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Tuesday, February 8, 2011

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**The Honourable Paul Delorey, Speaker**

**Legislative Assembly of the Northwest Territories**

Members of the Legislative Assembly

Speaker

Hon. Paul Delorey

(Hay River North)

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(Great Slave)

Mr. Tom Beaulieu

(Tu Nedhe)

Ms. Wendy Bisaro

(Frame Lake)

Mr. Bob Bromley

(Weledeh)

Mrs. Jane Groenewegen

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 *and Intergovernmental Relations*

*Minister responsible for the*

 *NWT Power Corporation*

Mr. Norman Yakeleya

(Sahtu)

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**YELLOWKNIFE, NORTHWEST TERRITORIES**

**Tuesday, February 8, 2011**

**Members Present**

Mr. Abernethy, Mr. Beaulieu, Ms. Bisaro, Mr. Bromley, Hon. Paul Delorey, Mrs. Groenewegen, Mr. Hawkins, Mr. Jacobson, Hon. Jackson Lafferty, Hon. Sandy Lee, Hon. Bob McLeod, Hon. Michael McLeod, Mr. Menicoche, Hon. Michael Miltenberger, Mr. Ramsay, Hon. Floyd Roland, Mr. Yakeleya

 The House met at 1:44 p.m.

# Prayer

---Prayer

**SPEAKER (Hon. Paul Delorey):** Good afternoon, colleagues. Welcome back to the Chamber. Orders of the day. Item 2, Ministers’ statements. The honourable Minister of Education, Culture and Employment, Mr. Lafferty.

# Ministers’ Statements

## MINISTER’S STATEMENT 96-16(5):ABORIGINAL STUDENT ACHIEVEMENT

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. The Department of Education, Culture and Employment is pleased to share news about its Aboriginal Student Achievement Initiative. The focus is on increasing the accomplishments of Aboriginal students across the Northwest Territories.

The initiative’s long-term goal is developing and implementing a territorial education plan to help eliminate the achievement gap between Aboriginal and non-Aboriginal students. Helping these students achieve success in their studies is one of the ways that the Government of the Northwest Territories is working to fulfill this Assembly’s goal of healthy, educated people.

The Aboriginal Student Achievement Working Group was established in April 2009. Partners included Aurora College, district education councils, Aboriginal organizations, the Northwest Territories Literacy Council, the Northwest Territories Teachers’ Association, the Native Women’s Association, the Department of Justice, and the Department of Health and Social Services. The working group helped direct the initiative’s focus and developed the following priorities:

* early childhood and child care;
* student and family support;
* literacy; and
* Aboriginal language curriculum and resource development.

To date we have held regional forums in four regions. The first took place in the Sahtu region from September 28th to September 30th. The next was in the Tlicho region from November 17th to November 19th. In January, two regional forums took place; from January 5th to 7th we visited the Deh Cho region and from the 18th to 20th of January we visited Dettah, who hosted the Yellowknife forum. The last two forums take place in the Beaufort-Delta and South Slave regions in April.

The Sahtu meeting went well and we had a great turnout. Many community and regional leaders attended all three days of our discussions. The level of engagement from participants was outstanding. Support for building community connections was a common theme.

The Tlicho meeting was well attended with the addition of youth participating from different communities. These bright, young minds are also our future leaders and showed a deep understanding of the issues discussed. They spoke for their communities and peers.

Youth involvement in the Deh Cho meeting saw a strong focus on increasing Aboriginal languages and culture in the education system. Margaret Thom, a community counsellor and educator with the Fort Providence school, provided an inspirational keynote address that reinforced the significance of traditional teachings.

For the Akaitcho region, we could not have asked for a better location to host the meeting. The Chief Drygeese Government Building in Dettah provided the perfect environment for this unique forum that saw three school boards coming together to talk about bettering our education system. Communication was a major theme at this forum. Delegates agreed that steps need to be taken to improve communications amongst all education partners.

Community forums held on the third day of meetings gave special attention to action at the local level. Community Aboriginal leaders and educators identified education issues and developed plans of action. Attendees made a commitment to start moving on plans and working towards short-term goals.

In addition to these regional forums, the department is also supporting an attendance project in each community in the Territory. Funding is $10,000 per community and is matched by funds from the education authority or other partners.

We intend to keep Members informed of the progress of both the regional forums and the attendance projects as the work continues, and plan to table a preliminary report during the next session of this Assembly.

**MR. SPEAKER:** Thank you, Mr. Lafferty. The honourable Minister responsible for Environment and Natural Resources, Mr. Miltenberger.

## MINISTER’S STATEMENT 97-16(5):PHASE 2 OF THESINGLE-USE RETAIL BAG PROGRAM

**HON. MICHAEL MILTENBERGER:** Thank you, Mr. Speaker. I’m pleased to announce that phase 2 of the Single-Use Retail Bag Program is now underway. As of February 1, 2011, paper, plastic and biodegradable bags now cost 25 cents in all stores in the Northwest Territories.

The Single-Use Retail Bag Program is the second program created under the Waste Reduction and Recovery Act. The program was started in January 2010 to address the millions of disposable shopping bags that cause unsightly litter in our communities and on the land.

Phase 2 of the Single-Use Retail Bag Program includes clothing stores, convenience stores, hardware stores and jewellery stores. The program does not include bags used inside the store for unpackaged bulk items like produce, bakery items, candy and small hardware items. It also does not include bags used for dry cleaning, prescriptions, or primary packaging of prepared food.

Information and details on this phase of the program was shared with Northwest Territories businesses and retailers last summer and again in December.

Fees collected from phase 2 of the program continue to go into the GNWT’s Environment Fund to cover program expenses and help pay for future waste reduction and recycling programs.

As we have seen with phase 1 of the program, fees placed on single-Use retail bags work to reduce consumption. Reducing consumption, reusing materials and recycling waste products are ways we can all reduce our impact on the environment.

The Waste Reduction and Recovery Program expansion is part of the Managing This Land strategic initiative identified to meet the 16th Legislative Assembly’s goal of an environment that will sustain present and future generations.

Information regarding the Single-Use Retail Bag Program can now be found on the I-Care-NWT website at [www.icarenwt.ca](http://www.icarenwt.ca). The website highlights the changes for retailers and distributors. It also includes the amended regulations, a plain-language summary of the regulations, program policies and all the forms a retailer or distributor needs to complete at this time.

When we think about the three Rs, reduce, reuse and recycle, Mr. Speaker, it is the first R, reduce, that is the most important. This program is a great example of a waste reduction program. The fewer bags we use means the fewer natural resources we consume and the less waste and greenhouse gases we produce.

Mr. Speaker, it is clear that waste reduction and recycling is important to the people of the Northwest Territories. Expanding the Waste Reduction and Recovery Program will reduce litter on the land and in communities, as well as reduce our consumption of natural resources. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Miltenberger. The honourable Premier, Mr. Roland.

## MINISTER’S STATEMENT 98-16(5):MINISTER ABSENT FROM THE HOUSE

**HON. FLOYD ROLAND:** Thank you, Mr. Speaker. I wish to advise Members that the Honourable Robert C. McLeod will be absent from the House for the remainder of the week and the following Monday to attend the federal-provincial-territorial Ministers responsible for Sport meeting and Canada Winter Games in Halifax. Thank you.

**MR. SPEAKER:** Thank you, Mr. Roland. Item 3, Members’ statement. The honourable Member for Hay River South, Mrs. Groenewegen.

# Members’ Statements

## MEMBER’S STATEMENT ONSTUDENT FINANCIAL ASSISTANCETRAVEL CLAIMS POLICY

**MRS. GROENEWEGEN:** Thank you, Mr. Speaker. I received a concern from a constituent regarding Student Financial Assistance; in particular, claiming a student travel benefit to return home for winter break.

The 2011 SFA Handbook states SFA will provide assistance for the basic airfare if travelling by plane or the current government rate for mileage if travelling by land or water. It goes on to say, “Important: You are responsible for making your own travel arrangements. Contact a travel agency near you listed in your local telephone directory. If you travel by land or water you are required to submit Form ‘A’ Travel Claim, for reimbursement after you have travelled.”

There is no reference to air travel here, but if you look at Form ‘A’ Travel Claim, you will find that this is the correct form to submit. The Form ‘A’ Travel Claim does not have air travel as an option and it states “attach original ticket and receipt.”

My constituent followed the instructions in the Student Handbook. He booked and paid for his air travel and then submitted a Form ‘A’ Travel Claim to SFA. He submitted his ticket and the receipt indicating the ticket was paid for by Visa. He signed the declaration on Form ‘A,’ which certifies that he incurred the expenses for this purpose and is seeking reimbursement.

In response to his travel claim, my constituent was requested to supply a photocopy of the Visa card that paid for the ticket, revealing the name on the card and the last four digits of the account number, or a copy of the Visa statement showing the same information. Instructions to forward this information are not in the Student Handbook or requested on the Form ‘A’ Travel Claim.

When my constituency assistant made inquiries to the Minister’s office related to this concern, it was brought to my attention that the policy and procedures manual advises that airline tickets should be booked through an approved northern travel agency and preapproved by SFA. That’s great if you live in Yellowknife. I don’t know of any other travel agencies anywhere else in the North, so I guess we assume that everybody going to college is from Yellowknife.

I was also provided with an excerpt from the SFA Spring 2011 Newsletter to students. Under the section titled “Student Travel Reminders” along with other information referring to air travel, it reads: “If the ticket was purchased with a credit card, you must submit a copy of the credit card or credit card statement showing the last four digits of the credit card and the name of the cardholder.” This was in a newsletter under a reminder section. This was not a new release or notice of change in policy.

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

---Unanimous consent granted

**MRS. GROENEWEGEN:** Are you confused? I am confused. The instructions in the policy and procedures manual contradict the information and instructions in the Student Handbook, and the newsletter reminder is different information yet again. As for requesting a copy of the credit card or credit card statement, what if the student had paid cash or borrowed the money from a friend, relative or bank, purchased the ticket knowing they’d be reimbursed and can pay the funds back to the lender later?

Mr. Speaker, I have more to say on this, but let’s just put it this way: there is a contradiction here between the policy. It shouldn’t matter if Santa Claus bought your ticket home for travel. You should be able to get reimbursed for it. Thank you. This is ridiculous.

**MR. SPEAKER:** Thank you, Mrs. Groenewegen. The honourable Member for Frame Lake, Ms. Bisaro.

## MEMBER’S STATEMENT ONANTI-POVERTY STRATEGY

**MS. BISARO:** Thank you, Mr. Speaker. Forty years ago Canada initially started its fight against poverty with the founding of the National Poverty Foundation, now called Canada Without Poverty. Forty years ago a special senate committee on poverty published a report, a report which opened with the words, “Poverty is the great social issue of our time. Unless we act now, nationally, in a new and purposeful way, five million Canadians will continue to find life a bleak, bitter and never-ending struggle for survival.”

We haven’t made much progress on poverty as a country in the last 40 years, Mr. Speaker, and the NWT has contributed to that lack of progress. To date we are one of seven jurisdictions in Canada without a comprehensive Anti-Poverty Strategy. We started to make progress, Mr. Speaker. A motion was passed in this House February 11, 2010, calling for the GNWT to develop an Anti-Poverty Strategy and a definition of poverty. As a result of that motion, the NWT Legislature was lauded by several national anti-poverty organizations. On May 19 last year, the Premier made a statement in the House in which he announced the formation of an anti-poverty working group, a group which, unfortunately, did not include any non-government people.

But in early October of last year, when there was no evidence of any concrete action on the part of this government, an anti-poverty alliance of 21 organizations with some support from this government, held an anti-poverty workshop. Eighty-one participants from throughout the NWT met for two days to discuss the meaning of and solutions for poverty. The result of that workshop was a very thorough and comprehensive report. It was distributed to participants and the government in early December 2010.

This report, Mr. Speaker, should be the basis for further work on an Anti-Poverty Strategy. It should be accepted as a starting point for the work the GNWT needs to do. We should not redo work already done. But I recently learned that the GNWT working group composed only of bureaucrats, no non-government representatives, is planning a round of community consultations with a goal of a discussion paper by the end of March this year, and we are preparing to spend $35,000 to do it. In my view, it will be a wasted $35,000. Mr. Speaker, the money would be much better spent acting on the No Place for Poverty report’s recommendations.

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

---Unanimous consent granted

**MS. BISARO:** Mr. Speaker, the consultation was done last fall by a group of 81 diverse representatives, 12 percent or so of whom were GNWT staff. Why are we consulting again and why the very short time frame? It seems as though, once again, the government is not listening to its citizens, that it is forging ahead without consideration for the input of our non-government partners. I will have questions for the Premier at a later time. Thank you, Mr. Speaker.

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

## MEMBER’S STATEMENT ONDEVOLUTION AGREEMENT-IN-PRINCIPLE

**MR. YAKELEYA:** Thank you, Mr. Speaker. Today I will speak about the devolution agreement and the impact on my people and our land claim. Mr. Speaker, the Premier and the federal government signed this AIP without the majority of the Aboriginal governments. How did we justify this action? Yet the Premier has said, come be a partner in building our future together. How can the Premier say come to the table when only after you signed?

Mr. Speaker, I believe the signing of this agreement was rushed. For reasons unknown to me -- I can only speculate -- the AIP was signed without 75 percent of the Aboriginal governments on their land. Mr. Speaker, the Gwich’in, the Sahtu, Dehcho, Tlicho and Akaitcho, both treaties were not signatories to this non-binding agreement. Isn’t it our responsibility as a government to bring everyone to the table? Mr. Speaker, to date we only have the IRC that have signed and indications that one Metis group will sign. We wish them well.

Mr. Speaker, the Premier has said he wants to bring people into the tent. First, we need to help him put up a tent and Lord knows how my people are known for their tent setting abilities. Maybe we should listen to them and ask them what is needed for a sound structure.

Mr. Speaker, this devolution agreement will certainly alter our settled and unsettled land claim agreements. Is this an indication as to why the majority of Aboriginal governments are not in the tent with us? Do we not want our people to be involved in this historical deal? The stakes are higher; higher than any other agreements that I have witnessed to date in the North. We’re not all in this together. What a shame.

Mr. Speaker, our relationships with the Aboriginal governments are now being called into question. Now, Mr. Speaker, I want to reference Section 22.1.6 of the Sahtu Land Claim Agreement. It states the Government of the Northwest Territories shall involve us in developing an implementation of any agreements which transfer jurisdictions over minerals of Canada to the Government of the Northwest Territories. The AIP called for big changes in our homeland; control over our lands and waters and resources is to be transferred to the GNWT. Our entire resource management structure is now up for discussion. How can the GNWT and Canada continue on this road without the support of the majority of the Aboriginal governments? The people of the Northwest Territories...

**MR. SPEAKER:** Mr. Yakeleya, your time for your Member’s statement has expired. Thank you, Mr. Yakeleya. The honourable Member for Nahendeh, Mr. Menicoche.

## MEMBER’S STATEMENT ONDEVOLUTION AGREEMENT-IN-PRINCIPLE

**MR. MENICOCHE:** Mr. Speaker, mahsi cho. Evolution before devolution is the biggest concern of Nahendeh residents at this time. I’m getting many phone calls and concerns from constituents. I guess, firstly, as myself and all Nahendeh constituents will be part of the Dehcho process, how exactly will it impact the Dehcho people and those living there? There is still no clarity as the distinction and difference between the agreement-in-principle on devolution of lands and resources and the actual devolution final agreement.

I read, with great interest, in this week’s News/North the editorial: Territorial and Aboriginal governments represent the same people. I think that’s exactly what our Aboriginal governments and people are saying, so it is proper to say that. They say why is our concern to stop the signing of the AIP on devolution not recognized? The wisdom of our elders and the Aboriginal leadership want to build and forge a strong future for our North. I believe they feel that our political and constitutional development must be in place before devolution.

You only have to look to our provinces and even to the Yukon government to see the dismal track record when it comes to dealing with Aboriginal people and governments. It is still felt that the federal government is giving away Dene lands.

I am in agreement that this government must begin the discussions of our political future. I believe that it must include guaranteed Aboriginal representation and leadership. The fear, Mr. Speaker, is that in the future if there is no Aboriginal involvement because non-Aboriginals get elected, then we’ll end up in a situation like our southern provinces.

I ask that all discussions that lead up to final devolution should include Aboriginal governments. There must be another solution for involvement for those that do not want to sign. I am certain that constitutional development discussions will be necessary as we work towards our final devolution agreement. Mahsi cho, Mr. Speaker.

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

## MEMBER’S STATEMENT ONGNWT RESPONSE TO THE STANDING COMMITTEE ON SOCIAL PROGRAMSREVIEW OF THECHILD AND FAMILY SERVICES ACT

**MR. BROMLEY:** Thank you, Mr. Speaker. Today I discuss the government’s response to the recommendations to the Child and Family Services Act review. In a nutshell, I am disappointed. Of 73 recommendations, 10 are rejected; 28 accepted conditionally read yes, but no change required; and 13 accepted in principle read yes, but no money. The detailed responses offer obtuse and often quibbling comments claiming that the recommended actions given such priority by the committee are already in practice or implicit in the legislation.

Anyone who sat through those exhaustive, emotional public hearings must wonder how so much that is supposedly implicit or in practice could so obviously be failing in delivery. Implicit or not, the committee thoroughly reviewed the act and concluded explicit wording and better practice was required.

Is the Minister failing to propose an ambitious response believing there is a lack of support in this Assembly for creating a new and improved system? Surely not. Has the government failed to understand that because of the system, the legislation delivery isn’t working, the people are demanding recourse through law that finally spells out the responsibilities government can be held accountable to?

As we’ve heard repeatedly, government has to wake up to the need for a whole new way of doing business. Early intervention and prevention in every community is where the human and fiscal savings lie. Until we turn our focus to causes instead of effects, we will continue to be swamped, mopping up consequences. Short-sighted thinking will only cause human and financial costs to mount.

How can the Minister say a plain-language act is not possible when so many jurisdictions across the country are adopting that very approach with acts of this sort? We are expecting a can-do approach from this government on this. Committee members are fully aware of the fiscal and organizational challenges we must confront and we are fully aware of current practices and what the act says. We will not wait through an endless rumination by justice on the will of the people. This 16th Assembly must begin making this vision real; lives are in the balance.

The Minister has support for a fresh start. Let’s get it done.

**MR. SPEAKER:** Thank you, Mr. Bromley. The honourable Member for Great Slave, Mr. Abernethy.

## MEMBER’S STATEMENT ONIMPACT OF AIRLINE SCHEDULESON MEDICAL TRAVEL COSTS

**MR. ABERNETHY:** Thank you, Mr. Speaker. Unless you want to fly out of Yellowknife on a Saturday morning, the days of departing from Yellowknife in the morning on one of the four major airlines is a thing of the past. Canadian North, WestJet and Air Canada do not offer morning flights to Edmonton and First Air only offers one weekly morning flight and that is on Saturday mornings. No morning flights are offered during weekdays.

Airlines have the right to set their schedules in alignment with their operational and business plans. Unfortunately, I believe that these changed schedules will cost the GNWT money specifically related to medical travel.

Over the years, with the advantage of morning flights, this government has been able to send our residents south in the morning for an afternoon medical appointment and fly them back to the NWT that same evening. This allowed the GNWT to avoid the cost of housing residents overnight for short appointments, such as MRIs and other specialist-type of appointments. Now I believe medical travel will be faced with increased costs as we’ll have to house many of these people overnight where we didn’t used to have to.

I’m wondering what the Department of Health and Social Services is doing to attempt to alleviate some of these potential costs that we face. Specifically, are we changing our medical travel processes and procedures? I know that medical travel is currently being reviewed by the Program Review Office and I’m wondering what kind of findings are coming out of this that are going to help us reduce these ever-increasing costs to medical travel. I’ll be asking the Minister responsible for Health and Social Services some questions on that later.

**MR. SPEAKER:** Thank you, Mr. Abernethy. The honourable Member for Kam Lake, Mr. Ramsay.

## MEMBER’S STATEMENT ONFAMILY VIOLENCE

**MR. RAMSAY:** Thank you, Mr. Speaker. I’d like to follow up on my statement from yesterday where I was speaking about the abysmal statistics in the Northwest Territories when it comes to family violence.

Having the highest crime rate in the country and the second highest rate of violent crimes in the nation is not a statistic we should have and it should be an embarrassment for this government. Spousal assault is up 107 percent in four years and there’s a 43 percent increase for sentences in violent crimes in just seven years.

In my opinion, what we can do immediately is to review our programs and rehabilitation services provided for violent offenders incarcerated in our corrections system. We must target the only people who can stop the violence and the abuse, and that’s the offender.

I was recently back on the government website and, again, I would like to note that our largest correctional centre, North Slave Correctional, does not have a resident clinical psychologist on staff. I’ve been asking questions and raising this issue for well over two years and still today there is no clinical psychologist on staff. If the NWT does not have the highest repeat violent offender percentage in Canada it would surprise me.

We have to start the review immediately and both Health and Social Services and Justice should be involved in how the review is structured, and we should find where the best programs for treating violent criminals exists and bring it into our corrections facilities as soon as possible. We need to treat violent offenders. They must have available to them every opportunity for rehabilitation so they don’t reoffend, so that our families are safer, so that our communities are safer. If we do anything less, we are short-changing public safety here in the Northwest Territories.

In addition to this concern, I’m also very alarmed at the trend I see in our justice system where previous offenders of violent crime seem to have all these previous convictions summarily cast aside. Whether it’s 15, 16, or even 18 previous convictions per violent offence, the punishment, it would seem, does not fit the crime.

How can a multiple repeat violent offender kill someone in the Northwest Territories and get five years? How can a husband beat his wife to death and get five years? How long are we going to continue to coddle violent criminals in our Territory? Can this Minister and this government have any impact on sentences of violent offenders?

I seek unanimous consent to conclude my statement.

---Unanimous consent granted

**MR. RAMSAY:** What message does this send to the victims -- these light sentences -- and to their families? Certainly we know the message that light sentences have on offenders, especially if they’re not thoroughly rehabilitated. They will get out and, sadly, most of them will reoffend. We have to do everything in our power to turn that trend around.

**MR. SPEAKER:** Thank you, Mr. Ramsay. The honourable Member for Nunakput, Mr. Jacobson.

## MEMBER’S STATEMENT ONSUBSIDIES FOR COMMUNITY PROFESSIONALS

**MR. JACOBSON:** Thank you, Mr. Speaker. Today: community subsidies and assistance for professionals.

Recently in one of the Nunakput communities they evaluated their subsidy contract with the teachers. As a result, they felt that continuation of these subsidies is very important. Providing subsidy and assistance for two professionals to costs such as accommodations goes to the very core of the number of issues facing small, remote communities, especially in the Nunakput region.

Due to the unique geographic challenges and enormous operating costs, our communities are continuously disadvantaged while trying to provide the same services to our residents. Many of these services are very basic, such as education and health care.

Another community concern identifies teachers having to pay rent only 10 months of the year while local housing authorities absorb the remaining costs. If we’re going to try to develop realistic solutions, then it is important that we don’t focus on identifying which community-based offices should absorb the cost. Rather, the approach should be to take all levels of government together to recognize these extraordinary costs to provide resources accordingly.

I also believe that the government must be proactive to work with all community governments, offices and industries to encourage an environment for real infrastructure development. Programs such as teachers’ housing subsidies are very important to the future success of our students. Many communities lack adequate accommodations for teachers for the upcoming school year. The recruitment and retention of teachers in small, isolated communities, such as my hometown of Tuktoyaktuk, is critical to the continuing success of our students and schools.

Recently this government initiated the Come Make Your Mark Campaign. This campaign is an attempt to attract more people to the North, but many of our residents have questions. How can we attract people to the North when the housing conditions are so desperate? Housing has been identified as the most important reason when this comes to recruitment and retention of professionals.

I will have more questions for the honourable Minister of Education, Culture and Employment at the appropriate time.

**MR. SPEAKER:** Thank you, Mr. Jacobson. The honourable Member for Tu Nedhe, Mr. Beaulieu.

MEMBER’S STATEMENT ON
GNWT RESPONSE TO THE STANDING COMMITTEE ON SOCIAL PROGRAMS
REVIEW OF THE
CHILD AND FAMILY SERVICES ACT

**MR. BEAULIEU:** Mahsi cho, Mr. Speaker. I’d hoped that the Standing Committee on Social Programs would have had an opportunity to discuss the Department of Health and Social Services’ response to our recommendations before we began debating in the House or talking about it in the media. However, the response was tabled and the free-for-all has ensued, so I too will now talk about the government’s response.

The Department of Health and Social Services indicated that they did not accept the recommendation for prevention and early intervention in the 2011-2012 budget because the budget had already passed. This sort of tells me that the reason for the recommendation was sort of missed.

The communities were told that a lot of issues of child protection and child apprehension was due to the addictions of the community. The Standing Committee on Social Programs recommended that the department provide support and resources to communities for such things as healing on the land. This was conditionally accepted by the department, but indicated that there was a certain amount of money being spent by the GNWT and the federal government. However, the community has indicated that they have not seen positive results.

The current Child and Family Services Act claims where the Child and Family Services Act committees would be set up in each community. This act has been in place for over 12 years and more attention was needed in this area, not just conditional acceptance with a provision that this could be done if there was more money. The Standing Committee on Social Programs saw this as a very important item in child protection.

Working with First Nations communities to create more foster homes that are culturally appropriate for children in care was also a recommendation. This would require work on the part of the department to work closely with the First Nations governments, and the department should endeavour to do so.

Many of the recommendations were accepted outright and this is a step in the right direction. I will have questions for the Minister of Health and Social Services at the appropriate time.

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

## MEMBER’S STATEMENT ONCONGRATULATIONS TO PAUL BENNETT, RECIPIENT OF THEOUTSTANDING PRINCIPAL’S AWARD

**MR. HAWKINS:** Thank you, Mr. Speaker. Today I’d like to highlight the accomplishment of an excellent educator in our Yellowknife education system: Mr. Paul Bennett, principal of Ecole J.H. Sissons School.

Mr. Bennett is in Toronto at this very moment as one of 32 educators from across our country receiving the Outstanding Principal Award for Canada’s Learning Partnership for 2011. Canada’s Outstanding Principal Awards are presented to administrators who have made unique and crucial contributions to publicly funded schools and this year we are lucky to have one of our northern principals as a recipient.

Paul, as many of you know, has been the principal of J.H. Sissons for the past 10 years and I would like to say that he has become a pillar of that school’s success as the principal of the NWT’s first single-track French immersion school.

As one of two schools in my riding of Yellowknife Centre, I often have the pleasure of visiting J.H. Sissons and supporting them as often as I can. On each occasion I’ve visited them I’ve learned even more about their great programming and leadership. What becomes increasingly clear is that with Paul’s hands-on, caring approach, he has had Sissons school students become recognized as a place of pride, a place where they want to be, a place that they find higher learning with great success.

As a francophone, he works hard to foster in his school a community where students are proud of their French language and their culture, which instils further pride, rate of success, and impressive achievements from everyone, both students and teachers alike.

Paul, without any doubt, is a true icon in our educational system throughout our North. He inspires others to reach in ways that they did not know they had it in them. He is cherished by his students and respected by his staff and peers, which I’ve witnessed myself.

Paul is leaving a legacy of success and his students are answering his call to action as they reach and achieve greater heights in learning. I can tell you that YK1 is lucky to have him and I would definitely say the North should certainly be proud to have him as one of our northern principals receiving this national award.

**MR. SPEAKER:** Thank you, Mr. Hawkins. Item 4, returns to oral questions. Item 5, recognition of visitors in the gallery. The honourable Member for Frame Lake, Ms. Bisaro.

# Recognition of Visitors in the Gallery

**MS. BISARO:** Thank you, Mr. Speaker. I’d like to welcome and recognize Mr. Dave Reid, the president of the NWT Teachers’ Association.

**MR. SPEAKER:** Thank you, Ms. Bisaro. The honourable Member for Monfwi, Mr. Lafferty.

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. I’d also like to recognize Mr. David Reid, president of the NWTTA.

**MR. SPEAKER:** Thank you, Mr. Lafferty. Item 6, acknowledgements. Item 7, oral questions. The honourable Member for Great Slave, Mr. Abernethy.

# Oral Questions

## QUESTION 398-16(5):IMPACT OF AIRLINE SCHEDULESON MEDICAL TRAVEL

**MR. ABERNETHY:** Thank you, Mr. Speaker. In my Member’s statement I talked about the airlines and our lack of morning flights, with the exception of Saturdays. I know that Canadian North recently announced that they’re going to be putting some morning flights in on Saturdays and Mondays, and maybe possibly some other days. My question is for the Minister of Health and Social Services. I understand that the airline that we use for medical travel is First Air. Can the Minister confirm that for me?

**MR. SPEAKER:** Thank you, Mr. Abernethy. The honourable Minister responsible for Health and Social Services, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. As far as I’m aware, we don’t have one airline that we use. We use all airlines available. Canadian North just instituted morning flights for four mornings out of the week. Thank you, Mr. Speaker.

**MR. ABERNETHY:**  That’s not the answer I expected. I had received information from the Department of Human Resources about medical travel saying that we’re committed to our northern providers, which are Canadian and First Air, that our primary contract for medical travel was actually First Air, and Canadian North was only used when we couldn’t get appropriate flights on First Air. Frankly, I’m totally stunned that we use all the providers. I mean, WestJet and Jazz aren’t northern-owned or operated. That is stunning to me, as a matter of fact.

With respect to what I believe to be true with the fact of medical travel and the fact that First Air is our provider, First Air used to provide morning flights. They don’t provide morning flights anymore, except for Saturday. I think this is going to cause us a problem with respect to the cost of medical travel, because people are going to have to stay down in Edmonton when they go for appointments as opposed to flying back in the evening. Has the department engaged First Air or any of the airlines about morning flights, specifically, our contractor First Air, to see if there’s any opportunity for them to reinstate some of these morning flights and save us some money? Thank you.

**HON. SANDY LEE:** I need to confirm that. I don’t know where the Member got that information. I’m not at all aware and I don’t believe that we use only one northern airline. We use both and we use smaller airlines as well, community airlines if they are available for medical travel, because we have people travelling from all over the Territories to Yellowknife and then on to Edmonton. Mr. Speaker, we use First Air and Canadian North to facilitate medical travel.

**MR. ABERNETHY:**  I’m aware that we use different airlines to travel to Yellowknife with the small airlines. It’s pretty much one of the only ways we can get into Yellowknife from some of the smaller communities. I’m talking specifically, obviously, of Yellowknife to Edmonton.

Morning flights have been an important part of medical travel in the past and I’m concerned that with currently no morning flights, that the costs are going to peak. I’m just curious what kind of action plan the department is putting in place. I know that there’s a review being done by the review office in the Executive. I’m wondering what types of plans are being put in place to help us control some of these costs, which can be blown up, of having to house people in Edmonton for longer than we have in the past. What is the department doing to help us reduce our medical travel costs?

**HON. SANDY LEE:** Our staff that organize medical travel arrangements from Yellowknife to Edmonton would use the most economical means of booking those flights, but as the Member is well aware, some of our medical travel is time sensitive and we can’t be going for the cheapest flights.

I just want to confirm again that, as far as I am aware, we use both First Air and Canadian North. They are both northern airlines. Canadian North introduced a morning flight for Monday mornings in September, and on February 3rd they announced that they will reinstitute morning flights from Yellowknife to Edmonton on Tuesday, Friday and Saturday. So we have four out of seven days of morning flights. Thank you.

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

**MR. ABERNETHY:**  Thank you, Mr. Speaker. I think some of those dates don’t take effect until April. So we’ve had a couple months here where our costs have probably been higher.

I go back to my original question on what are we doing to control the cost of medical travel in the Northwest Territories. We do have a lot of our residents who go down for short appointments. I know there’s always the other circumstance, always the one-of’s, but a lot of our residents go down for short appointments, and now our costs are going up. My question still stands. What is this department doing to help us, with the help of the Program Review Office, to control our costs on medical travel? Thank you.

**HON. SANDY LEE:** That is part of our daily business, to manage our medical travel budget wisely. As the Member is aware, medical travel is under review from a couple of points of view, but from a daily arrangement for our residents who need to go to Edmonton, they are booked for the services they need. It is true since they’re having less flights and less direct flights and less turn-around between Yellowknife and Edmonton, we have seen the costs go up, but we have to do what we have to do for our residents. Thank you.

**MR. SPEAKER:** Thank you, Ms. Lee. The honourable Member for Hay River South, Mrs. Groenewegen.

## QUESTION 399-16(5):STUDENT FINANCIAL ASSISTANCE

**MRS. GROENEWEGEN:** Thank you, Mr. Speaker. I was going to stand up, like my colleague Mr. Abernethy, and say I’m completely stunned, but I am, I am stunned by this Student Financial Assistance Handbook. Mr. Speaker, I’d like to know why the SFA Student Handbook, the Form ‘A’ Travel Claim, the Student Handbook and the student travel reminders all contain conflicting information. Perhaps the Minister could enlighten me. Thank you.

**MR. SPEAKER:** Thank you, Mrs. Groenewegen. The honourable Minister responsible for Education, Culture and Employment, Mr. Lafferty.

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. There are policies in place for a specific reason. What the Member is referring to, I can touch on. The student case officers need to track all expenditures, our sponsors, our subsidies to the students through the SFA program. Not only that, but there are also First Nations and other organizations that also sponsor students. We just want to be cautious about who is paying for what trips. If the First Nation claim is paying for a particular trip, then we need to be aware of it so there are no duplications. We just want to have accountability in place. That’s part of the reason why we have this policy in place where there is that transparency. We just want to keep track of expenditures.

**MRS. GROENEWEGEN:** Mr. Speaker, the Minister has gone to the second part of the question I was going to ask, and that is why, when a student returning from travel who provides an airplane ticket receipt with a credit card receipt stapled to it, why the department would want to see the name on the credit card and would like to see a copy of the credit card statement? I think that is excessive; however, what the Minister is saying here, I believe, is that there are other agencies who could possibly be paying for that and the government does not want to be reimbursing a student if, in fact, it is some other sponsoring agency that bought the ticket. Okay.

But that does not explain what my question actually was, Mr. Speaker. My question was: why is the information that students have to rely on through the Handbook and the travel claim and the newsletters so convoluted that it’s very difficult to reconcile it and to understand it? We should be making this easier for students.

I withdraw my comment about it doesn’t matter who pays for the ticket. The Minister has explained that portion of it. But I’d like to know what can we do to take the policies related to SFA and make it more concise and consistent from the different documents. Thank you.

**HON. JACKSON LAFFERTY:** Mr. Speaker, this information specific to SFA subsidy programming, there is going to be a review. Maybe this is an area that we can definitely look at, what the Member is referring to, so it’s a simple task for students to go through the process. I hear the concern of the Member and it may not be only one concern. There are other concerns as well. That’s why we are conducting this review of the SFA programming, the subsidy programming and other areas. Mr. Speaker, we are doing what we can to resolve our issues at hand and this is an area that we will definitely look at. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Lafferty. The honourable Member for Kam Lake, Mr. Ramsay.

## QUESTION 400-16(5):REHABILITATION PROGRAMS FORVIOLENT OFFENDERS

**MR. RAMSAY:** Thank you, Mr. Speaker. I’ve got some questions today for the Minister of Justice getting back to my Member’s statement where I talked about the latest statistics indicating that close to 70 percent of all adults in custody today in the Northwest Territories are there for violent offences. I’d like to begin by asking the Minister what programming or rehabilitation services are currently available for violent offenders incarcerated in the Northwest Territories correctional facilities. Thank you.

**MR. SPEAKER:** Thank you, Mr. Ramsay. The honourable Minister responsible for Justice, Mr. Lafferty.

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. I’m glad the Member is referring to offenders either reintegration to the community or rehabilitation. We do have some programs in place, such as a program for men who use violence, protection against family violence and also domestic violence treatment options through court. Those are just some of the areas that we are focusing on as a preventative measure.

Also, we have a staff and programs at the correctional level that work with offenders so they can be rehabilitated and reintegrated back into the community. So we have various programs that suit inmates’ eligibility and also return to their communities. So we want to rehabilitate those individuals going back to their communities. So there are various programs available. Mahsi.

**MR. RAMSAY:** Judging by the amount of repeat offenders, especially in the area of violent crime that we have here in the Northwest Territories, I’m wondering if the Minister could commit to reviewing the programs and services that are available for violent offenders at the North Slave Correctional Centre and other correctional facilities around the Northwest Territories in an effort to make sure that we are getting the best programs and services into our correctional facilities that we can. I’d suggest that the Minister look around the country, and even North America for that matter, to find out where the best programs are to treat violent offenders. Thank you.

**HON. JACKSON LAFFERTY:** Mahsi. Within our Justice department we do explore other venues, other jurisdictions, as well, to seek out the best practices, different programs that may not be available to us in the Northwest Territories so that we don’t reinvent the wheel. I’m glad the Member is referring to us exploring different jurisdictions, programming for inmates. So those are the areas I can commit to through my department to seek out the information from other jurisdictions. Mahsi.

**MR. RAMSAY:** Unless it’s court ordered, I’m wondering if the corrections service here in the Northwest Territories could commit to making programming mandatory for any violent offender in the Northwest Territories and why should we have to wait for the court to instruct us to do so. I think the justice system and corrections service here in the Northwest Territories should make that program and service available to all violent offenders in the Northwest Territories and it should be mandatory, Mr. Speaker. Thank you.

**HON. JACKSON LAFFERTY:** Mahsi. There are certain programs. We’ve initiated some mandatory programs for inmates and also for offenders. There are some other programs that we are seriously looking at as possibly mandatory for court proceedings and we’re working closely with our judges on these particular matters. I will keep the Members posted as we move forward, if we’re going to make some programs mandatory. So we’ll keep the Members posted on that. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Lafferty. Your final supplementary, Mr. Ramsay.

**MR. RAMSAY:** Thank you, Mr. Speaker. One of the things I alluded to in my Member’s statement was the fact that North Slave Correctional Centre is the largest corrections facility we have in the Northwest Territories. Currently it doesn’t have a clinical psychologist, Mr. Speaker. That, to me, is a gaping hole in the services that are available to violent offenders here in the Northwest Territories, and it’s little wonder our statistics are going up when we don’t have a clinical psychologist at our largest facility. I’d like to ask the Minister if there are any plans to fill the position of clinical psychologist at North Slave Correctional Centre. Thank you.

**HON. JACKSON LAFFERTY:** Mahsi. There is a contract with a physician to provide services to inmates at the North Slave Correctional Centre, but at the same time we do have somebody in training right now to be a psychologist. That individual completed her degree program and also needs to complete one year under supervision before she can be registered. So that individual has a few more months to go, Mr. Speaker, to be qualified. So it is in the works and it’s going to be happening this summer. Mahsi.

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

## QUESTION 401-16(5):SAFETY ISSUES ON HIGHWAYBETWEEN EXPLORER AND NIVEN

**MR. BROMLEY:** Thank you, Mr. Speaker. My questions are for the Minister of Transportation and I’d like to start by expressing appreciation for his adjustment of the speed limit on the highway from the Explorer Hotel to Niven Lake area, a part of Weledeh where we have safety issues. Those safety issues do remain, though, and what I’d like to request of the Minister is would he consider or put in place lighting that would take care of that safety issue. As the Minister knows, during a large part of our year it’s dark there. It’s very unsafe for people walking along there and we have families walking there. Will the Minister get street lighting on that section of road? Thank you.

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

**HON. MICHAEL MCLEOD:** Thank you, Mr. Speaker. The Member has asked if I would consider putting lighting. Of course, I would consider putting lighting on that stretch of road.

Mr. Speaker, having said that, safety is an issue on all our highways. The section that the Member has raised is part of our inventory. We do speeds on that portion of highway and we have incorporated a highway safety operations review on all our roads and we have plans to put in more guardrails, signs and things of that nature. That includes also looking at putting lighting where we have some intersections. We’ve done some of the intersections already in Behchoko and Fort Providence. So we’d certainly consider the request that the Member is making. We’d probably have to consult with the City on this also. Thank you.

**MR. BROMLEY:** Thank you. I appreciate the Minister’s comments, all of them, and also his commitment to consider that. I think it’s a good suggestion to work with the City and this could be done through the Capital Area Development Plan Committee. So I think that would be a great opportunity to reduce the cost as well. The City may be willing to participate. Can we expect that this would include, of course, the most energy-efficient LED lighting with the appropriate shading to make best use of the light as well? Thank you.

**HON. MICHAEL MCLEOD:** I’m not too sure if he’s asking me if I’d use the cheapest form of lighting on that stretch of highway. That’s something we’d have to discuss, of course. We take every opportunity to use energy-efficient lighting. We’ve incorporated solar panels on some of our lights that are outside of the communities. We have this year already, as part of our budget of course, put some lighting around the airport at that intersection. So as we move forward, I can’t commit that we’ll do the work that he’s requesting this year. We’ll certainly consider it. We’ll have the discussion with the City and see how we can accommodate the request. Thank you.

**MR. BROMLEY:** Thank you. Again, I appreciate those comments from the Minister and I do think it is worthwhile to consider doing this work in consideration through the Capital Area Development Plan. What this section of highway really needs is a safe walking path that’s appropriately lit and an appropriate crossing place. So I would ask that the Minister do work through the Capital Area Development Plan and consider myself a resource if he needs assistance working with the City in coming up with a plan to finally take care of that section of road that’s our problem. Thank you.

**HON. MICHAEL MCLEOD:** Thank you. I think that included a request for a walking path. I don’t think that’s what we were discussing initially. We certainly agree. I think that nobody is going to contest the fact that highway street lighting would reduce the potential concerns about a conflict between vehicles and pedestrians. There are other modes, of course, that involve a lot more investment, but street lighting is something that we’d certainly consider at this point. I agree that we probably need a longer term plan that would incorporate walking paths and bike paths and things of that nature, but at this point we’ll take the request for lighting very seriously and we’ll see how we can incorporate it and we’ll consult with the Member to see what ideas he’s got bringing this forward. Thank you.

**MR. SPEAKER:** Thank you, Mr. McLeod. Your final supplementary, Mr. Bromley. Thank you, Mr. Bromley. The honourable Member for Sahtu, Mr. Yakeleya.

## QUESTION 402-16(5):DEVOLUTION AGREEMENT-IN-PRINCIPLE

**MR. YAKELEYA:** Thank you, Mr. Speaker. I talked about devolution. I want to ask the Premier some questions. I want to ask him in terms of the mandates for going forward, when and who decided that the Aboriginal governments won’t have direct participation at the tables when they were negotiating the draft AIP? So far what I’ve been told and what I’ve read is only the GNWT and the federal governments were negotiating and they drafted the AIP. The Aboriginal governments were briefed from time to time, but they didn’t really have a seat at the table per se in terms of the direct negotiations on this important deal.

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

**HON. FLOYD ROLAND:** Thank you, Mr. Speaker. Those mandates set in the original days when the framework agreement was struck out in 2001 and renewed as they began to work, I believe, in 2004. Our process, or the process we’ve used, has been in place from those days and there were different times at different levels of discussion. For example, there was a Government of the Northwest Territories and a federal government issue that was strictly bilateral. Those bilateral discussions were held between the GNWT and the federal government, but it included Aboriginal governments on those specific issues. They were part of that process. At all times, though, as I have been informed, that even the bilateral discussions that were between the GNWT and the federal government, those discussions were brought to the table for all participants to review. Thank you.

**MR. YAKELEYA:** Thank you. I guess there are the various figments to the history of the bilateral agreements and negotiations. So I’ll leave it at that.

What I’ve been hearing is that the Aboriginal governments that are not signatory yet to this agreement have some questions and they want to assess and analyze the agreement. My understanding is that if we have some of the Aboriginal governments come on side, then that puts them into some funding arrangements. If they do not come on side to sign the AIP, then there’s no funding available to them. Is that a true statement to the Premier?

**HON. FLOYD ROLAND:** This would be true for the GNWT. If we did not sign the agreement-in-principle, we would not have access to the $4 million that would help us in the transition work going into negotiations. We will have to come up with our money in negotiations as a Government of the Northwest Territories. The federal government has set up $3.9 million for Aboriginal governments to prepare for the work and the transition into negotiations. As they sign that, they will have to sit down with the federal government to work out that funding arrangement. Thank you.

**MR. YAKELEYA:** Thank you. Can the Premier explain where the thousands of dollars that have been given to the regions went if it wasn’t to explain the devolution?

**HON. FLOYD ROLAND:** The Member is asking the GNWT to explain where that money went. That was co-funded by the GNWT and the federal government. If I understood your question correctly, I hope that it went towards the work on devolution, the prepatory meetings, some of the negotiations specifically.

In the life of our government, we’ve got a number of agreements in place. One at the regional leaders’ level, which helps bring them into the regional leaders’ meeting, supports two at a time. Then specifically within the Executive there were agreements in place to help fund the devolution meetings, and that was to help the groups organize and structure and review the materials that they needed to review. We’d have to go to the groups to find out exactly how they deal with those funds. Thank you.

**MR. SPEAKER:** Thank you, Mr. Roland. Final supplementary, Mr. Yakeleya.

**MR. YAKELEYA:** Thank you, Mr. Speaker. Can the Premier tell me as to why the AIP wasn’t released earlier in terms of letting the people understand and read it, rather than being posted on the CBC website? Just recently it was released to the public.

**HON. FLOYD ROLAND:** Thank you. First and foremost, the process that’s been well established within the Northwest Territories right from self-government talks, land claim talks to this agreement-in-principle, the parties have been involved. Aboriginal governments and groups have been involved in this process. They’ve had their hands on the document for years. The specific document that was signed off by the chief negotiators and the letter sent to myself and Minister Duncan and additional letters were also sent to all the regional leaders in September. So we were waiting for their response through October and looking at it on a going-forward basis as we were preparing to get ready to inform the people of the Northwest Territories what this deal would mean and how we would go forward.

Again, this is an agreement-in-principle. It is a non-binding agreement that sets the framework for going forward to final negotiations. Now we’re starting to do our process and get the message out to the people of the North. Thank you.

**MR. SPEAKER:** Thank you, Mr. Roland. The honourable Member for Frame Lake, Ms. Bisaro.

## QUESTION 403-16(5):ANTI-POVERTY INITIATIVES

**MS. BISARO:** Thank you, Mr. Speaker. My questions today are addressed to the Premier and I’d like to follow up on my statement about the Anti-Poverty Strategy. I want to follow up on the report which went to the government last December from the workshop that was held in October.

I know that there is a GNWT working group that has been established and I also know that it does not include any representatives from outside of government, that there are no representatives from the Anti-Poverty Alliance. I know there is an advisory body but that body is not involved as part of the working group.

So I’d like to ask the Premier why, on the part of the government, why there is this reticence to involve the Anti-Poverty Alliance in developing the Anti-Poverty Strategy. Thank you.

**MR. SPEAKER:** Thank you, Ms. Bisaro. The honourable Premier, Mr. Roland.

**HON. FLOYD ROLAND:** Well, yes, quite simply, Mr. Speaker, the issue comes when in past experience within the Government of the Northwest Territories when we have a large working group together to look at the issues within the North and there are a number of issues that we have examples of, this is one of those, the Anti-Poverty Strategy. The work they’ve done is good. It was good to get the information together from those that help deliver and deal with those issues on their own. We also, as a Government of the Northwest Territories, deal with those issues and we can’t forget that as well, and we need to collect our information, use the work that was done as part of the process.

The trouble becomes when there’s such a large working group and the recommendations that may come out of that, at times the government then is faced with the ones having to try to fund and put into practice all of those. So that’s one of the considerations.

We know that the work has been done and it will be a part of the process, because we need to do our work internally, as well, and look at how we deliver the programs from our end to ensure that we are meeting the goals that we’re intended to meet. Thank you.

**MS. BISARO:** Thanks to the Premier. I have to disagree. I think the original Anti-Poverty Alliance is a large group, but it’s not all of the members of the Anti-Poverty Alliance who needed to be on the government’s working group. They certainly would have been happy with a couple of representatives who were not government members.

I think the Premier also suggested that all of the recommendations from the anti-poverty report, the No Place for Poverty report, needed to be accepted by the government and that’s not true. I think if the report is read carefully, there are a couple of priorities that the report specifies.

One of the things that I need to ask the Premier is: there is currently a proposal and I think it may have already been started, but there’s a plan to go out and to do more consultation, the community consultations. Those that will be consulted will be invited to consult, it won’t be an open invitation to anybody to come. I’d like to know from the Premier why this consultation is needed. The consultation was done last fall, and why do we have to go and consult with specific community people as opposed to anybody in the NWT? Thank you.

**HON. FLOYD ROLAND:** Thank you. The work that we need to do now from a Government of the Northwest Territories side is we’re involved heavily in the field of dealing with the poverty issue in the North with quite a number of departments: the Housing Corporation; Education Culture and Employment; Health and Social Services. We’ve got quite a number of others: ITI, Justice, in some form or another. So we need to look at our end of the work that’s being done and relate that to the work that’s been done by the NGOs as well. So the work they’ve done will help inform the work that we’re going to and are doing.

I think the important piece is we’ve got to do a measurement of what we’ve done in our day-to-day service as the Government of the Northwest Territories and see how we can bring those together.

**MS. BISARO:** Thanks to the Premier. I certainly don’t deny that the government is heavily involved in programs to try and attack poverty. What’s necessary is a cross-departmental coordination and cooperation among departments and the silos are still evident. I also don’t deny that the government needs to do the work and there needs to be an analysis of what we are doing.

My question to the Premier had to do with the consultation that is presumably about to happen and I’d like to point out to the Premier that there were representatives of the government at that workshop, approximately 12 percent of the people in attendance. I’d like to know if the Premier, based on that information, will reconsider the consultation plan which is apparently ready to go and/or may already be gone. Take the advice of the Anti-Poverty Alliance and move forward from the report instead of doing work already done.

**HON. FLOYD ROLAND:** The work that was done by the anti-poverty group had a preliminary focus. Yes, the government was involved in the workshop at our request, but, quite simply, the fact that as the GNWT a number of departments... And yes, the reason that we include Executive, Health and Social Services, Education, Culture and Employment, ITI and Justice as part of the review of this is to knock those silos down and we have to look at the way that we’ve delivered those programs and come back and correlate that with the work that was done by the NGOs and come out with recommendations that would fit at that point going forward. We’ve committed to working with the Standing Committee on Social Programs to provide those results as we do that work.

**MR. SPEAKER:** Thank you, Mr. Roland. Final supplementary, Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Speaker. Thanks to the Premier again. I didn’t, unfortunately, hear an answer to my question. I do hope that the Premier will reconsider this proposed round of consultation and change it to be more meaningful.

I’d like to know from the Premier if this working group and advisory group and whoever else may be involved will be able to give us a definition of poverty prior to September 2011.

**HON. FLOYD ROLAND:** Well, first and foremost, let’s not discount our own staff within the Government of the Northwest Territories from having a good level of input and credibility when it comes to this kind of work. It’s a mix of all services, whether it’s NGOs, but let’s not discount the work of our own people that are in the trenches, as well, day to day. I think bringing those two together can help at the end of the day and our goal is to have the work done before the end of the life of this Assembly.

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

## QUESTION 404-16(5):DEVOLUTION AGREEMENT-IN-PRINCIPLE

**MR. MENICOCHE:** Thank you very much, Mr. Speaker. Earlier today I spoke about evolution before devolution and I think that these two go hand in hand. It’s actually being forced by the signing of the agreement-in-principle as we move forward.

I have questions for the Premier. As we move along with the talks towards the devolution final agreement and there’s resistant Aboriginal groups out there only because there’s lots of information and there’s lots of uncertainty and fear about what it really means to sign on to the AIP, are there other solutions out there that can still involve the Aboriginal governments working with the GNWT as we work towards devolution?

**MR. SPEAKER:** Thank you, Mr. Menicoche. The honourable Premier, Mr. Roland.

**HON. FLOYD ROLAND:** Thank you, Mr. Speaker. The agreement-in-principle allows for groups to sign on at any time during the process, once they feel comfortable and they feel that they understand it more, if that’s a concern they have. In some cases, some groups may choose not to be there. It is a choice that they will need to make.

We will, as the agreement-in-principle states, allowed for every opportunity right through up until the final negotiations have been reached in the sense of initialling a final agreement for decision. The groups that would be a part of that can influence it.

That’s why I say come back to the table early. I say come back, because even the groups that said they were observers influenced the agreement-in-principle as it’s been designed. At the same time, to access the funding that’s there to help and the work that they need to do, by signing the agreement the same as we have done allows us to tap into some additional resources to help us in the preparation of that work.

**MR. MENICOCHE:** I think that the future development of the Northwest Territories does include having the GNWT and Aboriginal governments having a dialogue. Once again, is there a solution or another alternative that we can involve Aboriginal groups in discussion as we work towards a final devolution agreement without them actually signing on? Can they be observers, like the Premier said, or is there another mechanism to allow full involvement? I really believe that as we work towards devolution, we’re also talking about evolution of our political development of the Northwest Territories. All must be involved.

**HON. FLOYD ROLAND:** The process we’ve engaged in has been inclusive and open to quite a number of avenues in the work and up into the agreement-in-principle that was signed. That included groups that would officially call themselves observers but had representatives that influenced some of the discussion and the way the language was written.

As we go forward, though, towards a final set of negotiations, as there will need to be bilateral discussions, so formal discussions on, for example, the jurisdiction sharing about how we share our arrangements, how co-management bodies can work together, for example, or the resource revenue sharing section, they’ll need to sign up to this to be able to move forward on this because that will require bilateral discussions, Aboriginal governments to the GNWT, in some of the specific areas.

So I would say that we’ve been very flexible to this point, and as we go forward the groups need to look at what it is that we’re asking them to do and look at the language that’s been in place with the advice of many of the regions, observers as well as official groups at the table, that speak directly to the participation and safeties built into this document when it comes to protecting Aboriginal rights established as well as interim measures on the negotiations that are ongoing.

**MR. MENICOCHE:** Some of the alternate solutions, of course, without Aboriginal groups actually signing on, is some of the funding that’s available to hold in trust their portion thereof of whatever percentage of their group. Is that something the Premier can look at?

**HON. FLOYD ROLAND:** I know the funding that we’ve discussed, the portion for the GNWT and the portion for the Aboriginal governments through this agreement-in-principle signing, by signing on you get access to that. The portion for Aboriginal governments, they need to sit down with the federal government and work out that arrangement. We don’t have an affect on that. As we go forward towards a full set of negotiations, even ourselves as the GNWT, we’re going to have to look at our resources available and come up with a formula as to how we would progress forward and see if the federal government would be interested in that process.

**MR. SPEAKER:** Thank you, Mr. Roland. Final supplementary, Mr. Menicoche.

**MR. MENICOCHE:** Thank you very much, Mr. Speaker. Just in terms of timing -- I think the Premier just mentioned it earlier -- what kind of timing do the Aboriginal groups have to review and acknowledge and perhaps even sign on should they wish to? What is the timing of that? Is it end of April? Is it this summer? Is it this fall?

**HON. FLOYD ROLAND:** There is no deadline to signing on to the agreement-in-principle. Of course, I would say the earlier the groups sign on and get access to the revenue source to help them in the preparation work, the more influence on mandates that are being established and positions that would be looked at and influencing the final decision as we look to going forward. Especially those that are bilateral, we need those groups who would agree to sign on. There is no timeline in the sense of deadlines that groups need to sign on.

What I would caution, though, is anybody coming in at the 11th hour when we’re about to initial a framework agreement or final agreement. For example, most of the decisions will be made by the parties that were there, and probably the revenues used up by the majority of groups by the latter stages. Signing up early allows access early to dollars as well as influencing final outcomes.

**MR. SPEAKER:** Thank you, Mr. Roland. The honourable Member for Nunakput, Mr. Jacobson.

## QUESTION 405-16(5):COMMUNITY SUBSIDIES FORASSISTANCE TO PROFESSIONALS

**MR. JACOBSON:** Thank you, Mr. Speaker. Today my Member’s statement was regarding the teachers’ housing subsidy that is being looked at and being cancelled this year for the community of Tuktoyaktuk. The teachers that we try to retain in the small communities, it’s tough enough to get good quality teachers. We have to provide accommodations like we do with the nursing stations to try to help out as much as we can. It’s a critical time to continue the success for our students. I’m asking the Minister of Education if it’s possible to get the subsidy back in place for the community of Tuktoyaktuk in regard to the five-plex for teachers’ housing.

**MR. SPEAKER:** Thank you, Mr. Jacobson. The honourable Minister responsible for Education, Culture and Employment, Mr. Lafferty.

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. The teacher housing subsidy that the Member is referring to is sunsetting, I believe, this fiscal year. That particular subsidy has been in the works for a number of years. I do believe it’s under the NWT Housing Corporation as well. There was an agreement in place between government and the organization in Tuktoyaktuk. The Member is asking if we would, I guess, reinvest into that particular area. As you can see from other jurisdictions, we have teachers across the Northwest Territories. We do provide funding for their northern allowances. Based on that, they pay for their rental units as well. We’re not in a position to invest more money into the teacher housing subsidy.

There is negotiation that is ongoing with the NWTTA, the Teachers’ Association, and other union issues that are on the way. That might be an avenue that can be raised. My department is not willing to move forward on that at this point within our current budget.

**MR. JACOBSON:** The sun just came back in my riding two weeks ago, so no sunset clause, please. Will the government recognize the real challenges of the small, remote communities that face recruiting and retaining professionals for the various needed subsidy assistance programs and commit to providing ongoing multiyear resources to the program? We have to do this for the students in our future. The communities in my riding, we’re the furthest north and the hardest hit all the time. This government has to step up to the plate and help our teachers in the communities.

**HON. JACKSON LAFFERTY:** We do recognize the pressure that’s out there in the Northwest Territories, especially in those small, isolated communities. Finding suitable units can be a challenge and the high cost of living in the communities as well. With that we have initiated, through the refocusing committee, that there’s interdepartmental groups that are working on identifying funds to deal with those matters at hand. There are challenges before us to find suitable units for the teachers and other professionals as well. We do have an interdepartmental committee that’s working currently and are actively involved in that.

**MR. JACOBSON:** Will this government re-evaluate the community’s entire subsidy program or programs and provide the standard of measures to fairly distribute resources accordingly to the need of the cost of living? Thank you.

**HON. JACKSON LAFFERTY:** Mr. Speaker, I can speak to my department’s subsidy. It is being reviewed on a constant basis and we make changes due to the needs of the communities and also the Northwest Territories. We also work interdepartmentally. The message is clear that the Member is referring to and we will be discussing that through our committees. This will also be brought up with my department, as well, with respect to the subsidy program. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Lafferty. Your final supplementary, Mr. Jacobson.

**MR. JACOBSON:** Thank you, Mr. Speaker. If we don’t support our teachers, Mr. Speaker, who’s going to support our students? There’s got to be a way that the department can find money to support the subsidy program. I think it’s $20,000 a door per year per unit, or $25,000, $150,000 that could be found for the community that is needed, Mr. Speaker. This has to be dealt with in a timely manner. The sunset is close at hand in regard to this. We have to support our teachers in the housing situation in Tuktoyaktuk, Mr. Speaker. I need the commitment from the Minister that he will work with me and the Housing Minister to get this dealt with.

**HON. JACKSON LAFFERTY:** Mr. Speaker, yes, we definitely do support the teachers that we have across the Northwest Territories. When it comes to challenges such as the housing issues in the communities for professionals, those are the areas that we need to work at within our committees. So, yes, we’ll work closely with the Member and also other Members as well, and the Members of the Executive. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Lafferty. The honourable Member for Tu Nedhe, Mr. Beaulieu.

## QUESTION 406-16(5):GNWT RESPONSE TO THE STANDING COMMITTEE ON SOCIAL PROGRAMSREVIEW OF THECHILD AND FAMILY SERVICES ACT

**MR. BEAULIEU:** Mahsi, Mr. Speaker. I have questions for the Minister of Health on the follow-up to the child and family services response.

Mr. Speaker, there is in excess of $12 million in the area of children’s services. Will the Minister direct her staff to look at a program in the area of early intervention and prevention in as far as child apprehensions go? Thank you.

**MR. SPEAKER:** Thank you, Mr. Beaulieu. The honourable Minister responsible for Health and Social Services, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. The chair and the Members have asked that we revisit our budget to see what options we might be able to come up with, and I’m prepared to do that. I have to state, at the same time, that the department is under fiscal pressure, as is the entire government, and we need to work carefully and thoroughly to see how we make those decisions. But I’m certainly open to working with the standing committee to see what options might be available. Thank you.

**MR. BEAULIEU:** Mr. Speaker, can the Minister work with the First Nation governments to look seriously at community solutions to combating addictions? Thank you.

**HON. SANDY LEE:** We do that already, Mr. Speaker. For example, we have been working very closely with the Gwich’in Tribal Council as well as the IRC. We have given them funding and we are working in partnership on addictions and after-care issues. We are looking at some projects in that area to come up with on-the-ground addiction programs.

I realize that we have eight regions and many, many Aboriginal governments. I could list some of the projects that we are working on, but I just want to let the Member know that we do a lot of work in partnership with Aboriginal organizations and Aboriginal governments. Thank you.

**MR. BEAULIEU:** Mr. Speaker, can the Minister tell me what the plan is to strike more child and family services committees at the community level? Thank you.

**HON. SANDY LEE:** I could advise the Member that is one that I was very passionately involved with as a Regular Member. I fought to have this in the legislation the last time around. The Members and this standing committee expressed a lot of interest from the beginning to have these groups set up, and I can advise the Member that we have reinforced and refocused energy in that area and we have written to every community, we have approached every community, encouraging them to set up the children and family services committee as is provided for under current legislation. We are seeing some success in Fort McPherson and it is our hope that we will see more of that.

Mr. Speaker, there is no question that the department and myself, as the Minister, are completely committed in making that happen. Thank you.

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

**MR. BEAULIEU:** Thank you, Mr. Speaker. Can the Minister tell me if she has had complete discussions on the possibilities of re-profiling the Health and Social Services budget to address the recommendations in the report of the Standing Committee on Social Programs as it pertains to the Child and Family Services Act? Thank you.

**HON. SANDY LEE:** Yes, I have. We have had the CFSA recommendations since October. My department and I went through the report, we reviewed them and we came up with every possible way of implementing as many recommendations as possible. There are some items that are big ticket items and we needed to put that into the next business cycle.

Having said that, I understand that the Members would like us to relook at it. I think it’s really important for all the Members here to have the full information about what re-profiling means, a $12 million item. My department is working right now to give the information to all the Members of what that $12 million entails. That’s the entire operations budget for our children and family services programming. Of course, Mr. Speaker, that is a debate that we could have, but it’s really important that we have the full information so that we know exactly what we are doing when we are re-profiling. It’s about jobs. It’s about programs in the communities. It’s about on-the-ground programming that we need to deliver every day. But I am absolutely prepared to have that discussion with the Members on the other side. Thank you.

**MR. SPEAKER:** Thank you, Ms. Lee. The honourable Member for Yellowknife Centre, Mr. Hawkins.

## QUESTION 407-16(5):EXPANSION OF MADE IN THE NWT PROGRAM

**MR. HAWKINS:** Thank you, Mr. Speaker. My questions will be directed to the Minister of ITI, the Honourable Bob McLeod.

Mr. Speaker, since the launch of the Made in the NWT Program, many northern manufacturers have told me they appreciated the leadership of the government in recognizing and supporting local goods being produced here in the North and they believe it’s been an incredible step forward in recognition of the work they do. Mr. Speaker, I truly believe that the Made in the NWT label gives Northerners a chance to buy local products that have been produced locally with a great sense of pride and value.

Mr. Speaker, what I’d like to ask the Minister of ITI today is would he be interested in expanding the program to consider other options to what I’d like to define as the “in the NWT program.” Quite simply, Mr. Speaker, we have many examples of homegrown or home-developed products in the North such as the film industry, be it agriculture through growing, arts and crafts. So you could say filmed in the NWT, grown in the NWT, crafted in the NWT, and even perhaps, but not limited to, performed in the NWT.

Mr. Speaker, my question directly to the Minister is: would he be willing to investigate the expansion of the program to allow us to look at other areas to continue to enhance northern pride in the things we do and produce here in the North?

**MR. SPEAKER:** Thank you, Mr. Hawkins. The honourable Minister responsible for Industry, Tourism and Investment, Mr. Bob McLeod.

**HON. BOB MCLEOD:** Thank you, Mr. Speaker. We have a number of brands that we have developed over the years and I believe that branding is a very important concept that allows us to promote and market the North.

I’ll just give you a list of some of the branding that we’ve done. We have NWT Arts, we have Spectacular NWT for tourism, we have a host of diamond brands, Genuine Mackenzie Valley Fur brand, Come Make Your Mark and, of course, the Member has mentioned the Made in the Northwest Territories brand that we developed with the Chamber of Commerce and the NWT Construction Association.

I think branding is very good. We have world-class products and a lot of goods like furs, which are some of the best furs in the world. Branding is a very good way to promote the North. We are interested in any opportunity to improve in those areas. Thank you, Mr. Speaker.

**MR. HAWKINS:** Mr. Speaker, I raised this issue with no intent of taking away from the hard work that has been produced, but any branding expert can tell you that when you expand and harmonize a branding product, you make sure that you overlap and in particular ways. That way your target audience, clients or potential buyers can all recognize the synergy is all enveloped in your messaging. For example, you can say experiencing the NWT without taking away the spectacular concept provided and promoted by NWT Tourism, or furthermore, as one more example, you can say only in the NWT and that would help, again, for the marketing concept.

Once again, I would like to ask the Minister, would he consider taking a serious look into this particular issue and see if we can develop a synergy or a strategic approach that lends in the NWT as a focal point to build upon our great products here? Thank you.

**HON. BOB MCLEOD:** Mr. Speaker, there are a number of challenges with regard to branding. As you know, for example, when marketing at Northern House, it was brought to our attention that a lot of products were being made elsewhere and being marketed either as Aboriginal or northern, so I think a branding would go a long ways to address that. Also, you need to make sure that you have quality control so that you deliver a good product. We would certainly be quite prepared to look further into this. Thank you, Mr. Speaker.

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

## QUESTION 408-16(5):ANTI-POVERTY INITIATIVES

**MR. BROMLEY:** Thank you, Mr. Speaker. I appreciated the Minister of Health and Social Services’ commitment almost a year ago when we passed our resolution on the Anti-Poverty Strategy for her department to play a key role in an NWT-wide Anti-Poverty Strategy. I realize the Department of the Executive is the lead, but I am wondering how the Minister is directing her department to play a key role on this strategy and what sort of work is happening towards that. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Bromley. The honourable Minister of Health and Social Services, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. As the Member is aware and as the Premier replied earlier this morning, since that statement that the Member read out, there had been a workshop and there was very comprehensive representation from all sectors of our society and all departments across the government. It involves Justice, Education, income security, Health and Social Services and Housing. Anti-Poverty Strategy, the scope of the work has expanded considerably and it goes across the government. Because of that, the Executive, and with the entire Cabinet, has taken on the work of responding to that.

Mr. Speaker, this has become a government initiative and the Department of Health and Social Services and I, as a Minister, and work through my staff, one of our directors is part of the steering committee. We are involved in responding to this initiative, as the Premier indicated earlier today. Thank you, Mr. Speaker.

**MR. BROMLEY:** Mr. Speaker, I appreciate the Minister’s comments there. I think they are essentially what I had said as the introduction to my question, that I realize it’s the lead of the Department of the Executive. I was referring the Minister’s commitment to play a key role.

Mr. Speaker, the consequences of a failure to address poverty are that people fall more and more into poverty and start getting into social issues and eventually mental and physical health issues. I know that this Minister’s staff has a huge amount of experience in this area. On that basis, I am asking how the Minister is drawing on that vast amount of experience to contribute to this strategy. Mahsi.

**HON. SANDY LEE:** Mr. Speaker, this is an across-the-department approach and our director of policy is part of the steering committee. We provide our input, our expertise, our information into that group and obviously being involved in the...and the response and coming up with this response to the workshops and conferences and the interest that the Members in this House as well as the public have indicated to us as to the need to come up with this strategy. Thank you.

**MR. SPEAKER:** Thank you, Ms. Lee. Time for question period is expired; however, I will allow the Member a supplementary question. Mr. Bromley.

**MR. BROMLEY:** Thank you, Mr. Speaker. I will keep it short here. This is my last question. I guess I would ask the Minister to be prepared to give the Standing Committee on Social Programs, perhaps, a briefing on how the department is fulfilling that obligation the Minister made to Members. Mahsi.

**HON. SANDY LEE:** Mr. Speaker, absolutely. I am always happy to go before the committee and have discussions with them. Thank you.

**MR. SPEAKER:** Thank you, Ms. Lee. The honourable Member for Yellowknife Centre, Mr. Hawkins.

**MR. HAWKINS:** Mr. Speaker, I seek unanimous consent to return to item 5 on the orders of the day, recognition of visitors in the gallery. Thank you.

---Unanimous consent granted

# Recognition of Visitors in the Gallery(Reversion)

**MR. HAWKINS:** Mr. Speaker, it gives me great pleasure to recognize a constituent of mine, David Yau, who is in the gallery here today. Thank you.

**MR. SPEAKER:** Thank you, Mr. Hawkins. If we missed anyone in the gallery today, welcome to the gallery. It’s always nice to have an audience in here.

Item 8, written questions. The honourable Member for Kam Lake, Mr. Ramsay.

**MR. RAMSAY:** Thank you, Mr. Speaker. I seek unanimous consent to return to item 7, oral questions, on the Order Paper. Thank you.

---Unanimous consent granted

# Oral Questions(Reversion)

## QUESTION 409-16(5):SENTENCING OF VIOLENT OFFENDERS

**MR. RAMSAY:** Thank you, Mr. Speaker. I wanted to follow up on some of the questions I had earlier for the Minister of Justice. Mr. Speaker, I must start out by saying I have the utmost respect for the judicial system here in the Northwest Territories, but when there is a public outcry about light sentences handed out to violent offenders here in the Northwest Territories, the public has little recourse but to come to their elected officials and state that something is wrong if somebody is killing somebody and getting five years, or if an individual beats up their spouse and gets five months even though they have a lengthy record of a number of violent offences. I would like to ask the Minister if he is going to address the issue of light sentences being handed out to violent offenders here in the Northwest Territories. Thank you.

**MR. SPEAKER:** Thank you, Mr. Ramsay. The honourable Minister of Justice, Mr. Lafferty.

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. The repeat offenders that the Member is referring to and also the light sentences, of course, are at the discretion of the judge. The final decision lies with the judge. At the same time, at every federal/provincial/territorial Ministers meeting we deal with various laws that may be before us in dealing with the Justice Minister and also Public Safety Minister, and these are the matters that are always before us. The lighter sentence, there is always a question of why is that and change of the legality, the legal system. Since last year, there have been a lot of changes. We are currently dealing with all of those issues that are being brought forward. What the Member is referring to is also before us every opportunity we get at that main table, Mr. Speaker. Mahsi.

**MR. RAMSAY:** Mr. Speaker, just for the benefit of folks out there watching or listening to this exchange, I would like to ask the Minister whether or not, as Minister, and whether or not this government can have any control or influence over decisions that the justice system makes, the judges are making. Is it possible for us to instruct the justice officials and the judges in the Northwest Territories to throw the book at violent offenders here in the Northwest Territories, Mr. Speaker? Is that possible? Thank you.

**HON. JACKSON LAFFERTY:** Mahsi. The judicial system is another arm of this government and as a Minister of Justice I cannot tell the chief judge or judge what to do with respect to sentencing. I have to respect their decision. The final decision lies with the judges. There’s a federal law that they have to follow as well. There are various aspects of independent cases. So I cannot interfere as Justice Minister on those decisions that are made. The final decisions are made by the judges. Mahsi.

**MR. RAMSAY:** I know the Minister talked about FPT meetings and getting together with his colleagues from across the country. One of the big issues recently that’s come to light is people getting double credit for time served in remand while they’re awaiting a court date. I’d like to ask the Minister if here in the Northwest Territories has our government and the Minister of Justice taken a position on whether or not that’s a good practice to have. Thank you.

**HON. JACKSON LAFFERTY:** Mahsi. There’s double time, time and a half, time. A lot of times the number of days are waiting for their trial. Those are the discussions that we had at a recent FPT meeting as well, and there’s been a lot of debate on the 0.5, 1, 1.5 and 2, two times or double you can call it. So those are discussions that have been brought forward across Canada and we do raise our concerns as well.

There have been several cases, Mr. Speaker, that even young offenders have, like, 40 or 50 different cases before them, but they are free for various reasons under the Youth Criminal Justice Act, and the acts are being changed as well. The recommendations are brought forward to make those changes so we can deal with those matters at hand. But this double time and time and a half is also the discussion that we are having at the federal level. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Lafferty. Your final, short supplementary, Mr. Ramsay.

**MR. RAMSAY:** Thank you, Mr. Speaker. It doesn’t sound like our government has an official position on whether or not that’s a practice that we want to have here for folks in remand. Personally, I think it’s a practice that has to stop.

Mr. Speaker, I’d like to ask the Minister if people who are in remand -- and our jail has a number of those individuals -- are available to access programs and services that other inmates are allowed to access while incarcerated. Thank you.

**HON. JACKSON LAFFERTY:** Mahsi. It all depends on the case that’s at hand, if it’s a high risk, low risk, medium risk. So it all depends on the case that’s before the court proceedings. So it all varies. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Lafferty. 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 standing and special committees. Item 14, reports of committees on the review of bills. Item 15, tabling of documents. The honourable Member for Frame Lake, Ms. Bisaro.

# Tabling of Documents

## TABLED DOCUMENT 136-16(5): NO PLACE FOR POVERTY:ANTI-POVERTY WORKSHOP REPORT

**MS. BISARO:** Thank you, Mr. Speaker. I would like to table the anti-poverty workshop report titled No Place for Poverty. Thank you.

**MR. SPEAKER:** Thank you, Ms. Bisaro. Item 16, notices of motion. The honourable Member for Frame Lake, Ms. Bisaro.

# Notices of Motion

## MOTION 31-16(5):SETTING OF SITTING HOURS BY SPEAKER

**MS. BISARO:** Thank you, Mr. Speaker. I give notice that on Thursday, February 10, 2011, I will move the following motion: I move, seconded by the honourable Member for Thebacha, that the Speaker be authorized to set such sitting days and hours as the Speaker, after consultation, deems fit to assist with the business before the House.

Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Ms. Bisaro. The honourable Member for Frame Lake, Ms. Bisaro.

## MOTION 32-16(5):EXTENDED ADJOURNMENT OF THE HOUSETO FEBRUARY 14, 2011

**MS. BISARO:** Thank you again, Mr. Speaker. I give notice that on Thursday, February 10, 2011, I will move the following motion: I move, seconded by the honourable Member for Thebacha, that, notwithstanding Rule 4, when this House adjourns on February 10, 2011, it shall be adjourned until Monday, February 14, 2011;

And further, that any time prior to February 14, 2011, if the Speaker is satisfied, after consultation with the Executive Council and Members of the Legislative Assembly, that the public interest requires that the House should meet at an earlier time during the adjournment, the Speaker may give notice and thereupon the House shall meet at the time stated in such notice and shall transact its business as it has been duly adjourned to that time.

Thank you.

**MR. SPEAKER:** Thank you, Ms. Bisaro. The honourable Member for Weledeh, Mr. Bromley.

## MOTION 33-16(5):SUPPORTING VETERINARY EDUCATION

**MR. BROMLEY:** Thank you, Mr. Speaker. I give notice that on Thursday, February 10, 2011, I will move the following motion: I move, seconded by the honourable Member for Kam Lake, that this Legislative Assembly recommends that the Department of Education, Culture and Employment reinstate the policy of sponsoring a placement in the University of Saskatchewan’s Western College of Veterinary Medicine;

And further, that the Department of Education, Culture and Employment fund that placement;

And furthermore, that the reinstatement of this policy includes a requirement for return of service by the graduate practicing in the Northwest Territories or repaying funds expended on the sponsorship.

Mahsi.

**MR. SPEAKER:** Thank you, Mr. Bromley. Item 17, notices of motion for first reading of bills. Item 18, motions. Item 19, first reading of bills. Item 20, second reading of bills. Item 21, consideration in Committee of the Whole of bills and other matters: Tabled Document 4-16(5), Executive Summary of the Report of the Joint Review Panel for the Mackenzie Gas Project; Tabled Document 30-16(5), 2010 Review of Members’ Compensation and Benefits; Tabled Document 38-16(5), Supplementary Health Benefits – What We Heard; Tabled Document 62-16(5), Northwest Territories Water Stewardship Strategy; Tabled Document 75-16(5), Response to the Joint Review Panel for the Mackenzie Gas Project on the Federal and Territorial Governments’ Interim Response to Foundation for a Sustainable Northern Future; Tabled Document 103-16(5), GNWT Contracts over $5,000 Report, Year Ending March 31, 2010; Tabled Document 133-16(5), NWT Main Estimates, 2011-2012; Tabled Document 135-16(5), Response to the Standing Committee on Social Programs Report on the Review of the Child and Family Services Act; Bill 4, An Act to Amend the Social Assistance Act; Bill 14, An Act to Amend the Conflict of Interest Act; Bill 17, An Act to Amend the Income Tax Act; Bill 20, An Act to Amend the Evidence Act; Minister’s Statement 65-16(5), Devolution Agreement-in-Principle, Impact on Land Claims and Protection of Aboriginal Rights; and Minister’s Statement 88-16(5), Sessional Statement, with Mr. Abernethy in the chair.

# Consideration in Committee of the Wholeof Bills and Other Matters

**CHAIRMAN (Mr. Abernethy):** I’ll now call Committee of the Whole to order. In front of us today are tabled documents 4, 30, 38, 62, 75, 103, 133 and 135; Bills 4, 14, 17, 20; Ministers’ statements 65 and 88. What is the wish of committee? Mrs. Groenewegen.

**MRS. GROENEWEGEN:** Thank you, Mr. Chairman. Today the committee would like to continue with the consideration of the Department of Health and Social Services’ main estimates and we would like to stop short of getting into the Department of Education in order to convene a meeting at the rise of the House. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mrs. Groenewegen. Is committee agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Abernethy):** Agreed. Thank you. We’ll take a short break and when we return we’ll go to Tabled Document 133-16(5).

---SHORT RECESS

**CHAIRMAN (Mr. Abernethy):** I’d like to call Committee of the Whole back to order. Before we went on break, committee agreed to review Tabled Document 133-16(5), Main Estimates, 2011-2012, with the Department of Health and Social Services where we left off, which was page 8-21. Ms. Lee, would you like to bring witnesses into the House?

**HON. SANDY LEE:** Yes, please. Thank you.

**CHAIRMAN (Mr. Abernethy):** Is committee agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Abernethy):** Thank you. Sergeant-at-Arms, if you could please escort the witnesses into the Chamber.

Ms. Lee, for the record, can I please get you to introduce your witnesses?

**HON. SANDY LEE:** Thank you, Mr. Chairman. To my left is Paddy Meade, deputy minister of Health and Social Services. To my right is Mr. Derek Elkin, director of finance. To my far right is Mr. Dana Heide, assistant deputy minister of operations.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Lee. I’d like to welcome the witnesses to the House. When we left last time we were on page 8-21 in the Department of Health and Social Services. So we’ll return to page 8-21. Is committee agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Abernethy):** Page 8-21, Health and Social Services, activity summary, health services programs, operations expenditure summary, $188.658 million.

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Abernethy):** We’ll now move along to page 8-22, Health and Social Services, activity summary, health services programs, grants and contributions, grants, $40,000.

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Abernethy):** Page 8-22, Health and Social Services, activity summary, health services programs, grants and contributions, contributions, $145.171 million.

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Abernethy):** Page 8-22, Health and Social Services, activity summary, health services programs, grants and contributions, total grants and contributions, $145.211 million.

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Abernethy):** We’ll now move along to page 8-25, Health and Social Services, supplementary health programs. Mr. Beaulieu.

**MR. BEAULIEU:** Thank you, Mr. Chairman. I have a question for the Minister on medical travel. I just wanted to give a little bit of a background on some of the stuff that you’re dealing with at the community level. I’m trying to see if the Minister would look at putting some sort of flexibility into the Medical Travel Policy or the medical travel benefit, I guess it is.

What’s happening is people are facing some hardships. We have experienced in the past and we continue to experience situations where people are sick or injured and have to remain in hospital, whether it be in Yellowknife or Edmonton. Medical travel will support one individual to support the person and depending on the nature of the sickness or the injury, I find that more than one individual is needed in order to provide proper support to individuals.

I’m wondering if the Minister could give me some assurance that the department would look at something on a case-by-case basis, I suppose, where I currently have a situation where I think that even a young man is seriously injured in a car accident and the family, even the mother and father, need to support each other and need to be with him, but medical travel is fairly restrictive as to who can provide assistance. It’s kind of like looking at these things on a case-by-case basis, not trying to get a bunch of people to go travel with someone unnecessarily. I understand that. This is very important to families. Of course, there’s low income as well.

I’m wondering if, I guess to be really specific with my question, based on income, will the Minister or department look at providing a benefit to more than just one individual in situations where a person is seriously injured or sick.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Beaulieu. Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. The flexibility that the Member is suggesting would be a policy change and I think what we need is we want to be clear about our policies. If we want to change the policy, we should change them. Adding a flexibility makes it too difficult for staff in the system to administer.

What the Member is speaking to is a compassionate medical escort and a compassionate escort is not provided for under our policy. We are reviewing our Medical Travel Policy right now including an escort issue, because we are inundated every day with families who would like us to assist more. We as a Legislature have to make decisions on that and how much money we are willing to invest on that, because the needs and demands would increase.

Every family, every situation, I could give you dozens of examples over the last year where, whether it’s a little child, a young man, different levels of disability, an elder. We have a situation where an entire extended family wanted to be able to go and visit their family in need. The demands are endless and we are talking about if we implement those, we’re talking about doubling or tripling the expenditure. If that’s what the Legislature wants to do and that’s how we want to spend our health budget, that is a decision for us to make, but I would suggest that it can’t be done as a case-by-case flexibility situation because it could not be administered.

I just want to let the Member know that the department is reviewing the Medical Travel Policy. We are reviewing the Escort Policy. I will come back to standing committee on what our options are, what may need to be changed, and what the cost implications are so we have a very clear picture about choices that we face.

**MR. BEAULIEU:** I actually think that changing the policy would actually make us go too far over to that side, that I think putting some flexibility into the policy makes it easier to administer, actually, because of the case-by-case basis and the rough parameters of income and the nature of the issue. I think it’s something that can be developed. If we look at a policy change, it’s going to be something that’s going to take a long period of time to do, number one. Number two, it tends to put us in a box. That’s what most of the policies seem to do in the government. The government makes a policy and does not deviate from outside the policy no matter how reasonable and needy the situation is.

I think that just to again look at asking the Minister to look at some flexibility in the current policy and if that’s difficult to do, maybe to add some sort of parameters around the development -- I don’t even want to say development of a policy because I think that means a lot of work by a lot of different people and a long period of time -- asking the Minister to develop some sort of parameters that would make the policy more flexible, more humane, actually, I guess. Because right now it’s not really that way.

We have elders that are sick here, where it was difficult for the family to provide them support. Especially family members that don’t have other family members living in the city of Yellowknife that have to come in and set up here in order to support the individual that’s sick. I don’t know the process or who the Minister could report this back to, but maybe just to the Priorities and Planning committee on looking at some flexibility in the policy.

**HON. SANDY LEE:** Introducing an income threshold for determining eligibility about medical escort would be a policy change. If that’s what the Members would like to consider, that’s something that needs to be discussed and changed in the policy and we know how difficult it is to determine eligibility of house benefits by income. I personally believe we should help those who need the help the most, and often it’s those who are under low income.

Mr. Chairman, as I stated, we are reviewing the Medical Travel Policy and there will be some recommendations coming out of that. Under current policy there is room for flexibility where a case can be made that someone needs more than one escort medically, but it has to be medically evidenced.

My experience has been that most cases that come forward and ask to be looked at by giving more flexibility, we are talking about compassionate cases, and our policy does not allow compassionate medical travel because, as you can see, how do we determine that somebody who has a three-year-old child waiting for a heart transplant or a young man who is older than 18 but who needs his family but they’re not really a child? At what spectrum of medical condition do you determine that somebody needs a compassionate escort more than others? That is a real huge Pandora’s Box. For that reason, just for clarity and simplicity and ease of administration and for the people to know what they’re eligible for, that we need to have very, very clear guidelines and stick to them.

I’m not deflecting the Member’s question. This is a very, very complex area. If we’re going to change it, we need to change the policy. I am coming back to the Standing Committee on Social Programs with the results of our medical review and escorts will be a big part of that, so I look forward to having the discussion with the committee. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Minister Lee. Mr. Beaulieu, your time is expired. I’ll go to the next person on my list. Mr. Ramsay.

**MR. RAMSAY:** Thank you, Mr. Chairman. I seek the committee’s indulgence to return to 8-21. I just had a couple of questions I wanted to follow up on there. Thank you.

**CHAIRMAN (Mr. Abernethy):** Is committee agreed that return to page 8-21?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Abernethy):** Alright, committee, we’ll go back to page 8-21 and go to Mr. Ramsay.

**MR. RAMSAY:** Thank you, Mr. Chairman. Yesterday I was talking about some work that I think the department should be looking at in the area of the impending closure of the municipal airport in Edmonton. I listened to the Minister’s response yesterday and she said it could take up to three years. You might be right, Madam Minister, but it could happen sometime this year and I think we need to be heavily involved in the planning of that. We have to get a better understanding of what the impact is going to be on our budget going forward and I’d like to see that work begin in earnest.

The other issue that I wanted to bring up, and we talked a little bit about it yesterday, was the rapid repatriation protocol between our government and the Government of Alberta. Mr. Chairman, I guess I’m struggling to understand or figure out how we are planning for the more rapid repatriation of patients from Alberta hospitals back to the Northwest Territories and the corresponding cost associated with that happening. It runs the full gamut, everywhere from janitorial services to food services, the nursing component, other staff, doctors’ services. There’s going to be costs incurred across the board not only at Stanton but in Inuvik and Hay River and Fort Smith. What work are we doing upfront on this? I’d like to see it somewhere presented in the budget. The budgets don’t seem to be going up. Are we just going to be rolling with the punches as they come, Mr. Chairman?

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

**HON. SANDY LEE:** We are far from rolling with the punches. This is something that occupies us 24 hours a day. I’m going to get the deputy minister to give a full detail of the actions we are taking. Thank you.

**MR. SPEAKER:** Thank you, Minister Lee. Ms. Meade.

**MS. MEADE:** Thank you. I am going to speak about the airport situation first. The Edmonton airport, I actually have been on the consulting group with the consultant that was hired by Alberta Health Services to look at the triaging at the Edmonton airport. So I’ve had input for the last two years. I was also one of the stakeholders that was interviewed by the Health Quality Council and I’ve added several other people to that, physicians in our emergency, those working with me on the medevac procedures so that we have a broader input on that one.

But the planning is not just the Edmonton airport closure. Alberta has been talking for awhile about needing to expand its services to some of its other hospitals. Grande Prairie will actually start to take cancer and some others, there are Red Deer facilities and even Camrose will expand, and they’re looking at different procedures between Edmonton and Calgary. So we are already looking at a change to our regular flight patterns and what hospitals are used.

Then the issue of the 48-hour repatriation. This is one thing that they have just advised us of in this past year and also we have to add to that their emergency protocols that have also just happened, because that also impacts the movement. We’re dealing very closely with them. As far as how we can move quickly, there will be a cost, but right now we’re looking at what’s the cost, how’s this happening, and our bed management. Have we got on-call? We weren’t full over Christmas when we really started to see the impact. We are fairly full now. We are triaging from Stanton to Hay River and Inuvik, but, of course, that’s going to be a cost issue for us to start to fly patients to Inuvik for beds.

At this point we’re starting to look at how we’re going to capture these costs that are true costs from this increase, because at the same time we’re already seeing an increase in our bed use and in our medevacs.

Separating out what’s an Alberta pressure from overall is quite difficult. We have actually, I think, made significant impacts on medevac and medical travel, but you don’t see that. What you still see is a deficit, but when I look at the increase around age, chronic disease, some of the other issues that we’re coming in for.

What are we doing about this? We’re working with the CEOs, in particular those three major facilities of Stanton, Hay River. We’re trying to capture quickly what’s the data, what’s the impact in our home care. So far, actually, we’ve been able to manage the repatriation. There’s been some where Alberta has flown back to us but we’ve had a bed without having to move. The real issue will be trying to measure what’s the next level of acuity for home care. That’s going to be more difficult to see what’s the training and what kind of equipment. There are groups starting to monitor the patients. I think it’s quite early because there are so many things coming at us, but it is definitely a work in progress and we’re struggling with how we most easily capture the data that we’re going to need.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Meade. Mr. Ramsay.

**MR. RAMSAY:** I appreciate the response from the deputy minister. I guess, from my perspective, especially the Beaufort-Delta and Stanton are in such dire straits financially, running up big deficits at those two authorities, my fear is that when you throw this on top of everything else, it has the potential to send them spiralling again further into a deficit situation. I’d like to see the department budgeting for… And these are costs that I don’t think would be too hard to even guess at what your costs are going to be. Your costs are going to go up. If you have to repatriate people within 48 hours, it’s going to have an impact, like I said, all the way through the system. Whether that’s 4 percent, 5 percent, who knows? I’m not going to throw a guess out there but it is going to cost you more money.

I guess the thing I’d like to get at, Mr. Chairman, is how are we budgeting for it? We know it’s coming. How are we budgeting for it? Or, like I said, are we just going to wait and just let it happen, let the deficits keep accruing at the authorities and deal with it later? Is that how we’re budgeting for these changes? Thank you.

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

**HON. SANDY LEE:** We need to consider separate factors from what the Member has suggested. What he’s saying is we should be able to neatly budget what the costs will be and have better control, although that’s one definition of control.

The second thing is, are you just going to spend and spend and spend and not have control? In health care we need a third factor, which is what we’ve been saying all along, that we are working within the system to be ready to respond to manage our resources wisely, but there is no way you are going to have a budget that is going to anticipate, predict and neatly categorize that we are going to have a 3 percent increase, 4 percent increase or a 5 percent increase. That is not possible. One person could walk in tomorrow and need a blood transfusion and that is a $600,000 item. It may not happen, but it could happen. We could have a major... Cost control in that way in health care is not possible.

I know the Member would like us to have a budget prediction, be able to forecast everything, but that is not possible because we respond to the demands of the people. When they need their procedures, they get them. We pay for them. If they need medical travel, they get them. If they need an MRI, they get them. If they need a CT or if they need their knees or hips replaced, we do them. We don’t know how many people are going to need them.

What we could do is we respond as a system to make sure that we use our resources wisely. Even with the Edmonton situation at the airport or the 48-hour rapid repatriation, our system is responding by working our resources wisely and communicating better. But the health care budget is not like the transportation budget or even the education budget where you can see the trend of population at schools. Thank you.

**MR. RAMSAY:** Mr. Chairman, I guess I will just disagree with what the Minister is saying because I think going forward we know the new rules of engagement with the Government of Alberta. We know it is going to cost us more money. Why isn’t there a corresponding increase in the operations and the maintenance of the authorities and the department to address those concerns? That is the question that I have. We know it is coming. It is going to hit us squarely in the pocketbook. How come we are not budgeting for it? That is my beef, Mr. Chairman. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Ramsay. That is more of a comment, not a real question. We are on page 8-21. I have a list of speakers, but I believe those are for 8-24. Is there anyone who would like to make comments on 8-21? Okay. Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chairman. I have a couple of questions here. We talked, I guess it was just yesterday. It feels like a week ago when we talked about the deficits in the Beau-Del Health and Social Services Authority and the Stanton Health Authority. I wonder if the Minister could advise whether or not there is a debt reduction plan for each of those health and social services authorities to deal with their debt and their deficit. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Bisaro. Minister Lee.

**HON. SANDY LEE:** Mr. Chairman, no, we do not have a debt reduction plan for each authority because we do not consider this debt as being an authority debt. We have been saying that for three years. We consider this as a system debt. We are making systematic changes through Foundation for Change. We believe that we need to make systematic changes to make sure that each authority has the right budget, that they do things without duplication, that they are a better transition of services and patients across the authorities.

Right now we have some authorities that are having a surplus and some that are in deficit, but we don’t consider them a deficit of that authority. This is why I have had my deputy minister speak at every occasion about things that she is doing to change the system. These are all interconnected. Foundation for Change is interconnected. Getting some money for the relief staffing cost is inter-related. Getting money for technology is inter-related to dealing with this deficit situation, so it is a complex multi-faceted way of managing the health care system. So, no, I have no intention of sending a direction to Stanton and say you are in deficit for $5 million as of this fiscal year and I expect to clear the budget, because the understanding of our system is that they can’t do that. I can’t do that. We have to respond as a system. Thank you.

**MS. BISARO:** Mr. Chairman, I guess it begs the question to the Minister: if it is a system debt and it has been three years that they have been trying to rework the system debt, how come we haven’t seen any change in the various health authorities? Why are they still working with budgets which are obviously unworkable? They are obviously underfunded.

The Minister referenced a number of things that the department is doing. I support all of those things, but I guess I am wondering why we aren’t seeing some effect of the changes that are happening, the efficiencies that are being found, the reworking of programs and services between authorities. Why is that not reflected in the budgets at least to a certain extent? Thank you.

**HON. SANDY LEE:** Mr. Chairman, it is reflected in the budget to a certain extent. We have improved in our medical travel component of Stanton Territorial Health Authority, for example. This year’s deficit is less than last year’s. It is reflected. I need to get the DM to give a little bit more detail on how our deficit picture has changed as a system. Thank you.

**CHAIRMAN (Mr. Abernethy):** Ms. Meade.

**MS. MEADE:** Mr. Chairman, I think some of the initiatives are as a result of seeing where the patient flow and where the needs are. That has to come up as to what is the real issue and what is causing the deficits. I think there has been lots of attempt at deficit but it wasn’t from a full system change. To look at the Beaufort-Delta Authority in isolation of what they are picking up from other authorities and also the economies of scale and ways of doing business. As the PA for both of those large ones, I can tell you that there are ongoing budget reviews and looks at how we can plan to reduce the debt or manage within the budget the increased pressures on those health systems.

One of the things, for example, that the Beaufort-Delta was looking at was lab costs to see that, in fact, it was a lack of discipline in the Sahtu that actually was driving the lab costs and spent the budget. So now we are looking at how we actually streamline and get medical directors involved in monitoring repetitive lab costs throughout the whole system.

I think that you see less about a full deficit reduction as more as bending the curve on these things initially. We are also looking at what should be the right budgets in those different authorities as we change the patient flow.

Things are coming at us very quickly as we started this work. We didn’t know about the Alberta pressures, the issues around how we could do some special programs ourselves.

To implement change and to deal with efficiencies has also taken some education and some understanding at the authority level and at the key provider and stakeholder level, for them to buy in and see their own role in efficiencies. I think we are starting to see that. While it has taken some time, for example, at Stanton, we are with both coming forward on critical funding areas that hadn’t been identified before through supp funding through support by the Financial Management Board, but we are also starting to see a reduction in the overall deficit at Stanton. That is with increased pressure and increased use of their specialists, ORs and beds.

I think the bigger issue is you are starting to see a system change. This is something that all of the health systems are struggling with in Canada, but getting a handle on it as a system and really drilling down to where can we start to make the change and what is going to have public support and understanding has taken some time and will continue. I think we have made great progress in the last couple of years.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Meade. Ms. Bisaro.

**MS. BISARO:** Mr. Chairman, thanks for the comments. I don’t doubt that there has been progress. I guess I am just looking to see that that progress is reflected in the various authorities’ budgets. I think I heard the deputy minister say that there has been some.

I did want to ask, as well, about the client navigator position. My understanding from previous information, I believe, is that the client navigator position is going to be dropped in this budget. I have a concern. I’d like to know a couple of things. Just what is the job of the client navigator, and the second part is that I understand it’s going to be delivered through the single-window service centre, which I believe is being set up by the Department of ECE, I think, or maybe it’s the Executive, but I have concerns about how a client navigator for health can deliver services through a single-window service centre in various communities. So if I could get a definition of the job and then how that job is going to be done through the single-window service centres. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Bisaro. Ms. Meade.

**MS. MEADE:** The Foundation for Change document referenced a client navigator and already the system needs and priorities have changed. So a client navigator doesn’t really assist much. A client navigator can be a specialist, for example. We do have one, we intend to keep one who deals with cancer patients and the flow between Edmonton and Stanton and then dealing with treatment. A navigator helps you interface with the various specialists, the variety of specialists and treatment needs and appointments you need. They arose out of large centres where you were probably going to four or five different hospitals and clinics and specialists.

We’re now looking at, within our Chronic Disease Management Strategy that we’re bringing all the authorities into, is that are there key areas where a navigator would be helpful. A navigator is anything from somebody who gets you through a particular hospital instead of clinics, to somebody who helps you manage and it’s an information. I think there was some discussion earlier about is this somebody that really just provides information, but that’s not a clinical navigator and we are feeling that the clinical navigator in the area of chronic disease. So while it never was in the budget, it was in Foundation for Change. We feel that we need to rethink the best use of a navigator program and link it to chronic disease and look at within both existing resources and what we would need in the future.

**MS. BISARO:** Thanks for that explanation on the client navigator.

I just have one quick question. The Minister made a statement this week about Drop the Pop and I wondered if I could get an explanation from her, or a bit of an elaboration on whether or not this program will also target energy drinks, which I think are probably even more evil than pop is. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Bisaro. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. It is not part of the Drop the Pop program right now, but we are reviewing that within the plan, including that in the future. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Minister Lee. Next on my list for page 8-21 is Mr. Hawkins.

**MR. HAWKINS:** Thank you, Mr. Chairman. On page 8-21 I just wanted to follow up with a couple of questions I noted under physicians inside the NWT and, as well, sort of cost to our health service centres. One of the particular issues I’ve noticed, and I’ve talked to the Minister and deputy minister, is the cost to health centres in how they distribute or reallocate funds; namely doctors’ cost and if we have a particular case where a health centre, or I should call it a health authority, where they are unable to find a doctor, they have excess funds sitting around, but they’re not allowed to hire NPs in the interim to fill some of those needs and gaps created. I raised that specific issue to the deputy minister one day in the building here and I’m wondering what headway have they made in that particular case. So as I understand it, doctor money is prescribed specifically to hire a doctor, but if you can’t hire a doctor in that particular authority for that particular hospital, the doctor money sits there and that therein lies the problem. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Hawkins. Ms. Meade.

**MS. MEADE:** First of all we are looking at the physician resources as a territorial resource. Currently the funding is per authority and it is circled for doctors only, but we are making the business case and we’ll come back to look at it shouldn’t be physician money per authority because that’s not how we’re delivering the service anymore. If you go to a virtual support, it could be physicians that, for example, Yellowknife provides the hospitalist service in Stanton and so those budgets aren’t aligned, or the services that are provided to some of the other authorities by Stanton are the Beaufort-Delta physicians. Using that money for NPs, currently we can’t use that money, but we are looking at an NP model in this and it will also fit with the Territorial Support Network.

So the progress is that the medical directors are finalizing a physician resource that will come back to the JSMC around what service is where and how we can supplement that with NPs and also with the support services network. So it’s still a work in progress, but I think it’s moving.

I don’t have a solution for you yet. It’s something we have to come back in our business planning and also make the business case around why the money needs to be reallocated across the authorities.

**MR. HAWKINS:** Thank you. Speaking specifically to the authority problem or the redirection of the actual funds, at the time we had this discussion you made me aware that FMB is essentially the problem. We have FMB in the room in an informal process and what headway has been made with breaking down those barriers at FMB to allow the department, or I should say the authority, the flexibility of spending the money where it needs to be, which is in essence allowing people on the ground to do the work they need to do. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Hawkins. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. As a Member of FMB as well as Minister of Health and Social Services, I need to say that nobody is getting in the way of making decisions about this sort of thing. We know, Mr. Chairman, that health care costs in the budget is the largest item in the government’s budget. We work hard to be efficient and use our resources wisely and as FMB we have given directions to authorities and departments to make sure that the money is spent for what it’s meant to do. That balances with the need for our system to respond. So I work with the Joint Leadership Council, the chairs of the authorities, and when the authorities have an idea to do things differently, we entertain them there. So there is a back and forth flexibility as well as the discipline that’s required in delivering the health care system. Thank you.

**MR. HAWKINS:** I don’t think that actually answered the question, which is I thought the policy restricted physician money being reallocated to, for example, NP money. So in other words, I can understand the FMB policy to ensure that if you didn’t hire a physician, you don’t run out and buy a whole whack of new laptops and photocopiers and fancy pens and whatnot. That would be a poor use of human resource money that’s meant for a job related to human resource function in that regard.

I understood it as the FMB policy did not allow you to reallocate to do the same type of similar service, if I may describe it, I don’t want to give anyone the impression I think the NP can do a physician’s job and vice versa. So that is the particular quagmire I am trying to navigate through and get some clarity. Is an FMB policy, without a lengthy sort of tangent response, is the FMB policy still standing in the way of that money being reallocated to human resource response to a problem? Thank you.

**HON. SANDY LEE:** Thank you. I want to make sure I answer the question and what I said was FMB wants to have and we do want to have some discipline on health care budgets. At the same time we understand that we need to have flexibility and we have asked the authorities to come up with the business case to change the spending to accommodate local needs. I don’t want to talk about individual authorities, but the authorities get block funding to deliver health care programs and there are situations where they have a budget for physicians, but they may not have a full spectrum of physicians. Actually, they use a lot of that money for locums, but sometimes they want to do different things with that money and we do entertain them and we will consider them, but we have to make the case and that’s what the DM is required to do and that’s what all the authorities are required to do.

I do believe that I am answering the Member’s question. It is not that black and white, clear cut. I’m a member of the FMB, as well, and we want our authorities and everybody to spend the money the way that it was intended. There is room for flexibility as long as you build a case for it. We are doing that in the health care system.

**MR. HAWKINS:** So there’s no policy in FMB stopping the authority from spending what would be directly physician money on an NP to make up sort of some of the shortfall when it comes to human resource ability.

**HON. SANDY LEE:** I don’t believe there is a clear rule that says you can’t, but the authorities are block funded with guidelines on what the money is supposed to be spent on. There is room for flexibility as long as we make the case for it and go back to FMB.

**MR. HAWKINS:** I would ask if the Minister could clarify that officially, because I think the last time I spoke to the deputy it was the reverse problem, which is the FMB’s authority -- to make sure it’s very clear -- restricts the use of those allocations in any other form but in the prescribed form.

Setting that aside with very little time left on the clock, I’ve raised, oddly enough in the same sort of circumstance, a timing that is raised with the deputy minister about what work is being done of rolling in physician costs into the departmental costs. One of the problems I’ve noticed is juggling those costs and managing them. As the Minister had said, and I believe she’s correct, is that if you’re using a physician cost and you don’t have a physician, you can get a locum. Obviously, that’s the pot that you pay that particular locum in. We know that’s not the cheapest solution and there becomes problems of funding and balancing those particular funds and paying across authorities, et cetera, et cetera. Without a lengthy sort of description, I’m sure everyone gets the issue.

What work is being done, in my view, which would be a better solution over the long haul, to roll physician costs into the departmental costs? Therefore it would be organized and probably streamlined for when we transfer physicians to provide services outside of their normal authority. A department could carry the locum costs which are usually blamed for part of the reason they go over their budget and require extra funds. So in other words, what type of work is being done to address that type of issue with the solution I am trying to propose that I think could go a long way?

**HON. SANDY LEE:** Because it’s important, I’m going to make one last attempt to just clarify the answer to his previous question. The reason why I say there is no black and white rule about the limitations on how we can spend doctors’ money or other money or the budget for physicians, what I meant by that is over the last two or three years FMB has directed when we are, for example, approving extra budget for, say, out-of-territory residential treatment or something, FMB has directed very clearly that that money is allocated for that item and it cannot be spent for anything else. Obviously, there is a lot of merit for having that sort of discipline. At the same time, there are some local situations and unique situations in each authority and if we feel that we can improve the system by changing the way the money is being spent, then we can go back to FMB with a business case. That’s the way it is and that’s the way the department responds.

The second thing about the Member suggesting that we should move the physician money into the department so that we can manage it better, I’m not sure about that. We do know that physician costs are one of the largest ticket items in Health and Social Services budget. I’m not sure if where it’s located makes that much difference on how we manage that as much as what we are doing to manage that. I think the largest portion of that money is at Stanton. Each authority has a physicians’ budget. As the DM has spoken of many times and I have, what we are doing is part of the Foundation for Change and managing our health care system, is that we manage physician resources as NWT resources regardless of where it’s located, and we want to maximize the work that they do, we want to maximize the efficiency. We want to make sure that the doctors are working together and cooperating so that we lessen the possibility for inefficiency, and that’s why we have medical directors working together. It goes on and on. I don’t think where the budget item is allocated makes that much difference on how we manage them.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Lee. We’re still on page 8-21. Next on my list for that page is Mr. Bromley.

**MR. BROMLEY:** Thank you, Mr. Chairman. I’d just like to quickly follow up. As the component the Minister just recognized, one of the largest of the health and Social Services delivery costs, that’s physician salaries and benefits. I’d like to request of the Minister what are physician salaries and benefits in comparison of that with other jurisdictions in Canada, by category, of course. I think that’s information that we’ve expressed an interest in for some time now. I appreciate that we’re managing this talent better and making some good advance on how we’re able to maximize their contributions to really appreciate, and this is strictly a financial component that I’m asking the Minister for.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Bromley. Ms. Meade.

**MS. MEADE:** There are very few jurisdictions that have physicians with salary and benefits. Most are on a fee-for-service. Those that have alternative payments for academics, those physicians that also teach at the university, or in some areas specialized practice in some of the very large hospitals in Canada also don’t include benefits. So the comparison is difficult. For example, if you are in private practice fee-for-service, in some jurisdictions you may have support for electronic health records and not in other jurisdictions. It’s all massed in your compensation.

We can certainly give you the most updated of the ones we have, but to do a comparison is difficult because of the salary to benefit and how the different jurisdictions compensate their physicians. There are also several that it would be very dated because there’s about three, I think, currently in negotiations, but we can give you a breakdown of what fee-for-service in general doctors are making per year. Again it depends where they’re working full time and whether you’re seeing 60 patients a day or 15 in a fee-for-service environment.

**MR. BROMLEY:** I’m sure the department knows much better than I on the appropriate categories, so I will leave that to the department.

I know I see a physician regularly and a lot of us do. I know that there are collective agreements and so on. My request is for what we are paying our physicians in terms of salaries and benefits compared to other jurisdictions within whatever categories are appropriate.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Bromley. Ms. Lee.

**HON. SANDY LEE:** I’m not sure if it’s something that we could be speaking about here, but I’ll be happy to get the Member details privately.

**MR. BROMLEY:** Maybe is there a figure that we can point to as our costs for physician services in the budget here? Is that the physicians inside the NWT/outside the NWT?

**HON. SANDY LEE:** Yes, that’s exactly right. On page 8-21.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Lee. Next on my list for page 8-21 is Mr. Ramsay.

**MR. RAMSAY:** Thank you, Mr. Chairman. I’m just wondering if the Minister, I know she was answering some questions from Ms. Bisaro about the deficits at the authorities. Yesterday I had asked for correspondence from the department to the authorities, whatever that correspondence is, on instructions on how to deal with deficit. I was hoping the Minister could perhaps give the committee copies of that correspondence. I’d like to see what the department is telling the authorities.

Come the end of March it’s going to be up close to $30 million in accrued deficits around the authorities. I mentioned to the Minister it was only 18 months ago that we had the Minister with this deficit-fighting plan and she came to committee and was parading that around like it was going to happen and it never saw the light of day. Given some of these extraordinary circumstances that are playing themselves out right now, we have to be very mindful of our budgets, especially at the authorities. I just wondered if maybe the Minister could talk a little bit about how it is we are going to mitigate the deficits at the authorities. I’d appreciate that response.

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

**HON. SANDY LEE:** Thank you. On the first point, we are compiling documents to respond to the various commitments that we’ve made over yesterday and today and we will get it to the Members as soon as possible. I mean within hours and days here as the staff put it together.

I know that the Member has mentioned many a time about me coming to the standing committee with a document that showed that we were going to reduce the deficit at Stanton to zero. Honestly I cannot see how that kind of document could have been possible. I am aware that we had many, many discussions, because, as the Member has referred to a number of times, Stanton, Beaufort-Delta and Yellowknife on a number of occasions have experienced deficit.

I don’t think any government or department could put as its objective that year, that year two or three we’re going to balance the budget in health care. That just cannot be an objective of any government. The objective has to be we want to deliver quality health care services in the most efficient and effective way possible. That has been my goal for the last three and a half years.

The way we do that is, with the deputy minister being the PA of both authorities, we are looking at system changes. We are looking at how we are using our physician resources. If there are areas that are underfunded, we are making cases to FMB to make those cases where we could change the scope of practice of our professions to deliver the system better. We are doing that where we could access resources for electronic means and information technology to help us deliver the programs better. We are doing that.

Every day of our work in delivering health care is about delivering health care but also of managing the budget. I know the Member has mentioned that a lot, but I really don’t think we’ve had a discussion where our objective is to balance the budget to zero. I don’t think any government could do that. I don’t think we could take $30 million out of our health care budget and see no effect. Our entire government is under restraint mode. We’re mindful of our budget restraints. I don’t think you could cut a lot. I think what we can do is try to be efficient and effective with the resources we have.

**MR. RAMSAY:** I appreciate the Minister’s comments. I’ll make sure that I get her a copy of the deck that she presented to the Standing Committee on Social Programs that day so that she has a copy of that. That was about 18 months ago. What I’m getting at is when the Minister talked about running an efficient and effective health care system here in the Northwest Territories, in my mind if we run enough deficits at some of our authorities to the magnitude that they currently are in, then are we managing and effectively utilizing the dollars that we have if those deficits are being allowed to build up like they are. In my mind, we’re missing something here. I’ve said it before and I’ll say it again, I don’t understand why, if we continue to bleed red ink in the authorities, why we don’t look at amalgamating all of the authorities and bringing them all under one roof so that we can better manage the growing expenditures in health care. It doesn’t make sense to have so many moving parts out there.

It’s nice to have control at the community level, Mr. Chairman, but I think we can have community input, we can have advisory boards at the community level, but the financial management and the financial control of what little health dollars we have has to be managed by one place. Not by eight, by one. I think unless we take that big step and do that, I think we’re going to continue on a yearly basis to be fighting about deficits at the various authorities. There has to be more accountability and responsibility taken when you’re talking about millions of dollars.

You’re right, Madam Minister, you can’t just wipe out $30 million all out once, but you know what you can do is come back time and time again to this House, a few million here, a few million there, to wipe out the deficits. That’s what’s been the practice of the government when it comes to dealing with deficits at the authorities. They come back through supplementary appropriation to this House time and time again and, Mr. Chairman, it’s not getting any better. So again, the question I have for the Minister is: is the department truly moving towards amalgamating those authorities, bringing them back under one roof so that we can better manage what we have? It makes no sense to continue down the path that we’ve been going down, Mr. Chairman, because it’s not working. Thank you.

**HON. SANDY LEE:** I don’t see why we cannot contemplate that, and if that’s what the Member would like to see, then it’s something that we, as the government and the Legislature, especially in transition could consider. I would caution, though, that I don’t believe there is any evidence that says that if you had one authority, that would be the silver bullet fixer to managing finances. Alberta is a recent example of that. They blew up the boards, they tried to find efficiencies, and I don’t think there is any evidence to show that they are in any way saving their money.

We have a governance review that we are engaged in and that we are going to be sharing with the Members, and how we align, I think, the board governance for the entire Territory should be part of that discussion. What we are trying to do, in substance though, is that we are trying to get all of the authorities to work together. I mean, it may eventually lead to having one authority or a more harmonized authority, but we are by function encouraging and by policy or by direction, by just having regular dialogue with the authorities and at the senior management level we are working to coordinate our finances better. The backroom office is better. Going forward I think we will continue to have capacity issues in our authorities and we may, a future Legislature may have to look at amalgamating or having one board, but that’s a political discussion and it’s not a quick fix to deficit reduction. I don’t think we should look at it that way. I don’t think there’s any evidence to show that. Thank you.

**MR. RAMSAY:** What there is clear evidence of is that the authorities have been grossly underfunded for a number of years, and I think that’s a large piece of the deficit that’s been allowed to build up. The reason is because they’ve been underfunded. I’m wondering what steps the Minister can take. Obviously, I don’t think that’s been addressed in this budget, but they need to be funded to a more appropriate level and how are we addressing that? I guess that’s the question I’ll leave the Minister with. I know my time is up. Thank you.

**HON. SANDY LEE:** We are working toward right sizing the budget for the eight authorities and we will be making recommendations on how we do that going forward. I do take the Member’s point and appreciate it. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Minister Lee. The next person on my list for 8-21 is Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chair. I’d forgotten what I wanted to ask but I did remember. I just wanted clarification on Mr. Bromley’s question to the cost of physician services. The Minister mentioned that on page 8-21 it was physicians inside and outside the NWT, which is, give or take, $47 million, but on page 8-22 there are hospital services for $79 million and physician services to residents for almost $38 million. Both reference physicians, one in hospitals and one not. Is it $47 million for physicians or is it more like the $117 million that’s on page 8-22? Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Bisaro. Mr. Elkin.

**MR. ELKIN:** Thank you. The larger number on page 8-21 is the full cost which includes clinic costs as well as we do have some fee-for-service physicians in the NWT. Whereas the number on the other page is the salary...(inaudible)...contributions to the authorities. There are some clinic costs and some fee-for-services, as well, for the difference.

**MS. BISARO:** I’m sorry. That didn’t really help. Maybe I should ask the question what do physicians, an approximation of the number that physicians cost us on an annual basis. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Bisaro. Minister Lee.

**HON. SANDY LEE:** We’re back to page 8-21 and $41.920 million for physicians in the Territories.

**MS. BISARO:** Then what are the numbers on page 8-22 for? The $79.041 million and the $37.928 million? Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Bisaro. Mr. Elkin.

**MR. ELKIN:** On page 8-22 is just the contributions to the authorities, which is for the $37 million for their salaried positions. The $41 million on page 8-21 also includes fee-for-service payments, which are paid directly by the department and not by the authorities.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Elkin. We’re on page 8-21. I have nobody else on my list. Page 8-21, Health and Social Services, activity summary, health services programs, operations expenditures. Mr. Bromley.

**MR. BROMLEY:** Thank you, Mr. Chairman. I’m just about there, but I don’t think things were clear yet on that last question and I’m interested in that too. The $79 million provided to hospital services for primary and secondary emergency care by physicians in hospitals is obviously much greater than the $47 million referred to on page 8-21. I would just like to get clarification on whether that $79 million is for physician services or not, including or excluding fee-for-service. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Bromley, Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. I think I’m going to have to do a better breakdown and get back to you, but the hospital block funding includes doctors working in those health centres and other services we provide. I’m going to get Mr. Elkin to explain.

**CHAIRMAN (Mr. Abernethy):** Mr. Elkin.

**MR. ELKIN:** The $79 million is just for the operating costs, including nursing staff, excluding physicians, for Inuvik, Stanton, Fort Smith and Hay River. It does not include any physician costs in that $79 million for hospitals. The physicians are in the physician line below, which is the $37 million. And health centres, the $27 million would just be the community health centres in each region and no physicians.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Elkin. Mr. Bromley.

**MR. BROMLEY:** Thank you, Mr. Chairman. I just suggested the wording needs correction there because it says very explicitly for primary, secondary and emergency care provided by physicians, and now I am understanding that is for other operating costs and nurses. If that is correct and the Minister can agree to that, I am clarified. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Bromley. Minister Lee.

**HON. SANDY LEE:** The Member is absolutely right. We will ask to have that reworded. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Minister Lee. Mr. Bromley, any further questions? Okay, we are on page 8-21, Health and Social Services, activity summary, health services programs, operations expenditure summary, $188.658 million. Agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Abernethy):** So we will turn back to page 8-25 and next on my list for 8-25 was Mr. Menicoche.

**MR. MENICOCHE:** Thank you very much, Mr. Chairman. I just wanted to re-raise the issue of medical travel and issues by constituents. I know that the Minister had indicated that they are currently reviewing the guidelines, and many of the issues that cross my desk and what I raise in the issue is not dissimilar than Mr. Beaulieu’s. The few others are some elders that are being medevaced, are being medevaced without an escort with them, especially those that require translation. I have got constituents in my riding that do what they can for the elders and those that are sick and in need, and they often go on these medical travel trips, often for days, sometimes weeks at a time and they are low income or no income. So I have requested over time to allow for at least incidentals, because I know that when they do come to Yellowknife, they are given a place to stay, a place to eat, but at the same time they have no income at all, so I would just like them to review, to allow them for some type of daily incidentals or something.

As well, during the springtime I had an incident where the patient is in the hospital in Yellowknife or in Edmonton for lengthy periods, there is actually a replacement of escort policy, I think it is, I am not quite sure, maybe the Minister can inform me, but I think it is, like, two weeks. But I think in most cases, Mr. Chairman, is that the escort is going with the elder or whoever is sick and they are prepared for only two or three days and when the illness does take a turn for the worse or else it is extended, then the person asks for medical travel so they can go home but medical travel tells them they have to be there for two weeks and they are often without money or unprepared, but that is their rule of thumb, but that is there, flexibility. I don’t know if flexibility or those things must be built in to the review of the Medical Escort Policy, which leads me to the next question, Mr. Chairman.

I know that when I raised these questions in the House, I think in the fall time, the Minister indicated that the policy is being reviewed, so I would just like to know the timing of it and I certainly would like, as a Regular Member, I certainly am not on the Social Programs committee, but I would like to have input into that reviewing of the policy and as it moves forward. So just in terms of timing, when will we be looking at receiving this initiative and how much work have they done to date, Mr. Chairman? Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Menicoche. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. The issues that the Member is mentioning here are a part of the review, so we expect to have the review done by the end of this fiscal year and to be able to bring forward to the standing committee for discussion with recommendations following that in April or May. Thank you.

**MR. MENICOCHE:** So the department is working on it and they will review it with the Social Programs committee and it will be at that point that the committee and the Regular Members will have input into the new policy. Thank you.

**HON. SANDY LEE:** Yes, Mr. Chairman.

**CHAIRMAN (Mr. Abernethy):** Thank you. Next on my list for 8-25 is Mr. Bromley.

**MR. BROMLEY:** Thank you Mr. Chairman. My first question is, though I recognize we have come a long ways in our extended health benefits discussions and that the grandfathering that was provided in the past has been dropped as of I believe this April, or maybe it has been already, and I am wondering if we know what sort of savings that will provide. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Bromley. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. The grandfathering will be dropped as of April 1st. So far the transition is quite smooth. We don’t believe there will be a savings per se, it is more so about consistency and fairness in applying the policy across the board so that we don’t have this class of people that has been grandfathered in perpetuity, which I would think would add more complications. I am going to ask Paddy to give more detail on numbers, if she has them. Thanks.

**CHAIRMAN (Mr. Abernethy):** Thank you, Minister Lee. Ms. Meade.

**MS. MEADE:** For many of these, they have been asked to see their physician to see if the generic or the drug that is on NIHB can actually accommodate their need. We do know of two rare disease drugs that we won’t be able to change and those are very high-cost drugs. I think there will be some savings but it will only be in the case where the product can move to a generic, and in most cases the list got quite small. I think it is more on a go forward that we start to follow the set formulary, so there will be some costs, but it will be limited. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Meade. Mr. Bromley.

**MR. BROMLEY:** Thank you Mr. Chairman. My other question, my second question, is, I think that the working group and Members agreed to a number of principles and high amongst those principles is making sure that everybody is under the fold somehow to get coverage. What is the plan going forward for providing coverage to those who don’t have coverage now and is that going to be part of the 2011-2012 activity and budget? Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Bromley. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. As the Member knows, this is under discussion at committee level and I need to get back to Cabinet for further direction and then dissemination of the information to the public. But as the Member knows, following the two or three-year debate we have had on what was then known as Supplementary Health Benefits Policy, which has now been rescinded and that policy allowed for extension of coverage to what we know as the working poor, but with the rescinding of the policy we are basically back to status quo, subject to some of the changes we are making or we are suggesting that we make that we are under discussion on. So I don’t believe we could make those changes without coming up with a new policy, so any policy changes will have to be part of the next round of discussions, if the next government wants to engage in that. Thank you.

**MR. BROMLEY:** I don’t disagree with the Minister and I think it was a solid principle. I know there is a number of ways that have been contemplated for addressing it but I just want to make sure that it is addressed in this coming fiscal year, because I think it was something that everybody did agree to and I think there probably is some coverage, at least for pharmaceuticals out there to help everybody in the Northwest Territories and perhaps that information is getting out there.

On the question of pharmaceuticals, I wonder if the Minister is aware that in the Canadian negotiations with Europe right now for European-North American Free Trade Agreement, they are talking about pharmaceuticals and the estimate is that it will raise pharmaceutical costs by $2.2 billion for Canada. My understanding is that it translates to $2 million in additional costs for the NWT. Is the Minister aware of this? Is she acting to prevent that from happening and avoid those additional pharmaceutical costs? Thank you.

**HON. SANDY LEE:** Yes, Mr. Chairman, I am aware of that issue. It is at a preliminary discussion stage. The federal government has made it clear that they would not be signing something that would have that sort of adverse impact on our government, but I could tell the Member that this is not advanced to a stage where you wouldn’t even get to FPT. If it were to get anywhere near that, it would be at FPT level. This is just something that is floating around on a global level.

But something in Canada, we have a federation. We have a health care federation. Provincial and territorial governments have a lot to say on how these are implemented. That could not be done without our input. Thank you.

**MR. BROMLEY:** Mr. Chairman, I appreciate the Minister’s comments. I assume from that, that obviously she is a participant on that committee and that she would express that sentiment strongly that we would fight. I always think it is progressive to the Minister on my recommendation to the Minister to take it or leave it, would be to write and be on the record right now of the Prime Minister and whoever the Minister is dealing with on these negotiations.

My next question is on the specific issue of macular degeneration. It is an issue that leads to blindness in people. It has come up amongst my constituents. I know there are a number of people, typically the elderly, that experience this disease. There are two forms: one that can be treated and prevent blindness, the other can’t right now. The drugs are changing on this. I know that the new drugs have been accepted by other jurisdictions. Are we on the road to accepting those ourselves? Are we planning to cover that? Beyond that, we have a lot of travel costs on this. Do we have a capability to deliver that service in the North? Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Bromley. Ms. Meade.

**MS. MEADE:** Thank you. The drug used is Lucentis and it is not the drug that has changed, it is the funding. Most jurisdictions were not funding this procedure. A lot of our residents -- not a lot, there are about 30 that were doing this -- were going to Alberta because they were able to go to a clinic where the cost was paid for. So we have just discovered these numbers because Alberta has made a change, put it on their formulary and, therefore, they are not being covered by this clinic. Because we didn’t know and approved the preapproval, it has been hard to find the exact numbers. We are looking at two things. The business case for the cost will be quite significant to add this to the formulary and in particular when you include the medical travel costs. We are also looking at, because the procedure is an injection and requires training and equipment, whether we could actually do that at Stanton. So all of that is being reviewed and we should be able to come forward to the Minister quite soon with that.

This often happens when you have a new use of a drug or a new procedure, that it takes a while in different jurisdictions, add it to their formula over time. But the other issue on this is that if you do it, you actually only approve it for so many injections because it does not treat all people. We didn’t have any control. You would set a stage of three injections and then see for progress. If there wasn’t, it wouldn’t be an automatic continuation. All of those are being done within the department and also with the medical advisor as to what the actual protocol should be and if we can do it. Thank you.

**MR. BROMLEY:** Mr. Chairman, I appreciate those remarks. I hope we can deal with this fairly straightforwardly and get a consistent message out there to those 30 or so patients.

My last question, Mr. Chairman, is on pharmaceutical expertise within the department. I understand that we have vacancies. There are some challenges there. What are those positions that we have on staff that require the pharmaceutical expertise and where are we in terms of vacancies and getting those positions filled? Thank you.

**MS. MEADE:** Mr. Chairman, there are no pharmacy positions in the department. The positions that we have had some difficulty with were in Stanton long term. We have been filling that with locums. We do have a longer term locum that -- please be nice to them when you see them because we are trying to make them go from a locum to a term -- that has been filled. There are three hospital pharmacist positions in the full system across the authorities. We also augment so the medical directors and the medical advisor will consult and in the department also, and this is often the case.

You can consult with the pharmacy medical school. The U of A has a pharmacy and the dean there has always historically been quite cooperative and supportive. Recent discussions with the pharmacists, we do have pharmacists on the therapeutic and treatment committee. We are looking at how we can increase the use of the current pharmacies within the... There are 30-some licensed and about 22 practising throughout the whole Territories. I think it is 22 now that we can tap into some of their expertise. The physicians do use them as well.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Meade. The next person on my list for page 8-25 is Mr. Hawkins.

**MR. HAWKINS:** Thank you, Mr. Chairman. I just wanted to do some follow-up as to a specific concern regarding supplementary health benefits. I understand some changes are being proposed or considered and juggled. I wonder where the public benefits are going to be brought into this from a communication point of view as to some of the changes and the adjustments. As I understand it, there are no big dramatic changes from the existing plan, but, of course, the public is still keenly aware of this particular issue. Does the Minister have any sort of update that she could provide the House? Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Hawkins. Minister Lee.

**HON. SANDY LEE:** Mr. Chairman, on this issue, I am following the process that we have set for ourselves within this Legislature. As the Member knows, we had a Joint Working Group on this issue, released a report last fall. The department had a chance to review those and to work on them. We are consulting with the standing committee as we are expected to do. We have received feedback on that and the next stage is for the Cabinet to look at it, and that would include a communication strategy as well as making sure that our public is informed of what we are proposing or what the recommendations were coming out of the internal working group report.

As the Member stated, the information is already out there. What we are considering is what was in that Joint Working Group report and simply we have had to do more analysis of what those recommendations meant. Thank you.

**MR. HAWKINS:** Mr. Chairman, I guess by and large the concern from a number of constituents is that once the rally cry was heard and government decided to respond in what I would define as a favourable way, the public that spoke to me is the concern that they have disappeared on this particular issue and they are worried about what government may be fine tuning without sort of a public progress report of some sort. It is great that the Minister is speaking to the standing committee. I am aware of that, but from a public point of view, it is kind of scary to know that the government is taking care of you. It has a lot of people worried too. Is the Minister able to provide, for lack of better terms, a public progress report on the development and, more specific, some further principles to dial down into specific areas of adjustment? In essence, the public is concerned. This is a particular issue that people want to make sure they’re following fairly reasonably.

**HON. SANDY LEE:** I am aware of the public’s interest on this issue and I am wanting to get the information out as well. So we will be going to the public in very short order. Thank you.

**MR. HAWKINS:** In the context of this is what we’ll be doing or is it in the context of a progress report working to the final fine-tuning position? Thank you.

**HON. SANDY LEE:** It will be in the context of working with the recommendations from the Joint Working Group report, which is out there in the public. So we are responding to the direction from the Legislature by way of that committee report. Thank you.

**MR. HAWKINS:** When can the public have an expectation to be able to see something that they can put their hands on or read to see where the government is fully going? I have heard the Minister’s response each time when she says the Joint Working Group’s direction, we’ll call it that, when they cast a position and it seems to be the one that the government’s following, but like anything, the devil is always in the detail and that’s where they’re a little nervous. So, in other words, when can we expect something in paper form or official form? I’ll say it that way. I don’t really care if it’s in paper or not. When can they see it and have a chance to comment on the progress government is making? Thank you.

**HON. SANDY LEE:** I would think that we will have that out in the next two or three weeks. Thank you.

**CHAIRMAN (Mr. Abernethy):** Okay, thank you, Minister Lee. Next on my list is Mr. Yakeleya.

**MR. YAKELEYA:** Thank you. Just to follow up, Mr. Chair, on the supplementary health benefits and the recommendations that came from the committee. I know in the Minister’s sessional statement from the last session she talked about this spring we would have new policies coming out and see where things are going to be followed up on the recommendations. I guess I just wanted to get clarification in terms of what she’s exchanging with MLA Hawkins in terms of their report that the government is now implementing on the supplementary health. I want to see where the working poor, how that issue is being followed up in seeing that the working poor has access to some of the health benefits now that we have. So is it two or three weeks or is it this spring that we’re going to see some of the policies that are going to be implemented based on the recommendations that the report suggested?

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Yakeleya. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. As I indicated, we’ve completed our internal work. We would like to get them out to the public. I’m just wanting to let everybody know that the framework within which we’ve been working on is the recommendations from the Joint Working Group report. At this point, having heard what we have heard, we are not anticipating coming out with a whole new policy or making sweeping changes. What we are trying to do is do what we can within the existing policy framework and to try to accommodate some of the recommendations that were brought up by the Joint Working Group. I appreciate that there are people who are interested in this, so we will get them out as soon as possible so everyone can have a look at it. Thank you.

**MR. YAKELEYA:** I look forward to the report the Minister is going to release.

I want to ask the Minister about this budget line item on medical travel. In the 2010-11 revised estimates, there’s $19 million. In the 2011-12 main estimates, it’s $15 million. I want to ask the Minister what justified the lowering of that number? What happened there?

**HON. SANDY LEE:** Mr. Elkin, please.

**CHAIRMAN (Mr. Abernethy):** Thank you, Minister Lee. Mr. Elkin.

**MR. ELKIN:** Thank you. The revised figure in 2010-11 included two supplementary appropriations, one for $3.2 million for the Territorial Health Systems Sustainability Initiatives funding. It also included $3.6 million in prior year deficit for Stanton for 2009-10, but it had to be recorded on our books in ‘10-11, but it was for the deficit Stanton incurred the prior year. So that explains the $19 million figure. So the difference between $12 million and $15 million for ‘11-12 is we, again, have the $3.2 million from the territorial federal funding.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Elkin. Mr. Yakeleya.

**MR. YAKELEYA:** Thank you, Mr. Chair, and thank you for the explanation. I want to ask the Minister about the billing issues in medical travel. Do we still have some disputes with the federal government in regard to medevac or any type of billing issues? I know we have a history and we used to have some issues there. Do we still carry on with some of the outstanding issues that we had in the past with the feds?

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Yakeleya. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. We don’t have a dispute with the federal government on billing issues with medical travel. In fact, what Mr. Elkin referred to THAF, we received extra funding to deal with medical travel issues. As the Members know, we have an extension of two years and part of our obligation is to exit out of the program and determine how we are going to support this program from within. So that’s one of the reasons why we’re reviewing the medical travel, but as Mr. Elkin mentioned, we were able to extend THAF and now it’s called THSSI and we were able to secure some extra money for medical travel for the next two years. Thank you.

**MR. YAKELEYA:** Again, I’d like to ask the Minister about medical travel. I understand that the department will be reviewing its Medical Travel Policy and I myself being personally involved in medical travel in the Northwest Territories, look forward to having some meaningful discussions with the Minister and the staff about my own experience with medical travel. I won’t take up the time now to talk about it, but at a different time in terms of how medical has been with me at least and my family and I’m not very happy with it. I don’t need to say any more right now, but I wanted to have the opportunity to have that time with the Minister to go further into details and to talk about that.

**HON. SANDY LEE:** My door is open, we can talk about it anytime. We do and we have and we will continue to talk about this. Thank you.

**CHAIRMAN (Mr. Abernethy):** Next on my list, on page 8-25, is Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chair. I just have one question. I wanted to follow up to the questions and answers from Mr. Bromley earlier relative to the possible changes to the Extended Health Benefits Program and the concern I think that all Members have with those who are not currently covered. I don’t think there was any argument during the debate on the changes to the Supplementary Health Program that we did not want to cover those people who aren’t covered, and if I understood the Minister correctly, I heard her say that there will not be any consideration of how to cover those people until the 17th Assembly. If that’s the case, I really am somewhat stumped. I don’t understand, if we have to develop a policy I understand that, but I don’t understand why we have to wait another 10 months before we start to develop a policy or if we develop a policy and take it to Cabinet. We still have time left in this Assembly. I think it’s an area of policy that ought to be looked at. As I mentioned earlier, it’s a specific area, a specific core of our residents who are not currently covered by extended health benefits and they should be. So I would like to ask the Minister why we can’t start the process to look at those people, that core group of people now. Why do we have to put it off until the 17th Assembly?

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Bisaro. Ms. Lee.

**HON. SANDY LEE:** Wow. Let me just be brief. I guess just one reason, as I stated earlier, is that given the discussions we’ve had over the last two or three years, we were told clearly that the Supplementary Health Benefits Policy that was approved, but not in effect yet, should be rescinded. We did that. A core part of that policy was an income threshold which, in turn, determined a group of people that we considered to be working poor. We were told, in no uncertain terms, that our public does not want us to determine health benefits by income. So that’s where we are.

As I stated earlier, we are following and we have been reviewing the recommendations from the Joint Working Group report to see what we can adapt within the short time frame that we have. We know that the process requires that whenever we are establishing a new policy or are making major changes to a policy, we have to follow that consultation process. That would have to be done on this policy.

It makes it difficult. As just a practical point of view, how do we determine working poor if we have done away with income testing? Is there another way to determine working poor? Secondly, if we are going to not determine working poor, that means just universal coverage on all supplementary health benefits and that would require a policy change, and I think that’s something that we need to talk about.

We, as a society, have to say, okay, do we want to cover everybody for supplementary health benefits? I think there are many who might think that we should and I think there will be many who will say not. That’s a major, major public policy to date and that will have to be done as a process. It’s not something that I think that I could do within the direction I got out of Joint Working Group.

**MS. BISARO:** I didn’t want to go anywhere near income testing. That wasn’t the question I asked. I simply asked why we couldn’t start to consider coverage for that group of people who currently have no supplementary health benefit coverage. I didn’t really hear an answer. I heard the Minister say that it’s a big policy decision and there has to be some consultation on it. Absolutely. But why can’t we start?

**HON. SANDY LEE:** I need the Member to tell me how we determine the working poor if we don’t talk about income. Who are they? It’s everybody who’s not covered, right? So if we’re going to cover working poor without determining income, that means we are covering everybody. Everybody. I agree that might be something that everybody wants to do, some people might want to do. But we’re no longer then talking about working poor. We’re talking about having universal supplementary health benefits for everybody who lives in the Northwest Territories. That is a good public policy debate to have. We don’t have working poor defined anymore because without talking about income and need, who are they?

The Joint Working Group review have asked us to look at encouraging people to get third-party insurance, NHIB parity, lots of different things that we could look at within the existing framework. With all due respect, we need to have an honest, frank discussion about what we’re talking about. When we rejected the Supplementary Health Benefits Policy, people made it clear that we don’t want you to test income as eligibility criteria. With that went out the door the ability to determine working poor. Other than covering everybody, we have to put some kind of eligibility. That has to have a bigger debate and we can’t do that within the framework of what we were told in the Joint Working Group.

**MS. BISARO:** I’ll have to go and check Hansard tomorrow, but I don’t believe in either of my questions I mentioned the words “working poor.” I’ll leave it at that.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Bisaro. I have nobody else on the list for page 8-25, Health and Social Services. Mr. Bromley.

**MR. BROMLEY:** Thank you, Mr. Chairman. I just can’t leave it hanging like that. I think this is too big a question. I think, you know, I’m not disagreeing with anything that I heard from the Minister. I think there was solid agreement amongst everybody that we figure out a way to cover people who were not covered now, be that a universal plan or defining the working poor. That came through in the Joint Working Group principles. I guess I would just say we need to have that debate and we need to decide which way we’re going to go on that one.

I just want to say in response to the Minister’s remarks that if that’s what it takes, then we’re not done yet. I know it’s been a long haul on this one but that was sort of... I’m sure we all agreed that we wanted to get that done some way. I recognize that’s not within the immediate actions that we are working on within the existing policy. It’s an unresolved issue but it’s one that all of us want resolved. Let’s commit to continue working on that and making sure that everybody does come in somehow under coverage. Just a comment.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Bromley. Just a comment. To Ms. Lee for response.

**HON. SANDY LEE:** Thank you, Mr. Chairman. I appreciate the Member’s comment. I don’t think anything he says precludes the debate that I said that was required.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Lee. I have nobody else on page 8-25, Health and Social Services, activity summary, supplementary health programs, operations expenditure summary, $26.218 million.

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Abernethy):** Okay. We’ll move along to page 8-26, Health and Social Services, activity summary, supplementary health programs, grants and contributions, contributions, $15.747 million.

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Abernethy):** Okay. We’ll move along to our next page, which is page 8-29, Health and Social Services, activity summary, community health programs, operations expenditure summary. Mr. Beaulieu.

**MR. BEAULIEU:** Thank you, Mr. Chairman. This is an area that is of great interest to me in the health field; the whole area of treatment and counselling and so on and so forth. Speaking to local health workers, the cost of other health, the cost of people being sick and hospitalized and whatnot, a lot of that is attributed to, I guess, not necessarily all addictions but attributed to alcohol. The health workers seem to think that alcohol is a big, huge contributing factor in small communities for the health of the folks. The communities also seem to have a solution. I’d like to see the department working with the communities on that solution. The solution that seems to come up most often, whether we were in the Gwich’in or down further south in the small communities, the solution seems to be that the people thought that the local counsellors working with individuals on the land seemed to be the best way to help people heal from alcohol addiction. I believe that. I heard it many times and I also believe that is the case. I’d like to ask the Minister, my first question is: is the department going to do anything to head in the area of on-the-land treatment at the community level for alcohol addictions?

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Beaulieu. Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. We do do that. We do on-the-land treatment programs and it is part of our programming. I do admit that we have a bit of a patchwork funding, because it depends on the money we have in the department as well as some funding sources that we could find with the federal government. We approve those on an application-by-application basis. I agree with the Member that on-the-land addiction programs are a desirable way to go and one that I would support getting more of. I agree with the Member that we don’t have a comprehensive, across-the-board, all across the NWT programming for that.

**MR. BEAULIEU:** Another area that seems to have many long-term benefits and it’s kind of the area that today in my Member’s statement I talked a little bit about which is in the review of the Child and Family Services Act. It’s not just that. It’s the overall prevention in the area of health. Again, the addictions, apprehensions, the whole thing seems to have real long-term benefits. This is an area where I’d like to see the department step up more in the prevention. I’m talking about starting at a very low-grade level in the schools, promoting some good, healthy habits in the schools and so on. I think that’s essential and I believe that if all the departments are working together and we’re trying to get kids into preschool, kids into daycare, working with the Department of Education and that being two real key areas where you get the students started off on the right foot and get them into daycare and into preschool, it gives them a little bit of an advantage in kindergarten that the things they gain from that when they get into kindergarten are something that they retain always. They’re always up to speed at their grade levels as they go through school.

I think prevention going in, health professionals going in and talking to kids and so on and spending the money that it takes to bring in people, models and so on from even other jurisdictions or other communities to talk to kids and talk about the benefits of healthy living, I think that’s something the department should also do. I guess I’d just like to ask the Minister if they would look at that at this time again.

**HON. SANDY LEE:** I believe by and large we do a lot of that already. Healthy Choices Framework, the Strategic Initiatives committee money. There are a number of examples we could give the Member where Education, Culture and Employment and their schools, and MACA, and Health and Social Services work together, especially working with children in our communities. I know of many, many examples where our community health reps and health staff go to schools. As the Member knows, in Fort Resolution, for example, the school there is just a beautiful example of where the teachers and the health care professionals are involved in working with the children. We see that in the Sahtu and we see that in many different communities, so that work is being done already, no question.

We need to reinforce it and enhance it and that, of course, depends on the resources available. I don’t know how much work that would require, but I can see if we can put that together for the standing committee. Maybe we should talk about what we are doing now and what we could do, how we can improve it going forward, but what the Member is saying, is, I think, the basic principal that our government works on. Thank you.

**MR. BEAULIEU:** The last, there are a few smaller items in here, too, but with the time allotted, the last key item again has long-term benefits in cost and is trying to provide for care for elders in the home. Right now the overall government policy doesn’t make it really easy for individuals to care for their elders. If we have an elder -- and we have that situation occurring a few times in both communities that I represent, in Lutselk’e and Fort Resolution -- where younger family members are either living with their elderly parents or their elderly grandparents. Without those members supporting the elderly, those people would be in long-term care. Long-term care is very expensive and it is lonely for the elders and it displaces them and the only long-term care, really, is outside of those types of small communities that I represent. I think the government should put things in place, whether it be housing, income support or various health programs, to accommodate those individuals for living with their elderly parents or grandparents, because the long-term benefit, and even the immediate benefit, is there.

I don’t know what the exact cost of putting someone in long-term care is, but I know it is fairly high. It is fairly significant. There is staff, there is nursing, there are all of those things that these guys are actually taking care of, these guys that can deal with the medications, other needs, shopping, driving the elderly around, taking care of any maintenance that is needed in the house and so on. The government needs to respond to those people and support them so that when they are there... Sometimes it is a little bit of a sacrifice to do this, for a young person to be given the responsibility in the family to be the one that takes care of the elder in the family. There are some sacrifices that go along with that and the government doesn’t make it real easy. It is not necessarily health, I am just talking in general, but this is an area where I think health could right the model and followed by other departments, they would be able to say that if an individual is taking care of the elderly, these are the benefits to doing that and right now it is the opposite, there are more deterrents than benefits. I would just like to see if the Minister would look at something like that working with other departments. Thank you, Mr. Chairman.

**HON. SANDY LEE:** As the Member stated, this is an issue that involves housing and income security and other sorts of government network programs that might create barriers in terms of benefits that one might get. That is something that I would be willing to look at.

Going forward, though, it is something that future governments have to consider, because we do, in our Foundation for Change action plan, I believe it is the approach of any other government to encourage family members and communities to partake in taking care of our elderly and persons with needs as much as possible, and it’s something that we need to expand on and it’s something we are trying to do in communities in the Territories. I believe this is something that my department has to flag as something that the next government has to continue to work on.

Lastly, I think we have to have a national campaign about how we look after each other because our population is aging and it’s not just going to be about money. It’s going to be about not having enough womenpower/manpower to physically look after all those who are going to need to be looked after and a general shortage of young people who are going to be able to pay taxes or look after us. I anticipate that I’m going to be elderly soon, too, and I think we need a national campaign on how we look after each other over the next 20 years. I don’t think it’s just about money. I think families and individuals have to look after each other. Government has a role to play, but I don’t think government can do it alone.

**CHAIRMAN (Mr. Abernethy):** Thanks, Minister Lee. Next on my list is Mrs. Groenewegen.

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

---Carried

**CHAIRMAN (Mr. Abernethy):** Minister Lee, if I could get you to thank your witnesses and we will have the Sergeant-at-Arms escort them out of the Chamber.

# Report of Committee of the Whole

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

**MR. ABERNETHY:** Thank you, Mr. Speaker. Your committee has been considering Tabled Document 133-16(5), Northwest Territories Main Estimates, 2011-2012, and would like to report progress. Mr. Speaker, I move that the report of Committee of the Whole be concurred with. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Abernethy. A motion is on the floor. Do we have a seconder? The honourable Member for Nahendeh, Mr. Menicoche.

---Carried

Item 23, third reading of bills. Mr. Clerk, orders of the day.

# Orders of the Day

**CLERK OF THE HOUSE (Mr. Mercer):** Orders of the day for Wednesday, February 9, 2011, at 1:30 p.m.:

1. Prayer
2. Ministers’ Statements
3. Members’ Statements
4. Returns to Oral Questions
5. Recognition of Visitors in the Gallery
6. Acknowledgements
7. Oral Questions
8. Written Questions
9. Returns to Written Questions
10. Replies to Opening Address
11. Replies to Budget Address
12. Petitions
13. Reports of Standing and Special Committees
14. Reports of Committees on the Review of Bills
15. Tabling of Documents
16. Notices of Motion
17. Notices of Motion for First Reading of Bills
18. Motions
19. First Reading of Bills
20. Second Reading of Bills
21. Consideration in Committee of the Whole of Bills and Other Matters
* Tabled Document 4-16(5), Executive Summary of the Report of the Joint Review Panel for the Mackenzie Gas Project
* Tabled Document 30-16(5), 2010 Review of Members’ Compensation and Benefits
* Tabled Document 38-16(5), Supplementary Health Benefits - What We Heard
* Tabled Document 62-16(5), Northern Voices, Northern Waters: NWT Water Stewardship Strategy
* Tabled Document 75-16(5), Response to the Joint Review Panel for the Mackenzie Gas Project on the Federal and Territorial Governments’ Interim Response to “Foundation for a Sustainable Northern Future”
* Tabled Document 103-16(5), GNWT Contracts over $5,000 Report, Year Ending March 31, 2010
* Tabled Document 133-16(5), Northwest Territories Main Estimates, 2011-2012
* Tabled Document 135-16(5), GNWT Response to CR 3-16(5): Report on the Review of the Child and Family Services Act
* Bill 4, An Act to Amend the Social Assistance Act
* Bill 14, An Act to Amend the Conflict of Interest Act
* Bill 17, An Act to Amend the Income Tax Act
* Bill 20, An Act to Amend the Evidence Act
* Minister’s Statement 65-16(5), Devolution Agreement-in-Principle, Impact on Land Claims and Protection of Aboriginal Rights
* Minister’s Statement 88-16(5), Sessional Statement
1. Report of Committee of the Whole
2. Third Reading of Bills
3. Orders of the Day

**MR. SPEAKER:** Thank you, Mr. Clerk. Accordingly, this House stands adjourned until Wednesday, February 9, 2011, at 1:30 p.m.

---ADJOURNMENT

The House adjourned at 5:59 p.m.