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The Honourable Paul Delorey, Speaker

Legislative Assembly of the Northwest Territories

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YELLOWKNIFE, NORTHWEST TERRITORIES

Thursday, February 17, 2005

Members Present

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

ITEM 1: PRAYER

---Prayer

SPEAKER (Hon. Paul Delorey): Good afternoon, colleagues. Before we begin, I would like to take this opportunity to recognize some very special guests of mine in the gallery. We have with us visiting today my daughter, Michelle, her husband, Brent, and their kids, Lane and Tori Hartwell.

---Applause

Welcome to the Legislative Assembly. I hope you enjoy your visit. Orders of the day. Item 2, Ministers' statements. Item 3, Members' statements. The honourable Member for Nahendeh, Mr. Menicoche.

ITEM 3: MEMBERS' STATEMENTS**Member's Statement On Long-Term Care For Elders**

MR. MENICOCHÉ: Mahsi cho, Mr. Speaker. Mr. Speaker, I rise in the House today to speak about long-term care for elders. Mr. Speaker, I strongly disagree with the policy of this government to charge aboriginal elders in long-term care facilities for their room and board. I have raised my concern in the House before, and I am not at all satisfied with the responses I have received to date.

Mr. Speaker, elders are revered members of this society. They have waited a long time to get old.

---Laughter

They should be able to enjoy what they can of old age. It should be a time for them. Unfortunately, under this policy, rather than taking whatever pleasure they can from their old age security, they pay around \$712 per month for their accommodation. For those who depend on old age security, this leaves them with very little. This is not at all consistent with the policy for seniors in public housing, Mr. Speaker, who pay virtually nothing towards their rent. Why is it, Mr. Speaker, that elders who are most in need of assistance must pay for their accommodation while those who are able to look after themselves pay nothing towards their rent?

It is hardly the fault of those who require long-term care. Why should they be penalized? Mr. Speaker, the long-term care facilities are the last stop on this earth for the elders who make their home there. Shame on this government for not doing all that is within its powers to make the last days of our elders as comfortable as possible.

Mr. Speaker, the Minister of Finance was proud to announce a budget surplus when he tabled the budget last week. The number of elders in long-term care in the NWT is not huge, Mr. Speaker. It would not unduly

burden this government to cover the housing costs for elders in long-term care as they do for those who reside in public housing. But it would make a significant difference in those people's lives. It would also be a powerful statement about the value our society places on elders. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Thank you, Mr. Menicoche. Item 3, Members' statements. The honourable Member for Inuvik Twin Lakes, Mr. McLeod.

Member's Statement On Addictions Treatment Centre In The Beaufort-Delta

MR. MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, last October, this Assembly passed a motion to reopen a residential addictions treatment centre in Inuvik. I was glad to hear about this motion because it has given me a head start on a very important issue for my constituency. The lack of a proper treatment centre with follow-up programs in the Beaufort-Delta is something that needs to be addressed quickly. The Beaufort-Delta Regional Council passed a resolution last November in support of the establishment of a treatment centre, prevention programs, especially to prevent hard-core drug use such as crack cocaine, and funding support for the mental health addictions counsellors and after-care programs in all communities.

It is a sad fact, Mr. Speaker, that during the week of the BDRC's meeting, which coincide with Addictions Awareness Week, there was an armed robbery at an Inuvik corner store by an individual looking for money to buy crack. It would be naïve to think this was an isolated incident. With more and more resource development jobs and the extra cash this puts in people's pockets, we will see more of this if we don't make the investment in prevention and treatment.

Mr. Speaker, although I believe that alcohol and drugs are a matter of personal choice, when people who are addicted do make the choice to get treatment, the facilities and programs should be there. The Minister has indicated he will be in a better position to respond to the BDRC's resolution in late March, once he has more details on the additional resources for health care recently committed by the federal government. I look forward to working with the Minister and my colleagues in this House and the Beaufort-Delta leadership to ensure that the new money is invested where it is most needed. I would certainly say that prevention and treatment of addictions is one of those critical areas. Thank you, Mr. Speaker.

---Applause

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

Member's Statement On Deton'Cho Corporation Access To The Sandpits

MR. RAMSAY: Thank you, Mr. Speaker. My statement today is a follow-up to Tuesday's statement when I was speaking to the issue of the Minister of Municipal and Community Affairs granting permission to the Deton'Cho Corporation to access a portion of the sandpits here in Yellowknife to develop a residential community. I still do not understand how and why the Minister would and could unilaterally agree to grant access without first consulting the City of Yellowknife. How could the Minister be so bold, Mr. Speaker? On January 7th, he grants permission to Deton'Cho Corporation to access the land, then three days later, on January 10th, the Minister signs off on the city's general plan. What was the Minister thinking? In the event he doesn't know what he was thinking, I want to let the Minister in on something. That is that plans are in the works to develop this area with a 400-unit residential development. Does this Minister care that this is going to happen? Well, he should. If the development does proceed, we could have a substantial satellite community with 800 to 1,000 persons living out at the sandpits. There will be needs, Mr. Speaker; perhaps a school, parks, roads and other infrastructure. How will these items be managed? Who is going to pay for it? The Minister has to pay attention to all of the conflicting concerns on this parcel of land. Any future airport expansion plans involve land immediately next door to this parcel of land.

Residential development for the area is not in the City of Yellowknife's general plan. The Minister's department is currently involved in a joint survey with the Yellowknife Shooting Club and the City of Yellowknife on this exact parcel of land. How did discussions proceed with regard to the much-needed Kam Lake access road should a housing development be planned for this area? The decision to grant access is wrong from so many different angles, Mr. Speaker.

Again today I will be questioning the Minister about how and why this decision was made to grant access to Deton'Cho Corporation to build a housing development at the Yellowknife sandpits. Thank you, Mr. Speaker.

---Applause

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

Member's Statement On Education Issues In Nunakput

MR. POKIAK: Thank you, Mr. Speaker. My statement today is on education issues in Nunakput. I would like to start off by thanking the Minister of Education, Culture and Employment for meeting with the Tuktoyaktuk District Education Authority and the public in Paulatuk during his Nunakput tour last summer with myself.

Mr. Speaker, today my statement will focus on education issues in my riding; namely, the high school in Tuktoyaktuk and also grade extensions in Paulatuk. I have spoken about the Mangilaluk School in previous

sessions, and I will just put the government on notice that I will continue to raise these issues until they are resolved.

I want to take the opportunity to make Members aware of the reasons and logic behind Tuktoyaktuk's request for a new high school. The Mangilaluk School was only ever intended for K to 9. Several years ago, Mr. Speaker, the school was forced to take in the high school grades on very short notice. Separate portables being used for the high school were condemned. This created problems with overcrowding and having younger and older students together. I believe the current Minister should be very familiar with the situation, Mr. Speaker, as he was also the Minister of Education at the time that this was going on. There were some renovations done in the late 1990s but this was just really a band-aid solution.

Mr. Speaker, there have been some communications recently between the Minister; the chair of IRC, Ms. Nellie Cournoyea; the Hamlet of Tuktoyaktuk; the Tuktoyaktuk District Education Council; and myself about the possibility of looking at options to address the problem of a high school. I would like to thank the Minister for listening to us and want to encourage him to follow up as quickly as possible.

This has been a major concern in the community of Tuktoyaktuk for many years and I don't want this to end up on a back burner. As the Minister heard in Paulatuk last summer, people are very interested in seeing grade extensions so that their high school students can stay in the community rather than going to Inuvik. I would also encourage the Minister to follow up on this request as quickly as possible.

Mr. Speaker, I am looking forward to seeing some progress on these educational issues in the near future and then the government can look forward to hearing me pursue other matters on behalf of my constituents. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Pokiak. Item 3, Members' statements. The honourable Member for Hay River South, Mrs. Groenewegen.

Member's Statement On Transient Shelter In Hay River

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, I am very worried that Hay River does not have a protocol in place to respond to the needs for shelter for transients. Economic growth in the Northwest Territories is almost 10 times greater than the rest of Canada, and our employment rate is higher than the Canadian average. This news is drawing people to the North, our population is expanding and most of the expansion is because of people migrating here from other provinces.

In the NWT, Hay River is the most accessible town from the South. Road traffic is on the rise and there has been a 33 percent increase in highway traffic since 1993. When the Deh Cho Bridge opens in 2006, I believe that road traffic is going to increase further. Everyone in the south has heard about the mining and the pipeline and I believe people are going to be heading to Hay River in search of jobs. Many of them will find employment and many more of them will arrive in Hay River in the dead of winter to find out it's 40 below and they can't afford a place to stay or they can't afford the cost of living.

Young men are the most likely group to travel north looking for work on the pipeline, Mr. Speaker, and when there isn't an appropriate place for them, they have, in the past, looked to the local churches for support. The number of men arriving in Hay River has already increased and some transients that have arrived appear to be chemically-dependant or have other issues that create some instability.

The members of the Ministerial in Hay River have been approached, on average, about once a week by someone needing the basic essentials to survive and they are not equipped or prepared to support these transients. Without an adequate plan to respond to these transients and their needs, there will be a problem in our community. Potentially, crime could increase, disease could increase and, sadly, mental and emotional problems could increase.

Surely, Mr. Speaker, the government would rather be proactive about this situation and have the appropriate facilities to address this issue now rather than pay a higher price down the road.

Mr. Speaker, departments in our government are working together to plan a pipeline and part of that planning should address Hay River's requirement for plans for emergency shelter, in order to deal humanely and appropriately with transients.

Mr. Speaker, later today in question period I will have questions for Minister Miltenberger, with respect to how we, as a government, are going to respond to the needs of transient people arriving in our communities. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mrs. Groenewegen. Item 3, Members' statements. The honourable Member for Great Slave, Mr. Braden.

Member's Statement On Access To Aurora College Student Housing

MR. BRADEN: Thank you, Mr. Speaker. The principal job of an MLA is to carry the voice of their constituents into this Assembly, and today I am proud to do that on behalf of a student who is in the Aurora College Nursing Program.

Mr. Speaker, this young lady, who is a single mother, finds herself in considerable difficulty, primarily because of housing programs or policies within the college and also due to the increasing upward pressure on rent scales here in the city of Yellowknife.

Mr. Speaker, I am going to read to some extent from a couple of notes that I received this morning: "I am faced every month struggling to pay the rest of my rent as well as my day care fees, food, power, clothes and various other needs."

Her two-bedroom, by the way, she just received notice that it is going up to \$1,300 per month. She already gets the maximum of \$1,100 from student financial assistance but still has that difference to pay.

Mr. Speaker, she has tried numerous options to get further assistance but our system just does not provide for anything that she can really get a handle on. She makes the point very clear here in one policy area, Mr. Speaker.

She says: "It is not fair that student housing be available to those from other communities and that us Yellowknife residents are forced to go south just to be able to afford rent while in school. I am from Yellowknife, I want to go to school here, but I can't get any help."

Mr. Speaker, we do so much already in the area of assistance for students, here in Yellowknife and in other college campuses, but I think a reality here -- because of the upward pressure on the cost of living and other circumstances that students may be in -- we still do not meet the needs of all of our people. Especially promising young women like this constituent, raised here, who went to school here all her life but now is facing probably the only solution she has, which may be to go south. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Thank you, Mr. Braden. Item 3, Members' statements. The honourable Member for Yellowknife Centre, Mr. Hawkins.

Member's Statement On Bear River Hydro Project

MR. HAWKINS: Thank you, Mr. Speaker. We heard during the last sitting that the government and the NWT Power Corporation are making serious efforts to investigate the feasibility of a hydro project on the Bear River. Perhaps we have millions of dollars being spent there, but we don't really know what is happening with consent from other governments. The Minister has advised us that feasibility work involving talking to potential partners, customers and whatnot is happening but, to my knowledge right now, I have no idea if the federal government is onboard with this subject.

This is all well and good if the federal government plays a key role in the potential of this development. Has the Minister responsible talked to the Government of Canada about a hydro project on the Bear River? Has he talked to DIAND? Has he talked to Fisheries and Oceans? Has he talked to the Environment Minister? Those are the few that come to mind immediately.

Mr. Speaker, we are talking about \$2.7 million on the Taltson, we are talking about half-a-million dollars on the Bear River that has been spent, but I have simple questions such as do we have that right over that jurisdiction that Canada governs to even start any hydro project anywhere in the Northwest Territories.

Mr. Speaker, do we have Canada's support? There are many concerns about global warming and energy problems and Kyoto started yesterday, Mr. Speaker. These mega projects make a lot of sense, but there is a lot of risk involved when we deal with public money, Mr. Speaker.

These are good ideas and I support the ideas but, Mr. Speaker, I certainly hope someone from this government is testing these ideas with the federal government. At the end of the day, they can say no. If they say no, the approximately \$3.4 million dollars we have spent thus far, both on the Bear and the Taltson combined, would have been money wasted without opening up that subject with Canada. Mr. Speaker, later today I will have questions for the appropriate Minister. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Hawkins. Item 3, Members' statements. The honourable Member for Tu Nedhe, Mr. Villeneuve.

Member's Statement On Deninu Kue Concerns With Exploration Activity At Pine Point

MR. VILLENEUVE: Mahsi, Mr. Speaker. Today I rise to inform this government on some issues that my constituents in Deninu Kue have been discussing over the past couple of days. Their concerns are related to some exploration activity that has been underway in the Pine Point area by a company called Tamberlane Ventures Incorporated.

Mr. Speaker, the frustration by residents of Deninu Kue at last night's meeting was not limited to the fact that there is some economic activity in the immediate area and no one from the community has been hired, but for the fact that the Mackenzie Valley Land and Water Board has approved these land use permits to this company without prior notification or consultation with any of the Deninu Kue community organizations.

Mr. Speaker, the exploration activity would likely have gone forward without any community involvement or concerns had the exploration company not made one mistake and that being, they did not receive or request any notification from the Mackenzie Valley Land and Water Board about any trapping going on in the area in question, primarily due to the fact that the Mackenzie Valley Land and Water Board probably did not know this fact themselves.

Mr. Speaker, two local trappers went to check their traplines in this area and were appalled to find several kilometres of road recently dozed, some crossing their traplines at several locations, and at one section the dozer actually followed the trapper's skidoo trail down his line, dozed up all his traps he had there and then carried on without a thought of the damage he just caused to someone's livelihood, wherein trapping around the Deninu Kue area is considered a fundamental means of providing food and shelter for families because of the high unemployment in the community.

Therefore, Mr. Speaker, I want to stress the importance of ensuring that the Mackenzie Valley Land and Water Board strictly adhere to the four principles of public involvement in the guidelines for development applications to the board. All the attributes of proper public involvement, such as transparency, inclusiveness, respect and reasonableness, have been breached in this instance. Mr. Speaker, I do not want to see the Mackenzie Valley Land and Water Board become complacent with some of the decisions they felt they have been adequately formulated and well thought out because some of these decisions they make may not always seem adequate or justifiable to the people who have to live with them. Mahsi, Mr. Speaker.

---Applause

MR. SPEAKER: Thank you, Mr. Villeneuve. Item 3, Members' statements. The honourable Member for Sahtu, Mr. Yakeleya.

Member's Statement On Lack Of Social Programs And Services In Small Communities

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, my Member's statement has to do with the lack of services and programs in small communities in the Northwest Territories, Mr. Speaker, and the high percentage of population in the smaller communities. Mr. Speaker, in smaller communities we lack the services of qualified social service workers and most of the services that social services gives are on an as-needed basis. Like in Colville Lake we only deal in isolation, Mr. Speaker.

Mr. Speaker, the increase of alcoholic rate instances seems to have more and more of a devastating effect on these smaller communities because of the number of people. Yet, in most of the small communities, Mr. Speaker, we don't have drug and alcohol workers to deal with these issues on a consistent and daily basis. Mr. Speaker, in the small communities we seem to be dealing on an emergency basis only. Like the example we had in Colville Lake last year where they had the TB scare and all of a sudden we had the nurses and Department of Health and Social Services come in there and stay there for months. Mr. Speaker, we need to get away from these emergency situations and deal with them in a good manner.

Mr. Speaker, we in our small communities are experiencing an increase of economic development activity, especially with a project like the Mackenzie Valley pipeline. We need help to review the projects, such as the people from Fort Good Hope said that we need the money to look at the work that is going into the Mackenzie Valley project. Mr. Speaker, the small communities are dealing with their alcohol issues. Again, like Fort Good Hope, they did a voluntary ban to keep alcohol out of the community and other communities that are dry. Mr. Speaker, that leads into the presence of RCMP in our communities, like I said last year in Colville Lake when they asked for the RCMP to make their presence known because of a high increase of alcohol coming through that community.

For these small communities, Mr. Speaker, as an MLA we fight for these things that other communities deserve. They talk about our roads. Our roads are really dusty in our communities. In large centres they're paved, they're well maintained and they take it for granted. That's what we think in small communities.

MR. SPEAKER: Mr. Yakeleya, your time for your Member's statement has expired.

MR. YAKELEYA: I seek unanimous consent to conclude.

MR. SPEAKER: The Member is seeking unanimous consent to conclude his statement. Are there any nays? There are no nays. You may conclude your statement, Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, I ask this government to do the honourable thing and give the little people what they deserve. Mahsi.

---Applause

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

Member's Statement On Support For The National Childcare Program

MS. LEE: Thank you, Mr. Speaker. Mr. Speaker, I rise today in search of a champion for national childcare in our Cabinet and our government, Mr. Speaker. Mr. Speaker, last week I got up and spoke excitedly about the possibilities of a new day in the National Childcare Program or early childhood learning currently being talked about at the national level. By the time I finished asking questions in the House, Mr. Speaker, it was as if we were talking about something awful; as if he was dead before he even started, Mr. Speaker. Mr. Speaker, I can appreciate that the Minister wants to be cautious and not be too optimistic, but he's carrying this defensiveness a little too far and I don't approve of this approach, Mr. Speaker. More importantly, I believe our young residents in the NWT expect and deserve to demand better.

Mr. Speaker, I want him and other Ministers at the national table to fight for our children like Danny Williams fought for the share of oil revenue, Mr. Speaker.

SOME HON. MEMBERS: Hear! Hear!

MS. LEE: I would like him to fight for our children like we fight for our resource revenue and devolution so far. We need a champion at the national level and we need to put this childcare agenda in a very aggressive manner.

Mr. Speaker, this summer, the Social Programs committee had the opportunity to visit Whitehorse and visit their early childhood development centre. That facility provides comprehensive care for the children of all learning spectrums, from regular learning needs as well as the college's speech therapists and audiologists. I don't see why we cannot have that sort of facility in Yellowknife and all major centres of the North.

If we could get the kind of money and support from the federal government and from this agenda, we could have this and double up the funding. I know the Minister has a very careful and quiet approach, but I want to see him on the national TV on national news and...

SOME HON. MEMBERS: Hear! Hear!

MS. LEE: ...I want him to fight tooth and nail...

---Applause

...like Premiers and Ministers did for health care funding, for road funding, for everything. So I'm expecting that, Mr. Speaker, and I'll be watching. Thank you.

---Applause

MR. SPEAKER: Thank you, Ms. Lee. Item 3, Member's statements. The honourable Member for North Slave, Mr. Zoe.

Member's Statement On Increasing Threat Of Diabetes

MR. ZOE: Mahsi, Mr. Speaker. Mr. Speaker, I know there are many health challenges in our territory and it's overwhelming for all of us at times, but one I'm not sure we speak about enough is diabetes. This is a very dangerous and debilitating disease and, unfortunately, we are seeing increasing numbers of people being diagnosed with it and they're getting younger and younger, Mr.

Speaker. For aboriginal people a lot of this is related to the changes in lifestyle that have happened since we changed from our traditional ways to more non-active living and unhealthy eating habits. Years ago people lived off only the healthy foods provided by the land and there was no such thing as a non-active lifestyle. You did not see these numbers of diabetes back then.

Mr. Speaker, it's very important that the government have programs in place to teach people, especially youth, about nutrition and the importance of exercise and active living. Young people need to know the consequences of not taking care of themselves. It is also important that people do what they can to stay in shape and eat healthy. Many people, Mr. Speaker, do not know they have the disease, so it's important they go to their health centre and get tested so they do not go too long without treatment if they do have diabetes. Often, if it is caught early, exercises and changes in diet can be enough to reverse it. Thank you.

---Applause

MR. SPEAKER: Thank you, Mr. Zoe. Item 3, Members' statements. Item 4, reports of standing and special committees. The honourable Member for Great Slave, Mr. Braden.

ITEM 4: REPORTS OF STANDING AND SPECIAL COMMITTEES

Committee Report 12-15(3): Report On The Review Of The Report Of The Chief Electoral Officer On The Administration Of The 2003 General Election

MR. BRADEN: Thank you, Mr. Speaker. I'm pleased to rise today to report on the Standing Committee on Rules and Procedures' consideration of the Chief Electoral Officer's report on the administration of the 2003 General Election.

The Standing Committee on Rules and Procedures conducted a public review of the report of the CEO and the administration of the 2003 election over the course of three months, from November 4, 2004, to January 26, 2005.

The committee met first with the Chief Electoral Officer in November and solicited public feedback through extensive advertising in northern newspapers before convening again on January 26 to consider submissions. Mr. Speaker, there were no respondents.

The committee then met with the acting Chief Electoral Officer for a final consideration of the report and its recommendations.

These recommendations and the committee's comments and endorsements are as follows.

Recommendation

That the Elections Act be amended to provide that the first Monday in October be the permanent election day in the Northwest Territories.

Mr. Speaker, there was broad support on committee for setting a permanent election date. There was some discussion on whether the first Monday of October was the appropriate date. But the advantages of better weather and daylight during the campaign, avoiding

conflict with municipal election dates and the certainty of a fixed election date for planning purposes for the GNWT and any prospective candidate outweigh the disadvantages.

The one downside that was identified by committee was that once every four years the Legislative Assembly would lose the ability to do a comprehensive review of the government's business plans.

The Standing Committee on Rules and Procedures endorses the first Monday of October as the permanent territorial election day.

Recommendation

That a comprehensive review of the Elections Act be undertaken and that a new act be presented to the Legislative Assembly for consideration; and

That the Plebiscite Act be repealed and the provisions for the administration of plebiscites and referendums be integrated into a new Elections Act.

Mr. Speaker, the committee noted the Elections Act has been amended several times and is in need of update and consolidation. The committee agrees with the recommendations to repeal the Plebiscite Act and consolidate its provisions in the new Elections Act.

Mr. Speaker, while the Plebiscite Act has been used rarely, the last time was in 1992, it is almost identical to the Elections Act. For administrative and reference purposes it's inclusion as a separate section of the Elections Act is recommended.

The committee endorses the rewriting of the Elections Act and consolidation of the Plebiscite Act into the new Elections Act.

Recommendation

That the Chief Electoral Officer in partnership with this Legislative Assembly and the Department of Education, Culture and Employment develop a web-based interactive educational site and curriculum on election preparation for use in the schools.

Members noted that electoral participation in the Northwest Territories is traditionally higher than mainstream Canada, particularly in small communities. However, recent studies in southern Canada show that young people's participation in the electoral process has declined dramatically. We need to encourage young people to vote and exercise their franchise.

The committee endorses the development of educational programs that encourage voter participation by young people.

Recommendation

That a review be undertaken to consider the efficiencies and sharing of resources that could occur with the office of Chief Electoral Officer assuming the administrative responsibility for elections of community governments under the Local Authorities Elections Act.

The committee notes that the expertise exists in the office of the Chief Electoral Officer to assume the administrative

responsibility for the municipal elections. With the exception of once every four years, when the territorial election occurs, Members do not see a reason existing staff could not administer municipal elections.

The committee endorses the office of the CEO examining the potential of taking on the responsibility for the administration of municipal elections.

Other Issues Discussed

Many of the issues Members heard expressed during the last election campaign, such as lowering the voting age to 16, electing a Premier-at-large, and tightening up candidates residency and eligibility requirements, are outside the scope of this report and may possibly be addressed during the legislative process that will occur when reviewing the Elections Act.

Some Members noted the interpretation of the provisions of the current legislation relating to the access of candidates to apartment buildings during elections is too literal and needs to be clarified so that candidates' access to the electorate is not impeded during the campaign period.

Acknowledgements

Mr. Speaker, the Standing Committee on Rules and Procedures gratefully acknowledges the advice, assistance and cooperation of the former Chief Electoral Officer, Mr. David Hamilton, and the acting Chief Electoral Officer, Mr. Glen McLean, in the course of our review.

Mr. Speaker, that concludes the report of the Standing Committee on Rules and Procedures on the review of the report of the Chief Electoral Officer on the administration of the 2003 General Election.

Motion To Receive Committee Report 12-15(3) And Move Into Committee Of The Whole, Carried

I move, seconded by the honourable Member for Inuvik Twin Lakes, that Committee Report 12-15(3) be received by the Assembly and moved into Committee of the Whole for consideration. Thank you, Mr. Speaker.

---Applause

MR. SPEAKER: Thank you, Mr. Braden. A motion is on the floor. The motion is in order. The motion is non-debatable. All those in favour? All those opposed? The motion is carried.

---Carried

Report 12-15(3) will be moved into Committee of the Whole. Item 4, reports of standing and special committees.

Speaker's Statement

Members, before I go into the next item on the order paper, oral questions, I would like to bring the Members' attention to something that came out of the House proceedings yesterday. I watched the House proceedings on TV last night to reaffirm my suspicions or feelings when I came out of the House last night. I would like to take this opportunity to remind Members of a number of things that have tended to be forgotten over the course of the last few days.

To begin with, I would like to point out that your rules allow for one of the most generous question periods in the Commonwealth...

---Applause

...one that permits as many questions in an hour as you can fit in to any of the Ministers of the government on any matter within their collective areas of responsibility. Used efficiently, your question period could be unparalleled among parliamentary jurisdictions.

However, having said that, I would like to note specific patterns and habits that Members have fallen into that detract significantly from an effective, efficient and productive question period.

Members continue to initiate questions with extremely long preambles. Your oral question guidelines, found in your copies of the Rules of the Legislative Assembly, provide for a very brief preamble to the initial question only. In addition, parliamentary authorities define a question preamble as not exceeding one carefully-drawn sentence. Supplementary questions should not require, nor are they permitted, any preamble. I know Members are aware that almost every supplementary question asked in the House contains a lengthy preamble. Often, such preambles constitute points of debate and occasionally they could even be construed as Members' statements.

I have also been aware of a habit that has become prevalent among Members in the course of their questions of posing a recognizable question and then continuing with added comments and statements before posing the question again, or at times posing a very different question or questions. This leads to the practice that some Members employ for asking more than one question at a time. The Chair has several options or remedies in dealing with this transgression that I will relate to you in due course.

So as not to leave out our government Members...

---Applause

I would like to comment on some areas respecting responses to questions. I would like to remind Members that under your rules, a Minister has three options when responding to an oral question: he or she may answer the question as briefly and succinctly as possible; take the question as notice to be answered on a subsequent day; or say nothing.

---Laughter

---Applause

It is your Chair's considered opinion that answers, like questions, tend to be longer than they need be and Members often feel the need to respond to each other on the points of debate, which detracts from the true essence of question period: that seeking of information from the government. If all Members approach oral question period with only this objective in mind, I think the result will be for a far more productive hour for all Members and our constituents.

On the matter of Members asking more than one question at a time, your Chair has been lenient in merely reminding Members that more than one question was asked. Other

options include treating each question the Chair hears as a supplementary question, referring only one question to the Minister, or ruling the question out of order.

Finally, I would like to note a recent yet fairly subsequent occurrence of Members standing to pose a supplementary question and using the opportunity to make a statement instead. The Chair reviews such abuses of the rules as a serious matter and a waste of time for the House and the Members.

SOME HON. MEMBERS: Hear! Hear!

MR. SPEAKER: Members, the value of your question period is up to you. As your chair, I will endeavour to remain vigilant, but I am sure you would all prefer a light touch rather than a heavy-handed approach. So I will leave it to you to observe your rules more stringently and exercise a greater measure of restraint in crafting both your questions and your answers. Thank you, Members.

SOME HON. MEMBERS: Hear! Hear!

---Applause

MR. SPEAKER: With that we will go into the next item on order papers. Item 7, oral questions. The honourable Member for Hay River South, Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, my questions today are directed to...Mr. Speaker, some of the Members have indicated they want to recognize someone in the gallery. Would you like me to hold on? That's my question gone.

---Laughter

MR. SPEAKER: My apologies, Members. I went out of turn on the order paper. Item 6, recognition of visitors in the gallery. The honourable Member for Tu Nedhe, Mr. Villeneuve.

ITEM 6: RECOGNITION OF VISITORS IN THE GALLERY

MR. VILLENEUVE: Thank you, Mr. Speaker. I would like to recognize a long-time friend and constituent of mine, Peppy, more formally known as Philip Beaulieu, his common-law wife, Faye, her daughter Olga, who will be a familiar face here next week in the House, and his mom, Lizzie, and a friend of theirs Brendan Boucher, and last but not least, my constituency assistant, Dora. Welcome.

---Applause

MR. SPEAKER: Thank you, Mr. Villeneuve. The honourable Member for Great Slave, Mr. Braden.

MR. BRADEN: Thank you, Mr. Speaker. I can't see quite from here, but I noticed in the gallery a few minutes ago a constituent of mine and an advocate for the care of workers through the WCB, my constituent, Mr. John Huffman. Thank you.

---Applause

MR. SPEAKER: Thank you, Mr. Braden. Item 6, recognition of visitors in the gallery. I'd like to again welcome my daughter and her family into the gallery today and any other Members that may not have been

mentioned during recognition of visitors in the gallery. Welcome to the House.

---Applause

Now, see if we got it right. Item 7, oral questions. The honourable Member for Hay River South, Mrs. Groenewegen.

ITEM 7: ORAL QUESTIONS

Question 407-15(3): Shelter Needed For Transient Workers

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, my questions today are for the Minister of Health and Social Services. Mr. Speaker, when it comes to issues of shelter, there are many concerns which face our communities. Emergency shelter is typically something temporary provided in unusual circumstances such as family violence. There's an issue of hard-to-house people who may have difficulty managing their finances or are undesirable tenants for some reason. There's the homeless. They are people who generally can't afford or find accommodation. But today, Mr. Speaker, I want to ask the Minister responsible about the issue of transients. We have had the situation in Hay River of transients showing up in the community and there is no protocol at this time to meet their needs for shelter and food. Mr. Speaker, my question to the Minister is, is he aware of any protocol that has been developed by this government with respect to transients? Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. The honourable Premier, Mr. Handley.

HON. JOE HANDLEY: Mr. Speaker, that question was more with income support, so I'd like to ask that be referred to the Minister of Education, Culture and Employment. Thank you, Mr. Speaker.

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

Return To Question 407-15(3): Shelter Needed For Transient Workers

HON. CHARLES DENT: Thank you, Mr. Speaker. Mr. Speaker, in Hay River transient assistance is available for three nights' accommodation and \$25 a day for those three days when it is needed by somebody who is a transient. That's provided through the Income Support office and program. For homelessness, that would be Mr. Miltenberger that would be involved; but when it comes to dealing with transients, it is an issue that is dealt with through income support. Thank you, Mr. Speaker.

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

Supplementary To Question 407-15(3): Shelter Needed For Transient Workers

MRS. GROENEWEGEN: Thank you, Mr. Speaker. To be clear, I am talking about transients, not homelessness. Mr. Speaker, my question then is, since this program is available for three nights' accommodation plus \$25 a day for food, where is the point of contact within the community for transients when they arrive in Hay River? Thank you.

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

Further Return To Question 407-15(3): Shelter Needed For Transient Workers

HON. CHARLES DENT: Thank you, Mr. Speaker. The current point of contact would be with an income support worker. They would be able to help an individual. We used to have a local agency that was delivering the program but, unfortunately they are no longer able to deliver it. We would be interested in finding another agency in the community that was interested.

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

Supplementary To Question 407-15(3): Shelter Needed For Transient Workers

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, I would like to ask the Minister then how a transient would be aware of who to contact, or even how another agency within the community would have knowledge of this information? Thank you.

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

Further Return To Question 407-15(3): Shelter Needed For Transient Workers

HON. CHARLES DENT: Thank you, Mr. Speaker. In the past, the program has been delivered by the Ministerial Association. I would hope that members of that association would know that they should refer someone who they might know needs assistance to the income support worker. If there's an issue with people not knowing who to contact, I'd be happy to have our department look into how we can better make that known.

MR. SPEAKER: Thank you, Mr. Dent. Your final supplementary, Mrs. Groenewegen.

Supplementary To Question 407-15(3): Shelter Needed For Transient Workers

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Yes, I think that awareness would be very good. My final question then, Mr. Speaker, would be is the income support worker on call 24 hours a day, seven days a week? Because obviously there's no predictability or set time at which a transient arrives in Hay River. Thank you.

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

Further Return To Question 407-15(3): Shelter Needed For Transient Workers

HON. CHARLES DENT: Thank you, Mr. Speaker. No, the income support workers in Hay River are not available 24 hours a day. However, the program could be made available through the regional supervisor in Fort Smith. So I guess we need to make sure that people need to know how to contact that person evenings and weekends. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Dent and Mrs. Groenewegen. A very good example of how question period should go.

---Interjection

MR. SPEAKER: Item 7, oral questions. The honourable Member for Kam Lake, Mr. Ramsay.

Question 408-15(3): Deton'Cho Corporation Access To The Sandpits

MR. RAMSAY: Thank you, Mr. Speaker. I want to revisit questions that I had asked the other day to the Minister of Municipal and Community Affairs with regard to the granting of access to the Deton'Cho Corporation to access a portion of land within municipal boundaries referred to as the sandpits. I'd like to understand a little bit more about how the decision-making process occurred. I know the Minister on Tuesday made reference to the fact that his consultations included Aboriginal Affairs. I'd like the Minister to describe exactly what the consultation was with Aboriginal Affairs with regard to Deton'Cho getting access to this parcel of land. Thank you.

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

Return To Question 408-15(3): Deton'Cho Corporation Access To The Sandpits

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, first of all I should clarify that there has been no permission to occupy this land. The permission was solely to do some geotechnical work, some early soil sampling. In the meeting with the Yellowknives Dene First Nations that was held along with Aboriginal Affairs, we had a discussion about their intentions. It should be noted that the application has not come to us for lease of this property or for purchase of this property. That has gone to the City of Yellowknife. The request was made to us for an opportunity to get in early to see what the land was like, to see if the soil was suitable, and we agreed to do that. We insisted and we had a thorough discussion about the process that has to be followed and that has to go to the City of Yellowknife. That's where we left off. It was an open discussion. We had Aboriginal Affairs there and the Yellowknives Dene and ourselves. The notification went to the City of Yellowknife, as well as all correspondence was cc'd to them. Thank you, Mr. Speaker.

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

Supplementary To Question 408-15(3): Deton'Cho Corporation Access To The Sandpits

MR. RAMSAY: Thank you, Mr. Speaker. Mr. Speaker, I'd like to ask the Minister who from Aboriginal Affairs was present at this meeting with the Yellowknives Dene. Thank you.

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

Further Return To Question 408-15(3): Deton'Cho Corporation Access To The Sandpits

HON. MICHAEL MCLEOD: Mr. Speaker, I don't remember all the staff that were there. The Minister of Aboriginal Affairs was there, along with myself and some staff. Thank you, Mr. Speaker.

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

MR. RAMSAY: Thank you, Mr. Speaker. Considering the Minister of Aboriginal Affairs, who is also the Premier, was there -- whose constituents happen to be the Deton'Cho Corporation and the Yellowknives Dene -- can the Minister answer this question? Would he find the Premier in a compromising position having to be the Minister of Aboriginal Affairs and also deal with you on this land acquisition issue? Thank you.

MR. SPEAKER: Thank you, Mr. Ramsay. That's asking the Minister for an opinion. I don't think I will get the Minister to answer that. I'll ask you to rephrase the question. Mr. Ramsay.

Supplementary To Question 408-15(3): Deton'Cho Corporation Access To The Sandpits

MR. RAMSAY: Thank you, Mr. Speaker. To the Minister of Municipal and Community Affairs, was the Premier involved in this decision? Thank you.

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

Further Return To Question 408-15(3): Deton'Cho Corporation Access To The Sandpits

HON. MICHAEL MCLEOD: Mr. Speaker, the request came to myself, as the Minister of MACA, to consider allowing the Yellowknives Dene to access this property so they could do some testing. I had some discussion with our staff and looked at the situation. We thought it would make sense to allow them to take a look at this property and do some sampling while the application was going through the process, because it was indicated to us that if the land wasn't suitable, then they would move away from this project and if it was suitable, then they would pursue it through the city for a lease. We didn't see anything wrong with that. It's not something new; we've done it in other situations. The city and the Yellowknives Dene have had some early discussions; they've had agreement that they're going to be presenting their proposal to the city on the 21st. There has to be discussion around whether this could be included as part of the Yellowknives development plan. There has to be discussion on whether or not the city will allow changes to the zoning. All of those things have to take place. What we've done is we've allowed the Yellowknives Dene access so they can do some testing. Thank you, Mr. Speaker.

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

Supplementary To Question 408-15(3): Deton'Cho Corporation Access To The Sandpits

MR. RAMSAY: Thank you, Mr. Speaker, and thank you, Mr. Minister, for your short response, but my question was what was the Premier's involvement in this decision. Thank you, Mr. Speaker, and the Minister didn't answer that. Thank you.

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

Further Return To Question 408-15(3): Deton'Cho Corporation Access To The Sandpits

HON. MICHAEL MCLEOD: Mr. Speaker, I'm not sure the Premier was wearing his Premier's hat that day, but he certainly was wearing his Minister's hat as the Minister of Aboriginal Affairs, and the discussions were initially set up because we have a commitment to meet with the political

leaders on a regular basis -- with the Yellowknives Dene and the city and Aboriginal Affairs along with MACA -- and we meet on a regular basis to discuss land issues around Yellowknife because there are a lot of challenges about having some of these applications processed and developing a system that would be satisfactory to everybody. So we have regular meetings. We meet, if not every month, every second month. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Item 7, oral questions. The honourable Member for Tu Nedhe, Mr. Villeneuve. The honourable Member for Nahendeh, Mr. Menicoche.

Question 409-15(3): Gymnasium For Nahanni Butte

MR. MENICOCHÉ: Thank you very much, Mr. Speaker. Yesterday I was invited by the Minister of MACA over to the Mackenzie Youth Conference in Fort Providence and I was very pleased to be there...

---Applause

In fact, begging the Chair's indulgence, I would like to wish them good luck for the next couple of days. We were there to encourage the youth to follow their dreams and a component of the delegation was from Nahendeh -- specifically from the community of Nahanni Butte, Mr. Speaker -- and they too have a dream: to have their own gymnasium.

---Laughter

AN HON. MEMBER: Hear! Hear!

---Applause

MR. MENICOCHÉ: Will the Minister tell this Assembly and the community of Nahanni Butte what is being done to achieve their dream of getting a gymnasium for Nahanni Butte? Mahsi cho.

---Applause

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

Return To Question 409-15(3): Gymnasium For Nahanni Butte

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, I think I've answered this question in several different ways already, but we have this year been fortunate to access some new dollars, some federal dollars. Along with our new budget, we were looking at adding to or supporting our new deal initiative with some capital dollars. We have had some discussions already with the NWT Association of Communities as to how we would allocate these dollars. We're looking at the criteria and the guidelines that we'd be using. That's as far as we've gone so far. We're anticipating to do a lot more strategizing and have more meetings in the next little while. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Supplementary, Mr. Menicoche.

Supplementary To Question 409-15(3): Gymnasium For Nahanni Butte

MR. MENICOCHÉ: Thank you, Mr. Speaker. All I hear is words; I'd like to see some action by this government.

AN HON. MEMBER: Ohhh.

---Applause

MR. MENICOCHÉ: Can the Minister tell this Member what is actually being done to plan the gymnasium in Nahanni Butte? Thank you.

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

Further Return To Question 409-15(3): Gymnasium For Nahanni Butte

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, considering all the hours I've spent on all these initiatives I would say there is plenty of action happening by a number of different organizations, including us as a government. The Member is asking us what we're doing specifically on Nahanni Butte. We're not doing anything specifically on Nahanni Butte.

SOME HON. MEMBERS: Ohhh.

HON. MICHAEL MCLEOD: We are looking at the recreation facilities in the small communities. We are looking at bringing forward maybe some emphasis on priorities in communities that are land-locked and maybe need a little more attention in terms of recreation facilities; for example, such as Nahanni Butte and gymnasiums in communities such as those. Thank you.

MR. SPEAKER: Thank you, Mr. McLeod. Supplementary, Mr. Menicoche.

Supplementary To Question 409-15(3): Gymnasium For Nahanni Butte

MR. MENICOCHÉ: Mr. Speaker, this again frustrates me because this is the real need brought up from the communities, and government just is not responding once again. Yet again they are not responding, Mr. Speaker. I'd like to know how communities get involved in the capital planning process to get their needs met. Thank you.

---Applause

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

Further Return To Question 409-15(3): Gymnasium For Nahanni Butte

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, the Member is asking me to make a commitment outside of a process that we have that's established. The first step in the community's desire to put their initiatives forward in terms of capital projects is to have discussions with the regional staff. That has happened. There have been a number of avenues where the Member and the community have made their views known. We recognize that, we've noted it, we have had some discussions about it already about how to deal with the smaller communities that require capital infrastructure and we're looking at

ways we can accommodate that. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Final supplementary, Mr. Menicoche.

Supplementary To Question 409-15(3): Gymnasium For Nahanni Butte

MR. MENICOCHÉ: Thank you very much, Mr. Speaker. I'm a realist and I don't expect a magic wand from the Minister. However, I do expect that realistically at least we can do some engineering studies and a Class 'A' estimate for this community. Does the community have the ability to direct these bureaucrats to at least cost this gymnasium out? Thank you.

---Applause

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

Further Return To Question 409-15(3): Gymnasium For Nahanni Butte

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, I'm glad to hear that the Member is supportive of us looking at some of these initiatives and a lot of this stuff is built into our budget. So I'm anticipating this Member will be supporting our budget and our request for some dollars for planning for this year. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Item 7, oral questions. The honourable Member for Great Slave, Mr. Braden.

Question 410-15(3): Access To Aurora College Student Housing

MR. BRADEN: Mr. Speaker, my questions this afternoon are for the Minister of Education, Culture and Employment and they relate to the Student Financial Assistance Program. Mr. Speaker, why are housing assistance policies for Aurora College students not adjusted for private sector rent increases? Thank you, Mr. Speaker.

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

Return To Question 410-15(3): Access To Aurora College Student Housing

HON. CHARLES DENT: Thank you, Mr. Speaker. The Student Financial Assistance Program is reviewed on a regular basis to examine whether or not the amount that is available to students is adequate. I know, from the case the Member mentioned this morning, it sounds like there may be an issue with the rates we're allowing for housing. It's certainly something I'll have to have a look at. Unfortunately, I didn't get notice of this until just before session. I haven't had a chance to talk to the department about what we can do to review the amounts that we have in our program right now. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Dent. Supplementary, Mr. Braden.

Supplementary To Question 410-15(3): Access To Aurora College Student Housing

MR. BRADEN: Thank you, Mr. Speaker. Further to this topic, at the Aurora College campus here in Yellowknife, housing is made available by policy only to out-of-town students. Why do we discriminate against Yellowknife students who might have exactly the same housing needs and situations as out-of-town students? Thank you, Mr. Speaker.

AN HON. MEMBER: Good question.

---Applause

MR. SPEAKER: Thank you, Mr. Braden. Mr. Dent.

Further Return To Question 410-15(3): Access To Aurora College Student Housing

HON. CHARLES DENT: Thank you, Mr. Speaker. Mr. Speaker, housing is a problem at all three of the Aurora College campuses and it's an issue that the college board has raised with me time and again; unfortunately, because of our fiscal situation, we have not been able to deal with it. The board has urged me to try and find a way to work with this government and increase the amount of housing available at all three campuses, but it is certainly something that we would like to do. Based on the limited number of spaces that we had, the college took a look at the program offerings and decided that they had to find some restrictions for the housing that was available. They chose to limit the housing as they have. Thank you.

MR. SPEAKER: Thank you, Mr. Dent. Supplementary, Mr. Braden.

Supplementary To Question 410-15(3): Access To Aurora College Student Housing

MR. BRADEN: Mr. Speaker, it seems that for our students going to the Aurora College campus in Yellowknife, if they need housing we make them go through at least two sets of policies and rules and paperwork; one being through the Student Financial Assistance Program and the other being the college's own administration of housing. Is there any way that we could possibly streamline this and make it easier for students to find out their options and get the service they need? Thank you.

MR. SPEAKER: Thank you, Mr. Braden. Mr. Dent.

Further Return To Question 410-15(3): Access To Aurora College Student Housing

HON. CHARLES DENT: Thank you, Mr. Speaker. It's a good point. It's something that we should certainly try and do. The difficulty we find is that because there isn't enough housing provided by the college for all of the students who want it, we have almost a dual-stream system. If we had enough housing, it would be easy to solve or if we had no housing, we could adjust the SFA amounts to deal with community rents. So it is an issue, we understand that and we will look at it. Thank you.

MR. SPEAKER: Thank you, Mr. Dent. Final supplementary, Mr. Braden.

Supplementary To Question 410-15(3): Access To Aurora College Student Housing

MR. BRADEN: Thank you, Mr. Speaker. The Minister has acknowledged that at all three campuses there are critical housing situations. Is there any program or any assessment underway right now, Mr. Speaker, that could give this Assembly some guidance on what we need to do about it? Thank you.

MR. SPEAKER: Thank you, Mr. Braden. Mr. Dent.

Further Return To Question 410-15(3): Access To Aurora College Student Housing

HON. CHARLES DENT: Thank you, Mr. Speaker. The college board has provided me with some advice as to the ranking by order of priority for providing housing and the Aurora Campus is next on the priority list, but the board has said that all three campuses are in urgent need of more housing. It's an issue that they would like us to deal with very urgently, but we have to work it into our capital plan.

MR. SPEAKER: Thank you, Mr. Dent. Item 7, oral questions. The honourable Member for Sahtu, Mr. Yakeleya.

Question 411-15(3): High Cost Of Living In Small Communities

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, my question today is to the Premier of the Northwest Territories, the Honourable Joe Handley. Mr. Speaker, in my travels in the Sahtu, I met with community members and the elders and they want to know what this government will be doing or whether it has any plans in terms of helping them with the high cost of living in small communities. Thank you.

MR. SPEAKER: Thank you, Mr. Yakeleya. The honourable Premier, Mr. Handley.

Return To Question 411-15(3): High Cost Of Living In Small Communities

HON. JOE HANDLEY: Mr. Speaker, a lot of our programs are aimed at helping people in the North with the high cost of living. Those include our housing initiatives, efforts we're making on hydro development, the lower cost form of energy, income support programs and there are many in the government, Mr. Speaker, that I would put into the category of helping keep down the cost of living. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Handley. Supplementary, Mr. Yakeleya.

Supplementary To Question 411-15(3): High Cost Of Living In Small Communities

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, there are 199 elders in the Sahtu region. Of these elders, 87 are living in private homes. The roads are a vital link to the Sahtu region. Mr. Speaker, two litres of milk in Tulita costs \$4.99, a dozen eggs costs \$3.09. Mr. Speaker, to have scrambled eggs for breakfast costs about \$7.78.

---Laughter

Mr. Speaker, I'm asking the Premier whether his government is looking at all these programs to help us with the high cost of living. Again, I know there are programs that we have, but would he consider looking at programs that would increase the subsidies in the small communities for the high cost of living? Mahsi.

MR. SPEAKER: Thank you, Mr. Yakeleya. The honourable Premier, Mr. Handley.

Further Return To Question 411-15(3): High Cost Of Living In Small Communities

HON. JOE HANDLEY: Mr. Speaker, as I mentioned, we have a lot of programs that are aimed at managing or keeping down the cost of living: the fuel subsidy, the power subsidy, income support, tax relief for seniors, rent subsidies. So we have a whole range of them, Mr. Speaker. We are continually looking at the cost of living and I'm sure as we begin our plans for the next business plans, we'll continue to see whether or not there are ways of doing this. Any recommendations suggested by Members are certainly taken seriously. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Handley. Supplementary, Mr. Yakeleya.

Supplementary To Question 411-15(3): High Cost Of Living In Small Communities

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, I appreciate the government's initiatives and all the programs they have in place to keep the costs down in these small communities. Again, I'm asking the Premier if he would look in his departments with this government and look at starting an initiative that would bring these costs down more than what they are in light of all the development that's happening in the Northwest Territories. Thank you.

MR. SPEAKER: Thank you, Mr. Yakeleya. The honourable Premier, Mr. Handley.

Further Return To Question 411-15(3): High Cost Of Living In Small Communities

HON. JOE HANDLEY: Mr. Speaker, the answer to that is yes. In addition to the measures we currently have, what's in our current budget that's before this House, we will continue to look at it as we prepare the next business plans. Thank you, Mr. Speaker.

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

Supplementary To Question 411-15(3): High Cost Of Living In Small Communities

MR. YAKELEYA: Thank you, Mr. Speaker. I appreciate the Minister's comments. The people in the small communities should be happy. I would ask the Minister, would he consider looking at starting with the food costs as, again, two litres of milk in Tulita costs about \$3.99. A gallon of ice cream in Norman Wells costs \$10.15. Would he look at these costs of food, starting with a food subsidy in our small communities? Mahsi, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Yakeleya. The honourable Premier, Mr. Handley.

Further Return To Question 411-15(3): High Cost Of Living In Small Communities

HON. JOE HANDLEY: Mr. Speaker, certainly we are concerned about the cost of living in the small communities, particularly the fly-in communities, and if there's a way for us to be able to help to keep the costs down, we'll do it. If it comes to a direct subsidy of food prices, that's a very difficult one because it's very complex and there are a lot of factors in it, from transportation to wholesale prices to what the retail stores are charging and so on. But that will not stop us from looking at how we can help to keep the cost of living down for our citizens. Thank you.

MR. SPEAKER: Thank you, Mr. Handley. Item 7, oral questions. The honourable Member for Yellowknife Centre, Mr. Hawkins.

Question 412-15(3): Authority To Divert And Dam NWT Waterways

MR. HAWKINS: Thank you, Mr. Speaker. With your indulgence, just like Mr. Menicoche, I wish to also thank Minister McLeod for taking me to the dreams conference and I do, as well, have dreams like Mr. Menicoche; that someday question period will be known as answer period.

---Laughter

Mr. Speaker, on that note, my question is for the Minister responsible for the Power Corp. Has this government opened up discussions with the federal government to seek principal support in the context of who has authority over the waterways to divert them from mega projects such as the Bear River dam? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Hawkins. The honourable Premier, Mr. Handley.

Return To Question 412-15(3): Authority To Divert And Dam NWT Waterways

HON. JOE HANDLEY: Mr. Speaker, we've had very general discussions with the federal government on our aspirations on hydro development. I'm sure that this will be one piece of our Northern Strategy, as well as a way of keeping the cost of energy down and, therefore, the cost of living down in the North. We've had discussions with aboriginal governments as well, whose traditional land this is on, but there is no final decision or request about who actually has the final authority on this. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Handley. Supplementary, Mr. Hawkins.

Supplementary To Question 412-15(3): Authority To Divert And Dam NWT Waterways

MR. HAWKINS: Thank you, Mr. Speaker. Mr. Speaker, recognizing the emphasis on being quick, I will not read the Hansard from October, but I will say that the Minister responsible in this House during the October session did say that we would have essentially a go/no-go on these types of projects by the end of the fiscal year. March 31st is coming up very quickly. Who has authority over this project so we can clarify a go or no-go on this project? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Hawkins. The honourable Premier, Mr. Handley.

Further Return To Question 412-15(3): Authority To Divert And Dam NWT Waterways

HON. JOE HANDLEY: Mr. Speaker, whether we put an application forward through the Mackenzie Valley environmental review process is one that will be determined by the partners in the project. In the case of the Bear River, that is the land corporation, Tulita, Deline and the Power Corporation. In the case of Taltson, it is the Power Corporation and the partners there which are made up of the Akaitcho communities and the NWT Metis. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Handley. Supplementary, Mr. Hawkins.

Supplementary To Question 412-15(3): Authority To Divert And Dam NWT Waterways

MR. HAWKINS: Thank you, Mr. Speaker. Can the Minister advise us in this House who has the absolute authority? Does the GNWT have the authority, or does the Government of Canada have the authority at the end of the day with regard to the Bear River project of diverting the water? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Hawkins. The honourable Premier, Mr. Handley.

Further Return To Question 412-15(3): Authority To Divert And Dam NWT Waterways

HON. JOE HANDLEY: Mr. Speaker, as I have said, this will have to be through an application through the Mackenzie Valley environmental review process. That means it will go to the Mackenzie Valley Land and Water Board, the Environmental Impact Review Board. There is an opportunity for interveners to state any concerns they may have. Those boards will make a recommendation to the Minister of DIAND. The Minister of DIAND will have to make a decision. So who has the authority on the recommendations from the Mackenzie Valley process will be the Minister of DIAND. He will do that in consultation with federal Ministers who also have jurisdiction in this area, including Fisheries and Oceans and Environment. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Handley. A final supplementary, Mr. Hawkins.

Supplementary To Question 412-15(3): Authority To Divert And Dam NWT Waterways

MR. HAWKINS: Thank you, Mr. Speaker. Emphasizing my significant in-principle support for hydro projects and looking forward to the day that we do not have to attach ourselves to diesel as our main power source, does the Premier intend to bring forward any type of legislation that will encourage industry such as mines or pipeline groups to tie into the hydro energy that these potential projects will create? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Hawkins. Mr. Handley.

Further Return To Question 412-15(3): Authority To Divert And Dam NWT Waterways

HON. JOE HANDLEY: Mr. Speaker, there is no intention at this point to bring in legislation that would require companies to do this. We are, with the big companies, negotiating socioeconomic agreements. I would expect, through those kinds of negotiations, there may be a negotiated agreement. But at this point, no, I don't have any plans to make any legislation. I am not sure what that legislation would look like, in fact. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Handley. Item 7, oral questions. The honourable Member for North Slave, Mr. Zoe.

Question 413-15(3): Diabetes Education Programs

MR. ZOE: Mahsi, Mr. Speaker. My questions are to the Minister of Health and Social Services. Can the Minister tell me what programs are out there to educate young people specifically about the risk of diabetes and what they can do to prevent it? Thank you.

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

Return To Question 413-15(3): Diabetes Education Programs

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, we have been working for the last five years with the federal government through their aboriginal diabetes initiative funding. We are in the last year of that. It sunsets on March 31st. That funding has been used to work with the regions and authorities to set up training programs and to set up education programs. We also have other programs in the department that stress active living. The issues that my colleague talked about regarding the right choices in terms of diet and exercise, so there are a number of areas where we are working with the people of the North to try to get them to make the right choices to avoid Type 2 Diabetes. Thank you.

MR. SPEAKER: Thank you, Mr. Miltenberger. Supplementary, Mr. Zoe.

Supplementary To Question 413-15(3): Diabetes Education Programs

MR. ZOE: Thank you, Mr. Speaker. I would like to ask the Minister what diabetes awareness activities take place in the five regions that we have, and the communities. Thank you.

MR. SPEAKER: Thank you, Mr. Zoe. Mr. Miltenberger.

Further Return To Question 413-15(3): Diabetes Education Programs

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, we have three diabetes education programs located in Stanton, Inuvik, and Hay River, plus we have the diabetes care network which is building capacity in the Deh Cho, Fort Smith and Dogrib authorities for diabetes care and management. Plus, it is an issue that is addressed through all the public health facilities that we have and through the nurses and home care

workers in terms of the basic diet and the issue of exercise and right personal choices. Thank you.

MR. SPEAKER: Thank you, Mr. Miltenberger. Supplementary, Mr. Zoe.

Supplementary To Question 413-15(3): Diabetes Education Programs

MR. ZOE: Thank you, Mr. Speaker. Mr. Speaker, I would like to ask the Minister, is testing of diabetes available in all community health centres? If not, where should people go if they want to get checked? Thank you.

MR. SPEAKER: Thank you, Mr. Zoe. Mr. Miltenberger.

Further Return To Question 413-15(3): Diabetes Education Programs

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, in most of the larger centres, the testing can be done. If there is a concern and there have been some diagnoses or characteristics that may be related to diabetes, then arrangements can be made. Thank you.

MR. SPEAKER: Thank you, Mr. Miltenberger. Ms. Lee.

Question 414-15(3): Deton'Cho Corporation Access To The Sandpits

MS. LEE: Thank you, Mr. Speaker. Mr. Speaker, I would also like to ask questions on the same topic the Member for Kam Lake was raising earlier. It is also curious to me how this happened. I would like to ask because my understanding is, especially in issues that deal with lands and land use and planning around the city, especially the land within the municipality, I would think that there will be consultation and prior notice to the city government prior to anything like the permit that the Minister gave. I would like to know why the city government and the mayor were not consulted in this instance. Thank you, Mr. Speaker.

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

Return To Question 414-15(3): Deton'Cho Corporation Access To The Sandpits

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, in this case, the land in question was Commissioner's land, and the Government of the Northwest Territories is the administrator and the landlord. There was no request for a lease on this property. There was no request to purchase this property. That application went to the city. The request that came to us was for the permission to access this property to do some testing on the land to see if it was suitable for development. We did give them that land. The notification that went to the city was by way of a copy of a letter that went to the Yellowknives Dene giving them permission to access. Thank you.

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

Supplementary To Question 414-15(3): Deton'Cho Corporation Access To The Sandpits

MS. LEE: Thank you, Mr. Speaker. I am just wondering why, if this is Commissioner's land, does an application for lease have to go to the city government. It is GNWT land.

MR. SPEAKER: Mr. McLeod.

Further Return To Question 414-15(3): Deton'Cho Corporation Access To The Sandpits

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. The practice has been for the communities to process the applications that come forward with their comments. In this case, this is an area that has unsettled claims. There is an interim measures agreement that we also have to follow. We have not historically granted any land without the city's permission. We didn't intend to do that in this case either. But the request that came forward was permission to access and was our decision to make. We decided to allow the Yellowknives Dene to have access to this land to do some testing in order to determine whether the land is suitable. Thank you.

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

Supplementary To Question 414-15(3): Deton'Cho Corporation Access To The Sandpits

MS. LEE: Thank you, Mr. Speaker. So is it correct to understand that if the Yellowknives Dene band, after conducting this study or geological survey or whatever work they are doing, after they have done that and they decide that they are interested in using this land, they will have to apply to the city, and the city will have to work with the government also? There will have to be a need for a tripartite process in getting to the end of this. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Ms. Lee. Mr. McLeod.

Further Return To Question 414-15(3): Deton'Cho Corporation Access To The Sandpits

HON. MICHAEL MCLEOD: Thank you. Yes, that is correct. In fact, I think that process has already taken place. I indicated to earlier questions that there have been some discussions with the city. There is a presentation planned, I believe, for the 21st of this month through the city by the Yellowknives. There has been some discussion as to whether the city would consider amending their development plan. There also has been discussion as to what the process would be to amend the zoning. There is a lot of work that has to be done, as I have indicated before. Our involvement was, in this case, to allow them access. We thought it made sense. It may have been a cost-cutting measure. We may have avoided the whole application process if this land was unsuitable. That is where we are at. Thank you.

MR. SPEAKER: Thank you, Mr. McLeod. Your final supplementary, Ms. Lee.

Supplementary To Question 414-15(3): Deton'Cho Corporation Access To The Sandpits

MS. LEE: Thank you, Mr. Speaker. Could I ask the Minister whether he expects that the Yellowknives will come back to him and his office with the results of their

survey? If that happens, how would he be informing the city government and mayor with all of the stages? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Ms. Lee. Mr. McLeod.

Further Return To Question 414-15(3): Deton'Cho Corporation Access To The Sandpits

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. The application for a lease on this property has not come to us. That discussion is happening with the city. The results of this survey belong to Yellowknives Dene. We have not asked them to share that with us. Thank you.

MR. SPEAKER: Thank you, Mr. McLeod. Item 7, oral questions. The honourable Member for Hay River South, Mrs. Groenewegen.

Question 415-15(3): Point Of Contact For Hay River Transients

MRS. GROENEWEGEN: Thank you, Mr. Speaker. I would like to ask a few more questions in follow-up to my questions to Minister Dent with respect to the transient population that may arrive in Hay River at any given time. Mr. Speaker, the Minister indicated that the Ministerial Association used to be the point of contact. There is now nobody acting in that capacity. He said that he would be interested in finding another agency to take this on. What has he done to secure or identify another agency in Hay River to do this? Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. The honourable Minister of Education, Culture and Employment, Mr. Dent.

Return To Question 415-15(3): Point Of Contact For Hay River Transients

HON. CHARLES DENT: Thank you, Mr. Speaker. There was some investigation of whether or not an agency in town might be interested. So initial discussions were held with the Soaring Eagle Friendship Centre, but the Ministerial Association came back and recommended that there be some consideration for using beds in the South Mackenzie Correctional Centre. So we decided that we need to take a more comprehensive look at what is available in the community and what might be the best solution. Before handing it off to another agency, we want to spend a little more time examining how to best deal with transients. Thank you, Mr. Speaker.

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

Supplementary To Question 415-15(3): Point Of Contact For Hay River Transients

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, looking at that in a comprehensive way may be a long-term solution, but right now, the fact of the matter is, if a transient shows up in Hay River today, the point of contact, if it is late at night, is somebody in Fort Smith who is probably in bed sleeping. I am sure he would be interested to know you have given his name and number in the House today. Mr. Speaker, I think we need somebody close at hand. The Department of Health and Social Services has a child protection worker on call 24-7. Is it a possibility to consider that avenue as a point of contact? Thank you.

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

Further Return To Question 415-15(3): Point Of Contact For Hay River Transients

HON. CHARLES DENT: Thank you, Mr. Speaker. I will certainly approach my colleague to see whether or not we can use that office, as well, as a point of contact. In the interim, I will make sure that the RCMP is also aware of who to contact to get authorization for this temporary accommodation to take place.

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

Supplementary To Question 415-15(3): Point Of Contact For Hay River Transients

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, there has already been a meeting of a kind of interagency in Hay River made up of interested parties. I would ask the Minister if he could make someone from his department available for a subsequent meeting again with those interested parties on this issue, to see if we could work out something on a temporary basis in identifying a protocol. Thank you, Mr. Speaker.

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

Further Return To Question 415-15(3): Point Of Contact For Hay River Transients

HON. CHARLES DENT: Thank you, Mr. Speaker. Yes.

MR. SPEAKER: Thank you, Mr. Dent. Item 7, oral questions. The honourable Member for Great Slave, Mr. Braden.

Question 416-14(3): Deton'Cho Corporation Access To The Sandpits

MR. BRADEN: Thank you, Mr. Speaker. I would like to ask some questions of the Minister of Municipal and Community Affairs continuing on the issue of the sandpits and potential developments out there. Mr. Speaker, this Assembly is quite familiar with interim measures agreements. In fact, the one that exists between the Akaitcho people and the GNWT, we had quite a bit of experience with it over the Con camp affair last year. Mr. Speaker, does the interim measures agreement that is in place include the City of Yellowknife as a stakeholder? Thank you.

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

Return To Question 416-14(3): Deton'Cho Corporation Access To The Sandpits

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, the interim measures agreement is an agreement between the federal government, the Akaitcho Dene First Nations and ourselves as the Government of the Northwest Territories, and that responsibility falls in the hands of Aboriginal Affairs. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Supplementary, Mr. Braden.

Supplementary To Question 416-14(3): Deton'Cho Corporation Access To The Sandpits

MR. BRADEN: Thank you, Mr. Speaker. The Minister, in answering an earlier question today, indicated that correspondence regarding the access to the sandpits had been sent to the city. I would ask that, in the spirit of relationships that we are constantly trying to generate here in the Northwest Territories amongst each other, was it really in a sense of good relationships and goodwill that we would only copy the City of Yellowknife on a matter as significant as this? Thank you.

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

Further Return To Question 416-14(3): Deton'Cho Corporation Access To The Sandpits

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. The land that was requested for access by the Yellowknives Dene falls under the jurisdiction of the NWT government. More specifically, the responsibility falls in the hands of MACA and myself as a Minister. We did provide a cc'd copy to the city when we issued the permission to occupy. Whether we needed to do more than that, we probably could have done more than that. We are not required to report to the city. In this case, we were responding to a request from the Yellowknives. We try to keep a balance between our obligations for municipal governments. We are also trying to respect the rights of the aboriginal peoples. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Supplementary, Mr. Braden.

Supplementary To Question 416-14(3): Deton'Cho Corporation Access To The Sandpits

MR. BRADEN: Mr. Speaker, I would again return to the theme of generating goodwill and trust amongst all of the people involved. Land is especially critical and, as we have known for decades here, it is so essential to what goes on. I really would like the Minister to explain in an area like this why did he take such a bureaucratic, cavalier, black and white, minimalist attitude toward such a significant development? Thank you.

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

Further Return To Question 416-14(3): Deton'Cho Corporation Access To The Sandpits

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, I thought my approach was very open. We probably meet with the City of Yellowknife and her representatives more than we do with any other municipality in the Northwest Territories. We have regular meetings. We have meetings of the political leaders. We touch base on a regular basis. In this case, there was no requirement for me to inform the city that we provided access. It is Government of the Northwest Territories lands. It is Commissioner's land that we are responsible for. We did provide notice as part of the cc'd document that went to them. There was no requirement to even do that, but we did that. They know what we are doing. There is no permission to lease this land. There is no permission to sell this land to them. It was permission to access the land for some earlier seismic work or geotech. That is all it was. Thank you.

MR. SPEAKER: Thank you, Mr. McLeod. Final supplementary, Mr. Braden.

Supplementary To Question 416-14(3): Deton'Cho Corporation Access To The Sandpits

MR. BRADEN: Mr. Speaker, I guess I suggest that I am disappointed in that approach, and I am going to ask the Minister if he would sit back and take a good long look at the need for building and establishing relationships that really truly are open and that everyone can trust him.

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

Further Return To Question 416-14(3): Deton'Cho Corporation Access To The Sandpits

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. I am not sure what he considers open, goodwill and trust and all these words he is using. We have had a good relationship. We have good communications. We have good discussions. We have good debates. I don't know what else we need. We meet on a regular basis, probably even once a month or at least every second month. We don't do that for other municipalities. If the Member is asking me to develop a special relationship, I think we already have one with the City of Yellowknife. I don't know what more he wants. Thank you.

MR. SPEAKER: Thank you, Mr. McLeod. Item 7, oral questions. The honourable Member for Kam Lake, Mr. Ramsay.

Question 417-15(3): Consultation On Sandpits Access

MR. RAMSAY: Thank you, Mr. Speaker. Mr. Speaker, my questions are for the Premier. I would like to know, keeping my questions short, what was his involvement in the consultation process that the Department of Municipal and Community Affairs did with his Ministry of Aboriginal Affairs with regard to the granting of access to Deton'Cho Corporation to access a portion of land commonly referred to as the sandpits? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Ramsay. The honourable Premier, Mr. Handley.

Return To Question 417-15(3): Consultation On Sandpits Access

HON. JOE HANDLEY: Thank you, Mr. Speaker. In my capacity as Minister of Aboriginal Affairs, I was at a meeting in Ndilo with the band representatives, the Minister of Municipal and Community Affairs and several of his staff. That was my involvement. The Yellowknives pointed out the land they were interested in, they were interested in leasing it and also requested, at that same meeting, access to land in order to do their geotechnical work. That was my involvement, Mr. Speaker. Thank you.

MR. SPEAKER: Thank you, Mr. Handley. Supplementary, Mr. Ramsay.

Supplementary To Question 417-15(3): Consultation On Sandpits Access

MR. RAMSAY: Thank you, Mr. Speaker. I would like to ask the Premier how he distinguishes between his responsibilities for his constituency, premiership and his

ministerial authority at the Ministry of Aboriginal Affairs. Thank you, Mr. Speaker.

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

Further Return To Question 417-15(3): Consultation On Sandpits Access

HON. JOE HANDLEY: Mr. Speaker, I have to say, with due respect, that the Member is coming very close to implying that I have some other motives in mind here. Mr. Speaker, I am very careful in keeping my roles as an MLA, my role as a Minister of Aboriginal Affairs and my role as Premier separate. Mr. Speaker, I can assure the Members in this House that I do not play favourites as MLA or as a Minister with any mandate that could be seen to be favouring anyone. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Handley. Supplementary, Mr. Ramsay.

Supplementary To Question 417-15(3): Consultation On Sandpits Access

MR. RAMSAY: Thank you, Mr. Speaker. No, I didn't mean any disrespect to the Premier. I just wanted to know -- and I will leave it at this -- is the Premier comfortable in dealing with these types of issues that involve the Akaitcho land claims process, the Akaitcho people, given the fact that he is the MLA for Weledeh. And if he is, that's okay. Thank you.

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

Further Return To Question 417-15(3): Consultation On Sandpits Access

HON. JOE HANDLEY: Mr. Speaker, at some time or another all of us on Cabinet have to deal with issues that affect our constituencies. I tell you, Mr. Speaker, I assure the Members that all of us are very, very thorough in ensuring that we are not playing favourites with our own constituents over others. In fact, if anything, Mr. Speaker, I suppose our constituents might accuse us of setting their concerns to the back burner because we want to be fair to everybody across the Territories.

Mr. Speaker, if there is ever any suggestion that any of us on this side are favouring our constituencies, then I would certainly like to have that discussion with the people who have concerns, because that is a serious, serious concern to us. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Handley. Final supplementary, Mr. Ramsay.

Supplementary To Question 417-15(3): Consultation On Sandpits Access

MR. RAMSAY: Thank you, Mr. Speaker, and thank you, Mr. Premier, for that response. I would just like to add to this. Perception is a lot, and I would like to ask the Premier why the Member for Deh Cho had the Deh Cho Bridge Corporation and the process of building the Deh Cho Bridge taken away from him. Maybe the Premier could answer that for us. Thank you.

MR. SPEAKER: I am going to, Mr. Ramsay, rule that question out of order. That is a totally different line of questioning on a different topic.

---Ruled Out of Order

Item 7, oral questions. The honourable Member for Sahtu, Mr. Yakeleya.

Question 418-15(3): Update On Regional Wilderness Camps

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, my question today is directed to the Minister of Justice with regard to the department's initiatives in terms of having the justice bush camps or wilderness camps closest to the region as possible. I will ask the Minister if he can inform this House with an update as to the pluses of these wilderness camps that are being looked at in the regions.

MR. SPEAKER: Thank you, Mr. Yakeleya. The honourable Minister of Justice, Mr. Dent.

Return To Question 418-15(3): Update On Regional Wilderness Camps

HON. CHARLES DENT: Thank you, Mr. Speaker. We use a number of bush camps across the Northwest Territories. We have some for young people and some for adult offenders. The department uses the process of calling for request for proposal every once in a while to see whether or not we can find operators who are prepared to provide us with the services. The department will also consider unsolicited proposals when they come in. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Dent. Supplementary, Mr. Yakeleya.

Supplementary To Question 418-15(3): Update On Regional Wilderness Camps

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, earlier I questioned the Premier on the high cost of living in the Sahtu. One of these bush camps in our region can surely help the people in the Sahtu in terms of reducing the high cost of living and providing them with healthy foods and, as my honourable colleague Mr. Zoe talked about, diabetes. These bush camps can certainly help our people with the high cost of food. Would the Minister consider a pilot project in the Sahtu that would be a benefit for the region and the people? Thank you.

MR. SPEAKER: Thank you, Mr. Yakeleya. Mr. Dent.

Further Return To Question 418-15(3): Update On Regional Wilderness Camps

HON. CHARLES DENT: Thank you, Mr. Speaker. The department would be pleased to consider an approach by someone from the region who wished to operate a bush camp. I must say though, that what we have had a lot of problem within the recent past is finding enough inmates who are interested in taking advantage of on-the-land programming. The inmate has to want that type of programming and has to agree to take that type of programming. He can't be forced to take it. So we have had a larger number of spaces than we have had people willing to use the space, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Dent. Supplementary, Mr. Yakeleya.

Supplementary To Question 418-15(3): Update On Regional Wilderness Camps

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, I appreciate the Minister's willingness to look at a proposal from our region here. Mr. Speaker there are, I understand, 17 people in YCC from Sahtu, three of them are from a federal program. Mr. Speaker, given the chance, I think our people would be willing to go back into the Sahtu rather than other regions. Mr. Speaker, I will ask the Minister, would he consider a pilot project again from the Sahtu people, to look at a bush camp in the Sahtu region?

MR. SPEAKER: Thank you, Mr. Yakeleya. Mr. Dent.

Further Return To Question 418-15(3): Update On Regional Wilderness Camps

HON. CHARLES DENT: Thank you, Mr. Speaker, again, if somebody brings forward a proposal, we will take a look at it. If it meets the test of affordability and we can see the program would be of use to inmates that we currently have, we certainly would be willing to consider it. Thank you.

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

Supplementary To Question 418-15(3): Update On Regional Wilderness Camps

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, I would ask the Minister would he commit to bring the report...I believe there was a report done by the TI'oondih Society in Fort McPherson, where they did a pilot project with inmates so that can be used in terms of helping the people in the Sahtu, in terms of getting a similar project for us. Thank you.

MR. SPEAKER: Thank you, Mr. Yakeleya. Mr. Dent.

Further Return To Question 418-15(3): Update On Regional Wilderness Camps

HON. CHARLES DENT: Thank you, Mr. Speaker. I will examine whether or not I can share that report. There may be some proprietary information in there. I know that the TI'oondih operation is interested in doing another project with Justice, but I will examine whether or not it is possible to share that information.

MR. SPEAKER: Thank you, Mr. Dent. Item 7, oral questions. The honourable Member for Kam Lake, Mr. Ramsay.

Question 419-15(3): Responsibility For Deh Cho Bridge Project

MR. RAMSAY: Thank you, Mr. Speaker. Mr. Speaker, my question is for the Premier and I would like to ask the Premier, at the outset of this government about 14 or 15 months ago, he removed the portfolio for dealing with the Deh Cho Bridge Corporation from the Minister of Transportation and took on that responsibility himself. I would like to ask the Premier why he did that. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Ramsay. The honourable Premier, Mr. Handley.

Return To Question 419-15(3): Responsibility For Deh Cho Bridge Project

HON. JOE HANDLEY: Mr. Speaker, that responsibility was not removed from the Minister of Transportation. It never was assigned to him. I chose not to assign it to him because it is necessary to negotiate a concession agreement as well as the bridge design and the contract and so on with Fort Providence, the Minister's home community. In order to prevent him from being in what could be perceived as a conflict position, I chose to retain that myself so he would not have to deal with that issue and potentially be accused of conflict. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Handley. Supplementary, Mr. Ramsay.

Supplementary To Question 419-15(3): Responsibility For Deh Cho Bridge Project

MR. RAMSAY: Thank you, Mr. Speaker. Does that same logic that he just gave to the Members of this House apply to all Members of Cabinet? Thank you, Mr. Speaker.

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

Further Return To Question 419-15(3): Responsibility For Deh Cho Bridge Project

HON. JOE HANDLEY: Mr. Speaker, if we have a similar kind of situation, then, yes, it certainly would apply. In assigning portfolios to Ministers, I certainly take that into consideration. So if there is anything that would give the perception of conflict, then that is looked at very, very seriously for any Member. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Handley. Supplementary, Mr. Ramsay.

Supplementary To Question 419-15(3): Responsibility For Deh Cho Bridge Project

MR. RAMSAY: Thank you, Mr. Speaker. I would like to ask the Premier does he feel that the situation involving the Deton'Cho Corporation and access being granted to them to access the sandpits is of a similar nature. Thank you, Mr. Speaker.

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

Further Return To Question 419-15(3): Responsibility For Deh Cho Bridge Project

HON. JOE HANDLEY: Mr. Speaker, a couple of things: I don't understand the implication that there is some conflict here. Yes, I am the MLA for the Yellowknives, but I am also the MLA for a good portion of Yellowknife city. So where is the conflict? I have responsibilities as an MLA on both sides. Mr. Speaker, I just don't understand where this is coming from. Mr. Speaker, any of these kinds of situations we want to be careful with. I assure the Members of this House that we are very, very diligent in ensuring that we are not getting ourselves into situations where we would be perceived to be in conflict. In this particular case, I don't see where the conflict is. I am on both sides.

Secondly, Mr. Speaker, that responsibility of granting access to do geotechnical work is something that is within the Minister of MACA's authority. It has nothing to do with

me as Minister of Aboriginal Affairs or as Premier. It's in his authority and he did what he has authority to do. He consulted with the city as was expected. I don't understand where this is coming from. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Handley. Final supplementary, Mr. Ramsay.

Supplementary To Question 419-15(3): Responsibility For Deh Cho Bridge Project

MR. RAMSAY: Thank you, Mr. Speaker. Obviously this is a very contentious issue with the City of Yellowknife. I would just like to ask the Premier, given the fact that it's so contentious, why would he involve himself in this? Why wouldn't he just step aside? Thank you.

MR. SPEAKER: Mr. Handley has a point of order. What is your point of order, Mr. Handley?

Point Of Order

HON. JOE HANDLEY: Mr. Speaker, under section 23(i), the Member is making an allegation that I was in conflict here somehow. He is implying some false or hidden motive on my part. Mr. Speaker, this is clearly a point of order.

MR. SPEAKER: Thank you, Mr. Handley. To the point of order. If no one has any comments to make on the point of order, I will take the point of order under advisement and report back to the House. Thank you, Members. Item 7, oral questions. Item 8, written questions. The honourable Member for Sahtu, Mr. Yakeleya.

ITEM 8: WRITTEN QUESTIONS

Written Question 73-15(3): Hiring Of Teachers

MR. YAKELEYA: Thank you, Mr. Speaker. My question is for the Minister of Education, Culture and Employment.

Can the Minister provide a list of how many teachers have been hired from southern Canada by each education district since 2001?

MR. SPEAKER: Thank you, Mr. Yakeleya. Item 8, written questions. The honourable Minister of Municipal and Community Affairs.

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. I would like to seek unanimous consent to return item 6, recognition of visitors in the gallery.

MR. SPEAKER: The Member is seeking unanimous consent to return to item 6, recognition of visitors in the gallery. Are there any nays? There are no nays. We will return to item 6, recognition of visitors in the gallery. The honourable Member for Deh Cho, Mr. McLeod.

REVERT TO ITEM 6: RECOGNITION OF VISITORS IN THE GALLERY

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, it's a pleasant surprise to see a number of my constituents here today from Deh Cho/Fort Providence from the Deh Gah Elementary and Secondary School. I welcome them to this House. These are the students who are not taking part in the youth conference, so they get to come to Yellowknife and visit with us.

Mr. Speaker, we have Preston Sabourin, Tom Farcy, Griffin Matto, Julian Landry, Jeremy Sabourin, Jamie Norwegian, Sechiah Norwegian, Tonia Gargan, Rachel Elleze, Jarika Minoza, Malarie Gargan, Erin Sullivan, Lynette Sabourin, Shiana Sabourin, Dwight McLeod...

---Applause

Megan Nadli and, Mr. Speaker, they are supervised by Chris Carson, Darlene McLeod and Chris Ricketts. I would like to welcome them to the House. Thank you.

---Applause

MR. SPEAKER: Thank you, Mr. McLeod. Indeed, welcome to the House. It's always nice to see young people observing the proceedings of the House. The honourable Member for Nahendeh, Mr. Menicoche.

MR. MENICOCHE: Thank you, Mr. Speaker. I note a former constituent in the Deh Gah Elementary contingent as well, Ms. Diana Pellisey. Thank you.

MR. SPEAKER: Thank you, Mr. Menicoche. Item 6, recognition of visitors in the gallery. Again, if anyone in the gallery has not been mentioned, welcome to the Assembly. Item 9, returns to written questions. Item 10, replies to opening address. Item 11, replies to budget 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. Item 20, consideration in Committee of the Whole of bills and other matters. Before we go into that, by the authority given to me as Speaker, by Motion 2-15(3), I hereby resolve the House into Committee of the Whole to sit beyond the hour of adjournment until such time as the committee is ready to report progress, with Mrs. Groenewegen in the chair.

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

CHAIRPERSON (Mrs. Groenewegen): I call Committee of the Whole to order. We have a number of items before us today in Committee of the Whole. What is the wish of the committee? Mr. Menicoche.

MR. MENICOCHE: Thank you, Madam Chair. The Standing Committee on Accountability and Oversight wishes to consider Bill 19, Appropriation Act, 2005-2006, specifically the Department of Health and Social Services.

CHAIRPERSON (Mrs. Groenewegen): Is everyone agreed?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): Agreed. Then we will proceed with that after a brief break.

---SHORT RECESS

CHAIRPERSON (Mrs. Groenewegen): I call Committee of the Whole back to order. Mr. Miltenberger, for the record, would you please introduce your witnesses.

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. I have with me Mr. Dave Murray, the deputy

minister of Health and Social Services; and Warren St. Germaine, the director of financial services. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. We're now on general comments on the Department of Health and Social Services. Ms. Lee.

MS. LEE: Thank you, Madam Chair. I don't have a general comment, but some questions on his opening statement. Can the Minister update the House on the federal funding that was announced last fall and how much of our budget for the upcoming fiscal year still depends on the details of where we can spend this money? So could I just get the Minister to give us an update? Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, the assistant deputy minister of Health and Social Services, Ms. Praamsma, is down in Ottawa this week with the other two territories discussing the detail and the negotiation of the detail of the territorial health fund. Thank you.

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

MS. LEE: Thank you. Could the Minister indicate when we might know this, or are we to expect that we're going to know something concrete after the meetings that Ms. Praamsma is in? Thank you, Madam Chair.

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

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, we're hoping to have this concluded by the end of March. The money is supposed to flow in 2005-06. Thank you.

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

MS. LEE: Thank you, Madam Chair. I was hoping that we would have news on that before we leave this House, but from the sounds of the Minister, it doesn't look like this is possible. We're going to be in a situation where we'll be approving the budget for the Department of Health and Social Services with quite a significant question mark on the details of the funding that we're getting from the federal government. That will have quite an impact on financial status of the budget. So is the Minister certain that there's no way we're going to hear about the confirmation on this until the end of March? Thank you, Madam Chair.

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

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, I'd be more than happy to keep the Members apprised of the pace of the negotiations and if there is any breakthrough or any resolution, I would be sure to share that and if there's any substantive move over the course of this week, I'd be happy to share that, as well. Thank you.

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

MS. LEE: Thank you, Madam Chair. So are we to understand that all of these details are actually being negotiated, that \$150 million we got or any of the extra funding that we received for health last fall, all of the details of how it's spent and what we can use are being negotiated by all of the provincial and territorial Ministers? Is that what's happening? Thank you, Madam Chair.

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

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, the negotiations are to get agreement among the three territories and the federal government on the parameters that the money would be spent in the different areas, so that they provide enough comfort to the three jurisdictions, enough flexibility to the three territories and enough accountability to the federal government that there's an agreement, and that is often a difficult process. We're looking for as much flexibility as we can, as I indicated to the members of Social Programs when I met with them with their proposed areas and projects that we'd like to allocate some of the money on. We're going to have to make sure we have the latitude to do that and if we just accept, I suppose, what the federal government chose to tell us how they wanted the money spent, it might move faster. But we've learned, through hard experience, that we have to be very diligent in putting forward our own case so that we do have the flexibility. We don't want to be obstructionists, but that's what we're trying to do. Thank you.

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

MS. LEE: Thank you, Madam Chair. I'm going to remain optimistic that we can hear the details of this before we break from this session. I'd like to move on to the issues of the facilities review that the Minister has spoken about a lot in this House, because yesterday in the House there were some questions I asked about the possibility for a walk-in health clinic in Yellowknife and he indicated that this is something that could be included in the proposal that he's taking to Cabinet that is a result of the review of the facilities over the last months. I've also heard the Minister speaking about the study that he has hired to do the long-term care facilities all across the Territories. So are we talking about more than one study, or is this all part of one same work? Thank you, Madam Chair.

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

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, we have one document coming forward that will deal with health centres and hospitals and it will deal with the acute care side, it will deal with the long-term care side, as well as we will be speaking to the issue of the cognitively impaired and dementia. Thank you.

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

MS. LEE: Thank you. All these are completed and they are going to the Cabinet for discussion in the next couple of weeks. Are we to expect to get information on that and have an opportunity and be debriefed and discussed on that? Thank you, Madam Chair.

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

HON. MICHAEL MILTENBERGER: Yes, Madam Chair. We've spent about nine months working with the authorities and the department to do the document. It's been through the final review at that level and, as I indicated in the House and as the Member said, we intend to take it to Cabinet and then once that step is completed, the next step will be to come to committee and give them an opportunity and to have feedback and give us their thoughts as well. Thank you.

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

MS. LEE: Thank you, Madam Chair. If this package that's going to Cabinet is going to be approved and there are decision items on there, are those reflected in the budget that we're considering here? Thank you, Madam Chair.

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

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, this document lays out a time frame taking us as far forward as 2020, and there are about 42 recommendations that are being made and some are immediate, some will take more time. So it's a fairly comprehensive document with the timelines and action items. So there's nothing specific reflected in this budget for anything at this point. Thank you.

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

MS. LEE: Thank you, Madam Chair. I'd like to move on to the next item on the Mental Health and Addictions Strategy that the Minister spoke of yesterday in his opening statement. Last fall sometime, this House passed a motion calling for an alcohol and drug treatment centre and I'd like to know whether or not the Minister is in charge of responding to that motion and what he's done thus far in examining that option. Thank you, Madam Chair.

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

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, we looked at the intent of the motion. This business plan, of course, does not carry any changes. We have indicated that we're going to take some of the federal money to go with year three of the strategy. There are no definitive plans underway to build four facilities that I think the motion referenced. We are working with, as well, the Salvation Army on the youth side to look at what services we could possibly develop on an institutional side with the Salvation Army. But at this point, there's no further capital planning that's been done on any specific facilities. One of the key issues being we need to quantify the need and the demand. Thank you.

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

MS. LEE: Thank you, Madam Chair. Given the interest and the significance that the Members on this side of the House have placed on the issue of alcohol and drug

addiction and the need for treatment facilities and such, was that issue not included in the facilities review that the Minister was talking about earlier? The Minister was talking about this review that he has undertaken on the acute facility side, long-term care side, as well as cognitive need side. Did any of that take any consideration about the need for an alcohol and drug treatment centre? Thank you, Madam Chair.

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

HON. MICHAEL MILTENBERGER: No, Madam Chair, it wasn't included in the document that's now being discussed. Thank you.

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

MR. MENICOCHÉ: Thank you very much, Madam Chair. I'm, indeed, very interested in one of the largest expenditures of our government, which is health and social services. I see that not too many initiatives have changed since last year and probably a lot of it was due to the fiscal restraint that Cabinet put in place, but there are new monies available. So I think that we may have an opportunity here to do things a little bit differently or else give more to the regions, Madam Chair. Some of the things I have been experiencing recently in the Nahendeh riding, particularly Fort Simpson in terms of elders' long-term care facilities, our demographics is that our elders are very old, Madam Chair. Just recently I've noticed that a lot of them had to go into long-term care and the facility in Fort Simpson especially has been maxed. In fact, there may be a waiting list and that wasn't there a year ago. It's just something that is a recent development and it concerns me too, because Simpson is listed as a regional centre, Madam Chair. So as the people in the outlying communities, there are five that are serviced by Simpson, including Fort Liard, one of the larger communities that doesn't have any long-term care facilities. I don't know if we can address that, but for now all the very old people are getting sick and they are making their way to Simpson and the facility is being filled up very quickly. I don't see anywhere in our documentation, the main estimates or the CAP, that's going to address some expansion that is necessary for Fort Simpson. Perhaps at the appropriate time, once I've concluded my statement, the Minister can speak to me about that.

Another thing that's coming to a head is our concept of the alcohol and drugs and how we deal with it as a government. There's a need for awareness and it's similar to the goals of ADAC in Alberta, I guess. I don't see what we, as a government, are doing in that respect, and perhaps the Minister can share some of his views in that regard too. We do have a Liquor Commission, but their goals aren't really to address the addictions side of our population, and I'm just wondering if it would be a health and social services mandate to look at something like that. Perhaps the Minister can engage in some discussion as to how he sees us addressing those needs that are out there in terms of taking care of our needs in addictions and drugs and alcohol and many of the other new scourges that are coming North, Madam Chair. With that, perhaps I'll ask the Minister to respond to the inquiries and comments that I had. Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, with regard to the concerns about long-term care, those are legitimate concerns and in the report dealing with facilities, we looked at the demographic projections and it is clear that there is going to be a need for additional spaces over time. We've looked at the numbers in all the communities, which is why we've tried to come up with some benchmarks. We're also recognizing that there's a need to make the facilities that are now in existence more user friendly for those people suffering from cognitive impairment and dementia, and we've tried to lay out a plan and the projected needs in this document. That document will be, of course, subject to ongoing review should the demand change.

For example, the Member has mentioned Fort Simpson, and I know that in my community, as well, at one point there was under usage of the long-term care and there is now a waiting list and I think nearly every community is facing the same situation. We know that in Yellowknife, with being the largest community with the biggest population and being a magnet community, it's facing those pressures as well, along with other communities. So we also are trying to look at ways as part of the plan, not only looking at the long-term care side, but to try to improve the homecare and home support so that we can assist people to stay in their own homes as long as possible and not necessitate the premature use of a long-term care bed, if there were those kind of support services available. So we're trying to come up with a full-spectrum level of service to try to deal with this issue.

With regard to the alcohol and drug practices, the Member touches on a very critical point and it's a source of philosophical debate or service debate of where is it best to focus our resources. Is it best to focus it on building \$5 million or \$10 million or \$15 million worth of facilities? Is it best to follow out the plan that was laid out three years ago to put in community wellness workers and mental health and addictions counsellors at the community level, and make the serious effort to deal with families and individuals in their community using the treatment resources we have available, looking at beefing up the treatment or detox services we provide, an enhanced relationship with the Salvation Army possibly, and then continuing to focus at the community level?

There are schools of thought. The information I've seen, I've made reference to a document done by the National Aboriginal Health Organization, which is a fairly comprehensive review of northern services where they do a survey of literature and their suggestion is that the focus is best if you can put the majority of your efforts into the community level and focus on dealing with individuals and families. I was just at a workshop with Dr. Nordli from an Alberta hospital, who is an addictions doctor, and she made the same case in her practice. She was in Fort Smith last weekend and I went to a workshop with her there and she had the same suggestion.

So it is an issue of discussion and we know there's a concern that facilities be built, but the numbers we have tell us that Natse' Ejee K'eh could be better used, that our numbers of southern placements are relatively small. Before we say yes, we should build facilities, we should do a needs assessment and look at the analysis so that we could all make the best determination in terms of the projected numbers and the usage and the demand for that type of care, as opposed to spending those dollars in

other areas before we issue instruction that we're going to spend many millions of dollars on both capital and operations and maintenance. Thank you.

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

MR. MENICOCHÉ: Thank you very much, Madam Chair. That's some of the things that are coming out of my riding, is that they're saying all our elders are going to Fort Simpson and they're concerned that the facilities are filling up fast. There's already a waiting list. I kind of like that approach of increasing the home care for the elders. Is it possible to do that in the smaller communities like Nahanni Butte and Trout Lake? I'm not too sure. It's just there's probably a level of training or certification that has to happen with the field staff. Perhaps the Minister can address that. What are the long-term plans of training and upgrading the skills of the workers that we do have in the communities?

About a year ago I commended the Minister and the department for addressing the cross-cultural needs of our elders when they're dealing with Health and Social Services or the hospitals. There was a remarkable improvement. People aren't coming to me anymore saying they're really concerned that there's been some misdiagnosis. I'd like to commend the department on that. However, there are still needs that the elders see. When I visit them in the hospital, they're still saying that even though they're in the hospital...They have a couple words that they use with me in my language. In my language it's called nahetsandile, which means that they're not caring about what I say. It might be a language thing, Madam Chair. Also, tsighenealeh, which means coolly done or without regard.

I don't want to berate staff in the communities, but what happens is the level of care that's taken here in Stanton, there's probably a good reason for it, that it's hourly, it's always there for them. Or when they go home to the communities, there's one poor elder who was here, they were watching her on an hourly basis, then she went home to Fort Simpson and says nobody goes by her room to check on her. So I don't know what the difference there is. Perhaps she feels she has to be checked on more often or she felt that she's not being cared for. I'm not too sure of how the professional staff do it because I'm not in that field. For her, the patient sitting there, she's saying that nobody is watching her, nobody cares for her. She's here stuck in some room and nobody is really checking on her.

Anyway, just with those couple of comments there, Madam Chair, I'll just end my comments, if the Minister can respond or reply to that. Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. With regard to the issue of training for home support workers, we have started a process with the college to provide training for home support workers from the communities, and there are nationally recognized levels of training to bring their skills up so there's a common standard that people can be given. We are working on that.

I appreciate the Member's comments about specific concerns currently in the facilities in his riding. We'll be making a note of the concerns. We try to be as responsive as we can and we appreciate the detailed feedback. If there are issues of supervision or how rounds are done or contact with patients, we'll be following up with the Deh Cho authority to see what the specific issues are currently. Thank you.

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

MR. BRADEN: Thank you, Madam Chair. It's general comments, so one comment I would like to offer is that I've been more and more impressed, Madam Chair, with the information flow and communication that this department has demonstrated with committee. The Social Programs committee is where most of that exchange takes place. I just want to put out a compliment here on their style and their responsiveness to committee and to a request. It's really a very good relationship and I want to thank the Minister and his people for that. That's not to say that there aren't differences on issues, as there should be. But when we do take something up with this department, I go into it with a pretty good sense of trust in that we're going to be able to get something done.

The whole area of addictions and treatment and the kinds of pressures that are on society these days has really captured quite a bit of attention in the news, in our dealings here as MLAs and, I'm sure, certainly in the clinics and the front lines of justice. This is something that's everywhere and the signals are that it is going to become even more of an issue. There is always a plea for more facilities, especially because we don't have a lot of dedicated facilities that say addictions treatment centre on every other street corner in the Northwest Territories. Quite the contrary. I would like to be able to look more at the design and delivery of programs at the street level, at the community level, as a way that we can really turn this corner.

Mr. Chairman, one of the things that I've come to look at with a very jaundiced eye is the tendency that we have to send people to addictions treatment facilities in southern Canada or outside of their community and the local environment here, and then they're declared treated or dried out or they've done as much as they can. They come back to the same familiar scenario here in the North and their community that probably had a lot to do with them falling victim to an addiction in the first place.

I'm coming to see, Mr. Chairman, my own bias is not to see that we build all sorts of institutions and treatment facilities. There's a place for that kind of thing, of course. But if we really want to make a difference, it has to be at the community level, the street level, in the schools, in the workplaces. That is my belief, Mr. Chairman. If there's an aspect of this that I'd like to get the Minister's view on or of his officials, where does best practice and current thinking in this area go? Are we better off to build these institutions or facilities and have things done on that basis, or does my way of thinking have some relevance to it, as well? Which way should we be going? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Braden. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, this discussion, if you look at the issue of health, not just specifically addictions, but including addictions and mental health. There has been a recognition in this House, there has been a recognition nationally that if we just look at trying to fix things once they're broken -- be it on the acute care side, be it with diabetes or all the alcohol-related diseases or diseases related to smoking -- if we just wait and don't do anything at the front end, we'll go broke. We will never have enough money to build the facilities necessary to look after the people, when we know that if we work on the front end side or if we invest in the communities, if we can get people to make the right personal choices -- be it drinking, smoking, exercise, what you eat -- and we provide the support services and we coordinate with education and we have the supports for home care, that's the only way we're going to be able to deal with the problems, especially in the territory here where our health indicators tend to be worse than the national average. So we do need facilities. But we've been told in this House -- and I remember with this committee -- the issue to talk about the prevention and the small portion of our budget that actually is put towards prevention is probably less than five percent. It's probably more like two or three percent and we're spending the vast majority of our budget on dealing with issues on the acute care side or fixing things when they're broken. We know that the costs are not undiminished. There are constantly forced-growth pressures. It is a very important point and my opinion is that we have to make a concerted and sustained effort on the side to work with the communities, to work with individuals and families, and put some serious resources over time on the prevention side. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Mr. Braden.

MR. BRADEN: Mr. Chairman, that leads me exactly into the second area that I wanted to cover, which is how we're doing on the realization and understanding that we are lagging purely on the promotion and awareness aspect of things. Is this budget, Mr. Chairman, seeing any change in that priority, if you will, or ability or capacity to put more effort into that area? Is this budget turning us around? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Braden. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, this budget now before us attempts to sustain the initiatives that we have embarked on. If I can refer specifically, for example, to the addictions and mental health side to try to carry on with the third year of a plan that was agreed to following the report that came out -- The State of Emergency -- where there was great concern that the state of disarray and disrepair that we let those services fall into. We embarked on a plan and we've invested money and we've managed to tap into some of the federal funding to go ahead with year three. That is going to be an effort that we want to sustain.

We've had some success with some federal money again on the tobacco side. The tobacco strategy that we've come out with, the Don't be a Butthead campaign, the last count I saw in terms of numbers of commitments made by young children anywhere from eight to 19 or so is over 1,750. There is work being done in the communities this week, as we speak, in Fort Smith and Rae Lakes and one

other community where they're going in. They've been going around the countryside with any number of creative, innovative ways that we think is starting to show results. In Yellowknife, the numbers have indicated that there's the start of a decline in smoking. We haven't had the same success in the small communities, but it's those types of sustained efforts that are going to see us through. We're working with Municipal and Community Affairs and with Education, Culture and Employment on the act of living and the physical exercise, and in the schools talking about alcohol and tobacco and right choices and healthy lifestyles and proper diet.

We're attempting to be as coordinated as we can with the social envelope Ministers. We're trying to do our piece on the health side, but it's sustained and it's long term and on the prevention side you may not see the success right away, but it's going to be over time. For example, if children don't start smoking by the time they're 14 or 15, chances are they won't start. It's those types of things that we have to continue to invest in. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. General comments. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chairman. Mr. Chairman, I want to ask the Minister for some clarification in terms of the Stanton master roll-out plan. Our committee went down to Alberta to visit some of the facilities in Edmonton regarding Capital Health, and we did take a visit to the Royal Alexandra Hospital where they have an aboriginal component there that's in the system and I want to see if that discussion has still been continued on with Stanton in terms of the roll-out plan. I understand that 65 percent of the clients at Stanton are aboriginal people, with very little aboriginal programming or diet or care for their needs. I want to ask the Minister if he would make a brief comment as to what we're doing to ensure that our aboriginal clients are taken care of here in Yellowknife at our territorial hospital. Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. The CEO of Stanton also accompanied the Social Programs committee when they went over to the Yukon, and as a result of that and discussions we've had in this House and commitments made, the staff and department have been working through the policy division at pulling together a paper that's going to identify ways that we can incorporate traditional medicine more effectively into the system we now have. By the end of next month we expect to have a paper ready that will give us a starting point for that discussion, which, of course, would be shared fully with the committee. There's been some initial discussion, as well, with elders and some other northerners trying to get their feedback as we pull together this paper. We're looking at other jurisdictions, not only the Yukon, but other jurisdictions as well. It's an issue that we're committed to following through on and we will have that critical first discussion paper out here hopefully by the end of next month. Thank you.

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

MR. YAKELEYA: Thank you, Mr. Chairman. Mr. Chairman, I have two more points. The second point I want to ask the Minister for general comments is the

nurses in our small communities. In the smaller communities we have agency nurses who are coming into our communities at a high cost to this government. I did ask the Minister at one time in terms of a plan in terms of when we're going to phase out these agency nurses, and there are some really good nurses who are staying in our communities a little longer than we anticipated. However, what is this department or how is this department ensuring that we take care of these nurses in terms of enticing them to stay a little longer in the community? People are getting along with them well. The problem with agency nurses is that they come in very quickly, stay about a month or so, then they're out. They don't develop this relationship with the people, and people are getting a little concerned because of constantly having to remind the nurses of their issues. There is not a consistent health care service in the communities. So I guess those two questions, Mr. Chairman. Is there a plan by this department and when is that plan going to be implemented, and when can we expect to see the agency nurses no longer being used in the Territories? What are we doing to ensure that the nurses that we do have in the communities are well looked after, are taken care of really well so they can stay longer? I know there's a nurse in Tulita who the people really like, and I think we want to keep her there for a long time. Thank you, Mr. Chairman.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the long-term plan of the Government of the Northwest Territories is to train northern nurses and educate northern nurses, which is what we've been doing. We have had quite some success in that area. Although I do recognize that in the smaller communities getting nurses in and nurses to stay is somewhat more problematic. We are looking at restructuring our incentive programs, our bursary programs. We're looking at mentoring. We're looking at trying to get our own northern float pool of nurses, rather than relying on agency nurses from the South. Have a pool of northern nurses that we could use out of Yellowknife or out of Inuvik to go to the communities to cover off. We recognize that we are paying a very significant premium to the agencies for the use of the nurses, and that money is in the hundreds and hundreds of thousands of dollars and could be far better used in other program areas if we could address that issue. So we have a long-term plan. We have northern nurses trained, and we're working with Inuvik to get them enough on-the-ground, practical experience that they can go out and, in fact, be on their own or work in smaller communities with not as much supervision. Thank you.

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

MR. YAKELEYA: Thank you, Mr. Chairman. I fully support the Minister's initiative in terms of getting a pool of northern nurses either in Yellowknife or in Inuvik or any other larger centre to work in our communities here. I think you're going in the right direction there. I'm fully supportive of that initiative.

Another one that I wanted to ask about is the smoking campaign. It's good to hear the numbers are going up. That campaign works because it got me. I want to see if we can do a similar program of that type with regard to the alcohol issue. It's an increase. I'm not much into building

new facilities for any new treatment centres. We've got a lot of good existing facilities in the North and I believe that programs such as treatment centres or treatment programs can be done on the land, providing that there are good programs and well-trained workers. Because that's another issue that's quite a concern to people in looking at the stats on crime in the Northwest Territories and the high percentage of crimes that are contributed to the use of alcohol. I'd sure like to see the treatment centres go into the regions, if possible.

One more question, Mr. Chairman, and I'll be done. I want to ask the Minister if he has a cost in terms of having these agency nurses come into the North. What does it cost our government on a yearly basis? Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, I'd like to thank the Member for his comments about the no-smoking campaign and acknowledge his success, as well as the fact of the injury that he suffered as he attempted to take the message out to his young constituents above and beyond the call of duty. Mr. Chairman, there have been many good minds working on how to deal with alcohol, which is a different substance, clearly, than tobacco and it's one that is heavily advertised, for example, on TV with sporting events. If you want to go to parties and be with handsome men or beautiful women, if you have a bottle of beer in your hand, chances are you'll be there, be it Budweiser or any other kind of drink. So it's very difficult; it requires a different strategy. I'm very interested in trying to turn our attention to that because I agree that the ravages of alcohol and the collateral damage that alcohol causes far outweighs that of smoking, even though smoking kills more people directly. So we're looking at ways of trying to do that, but we don't have a campaign as effective yet as the one that's currently underway with the butthead campaign. We'd be very interested in thoughts and suggestions and recommendations of how we can better do that particular campaign to ensure that people either don't drink or they try to drink responsibly. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. There is one question that Mr. Yakeleya raised, which was the cost of the agency nurses. Thank you. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. I apologize. We spent in the Inuvik region alone, I believe nearly \$650,000 last year on fees for agency nurses. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you. General comments. Next I have Mr. Ramsay.

MR. RAMSAY: Thank you, Mr. Chairman. I have a couple of questions for the Minister and I guess the first one I'd have is, since 1999 the Government of the Northwest Territories has increased base spending on social programming by over \$200 million and that represents about 40 percent. Obviously, we've gone five years now since that funding level has been increased and yet I don't think we're really any further ahead in terms of the social ills we're faced with in this territory. I'm just wondering what the Minister's objectives here might be in the near future to try to ensure that the money, what

is available, is being spent in the right ways to maximize the net result. Thank you, Mr. Chairman.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, we have to keep in mind that it has taken us many decades to get us into the situation we're in, and we've been investing significant amounts of money and planning in a longer term way for approximately five years, as the Member has indicated. Some of the issues are definitely long-term issues. Many of the things like our initiative with tobacco or our initiative to train northern nurses or social workers are long-term investments. The fact that we still spend a very relatively small amount -- on a comparative basis -- on prevention is a critical issue, if we accept the fact that a lot of the things that are driving our costs ultimately come down to individual responsibility. The responsible choice of drinking, smoking, diet and exercise, those things alone have a significant -- not only significant, I would say huge -- impact on our costs downstream. We have to recognize that there are lots of needs out there and there are no silver bullets. Thank you.

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

MR. RAMSAY: Thank you, Mr. Chairman. I do agree that it is going to take a lot more than money. Just letting people know what healthy lifestyles are and trying to get people to live healthy lifestyles, that just doesn't take up money that is for sure. I think it is something that we have to try to ingrain in our kids from an early age and something that should be done.

The next question I have for the Minister is based on the fact that I know there is an expenditure of \$2.8 million for compensation and benefits for health care professionals, to try to maintain our competitive side of things. I am just wondering if he can break that down for me. Where is this money being spent and who is it being spent on? Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the numbers the Member is referring to -- \$2.7 million of that is towards physicians and \$400,000 was to allied health professionals -- is a part of the re-evaluation and reclassification of the positions that resulted when there were complaints, grievances filed against their classification.

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

MR. RAMSAY: Thank you, Mr. Chairman. The \$2.8 million, that goes back to the increase that we saw for physicians last year. I think it was a 38 percent increase. Is that amount part of the \$2.8 million, or is this \$2.8 million additional to the 38 percent increase that happened last year?

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Yes, Mr. Chairman, the expenses towards the physicians resulted from the Collective Agreement that was reached with them. Thank you.

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

MR. RAMSAY: Thank you, Mr. Chairman. I guess it's a bit of a misnomer then. I know the Finance Minister spoke about this new spending -- \$2.8 million -- on compensation benefits increases, but if it's something that has already happened, it's not really that we are spending more money or is it in the budget address just because we are spending that on an ongoing basis? Is that why it's in the budget address? Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, it's a four-year contract and, like most collective agreements, there are negotiated benefits and increases that are part of the Collective Agreement. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Mr. Ramsay, thank you. General comments. I have next, Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Chairman. I have a few questions for the Minister this afternoon. The Minister has made reference to our desire as a government to train and retain and enhance the professional skills of northern nurses. It seems like although that is what we want to do, anybody who embarks on this seems to run into a lot of obstacles. I am speaking specifically to the attempt to train nurse practitioners to work in the communities.

It seems like the rules and the policies that are put in place around some of these things actually serve as a bit of a deterrent to anybody wanting to do it. The Nurse Practitioner Training Program is offered here in Yellowknife, it started in September 2004. The enhancement to this particular training program was that the nurses that were in training, who would already have a considerable amount of experience, would receive 100 percent of their salary while they are taking this additional training. But it was a long trail of negotiations for the people in order to iron out all of the hurdles and everything as they went along.

One of the issues that was an obstacle is the cost of setting up a second home while they are here taking this training in Yellowknife. I would like to ask the Minister, is he aware of cases where there are nurse practitioners who are here for a short term, who are actually provided accommodation at no cost, that are from outside of the Northwest Territories. Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, I just have to ask the Member for some clarification. Is she asking about fully-licensed practicing nurse practitioners that we have hired, or on training? Thank you, Mr. Chairman.

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

MRS. GROENEWEGEN: Thank you, Mr. Chairman. Mr. Chairman, there is a program called Introduction to the Nurse Practitioner Program, and I believe that there are people who access this program who are from outside of the Northwest Territories. It is a short-term program for which housing is provided to the candidates at no cost. Thank you, Mr. Chairman.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, I can't answer that question, but I will commit to get the information. Thank you.

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

MRS. GROENEWEGEN: Thank you for that, Mr. Chairman. People who do come here for the Nurse Practitioner Program are expected to maintain their residence where they are from -- it would make sense if they are a mature, middle-age person that's been practicing already, that they are going to probably already have a home established -- then they come here to have this training and they are expected to maintain two residences. Even MLAs aren't expected to do that.

If that were a deterrent to being able to partake in this, it seems like it would be small cost to pay -- considering the few people in this program -- it seems like it would be a small price for someone to pay to see an experienced nurse enhance their professional training to become nurse practitioners. I would like to ask the Minister if his department has given any thought to smoothing the path, so to speak, for some of these training programs that would ultimately result in us having a larger inventory, a larger group of trained northern professionals with skills to go back and service their communities. Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, we are thoroughly committed -- as the Member is herself -- to the whole concept of the advancement of the profession of nursing practitioners. It hasn't been without its bumps in the road and there are still some outstanding issues.

We have tried to address them one by one. In this case, there have been discussions with the union -- both unions -- involved to indicate to them that under the Collective Agreement, when you take education leave, there are certain criteria we are bound by that can only be changed, I understand, if it's a negotiated agreement, through collective bargaining.

We have tried to do many other things, like topping up the salaries to 100 percent and assisting with all other outside costs when possible. But that is, as the Member has indicated, still an issue. Thank you.

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

MRS. GROENEWEGEN: Thank you, Mr. Chairman. Another concern I have with respect to the Nurse

Practitioner Program is that after the training is received, there is a return of service agreement, a contract that needs to be entered into. Positions are not that plentiful for nurse practitioners. Another deterrent I guess to experienced northern nurses taking this is the fact that theoretically there is no assurance that they can return to their original community to fulfill that role as a nurse practitioner. If there is no job open, what are they supposed to do with those skills?

They are required to have a return of service, but if they can't go back to their own community, if the department can't employ and accommodate their new skills in the community that they are from, I think that that would be a huge obstacle to wanting to do that. They could end up anywhere in the Territories where they had an opening for a nurse practitioner. Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the intent is to the greatest extent that we can, as a system, have returning nurse practitioners be able to return to their home community.

We are currently in the process, as the Member will see when the document about the facilities comes out, that we are setting in benchmarks and services mixes that builds in for the first time in a formal way the number of nurse practitioners that were suggested be in communities based on the size of the community.

There are a number of things that we have to do. We have to look at making sure the job description is properly classified to reflect the new level of skill and scope of practice and experience that the nurse practitioners will be providing, to make sure that there is the funding to cover off the difference between the position they are in and the upgrade to that new position.

We are definitely working on being able to identify and deal with that issue. There are going to be finite limits to that though, that if a community is entitled to or is deemed to be appropriate, that they have, say, four nurse practitioners, once those four positions are filled and there are no vacancies, then we are going to be limited. But we are not at that point. We are trying to get to the point where we are, in fact, identifying positions. For example, in the Member's community, there is a need for more than the one that is currently there; a nurse practitioner. The intent is to expand that service. Thank you.

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

MRS. GROENEWEGEN: Thank you, Mr. Chairman. Also, just on the point of fairness and how we treat our health care professionals. The Minister made reference to the two different unions and the two different circumstances under which nurses and health care professionals work in the Northwest Territories and the desire for parity. I was just wondering if the Minister could update us on how we are doing between the UNW and Public Service. Whether there has been any recent movement there or negotiations or expressions of people being satisfied or dissatisfied with the fact that, at the end of the day, after the government had wanted to roll all the health care professionals in under one employer, that that was not accomplished for monetary reasons. I would just

like to know where we are at with that. Thank you, Mr. Chairman.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, clearly that is an initiative or a decision that was made that had certain outcomes and I have asked that we revisit that. Yes, there were monetary considerations initially, but over the course of the last few years, through successive negotiations and collective agreements, we have come close to spending the money anyway.

There are still the outstanding issues of two separate collective bargaining units. I have asked that we revisit that and the department is doing an analysis to pull together numbers and the papers to see how we can go forward on this. My own intuitive sense is that it should be revisited. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. General comments. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. Turning to page 3 of the Minister's opening comments, my general comments would refer to the second bullet which emphasizes the \$135 million for health care services programs. If the Minister could elaborate a little bit on the potential of the consolidation of clinics here in Yellowknife. If he could tell me where that will be happening and what is the plan, maybe the time frames around that as well as potential dollars. Who owns the buildings? If he can be that specific. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the Yellowknife Health and Social Services Authority, and I believe Stanton as well, did some work in the past on trying to consolidate clinics, but that never proceeded past a discussion document. At this point, as part of our work, we have looked at the idea again as we try to look at efficiencies and how doctors are best serviced and how the people are best served.

The issue of a consolidated clinic in the downtown core came up. At this point, it is not a fleshed out final plan, there are no details in terms of office costs or locations or size or those types of things. At this point, the work has been initiated to get us a document that will help us get to the point of where we can do the more detailed work. The general scoping document is being done and there is discussion to be had with, of course, the stakeholders and the various practitioners, as well. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Could we have some order here, please? I am trying to listen. Thank you, Mr. Hawkins.

MR. HAWKINS: Good chair, good chair. Thank you, Mr. Chairman. Mr. Minister if you could elaborate on the investment of upgrades in the city of Yellowknife at this time. Elaborate on what is being done at what clinics under the scope of the YK Health and Social Services Authority. What type of investments will that flesh out? Are we putting in certain extra services, that have traditionally been offered at Stanton, in the downtown

clinics? Are we expanding any in this budget for this fiscal year? What are we doing for overall investment in the downtown clinics as they presently exist? Seeing how you have noted that the plan to consolidate the clinics is only in the planning stage, document stage, we have no official one clinic emerging. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the intent is to integrate the three small clinics that are under...(inaudible)...resourced in old facilities, that can't do many basic functions that a regular clinic should do. Outpatient work, lab tests, X-rays, minor surgeries those types of things, all which are sent right now to Stanton and take up time, there are delays in getting the information. We intend to move on that, which is one of the items that we have identified for potential use with the federal money. It will speak very clearly to the federal government's concern about wait times and access to services.

This is not going to be a great, long, protracted process of review and developing a project. This is going to be something that we want to move on in a relatively expeditious way. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. Mr. Chairman, I think that the Minister holds his cards very well and holds them very tight to his chest. I wish to give him a compliment on that and I was hoping that he would sort of stretch in the area...As I understand it, there are infrastructure upgrades going on in some of the Yellowknife clinics in the downtown area. That being said, it is my understanding that there is infrastructure money being poured into the Great Slave Clinic, for example. I just want to make sure that we are investing...I want to be very clear, are we investing in a building that isn't ours if we are renting for medical services that, in the long run, we are going to be shifting gears in a year or two away from them away. So are we throwing good money away? These types of resources should be spent on the staffing and making sure that we can provide adequate resources to people as they need them. So can you elaborate on that? Please provide any clarity if that's not the case or please reassure me if that is the case. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. I will continue to give the Member the best information that I have available. As we talk about clinics, there is also the clinic out at Frame Lake on the other side of town. There has been money invested. There was money voted in this House to do some upgrades through a supplementary appropriation in the neighbourhood of \$400,000. Sorry, it wasn't a supp, but there was money to do improvements because that clinic is one that is essential and we want to work to expand and improve the service.

In the downtown core, I understand there is no major dollars or modest dollars for any kind of major capital work that we are aware of that we are funding directly, unless the clinics are doing some with some funds they may have

available. Our plan is not to, as the Member has indicated himself, invest heavily when we know there is change afoot. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. What groundwork is being done at present, recognizing that there is a document out there and the intent to consolidate the clinics for a better working environment? What groundwork is being done to find a location that this new clinic could emerge into and is the government planning to expand that to a leased operation or are we looking at creating government infrastructure, rather than renting, that could accommodate those types of needs for inpatient/outpatient treatment? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the Member is once again asking for a level of detail that doesn't yet exist. I know the CEO of Yellowknife Health and Social Services has already initiated the process to work and to flesh out the work that's been done to date to incorporate the consolidation of three clinics as opposed to consolidating just two, but the level of detail the Member is asking for doesn't yet exist. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. Could the Minister emphasize which three clinics he's referring to. I realize there are a few clinics. Which clinics do we own and not own? I believe the Great Slave Clinic is owned by a private business and we lease space there. If you could provide some clarity on which clinics we own and which ones we are looking at amalgamating or consolidating into a health clinic. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. The three clinics are the Family Health Clinic, the Great Slave and the Gibson.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Mr. Hawkins.

MR. HAWKINS: Do we own those buildings or that infrastructure that they are presently in or are they all privately leased?

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. My understanding is those are leased arrangements.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. Just changing gears for a moment, referring to the nurse practitioners, I brought this up yesterday in trying to get clarity on the rules that a nurse practitioner can presently

practice under. As I have been made aware – and I am looking for correction or guidance on this issue – a nurse practitioner can only see one patient per hour. Can the Minister clarify that? If that's not the case and they are allowed to see more than one patient per hour, what are the rules guiding them specifically related to seeing patients on a regular basis? Are there any time requirements or specific requirements that they have to be monitored by a doctor or whatnot? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, there are no time constraints on a nurse practitioner. It depends on the patient the nurse practitioner is seeing and what flows out of that. One of the things that has been an impediment to how effective nurse practitioners can be is they haven't had the same support systems in place that are there for the doctors in terms of adequate waiting rooms, waiting rooms that are prepped and ready for their use and support and the issue of files and getting ready to see the next patient. So those are process things that we are working on to ensure that we can deal with it, so we can have the nurse practitioners be as efficient as possible. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Next up is Mr. Braden.

MR. BRADEN: Thank you, Mr. Chairman. The Minister, in response to a question a little earlier this afternoon in the areas of addictions, highlighted the successes we've had with the Tobacco Action Strategy. The groups of volunteers who have come on board with that, the initiatives shown by some of our municipalities, the WCB, and I noticed in some of the information that our colleague, Mr. Roland, provided on revenues, it looks like tobacco tax revenues are decreasing earlier than forecast, which means less product is being sold. So a tremendous success there.

Here is where I want to get into the topic, Mr. Chairman. Then the Minister said what do we do about drinking and alcohol. It's almost daunting, the circumstances there. The Minister then said how do we find those answers out. I just wanted to offer that we already have in play one way that we might be able to get some very effective answers and that is the upcoming review of the Liquor Act. I understand that a call for a contractor has gone out and perhaps the decision has already been made, but that process of going out on a territory-wide consultation, I am hopeful, Mr. Chairman, will generate some discussion, some debate and some input and hopefully some really constructive ideas on what our communities want to see done about the way we manage alcohol as a government. Also, Mr. Chairman, about the way we look at our mandate to promote awareness, to help people be educated about the impacts about alcohol, but also, as the Minister has been stressing, to help people be able to make responsible decisions when they choose to use something like alcohol.

I believe the government has sadly underfunded and under resourced the responsibility to do this with alcohol, but I am really looking at this upcoming review of the Liquor Act as a very good way of finding out from the communities and from the frontlines how they would like us to go about that. So I offer that, Mr. Chairman, as a

potential way of getting some answers to a very big question. I will stop there. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Braden. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. I appreciate the Member's comment. The only thing I would like to add to that is when I went to this workshop with this Dr. Nordli from the Alberta hospital who is an addictions specialist, she did indicate in relation to that particular area, in her opinion and the statistics show, if the drinking age is raised, it has a direct impact on alcohol consumption. So it may be a subject that comes up through the course of the review on the legislation. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Mr. Braden.

MR. BRADEN: You know, Mr. Chairman, I do have a number of other things, but I think I can pop them into our page-by-page detail review.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Braden. Next I have Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. Further to the debate about the problem of alcohol, Mr. Minister, you might have noticed in the Social Programs committee report, we talk about the importance of the need to highlight the problem of gambling. I think of it as how a while back it was not often mentioned when one was describing Canada from sea to sea. Usually people described Canada from being sea to sea until national leaders started referring to it as from sea to sea to sea, to include the Arctic Ocean. In that way, I think that it's about time that in the North we acknowledge the problem of not only alcohol and drugs, but also gambling. I think the problem with gambling in the North is much more serious than people are willing to admit. In fact, it's so unappreciated, it's not really even being discussed.

As many people know and it's commonly understood in addiction language, it's not uncommon for people to leave one addiction and then jump into another. Some people might think they quit drinking and it's okay to be addicted to smoking because it's the lesser of two evils or some people might think if you get out of alcohol addiction, somehow gambling isn't as bad or vice versa. We need to make sure as a government to conduct campaigns wherever you are doing wellness or healthy living, we should be comprehensive in that regard.

I understand it's probably a whole new area because of the fact that so many NGOs and charitable organizations rely upon gambling revenue, on lottery tickets and other forms of gambling, to get their income. I am willing to admit that not all gambling per se is bad. Lottery tickets, raffle tickets, if it's for certain causes, and some people buy tickets to support the organizations the tickets are being sold for, but we need to address our mind to this. We need to do some studies on it. We need to evaluate how severe the gambling problem is in the North and how much people are spending, how much of the disposable income people and families are spending on gambling. In how many instances is an addiction to gambling getting in the way of families having a normal life? If you are in the communities, I know bingo is a very popular game and we don't want to see these things outlawed, but it's time we

talked about whether or not there is a percentage of the population that are foregoing all their family income on bingo.

I worked at a bingo in Yellowknife once and I was so disheartened by what I saw, I swore that I would never step foot back into the bingo hall. I don't care what good cause it was, I could not tolerate seeing so many people giving up so much money and it was way beyond recreation. I could not believe how much money they were dropping and I thought I was making a good income. If I was to drop \$400 to \$500 a night on a bingo, there is no way I could afford anything. The people I saw doing it I knew weren't making that much more money than me.

I don't know if so much bingo going on in all communities, including Yellowknife...

CHAIRMAN (Mr. Pokiak): Thank you, Ms. Lee. Can you pose a question, please?

MS. LEE: I thought we were still on general comments, Mr. Chairman. I really wanted to put on record that we need to think about the problem of gambling right alongside alcohol, drugs and STDs. I agree with the Minister that that is a big problem that we need to address. I would like to know from the Minister then what kinds of things he can do to highlight the issue of gambling addiction and what sort of work is being done in the department to highlight that. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Ms. Lee. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, we have seen the report by the Social Programs committee and the identified concern of gambling. We will make our best efforts to respond appropriately. I just want to point out that the Member is correct that gambling is an addiction that tends to get overshadowed by the more pressing issues of the alcohol and drug addictions or things like crack cocaine or other drugs that come onto the scene. It has a unique place in many of our communities because it generates so much revenue for so many good social agencies.

The community wellness workers, who were formally alcohol and drug workers, deal with addictions generically. So we will be working with the infrastructure we have on the ground to make sure the issue of gambling is on the radar, as it were, when it comes to doing business with clients. The Member is once again correct; we don't want to trade one addiction for another and you can come in with multiple addictions.

So I take the Member's point and concern of the Social Programs committee and we will be doing our best to respond to that. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Ms. Lee.

MS. LEE: Thank you, Mr. Chairman. I will be looking out for an action plan or a response from the department how the department addresses this issue in the coming weeks and months.

Another point I wanted to raise has to do with the human resource management of health care professionals. I know the government has been putting in more money

over the last couple of years to address the shortage of health care professionals, but I want to speak specifically to Stanton and other health care facilities in Yellowknife because they work in tangent.

I am hearing from the hospital that there are still a lot of shortages of health care professionals and nurses. I hear that there have been incidents where they had to close down a unit in surgery, for example, because of the lack of nurses in emergency. I am also hearing that overtime work is not being done much. Perhaps it's a cost-cutting measure because we are approaching year end. Maybe there is a lack of money or something. I know nurses have complained for a long time that they are being asked to do a lot of overtime but, at the same time, they do have to realize that there are a certain number of nurses who have to be on staff and if they aren't, it really gets in the way of their work. What is the state of affairs of human resources at the hospital and other health care facilities in Yellowknife in terms of nurses, doctors and other staff who need to deliver care and have we made any inroads in the last two or three years in terms of increasing these numbers? What is the report he's getting about the level of services they can provide at that facility? Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Ms. Lee. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, we have the good fortune to have the public administrator of Stanton at the table with us today. I will ask Mr. Murray to speak to the detail. He's very conversant in the operation of Stanton. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Mr. Murray.

MR. MURRAY: Thank you, Mr. Chairman. On the first issue on the number of doctors, nurses and the overall staffing, over the last several years we've been able to keep our wards open. ICU at one point had been closed for months and through a number of initiatives, including hiring of professionals and nurses and also cross-training of staff, we have been able to keep the wards like ICU open. I haven't got figures in front of me, but the last I saw we were down to three or four nursing vacancies at Stanton. I know several years ago, we were up over 10 or 15 vacancies at any point in time. So we have been able to bring some stability there.

On the overtime issue, in order to live within its resources, Stanton has put in a number of expenditure management actions, one of which was not putting in overtime or calling back in staff at overtime rates, depending on the number of patients on the ward at the time. It's been made clear that at no time will overtime not be approved if the number of patients on a particular ward warranted it. If there are three patients and we need three nurses, an extra nurse might get called in. What happened at one point is Stanton was actually calling in staff even if they didn't have the patients on the ward. They would be calling them back because that was the staffing model. What they have done now is include looking at the number of patients at a point in time in that ward that night and calling in staff accordingly.

Again, the other thing was the number of doctors at Stanton. We have been successful in the last two years in bringing in a new orthopaedic surgeon. We've got a new internal medicine specialist starting in May. We've also

brought in another general surgeon. So we are pretty much fully staffed on the physician side, special side, except for the area of a psychiatrist. We are still having trouble on a national basis of finding a second psychiatrist position. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Murray. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. We ran out of time just as I was finally getting somewhere with this Minister. I swear I thought I had him on the ropes and time ran out. This time I am going to reel him in slowly.

Mr. Chairman, the Minister had said that nursing practitioners, he had said in one way or the other, basically had free reign to practice. They could be as busy as possible. They weren't restricted by the number of hours or it didn't sound as if they were restricted by anything other than what's considered reasonable such as facility availability. That being said, we have restrictions on doctors seeing 20 patients per day. So quite conceivably the nursing practitioners could be seeing more patients per day than our doctors. Maybe the Minister could clarify that ambiguity that has surfaced. Again, nursing practitioners could see a lot more potential patients than doctors. Could the Minister clarify that point or problem? Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, if memory serves me correctly, the question was were nurse practitioners limited to seeing one patient per hour. I indicated that there was no such restriction. In fact, if we were more efficient and effective in supporting them, they would be able to see an increasing number of patients. So we are hoping that when all things are working well that nurse practitioners will be seeing in the range of 17 patients a day or so. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. Are we putting restrictions on nurse practitioners if we have an expectation of them seeing 17 patients per day or are we putting a time limit on specific visits? For example, are we saying half-hour visits per patient or two per hour? If I say approximately two per hour on an eight-hour work day, that's 16 patients per day. So we are still getting dangerously close to what doctors see in a day. Maybe the Minister could quantify how we would define the number 17. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the figure 17 is a target that we hold out in terms of what we consider to be an effective and doable number of patients in a day. That will vary over time depending on the patients coming through the door. It might be someone who just needs a simple prescription or a relatively minor fix with a Band-Aid or a consult. It may be someone who requires three-quarters of an hour. We look at things over time and we want to be

as efficient and effective as we can with the resources at hand. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. My job here is to ensure that we have the health care professionals required on staff and those types of resources available when needed, except I go back to some of the concerns I raised in my Member's statement the other day. With the shortness of staff when it comes to doctor availability, doctors are seeing approximately 20 patients per day. I don't want to get into an agreement between 19 and 21, but if that's an approximate number to work with, let's work with that. We still have a shortage of net patients seen per day. How are we stepping in and filling that gap at present? Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, at present, we've added doctors over the years. Yes, we've changed from fee-for-service to contract salaries positions. We've negotiated a Collective Agreement, but we are also adding nurse practitioners. We are looking at the structural issues that we know are negatively impacting on efficiency of services in Yellowknife. We've talked about the clinic situation, the emergency situation. There is an administrative arrangement where the doctors work for Yellowknife Health and Social Services but many of them spend a majority of their time providing a service at Stanton. We are looking at the structure of how obstetrics are delivered. So there are a number of different areas we are looking at and the process or structural issues in addition to just the fact that we have a contract with doctors and there is a target in there in terms of the number of patients per day that are to be seen. There are other factors that are there as well. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. I appreciate the Minister emphasizing that a majority of time was spent at Stanton. Would it not make sense to put the doctors we have in practice in the community in those clinics that we have and turn up the heat and get a few more locums at Stanton? The concern I am hearing out there is that doctors are spending more time at Stanton than they are treating their own patients. It's an exhausting period and I have heard it's an exhausting arrangement. Why are we not stepping up the locums? What is slowing us down about implementing the nurse practitioners potentially seeing those 17 patients per day?

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, I would just like to give a big figure here in my initial response. There are approximately 50 doctors in Yellowknife when you look at the specialists and the general practitioners and Stanton is a territorial hospital, the population in Yellowknife is about 17,000, so you on the very cursory face of it, on the ratio of one doctor per 1,000 in Yellowknife. You would think there is a lot of doctors, but the reality of it, the way

services are structured between Stanton and the clinics, there are problems in terms of getting enough doctors to provide adequate clinic time because their services oftentimes are taken up elsewhere. So we are working on that, we are working on the nurse practitioners. We are moving relatively quickly. We've passed legislation. We've worked out the practice standards. We've agreed to the scope of practice. We've got the issue of the ability to do prescriptions straightened out. We are coming forward with a document that's going to lay out the number of nurse practitioners we see as needed in the different communities.

So we are moving on very many fronts trying to address some of the issues. We are doing that and are committed to doing that. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. I think the Minister overlooked my concern where I had asked the question about what's slowing us down enacting these nurse practitioners to get 17 more patients each day seen by each nurse practitioner. That could potentially add up to quite a few patients. I think the Minister agreed the other day we are seeing approximately a net loss of 80 patient visits per day with the formula provided. I don't think it's appropriate, in my mind at this time, to compare the specialists to the general practitioners. The specialists are into a league of their own. I think one could say it's understood we are talking about the general practitioners at this time. Thank you, Mr. Chairman. So the answer on what's holding back the nurse practitioners. Maybe the Minister can tell me when we are going to see this document about the re-generation of our health care system. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. At present, we have three funded nurse practitioner positions in health and social services in the various authorities. There are two in Yellowknife and there is one in Hay River. There are some in training, but those are the funded positions that we have. It's a new category of nursing and it's in its relative infancy.

The document, as I indicated in an earlier discussion with one of the Members, is going to go to Cabinet within the next few weeks. From there, we are going to take it to the Social Programs committee for review. We will be sharing it with Members and we will be working on where we go from that point on after it's been through that process. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. We squeaked under the wire. I guess I am a little concerned in the sense of how forthwith this document may be coming. Can we get a commitment from the Minister to emphasize a date when this document can be seen by Assembly Members? That being said, we had promises to see the Stanton master plan in the spring. Then we were told it was coming sometime in late summer. We've been assured by the Minister that it would come in the fall, late fall, and now we are into February and I don't think I

heard anytime in the last while as to when we should expect this master plan. So what is the master plan on the delivery of that master plan? Can I get a commitment today? I don't think it's asking anything unreasonable considering the ability of this Minister. We are not going to stop government and FMBS isn't going to call you as soon as you say what day, I assure you. Can the Minister say by March 1st we are going to get a copy of the Stanton master plan document, or April 1st? Wouldn't that be fitting; April Fool's?

It doesn't really matter. Can the Minister make a commitment today when Members of this Assembly will see both of these documents you have referred to? Thank you, Mr. Chairman.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Hawkins. Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, I made the commitment and I have indicated the process and sequence of events in terms of the document dealing with the facilities across the Territories. That's going to Cabinet in the next few weeks. We are working on the executive summary and the communication plan and those types of things. That has been done in full consultation, I just want to point out again, with the authorities, the senior staff, the board chairs, the board members of the various authorities have also been briefed and been involved in the work. So that is coming. The Stanton master plan will flow from this document. The Stanton master plan hasn't proceeded because we were reviewing the acute care usage, the doctors' mix, the emergency wards, the same as we are reviewing the occupancy and usage of other facilities. They are going to be further directed by Cabinet to look at the use of facilities with an occupancy of 30 percent or less. So once this facilities document is done, then the master planning will continue at Stanton, Hay River and Fort Smith where there is money in the budget in the capital plan to do the planning this year with construction to start the following year in all three facilities. Stanton is in the neighbourhood of \$16 million over two years.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger. At this time, I am going to take a 15-minute break.

---SHORT RECESS

CHAIRMAN (Mr. Pokiak): Welcome back from the break here. Next I have Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Chairman. Mr. Chairman, I wanted to ask the Minister a little bit about what his assessment is of the viability of some of our hospitals operating here now. I don't know what kind of utilization rates when they're doing this review of infrastructure are being put together for the facilities, but it seems to me that -- I suppose I'm most familiar with the hospital in Hay River, so I'll use that as an example -- there's a lot more referring of patients who are ill to other medical facilities than there used to be. It seems like certainly the maternity aspect service of the hospitals is gone. That is partly I know due to the fact that a lot of general practitioners do not want to deliver babies now for whatever reason. It seems to me that in years past there were more serious illnesses that were just dealt with right there with the medical staff that they had. Then we went through the doctor shortage and the locums and it seemed like people got into more of a mindset of

everybody going into survival mode; we'll do the best we can with what we've got. It didn't seem like after the doctor situation got addressed and we got staffed up again that we ever reverted to sort of a full service hospital, for lack of a better term.

So I don't really know why that is and I don't know if the numbers bear it out, but it seems like there's a lot more cases of assess and transfer, whether it's to Yellowknife or to Edmonton. I don't know if the Minister can help me quantify or qualify whether or not that is the truth, but that is what seems to be the case. It seems like people who have cancer and need chemo always go someplace else for it. It's not administered at a local level anymore where it certainly used to be. The hospital used to be full of patients and now it isn't. What's happened? Has the ability of medical doctors and nurses to treat patients with critical illness somehow diminished and we've become more reliant and think we have to refer everyone to a specialist now?

I think back to the days when I came to Hay River 30 years ago and they delivered babies, they did surgeries, they treated people with cancer, they did all kinds of things. But now it seems like there's a much higher incidence of referral. I have heard it also said that some days with the number of people going into Edmonton that they wonder if Stanton is open on that day. Now here's a centralization of all of the specialists and yet it still seems like there's a lot of referring. Is there any historical data to bear out what I'm saying or is this an incorrect perception? Thank you, Mr. Chairman.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the Member touches on an issue that is one of the key components of the document that we talked about where we looked at referral rates, acute care usage, the role of doctors, Stanton, the appropriate mix. The Member is correct. The facilities that were designed going back a number of decades now like Fort Smith, Hay River, the usages have changed, specifically on the acute care side. The occupancy rates are very low. How service is delivered has changed over time, too. The small hospitals that are full service are disappearing, if not an extinct kind of entity at this point. There has been a move to the larger centres where there's been a consolidation of services. The other issue that has gone on is there is greater and greater difficulty in recruiting GP family doctors, rural doctors. There has been a tremendous growth in the area of specialists. We have attempted to quantify that.

The Member is also correct that there has been a lot of services delivered centrally that at one time possibly were delivered in the communities. But we are making efforts and setting the stage to move things out. I can specifically speak to the issue of midwifery and the issue of dialysis where it was delivered in Yellowknife, but we've made the case and shown that it can be and should be delivered where there is a need close to the people, like in Fort Smith and we're working on that kind of service in Hay River. So those kinds of more outpatient services working in conjunction with Stanton and Edmonton is where there is a need. But very clearly, the facilities as they were designed initially, the usages have changed and that's going to be part of the renovations that are done at the various health centres and hospitals is to look at the

changed use and how do we put to use the space that is there in the best way possible. Thank you.

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

MRS. GROENEWEGEN: Thank you, Mr. Chairman. I guess I still don't really understand what precipitated the change or the downgrading of the service, the minimizing of the scope of service available in those communities. I mean, in former days you would have to be extremely sick to be medevaced outside of the community. But now it seems like everything gets medevaced. People with appendicitis are medevaced. A person with a broken limb is medevaced. That all used to be dealt with. If there's a full complement of registered nurses and a full complement of doctors, I still don't really understand why those kinds of, I don't want to call them routine, but why those kinds of services are not available in the communities like Hay River and Fort Smith. I don't know what precipitated the change in the ability to deliver the services. Like I said, I do know we went through a period of time where recruitment was an issue. They didn't have the doctors for backup. But now it seems like it's become just a way of doing business. I don't know what is driving that, but I don't think it's a good thing. I think it's more costly and I don't know why we can't just say no. These things will be dealt with. I know you say, well, it's a medical decision and we don't interfere in medical decisions if somebody's going to be transported or referred for a different kind of assessment or care or procedure. But surely we have some control over the level of service that can be offered and can be professionally and capably delivered in these smaller facilities. Thank you, Mr. Chairman.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, being from a smaller community I appreciate the Member's concern. It's something that we struggled with as we did this document. Very clearly there has been a change in how services are delivered, as the Member has pointed out. All doctors don't do surgery anymore. They may do minor surgery, but even things like appendicitis, unless it's an emergency they are shipped out. There are liability issues. There's cost of having more than one location to do surgery. There's the use, the numbers that would warrant in terms of cost-effectiveness of being able to sustain a service where there's a very low usage. Those are the decisions we had to look at. As the Member knows, the constant pressure of more problems than there are resources, but there is still clearly a need in the area of the things we talked about and being more effective on the public health side. We're moving towards rehabilitation teams that we want to have set up that do occupational therapy and audiology and physiotherapy, speech pathology. We want to move those out to the regions. There definitely has been a change in service delivery over the years.

As the Member will see in the next few weeks when the document is presented to them, we have attempted to address that, because the occupancy numbers, especially on the acute care side in the Northwest Territories were very low. We had a significant surplus of acute care beds in Yellowknife, Fort Smith and Hay River and, to a lesser extent, Inuvik, because they built the new hospital anticipating the drop in acute care requirement and didn't

build as many acute care beds as they formally had. It's a significant issue. Thank you.

CHAIRMAN (Mr. Pokiak): Thank you, Mr. Miltenberger.

CHAIRPERSON (Mrs. Groenewegen): General comments. I have Mr. Pokiak.

MR. POKIAK: Thank you, Madam Chair. I just want to follow up on what Mrs. Groenewegen is talking about. In the smaller communities, it's very difficult with regard to some of the decisions that are made at the local level in the nursing stations. I will give you an example, Madam Chair, of what happened last year and what happened just recently with regard to the decisions the nurses are making with regard to patients. Last year in October, there was a case where there was a young person feeling a lot of pain for about four days. During those four days, Madam Chair, we brought this individual to the local health centre. All they were saying is they had a pulled muscle from playing sports. What happened eventually is after about a week, the nurses in the community sat down and said what is wrong with this young person. It just so happened at that time, Madam Chair, on a weekend, they finally decided to send him to Inuvik. During the pain of this young fellow, he ended up having appendicitis, which eventually burst just when he got to the hospital in Inuvik. Cases like that are very difficult for nurses. How can nurses diagnose things like that when they can't even see there's a problem? It's a concern to the smaller communities.

Another incident I heard about just recently, Madam Chair, is with regard to the same situation where the patient had appendicitis. What happened was they brought the patient to Inuvik with a taxicab that is a medical service. You know, that's a good two-and-a-half hour drive. There is something wrong with people.

The question I had, Madam Chair, is how well versed are the nurse practitioners to diagnose situations like that? They can call the hospital in Inuvik and find out information, but at what point in time can a nurse make decisions with regard to problems a patient might have? Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. The issue of appropriate and right diagnosis in a timely way is a concern and it's a concern as a standard practice in all the facilities. I appreciate the Member's concern and I have heard similar concerns in other jurisdictions too where there are doctors in larger centres. There have been studies done nationally about deaths and misdiagnosis and those types of things. It is an issue that is there and it's a constant concern. The concern that proper care and attention is paid and that you bring your full professional attention to bear at all times.

Nurses who are hired are qualified, registered nurses. If they come from agencies or if they are hired, we look at their resumes and do reference checks. We try to make sure that they are capable. I would point out as well that while the concern of misdiagnosis or missed diagnosis is of concern, we don't want to forget the tremendous amount of appropriate diagnosis provided by service providers. I take the Member's concern and it's something we have to be vigilant about. If there is a significant

enough concern and there are mechanisms for inquires and reviews by medical people who are objective and from another jurisdiction that will come and review things to make sure if there are problems, that we fix them. Thank you.

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

MR. POKIAK: Thank you, Madam Chair. We do come from small communities, not like Inuvik and Yellowknife and Hay River. The doctor comes about once every six months. That's a long time for some patients if the nurses can't diagnose the problem. It is a big concern in the smaller communities. Granted, like I said earlier, Madam Chair, they can grab a phone and talk to Inuvik if there is a problem, but it's very important that the patient should have access to the right medical care that they require. I just don't happen to see, especially in my region, if something happens and it's misdiagnosed because the government can be liable if something happened like that, just like what happened in this case. The parents probably could have done something with it. Again, I wish the Minister could assure me, Madam Chair. I take it for granted that the nurses who come to the small communities should be qualified and they should have more authority when they do make a diagnosis on whether that person should really be sent to a regional health board, if not even further, say, to Stanton.

Madam Chair, I just want to make sure that the Minister will commit that these people, the nurses in the small communities, are qualified and will make the right diagnosis at the right time and be able to get the assistance the patients require. Thank you, Madam Chair.

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

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. Madam Chair, I agree with the Member and his concerns. We will commit to ensure that we work with authorities in Inuvik to ensure that that is the case. Thank you.

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

MR. POKIAK: Thank you, Madam Chair. Another issue I would like to touch on briefly has to do with medical services, especially for dental care and an ears, nose and eyes doctor. It takes a while for them to come to the communities. What can the department do to get some of these specialists to the communities more often, especially for doctors or dentists? They are coming to Tuk this week, but they are only there for about four or five days. They are working a good 12-hour day. How can we make sure that some of these specialists can stay a little longer? Thank you.

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

HON. MICHAEL MILTENBERGER: Madam Chair, the issue of dental services is a chronic problem that we struggle with, especially when it's a service that is basically provided by us on behalf of the federal government, especially for Indian and Inuit people. The dental days are set by them. Scheduling is always an issue. We will continue to work with the federal

government trying to get them to increase the amount of service they are providing. It's something we haven't been successful at in any ongoing way. We've had some short-term funding to try to deal with backlogs with dental surgery and such through negotiations, but the federal government is very slow to move on any improvements to dental services. It's very difficult. It's the most common health issue in the communities when we go there, is the area of dental services. I appreciate the Member's frustration. It is very difficult. Thank you.

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

MR. POKIAK: Thank you, Madam Chair. I would just like to make a quick comment. I know my colleague Ms. Lee touched on this earlier but I would like to pursue it a little further with regard to the new funding that's coming from the federal government. There's \$150 million. I thought when the discussions were taking place that they identified certain areas like medical travel and long-term health care. I guess the question is with a few subjects like that that they have already identified, why is it taking so long for this money to come forward? Thank you, Madam Chair.

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

HON. MICHAEL MILTENBERGER: Thank you, Madam Chair. The Member is correct; there were three major areas that the money was identified for, the key being what would be acceptable for the two parties or all the parties involved in terms of usage. For example, we are proposing in some of the initiatives we would like to see funded to basically upgrade our infrastructure to provide service to dementia, long-term care, those types of things. The federal government normally has a great reluctance to see money spent on capital projects when they see it as designated for program use. So we are trying to negotiate with them to make sure that we have the flexibility to meet the same needs, but through the way that is most appropriate for us.

In the area of medical travel, what we have done is we didn't move ahead with the increase to the co-payment, which was initially on the list for reductions for the department. We didn't move on that. So in some cases, we've already made the decision to put the money back. We've left the funding for the third year of the alcohol and drug strategy. We are going to move on that and when the money finally comes in, we hopefully will use that federal money to offset that. It's the same as the issue with the Joe Greenland Centre. That was on the books and that is a facility that's since been deemed necessary. So we are going to offset that by some of the federal money. So we have identified some of the areas where we would like to put the money to use, some we have already moved on, others we haven't. Negotiation with the federal government takes time. Thank you.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Mr. Miltenberger. General comments. Detail.

CHAIRMAN (Mr. Ramsay): To the detail, committee. Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Chairman. I want to make some more general comments, if that's okay.

SOME HON. MEMBERS: Agreed.

MRS. GROENEWEGEN: Mr. Chairman, one of the areas I wanted to touch on is when we talk about health and social statistics for the Northwest Territories -- and this is a fairly broad and general question, but hopefully the Minister can help us out with it -- whenever we hear the statistics quoted, everything from alcohol consumed to rates of FAS to teenage pregnancy to STDs, all these statistics, suicides, the Northwest Territories seems to be near the top end on the statistics side on just about everything. Yet in reality, when you look around it seems like there's progress that has been made. As a government, we spend so many millions of dollars trying to address these issues that I guess as an elected person, I find it frustrating and sometimes kind of depressing that we really don't have any good news to hang our hat on that we can go out there and say here is a real result, here is improvement, here is movement in a certain area.

So as to how we quantify if we are being successful or if we are making an impact with all of the resources and energy that we bring to bear on some of these issues, what I would like to ask the Minister to elaborate on a little bit is could we be doing a better job of quantifying our progress, gauging our outcomes on some of the programs and services that we provide in terms of the results? Again, I just never cease to be overwhelmed by how we rank nationally when it comes to many of these social and health indicators. It would be good to have some good news once in awhile. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mrs. Groenewegen. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, I share the Member's concern and her assessment that when you look at the indicators and we look around us on simple things at the number of people who don't drink anymore or the number of people who don't smoke anymore, I would think we are making progress. But when we look at the overall consumption levels, one of the things it leads me to think is fewer people are drinking more.

---Laughter

Can we count things differently or are we asking the right questions? That could be the issue. The other problem for us as well is we have a relatively small population and in many cases nationally they don't even count us because we aren't statistically significant.

The other problem with being a small jurisdiction and a small number of people is relatively few incidents of any one thing can be seen as a big percentage, though overall it's not really.

So I guess I don't have a clear answer for the Member. We struggle to make sure that we count things the most accurate way possible, but in terms of our outcomes, we know nationally we spend about 20 percent of our budget on health and social services. Other jurisdictions on health alone are spending over 40 percent of their budget. On the other hand, we know on a per capita basis in the Northwest Territories, we are probably second nationally in terms of how much money we spend per capita on health per person, second only to Nunavut. So once again, we have the same dollar figure looked at from two different ways.

In one way, we are only spending half as much as other jurisdictions are and on a per capita basis, we are spending the second highest in the country.

Madam Chair, the whole issue of quantifying our outcomes is a difficult one. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Chairman. Mr. Chairman, I would like to ask the Minister if he could try to find one area in which there is something good to report that we could say there are fewer people smoking in the Northwest Territories today than there was 10 years ago. I know one indicator that seems to be good is people are living longer, but sometimes I just think we pronounce doom and gloom on ourselves by always coming out with the negative indicators. I would like the Minister, if he could, to try to find news that wouldn't overwhelm our people and just get them to throw up their hands in despair and thinking we are just the worst in every category. I think it would be encouraging to people to try harder. It would change maybe the psychology or the mindset of things. Of course, we have problems but if we could report some progress or we could say we invested this money and this is the result and things are better today than they were yesterday and they will be better tomorrow than they are today, I think that would possibly change people's perception of ourselves as northerners when it comes to those health and social indicators.

We hear so much bad news on that front in the North, if there is any good news, let's shout it from the rooftops so that people can feel good about something in that area.

Another area I just wanted to touch on, Mr. Chairman, was the area of fairness and transparency. I have raised this in the House before and it is still something I find kind of curious. That is the non-insured health benefits that relates to the formulary for status, treaty, First Nations as opposed to what our health insurance for the GNWT covers in terms of pharmacy. That's been raised to me again by a constituent just in the last month. Again, there would seem to be quite a disparity between what NIHB provides to aboriginal citizens for what they have responsibility for versus what the GNWT benefit pays for for others. So just to put it in a succinct way, you could have been born and raised in the Northwest Territories, you could be 80-years-old and you could be a First Nations person and you would receive far less in your old age in terms of coverage under the pharmaceutical formulary from the federal government than you would if you were an 80-year-old who arrived in the Territories last year and you were covered by our insurance program on that same item.

People who work in the frontlines find this a peculiar statistic and I don't know what's being done to address it. The programs for seniors in the Northwest Territories are very comprehensive. Everything from vision care to pharmaceutical to all the different types of support and services that seniors receive in the Northwest Territories. It just seems unthinkable to me that people who have lived here their whole lives could possibly receive less. One would think that where the NIHB benefits end, our government would pick up but that is not the case and people are treated very differently. I wonder if the Minister could comment on that. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mrs. Groenewegen. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the Member makes a good point in terms of the good news. As my colleagues keeping pointing out, sometimes you tend to get mired down in the department of pain and suffering and you don't get to look up and see where the successes are and there are some successes. As Mr. Braden indicated, there is the drop in tobacco tax revenue. To me, it's a lost revenue but a good news story. The birth rates of babies are on the way up where they should be. We have an immunization program that has been very successful that we have been adding to across the Territories. The Member is right; we should probably make a better effort. We've had singular success in the tobacco strategy. So I take the Member's point and it's a good one.

With regard to the fairness and transparency with seniors, the Member has raised this issue and it's a legitimate one. My own sense of this is that seniors should all be entitled to the same benefit, but if there is a client eligible under NIHB, then all the federal government would pay for is what is covered under NIHB and the rest of the cost would be ours. That's how I would see it work to be fair. In our review of supplementary health programs, we are going to be looking at that. I can also point out that the Member is correct; we have one of the most comprehensive benefit packages for seniors in the country. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Chairman. I appreciate the Minister's response to some of these issues. They are definitely very, very general comments, but just to flag them and remind the Minister and his officials of some of them.

Just one of the other things that I want to say in closing is I would encourage the Minister, when it comes to stating the obvious at some times, I think as elected leaders we are reluctant to state the obvious because we don't want to offend people and people have taken up certain lifestyles and certain habits. Without being unkind or uncharitable or not to be judgemental, but sometimes we need to state the facts for the way they are in some instances.

When I was Minister, I was in a community at one point and they were talking about the quality of their water source in the lake from which they got their drinking water. They were also talking about the high incidents of diabetes in their community. In the meeting I sat in, without a word of a lie, some people drank three or four cans of Coca Cola while I was sitting there. Sometimes I think we are very reluctant to state the obvious. We dance around things in the name of being politically correct. When you see how things like alcohol and drugs and things like this are affecting our people here in the North, I think it's going to take somebody, maybe all of us, to call it like it is and to speak directly. I know it sounds like I am contradicting what I said before because I don't think we should be negative, but at the same time we could be pragmatic. We need to identify the real problems because I think it will go some ways to address them as well. Sometimes people do have an unrealistic expectation that somebody else is going to magically solve all the problems. So when it comes to the issue of taking

personal responsibility, that's a message that has to continue to go out there. I know it's a message this Minister has put out there and sometimes just in what we listen to, we still get the impression that we have created some kind of enormous dependence on the government and the government is going to fix everything that ails us. In fact, that could never happen.

So how we engage people and get them involved in caring about their own well-being is a challenging thing, but it's definitely a theme we need to continue to work on. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Ramsay): Thank you, Mrs. Groenewegen. Mr. Minister.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. I wholeheartedly agree with the Member. Good health starts with personal responsibility and personal choices and it goes from there. I take every opportunity to make that case and tell people how truly simple it is. There are five things; what you eat, what you drink, what you smoke, and if you exercise and you don't eat too much of any kind of food, it's just that simple to start the road to good health. I appreciate the Member's comments. You're right; we are all role models in the positions that we occupy. Thank you.

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

MR. POKIAK: Thank you, Mr. Chairman. I would just like to touch on one subject with regard to social workers in the communities. I understand they are very important people in the communities. Are the social workers who are in the communities qualified to be child welfare workers also? Thank you, Mr. Chairman.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, when social workers are hired, they get their appointments for various parts of the job that they do, including child welfare. To get your appointment, you have to go through the appropriate workshop and take the training to get your child welfare appointment. So there is a process to ensure that people who do child welfare are duly trained and social workers who are hired are either going to be diploma or university graduates. Thank you, Mr. Chairman.

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

MR. POKIAK: Thank you, Mr. Chairman. I think the follow-up question I have is in my region, can you tell me how many social workers are qualified as child welfare workers? Thank you, Mr. Chairman.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, as a general rule, in the communities all the social workers have the appointments to do the full range of general duties. In the specific case, I will get him the specific details of the numbers and qualifications. Thank you.

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

MR. POKIAK: Thank you, Mr. Chairman. An example I will give you is I worked for the department about 20 years ago, but I was one of the lucky people who went through the whole program and I ended up with my child welfare worker papers at the time. As long as I worked there, I had three other workers working with me and they didn't have that paper to go and confiscate children. It's sad to say, when you get a complaint you have to go to the home communities and you have to have the papers to confiscate children. If you don't have that paper in the smaller communities, you have to have the RCMP there with you. I want to make sure these people in the small communities can have the option to get the papers to ensure they can go to the homes and investigate the situations. Thank you, Mr. Chairman.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. I appreciate the Member's comments. We will get him the information. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. I have Ms. Lee and then Mr. Yakeleya.

MS. LEE: Thank you, Mr. Chairman. I have a few things that I want to raise with the Minister. The first one has to do with the social workers. The North has a long history of training and supporting social workers. We have had locally produced social workers for a very long time and I believe that this fiscal year was the first year where we were not able to have that program in Aurora College at Inuvik campus. There was some reporting about that in the media, but I have not heard any discussion as to what the reasons were that we were not able to have this program commence this school year. I think there are some indications that it might have had to do with a lack of housing for students at Aurora Campus. I don't know if it's because of the pressure that's on this profession, though I would think that the pressure has always been there and there has to be some people willing to pursue this profession. I don't know if it's that those who are interested are going south. My questions to the Minister of Education in this regard have not been conclusive. I would like to know from the Minister whether the department has undertaken a review or looked at why it is that we didn't have enough interest in this program and what is the Minister doing about that. Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, there was such a low number of applicants that -- the Member is correct -- the course wasn't offered. We will be working with the college to see what the possible issues were that resulted in that.

We do know that there is a very hot economy and lots of jobs. The position of social worker may be losing its allure because there are many other opportunities.

I also have a call set up tonight when the House rises with the president of the Yukon/NWT/Nunavut Social Work Association to talk about a number of issues tonight as

well. I know the president is concerned about that issue and will be giving it some thought tonight.

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

MS. LEE: Now I almost feel like I should stop asking questions so he can go and make that phone call. He could get back to us with answers. I am wondering if it could be the case that this profession hasn't been given enough attention. It seems like in a booming economy not just in the North, but everywhere. Professionals are in high demand. Architects and auditors, I am told, are in high demand. So I wonder if the Minister is aware... What kind of thought has been given to this profession? Has there been any analysis done in terms of the compensation and package that are offered to this profession? I would think that this department observes so many social workers. You need them. Whether they are child welfare workers or income support workers, you need them to deliver your programs. If you find that there is not enough people taking up the jobs and they are not going to school, you will have to constantly bring them up from down south. I am sure they are in high demand down south as well. Has there been any thought given to how to attract these people to give them better compensation and make it more competitive? Has there been any work like that done within the department? Thank you, Mr. Chairman.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the level of analysis the Member talks about I don't believe has taken place. I know we are on the road to another round of collective bargaining. I know one of the issues could be that what has attracted a lot of attention on the human resource side over the last number of years is the nurses, doctors and allied health professions. The social services side of the equation hasn't got a lot of similar attention or resources. The Member may be correct that that may be one of the factors that are going to be requiring us to reconsider and look at what was successful on the health side and possibly transferring some of those efforts to the social side. Thank you, Mr. Chairman.

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

MS. LEE: On that topic, I wonder if the Minister could commit to looking into this further with his officials as well as the Minister of Education, and get back to us through this committee or through the Social Programs committee on an action plan/strategy to improve this situation.

I would like to move onto another topic for the remainder of time I have and it has to do with facilities and programs for mental health. I have a case where a constituent's child who is quite young has developed or is in the process of being diagnosed as having mental health issues where he has to be down south to get the care he needs. Because he's under age and he's placed in a centre down south, his mother has to travel to Edmonton every weekend. I cannot imagine the kind of life that must take to do this. They have other children in Yellowknife and they don't want to move from here and, if at all possible, they want to have a situation where either one of the parents could go down on the weekend or the child

could come up here for a visit. I wonder what sort of services there are for somebody like that and is there coverage in terms of medical travel and accommodation. Does the Minister know of a facility in Edmonton or somewhere where this child could be taken care of on the weekend? I think one of the reasons why his parents have to go down is there isn't any service for him on the weekend. If this is too specific, maybe I should just talk to him in private. Thank you, Mr. Chairman. Sorry.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. I would agree with the Member that this is probably an issue best dealt with in the confidence of her office or mine and we could get the detail and we can check out what the situation is and what's possible. Thank you.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Minister. I have Mr. Yakeleya on the list and we will make a determination at that time what to do for the evening. Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chairman. Mr. Chairman, I just want to ask the Minister if he would explain a bit to me regarding allocating dollars into our regions for doctors. We are severely in need of doctors. The visits are too far apart and sometimes we don't get the doctors because of weather or other circumstances. I know the Sahtu has been allocated two doctors. If that could be something that the Minister can explain to me in terms of that. Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. As the Member knows, about a year-and-a-half or so ago, there was money put in for doctors and nurses and there was funding for two doctors' positions for the Sahtu. The creation of the Sahtu board hasn't proceeded as expeditiously as we had initially planned. Those positions have been overseen out of Inuvik and the deputy tells me there are discussions underway to see if some locums could be hired to provide service more frequently out of Inuvik using those dollars that are there for the positions right now as we work towards a more permanent setup with the Sahtu Health Authority. Thank you.

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

MR. YAKELEYA: Thank you, Mr. Chairman. In terms of the transfers, I know there is a transfer of First Nations health dollars. I am not sure how it was distributed across Canada, but I wanted to ask what the Northwest Territories does with that money. I know it goes toward prevention into the communities. Did the Northwest Territories receive that type of funding that goes into the small communities in terms of First Nations health transfer dollars?

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. If the Member is talking about the \$700 million

that was just agreed to last September with the aboriginal health fund, if that's not it, there is money in our budget where there are dollars specifically set aside for medical services to Indian and Inuit people. There is also the arrangement we have with non-insured health benefits. As well, we currently have a funding arrangement with them for home care and there is wellness dollars as well, which is fairly significant. Some of it comes to us and some goes directly to aboriginal governments. Mr. Chairman, I can share this. I have a document here that lays out just the wellness funding alone and I would be happy to share this with the committee. It breaks out the programs and the money that was funded by Health Canada and the northern secretariat and those that are funded by us.

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

MR. YAKELEYA: I appreciate that from the Minister. Mr. Chairman, I am interested in the National Home Care Program. I know the federal government announced \$2 billion over five years. I want to know the portion that the territorial government got. I know there are some strings attached to that by that funding. I want to hear from the Minister in terms of the amount that was given to our government here. Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, that's about a \$3.3 million fund, which we match and that flows to the communities for the provision of home and community care. It's part of this document that I will be sharing with the Members. Thank you.

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

MR. YAKELEYA: Thank you, Mr. Chairman. I read an article I picked up at a doctor's office in terms of health care. I am interested because of the facilities that I was speaking to earlier in the House, the Deline old folks' home. I wonder about the home care programs that could be used in regions that don't have facilities and can't take care of its older people. The article says the older people are increasing and seniors are the fastest growing population in Canada. I want to make sure our seniors are taken care of. One day I hope I will be able to go into a nice facility that we are talking about today, and, of course, other Ministers and MLAs too.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, the information on this program and others, when we did our business plans, we gave the committee our full business plan where that was included as well. We have the full main estimates documentation, but this is for home care and home support. It doesn't cover the area of long-term care and facilities. This is the home support workers. We have separate funding that we have that we use for long-term care for facilities that exist in Fort Simpson, Hay River, Inuvik, Yellowknife, Aklavik, those communities. Thank you.

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

MR. YAKELEYA: I have two more questions. The other question I have is regarding FASD. Is the department looking at working with community Members, especially the mothers, in terms of testing for FASD? There is an article here from the doctor's office on screening methods in terms of early prevention.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. Mr. Chairman, we have programs and staff in the field who are geared to work with pregnant mothers first to convince them not to drink, that one drink when you are pregnant is too much and having the babies born healthy. Then we have a number of other services that we are constantly dealing with with those children, youth and adults who are afflicted with FASD, which is a whole other area. Thank you.

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

MR. YAKELEYA: My last point, Mr. Chairman, is the dollars that are being transferred over from the federal government to the territorial government were expansion dollars that were for the regional health authorities and boards, capital infrastructures, similar to the one we are looking at setting up in the Sahtu for assistance in putting together their health boards. Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. The money voted by the Assembly for the Sahtu board is territorial money. It doesn't come from any specific program or fund. We made the political decision to proceed with that and we voted the funds to do that. Thank you.

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

MS. LEE: Thank you, Mr. Chairman. I want to bring up something I feel really strongly about and that is the health informatics system that is being introduced all over the country and something the Minister and the department has started a pilot project on. I would like to see a day in the not-too-distant future where patients could go anywhere where they are getting health care where there will be a virtually paperless environment. If anybody goes to the Adam Dental Clinic in Yellowknife, their office has really taken on this system where all the X-rays is on their computer system, all their appointments, they have files on everybody and it's amazing how they work. I think we should hire them. They should at least be used as a model. They have a TV screen where you can see the inside of your mouth while just laying on the dentist chair. Anyhow, I don't see why we can't do that for health clinics. I know that a pilot project is being done in the Great Slave Medical Clinic. I would like to get an update from the Minister as to where this is at. Thank you.

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

HON. MICHAEL MILTENBERGER: Thank you, Mr. Chairman. I share the Member's intense interest in this area and see it as a very critical piece of support for the

health and social services system. We are investing money in this. We have Infoway working with us and helping to fund our effort in electronic health records. We are looking at a pilot project, but we are looking at trying to make it system-wide. We have \$459,000 dedicated to the electronic medical and patient records project. There is a preliminary analysis fee, which will be a system-wide review. It will embrace patient referral patterns both in and out of the Territories. We are going to be looking at using the whole \$459,000 to get set up to do that and once that's clear, working with Infoway, we want to move on the actual implementation. Thank you.

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

MS. LEE: Thank you, Mr. Chairman. I understand that the pilot project started at Great Slave Clinic a few months back, within the last six months, I can't keep track of time. I think there are some projects being done in other parts of the NWT. Can I get an update on how the pilot project went and what's the time frame? Is the department going to try it for three months or six months? Could I get an idea of what we are to expect? Is there only one going on in Yellowknife or am I right in thinking there might be something going on in Hay River as well? I appreciate the dollar amounts the Minister gave me, although I don't think that's big enough. I would like to know the project, the scope and the rollout plan of the project, please.

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

MR. MURRAY: Thank you, Mr. Chairman. The pilot project is actually still continuing at the Great Slave Medical Clinic. I believe it's going on for another couple of months. I don't know if it's two months or three months. I would have to check that out.

The funding for 2005-06 is not only to continue with that pilot, but also to do additional pilots with another clinic, as well as trying to get one of our community health centres. This kind of a system allows for the sharing of information between health practices across the system. Ideally eventually not only within the Territories but with Capital Health, we will be able to do things like carding of patients. They will be on the system, so if you have a different doctor, you don't have to give your information over again to a new doctor when you see him. You allow for things like X-rays and lab results to be sent electronically. There will be aspects of this that will allow for electronic prescribing of medications and tracking of medications for patients.

So it's quite an extensive system. For us to roll it out across the Territories, we will need help from Infoway, which is a national body that provides money to jurisdictions to implement health technology projects. So the pilot is still underway. We will be giving additional pilots in 2005-06 and our intention is to access a piece of Infoway's billions of dollars, so we can expand their system across our health centres. It's particularly important that we get the small community health centers involved in this as well to make sure the technology will work in the communities. Thank you.

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

MS. LEE: Thank you, Mr. Chairman. I am aware of some of the things Mr. Murray had outlined about the kinds of things that informatics can do and I also think that the potential for this is the way the system could link up all of the communities in the North eventually and have the patients be accessible to health care professionals in a more efficient way and in a way that's not possible now, as well as making things paperless. I am still not getting a clear picture about what the department has planned. I understand the department wants to tap into some of the resources that the federal government is offering, but what is the plan after this pilot project in Great Slave Medical Clinic is done? Are they supposed to get together and look at how it went? Is there another series of communities that are waiting for this to be coming to them? What is the terms of reference of this project? Thank you.

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

MR. MURRAY: Thank you, Mr. Chairman. Once we have the results of this pilot project, we have to complete an extensive analysis to submit this project and to secure funding across the system. We have to put that into the government's IT technology planning process, which will require the results of the pilot project. Before we can come up with a plan that actually allows us to say we'll have all the communities on a period of two years, five years, 10 years, will require getting negotiations with Infoway's sorted out to the point whether we know whether we are going to get \$1 million or \$2 million because this is an expensive technology.

The other thing I would mention is why we are doing this as a pilot project. There are a number of packages available in the marketplace that do similar things. Part of this pilot project was an extensive RFP process they underwent to pick a package for testing. The results of whether that's the right package need to be known before we could commit to wanting to use that across our system. That's why this pilot and the results of that are going to be important for our planning and for rolling out a plan to do this across the system.

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

MS. LEE: Thank you, Mr. Chairman. Am I to understand that the future and the viability of this project and the possibility of implementing the informatics system to more parts of the NWT other than Yellowknife, or even Yellowknife, does all that depend on the funding from elsewhere? Is there any plan on the part of the government to put some money into this?

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

MR. MURRAY: Thank you, Mr. Chairman. At the present time, in our three-year plan in the mains that you are going to be looking at in the detail in the capital, there is \$459,000 of GNWT money set aside for 2005-06 and we have also targeted \$662,000 for the year after and \$736,000 for 2007-08 for a total of over \$1.8 million. If we can get Infoway's money, we could do it faster or do more communities. This by no means will necessarily hook the entire system together.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Murray.

SOME HON. MEMBERS: Detail.

CHAIRMAN (Mr. Ramsay): Mr. Menicoche.

MR. MENICOCHÉ: Mr. Chairman, I move that we report progress.

CHAIRMAN (Mr. Ramsay): Thank you, Mr. Menicoche. The motion is on the floor. It's not debatable. All those in favour? All those opposed? The motion is defeated.

---Defeated

General comments.

SOME HON. MEMBERS: Detail.

CHAIRMAN (Mr. Ramsay): Starting on page 6. Committee, we are going to go into detail, page 6-7. That's the department summary, which we will come back to. We'll start on page 6-14, revenue summary. Any questions, revenue summary, page 6-14?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Ramsay): Page 6-15 is blank. Page 6-17, directorate, operations expenditure summary, \$6.182 million. Mrs. Groenewegen.

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

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

---Carried

I will now rise and report progress. Thank you, Mr. Minister, Mr. St. Germaine and Mr. Murray. See you tomorrow.

MR. SPEAKER: Item 21, report of Committee of the Whole. The honourable Member for Kam Lake, Mr. Ramsay.

ITEM 21: REPORT OF COMMITTEE OF THE WHOLE

MR. RAMSAY: Mr. Speaker, your committee has been considering Bill 19, Appropriation Act, 2005-2006, and would like to report progress and, Mr. Speaker, I move that the report of Committee of the Whole be concurred with.

MR. SPEAKER: Thank you, Mr. Ramsay. Do we have a seconder? The honourable Member for the Sahtu, Mr. Yakeleya. The motion is on the floor. The motion is not debatable. All those in favour? All those opposed? The motion is carried.

---Carried

Item 22, third reading of bills. The honourable Minister of Education, Culture and Employment, Mr. Dent.

ITEM 22: THIRD READING OF BILLS

Bill 16: Northwest Territories Business Development And Investment Corporation Act

HON. CHARLES DENT: Thank you, Mr. Speaker. I move, seconded by the honourable Member for Deh Cho,

that Bill 16, Northwest Territories Business Development and Investment Corporation Act, be read for the third time. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Dent. The motion is in order.

SOME HON. MEMBERS: Question.

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

---Carried

Bill 16 has had third reading. Item 22, third reading of bills. Item 23, orders of the day. Mr. Clerk.

ITEM 23: ORDERS OF THE DAY

CLERK OF THE HOUSE (Mr. Mercer): Mr. Speaker, there will be a meeting of the Accountability and Oversight committee tomorrow morning at 9:00 a.m.

Orders of the day for Friday, February 18th, at 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. Oral Questions
7. Written Questions
8. Returns to Written Questions
9. Replies to Opening Address
10. Replies to Budget Address
11. Petitions
12. Reports of Standing and Special Committees
13. Reports of Committees on the Review of Bills
14. Tabling of Documents
15. Notices of Motion
16. Notices of Motion for First Reading of Bills
17. Motions
18. First Reading of Bills
 - Bill 20, Supplementary Appropriation Act, No. 3, 2004-2005
19. Second Reading of Bills
20. Consideration in Committee of the Whole of Bills and Other Matters
 - Bill 15, Tlicho Community Services Agency Act
 - Bill 17, Northwest Territories Business Development and Investment Corporation Act

- Bill 19, Appropriation Act, 2005-2006

- Committee Report 9-15(3), Standing Committee on Accountability and Oversight Report on the Review of the Draft 2005-2006 Main Estimates

- Committee Report 10-15(3), Standing Committee on Governance and Economic Development Report on the Review of the Draft 2005-2006 Main Estimates

- Committee Report 11-15(3), Standing Committee on Social Programs Report on the Review of the Draft 2005-2006 Main Estimates

21. Report of Committee of the Whole

22. Third Reading of Bills

23. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. Accordingly, this House stands adjourned until February 18, 2005, at 10:00 a.m.

ADJOURNMENT

The House adjourned at 7:25 p.m.

