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The Honourable Jackie Jacobson, Speaker

Legislative Assembly of the Northwest Territories

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Tel: (867) 669-2200 Fax: (867) 920-4735 Toll-Free: 1-800-661-0784

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YELLOWKNIFE, NORTHWEST TERRITORIES**Thursday, February 21, 2013****Members Present**

Hon. Glen Abernethy, Hon. Tom Beaulieu, Ms. Bisaro, Mr. Blake, Mr. Bouchard, Mr. Bromley, Mr. Dolynny, Mrs. Groenewegen, Mr. Hawkins, Hon. Jackie Jacobson, Hon. Jackson Lafferty, Hon. Bob McLeod, Hon. Robert McLeod, Mr. Menicoche, Hon. Michael Miltenberger, Mr. Moses, Mr. Nadli, Hon. David Ramsay, Mr. Yakeleya

The House met at 1:32 p.m.

Prayer

---Prayer

SPEAKER (Hon. Jackie Jacobson): Good afternoon, colleagues. Before we get started, I'd like to recognize Mr. Peter Taptuna, Deputy Premier, Minister of Economic Development, Transportation, Tourism, Housing, Nunavut Business Credit Corporation, Nunavut Development Corporation and Minister of Energy. Welcome, Mr. Taptuna.

---Applause

Item 2, Ministers' statements. The honourable Minister of Education, Culture and Employment, Mr. Lafferty.

Ministers' Statements

MINISTER'S STATEMENT 18-17(4):
CANADA'S OUTSTANDING PRINCIPALS

HON. JACKSON LAFFERTY: Mahsi, Mr. Speaker. [English translation not provided.]

Mr. Speaker, the Department of Education, Culture and Employment is committed to providing quality education opportunities for all residents of the Northwest Territories. Healthy, educated people are the backbone of a strong and prosperous society, and a goal of this Assembly.

Strong working relationships with partners, such as the district education authorities and schools, make this possible. The education a child receives in the classroom is essential to their continued success in life. Our educators help each student achieve and celebrate new milestones every day, whether socially, mentally, emotionally or physically. Learning does not start, nor stop, when students walk through the school's doors. Learning is a lifelong journey that includes family and community.

Mr. Speaker, I want to acknowledge two incredible educators who received Canada's Outstanding Principal Awards for 2013: Ms. Lois Philipp and Mr. Dan Summers. These are exceptional leaders in their schools and communities. They engage their communities, mentor their staff, and create safe

and nurturing environments for students. Each has implemented changes and innovations that improved student achievement.

With passionate leaders in our schools working with the department and their communities, our students will receive strong learning foundations that will help them recognize opportunities and follow productive paths. Deh Gah School and Deninu School have these leaders already in place. They have encouraged parents and community members to take active roles in their children's education. They are paving the way for others in our territory toward improved education outcomes and a sustainable future.

Please join me in honouring Mr. Dan Summers of Deninu School in Fort Resolution and Ms. Lois Philipp of Deh Gah School in Fort Providence as two of Canada's Outstanding Principals for 2013. Mahsi, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Lafferty. Before we go on, I'd like to welcome a former Member back in the House, Mr. Fred Koe. Welcome back to the House, Fred.

---Applause

The honourable Minister of Industry, Tourism and Investment, Mr. Ramsay.

MINISTER'S STATEMENT 19-17(4):
2012 TERRITORIAL PARKS SURVEY RESULTS

HON. DAVID RAMSAY: Mr. Speaker, consistently investing in parks infrastructure is essential to strengthen and diversify our economy. Parks improvements ensure more people visit our communities, spend money at our local businesses, and spread the word about our spectacular territory. The Department of Industry, Tourism and Investment maintains 33 territorial parks, and today I am pleased to share the highlights of an on-line survey conducted this past summer that shows our investments are paying off.

Many visitors and residents use our parks to enjoy the outdoors, visit with friends, and explore our diverse and beautiful territory. However, our parks system faces many challenges. Our financial resources are limited, we face stiff competition from

other destinations, and visitors want more from their parks experiences.

We need to remain competitive, encourage longer visitor stays and ensure visitors have the best experience possible. Surveying park visitors is one way to better understand what they want and need from their park stay.

We had a good response rate: 684 visitors from Canada, the United States and around the world completed the NWT Park Visitor Satisfaction Survey.

The results speak for themselves. We were proud to find out that visitors are choosing our parks because they are clean, safe and well run. They also liked the campsites, the scenery and the fact that they could have a campfire. Some of the most popular activities were resting and relaxing, swimming or playing at the beach and going for walks.

Visitors gave the highest ratings to the courtesy, friendliness and helpfulness of our parks staff. They also praised the condition and cleanliness of the parks, campsites, playgrounds and buildings.

The survey also gave us ideas for improving the parks experience, including more educational and interpretive programs, interpretive trails and displays, as well as stores in the parks.

Respondents also wanted recycling bins, wireless Internet and more amenities for RVs and trailers including sani-dumps and water hook-ups.

We will be investing over \$2 million in capital expenditures to ensure our parks and campgrounds are at their best. Some areas for improvements are a new kitchen shelter at Blackstone Park, a sports recreation area and improved hiking trails at Gwich'in Park, and upgraded shower facilities at Lady Evelyn Falls Park.

Mr. Speaker, since the survey was on-line, we were able to monitor the results each week. This meant we could identify issues or concerns as they arose and send our staff out to make things right.

We were also able to hear about all of the great experiences our visitors were having and we were proud to hear that they will be recommending our parks to their friends and family, and have plans to come back.

The final survey report is nearly complete and will soon be posted on the Industry, Tourism and Investment website.

While the survey results show that we are doing a good job in providing quality services and amenities for our park visitors, they also show we need to keep investing in our parks. Continued investment is key to supporting and growing tourism in the

NWT, and reflects this Assembly's priority and commitment to strengthen and diversify the NWT's economy. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Ramsay. The honourable Minister of Human Resources, Mr. Abernethy.

MINISTER'S STATEMENT 20-17(4): SAFE DISCLOSURE OF INFORMATION

HON. GLEN ABERNETHY: Mr. Speaker, I am pleased to confirm that the Government of the Northwest Territories has signed a memorandum of agreement with the Union of Northern Workers on procedures for employees to safely disclose allegations of wrongdoing.

I want to be clear that we have always encouraged our employees to feel they could safely disclose information about illegal acts; gross mismanagement of public money or public assets; or substantial and specific dangers to health, safety or the environment. Our staff is our most valuable resource. We trust them and respect their judgment. When they suspect wrongdoing, we want them to let us know so we can investigate and take appropriate actions.

What is new is that the memorandum of agreement sets out a process for this kind of disclosure, building on existing processes. There were times when employees may not have been sure who to contact with their concerns. We will create a safe disclosure coordinator, and a safe disclosure panel that will report annually. This process would be useful for other public servants who are not covered by the UNW Collective Agreement, and the GNWT supports extending it to them.

Mr. Speaker, this agreement demonstrates what can be accomplished when the GNWT and its partners work collaboratively to reach a common goal. As part of the 2012 collective bargaining process, the Union of Northern Workers and the GNWT established a joint committee to work together to reach unanimous recommendations on safe disclosure processes. I want to commend both the UNW and GNWT representatives for aligning our interests and reaching agreement so constructively.

This memorandum of agreement comes into effect on April 1st. It will become part of the Collective Agreement and will remain so until the Legislative Assembly passes legislation on safe disclosure. Our government remains committed to the creation of public service disclosure legislation that will apply to all public servants during the life of the 17th Assembly. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Abernethy. Item 3, Members' statements. The honourable Member for Inuvik Boot Lake, Mr. Moses.

Members' Statements

MEMBER'S STATEMENT ON USE OF INCLUSIVE SCHOOLING FUNDING FOR EARLY CHILDHOOD DEVELOPMENT INITIATIVES

MR. MOSES: Thank you, Mr. Speaker. My statement today is a continuation of some of the discussions that were held in the House yesterday. This morning I woke up and listened to all the reports on the news about inclusive schooling that had a lot of Members here asking a lot of really tough and difficult questions in the House.

I want to clarify, because there was a statement in the House that there was direction from a standing committee that money be taken out of inclusive schooling, and I just want to clarify that over the course of our budget dialogue and our 16 months in the House, there's a lot of ways that we got to where we are today and yesterday and where these dollars came from.

On the website for the Department of Executive, there's a program review office. Under the program review office on the last government, they reviewed a couple of departments, specifically the pupil-teacher ratio as well as the inclusive schooling. They reviewed those programs with the intent of the results coming towards this government so we can make the decisions and choices for the betterment and effectiveness of programs. That's what the program review office intended to do, review our departments, our programs and see where we can better spend our dollars more efficiently, more effectively. Mr. Speaker, that's what we did.

On this side of the House, we have a lot of Members who put a lot of time in and know the investments of early childhood development. The Members on this side of the House made a recommendation based on what the program review office had said and had told committee, and what they did in the last government, all the hard work they've done.

What good is having a program review office if we don't act on those recommendations, this government? That's where we're looking at spending our dollars more effectively so that other programs and services can actually thrive and flourish, and we can put those other dollars into other programs such as early childhood development.

I did take a little bit of offense yesterday when it was said the direction/recommendations that the million dollars comes out of inclusive schooling was on the direction of standing committee and I don't believe that's the case. We did make recommendations on both programs and it was the direction of the Minister to look at possibly taking

those dollars from one program. We have to work together to find the best ways to spend these dollars.

I just want to state that it wasn't standing committee that directed that the one million comes out of inclusive schooling and into ECE. I just wanted to put that on record. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Moses. The honourable Member for Nahendeh, Mr. Menicoche.

MEMBER'S STATEMENT ON SUPPORT FOR STUDENTS ATTENDING SCHOOLS OUTSIDE OF HOME COMMUNITIES

MR. MENICOCHE: Thank you, Mr. Speaker. There are certainly times when our education system doesn't support our students or support the good decisions made by their parents.

In many of our small communities, students have to go away to a larger centre to complete high school. That can be really on both the student and the parents. For example, Mr. Speaker, a parent I know in Trout Lake wants to send their child to Yellowknife for high school instead of Fort Simpson. This parent has considered the various factors and made a decision. However, the education authority does not agree with this choice and will not support it. What does that mean? It means they will fund high school in Fort Simpson, but not Yellowknife. Basically it means that the parent's judgment is written off. The system seems to think it knows better, Mr. Speaker.

School funding is largely based on enrollment, so if a student enrolls in a Yellowknife school, it will be funded accordingly by the Department of Education. We are paying to educate that Trout Lake student anyway. Why does the parent have no right to choose where their son or daughter goes to high school?

On one hand, Mr. Speaker, we want and expect parents to be true partners in the education system. On the other hand, we fail to support those parents who try to take reasonable, concrete steps to help their children succeed. It is a mixed message at best. Really, it is shameful.

I want to be absolutely clear. Our system must support what is best for the students. Our system must support decisions made by parents in their children's best interests. Our government is in part responsible for Aboriginal education in the Northwest Territories. If our residents seek training through the federal Department of Aboriginal Affairs, they can seek it anywhere within reason. This is the example we need to follow. I don't think it takes a full reform of our education system to make changes like this one. The Minister can, and should, order it done.

MR. SPEAKER: Thank you, Mr. Menicoche. The honourable Member for Range Lake, Mr. Dolynny.

MEMBER'S STATEMENT ON
CREMATORIA LEGISLATION AND REGULATION

MR. DOLYNNY: Thank you, Mr. Speaker. I want to convey the sensitivity of my topic today, and that topic is about cremation and the regulations around the functioning of a crematorium. Admittedly, I'm very respectful of the topic around some of our Aboriginal cultures and for that I ask some leniency for today's Member's statement.

Approximately 30 percent of people who die in the NWT are cremated, according to Janice McKenna of McKenna Funeral Home. As striking as this statistic is, it is equally interesting that the NWT and Nunavut are the only two jurisdictions left in Canada that lack legislation for providing regulation of a crematorium. For the record, Yukon has enabling legislation but has no regulations at this juncture.

It is also important to point out that the City of Yellowknife has a by-law covering the operation of cemeteries and how remains are to be disposed within the city, but the by-law does not cover the operation of a crematorium.

As well, I must point out that the NWT regulates the disposal of cremated remains in the Vital Statistics Act and that act just came into effect January 1st of this calendar year. However, again, this act does not regulate the operation of a crematorium.

The question remains that the costs of cremation are typically much cheaper than embalming, casket and burial, but because we lack legislative capacity, we are not able to offer families of the NWT a viable cost option at the time of their grieving. I believe we owe it to these families to have such options.

The regulation of a crematorium in Canada is a provincial/territorial responsibility in which municipalities often play a role, and it is with this in mind that I will be asking the Minister of Municipal and Community Affairs to which degree his department will be able to facilitate that legislation for the people of the Northwest Territories.

MR. SPEAKER: Thank you, Mr. Dolynny. The honourable Member for Weledeh, Mr. Bromley.

MEMBER'S STATEMENT ON
CITY OF YELLOWKNIFE
CLIMATE CHANGE AWARD

MR. BROMLEY: Thank you, Mr. Speaker. There is more news and recognition to the City of Yellowknife's achievements on the environment. Recognized by the Federation of Canadian Municipalities recently, the city has taken steps to reduce greenhouse gases and improve energy

efficiency, thereby achieving the fifth milestone of the Partners for Climate Protection Program. The program is a network of municipal governments that have committed to reduce greenhouse gases and act on climate change. Fort Smith and Fort Simpson are also partners for climate protection communities.

Municipalities progress through five milestones that help build capacity to reduce greenhouse gases. They create a greenhouse gas emissions inventory and forecast, then set an emission reduction target and develop a plan to achieve it. They implement the plan and, the milestone being recognized now, they monitor progress and report results. This is professional program delivery.

On the basis of the plan, the City of Yellowknife has reduced its greenhouse gas emissions by 10 percent and decreased its reliance on non-renewable energy by 20 percent. The Pellet Fuel Conversion Program, introduction of the EGH 80 Building Standard, expansion of the trail system, use of Energy Star equipment, and other measures have pushed the city forward in achieving this goal.

Municipalities have control over approximately 44 percent of Canada's emissions while all other orders of government need to work together to reduce Canada's greenhouse gas emissions. Municipalities are taking effective action themselves. In total, PCP members have invested over \$1 billion to date to mitigate climate change, implementing over 700 green projects or measures and reducing emissions by 1.7 million tonnes. NWT municipalities are thinking globally and acting locally.

Our communities, the NWT Association of Municipalities, and this government are leading efforts to control and cut greenhouse gases. We need to roll this success out across our territory, setting territory-wide standards for building energy efficiency, increasing investment in non-renewable energy sources and, yes, even choosing the right water heaters are important steps along the way. They lower the cost of living and help the environment.

Congratulations to the city. Let's use their example to spur our own efforts. Mahsi.

MR. SPEAKER: Thank you, Mr. Bromley. Member for Frame Lake, Ms. Bisaro.

MEMBER'S STATEMENT ON
"GIRLS FLY TOO" INITIATIVE

MS. BISARO: Thank you, Mr. Speaker. I rise today to talk to talk about a great worldwide initiative entitled Girls Fly Too. The year 2012 was the first year to celebrate more than 100 years in aviation, and it was called Women of Aviation Worldwide Week. As part of that week, last year, under the

leadership of Yellowknife helicopter pilot Kirsten Brazier, Yellowknife Airport earned the title of the Most Female Pilot-Friendly Airport Worldwide.

There were over 400 girls and women who participated in the event, and they weren't just from Yellowknife. Families drove in from Tlicho communities, there was a group from Fort Smith, and there were a number of delighted visitors to the NWT who came with their Yellowknife families.

There were helicopters taking off with multi-generations of families on board. More importantly, there was interest and engagement in aviation from young girls and women and their families.

Kirsten Brazier has returned to YZF – the airport code for Yellowknife – to defend the title that we won last year. On March 9th, from 9:00 to 5:00 p.m. at the Yellowknife Airport, fun, interactive and educational activities are planned for everyone. There will be free flights for eligible girls and women of any age. Taxiway “Kilo” will once again be buzzing with girls and women, pilots and helicopters spending the day going up and down, up and down. There will be both civilian and military aircraft on display, attended by flight and maintenance crews, and participants will be able to interact with them and ask questions of them.

The site manager for the Yellowknife Airport, Tammy Wotherspoon, has offered to conduct tours of the NAVCanada facilities so people may better understand what happens behind the scenes in air traffic control and aviation weather services.

This is a true community event with many sponsors and volunteers. The Girls Fly Too event is about educating girls and women about the opportunities in aviation, but it's also about inspiring and motivating them. To quote Ms. Brazier “Only about 4 percent of helicopter pilots with a commercial helicopter pilot licence are women. We are trying to change perceptions and let people know that, hey, women do do these jobs and that there are so many career options available.”

These career options range from an office job doing accounting, to helping prepare aircraft for flight, to piloting them. There are numerous opportunities for women in the aviation industry.

Mr. Speaker, I seek unanimous consent to conclude my statement.

---Unanimous consent granted.

MS. BISARO: I encourage everyone, male and female alike, to experience the magic and the uniqueness of this event and get involved. Girls can register for a flight at www.girlsfly2.ca, volunteers can sign up to help with the event by contacting Ms. Brazier at Kirsten@girlsfly2.ca.

Let's get as many girls as we can from as many communities as we can at the Yellowknife Airport March 9th. Other airports worldwide are after the title that the NWT now holds. Let's make sure we keep the title of the World's Most Female Pilot-Friendly Airport for another year. Thank you.

MR. SPEAKER: Thank you, Ms. Bisaro. Member for Sahtu, Mr. Yakeleya.

MEMBER'S STATEMENT ON NEED FOR AN EMERGENCY SHELTER IN THE SAHTU REGION

MR. YAKELEYA: Thank you, Mr. Speaker. People are living in warehouses, they are living in tents, they are drifting from house to house, sleeping on floors and couches, they are overnighing in RCMP cells. As NASA would say, Houston, we have a problem.

I want to ask a question that I often hear, is where are we supposed to go. We like to think that homelessness is a big city problem. It seems community homeless are out of sight and forgotten, except for those people who face the unfortunate situation themselves.

I want to put it on record, loud and clear, there are homeless in my region and in other regions too, no doubt. Why is this happening? I can only speak to what I see myself. Why do people lose their homes or get kicked out of one of them when they have alcohol addiction, which is one of the biggest causes. We know that the easiest way to get addictions treatment is to go to jail, which also puts a roof over their head.

People get kicked out of public housing too. It could be for not paying their rent for too long or for other reasons.

Let me go back to my original question. Where are the people without their homes supposed to go? There's no homeless shelter in the Sahtu region, unless you include a few jail cells. Other regions do have shelters. I know there are emergency shelters in Inuvik, Fort Smith and, of course, Yellowknife. Some Sahtu residents end up in Yellowknife for that reason. There is at least some help for them here in the capital. I'm not sure how much money our government spends to help fund these shelters – probably not enough anyway – but not one measly dollar is spent in the Sahtu region.

As Members, we set our priorities more than a year ago for healthy, safe and sustainable communities, but we still struggle with the basics. Where do you go when you have no home? Where do you go to escape family violence? Where will you get help to beat an addiction or restore your mental health? For starters, we need emergency shelters in the Sahtu region. What we need is some help to solve

these problems closer to our home. Thank you, Mr. Speaker.

MADAM SPEAKER: Thank you, Mr. Yakeleya. The honourable Member for Deh Cho, Mr. Nadli.

MEMBER'S STATEMENT ON
2013 OUTSTANDING PRINCIPAL
AWARD RECIPIENT LOIS PHILIPP
OF DEH GAH SCHOOL

MR. NADLI: Thank you, Mr. Speaker. I want to congratulate Ms. Lois Philipp, principal of the Deh Gah Elementary and Secondary School in Fort Providence, on being recognized as one of Canada's outstanding principals for 2013. The Learning Partnership announced Ms. Philipp was one of 51 exceptional educators to receive the Award for Excellence in Public Education.

Through her leadership at the Deh Gah Elementary and Secondary School since 2004, the school has evolved from a community school with cultural inclusion to a school that is truly culture-based. In the last few years, 28 students have graduated from the school, and registered secondary school students have doubled the number of credits previously obtained in a year.

Ms. Philipp... [English translation not provided]

[Translation] ...she wants to be a good leader in the community of Fort Providence. She also grew up in Fort Providence. To help young students, she had become principal. Because of that, we have a lot of young people that are well educated and become good people. This is why Ms. Philipp took this avenue in her career. This is why I am speaking up it today. She is a good role model for young students. [Translation ends]

... when she led the planning of a four-day river trip from Fort Providence to Jean Marie as the cultural component of the program. The trip was such a successful learning and a bonding experience that it became a metaphor for all classroom-based learning to follow. She is always asking, what will make a difference in the life of a student, and she has that uppermost in her mind when introducing new approaches and programming. She truly understands the strength of combining education, culture and community into a solid foundation for her students, an effective tool for her colleagues and an open door for the community. Please join me in congratulating Ms. Lois Philipp. Mahsi.

MR. SPEAKER: Thank you, Mr. Nadli. The honourable Member for Yellowknife Centre, Mr. Hawkins.

MEMBER'S STATEMENT ON
MINING SOCIO-ECONOMIC AGREEMENT
EMPLOYMENT TARGETS

MR. HAWKINS: Thank you, Mr. Speaker. Some diamond mines are not living up to their employment targets as prescribed in their legally contracted socio-economic agreements. The Government of the Northwest Territories and the mines signed these agreements in good faith, where we wanted 60 percent of the mines' employment to be northern workforce. Right now there are some mines making up less than 40 percent of that workforce.

Industry flies some of these, if not most of these, workers from the South. Minister Ramsay seems to downplay this in a CBC interview a few weeks ago and seems in my view, and in the view of many Northerners, that he's ignoring the problem. He seems to be quoted as, "that's just part of the reality we're living in in Canada." Then again, the other day in unedited Hansard on February 14th, he says, "I'm not here to defend industry, the mining companies. They signed those agreements in good faith." So is the Minister defending the mines or is he defending northern jobs?

Increasingly, I know that we live in a time where people can live anywhere, but who's defending the small communities when unemployment rates reach as high as 70 percent? Are there too many jobs in that community? Do people just not want to work? I say people want to work. Only a handful of people in the Sahtu and, as a matter of fact, four people in the Sahtu work at this mine. Four people in the Inuvik region. Is that too many? Have we oversaturated the employment opportunities? No. People in those regions need job opportunities.

What good is the Mineral Development Strategy if we have no one working at the mines and Northerners aren't benefiting from these? It was only a few short years ago the same person was complaining in the House about mines subsidizing workers to get to Edmonton to catch the big flight to the northern mines. We need better attitude over here from that side of the House, the Cabinet side, because we should be demanding these mines subsidize the workforce to come south from those hard hit areas that have low unemployment.

We could be going to the Sahtu, we could be going to the Inuvik region, we could even be going to the Nunakput region to put people to work, because people want to work. In some cases there is over 60 percent of our mine force that can only be described as a tourist. That should go on our stats.

So I want the Minister to stop blaming education, stop blaming the mines. What is he going to do to protect our northern legacy? Let's get our people working. Thank you.

MR. SPEAKER: Thank you, Mr. Hawkins. The Member for Tu Nedhe, Mr. Beaulieu.

MEMBER'S STATEMENT ON
2013 OUTSTANDING PRINCIPAL
AWARD RECIPIENT DAN SUMMERS
OF DENINU SCHOOL

HON. TOM BEAULIEU: Mahsi cho, Mr. Speaker. [English translation not provided.]

I want to congratulate Mr. Dan Summers, principal of Deninu K'ue School in Fort Resolution, for being recognized as one of Canada's outstanding principals for 2013. The Learning Partnership announced Mr. Summers as one of 51 exceptional educators to receive the Award for Excellence in Public Education.

Through his leadership at the Deninu School, since 2009 learning outcomes have significantly increased. In 2012, 87 percent of Deninu School students achieved a national average or better on a group reading achievement and diagnosis evaluation, more than 10 percent above the national average. This is almost double the results of 2008 when only 46 percent of the students achieved the national average. In 2011, 100 percent of the Deninu School grades 3 to 6 met the national standard on the Alberta Achievement Test for reading and writing. This test is one of the highest standards in the world. Through his positive attitude and focus on working effectively in partnership with others, Mr. Summers has been instrumental in changing the culture of teaching and learning in Fort Resolution.

Upon announcement of this award, Mr. Summers graciously attributed the success of his school to the strength in each of his staff and all hands-on-deck attitude. He is truly an inspiring man, and on behalf of the town of Fort Resolution, I want to thank him for all his hard work thus far in Fort Resolution. Thank you very much.

MR. SPEAKER: Thank you, Mr. Beaulieu. Item 4, reports of standing and special committees. Item 5, returns to oral questions. Mr. Ramsay.

HON. DAVID RAMSAY: Thank you, Mr. Speaker. I have a return to a written question asked by Mr. Dolynny on February 6, 2013.

MR. SPEAKER: ... (inaudible)... Item 10, returns to written questions. Mr. Ramsay.

Returns to Written Questions

RETURN TO WRITTEN QUESTION 2-17(4):
ITINERARY FOR 2013 DIAMOND TOUR

HON. DAVID RAMSAY: Thank you, Mr. Speaker. I have a return to a written question asked by Mr. Dolynny on February 6, 2013, regarding the

itinerary for the 2013 diamond tour. Later today, at the appropriate time, I will table a document, entitled Itinerary for 2013 Diamond Tour.

MR. SPEAKER: Thank you, Mr. Ramsay. Item 6, recognition of visitors in the gallery. The honourable Premier, Mr. McLeod.

Recognition of Visitors in the Gallery

HON. BOB MCLEOD: Thank you, Mr. Speaker. I'm pleased to recognize the leaders of the Gwich'in Tribal Council that are here in the audience. President Robert Alexie and Chief Operating Officer Fred Koe.

MR. SPEAKER: Thank you, Mr. McLeod. Mr. Ramsay.

HON. DAVID RAMSAY: Thank you, Mr. Speaker. It's an honour and privilege to recognize a colleague from Nunavut, Deputy Premier, the Honourable Peter Taptuna. He's also the Minister of Economic Development, Transportation, Tourism, Housing, the Nunavut Business Credit Corporation, the Nunavut Development Corporation, and also the Minister of Energy. Welcome to Minister Taptuna.

With Minister Taptuna is his executive assistant, Pat Angnakak. Welcome.

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

HON. GLEN ABERNETHY: Thank you, Mr. Speaker. Oh, I thought you said Abernethy.

---Laughter

HON. JACKSON LAFFERTY: Close enough. Mahsi, Mr. Speaker. I'd like to recognize Gayla Meredith, who is here with us today, the president of the NWTTA. She is here to witness our Canada's Outstanding Principles statement today.

MR. SPEAKER: Thank you, Mr. Abernethy. Thank you, Mr. Lafferty. Now you can rise, Mr. Abernethy.

HON. GLEN ABERNETHY: Thank you, Mr. Speaker. I'd like to recognize 22 international students visiting Yellowknife as part of the Rotary Club's Tip Toe with the Caribou program. The Rotary Club hosts exchange students from around the world for one year within Rotary District 5370, which encompasses parts of Alberta, British Columbia, Yukon and the Northwest Territories. The students with us today drove from Edmonton, stopping in Hay River and Behchoko before arriving here for a four-day visit. They will be touring Yellowknife and experiencing all that the city has to offer, and while they're here they're going to be billeted with local Rotarians.

I apologize if I mispronounce any of these names. With us today is Jakub Taptik from Slovakia, Niek Looze from the Netherlands, Teresa Viktova from the Czech Republic, Wei Huang from Taiwan, Joel Zeller from Switzerland, Carl Waskiewicz from Sweden, Moritz Goerner from Germany, Alan Monterro from Bolivia, Marcos Herrera from Brazil, Christian Demmelbauer from Austria, Jose Andres Mera Villacis from Ecuador, Alise Rolland from Norway, Ada Niemanen from Finland, Pernille Lange from Denmark, Rue Brasil Neto from Brazil, Mustafa Can Bildirici from Turkey, Lily Phornwisetsirikun from Thailand, Thayna Tomiyoshi from Brazil, Sixtine Biais from France, Nora Kurzwelly from Poland, Jane Surattanawanich from Thailand, Roberta Sa Rivera from Brazil. Welcome and thank you.

MR. SPEAKER: Thank you, Mr. Abernethy. Mr. Blake.

MR. BLAKE: Thank you, Mr. Speaker. I'd like to recognize two constituents from Mackenzie Delta, Mr. James Ross and Mr. Charlie Furlong. Also the president of the Gwich'in Tribal Council, Mr. Albert Alexie Jr.; and Fred Koe.

MR. SPEAKER: Thank you, Mr. Blake. Mr. Bouchard.

MR. BOUCHARD: Thank you, Mr. Speaker. I'd also like to recognize two long-time curling friends, Fred Koe and James Ross.

MR. SPEAKER: Thank you, Mr. Bouchard. Mr. Moses.

MR. MOSES: Thank you, Mr. Speaker. I'd like to take the opportunity to welcome the president of the Gwich'in Tribal Council, Mr. Robert Alexie Jr., as well as the chief operating officer, Mr. Fred Koe. Welcome, enjoy the proceedings. I'd also like to make a special welcome to Gayla Meredith, the president of the NWTTA. It is Education Week and I hope the campaign and everything is going great this week.

MR. SPEAKER: Thank you, Mr. Moses. Mr. Dolynny.

MR. DOLYNNY: Thank you, Mr. Speaker. I'd like to introduce, to and through you again, the International Rotary students here. Welcome to the House. We have two guests from Calgary who are on their first time here to Yellowknife, Northwest Territories. We have Laura McLeod and John Humphrey from Calgary who are friends with Minnie, who works in our cafeteria. She's got a great, beautiful last name in German I cannot pronounce. Welcome to the House.

MR. SPEAKER: Thank you, Mr. Dolynny. I'd like to welcome all visitors here in the public gallery here today. Thank you for taking an interest in our proceedings today.

Item 7, acknowledgements. Mr. Nadli.

Acknowledgements

ACKNOWLEDGEMENT 2-17(4): JOURNEYMAN RED SEAL ACHIEVEMENTS BY CONSTITUENTS

MR. NADLI: Thank you, Mr. Speaker. In recognition of Education Week, I'd like to rise and acknowledge and congratulate my constituents Augustine Minoza, who received his Journeyman Red Seal for completing four years of carpentry with the Housing Corporation in Fort Providence. Also Delmar Bonnetrouge and Rod Bonnetrouge, who both received their Red Seal Journeyman tickets as electricians. They both live and work in Fort Providence.

MR. SPEAKER: Thank you, Mr. Nadli. Item 8, oral questions. The honourable Member for Sahtu, Mr. Yakeleya.

Oral Questions

QUESTION 113-17(4): NEED FOR AN EMERGENCY SHELTER IN THE SAHTU REGION

MR. YAKELEYA: Thank you, Mr. Speaker. In my Member's statement I talked about the emergency shelters and that there are none in the Sahtu region. I know there are some here in the larger centres. My questions today are for the Minister of Health and Social Services. I want to ask the Minister if Health tracks the origins of people using emergency shelters. I would like to know how many of those people are from the Sahtu region from last year.

MR. SPEAKER: Thank you, Mr. Yakeleya. The honourable Minister of Health and Social Services, Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Speaker. Yes, the organization that is responsible for the day shelter here in Yellowknife tracks where the individuals are from. I don't, unfortunately, have the breakdown with me in the House today of where each of those individuals are from.

MR. YAKELEYA: I would appreciate if the Minister could help me out here and maybe get the breakdowns, especially for the Sahtu region, on the emergency shelters. We are seeing an oil and gas boom in the Sahtu region and pressure on services and housing, and there are more alcohol problems. I want to ask the Minister why there are no emergency shelters in the Sahtu region.

HON. TOM BEAULIEU: Although I was not involved in the original decision to bring the shelters to the larger centres, I can assume that the shelters

were based on people who were considered to be absolute homeless versus relatively homeless. What happens is, essentially people who are absolutely homeless are people who have absolutely no place to call their own and the relatively homeless people actually don't have a place to call home but do have a place to live, such as people who sleep on couches, as the Member indicated. Why we don't have shelters in all of the communities is largely due to the cost.

MR. YAKELEYA: The Minister raises a good point. We're at the point now where people in the Sahtu, specifically if I name the community of Deline, people are staying in warehouses there. I know of at least five people who are living in makeshift warehouses and people are living in tents in the middle of 40 and 50 below weather. I want to ask the Minister how much support will be available through Health and Social Services if an emergency shelter was started in the Sahtu.

HON. TOM BEAULIEU: If an emergency shelter was started in the Sahtu, then the O and M to operate that shelter would come back to the Assembly. There would be a determination of which department would support the shelter and then that decision would come back to the Assembly on how much support would be needed and what type of support would be issued to such a shelter.

MR. SPEAKER: Thank you, Mr. Beaulieu. Final supplementary, Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Speaker. I will follow up tomorrow with questions to the Minister of Housing on this type of situation.

My last question to the Minister of Health and Social Services is: People who are categorized as disabled or with a disability, some of them are living in these shacks that I witnessed in Deline and probably other communities.

What provisions within the Department of Health and Social Services can these people receive for emergency shelter or some type of home that would assist them with their living conditions?

HON. TOM BEAULIEU: That is something I would take back to my department. I know there are no shelters or any type of homes targeted specifically for persons with disabilities. There is not, where such a category exists. There are categories of housing designed to accommodate persons with disabilities, but there are no programs targeted only for persons with disabilities.

MR. SPEAKER: Thank you, Mr. Beaulieu. The honourable Member for Range Lake, Mr. Dolynny.

QUESTION 114-17(4):

CREMATORIA LEGISLATION AND REGULATION

MR. DOLYNNY: Thank you, Mr. Speaker. Earlier today I spoke on a sensitive topic pertaining to lack of legislation around the functioning of a crematorium. I want to convey again my respect of such topic to the many cultures sensitive to the subject.

The costs of a cremation are respectfully more affordable than traditional embalming, casket and burial. As I mentioned earlier today, without the proper legislation means we cannot have a functioning crematorium in the Northwest Territories. As a result, families must incur extra expenses to send loved ones to southern facilities. It is with this topic in mind I wish to address my questions today to the Minister of Municipal and Community Affairs.

Could the Minister of Municipal and Community Affairs indicate any recent NWT statistics on the number of residents who are cremated versus traditional burial?

MR. SPEAKER: Thank you, Mr. Dolynny. The honourable Minister of Municipal and Community Affairs, Mr. Robert McLeod.

HON. ROBERT MCLEOD: Thank you, Mr. Speaker. The Department of Municipal and Community Affairs doesn't keep statistics related to death. However, based on the death registration statements filed with Vital Statistics, there were 113 burials and 34 cremations in 2012. These numbers are approximate as some members did not put burial or cremation on the statements.

MR. DOLYNNY: I appreciate the Minister's response to that. Seeing that regulation of a crematorium in Canada is a provincial/territorial responsibility, without the proper legislation could NWT municipalities grant status to the operation of a crematorium in the absence of NWT legislation?

HON. ROBERT MCLEOD: We have not received any type of request from the funeral industry or from the community governments to establish cremation services in the Northwest Territories. In order to establish this industry, we would need to complete further research to better understand the legal requirements or the need for enabling legislation.

MR. DOLYNNY: I agree that there ought to be a stepped approach for requirements. Is it safe to say that the need of a proper legislation for the functioning of a crematorium lies in the hands of the territorial government, yet we're waiting for a request, I guess, from the general public or organization? Given that fact, we are only one of two remaining jurisdictions in Canada without such legislation, it bears to ask the question, could the

Department of Municipal and Community Affairs consider such legislation in the absence of requests from public. Thank you, Mr. Speaker.

HON. ROBERT MCLEOD: We would have to weigh this against any other legislation that we are planning on bringing forward. Given that we haven't had much contact with those who provide the service, it may not be a priority right now. However, that could change. If there's a feeling that we need to proceed with this, then we'd have to step back and look at that, again considering the financial costs and the other legislation that we have right now. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Final, short supplementary, Mr. Dolynny.

MR. DOLYNNY: Thank you, Mr. Speaker. I guess my last question for the Minister would be: If there was a formal application from an organization or municipality to start up the crematoria functionality, would the department or Minister be willing to look at legislation upon application? Thank you, Mr. Speaker.

HON. ROBERT MCLEOD: Mr. Speaker, again, looking at the priorities as far as legislation goes, we would have to weigh this. Also, I said we haven't had any feedback from industry or community governments on this particular type of legislation; however, if committee were to come forward with a request, we would have to have a look at it and explore options going forward from there. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Member for Frame Lake, Ms. Bisaro.

QUESTION 115-17(4):
ENFORCEMENT OF NATIONAL BUILDING
CODES AND STANDARDS

MS. BISARO: Thank you, Mr. Speaker. I'd like to follow up on some questions that were asked by my colleague Mr. Dolynny yesterday. He asked some questions of the Minister of Municipal and Community Affairs with regard to safety within our buildings.

I share Mr. Dolynny's concerns about home safety, about construction of homes, installation of furnaces and so on. I feel, I think as he does, that the NWT lacks adequate inspection capabilities.

My first question to the Minister is: What building codes or what building standards exist in the NWT to guide construction? Thank you.

MR. SPEAKER: Thank you, Ms. Bisaro. Minister of Municipal and Community Affairs, Mr. McLeod.

HON. ROBERT MCLEOD: Thank you, Mr. Speaker. The National Building Code of Canada guides construction in the Northwest Territories,

where all buildings built in the Northwest Territories have to be code compliant and they have to follow the National Building Code. Thank you.

MS. BISARO: Thanks to the Minister for that clarification. I realize that we are following the National Building Code, but my concern lies more with enforcement. It was my understanding that the Minister, yesterday, said we really don't have any enforcement capabilities. I'd like to ask the Minister if he can advise that if I as a private homeowner am building a house, who inspects the construction of my home to ensure that it conforms to the Canada building standards. Thank you.

HON. ROBERT MCLEOD: Mr. Speaker, it depends on what part of the territory you live in. In a place like Yellowknife, for example, and some of the larger communities that do have community building inspectors, when you're building a home you would have to get a building permit from them, they would review the plans, and then once your home is completed, they would inspect it to ensure that you conform to all local building practices and the National Building Code. Thank you.

MS. BISARO: Thanks to the Minister. As the Minister points out, it's all well and good if I'm building my home in Yellowknife because there are building inspectors here who do do that service here. But if I am in a community outside of Yellowknife or outside or in any community that does not have a building inspector, what am I to do? How am I to know that the building that is being constructed is safe and it has conformed to the Canada Building Code? I'd like to ask the Minister that. Thank you.

HON. ROBERT MCLEOD: Mr. Speaker, that's a question that we've had a number of times in the past from some of the communities out there. They've asked about building inspection services...

---Technical difficulties

HON. ROBERT MCLEOD: Start over? Right from the start?

Mr. Speaker, that is a question that we've had a number of times before from those regions outside that are not covered by a municipal building inspector, and it's one that we continue to look at.

If you're building in a small community, obviously if it's a house, that's through one of the NWT housing programs, we have project officers that would inspect the building to ensure that it conforms to code. However, if you're self-financing this or financing it through the bank, I'm not quite sure yet – I'd have to check on that – but I'm sure there would be a requirement to have the building inspected and conform to code for insurance purposes. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Final, short supplementary, Ms. Bisaro.

MS. BISARO: Thank you, Mr. Speaker. Thanks to the Minister again. I think the Minister is agreeing with me that we don't have the capability to do the kind of inspections of buildings that we should. I want to ask the Minister whether or not there's a possibility that we can look at this seriously. The subject has been raised a number of times. Can we seriously look at providing those services, particularly where we have no building inspectors in our communities, and maybe we should consider having a Minister who is responsible for our building standards and building codes. Thank you.

HON. ROBERT MCLEOD: Mr. Speaker, again, that is a question we do get a lot. It's one that I think, as a department, we would have to explore to see... Well, we'd have to weigh everything, the finances and all the other things that go with it.

I will commit to the Member that as a department we will have a look at this, and we'll do a bit of research as to what areas are covered, what's not covered. I know for commercial buildings they're pretty well covered. I know for houses, through the NWT Housing Corp, inspection is covered. However, we do have very few private homes going up into the smaller non-market communities. So there's a bit of a gap there and we'll have to do some research. I will commit to reporting my finds to the members of the committee. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Member for Nahendeh, Mr. Menicoche.

QUESTION 116-17(4):
SUPPORT FOR STUDENTS ATTENDING
SCHOOL OUTSIDE OF HOME COMMUNITIES

MR. MENICOCHÉ: Thank you very much, Mr. Speaker. I just wanted to follow up on my Member's statement and ask the Minister of Education, Culture and Employment why parents in small communities are, essentially, not allowed to decide where their students will go when they have to complete high school away from home. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Menicoche. Minister of Education, Culture and Employment, Mr. Lafferty.

HON. JACKSON LAFFERTY: Mahsi, Mr. Speaker. The students are encouraged to attend the local district school system. If not, if they go elsewhere, then the funding follows them. So if they're in, let's say, Yellowknife, St. Pat's for example, based on enrolment, they will get additional funding for an additional child in the school.

We're not saying no to the students who want to explore other schools, but it depends on the school enrolment, they funding they receive. So when the Deh Cho region receives funding, if an individual student decides to go to another larger centre, then they will lose that portion from the enrolment. Mahsi, Mr. Speaker.

MR. MENICOCHÉ: I understand a bit about that, how schools are funded by each education authority. I guess my question was more related to home boarding. When students from small communities go to Fort Simpson, the education authority takes care of the home boarding and provides them a place to stay. But when the parent makes the choice to send them to another district – in this case to Yellowknife – why are we not supporting costs for home boarding in relatives' homes or other areas? Thank you.

HON. JACKSON LAFFERTY: Mr. Speaker, this has been an ongoing discussion that we've been having in this House about home boarding, and it's all across the Northwest Territories. We are trying to deal with this matter as best as we can, dealing with the school boards.

At the end of the day, it's the school board that makes the decision. If it's outside their district, then obviously they won't be supporting a student in Yellowknife. We give them the discretion to expend that funding to the best needs of the community, best needs of the students that are in their region. I will continue to work with the school board, all the school boards across the Northwest Territories that deal specifically with home boarding issues. Mahsi, Mr. Speaker.

MR. MENICOCHÉ: Mr. Speaker, in my Member's statement I spoke about treaties and Aboriginal rights. We are responsible for Aboriginal education and if that student moves to whatever community, I feel that home boarding should be covered. Thank you.

MR. SPEAKER: Sorry, Mr. Menicoche. There is no question, but I will allow the Minister of Education, Mr. Lafferty.

HON. JACKSON LAFFERTY: Mr. Speaker, we are not denying students to be educated. We provide the facilities all across the Northwest Territories and the education system as well. We continue to provide funding to the school boards so they can have their children educated in their system as well. We will continue to enforce that on to the school boards. Mahsi.

MR. SPEAKER: Thank you, Mr. Lafferty. Final, short supplementary, Mr. Menicoche.

MR. MENICOCHÉ: Mr. Speaker, thank you for your leeway in continuing debate with the Minister of Education. The parents know the value of good

education and that's why they are choosing other districts based on their own selection and guidelines that they would like for their children.

Once again, can the Minister explore home boarding not only in the district that the student is from but other communities? Also, I want to point out once again, the mitigating factor here is that there are Aboriginal rights and the federal government pays for that, and our government, therefore, is responsible as well. Thank you, Mr. Speaker.

HON. JACKSON LAFFERTY: Mr. Speaker, we are exploring those areas where I just met with Beaufort-Delta on e-learning. E-learning is the way to go now, where students are taking on the courses that are not delivered in small communities. Those are, I believe, going to be something big that we will probably focus on as we move further along.

When it comes to the residence for those students, I still have to deal with the school boards, so I can relay the message on to the school boards. Mahsi, Mr. Speaker.

MR. SPEAKER: The honourable Member for Inuvik Boot Lake, Mr. Moses.

QUESTION 117-17(4):
USE OF INCLUSIVE SCHOOLING FUNDING
FOR EARLY CHILDHOOD
DEVELOPMENT INITIATIVES

MR. MOSES: Thank you, Mr. Speaker. I had to refrain myself yesterday from getting involved in the inclusive schooling discussions. Today, after listening to news reports this morning, looking at Hansard and following up, in my questions today I just want to get a little bit more specific answers to the inclusive schooling. My first question is for the Minister of Education, Culture and Employment.

Has the Minister and the Department of Education, Culture and Employment received the report from the Department of Executive with recommendations on pupil-teacher ratio and the inclusive schooling and the cost savings for the government? Has he received a review, a report, or some type of communication? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Moses. The honourable Minister of Education, Culture and Employment, Mr. Lafferty.

HON. JACKSON LAFFERTY: Mahsi, Mr. Speaker. There are various reports that my department receives. One of them is PTR inclusive schooling. We continue to review those files. Mahsi.

MR. MOSES: Mr. Speaker, I'm glad to hear that he did see the report, possibly. I didn't really get a

concrete answer there, but he did mention PTR and inclusive schooling.

In terms of recommendations, what is his department doing to address those recommendations made from the program review office which is supposed to make our programs and services in the Government of the Northwest Territories more efficient and more effective in spending our dollars? What is the department doing to act on the recommendations from the program review office that he said his office has received? Thank you, Mr. Speaker.

HON. JACKSON LAFFERTY: Mr. Speaker, as I stated in the House yesterday, there is a review of the inclusive schooling. There is a linkage with the early childhood development and it all falls into play. We want to assess inclusive schooling. How is it being delivered? Is it exhausted in all schools to the best of its ability to assist those students? That's what we're doing, based on what we've heard from the communities, what we've heard from the standing committee and other stakeholders out there. That is based on that. We decided we should move forward on re-evaluating our inclusive schooling, so that's what we're doing. Mahsi.

MR. MOSES: Mr. Speaker, I'm glad that the Minister mentioned that he's reviewing the inclusive schooling again, because that is something that I heard on the radio and I heard it brought up many times yesterday during question period. Was the review process from the Executive not sufficient enough to move forward in the program review office that this department has to do a second review and spend dollars to review this program again when the program review office has already reviewed it and brought recommendations forward? Can he justify why they're reviewing a program that has already been reviewed from an internal source for the government? It just doesn't make sense, Mr. Speaker.

HON. JACKSON LAFFERTY: Mr. Speaker, today we are reviewing our inclusive schooling. We want to reach out to the stakeholders. We heard yesterday that we should be talking to those front-line teachers. We should be talking to those students, the teachers, the professionals, the educators. So that's what we are embarking on. We are doing our own research, as well, across Canada, across the United States and various places. We want to have a product that will be best suited for Northwest Territories, and based on what we've heard and what we will hear from the general public across the Northwest Territories. We are pursuing that and we will be delivering that to the standing committee once it is available. Mahsi, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Lafferty. Final, short supplementary, Mr. Moses.

MR. MOSES: Thank you, Mr. Speaker. I have a few questions here. Does the Minister know if the last review from the PRO did not address those or go to the same stakeholders? Whose decision was it to go and review this inclusive schooling again? Who made that decision to review a program that has already been reviewed previously? Who made that decision? Thank you, Mr. Speaker.

HON. JACKSON LAFFERTY: Mr. Speaker, as you know, inclusive schooling falls under the Department of Education. I am the Minister responsible for inclusive schooling, so I pursued with my department, gave my department instruction to re-evaluate that inclusive schooling. Mahsi, Mr. Speaker.

MR. SPEAKER: The honourable Member for Weledeh, Mr. Bromley.

QUESTION 118-17(4):
GIANT MINE REMEDIATION PROJECT

MR. BROMLEY: Thank you, Mr. Speaker. I would like to direct my questions to the Minister of Environment and Natural Resources and focus on the Giant Mine Remediation Project. Aboriginal Affairs Northern Development Canada, GNWT's partner on this remediation project, has filed a water licence application to carry out demolition of the roaster complex at the Giant Mine, requiring removal of 700 tonnes of deadly arsenic trioxide and 90,000 cubic metres of waste, but there are serious concerns with the federal government plan for site. Most disturbing is a lack of a comprehensive dust management and air quality monitoring component. The demolition is metres from the Ingraham Trail and boat launch, and upwind from the city.

Why has this proposal gone forward without rigorous dust control and air quality monitoring provisions, and will the Minister consult with his co-proponent to correct this deficiency? Mahsi.

MR. SPEAKER: Thank you, Mr. Bromley. The honourable Member of Environment and Natural Resources, Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. The Member has raised a very specific concern. I will commit to consult with my ENR officials first, and then we will look at what steps need to be taken up to and including the recommendation by the Member that we talk to our federal partner on this. Thank you.

MR. BROMLEY: Mr. Speaker, thanks to the Minister. This is a very serious concern, obviously, dealing with arsenic trioxide.

The water licence applications submitted under the auspices of an emergency, which excuses it from review process and so on, contains additional provisions to carry out work underground. So this work will not be regulated by environmental conditions governing the overall remediation project. AANDC argues the underground work is urgent, but YKDFN, the Yellowknives Dene First Nation, doesn't agree, and others question the work qualifies for the emergency exemption required to go ahead now.

As co-proponent, what independent work has this government done to evaluate the urgency of this aspect of the project? In other words, are we making our own decisions here or just following the federal proponent, which is also the regulator? Thank you.

HON. MICHAEL MILTENBERGER: We have some very capable individuals that are at that table representing our interests. So they have collectively come to that decision, but the Member has raised, once again, another specific issue and I will check back with the officials at ENR to look into the specifics of that concern. Thank you.

MR. BROMLEY: I appreciate the Minister's response again. I think we really want to use those emergency provisions only when there is an emergency, otherwise it needs the oversight. Now, these problems could have been avoided if we had an effective community-based mechanism for independent oversight. Yet, despite six drafts of an oversight discussion paper and eight drafts of an Environmental Agreement, the working group hasn't met since last August.

The Minister stated his support for independent oversight at a March 2012 workshop. So will the Minister direct his department and encourage our federal partners to get to work on independent oversight moving to conclusion? Mahsi.

HON. MICHAEL MILTENBERGER: Yes.

MR. SPEAKER: Thank you, Mr. Miltenberger. Final, short supplementary, Mr. Bromley.

MR. BROMLEY: Music to my ears. Thanks again. Given the imminent and long sought powers of devolution, we could ensure Giant Mine is the last massive liability dumped on the taxpayer. This government introduced environmental security requirements for activities on Commissioner's land. What is the government's plan for moving swiftly to extend these requirements to new legislation through devolution to use of the land we'll be taking control of following devolution?

HON. MICHAEL MILTENBERGER: Thank you. I didn't quite catch the whole question. So I will take it as notice, I'll check Hansard and I'll get back to the Member. Thank you.

MR. SPEAKER: Thank you, Mr. Miltenberger. The Member for Yellowknife Centre, Mr. Hawkins.

QUESTION 119-17(4):
MINING SOCIO-ECONOMIC AGREEMENT
EMPLOYMENT TARGETS

MR. HAWKINS: Thank you, Mr. Speaker. I'd like to ask the Minister of Industry, Tourism and Investment what he's doing about holding the mines to account on their economic agreements and perhaps even inviting the opportunity of having the mines – let's be very clear – subsidize a northern workforce to come south to work at those mines. So, in short, what is the Minister of ITI doing with regard to Section 10 of the socio-economic agreement in having ensured it's implemented and fulfilled? Thank you.

MR. SPEAKER: Thank you, Mr. Hawkins. The Minister of Industry, Tourism and Investment, Mr. Ramsay.

HON. DAVID RAMSAY: Thank you, Mr. Speaker. We continue to work with industry. We work with the mines. I also work closely with my counterpart at Education, Culture and Employment who are responsible for mine training in the Northwest Territories, and Health and Social Services through Minister Beaulieu. We meet regularly with the mines and we have to continue the dialogue on the reasons why the numbers aren't what they should be and we will continue that dialogue. It does us good to continue to work together on finding solutions to getting our people employed at those mines. Thank you.

MR. HAWKINS: I could have sworn that was an answer from the Minister of Education; we need discussions, discussions, meetings and more discussion. For the record, Section 10 is about remedies where, if you cannot reasonably meet those commitments, you put in a formal written statement that talks about how you can achieve them and how can you.

So now to Section 9, how is the Minister holding these mines to account under Section 9 of the socio-economic agreement that puts Northerners to work?

HON. DAVID RAMSAY: Thank you. The three mining companies were before the Member's committee last fall. These concerns weren't raised at that time with me from the mines. Again, we meet with the mining presidents, we meet with industry at every opportunity. We just recently had a meeting between the three Ministers and the mines here in Yellowknife not too long ago. We need to find a way forward, and in this case it does us little good to be fighting with industry, in the case of De Beers, a company that's going to invest close

to \$1 billion into this territory and provide many more job opportunities here in the NWT. Thank you.

MR. HAWKINS: More job opportunities for the southern workforce as I describe as tourists just visiting. Section 8 of the socio-economic agreement speaks to remedies. I have not heard any solutions other than let's talk, let's trade dialogue, let's have meetings. Who is defending the northern person who needs a job, who is opening up opportunities? It doesn't sound like this Minister, and if he is, then let's hear concrete facts and commitments on how he's doing that, because I haven't heard anything to date. Thank you.

HON. DAVID RAMSAY: Thank you. Again, we continue the dialogue with industry and working with the other Ministers I spoke of earlier. I'd be more than happy to sit down with the Member – he's the chair of the Standing Committee on Economic Development and Infrastructure – and come forward with a plan together. I mean, we need to be working together on solutions on how we can arrive at more employment numbers here in the Northwest Territories, and I extend that offer to the Member as the chair of the standing committee and his committee to sit down with you. We'll bring the mining companies back, we can have that dialogue, we can chart a course forward together. Thank you.

MR. SPEAKER: Thank you, Mr. Ramsay. Final, short supplementary, Mr. Hawkins.

MR. HAWKINS: Mr. Speaker, I'm not the problem. The reality is the mine isn't meeting its commitment. It barely meets 50 percent of northern Aboriginal workforce, just barely over 50 percent northern workforce, 64 percent of our workforce in total is coming from the South. You know, those tourists, just visiting, working here.

I have not heard anything on what concrete actions can he take to get Northerners working at this mine, because the way the commitments are written in the socio-economic agreement they're not fulfilled, Section 10 is ignored, Section 9 is ignored, Section 8 is ignored. Who is responsible and who is taking responsibility for this? Thank you.

---Applause

MR. SPEAKER: Sorry, Mr. Ramsay. Let's have a little bit of decorum in here, a little bit of respect for Members' replies and questions here. Mr. Ramsay.

HON. DAVID RAMSAY: Thank you, Mr. Speaker. It's in both industry and the Government of the Northwest Territories' best interest to have employees living here in the Northwest Territories. Again, ITI was responsible for the negotiation and completion of the socio-economic agreements and the training requirement is the responsibility of the Department of Education, Culture and Employment.

As I mentioned earlier, we work closely with Minister Lafferty and his staff, we are currently trying to put together a pan-territorial approach to mine training that would look at providing the funding for both the Nunavut Territory, the Yukon Territory and ourselves for years to come because of the mining activity taking place in the three northern territories. We're hopeful that we can get some success on trying to find some funding from the federal government on that initiative and there will be some good news coming soon. Thank you.

MR. SPEAKER: Thank you, Mr. Ramsay. Item 9, written questions. Item 10, returns to written questions. Item 11, replies to opening address. Item 12, petitions. Item 13, reports of committees on the review of bills. Item 14, tabling of documents. Item 15, notices of motion. Item 16, notices of motion for first reading of bills. Item 17, motions. Item 18, first reading of bills. Item 19, second reading of bills. Mr. Ramsay.

HON. DAVID RAMSAY: Thank you, Mr. Speaker. I seek unanimous consent to go back to item 14 on the Order Paper. Thank you.

---Unanimous consent granted

Tabling of Documents (Reversion)

TABLED DOCUMENT 25-17(4):
ITINERARY FOR 2013 DIAMOND TOUR

HON. DAVID RAMSAY: Thank you, Mr. Speaker. Further to Written Question 2-17(4), I wish to table the following document, entitled Itinerary for 2013 Diamond Tour.

MR. SPEAKER: Thank you, Mr. Ramsay. Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Speaker. I seek unanimous consent to go back to item 3 on the Order Paper, Members' statements.

---Unanimous consent granted

Members' Statements (Reversion)

MEMBER'S STATEMENT ON
MAIN ESTIMATES REVIEW PROCESS

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Thank you, colleagues. I didn't get a chance to do my Member's statement earlier but I wanted to speak a little bit today about the process that we're in here right now. This is what we call the budget session. It's the longest session and it's the longest sitting of the Legislature. We go through the normal orders of the day, but one thing that makes this session very unique is that in Committee of the

Whole, we go department by department and consider the budget. We approve the main estimates during this process we call the budget session. I'm sure that the people out there in the Northwest Territories are hanging on every word we say and they're really enjoying this, but I have some issues with our process and how we do this.

In the 18 years that I have been an MLA, I have never seen the Caucus, the full Assembly ever come together and question the process and protocols of how we pass this budget. I think anybody watching this can pretty well conclude that most of the dialogue, debate and work that goes into the budget has gone into it behind closed doors before it ever gets to the floor of this House. When it gets to the floor of the House, there is no opportunity to add anything to the budget. We can delete things but we cannot add a thing. The people should know that. There are things we can do: we can hold up the passage of a department, we can make recommendations to the government, but by the time it gets here in the budget session, the budget is set except for the potential for deletions, which does not happen very often. We cannot add anything to the budget. So we spend an extraordinary amount of time, hours and hours and hours, sitting in Committee of the Whole going over the budget.

Myself, for one, I do not have a huge appetite for micro-examining every line in our budget. I am here, I hope, to make a difference and I would like to think that, as legislators, we are here to set broad policy direction and vision for our government. I have no interest in being an extension of the bureaucracy. I am not a bureaucrat. I am not a technocrat. I do think I have a vision and I am here in this Legislature because I want to see good things happen. I want to see change. I want to see progressive change.

I want to say today that I seriously question why we do not have more processes in place that would allow our public – because that's what this is all about, it's what the public sees – to see creative, spontaneous and lively, real debate in this House. Our processes do not allow for that and that is a sad thing. I'd like to see it changed.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 20, consideration in Committee of the Whole of bills and other matters: Tabled Document 9-17(4), NWT Main Estimates, 2013-2014, and Bill 1, Tlicho Statutes Amendment Act, with Mrs. Groenewegen in the chair.

Consideration in Committee of the Whole of Bills and Other Matters

CHAIRPERSON (Mrs. Groenewegen): Okay, I'd like to call Committee of the Whole to order. The

Speaker has indicated what is before us today. What is the wish of the committee? Mr. Menicoche.

MR. MENICOCHÉ: Thank you very much, Madam Chair. The committee wishes to consider Tabled Document 9-17(4), NWT Main Estimates, 2013-2014, with a deliberation of Health and Social Services.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Menicoche. We will proceed with that after a brief break. Oh, does the committee agree? Sorry. Does committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Thank you. We'll commence with that after a brief recess.

---SHORT RECESS

CHAIRPERSON (Mrs. Groenewegen): I'll call the committee to order. The next department we have is the Department of Health and Social Services. I'd like to ask Minister Beaulieu if he has any opening remarks for his department.

HON. TOM BEAULIEU: Yes, I do, Madam Chair. I am pleased to present the Department of Health and Social Services' main estimates. The proposed operating budget for 2013-2014 is \$363.856 million which represents a 4 percent increase from the current fiscal year.

This budget includes \$9.1 million in forced growth and \$4.6 million in new initiatives. Like other provinces and territories, we are facing cost increases in areas such as staff compensation and investments in new technology. The budget also includes forced growth to address compensation and other inflationary pressures.

I would like to report our budget includes \$4.6 million in new spending to address the priorities of this Legislative Assembly.

The department clearly sees the link between investing in prevention and promotion, and containing future health care costs. New investments approved for the 2012-2013 budget, when combined with the proposed new initiatives in the main estimates, will result in 3.4 percent of the department's budget being dedicated to direct prevention and promotion activities.

But in reality, the proportion is higher. It's difficult to carve out prevention and promotion-related work from our broader mandate – there is so much overlap between this area and other priorities. Much of what we do in health and social services is directly related to promoting healthy lifestyle choices, investing in broad public health initiatives and preventing disease in the population. For example, when I speak of new resources to advance the department's Mental Health and

Addictions Action Plan, \$370,000 of that funding will support working with youth and community members on prevention and promotion activities. When I talk about rolling out a territorial midwifery program, we know that improving prenatal care and supporting families and children during the first months of life is an important investment in early childhood development. Most of our chronic disease management initiatives include prevention and promotion elements.

The budget includes an investment of \$142,000 to ensure that our children are receiving the most up-to-date vaccinations during their early years. The completion of the Revitalized Early Childhood Development Framework will help identify future investment or reallocation priorities.

This budget responds to the priorities of this Legislative Assembly by including \$1.1 million in new funding to address gaps in services for mental health and addictions, as identified in the department's Mental Health and Addictions Action Plan. In addition to funding for school curriculum development and working with youth, this new funding will support implementation of new and expanded on-the-land treatment programs, final development of a territorial Youth Addictions Treatment Program, and development of a territorial detox model and implementation plan. Ensuring that we have an effective range of community-based and medical responses to mental health and addictions issues is a foundational piece to many other priorities of this government, including the successful development of a specialized courts program.

It is widely recognized that by promoting healthy lifestyles, and by doing a better job of diagnosing and managing chronic diseases, we can improve quality of life for our residents and also help to control health care costs. Forty percent of admissions to NWT hospitals are linked to chronic diseases, including diabetes, heart disease, mental health and addictions issues, and cancer.

We have skilled and dedicated people working in our system, providing excellent care. But we also have a system where we rely on locum physicians and nurses, which makes it difficult to ensure continuity of care. Because of our governance structure, health and social service authorities have adopted different standards of care across the NWT.

This is why the chief executive officers of health and social services authorities, medical directors and board chairs asked the department to put in place system-wide leadership to ensure that every resident receives the best care possible.

This budget includes \$1.2 million to ensure that consistent standards of practice are in place

throughout the Northwest Territories, and that every person diagnosed with a chronic disease receives the best support and treatment available within our resources. A chief physician advisor will lead the development of clinical practice guidelines, and the department will have the capacity to monitor implementation and outcomes.

An exciting initiative in the budget is funding to support the rollout of an electronic medical record for the territory. The Northwest Territories is the first jurisdiction in Canada that is poised to implement an Electronic Medical Record system, or EMR, on a system-wide basis, with assistance from Canada Health Infoway and GNWT capital funding. The budget includes funding to support practitioners, to provide training and to maintain the system.

One of the many advantages of an EMR is that it is an excellent tool for chronic disease management. Health practitioners can use it to research current standards and enter reminders for follow-up treatments. Electronic medical records help to ensure that once a chronic disease is diagnosed, every patient receives the appropriate ongoing treatment. The system-wide EMR will enhance patient care, and we are told that it will serve as a recruitment tool for new physicians. Today's doctors are educated using modern technology and are eager to practice where they can utilize the latest advancements.

In addition to these investments, the department is working in close collaboration with other organizations, such as the Canadian Partnership Against Cancer and the Canadian Foundation for Healthcare Improvement, to adapt best practices for our communities. Through pilot projects that will wrap up later this spring, we have documented ways to improve care for patients with mental health issues, diabetes and kidney disease. These improvements will become standards in our system after the pilots are evaluated.

New funding in the 2012-2013 budget allowed us to begin the development of a Cancer Awareness and Response Strategy. Workshops have been held in two communities, and these workshops have helped to define the actions we need to take. We need to improve access to screening, help people understand what they can do to help prevent cancer, and provide better support to cancer patients and their families. This important work will continue.

While still relatively low compared to the rest of Canada, we know that the incidence of diabetes in our population is increasing. To ensure we can maintain our current level of treatment for diabetes-related disease such as kidney disease, the budget includes funding to support existing dialysis and renal disease management programs on an ongoing basis.

Members of this Assembly have been unwavering in their support for the establishment of a territorial midwifery program. The existing midwifery service in the Fort Smith HSSA is an example of how this important service can improve the health of mothers and babies throughout pregnancy, delivery and the early months of life. For years we have supported the Fort Smith program with time-limited federal funding. This budget includes base funding so that the program is sustainable over the long term.

I am also pleased that the budget includes additional resources so that we can begin to expand midwifery to other regions. Beginning in Hay River in the 2013-2014 fiscal year, our vision is to expand midwifery services to Hay River and the Beaufort-Delta. Ongoing evaluation and monitoring of program outcomes will help inform future expansion. Eventually, we hope to offer a territorial midwifery service in Yellowknife as well.

The population of the NWT is aging. Over the next five years, the proportion of NWT residents over the age of 65 will increase by 25 percent. As people live longer, there is a greater chance that they will need long-term care. Our long-term care facilities are under pressure, with a greater number of residents, and a higher level of care needs. This budget includes \$1.1 million to enhance staff levels at three long-term care facilities: Northern Lights in Fort Smith, Aven Manor in Yellowknife and Fort Simpson. This will improve security and safety so that our elders will receive appropriate care and support.

Over the next year the department will work on a strategic plan for the continuum of care for elders, with a goal of keeping seniors in their own homes and their own communities as long as possible.

Medical travel plays a major role in our health and social services system, and has done so for many years. Not only is it a cost-driver, but it can be a burden to patients and families. Advances in communications and medical technology have already allowed us to avoid unnecessary travel; for example, by sending digital X-rays of potential bone fractures for review by specialists in Yellowknife or Edmonton. We have the potential to do so much more, not just in emergencies, but also for routine care.

In Newfoundland and Labrador, Rosie the Robot provides a connection between patients in remote communities and physicians in St. Johns. In Halifax, obstetricians use a "Doctor in a Box" to monitor pregnant moms in Bolivian mountain communities. We will follow their lead, and use the full functionality of modern technology to bring services to our residents in as many ways as possible.

This budget includes \$472,000 to take the first steps towards establishing a virtual call centre that will provide 24-hour consultation and care to health practitioners across the NWT, using a wide range of technology including phones, digital imagery, webcams, and e-consults over the EMR system. A similar long-distance critical care centre in South Dakota reports an 18 percent decrease in patient transfers, and savings of over \$6 million. Containing costs is important, but more important is to improve our residents' access to quality care in their home communities. The installation of a fibre optic link down the Mackenzie Valley will support the increased use of electronic health technology, enhancing the potential to expand these services.

This concludes my opening remarks. I am happy to answer any questions. Mahsi.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Minister Beaulieu. Before we proceed to general comments, I'd like to ask the Minister if he'd like to bring witnesses into the Chamber.

HON. TOM BEAULIEU: Yes I would, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, is the committee agreed?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Agreed. Thank you. I'll ask the Sergeant-at-Arms to please escort the witnesses to the table.

Minister Beaulieu, for the record could you please introduce your witnesses.

HON. TOM BEAULIEU: Yes, Madam Chair. To my right I have Debbie DeLancey, deputy minister of Health and Social Services. To my right I have Jeannie Mathison, director of finance, Health and Social Services.

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

MR. HAWKINS: Thank you, Madam Chair. I just want to provide a couple of quick opening comments and more points when we get to the specific page.

I do want to acknowledge the work that is being done by the department, I personally would have liked to have seen more work done on midwifery, expanding it to more of a territorial program. Certainly it's much needed here in Yellowknife. As a matter of fact, I'm sure the Minister is well aware, if not, he'll hear it first, that, of course, there's a bit of a rally towards the Ledge tomorrow and it's coming here, so I would hope that they would take note of the interest of the public requiring this much needed service. I'm sure my colleagues will speak

to it as well. Many of my colleagues have been outspoken to this particular issue and I think it's a service that the people want and it's a service they expect their Ministers and politicians to respond to. As such, I would understand, I'm sure a robust department like the Department of Health would appreciate the economic savings provided by the Midwifery Program, such as the quality of service and, certainly, the burden we're putting on our health system, that it would be a good way of delivering it. I would liken it in a similar manner to how a few years ago when they brought this great idea about nurse practitioners. This scary new idea and all of a sudden they can provide services in a similar way – not exactly – as a bridge between what doctors can do and the everyday nurse can do. They can do more and it's a more economical way to do better outreach. Certainly it's proven to be a quality service that I'm sure we're a shining example to the rest of Canada. Midwifery services, again not trying to be doctors, women have been delivering babies for millions of years and yet this seems to be such a complicated thing to do. We know they can do this service when it's a normal birthing process, uncomplicated due to various reasons. It's a good service that people want and I would hope that the department can look towards responding accordingly very soon.

There seems to be finally some much needed movement on addictions and I would thank the Minister and the department for doing that, although on a personal level I'm not sure it's far enough. That said, I'm one of those folks who wants recognized that there has been movement, and movement in the direction. I think the detox beds, two in Inuvik and two in Yellowknife, are very significant and I think the department should be commended for those efforts. It cannot go unnoticed how addictions are paralyzing people in the Northwest Territories and we need to continue the good fight on that issue. It's one that we need to be relentless on because people with those demons attacking them, we need to be there for them.

Although I could probably speak certainly longer than my time on different various issues, there were two other issues I wanted to speak on. The first one is Stanton Hospital. I've asked the Minister, I'd certainly like the department to think about this, critically over the years we've seen Stanton constantly be in a deficit and paralyzed by that problem. They have an image – and I say it's an image first, I want to make sure it's very clear – that they're not running properly because they are constantly in a deficit. When you look down closely at the numbers or you drill down to some of the issues, a lot of it is linked to medical travel and the fees of the doctors, their wages. If the department doesn't apply that financial pressure on any other authority in the same way that they apply it at

Stanton, and I think that if we were able to move medical travel costs in the sense of either it's a departmental cost or, conversely, if the department just paid actuals rather than carrying it on the books at Stanton, then their books would actually almost be perfect the way that they're running. I think it would be a better organization that way. Medical travel is a territorial cost and it shouldn't be pushed upon one authority. The injection and control of medical travel costs is very complicated, and I don't profess to be an expert in those particular areas, but I can stress it is very complicated. The same as the fees on the doctors. Stanton carries that as well. If we were to move those two things out, I think making doctor fees – and this applies to every authority – and medical travel fees to be put on the department rather than the individual authorities would be much easier for them to manage and balance their books. Then we wouldn't get an oddity or reflection that isn't quite true, because they are balancing their books if you could take those two items off. They're budgeted certain amounts of dollars but they're not keeping pace with the realities of what these two services offer.

I said there were two things. The last thing is, I believe it's here, I want to thank the Minister for both his leadership and guidance on a blood pressure monitor that is being launched next week, I think, at the Yellowknife Baker Centre. I want to thank him for that. I'll speak more later about it, but I appreciate Mr. Beaulieu's efforts, certainly Debbie DeLancey for coming through, Dana Heide, Andrea Hunter and Doug Pon, who all have come forward and done a yeoman's job on making sure this product gets down and helps seniors' health. It's a great product that will allow them to check their own blood pressure. It's one of those great services that our department is reaching out. When I first brought this issue and idea to the Minister, I said what I'd like to see is this gets rolled out to large regional areas that we can have large seniors' communities and we can encourage them to check their blood pressure and health. First thing somebody said was, well, geez, what if it's bad? Well, that's good to know because then we can send them to a health centre right away rather than them not knowing where it becomes critical. Information is a good thing, so again, the department needs to be applauded where it's meeting the needs of Northerners. In that case they've certainly struck a chord of good service. The Minister did highlight earlier, although I don't have it in front of me what year, but he did talk about how our seniors population in a few years will be at minimum 25 percent of the Northwest Territories population. It is a significant area in our sense of demographics and we need to continue to be there for them.

Just a few words and that's all I wanted to say at this particular time. I'll leave further comment for the particular pages.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Hawkins. General comments. Mr. Moses.

MR. MOSES: Thank you, Madam Chair. Just before I continue on, I guess I'll take a couple different focuses here.

In terms of Health and Social Services, I know it is our biggest budget that does pose a lot of challenges that I've seen being in the health and social services field for many years. We have to continue to try to combat these challenges at the same time as trying to find ways we can invest in projects, programs and services that will cut down the costs and care and treatment that we so easily look at funding rather than looking at areas where we can start doing the prevention, promotion, education so that we start building more healthier and educated residents of the Northwest Territories.

Back in January I attended a Beaufort-Delta Regional Council meeting and the Minister has attended one of those previous. This was the second one that I had the opportunity to attend, and after the first-year resolutions there wasn't very much action taken towards what our leaders in the Beaufort-Delta region wanted to see. I'm taking this opportunity now just to highlight some of the things that were brought up in those meetings. There were three days of really intensive, engaging meetings with all Members of Cabinet, and ones that are specific to the Department of Health and Social Services I just want to put on the radar here.

One of the areas was foster parenting continued to have a challenge not only finding foster parents but supporting foster parents in the home with the families and support services that are lacking in the communities that need to be addressed. I did make a Member's statement on it – I think it might have been one of my very first Member's statements during the session – on how we support the foster parents in the communities so that the ones that are kind hearted and compassionate to do work. That's going to continue to be on the radar.

Mental health and addictions was another issue that was brought forth. Something that was very interesting to hear was the right to a second medical opinion. In some cases when we are having issues where we don't have the staff, in terms of nurses or doctors, and we are having over stress in some of our medical staff and the patient feels that they haven't had the opportunity to get the right services they need, they want to create some kind of policy where they do have the right to a second medical opinion. If that means even leaving their community to go to a regional centre or even to Yellowknife that would catch something early, early detection, prevention, or even getting them the right services that they do need or the right diagnosis as well.

There was concern of the education, prevention and care of cancer patients that was brought up in the region. That was a big concern of the leaders of the Beaufort-Delta region, as well as interpretation services in the health centres. I do understand that would be collaborative work between the Department of Health and Social Services and Education, Culture and Employment and the language secretariat. A lot of people in our communities of whom English is not their first language, that's where they might have some areas where there can be some challenges. I also understand the challenges of interpreting medical terminology into certain languages. That's something that really does need to be looked at because the people that don't have English as their first language do have a hard time understanding the right treatment that they do need.

My second area of focus here is some of the proceedings that have just recently happened within the House and some of the stuff that we brought up. I do appreciate that the Minister did commit to four detox beds, I believe last week in the House. We did talk about two detox beds in the north, two in the south. We also discussed the important need for detox beds. I appreciate all the hard work that's coming through Justice and all the work in getting drugs and alcohol off the streets, yet we still have people that are dealing with substance abuse, and alcohol and drug use. The detox beds are definitely something that are needed and would help people get the proper treatment for the issues that they do have.

Another suggestion that I did make last week where the Minister did talk about possibly bringing a supplementary appropriation forward, was early intervention, outreach, integrated team effort of nurses, court workers, teachers, something that would catch our students early on to give them the right resources that they need in moving forward to become successful residents of the Northwest Territories and become part of our society.

A couple of things that I'd also like to discuss was, in January we were able to do a tour of Stanton Hospital and it was an opportunity for myself to get educated and walk through and listen to the staff, and see the spacing concerns and challenges that the department has over in that building and support all the efforts in moving forward with that as it is a territorial hospital. I have been there a few times to visit patients from the Beaufort-Delta region. I do know there are challenges that need to be addressed and something that needs to be looked at a lot sooner.

A supplementary appropriation that was mentioned in the budget address in regard to the Anti-Poverty Strategy, I look forward to that in our proceedings and discussions. What we've been hearing is there will be some recommendations coming forward this

summer in terms of looking at implementation for some of the things that they've been hearing, which is great.

Then, just in our deliberations since our budget dialogue process began for this fiscal year budget, what was mentioned earlier was the midwifery. There's got to be some good options and good work that we need to move forward on. Obviously I would refer to the midwifery report a few times. Although I don't have the file here with me, I will make sure that I do bring it down later on or even tomorrow when we get into the discussion of services. Speaking to some of the people that use the Midwifery Program, suggestions are that they need two midwives. Obviously midwives also have lives of their own and they do get sick and they do need vacation time. When one midwife leaves a community, there should be somebody that can step in and fill the role. Even going further, if we do put it into a community such as Hay River, it would be great to have an outreach midwife that would visit the surrounding communities so that you'd have the two services in Hay River but also do something proactive and get out to the communities and do some work in there as well.

We focus on chronic disease management, and I was able to attend a really nice workshop here last year and talked about a lot of work in prevention and promotion. Obviously the NWT Rec and Parks Association do great work in diabetes initiatives, Active Living, Elders in Motion program that all deal with chronic disease and management. When we talk about management, as I mentioned in the House, we're not talking about building more homes and more beds, we're talking about ways that we can keep our elders in the homes and be living independent lifestyles.

A big thing for me is always mental health and addictions, looking at ways we can address those, but we'll get into detail on that later.

The last area that I want to focus on is the reports. I look forward to hearing the report coming from the Minister's forum. Obviously I did have some questions on that. I hope that what we hear will be something new and innovative, and not stuff that has been repeated from Members on this side of the House. There was a lot of money that was put into that.

Two other reports I want to focus on are the Child and Family Services Act recommendations. Even though we are waiting for the act to pass, I think there are recommendations in there that are very important that need to be addressed. We will work on those as we continue.

Also, the coroner's report, there were some recommendations out of that 10-year review of the coroner's report that were made specifically to the

Department of Health and Social Services. I just want to see where the Minister is on those recommendations and if there was anything that was done in terms of creating some type of legislation, or LP, or bring something to this House and to Members so that we can start creating preventative measures that will protect our people and find ways that we don't have to go through any of these situations that come out of the coroner's report, which is, when you read it, very devastating and very tragic. It all starts here in this House and we have an obligation to act on those recommendations.

That's all I have for now. I look forward to the next three days. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Moses. Next on general comments I have Mr. Dolynny

MR. DOLYNNY: Thank you, Madam Chair. Welcome, Minister of Health and department here again this afternoon. It's interesting. I am sitting here listening to the Minister's opening remarks, and the first paragraph indicates \$363 million, which is a 4 percent increase from last year. It makes it sound like that is an incredible number, which it is. But when you factor in forced growth, we're not even touching the issues that are affecting the residents of the Northwest Territories, in my opinion. In fact, you'll hear for three days on what that opinion is very valid. We're not even near.

I am hoping the Minister of Finance is paying attention across the hall here because, in his opening statement, we have the best health care in the world. Don't worry about it, be proud of it. If we're that proud, then we shouldn't be hearing much stuff today and in the next few days.

There's lots to be talking about here. We are hoping that the government, Finance, FMB, Cabinet, will listen here. We have some capacity issues here. We're lacking lots of opportunity for our residents. I want to just cover a few of those. These are areas that are impacting the services to all the people in the Northwest Territories. I'm on record: This is not acceptable. We are not putting enough money in our programs and we need to increase this budget.

We lack capacity in so many areas. So much so that this committee, I am going to call it this committee on Social Programs, made strong recommendations to this department to increase prevention and promotion to the tune of \$4.6 million. When I read your statement today, it sounds like this is a department initiative. This was a committee initiative. This was due to the hard work of committee bringing forward ideas and opportunities to enhance prevention and promotion. I want to make sure that is clear. This is not something that was... Of course, at the end of the

day, it's collaborative, but this is because we had a position on a lot of areas that were important to people in the Northwest Territories and we're glad the department was listening.

In no particular order here, I'm going to talk about some of the areas where I believe that the Minister has touched on in his opening remarks, but I'm going to actually spend a lot more time talking on stuff that was not in the opening comments that I think are a grave concern. They may be covered in detail or they may not, but I think it's important to bring them forward today.

Talk about midwifery. The studies have all been done, they are available, they are tabled. Anyone can pull them up. All of the recommendations are made, and have been made, and they're clear in terms of where we can go with this, but yet the budget we have before us is only a step approach that will be implemented over two to three years. I think the Members here, and the people of the Northwest Territories, are wondering why. Why do we need to do a step approach? Midwifery has been in the Northwest Territories for a number of years. To not give it its opportunity to go to its full potential, well, we'll find out tomorrow when we see a rally here in this House. There are going to be a lot of people wondering that very same question. So we'll leave that to tomorrow. I think that is a good one for tomorrow.

Discussed very briefly in the opening comments was chronic disease management. The Auditor General report was tabled almost two years ago and it made heavy recommendations on how we deal with diabetes. We thought that at that point in time, the department had a clear ruling from a very authoritative and respected resource in terms of cleaning up its act with chronic disease management models for authorities and practitioners. It is clear that we're still struggling in that area. Again, this is not mentioned in the budget.

Also not seen in the budget is the Integrated Service Delivery Model. There was Auditor General recommendations for this model for improvements. There were performance agreements that needed to be assigned to all health authorities to have all health authorities on board, yet February 2013, there are still some outstanding and that's a concern.

We talked about system-wide goals and targets, ensuring that we have all the right indicators. There have been improvements, I'm not going to deny that, but we're not there yet and we need to see it. These are all recommendations of the Auditor General.

Medical Travel Policy. I've been here for 16 months and yet we have not seen the full policy in front of

us. We have been promised it in the fall of 2012 and we are in 2013, still nothing in front of the committee for review. We are not seeing it in the opening comments.

Adequate staffing for long-term care facilities, a grave concern for many of us. Again, not in the opening comments.

We talked about opportunities within our supplementary health benefits and our medical travel, and a proper appeals process so that the people in the Northwest Territories have means to do a proper appeal process. Again, not in the opening comments.

Prevention of family violence, there is a definite lacking in that area. Again, the Minister is aware of that. Again, not in the opening comments.

Mental health and addictions has been spoken here a few times by my colleagues. You will probably hear more. What we're doing here is clearly a very piecemeal approach to care. This 2013-14 business budget or plan really is inadequate to achieving the goals of this Assembly. We are throwing rice at a freight train. Without the proper financing in that area, really we are not going to see the true effect of what every person in the Northwest Territories has been asking us. The budget dialogues that the Minister of Finance has gone from community to community, it came up, and yet are we heeding to the wishes of our citizens? I'm not sure.

I know, as a Member, I have spoken many times about the opportunities in our supplementary health benefits, the way those benefits are administered, the way we do the adjudication process for prescription medications. Again, I have to be careful. I am always careful about conflict of interest and I understand that, but there are savings there, and yet, time and time again, this Member is being ignored in terms of the true opportunity for savings and how we administer the supplementary health benefits.

I'm a stickler for filing things on time. I think anyone here who has to file taxes and do those types of things are in the same boat. A lot of the people in the Northwest Territories I am sure would be pleased to understand that we have a number of health authorities who are in violation, who aren't filing their annual reports on time. These are really the report cards of performance. The Financial Administration Act clearly indicates that these have to be done on a regular basis, and yet, up until recently, we had some that were as far back as five years in arrears in filing. These are critical. These are capacity issues, but, yet again, we have lots of money I guess in this department, as the Finance Minister says, and we don't have to worry about it.

I have indicated some of the stuff that is in his opening comments and I have also indicated

probably more so those that are not in the opening comments. I am sure we will see some of these in details as we move on. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Dolynny. General comments. Mr. Menicoche.

MR. MENICOCHÉ: Thank you very much, Madam Chair. Just an opportunity for some general comments and some issues that affect my constituents.

I think, most notably, I had done a Member's statement and looked for some assurance from the Minister for the Fort Liard residents and about them using Fort Nelson and Northern BC Health Authority services given the advent of our new medical records initiative. I believe that the medical records can be transferred faster. There was a concern for the health centre in Fort Liard of residents getting medication in northern BC, then if they're sick or ill the nurses and/or doctors visiting Fort Liard would not be aware of what medication the patient would have been using. I believe I had some commitment and if the Minister could continue with the assurance that he's working hard on some kind of cross-border agreement with the Northern BC Health Authority, that we can make life much easier for the residents of Fort Liard and for our own medical travel. I believe it will have an impact on the medical travel costs by just doing this one easy thing with the Fort Liard residents.

Constituents often tell me they're taking a two-day trip over here for a one-hour examination. It's different if you've actually got surgery or something like that, but just for a one-hour examination and then you have to make the effort to go all the way to Fort Liard, you're flying through Fort Simpson and, consequently, driving back to Fort Liard. It's very disruptive and often Fort Liard is almost a 60 to 70 percent Aboriginal-speaking community, as well, so they're travelling with a translator and escort as well. I'm glad they're going to look at it. I'd just like the Minister's assurance that they're going to continue to look at that.

As well, another good reason to use Fort Nelson is because the coroner's report on the death of a young baby in Fort Liard last year spoke about enhancing airports with automated weather reporting and that. I don't know how far the department is pressing that. I also think the child was waiting almost eight hours for a medevac plane out of Yellowknife and, due to weather conditions, the plane wasn't able to get there. If we had some kind of ambulatory service and/or vehicle or the ability to use Fort Nelson, I believe they could have driven that poor sick child to Fort Nelson in three hours. By the speed limits it's a three-hour drive, maybe two and half hours, and that would go a long ways to addressing this. The coroner's report didn't

speaking about that. It spoke about enhancing airports. I'm in favour of that. I think we should continue to look at that, but having the ability to use Fort Nelson, I believe, would have been beneficial in this case and you always kind of look forward too. We look at that type, I don't know if Fort Liard is big enough for a full-time ambulance, but if we had some type of medical vehicle there that we can do those trips over to Fort Nelson, not only for clients but also on an emergency basis, I think that would be a good solution in this case. It will show that our government is responsive and that the child's death would not have been in vain. When those things happen, you really have to look and try to make life better for residents and the community.

During my recent constituency tour in January, most of the communities were excited about their community wellness plans. It was about prevention and promotion, and Members of this side have been stating they would like to see the budget fully at 3 percent. In this case with community wellness plans, lots of increasing the budget and creating some new programs. For example, the community of Trout Lake, with prevention and promotion, they're accessing \$18,000 on an annual basis. Forty percent of those programming dollars were roughly \$6,000 of this \$18,000 is used for travel. What happens there is it provides in balance of funding as opposed to easily accessible communities like Hay River and Norman Wells, and even, for the most part, Fort Simpson as well, only because they have to take aircraft charters to the remotest communities throughout the Northwest Territories. We have to give special consideration. I think if we're accessing programming dollars for prevention and promotion for community wellness that there be additional pot towards travel, especially for remote communities. I'm not saying pay for all travel in all the communities, but I think if you're identified as a remote, land-locked or air-only accessible community, we should address assistance in air charter costs, as well, instead of using our much needed programming dollars for travel.

In the opening remarks I was really pleased to see the increase in staffing to take care of our seniors in the three communities identified. I think that was a good move by the department to be responsive to those needs, because our workers do get overworked in the communities.

Just a further note, when my colleague from the Mackenzie Delta was calling for a nurse for Tsiigehtchic and I have been calling for a nurse for some time for the community of Wrigley, as well, and I think I always wondered it there in the background, but with the advent of increased traffic through the community, we're going to have to revisit and develop a strategy about really having a nurse in the community of Wrigley. They are getting

busier, they are getting impacted by industry. We have to work towards a strategy. I know that when they're planning for the Mackenzie Valley Pipeline and we're going to access the \$500 million impact fund, a part of the plan was actually to have nurses and nursing in Wrigley because of increased traffic and development. In the last couple of weeks I've been supporting my colleague in the Sahtu only because my constituency is being impacted. We really have to start looking at supporting the services in the communities impacted: Fort Simpson and Wrigley. I'd just like to use that very same momentum to cover off the needs of my communities.

Those are my general opening comments.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Menicoche. General comments. I have Mr. Bouchard.

MR. BOUCHARD: Thank you, Madam Chair. My colleagues have a lot of good comments here and I'd like to add a few general comments on the concept of our budget and this department. I guess it represents just about 25 percent of our budget. Another 4 percent increase this year. I understand the process of the fact that we want more money to go into health and I think the demands are always there. Being able to attend the Minister of Finance's budget process and some of the general comments we got in Hay River were, do more with the same amount of money. They see a lot of wastage. I think that some of our colleagues have talked about some of the things that impact that.

Medical travel. Lots of travel. You're made to attend a one-hour meeting. We have access in Hay River for telehealth but it doesn't seem like the doctors or whoever is administering it tends to want to use the telehealth system. I think that would save us quite a bit of money.

The medical records system, that's great to hear the department's in the process of completing that, because I know we've had issues in Hay River where people have to give blood a couple of times because they give blood in Hay River and then their medical records can't be transferred over to the next hospital they transfer to. I'm hoping that will make it more efficient and hope to save the government some money in health care.

I support the new initiatives and I support increasing the budget, but we do have fiscal restraint. I look at the budgets and we look at between Education, Culture and Employment and Health we have just about 45 percent of the budget. It's large numbers we're talking about. I'm just wondering if it's possible for us to do more with less. Or at least do more with the same amount we have right now.

I am definitely happy to see prevention and promotion in the budget being promoted. That's a large area of concern in the Northwest Territories, especially to our government, not only in Health but in Justice. All our expenses lead back to some of that. I think you mentioned in meetings that if we could picture this territory without drug and alcohol problems, our budget would probably be half of what it is now. There would be people working who have capacity to work. There are people who are addicted to drugs and alcohol that don't have the capacity to hold down a job or get more education. I think that's definitely an area we have supported from this side of it. We have FAS issues, FASD issues, where those are high costs to our education system. A lot of them have to do with drug and alcohol issues. I think putting the dollars into that area is very vital.

Another item I'd like to talk about is the Midwifery Program. Obviously, I've sat in this House and promoted that as an issue that Hay River is very interested in. Right now we don't have the ability to deliver babies in Hay River and we don't see an immediate future of having a whole bunch of doctors and anesthesiologists and the skills to do traditional birthing, but midwifery is an area that we think is a potential, and it's good to see it in the budget. I would like to see the department accelerate the implementation. Instead of rolling out the program in two or three years, I'd like to see them do it in one or two years. Instead of doing more planning or coordinating, put the jobs into the communities that have been identified by the department's report and let the authorities operate and manage their midwifery programs.

Another area of concern I've brought up in the House is the area of flexibility. We obviously still continue to have issues with physicians in Hay River. We also have found some success with nurse practitioners and, right now, are only funded for a couple of nurse practitioners. We have a bunch of dollars that go into locum doctors where, if we had the flexibility to implement a third nurse practitioner, it would take care of a lot of the general concerns in the medical clinics. We've been able to, we've had a lot of success from the nurse practitioners. We'd like to have the flexibility to hire more in our physicians. I know the department's working on that. I know the Minister has talked to FMBS to look at that and make that flexibility available.

That's most of my concerns right now. Like I said, in the funding concept of it, it's definitely good to see that the department's adding funds in the areas that are needed, but I'd also stress that the department look at the way we're doing things and if we can do more with the same amount of money. This number probably could double and we would probably still have people asking for additional things in our

medical system. There's a balance there between our wants and our needs and being more efficient with what we do.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Bouchard. General comments. Next I have Mr. Nadli.

MR. NADLI: Thank you, Madam Chair. I don't really have anything specific to say at this time but I do have some comments in terms of this department is a department that takes a big chunk of the budget in terms of the overall operations of the government. There could be some further initiatives that I feel very strongly about that could be advanced. There's always room for improvement. For the most part in leaving off the discussion, the whole principle of care, compassion and respect, I think, is more likely the vision and mission of the department. At the same time the department needs to be reminded that there is the concept of culturally appropriate care and ensuring that personnel understand the services that they provide to communities, especially servicing the public, but more so with First Nations clients and people that visit the health centres.

I think people have to be reminded that the elders have specific needs and specific care issues. They have to be treated with respect, but also, at the same time, if they require escorts, then I think there has to be special consideration to ensure that the language is a barrier, then obviously communication is going to be critical, especially if there is an advanced onset of a medical condition. It is vital that escorts be accommodated to ensure that elders don't travel by themselves.

In terms of culturally appropriate care, there is always the consideration of people going through the system right from the health centres locally at the community level. At the same time, if they reached a point that they are at the advanced stage of sickness, perhaps cancer, there has to be special consideration in terms of their needs and their desires of ensuring that they are very comfortable and have family there. Again, I emphasize that ensuring that we are respectful of the patients that we treat.

The other matter that I feel strongly about is in terms of the ground ambulances. At this point, as the community that live along the Mackenzie Highway right from 60th parallel all the way to Yellowknife, we have Enterprise, Kakisa and Fort Providence that live along the highway so, unfortunately, sometimes public safety has to be considered. There can't be at the point the line has to be drawn. There can't be any excuses. There has to be some fundamental shifts in terms of a policy, thinking in terms of trying to get beyond these barriers and obstacles of creating the idea that there's a liability issue or else trying to draw

excuses. There is a very fundamental need in terms of providing first responders and ambulances for communities, but also, at the same time, for highway. Right now we are at the height of the transportation season. They are bringing goods from Edmonton all the way to the mines and that is a big necessity at this time. Governments have a duty to ensure the public safety and the well-being of the citizens. I think this department has to make advances in trying to come up with an idea of how it is that ground ambulances will be at least established in those communities.

The other matter that I feel strongly about, too, is just on the preventative and promotional advances in terms of how programs and services are delivered by this department. I think, with alcohol and drugs, in terms of looking at the working group, there have been some initiatives of the past. There have been some concepts that have been tried and discussed. We need to draw upon our experiences and try not to reinvent the wheel every time there's a problem. We need to go back, reach deep and perhaps touch base with people who have been there before, and to try and work with them so that we draw upon their expertise.

At this point, in terms of how the government operates, of course, we are operating with very little or else we have a very mean operation in the sense that the funding and the services that we had years ago is not there anymore, and we have to try and do more, but with less. In that sense, we need to ensure that we do a lot of collaboration, cooperation and coordination with bodies and within groups and within communities as well.

I noticed effort on the working group to try to study alcohol and drug issues has been initiated. It is at its advanced stage. I look forward to the report. I am hoping that those recommendations that are arrived at will be immediately moved on. I would like to see at least, perhaps before this fall, some doable action plans that will be immediately implemented so that we see some concrete, substantive movement on how this government is going to treat people that have alcohol and drug issues and that it will go out of its way to show that it, indeed, cares for its people and it will advance some practical and substantive movement in that area.

In terms of closing off, I understand that there are some initiatives in trying to replace aging infrastructure for one in Fort Providence. There is going to be a new health centre. This idea of prototypes, I think some of the people that I serve in the communities are very curious in terms of what this prototype means. Is this design going to be designed in Yellowknife? Are we going to get a chance to have some input? Is it going to be a cost-saving measure or exercise so that it is energy

efficient? What does it really mean? Perhaps the department can maybe give us an idea.

Also, at the same time, there are still some jurisdictional matters on the reserve. It has been a while since a new health centre has been built on the reserve. It is not operational. It has been sitting there for the past two years. What is holding us up to get it going? It just makes sense for people to have that service right on the reserve instead of jumping into a cab, especially in the summertime and driving those extra kilometres to get to the main highway, then driving to Hay River. It just makes sense to immediately institute the health centre now and make it operational by April 1st, so that people on the reserve have at least the confidence in knowing that their medical aid or else their health care needs are being met. It has to happen. I am hoping that this department will aim for it by at least April 1st to make it operational. Mahsi.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Nadli. Next for general comments I have Mr. Blake.

MR. BLAKE: Thank you, Madam Chair. I just want to raise a couple issues that we have in the Mackenzie Delta. One thing that is not in the budget this year, but was somewhat committed to, is licenced practical nurses in Tsiigehtchic. I hope there could be revisions made to that.

Also, it was brought up by another colleague, is medical travel. It has improved since the fall, but we do have many escorts who are needed for elders. Many elders were brought up in a time when school was not available to everyone. Not all of our elders know how to read. This is a big challenge coming into a large town this size, or city. It is really challenging and discouraging for many. That needs to be taken into consideration when we send the elders down here for medical conditions.

Also, we are receiving poor diagnoses in the smaller communities, especially in Fort McPherson. We've had a couple of cases, even since this fall that could have been avoided. We need to fix those problems as soon as possible.

I'm really looking forward to what is in the plan. The land treatment programs, I am hoping those will be offered up in the Mackenzie Delta. As you know, the Gwich'in have a wellness camp up there. I'm hoping that we can take full advantage of that facility. That is all I have right now. Thank you, Madam Chair.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Blake. General comments. Next I have Ms. Bisaro.

MS. BISARO: Thank you, Madam Chair. Thank you to the Minister for the opening remarks. There are a number of things in the opening remarks I

want to mention and there are a few other things. These aren't in any particular order.

I'd like to start off in terms of the statement by the Minister about the additional \$4.6 million in the budget. I think it was mentioned earlier by one of the Members that we should be able to do more with less. I'm not necessarily of that view, but I'm pleased to see that we have additional dollars in the budget. But my pleasure, I guess, ends because my view of how we should use that \$4.6 million differs from that of the Minister and the department.

I think we need to become more efficient, we need to become more effective in how we deliver our health care system. I believe the department is starting to move in that direction, but I sense there's a lack of coordination to a certain extent of this moving towards efficiency and effectiveness.

I want to say, and I think it's recognized but I don't see that we're doing it, we have to address the root causes of our ill health. We have to address the root causes of the demands for services and I don't think we are doing that enough. I think we're trying, but I don't think we have a big enough plan to address that particular issue. If we can solve all of our causes of all the issues we have in our health and social services system, our spending would be minimal. So it's a bit of a vision, but I don't know that that vision exists in the way the department provides programs and services.

I have questions, large questions, about funding for a number of programs under the department. They are currently funded with federal health dollars. I'm very concerned that we may be experiencing a severe drop in our revenues, therefore, inability to spend the same money we are spending now if we don't get federal funding reinstated or substituted under a new program.

I haven't heard much from the department about what plans they have except they are negotiating with the feds, but I'm particularly concerned about nurse practitioners. Most of our nurse practitioners are funded through federal dollars. They are a very important part of our health delivery system and I'm not so sure that we have a good plan to deal with the loss of the federal dollars when it comes down to that.

The Minister mentions that there's \$1.1 million for mental health and addictions, and that's great. That is one of our huge causes of the drain on our system, but again, my problem is that I don't necessarily agree that the things we are spending this \$1.1 million on for mental health and addictions are necessarily the right things. I will have lots of questions when we come to that section of the budget.

One of the things that is mentioned in the Minister's remarks is funding for school curriculum

development and that's under mental health and addictions plan. I struggle to understand how the development of a school curriculum is going to assist us with mental health and addictions. I understand the principle, but I think it's putting the cart before the horse. I think we need to deal with the results we have on our plate before we actually try to look at something like school curriculum.

I have concerns with the number of reviews which the department is doing or has said that they were going to do. Medical travel has been mentioned already and I have the same concern. It's been a long time coming, the results of the medical travel review. Medical travel is one of the biggest drains on our programs and services. It's been at least a year that we have been doing this review and we have yet to see the results.

The other one is the review of the Integrated Service Delivery Model. I don't remember when that was promised but I think that's at least six or eight months or longer ago and I have no idea when that's coming forward.

Midwifery has been mentioned many times and I, too, have large concerns about what we're intending to do with the midwifery dollars. I noted the Minister in his opening remarks states, "Beginning in Hay River in the 2013-14 fiscal year, our vision is to expand midwifery services to Hay River and the Beaufort-Delta." That sounds to me like we're actually going to have midwives in Hay River in '13-14. If that's the case, then I'm extremely pleased. That is a bit of a different road than what I had understood from before. So there will be lots of questions when we come to that part of the budget. I think there's been a commitment to a midwifery program, but there hasn't been a commitment to actually putting feet on the ground and that's a problem for me.

The Minister also mentioned consistent standards of service. I agree that's an issue. We've also talked about governance, health authority governance and governance around the whole system. Between both governance and consistent standards of practice, they fit together. I am concerned that we had a lot of talk about governance, but I don't really know where we're at in terms of changing the way we govern our health and social services system and the programs and services we deliver. I don't know that we are really clear on what governance we want, what changes we want to make and that we know what changes we should be making in order to make our governance better.

There's a number of pieces of legislation which I think should be coming from the department and I haven't seen any evidence of, and one of them I mentioned in some questions in the House earlier, and it has to do with the Child and Family Services

Act. There's many, many amendments required there and apparently that legislation is coming. I know legislation is very slow to get going and to prepare and to write, but there are many pieces of legislation within the health system that are outdated and need updating. I don't know that we are working as hard as we should on those.

There's money lacking in the budget that I'm aware of for a couple of things. I am just going to mention these. I will have questions when we come to the right part of the budget, but one of them is the Family Violence Action Plan, Phase III. We have many recommendations which would be extremely valuable and which, in my mind, would go to my stated need to address root causes of our problems, but there's no money in the budget to address any of these 19 recommendations. There's continuation of some things that are going on in this fiscal year, but there's no new money there and I think that's unfortunate. I think it's a wrong way to go.

We have no coverage, still, under supplementary health benefits for those people who are what we have, unfortunately, called the working poor. We went through a huge review in the last Assembly and we have yet to act on providing some coverage for those people who do not have it under any one of a number of different programs that we run. There are some people who don't have it and, in my mind, it's a travesty that we haven't covered them yet.

I have concerns about deficits under some of the health and social services authorities, particularly Stanton Hospital. We were supposed to, about a year ago, have a solution to provide for appropriate budgeting for Stanton and we don't seem to be there yet, from what I've seen.

I'm also concerned about the lack of support for adults who need independent living accommodations. That's a program which really isn't on the radar, and as young people get older and become somewhat self-sufficient, they will need independent living support and I don't believe we have anything in our budget for that.

I was pleased to see that there's a mention about establishing a virtual call centre. In my mind, that's moving us towards a more efficient system. That, again, has been on the radar for quite some time and this says we are taking steps towards establishing the centre. I want to know when it's going to be established and when we are going to actually have something done.

Kudos to the department for the work they're doing with education on the Early Childhood Development Framework. This particular project in the last several months has shown excellent cooperation between the two departments. They've done some

excellent work. I look forward to the framework when it comes forward. I would have to say that our government would be far better off if we could have the same kind of cooperation between other departments that these two departments have exhibited in the last few months on this particular project.

I will have lots of questions, Madam Chair, when we get to specific items, but that's all I have for opening comments. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you very much, Mr. Bisaro. Next for general comments I have Mr. Bromley.

MR. BROMLEY: Our biggest department, probably our biggest challenges, very heavily dependent on technology, very expensive technology, so there's lots of work here. I appreciate the work he does on these challenges. I also very much appreciate our social programs. I think we have a very effective bunch working on that front, too, and I know the Minister appreciates that.

I just want to mention the social determinates of health. To me, this is the framework within which I like to view things. It's a broad scope. They are early childhood development education; ability of one to get a job; the kind of work that one does; food security; access to health services, especially equitable access and the quality of those services; housing status; income and income equity, again; and discrimination and social support.

I think this department has clear leads and responsibilities in the area of early childhood and access to health services, and quality and so on, and roles with social support. But I think what it speaks to in the big picture is the opportunity we now are realizing to make big strides when we integrate well with other departments, and that's a huge challenge when you have so much on your plate to start with, but so important. I know there are some examples out there, Saskatoon has some delivery programs in facilities that are quite intriguing. I think our Primary Care Clinic here was a big advance. The flexibility in hours that it presents to people and so on, I see us moving, to some degree, in this direction. I know with our doctor heading up the Canadian Medical Association, there is some good work going on there.

I guess it would be good to have some context where the Minister sees us within the five- to 10-year strategy that we have. Certainly in the 16th Assembly, we came out with Building on our Foundation, 2011-2016 report, and I'm assuming this will fit. The work proposed is done in the context of that report and the priorities of the 17th Assembly.

I really appreciate the concerted effort that's being done, as needed, to address costs and especially through the efficient use of new technology and the opportunities of the new Mackenzie Valley fibre optic plan would have for us there.

Just going through the Minister's comments, I'm glad to see the recognition. I think they've done well in terms of total amount. It's always a challenge.

The clear link the Minister sees between investing and prevention/promotion and containing future health care costs, I agree with that especially when you put it in personal terms, the improved health of our people. That's what we're all talking about. The department is 3.4 percent, maybe more. Again, we can debate those things but I don't want to go there. I think the main thing is that there's not enough, we need more, whatever that amount is and we need to be effective with on-the-ground programs that are integrated again with other programs that really contribute to people making good decisions on aspects of their lives that influence their health and, of course, on the delivery of health itself.

The \$1.1 million in new funding to address gaps in services for mental health and addictions, that's really great to see. I want to know that that is going to address the needs of a specialized core, mental health court program and we can get into that in detail, but just a head's up that I will be keenly interested in that.

Forty percent of our admissions related to chronic disease, so we've got some good opportunities to do more work on that front. It's been identified by the Minister and by committee, and particularly from the standpoint of prevention. Diseases we hear about, diabetes, heart disease, mental health, addictions, cancer, many of those or all of them are appropriately addressed and attached through prevention-type activities, again, requiring an integrated-across-departments approach.

I am very happy to see the system-wide leadership to ensure that every resident receives the best care possible. This is the equity, health equity business and access to health consistent standards. Right on!

The first jurisdiction in Canada, possibly, to implement an electronic medical record system. Again really good. The word is possibly or poised, so my question is: When?

Midwifery, my colleagues have spoken to that and I have spoken to that in the House clearly. I know the Minister is aware of that. I am not pleased with, again, more planning and oversight. We have a considerable amount of time and experience now with the Midwifery Program. We developed the legislation, I think, well over a decade ago, so let's get going with on-the-ground programs.

There's \$1.1 million to enhance staff levels at three long-term care facilities. Yeah, we're aging. I'm the first to admit that, of course. So I support this initiative. What does that buy us, I wonder, in PYs in these facilities. Maybe we could get a breakdown from the Minister on that.

Medical travel. Again, my colleagues have talked about this. We've been excited. We heard some time ago, I think in the 16th Assembly, from the medical advisor, whatever his title is, Dr. Affleck, very exciting stuff. It sounds like we might actually do something here. That's exciting. In fact, we've already enjoyed some savings, the Minister noted. I'm curious what is the evidence for savings is there.

There's \$472,000 towards a virtual call centre. That's what I think Dr. Affleck is talking about, so really exciting. Looking forward to hearing the details on that.

Mr. Chair, that's it. You know, I think we need a social determinates of health approach that requires cooperative and integrated work with other departments. Investing in innovative and equitable delivery programs, I think there are some examples starting out there.

Early childhood development, the Minister knows, is number one to me, number one. That results in better health, better education and people are not in the corrections programs.

An increasing focus on prevention and promotion and all of these really are, to some degree, part of that. Midwifery, we need on-the-ground programming. A functioning mental health system that supports mental health court. I can't help but mention the Stanton Hospital, Mr. Chair. We just had a tour and we had a tour in the 16th Assembly. People were cramped already. Hallways are filled with freight. People were working out of closets. From time to time, we're patients and we see that side too. There's not good patient flow. Things are laid out in a very awkward way for today's medicine. So although we're not talking infrastructure today, one can't help but think the delivery of programs and health care is compromised in that sort of situation. It's certainly got to be hard on people. Mahsi.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bromley. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chair. My comments will focus on the Sahtu region and the impacts of health on the department here, and the system we have operating right before us. I want to ask the Minister, when we go through the Health department, with regard to the communities that have some basic services like the community of Colville Lake, which I represent. Today we have a nurse visit there once a week. We have people in

Colville Lake who are trained at a minimum level for administering pills or just looking after aches, pains and bruises. So I want to ask about the fairness and the protection of our people. When is the department going to be putting in some plans for basic health care services in Colville Lake, Tsiigehtchic, Wrigley? I want to know how many communities don't have a nursing station/centre. I want to ask that. How is the department going to start taking care of the people who do not have the basic nursing stations in their communities? How are you going to look at some of the plans that are required, as Mr. Bromley talked about? It's not an infrastructure budget, but we need to look at those things in our small communities.

I want to say to the Minister that I've looked over the budget and I've wanted to make some comments on the health and prevention. The Minister has embarked on community fact-finding on addictions and alcohol and drugs in the Northwest Territories. We do have a treatment centre right across the lake here called Nats'ejee K'eh that runs a 28-day program. From the numbers we receive, it's operated under \$2 million. They run a program which is almost 45 percent filled to capacity. When you do the numbers, it costs roughly about \$14,800 for a client to take a 28-day program. I want to ask the Minister if we could change that to make better use of the efficiency and effectiveness of one of our government's priorities. I think the Minister is doing this through this addictions forum. I am 150 percent supportive of this initiative. However, that forum comes back with strong recommendations to look at community-based healing and how we manage the program at Nats'ejee K'eh as an educational program. Combine that with healing programs in our regions and I think we have a good combination.

There should be a place where people can go to a centre and learn about the harmful effects of alcohol and drugs at the abuse level and know what the harmful effects will do to families, communities, and have them look at skill development, really take a look at it. Combine that in our regions with healing programs and skill development. I'm looking forward to that.

I do want to say that the other part is the amount of dollars that we are going to be looking at. The Minister has put some money in for supporting youth and community members on prevention programs. I think that's something that resonated with some of my people in the Sahtu. They said that if we're going to drink, we're going to drink. We're of an age that nobody is going to tell us anything different. Well, okay. But what they did say was we have to start educating our youth. So I'm glad there's money being set aside to educate our youth. It might take a generation. Our people are 51

percent of the population. The communities I represent are a high population of Aboriginal people. We've got to bring them out of the despair, depression and hopelessness, and not use that number one pain killer, which is alcohol. We've got to give them some incentive to live a good life. The high cost of living is almost double what you pay in Yellowknife. The employment rate is low. People who live there work on seasonal wages. The employment rate in Norman Wells is 80 percent. Some of the larger centres are working pretty good, but in our small communities the unemployment rate is very high and the cost of living is very high.

So it looks pretty bad when you look at our communities, pretty desperate. We need to really work on our people.

Mr. Chair, if I want to ask the Minister, and I'm probably going to ask him right now, if we were to do a Sahtu health report card, I wonder what it would look at. If you had an independent consultant go into the Sahtu and do a health report card, what would it say about our health conditions? Just as if we go to the doctor and we say, "What's up, doc? How's my health?" For regular checkups, the doctor will tell us about some of the conditions. What about our mental health report card? Again, when we go through tough times, when you go through stressful times or when bad things happen to our people, what about our emotional checkups? Close friends and family die, or painful family issues happen from time to time, or when we feel hurt or pain and don't know what to do with it, we turn to something that will take care of these emotional hard times, which is usually alcohol and drugs. Then we learn that's what takes care of emotional pain.

Lastly, what about our spiritual health? When you look at it from an Aboriginal perspective, you look at the four components of a human being. You've got a lot of issues that we can talk about, but then I'm asking the Minister you have close to 65 percent of the people at Stanton Territorial Hospital are Aboriginal and you have a community like Fort Good Hope who has, in their traditional foods, about 76 percent of them eat traditional foods. Are we meeting that in our hospitals? That's the food we grew up on. How do we take care of them?

We have 28 percent of families in Fort Good Hope who make less than \$30,000 a year while the GNWT has 16.7 percent of that. Do you see the picture I'm painting? We've got to get back to some of the basics. That's what I'm asking this Minister. We need basic health services first, start with nurses in our communities. Get them in our communities. That's one of our priorities and we're not meeting it.

Mr. Chair, thank you very much. I'll have questions for the Minister as we go through the detail.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Yakeleya. General comments. It looks like we've covered everyone. We'll give an opportunity to the Minister to respond to general comments. Minister Beaulieu.

HON. TOM BEAULIEU: Mahsi cho, Mr. Speaker. I'm sure we will be covering a lot of these issues as we go through the detail of the business plan, but I will touch on some of the comments.

Midwifery was brought up fairly consistently. We are rolling out a plan. We have midwifery, yes, and we've had midwifery, yes, for quite a while, but we have a community midwifery program. We are trying to expand that into a regional midwifery program and ultimately a territorial midwifery program. We see quite a difference between a community midwifery program which is successful and a regional and then ultimately a territorial midwifery program. We don't see that as just taking the current successful Fort Smith model and plopping it in Yellowknife and calling it a territorial midwifery program. There is more to it than that. An example was brought here with the midwives going out to the communities. That is a regional midwifery program. That is not what we have in place now. We need to develop this program so that, even if it takes us the extra year to develop, we want to develop a good program; not a fast program, a good program. That's what we're trying to do here. We are trying to put a program in that will see long-term success, not a program that needs to be rushed in because we're being pressured by some people to say we need to have a program, we need to have people in the communities ASAP.

Lots of discussion about addictions, and many other items that were brought up by the MLAs relate to that. We don't necessarily have a specific program that would say we are going to do this, this and this in family violence. However, we do have programs in place. We do work with NGOs. We are also trying to address the main cause of family violence and that's alcohol. We have to be able to see the link.

If we are addressing the main issue of people being in jail, if we are addressing the main issue of people being in the hospital, if we are addressing the main issues of chronic disease, then I don't think we have to draw out programs that are put in place necessarily to combat those specific issues. We are trying to move towards prevention, as the MLAs have clearly indicated to us over the last couple of years. What we are doing is we are saying let's work on the cause. The cause will then... Then everything else kind of falls into place afterwards.

An example that I like to draw upon is, if we had no alcohol, we would have very few people in the correction centres. At \$90,000 per person per year, that is a substantial savings to the government. We

would have many people that would have jobs. We could put a major dent into income support. People would be ready to go to work. There are all kinds of factors that this type of thing impacts.

When we came to work to do this job that's the first thing we asked. What's causing all of the problems? The answer was clearly from the communities: addictions. But we can't continue to pick at programs that are caused by the addictions. We want to address the addictions issue. Of course, we've done other things that are not social services, although they are social determinants and they impact on other things like governance. Sometimes governance prevents us from moving quickly through the process.

Right now we have a system where each authority has responsibility for physicians. Each authority has responsibility for nurses. Each authority has responsibility for bringing social workers into the mix and mental health workers. Yes, we need to develop the social Integrated Service Delivery Model. We recognize that. We are clearly behind in the improvement of the integrated or the revision of the Integrated Service Delivery Model, there is no question about it, but that's because we have a lot of other pressures.

You notice in the House or in our business, there are always demands for us to do this thing or that thing. So a lot of times we are putting out fires, so we don't get the opportunity to take our people that are there currently doing the firefighting to take them off of that job and put them on the redevelopment of an Integrated Service Delivery Model. As an example, which is essential to our system, this is an essential tool to our entire health and social services system. Once we develop that, we'll know what's needed in the communities.

We know what is needed as far as nursing goes in the smallest community to what's needed in Yellowknife, our largest community. This is the delivery model that is going to tell us that. But we have to do that. We have to get to it.

We have talked about medical travel. We see the efficiency of medical travel will increase overall efficiencies. So what we are doing is, because we are not given a full opportunity to work on the medical travel and to revise medical travel, we are doing other things that we think are going to help reduce the cost to medical travel, and that is things like the electronic medical records.

In as far as the funding that is causing the Stanton Territorial Hospital from being in a deficit, it is true. The MLAs know that medical travel is over \$3 million. Physician funding. Yes, physicians sometimes are providing support to other authorities and are being paid through Stanton and it is causing a bit of a deficit there. However, we are

going again to look at medical travel, making a decision on whether or not medical travel should continue to be housed in Stanton. Maybe pulling medical travel as a departmental program then would no longer would have this deficit effect on Stanton.

The MLAs talked a bit about prevention versus treatment. It is difficult to move fully into prevention because we do have to maintain the health of people that are currently sick. There is some treatment that has to continue, but we clearly see that the more prevention we do down the road, and I use the term upstream work for downstream positive impacts. We recognize that prevention is exactly that. It is good upstream work done so that we have positive results downstream. We are introducing things that, although I don't want to get into the very specifics of it, we are looking at developing legislation that will allow for us to have second opinions. We see that as a fairly critical piece of the puzzle, too, that if somebody thinks that they are being misdiagnosed, then they can get a second opinion and we are able to pick up the correct diagnosis as a result. Then we could save money in the system.

We see that Stanton Territorial Hospital upgrade is a capital item. It is briefly discussed here. We can see that as a capital item. We will have an opportunity to discuss that when we discuss the capital item, but it's going into the system, we're looking at it. I do believe we're doing the planning study now. So we will have a pretty good idea of what's going to happen with the hospital. I think it's fairly clear that we need to do something, but exactly what, we'll decide once the planning study is done.

There is some discussion on long-term care and how we are hoping to address that issue. We do recognize that long-term care is a costly thing in that our people are aging. I use the number 25 percent more. I think I may have said, in the next 10 years there will be 25 percent more people over the age of 65 in the Northwest Territories. We have to prepare for that, and part of preparing for that, I think, is trying to develop a system where we're trying to provide a continuum of care for seniors.

We don't see any other alternative. We cannot afford this system, or no system in this country, actually, can afford to take people and put them into residential long-term care facilities. In our system it's costing us \$110,000 per senior. So we have a couple in there who could be in their own home, potentially, but we haven't made that shift yet. It's costing the system maybe \$220,000 for one family to be in there for one year.

What we want to do is look at all of that. We started work with the NWT Housing Corporation, the Housing Corporation is expanding their assisted

living facilities into four communities. We want to work with them. They're putting a common area in their facilities, so Health has an opportunity to put programs into those facilities. That's a collaboration amongst a few other things that we're collaborating on.

We're collaborating with, I think MLA Bisaro said it was good to see some collaboration in early childhood development. The department is collaborating with DOJ, Department of Justice, and specialized courts. We're partnering with Education in developing school curriculum for mental health. We see that as important, the whole development of that. As we lay it out in our action plan, we see how to open the door to get the discussion going and to talk about mental health and the issues that surround that, and that mental health doesn't have to be something that... It should be something that is addressed. If you hide it, you don't address it.

We work with ECE on early childhood development. A few MLAs talked about that. We work with ECE, DOJ and NWT HC and ITI on the Anti-Poverty Strategy. We worked with MACA, DOJ and DOT on ground ambulance, and the NWT Housing Corporation, again, in providing continuing care for adults. Also, we're working on a Healthy Choices Framework with ECE.

Mr. Chairman, I'm just going through the list. We're going to have discussions with BC Health, the community of Fort Liard, and seeing what type of arrangement we can make that would be similar to the arrangement we have with Alberta Health. We see that geographically it may be a good idea. If we fully develop the ground ambulance in our legislation, as we talked about in committee on emergency medical service providers, then we develop that legislation. Once the umbrella legislation is developed, then one of the professions that we look at under there would be the emergency medical service providers. If we're able to develop regulations in there, we should be able to continue working with MACA and DOT on full implementation of providing ground ambulance service.

Community wellness. We do receive a fair amount of money for community wellness through the federal government. We are working actively within the department to make sure that we develop community wellness plans for all the communities.

The funding that was referred to, I think we do have to sort that out. Mainly we want to develop wellness plans in every community that lay out what's needed and where we're headed. We want to know, community by community, how we're going to make the communities well, how we're going to move towards that. Again, that all goes back to, essentially, prevention in the business that we are in.

Nurses in small communities, again Integrated Service Delivery Model is going to determine our needs in the small communities. We may be able to do it in the communities as we work our way through the system with the nurses if we have, like I think was specifically mentioned, licenced practical nurses in the small communities. We need to develop some sort of system that allows them to be in there, because they have to be supervised by a registered nurse nearby. Then maybe there's other work they can take on; for example, in home care, developing some work with foot care and so on. These are all things that we need to work on and continue to do so.

The funding for the flexibility built into the position funding, I indicated in the House that we will have a proposal, whether it's a business case that's developed by the authorities. We're hoping to have their input, the request coming from the authorities. To provide that flexibility, we want their input. One way of another we're going to present a business case as an interim measure, likely, to Financial Management Board by April 30th. If it's not a problem, then that flexibility may allow the authorities to hire nurse practitioners where they're having difficulty getting doctors.

We also have a plan to bring doctors in. We're working with the NWT Medical Association and we want to bring doctors into areas where we usually have doctors, and that is Hay River, where there's seven doctor positions. When we look at that Integrated Service Delivery Model, then it might be more than seven doctors. If the new health centre is a good place to provide a service to Fort Resolution, Fort Providence, Kakisa and the Hay River Reserve – they probably provide service there already – and Enterprise, then there might be more doctors than that.

I've asked the authorities to give me a model of how they're going to or plan on bringing physicians into the authorities. We're doing it. There are two physicians in Smith that weren't there last year. There are five in Inuvik and we're working to bring the physicians into Hay River. Like I said to the Members from Hay River, plan A is to have doctors living in Hay River, plan B is to have the same doctors that will provide the service in Hay River living in Yellowknife. So those doctors will be the same doctors that are going down there every week to provide a service, and they have their caseload, and they'll have their patients and if there's any need for the patients that come to Yellowknife to see the same doctor. So, ultimately, we're trying to achieve the same objective, and that mainly is to have doctors north of 60 living here and practicing here and providing a service.

We talk about all the technology that we're trying to employ. I think the young doctors recognize that's a really good tool for them and it's a really attractive

place to come to work. Hay River is going to have a modern health centre and Norman Wells is going to have a modern health centre. Fort Simpson is going to have a modern health centre. Stanton is going to be upgraded – although we don't have trouble attracting doctors to Yellowknife – and Inuvik is attracting doctors. So if we look at the whole system, we're putting technology, proper infrastructure in place so that it's attractive so that we bring the physicians here.

Aside from providing excellent service to the people of the Northwest Territories, as far as physician services go, it also should reduce costs. It should reduce costs in medical travel and also reduce costs of having to bring doctors in from other parts of the country.

We do plan on doing something with the report from the Addictions Forum, quickly. I think there was a recommendation here that something has to happen by the fall. I hope that we're able to put some of the work in play by the fall, but the first thing we have to do is we have to look at the report, to examine the report and see what type of things we're going to need to do.

Surprisingly, some of the initial discussions that they're having were related to parenting. I think an MLA here mentioned that today. It's very important that they have good parenting at the community level. Good parenting everywhere is essential to our whole system. We have the school curriculum, like I indicated, that's again targeted to youth, and anything right now that's being paid by the federal government through THSSI will be paid by the GNWT if that THSSI funding is pulled.

We can't just eliminate that funding and say, well, we'll reduce our medical travel by that amount; we're going to not have the physician funding that comes from THSSI or we're going to lay off six nurse practitioners in our system. We will not be able to do that. But it's my mandate as a Health Minister to try to sign another agreement with Health Canada on THSSI. Most of our other agreements are now long term. I mean, the Premiers themselves negotiated the Health Transfer Agreement and other agreements are long term.

I recognize the child and family services review is something that needs attention, and one of the key elements of change would be to make sure that we have committees in the communities. It's very difficult to do. It's a more difficult task than I anticipated, that's for sure, but it could be a couple of reasons. One is the sustained pressure on the staff and, ultimately, on the communities to try to put these committees together may not be there. That may be lacking in our system and it's something that I want to get back to. When I started a year ago, it felt like such a huge priority, and then

essentially just get engulfed with all kinds of other priorities in the health and social services system. But we're going to step back from this again and say we need to provide a sustained pressure on to the system and on to the communities in order to make sure at least those committees are in place.

Some aspects of the report we're doing. We recognize that one of the key things is healthy families. We're expanding Healthy Families, we're continuing to expand Healthy Families throughout the system, and Healthy Families is something that we're hoping to have in either a satellite operation or a person working in the community in all the communities where we have births. Where all the kids are born from, I should say, because we don't have births in the actual communities, but that's what we would like to have, Healthy Families to support young, pregnant moms, and then on to early childhood development and then working again with Education to try to make sure that we are producing healthy children that are ready for kindergarten when they're five years old. At five years old we're doing that measurement as a government. Through the Department of Education, Culture and Employment, we're using the early development instrument, and in February of their kindergarten year, all kids are evaluated. We're going to see a progress every year. So that will be a real, real good measuring tool and, theoretically, I'm seeing these numbers go down where we have children that are not right up to par at that grade and in kindergarten. That number should continue to go down every year, should. If we're putting money in where we think it's going to have an impact for us, Healthy Families is really where we need to go.

We need to look at the working poor, like Ms. Bisaro talked about. We recognize that. They're not the indigent health benefits, they're not the extended health benefits, they're not the Metis health benefits, but they're the health benefits that don't exist to this certain group that make too much money to be indigent but not enough money to pay for the medicines that they need to remain healthy. So I know that the House wants to look at that, but that's more money into the system. So we see that as a gap also, but we don't have a program to cover it at this time.

Social determinants. We strongly agree with the Member who talked about the social determinants of health. We see that, we recognize that. If we're able to address early childhood development, education, job-ready people, food security, health services, income. Right there, there's the plan. We're able to address those issues. If we're able to make progress in those issues, we'll make progress in the health system, no question about that.

Chronic disease management. Chronic disease management is a serious thing. We have the three

pilot programs that we're going to report on this coming spring, and we're going to develop from those three pilot programs a chronic disease management for the Northwest Territories. We consider that, again, to be one huge essential part of the health system.

The Member for Sahtu talks about sort of how I view a continuum of wellness. This is what we are trying to develop. This is what we're hoping the Addictions Forum can provide the key elements to what we need to develop this continuum of wellness in the system. Very important. We've never really looked at residential treatment as a piece of the puzzle where people are going there to get educated in addictions, but we need to look at that as a piece of the puzzle, where people are going there to get educated in addictions. Then that's the very beginning of the step towards wellness. As they move through the system, the last step is a personal responsibility. The person who is afflicted with addictions, has to take personal responsibility for their addictions. If their addiction is costing them job, health, family, then they have a personal responsibility to address that issue.

As a government we have a responsibility to provide them with some of the tools necessary to achieve that, and for us that's very clear, that we bring this down to that level. We have a responsibility in this whole addictions field and so do the people who are afflicted with addictions. We have a shared responsibility. We don't have all the responsibility. I can't cure or the Department of Health can't cure someone from addictions, but we can help. We can provide a place for him to get educated in it. We have provided a place for him to go to where he's comfortable and he's talking to people who are experts in the field. We can provide things to the youth and we can provide education in the schools. We can do all of those, but at the end of the day it's a personal responsibility and a personal choice. If it's affecting your life negatively, then you have a responsibility to address that issue. Depression and all of those things that come with addictions, and other things, but some come with addictions.

We have a health status report that looks at the physical health of people. We have that. That's available. We don't have a health status report on the mental wellness of people. It's interesting, because as I'm sitting here listening to the comments from the Members, that's something I see as a gap in the system. But, again, it's very difficult to do. The Mental Health and Addictions Action Plan lays out how we can do that. The very first step is just to talk about it, and recognize it, and don't hide it. That will be the steps that we need to take, initially, to be able to do a mental health or wellness status report. When the Member brings up how do you guys determine the report card of

health, we can say, well, we have the health status report. If they ask us, how about mental health. We're just beginning that process.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Beaulieu. Committee, do we agree to proceed to detail?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Thank you, committee. I'd like to turn your attention to 8-7. We'll be deferring this until after consideration. Page 8-8, Health and Social Services, information item, infrastructure investment summary. Any questions?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Thank you. Page 8-9, Health and Social Services, information item, revenue summary. Any questions?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Page 8-10, Health and Social Services, information item, active position summary. Any questions?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Page 8-11, Health and Social Services, information item, active positions, health and social services authorities. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chairman. I want to ask the Minister, is he responding to the oil and gas boom activity in the Sahtu region. Other departments that have indicated to me how they're going to respond to the emerging needs of the Sahtu in the oil and gas activities. We know with the lifting of the restricted liquor sales in Norman Wells have increased the records of the RCMP and crime stats, and the community itself shows a lot of alcohol abuse. Crimes have gone up quite considerably and the health care systems are taking a real whack in terms of taking care of the people. I want to know how the Minister is responding to the increased number of employees, in the short time of working in the Sahtu, with other issues that are quite sensitive. I know that the health workers in Norman Wells have told me they've seen increase, they've seen the devastating effects of the unrestricted liquor sales in Norman Wells, and also the nurses in the other communities. Is the Minister looking at these two fronts, the oil and gas activity and the unrestricted liquor sales in our communities? Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Yakeleya. Mr. Yakeleya, I'm going to let the Minister respond to that. Just so that you're aware, we're on active positions and health and social services authorities, so we're on 8-11, but we'll ask

the Minister to reply to that one question, but I'll ask you to redirect future questions to the page. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. We have not put additional positions into the health and social services authority in the Sahtu. We have essentially looked at the Sahtu in the greater picture, in the territorial picture, as we're trying to address what we think the issues are going be. That is that there will potentially be an increase in alcohol-related issues.

We do have regular updates from the CEO from the Sahtu Health and Social Services Authority. There's a requirement for us to respond specifically with personnel on the ground, and then we will have that discussion with the Sahtu Health and Social Services Authority because that would have to be an internal reallocation on a temporary basis because we don't have any new positions targeted in the Sahtu for this at all.

MR. YAKELEYA: I'd certainly look to you for guidance and if I want to continue on with asking questions to the Minister regarding positions, I could go to another page and hold off and ask him some more specific questions. I am just raring to go.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Yakeleya. I see you may not have any questions specific to the active positions on this page, so if that's okay, maybe we can continue. Health and Social Services, information item, active positions, health and social services authorities. Any questions?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chair. I move that committee reports progress.

---Carried

CHAIRMAN (Mr. Dolynny): I'd like to thank Minister Beaulieu here today and I'd like to thank Ms. DeLancey and Ms. Mathison. Sergeant-at-Arms, if you could escort the witnesses out of the House. Thank you very much.

I will rise and report progress. Thank you.

Report of Committee of the Whole

MR. SPEAKER: Can I have the report of Committee of the Whole, please, Mr. Dolynny.

MR. DOLYNNY: Thank you, Mr. Speaker. Mr. Speaker, your committee has been considering Tabled Document 9-17(4), NWT Main Estimates, 2013-2014, and would like to report progress. Mr.

Speaker, I move that the report of Committee of the Whole be concurred with. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Dolynny. A motion is on the floor. Do we have a seconder? The seconder is Mr. Beaulieu.

---Carried

MR. SPEAKER: Item 22, third reading of bills. Mr. Clerk, orders of the day.

MR. SPEAKER: Thank you, Mr. Clerk. Accordingly, this House stands adjourned until Friday, February 22nd, at 10:00 a.m.

---ADJOURNMENT

The House adjourned at 5:48 p.m.

Orders of the Day

CLERK OF THE HOUSE (Mr. Mercer): Orders of the day for Friday, February 22, 2013, 10:00 a.m.:

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Recognition of Visitors in the Gallery
6. Acknowledgements
7. Oral Questions
8. Written Questions
9. Returns to Written Questions
10. Replies to Opening Address
11. Petitions
12. Report of Standing and Special Committees
13. Reports of Committees on the Review of Bills
14. Tabling of Documents
15. Notices of Motion
16. Notices of Motion for First Reading of Bills
17. Motions
18. First Reading of Bills
 - Bill 2, An Act to Amend the Territorial Parks Act
19. Second Reading of Bills
20. Consideration in Committee of the Whole of Bills and Other Matters
 - Tabled Document 9-17(4), NWT Main Estimates, 2013-2014
 - Bill 1, Tlicho Statutes Amendment Act
21. Report of Committee of the Whole
22. Third Reading of Bills
23. Orders of the Day

