and ideas that would enrich the lives of seniors. And they are not part of this business plan, but they would be part of the next business plan.

We do, however, have some money available in the next fiscal year for age-friendly community grants. And to provide more detail on that, I'll ask the deputy minister, please.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you, Madam Chair. Yes, we have added some additional funding to our age friendly community program to support communities and community organizations to be able to plan for age-friendly communities. So that is -- so we've actually merged together two funding pots. I might be getting the name wrong now that I'm saying it out loud, but we have merged together age-friendly community grants with another funding pot to -- after hearing from communities that this would make the resources more targeted on the issues and be less administratively complex for them. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. The Minister mentioned the seniors' strategy, and I'm wondering what the timeline is on that. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Madam Chair. I believe that we're going to deliver it in this -- this fiscal year, in the first half of this fiscal year.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. I see here that we have a respite fund for caregivers of residents living with disabilities in the NWT. In the Northwest Territories, we also have parents with disabilities who are parenting with that. And I'm wondering if that respite fund is also open to parents with disabilities or if that would come through the disabilities fund? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you. I'd like to ask the deputy minister if he can provide anything on that. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you, Madam Chair. So this funding is funding that flows to the disabilities council to provide community-based respite services as well as some funding to Inclusion NWT to provide services in Yellowknife. So I'm not entirely sure the eligibility criteria that the NWTDC uses, but we can certainly get that information. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. Madam Chair, I see that the respite fund here has a consistency number of \$475,000, and I just want to get a sense of if that's enough for the territory and for the respite needs across the territory. Does the Minister know how many clients that serves and the average number of hours of respite that that provides? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. I -- I am not clear about the demand for the respite fund and whether this is -- this is spaces inside long-term care where respite beds are available for people, or whether this is for use in their homes. I'll ask the deputy minister if he has any information on this.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you, Madam Chair. If we're talking about the same fund, the respite fund provides support for the two nonprofit groups that I previously mentioned. There are other forms of respite that are available to people through -- we have a number of beds available throughout the territory for respite that might be needed by our elders. And certainly the ongoing review of the Supportive Living program is something that we will be learning from in terms of what the needs might be for families and caregivers in terms of respite and any gaps that might exist. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. Now, something that I noticed that you don't see very often is a reduction in contributions to health and social services authorities funding in this section. And I'm wondering if the Minister knows what brought down that funding for actuals for 2020-2021. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** No. Thank you, Madam Chair. No, I'm not sure why that figure went down. I wonder if Mr. Elkin might know that. Thank you.

**CHAIRPERSON (Ms. Semmler):** All right. Mr. Elkin.

**MR. ELKIN:** Thank you, Madam Chair. Sorry, just confirming we're on grant and contributions, the contribution to the health and social services authorities, and you're talking the \$51,000,217 in actuals? Just to confirm I'm on the right page.

**CHAIRPERSON (Ms. Semmler):** Yes. Yes.

**MR. ELKIN:** And I apologize. We don't have all the details as to why the expenses were lower in 2021. There -- there was some costs related to COVID where there was some federal COVID offset funding which may have reduced our obligation. But we'd have to confirm that. That may have reduced the amount of expenses that we incurred. But I don't have that detail here as to what the difference was in 2021.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Yeah, thank you very much, Madam Chair. No, I was just curious because I think anywhere that shows how we've spent less money in healthcare is a good learning opportunity, and maybe it just means we need more money from the feds at the end of the day. But thank you. No more questions.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Tu Nedhe-Wiilideh.

**MR. EDJERICON:** Thank you, Madam Chair. I -- I'm looking on page 196, long-term care -- sorry, long term and continuing care services.

I just want to mention that we -- in our community of N'dilo and Dettah and Lutselk'e, we have a senior home that's basically a five-plex in our community, and I guess -- when I was listening to the Chief talk about bringing nurses out there to look at providing some services and sit down with the elders in the old folks home and have that relationship, whether it be providing services like your medical, pills, and all that stuff I guess, they -- they want to see the nurse come to these facilities and have their relationship with the elders as well. So I'm wondering maybe to the Minister I'd like to extend that invitation too as well to you to come to the community of N'dilo, Dettah, Lutselk'e, and also Fort Resolution and meet with the Chief and council and the Metis council and see what the issues are and concerns and perhaps next year this time, we could start building a budget to address

some of the issues and concerns in those communities. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. Home and community care includes nursing care but it also includes personal support workers. And so as far as I know, both are available in the communities. That's part of our commitment to helping people to age in place. But I certainly am happy to hear more specific questions from the leadership in those communities and ideas about what kinds of services they think people need. Again, there was a home and community care review done a number of years ago in 2019, and it provided us with gaps and ideas about how to fill them.

One of the -- one of the main areas was standardizing what it is that nurses provide versus personal support workers or licensed practical nurses, and so we're still in the process of implementing the changes that were outlined in the home and community care section.

So I can, when I come to your communities, bring with me more specific information about what we're providing. And you're right, I mean this -- the point of reviewing the budget now, of course, is for the next fiscal year but you'd be surprised how quickly we start talking about fiscal year after that and start planning for the things that communities want and need. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Are there any further questions under long-term care and continuing care services from Members?

Seeing none, Health and Social Services, long term and continuing care services, operations expenditure summary, 2022-2023 Main Estimates, \$59,639,000. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Ms. Semmler):** Thank you, committee. Committee, we will take a recess, and we'll start with out-of-territory services when we get back.

---SHORT RECESS

**CHAIRPERSON (Ms. Semmler):** I'll now call Committee of the Whole back to order. Committee, we will continue on with Health and Social Services. We are now on page 189, out-of-territory services, and 190, 191. So those pages there. Are there questions from Members? Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. My question is regarding the review of the \$35 million here we spend on residential care. And my understanding is that, well, the last year's actuals and then there's increasing pressure on this area. Can I just get an update of when we expect that review to complete and the status of it? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you, Member. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. This page, as the Member said, reflects increased pressure particularly in the adult services program. So we moved some money within the program from youth to adults because people aged out of youth care.

So the supported living review is supposed to look at whether there are feasible in-territory models that we could use to provide care for this client group. I'm going to ask the deputy minister if he can tell me when that review is going to be complete. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you, Madam Chair. The review will be complete by the end of this month.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. I'm very excited to hear that. I guess I don't ask too many more questions. I'll wait for the review. But I'm just wondering if the Minister could help me understand how long-term care fits into this picture?

We are bringing online, you know, hundreds of long-term care beds over the coming years, and I know Avens is expanding and we have Legacy Stanton coming online. I'm just wondering the overlap here between the people who are getting this treatment down south and long-term care, or whether there is any overlap at all? Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. It's my understanding that the people who are receiving out-of-territory services have a level of needs that can't be met in-territory. It's not a lack of beds. It's a lack of expertise to provide the level of care that some of the -- that these clients need. So the long-term care admissions are sorted out by the territorial admissions committee, which includes health professionals and a member of the public, and they look at the distribution of beds available and who needs them and makes recommendations on that basis. The admissions to out-of-territory care are not handled that way. But maybe I'll ask the deputy

minister to provide some detail about how those referrals are made. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you, Madam Chair. So this is something that gets managed through the program, and they will identify clients' needs. It's not a dissimilar kind of assessment to look at a person's community care needs, and then work with the family and others to make sure there's proper care in place. It's often a very different type of care. Not often nursing. It could be other types of care that's required.

There is a connection, though, between the supportive living review and long-term care in the sense that we do know that in the Northwest Territories, there are people being cared for in long-term care beds who have cognitive issues, who are younger, who are not seniors; they're younger people with disabilities. And so one of the questions that we've had as part of this supportive living review is are there people currently in long-term care who, if we did a model redesign, could be repatriated to a community and to be cared for in a more dignified manner in that way. So that's some of the advice we're looking forward to receiving at the end of March. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Are there any other Members who wish to speak to out-of-territory services? Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. I see the funding here from Health and Social Services -- or sorry, contributions for health and social services authority funding, and the main estimates for this year are \$26.8 million, and last year, they were -- sorry, for the actuals for 2020-2021, they were almost \$30 million. And so I know that that was above the main estimates by about roughly I think \$3 million or so. Can the Minister speak to the increase in actuals to that line item?

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. It's my understanding that this has do with the increase in the number of adults receiving services out-of-territory. But I'll ask the assistant deputy minister if he would like to provide a more complete explanation. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you, Madam Chair. So what happened in the -- in 2021 was we did have out-of-territory adults program expenses exceeded

the budget. So we received approval to transfer \$1.6 million surplus from the youth program into the adult's program and we had an extra supplementary funding of \$1.5 million. So this was truly about demand for the service and the cost in that year being higher than budgeted. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. Madam Chair, I'm just wondering -- I know that we have quite a backlog, just from COVID, of needs for different services, and so I'm wondering why it's not expected that this line item will again exceed the budgeted amount because of increased demand for adult services? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you. My understanding is that this area is somewhat fluid in the sense that we know how many clients we have, and we can make a prediction about how many we're going to have in the future. But one of the really hard things to assess here is the acuity of the needs.

We have some very high needs clients who require not just 24/7 staffing but multiple 24/7 staffing. And so as the clients move from youth to adult services, they're reassessed. Their need for services and the kind of services is reassessed. And so that takes place during the year and that can make a difference to the -- the budget of how much money we need to spend in this -- in this area. So this is an estimate based on current usage, but it doesn't take into account what the actuals -- or sorry, it's our best estimate of the costs going forward but the actuals may differ, yes.

**CHAIRPERSON (Ms. Semmler):** Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. Madam Chair, I wanted to continue my line of questions that I had from the health and social programs that was out of scope of that section because it's in scope here. And my questions were in regards to specialty services or access to services that are available in the south. And one of the things that we're seeing is that there's a fairly long wait time for different services. And so people are going on to either a waitlist for something that's available down south, or if they can't -- if it's something that is only available down south, they're going on a waitlist for down south. If it's something that is available here and they're on a really long waitlist, they're also pursuing it down south. So it's kind of -- it's two different streams there. And what I'm noticing is that if somebody has a referral for a specialty service and

they are on a really long waitlist for down south and they choose to pay out of pocket for that service, they're able to jump the queue. My concern is that is that covered by out-of-territory services for residents? So are residents able to access services they're referred to out-of-territory through this funding pot here in order to gain access to specialty services that they need? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thanks. Thanks for that question. I want to acknowledge that there are waitlists for services and some of that has been driven by COVID, a lack of availability, and that the NTHSSA is developing a catch-up plan for people who are waiting for diagnostic services as well as treatment. So we can't pay for people to jump the queue. That really is contrary to the principles of the Canada Health Act.

So the pathway is a referral from the NWT health practitioner and to provide the services in-territory if at all possible, and if not, then to make a referral to Alberta for the services. And it's worth knowing that if Alberta can't provide the service itself, they sometimes contract those services out to private service providers, but the pathway is still the same. They have to have a referral from here. So my hope is that -- that we will see a catch-up plan for clearing these waitlists but knowing that in some cases, they're quite far behind and the service delivery time could be extended. But, you know, we hope to be able to present you with that information and answer questions once the plan has been completed. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Yeah, thank you very much, Madam Chair. And I think even though the government won't pay for people to jump the queue, people are paying for people to jump the queue. And so I'm going to use I guess a very specific example of that of Northerners travel out-of-territory, for example, to go get an MRI, and they go on a waitlist to go and receive that service. They're referred by a doctor to do that. They go down to Alberta to access that service. But they have to wait on a waitlist to do that. What some residents are able to do is to phone a clinic, get on a list, get down to Alberta, do an MRI, and come home. My concern is is that even though we're -- even though that person is on a waitlist for Alberta, if they set up it themselves, is -- and they have the referral, is the GNWT willing to support that, because, really, they're helping us on that catch-up plan; they're helping us move through that list; and so they're just getting there a different way but still with the same path of having the referral. And so all I'm looking for is us being able to kind of open up

how we are working through that catch-up plan by people being able to be a bit more proactive. Because my concern is that if the GNWT can't support that, then healthcare becomes a means of people with means. And so if you don't have the finances to pay for that upfront and somebody else does, then really, it's not equitable access to healthcare. That's my concern there. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Madam Chair. Yes, I understand the point that the Member for Kam Lake is making. But I think it's premature to say, yes, that's the path we're going to go. I think that we need to see this catch-up plan. We need to see what kind of services and what the demand is for services before we commit to new ways of meeting that demand, which may include the ideas that the Member has. But at this point, I feel like we need to get a grip on supply and demand in order to understand what that would cost and whether it's feasible. Equitable healthcare is very important, and so I want to endorse that as a principle for looking at this. But the solution is not in hand right now. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** No, thank you, Madam Chair, and I appreciate that, and I really look forward to seeing this plan. I think that it'll make a difference to a lot of people. And I guess in creating that plan, I just encourage Health and Social Services to consider all the aspects of someone's life and potentially quality of life and inability to continue to work if their service requirement impacts their ability to go to work. So just those items. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Are there any further questions from Members under out-of-territory services?

Seeing none, Health and Social Services, out-of-territory services, operations expenditure summary, 2022-2023 Main Estimates, \$77,688,000. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Ms. Semmler):** Thank you, committee. We will now move to page 192, 193, with information item on 194. Supplementary health benefits. This is where extended health benefits, medical travel benefits, Metis health benefits are under. Questions? Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. Actually, can the Minister just remind me whether there is a

review planned under this area, supplementary health benefits? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** The status of these different areas is that Metis health benefit qualification was reviewed at the end of 2022 to enable more people to participate. That work is complete. The medical travel was reviewed, and a number of changes were suggested, and that review is complete. The extended health benefits are being reviewed on a phased basis, and so the most recent initiative in this area is the biosimilar initiative, or as they're more commonly called generics. So we are asking patients and doctors to switch to biosimilars, to have those conversations over the next -- I guess there's about four months left in this period now. Over the next four months to look at switching people from biologic drugs to biosimilar drugs. There are more changes planned in this area but they're being phased in over time. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. Yeah, I saw that work being done on biosimilar, and I think it's great work, will save us some money there.

My question is there's been this kind of longstanding question of whether -- so, you know, people get covered under NIHB, seniors get covered under extended health benefits, and over in Finance we have an even bigger section that covers GNWT workers for extended health benefits, and then most employers cover it, and then there's this small section of the working poor who do not have any benefits in the NWT. And we're a very rare jurisdiction in that it is truly a small percentage of people compared to everyone else those other programs getting covered. I'm just wondering if we've done a review of whether extending benefits to them is feasible? And I don't really even know how that would work given it would kind of trigger all of these other employee -- employer provided benefits. But I'm just wondering if that question has been looked into in more detail? Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Madam Chair. For an answer to this question, I'm going to ask the deputy minister.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you, Madam Chair. So we are doing work in the spirit of kind of an incremental plan. The second phase of our plan is to actually look at

our new policy framework and to look at what would be involved in moving to a -- a more income and needs based approach to -- as opposed to the way we currently have the program structured in which in one instance is you have to have a specified disease in order to get coverage, and then we have age based programs as opposed to income and needs. So this is something we're doing the spade work now on that issue and we -- we certainly will have some of that work completed before the end of the life of this -- this government. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. Yeah, that -- I'm very excited to hear that. I think there is a possibility we'd need to be a bit of a leader here in needs testing this and bringing those people in, especially given the -- you know, the variety of other ways you can define extended health benefits.

I guess I had one last question here and whether that review or this phased approach will address the question of dental at all? Dental's also one of those similar areas where there's lots of different ways you can get coverage but there's a percentage of people who in the NWT don't get any coverage. I'm wondering if that's included in this at all. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. I don't think so. But I'm going to just confirm that with the deputy minister, please. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** No, our plan does not include looking at extending dental benefits.

**CHAIRPERSON (Ms. Semmler):** Thank you. Are there any further questions from Members under supplementary health benefits? Member for Frame Lake.

**MR. O'REILLY:** Thanks, Madam Chair. I might be a little hard of hearing, but I think I heard the Minister say that the medical travel review was completed at the end of 2022, which we're not quite there yet, but was that -- the Minister meaning the end of 2021? Thanks.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you. The medical travel review was completed in 2021 and we briefed the standing committee on the results, and we've used the results to do quality improvement in our service delivery. There have been questions about whether

to extend the scope of medical escorts. They are not budgeted for in this budget, and so that's -- there are no further specific changes being planned to the program at this point. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Frame Lake.

**MR. O'REILLY:** Thanks, Madam Chair, and thanks to the Minister for that. The Minister mention that Metis health benefits had been reviewed around the eligibility. Can she just give me a bit of a refresher around how those benefits were changed? Thanks, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you, Madam Chair. Madam Chair, the sticking point with the Metis is that they had to apply for NIHB benefits and to be told that they are not Indians, which you can imagine didn't go over very well with the Metis. So the way in which the Metis health benefits have been changed is that the Metis associations determine their memberships and thus that's how we determine who gets Metis health benefits.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Frame Lake.

**MR. O'REILLY:** Okay, yeah, thanks, and I think that's consistent with UNDRIP and reconciliation, all of those things. That's good.

I'd understood too that there was some discussion at FPT table around the federal government starting to provide some financial assistance with Metis benefits because of previous court cases. Has there been any further discussion of that? Thanks, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** I'm not aware of that discussion. I'll just ask the deputy minister if he is. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you, Madam Chair. This is something that we had raised pre-COVID with the federal government. It's been a position of the GNWT for some time that there should be a reflecting on the Daniels decision, that there should be some recognition of this and providing funding for our Metis health benefits program. So it's -- I think the last time that we would have done any lobbying at the officials' level was certainly before COVID in 2020.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Frame Lake.

**MR. O'REILLY:** Yeah, okay, thanks, Madam Chair. And thanks for that information. Is there any further review going to be done during the lifetime of this Assembly of extended health benefits, say particularly for seniors? Thanks, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you. I think that this would be a good question for the deputy minister. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you. So we are looking at -- we're starting with looking at the specified disease conditions and looking at the establishment of an income or a needs-based model. We will be engaging with the public on that. We will also be doing some engagement on seniors' benefits but don't anticipate changes in that regard until -- that would be something that would not occur until the next Assembly I would -- or the next government. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Frame Lake.

**MR. O'REILLY:** Yeah, thanks. No, I think it's important that that discussion be held. I'm sure staff and the Minister know how sensitive that issue can be, so I'll probably just leave it at that.

I don't think I have anything further on this. Thanks, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Kam Lake.

**MS. CLEVELAND:** Thank you very much, Madam Chair. Madam Chair, I just have one quick question in regards to the supplementary health benefits just to add on to the questions from the Member for Yellowknife North. I'm wondering if audiology hardware or hearing aids is being considered as part of this review? There are a small number of adults who are not seniors who require hearing aids and a small number of those who fall into support gaps that are available. And so I'm wondering if this is being considered as part of the review of the supplementary health benefits. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you, Member. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you, Madam Chair. I'll ask the deputy minister for this, please.

**CHAIRPERSON (Ms. Semmler):** Thank you. Deputy minister Cooper.

**MR. COOPER:** Thank you, Madam Chair. We follow the NIHB model and eligibility. So if hearing aids and such are required and covered by NIHB, that's something that is available. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Are there any further questions under supplementary health benefits? Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. Just want some clarification, I guess. If you have -- if we have Indigenous persons from other parts of Canada residing in the NWT and they have an NWT healthcare card, are they treated or looked at any differently compared to Indigenous people from the Northwest Territories with respect to either NIHB or the health services we provided?

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Well, everyone has a -- who is an NWT resident has a healthcare card. So in that sense, there wouldn't be a difference. If the person was eligible for NIHB then they would be eligible here as well as wherever it is that they came from in the first place. If they're Metis, they would not be eligible for coverage here unless their ancestors were here prior to 1921. Is there anything you wanted to add? No, that's the case. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Hay River South.

**MR. ROCKY SIMPSON:** Thank you, Madam Chair. Is there any discussion, I guess, with the federal government as we go forward to talk about including the I guess I would say non-Indigenous Metis into the -- into the Metis health benefits? Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you. I'm not aware of any discussions on that point. And I'm seeing nodding at the other end, no. I don't think that is being discussed.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for -- that's it? Are there any further questions under supplementary health benefits? That'll be the next thing. I'll give it -- I'll bring it to you then. We're almost done. We're almost there.

If there's no further questions under the supplementary health benefits, Health and Social Services, supplementary health benefits, operations expenditure summary, 2022-2023 Main Estimates, \$40,262,000. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Ms. Semmler):** Thank you, committee. Committee, if you want to go to page 195 to one ninety -- to 200, then this is the time to ask your questions on the information items. Member for Thebacha.

**MS. MARTSELOS:** Madam Chair, I just was looking at the noninsured health benefits. The 2020-2021 Actuals is 20 million 997 then it goes down to the 2022-2023 Mains at 16 million 266. And I guess I just have a concern if the Metis are going to be included in this noninsured health benefits, I think there's a six-month period I read somewhere or something in some of the notes that I've read previously. I just want to make sure that the level of service for everybody within that -- within that noninsured health benefits stays -- stays up to par. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you, Madam Chair. Could you refer this question to Mr. Elkin, please?

**CHAIRPERSON (Ms. Semmler):** Thank you. Mr. Elkin.

**MR. ELKIN:** Thank you, Madam Chair. We have an agreement with the federal government to administer a portion of the NIHB program on their behalf, and the amounts in the budget represent the estimated annual amounts that we -- that we would spend and be reimbursed. But we are always reimbursed on actuals in accordance with their program. So they apply the program, and the federal government, if they're legitimate expenses, will reimburse us. And there's an annual escalator in the agreement which you'll see between 2021-2022 and 2022-2023. And there was an error in the opening main estimates figure so that's -- we didn't have time to correct that in time for the publication. In 2021, it was higher because the federal government actually reimbursed us for the isolation costs of NIHB eligible clients during COVID. So that's additional revenue we received in 2021 specifically related to COVID. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Thebacha.

**MS. MARTSELOS:** Thank you, Madam Chair. I just want to ask also, the noninsured health benefits has always been a problem even when -- when I was in my other leadership role, and I'm sure it's across the territory with all the First Nations and soon-to-be Metis locals and so on. There's a lot of programs that are not covered under that -- that are lacking within this. And I'm just wondering how we could address that. There was a number -- even with -- even with prescriptions, there's -- there's a whole -- it's a major issue. And I remember going to trilateral meetings

and I had the people in front of us that are in charge of this, in the Ottawa office that transfers these funds, and it's always been a problem. So I'm just wondering how we as a government could address this. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you, Madam Chair. As I'm sure the Member knows, the NIHB program is a federal program, and we of course have people who are eligible for NIHB benefits here. And as the assistant deputy minister said before, the benefits for everyone else are pegged to the NIHB benefits. So in order to change that, we would need to lobby the federal government. And it seems to me that wouldn't be easy because it's a national program. So they would have to give to all NIHB recipients what they give to the NWT NIHB recipients, so it would be challenging to change that. I don't know if there's anything else to add on that. No, that's good? Okay.

**CHAIRPERSON (Ms. Semmler):** Okay. Thank you. Member for Thebacha.

**MS. MARTSELOS:** I think, Madam Chair, because this -- this is automatically given to the -- the reimbursement amounts are given for the noninsured health benefits. It's a major problem with the people that it serves. It's always been a problem, you know, to -- like, I even with -- with Salt River or it's going to be a problem -- it'll be a problem even when the Metis enter the program. And I think that's why there has been this -- this kind of roll out period for the Metis, but it -- you know, I just don't want to -- I don't want to be in a situation where it's even -- that people are not getting the care that they should be getting under this program because a lot of the programs and some of the drugs that are in this are not covered, okay, and it's -- it is a major program -- it's a major problem. And you know, we're talking about the majority of the people in the Northwest Territories so that -- that of Indigenous descent. So it is a concern that I -- that I bring here. Thank you, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, I understand that health officials meet with the federal government to talk about NIHB from time to time, to bring forward these kinds of concerns about whether coverage is adequate, to what extent coverage is available and so on. So this -- this is something where a meeting is planned for this year and so if you have specific issues that you would like to draw our attention to for that meeting, then by all means, please send me an email with that information so that we can include it

in our consideration for what we're going to bring to that meeting. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Thank you, Member for Thebacha. Are there any further questions to the information items on the -- Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. I'm looking at page 199, and there's the territory health investment fund, and it doesn't show that there's any money in this budget or going forward. But I know that we got \$7.1 million. We got \$5 million for medical travel, a million for the sustainability positions, and a million for some primary positions. So I was just hoping to get an explanation of why that is and whether that territory health investment fund is actually located in these main estimates currently or whether that has to come forward; we just didn't get it in time. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, thank you. I think that the details of this fund were agreed after the main estimates were developed. But for more information, I'll ask Mr. Elkin. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Mr. Elkin.

**MR. ELKIN:** Thank you, Madam Chair. This was a bit of an accounting issue. As new federal agreements expire and get renewed, the new process is we no longer recognize them as work on behalf of others. We actually incorporate them and load them into our budget. So the \$7.1 million that we got this year, it would be \$5 million would show up under medical travel, a million dollars around -- would show up under the culture and innovation division for the primary healthcare reform, and another million would show under the administration under the authority for the sustainability team. So it's just a different way of where it's represented. So what you're seeing is you're seeing the previous agreements from two years ago. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. Okay, I appreciate that. I guess I'm happy to see it's in here. Can I just get an update of -- I actually don't know if it's public yet. I tried to find what the total agreement amount was and for how many years under the Territorial Health Investment Fund. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Thank you, Madam Chair. It's my understanding this is \$7.1 million and it's a one-year agreement to March 31st next year. Two-year agreement, that includes the year we're in and next year.

**CHAIRPERSON (Ms. Semmler):** Thank you, Minister. Member for Yellowknife North.

**MR. JOHNSON:** Thank you, Madam Chair. I'm perhaps premature to ask this question. Do we have any update on whether this is something we will see going forward? I know this is kind of like every -- well, it's for a number of years now the territories get together, they try and identify some priorities, and then we go begging to Health Canada to fund things. I just -- it would be nice to see the Territorial Health Investment Fund become a bit more predictable. I'm just wondering if we have any hope of that or any news. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Minister of Health and Social Services.

**HON. JULIE GREEN:** Yes, it would be great if it was longer term. The other thing that would be great is we have an array of federal funding pots that are for specific things - home care, addictions recovery, sustainability, medical travel, and so on. There's some discussion about whether all the federal contributions should be grouped into a bulk transfer over -- you know, with different parameters over multiple years rather than having all these individual funds to negotiate year after year. And I think that that's one of the things that's being -- discussed in connection with the Canada health transfer, is do we top up the Canada health transfer to include all these specific funds, or do we continue the way we are, or do we have a base fund and a top-up fund. So those are the discussions that the Premier is engaged in. Thank you.

**CHAIRPERSON (Ms. Semmler):** Thank you. Are there any further questions to the information items?

Seeing no further questions, please return now to the departmental summary found on page 169. Okay, Health and Social Services, operations expenditure, total department, 2022-2023 Main Estimates, \$594,777,000. Member -- Mr. O'Reilly.

#### COMMITTEE MOTION

**MR. O'REILLY:** Sorry, I almost lost track here; I was having so much fun. Thanks, Madam Chair. I move that this committee defer further consideration of the estimates for the Department of Health and Social Services at this time. Mahsi, Madam Chair.

**CHAIRPERSON (Ms. Semmler):** The motion is in order. To the motion?

**SOME HON. MEMBERS:** Question.

**CHAIRPERSON (Ms. Semmler):** Question has been called. All those in favour? All those opposed? Motion is carried. Consideration of the Department of Health and Social Services, 2022-2023 Main Estimates, operating expenditures, total department, is deferred.

---Carried.

Thank you, Minister, and thank you to the witnesses for appearing before us. Sergeant-at-Arms, please escort the witnesses from the Chamber.

What is the wish of -- what is the wish of committee, Mr. Norn?

**MR. O'REILLY:** Madam Chair, I move that the chair rise and report progress.

**CHAIRPERSON (Ms. Semmler):** Did I say Mr. Norn? I'm sorry.

**MR. O'REILLY:** Rise and report progress.

**CHAIRPERSON (Ms. Semmler):** The motion in order. The motion is non-debatable. Those in favour? Those opposed? The motion is carried.

---Carried.

I will now rise and report progress.

---SHORT RECESS

#### Report of Committee of the Whole

**MR. SPEAKER:** May I please have the Report of Committee of the Whole. Member for Inuvik Twin Lakes.

**MS. SEMMLER:** Mr. Speaker. Your committee has been considering Bills 23, 29, 38; Minister's Statement 202-19(2); Tabled Documents 561, 567, 578, and 579, and would like to report progress with one motion. And, Mr. Speaker, I move that the Report of Committee of the Whole be concurred with. Thank you.

**MR. SPEAKER:** Thank you, Member for Inuvik Twin Lakes. Do we have a seconder? Member for Thebacha. All those in favour? All those opposed? Any abstentions? The motion is carried.

---Carried

Third reading of bills. Mr. Clerk, orders of the day.

#### Orders of the Day

**DEPUTY CLERK OF THE HOUSE (Mr. Glen Rutland):** Mahsi, Mr. Speaker. Orders of the day for Thursday, March 10th, 2022, 1:30 p.m.

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| <ol style="list-style-type: none"> <li>1. Prayer</li> <li>2. Ministers' Statements</li> <li>3. Members' Statements</li> <li>4. Returns to Oral Questions</li> <li>5. Recognition of Visitors in the Gallery</li> <li>6. Acknowledgements</li> <li>7. Oral Questions</li> <li>8. Written Questions</li> <li>9. Returns to Written Questions</li> <li>10. Replies to the Commissioner's Address</li> <li>11. Petitions</li> <li>12. Reports of Committees on the Review of Bills</li> <li>13. Reports of Standing and Special Committees</li> <li>14. Tabling of Documents</li> <li>15. Notices of Motions</li> <li>16. Motions</li> <li>17. Notices of Motions for First Reading of Bills</li> <li>18. First Reading of Bills</li> <li>19. Second Reading of Bills</li> <li>20. Consideration in Committee of the Whole of Bills and Other Matters           <ul style="list-style-type: none"> <li>- Bill 23, An Act to Amend the Public Utilities Act</li> <li>- Bill 29, Resource Royalty Information Disclosure Statute Amendment Act</li> <li>- Bill 38, Miscellaneous Statute Law Amendment Act, 2021</li> <li>- Minister's Statement 202-19(2), Annual Status Report on the Mandate of the Government of the Northwest Territories, 2019-2023</li> <li>- Tabled Document 561-19(2) 2022-2023 Main Estimates</li> <li>- Tabled Document 567-19(2), Annual Status Report – 2019-2023 Mandate of the Government of the Northwest Territories, February 2021-January 2022 of the Government of the Northwest Territories, 2019-2023</li> </ul> </li> </ol> | <ul style="list-style-type: none"> <li>- Tabled Document 578-19(2), Supplementary Estimates (Infrastructure Expenditures), No. 3, 2021-2022</li> <li>- Tabled Document 579-19(2), Supplementary Estimates (Operations Expenditures), No. 3, 2021-2022</li> <li>- Committee Report 24-19(2), Report on the Statutory Reviews of the Wildlife Act (NWT) and Species at Risk Act</li> </ul> <ol style="list-style-type: none"> <li>21. Report of Committee of the Whole</li> <li>22. Third Reading of Bills</li> <li>23. Orders of the Day</li> </ol> <p><b>MR. SPEAKER:</b> Thank you, Mr. Clerk. This House stands adjourned until Thursday, March 10th, 2022, at 1:30 p.m.</p> <p>---ADJOURNMENT</p> <p style="text-align: center;">The House adjourned at 7:16 p.m.</p> |
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