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The Honourable Jackie Jacobson, Speaker

Legislative Assembly of the Northwest Territories

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YELLOWKNIFE, NORTHWEST TERRITORIES**Wednesday, June 6, 2012****Members Present**

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

The House met at 1:31 p.m.

Prayer

---Prayer

SPEAKER (Hon. Jackie Jacobson): Good afternoon, colleagues. Today before we start, I'd just like to say happy Inuvialuit Day. It was yesterday. They signed their land claims 28 years ago. So to all the people in the communities, happy Inuvialuit Day in the Beaufort-Delta.

Item 2, Ministers' statements. The honourable Minister of Transportation, Mr. Ramsay.

Ministers' Statements

**MINISTER'S STATEMENT 24-17(3):
DEH CHO BRIDGE**

HON. DAVID RAMSAY: Thank you, Mr. Speaker. The Deh Cho Bridge is a major piece of public infrastructure that will serve the people of the Northwest Territories for years to come. This government intends to finish the bridge and have it open to traffic this year. I rise today to update Members and the public on steps the Department of Transportation and Ruskin Construction are taking to ensure our commitment becomes a reality.

Ruskin Construction has made considerable progress in the last six months. They have erected the two pylons, strung all the supporting cables and installed a third of the deck panels. Weather-sensitive work has recently begun, including grouting of the deck panels, installation of the formwork for constructing curbs, and construction on the abutments. Work has continued safely and I am pleased with the quality of the work being undertaken. Even with this progress, though, it has become clear that we will need to do more to get the bridge opened this fall.

Mr. Speaker, an independent engineering assessment has concluded that with additional resources, the bridge can be completed this year. To this end, the department and Ruskin Construction have recently come to an agreement-in-principle that will help us meet this shared goal. The agreement identifies key milestones in the schedule and provides additional resources to meet our timelines. The agreement also sets out how

additional costs will be shared by the two parties, with the GNWT's share capped at just under \$10 million. The agreement also resolves all outstanding claims between Ruskin and the GNWT, which greatly reduces future financial uncertainty on the project.

Major infrastructure projects are always challenging and the department and Ruskin will have to work hard to manage the project schedule risks that still remain. Decisive action is necessary to help achieve our goal of opening the bridge to traffic this fall. We have put an arrangement in place that will provide the resources to meet this objective. I am confident that both parties are committed to the successful completion of this project and am sure that we will be able to meet the challenge together. Thank you.

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

**MINISTER'S STATEMENT 25-17(3):
INTERNATIONAL YEAR OF YOUTH REPORT**

HON. ROBERT MCLEOD: Mr. Speaker, I am pleased to announce the release of the Department of Municipal and Community Affairs United Nations International Year of Youth Report.

The United Nations General Assembly adopted a resolution proclaiming the year commencing on August 12, 2010, as the International Year of Youth.

MACA acknowledged, commemorated and supported the Year of Youth through a number of initiatives and programs that directly supported the objectives of the United Nations' proclamation and our Assembly's goal of building sustainable, vibrant and safe communities.

The report showcases the department's involvement with youth across the Northwest Territories. It also provides a summary of programs delivered directly by the department and those of other organizations MACA supports.

From culturally focused programs to experience working abroad, MACA's programs encompass a wide variety of leadership development opportunities.

The Traditional Games Tour program preserves our culture and teaches youth about our history. These games are an integral part of our territorial identity and in the last two years, staff have visited nearly two-thirds of the communities to deliver hands-on workshops in Dene and Inuit games.

The NWT Youth Ambassador Program was established as a permanent program in 2011-2012 after being successfully piloted at events like the 2007 Canada Winter Games in Whitehorse and the 2010 Olympic and Paralympic Winter Games in Vancouver. In 2010-2011, Youth Ambassadors represented the NWT at the LA Times Travel and Adventure Show in Los Angeles, 2011 Aurora Week in Tokyo, Japan, and during the royal visit last summer.

Mr. Speaker, the primary objective of this program is to give youth a structured volunteer experience at major events and develop important life and job skills that they can carry forward. The unique opportunity this program provides is a testament to the Assembly's commitment and investment in the future of our youth.

Mr. Speaker, some of the other programs supported by MACA include: the Gwich'in Elders and Youth Forum, the Nahanni River Trip, Camp Connections, Northern Youth Abroad, and the Dechinta Bush University Centre for Research and Learning.

I would like to thank the many community organizations and partners that continue to work with MACA to provide these programs and help shape successful futures for the leaders of tomorrow. I am confident that united with our ongoing support and commitment to our youth, we will continue to build strong leaders and a strong and sustainable future for our territory. Thank you, Mr. Speaker.

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

MINISTER'S STATEMENT 26-17(3): MODERNIZING RECRUITMENT

HON. GLEN ABERNETHY: Mr. Speaker, today I am pleased to highlight some of the new tools and resources that the Government of the Northwest Territories is using to modernize and update our recruitment practices and better communicate with job seekers in the Northwest Territories.

Rapidly changing technology gives us faster and more cost-effective ways to provide information about our programs and services, to promote the benefits of working with the territorial public service and to recruit new employees.

As part of 20/20: A Brilliant North, the Public Service Strategic Plan, the Department of Human Resources is creating a new careers website to

encourage visitors to sign up for e-mail alerts when vacancies are posted on eRecruit. Too often we have seen talented applicants who have great skills, but may not have been the top-ranking applicant on a particular job opening, and wondered: how do we continue to engage these talented people for future opportunities? Through this process, the GNWT will create an on-line talent community whose members can be contacted periodically for opportunities and who can promote the GNWT as an employer of choice. People will be able to share government job opportunities across social media sites such as LinkedIn, Twitter and Facebook. This Assembly is committed to supporting our residents to enter and stay in the workforce. We know that Northerners are one of our strongest assets in recruiting friends and neighbours to the public service.

Northerners, and indeed all Canadians, have a high rate of participation in social media. The Department of Human Resources is preparing to launch our presence on LinkedIn, a social media site for professional networking. Currently, LinkedIn has close to 3,700 members in the Northwest Territories. Across Canada there are 5.2 million members, representing 64 percent of the professionally employed population, which makes Canada the second highest per capita user in the world. Jobs on LinkedIn are advertised to targeted candidates with education or work experiences that match current vacancies in an organization. Job advertisements on LinkedIn are shared an average of 11 times through social media networks.

The Department of Human Resources also recently launched a Facebook page. It has news releases, a link to the eRecruit site, promotional information, instructional videos, and the "Meet Our People" segments that showcase our employees. As this page becomes more popular, it will promote all of the department's job-related activities.

Mr. Speaker, residents of the Northwest Territories are already using Facebook to connect with their friends and family. By using social media to promote job opportunities, we are using a medium that is already embraced by the people with whom we want to communicate. For people who prefer e-mail, that option will keep them aware of opportunities and give them time to apply for jobs that interest them.

Using tools and technology that enhance existing strategies to communicate about our opportunities is important for all residents of the Northwest Territories. Our work to strengthen and maintain a representative workforce supports this Assembly's priority of building a strong, sustainable future for our territory. Providing people in all communities with opportunities to join the public service strengthens our programs and positions us to do

even better work for the people of the Northwest Territories. Thank you, Mr. Speaker.

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

Members' Statements

MINISTER'S STATEMENT ON GRADE 4 STUDENTS FROM J.H. SISSONS SCHOOL AND THEIR STORY PROJECT

MR. HAWKINS: Thank you, Mr. Speaker. I rise today to use my Member's statement to talk about the Grade 4 J.H. Sissons class who have been invited here today, and as Members will note, they are in the gallery right now.

I was invited some time ago to be a listener for their Authentic Audience Project as they wrote stories. Mr. Speaker, I'll use my Member's statement today to acknowledge each student and as I read their name and the name of their story, of course, I'd like them to rise so Members can see who they are.

Their teacher is Ms. Catherine Siegbahn, followed by the students: Cameron Bond, Fred the Pirana!; Ivan Ceria, New Super Carl Brothers; Joshua Donison, Bob's Adventure; Kea Furniss, The Water Mystery; Safiya Hashi, The Black Hole; Dylan Heaton-Vecsei, The Video Game Wish; Ethan Kirizopoulos, Sheep Wars; Emmanuel Lamvu, The Magic Recorder; A.J. Lawrance, The Gibson Family; Riley Menard, The Mystery Locket; Rae Panayi, Mars Bar; Ruby Pigott, Lou and Spartan Journey in the Haunted Bar; Justin Powder, The Sheep Invasion; Paxton Ramm, It's So Scary!; Samuel Schofield, Wizards; Zachary Sheck, Star Fox; Nathan Shereni, Mister Awesome; Tristan Sorensen, Purple People Versus Red People; Liam Stushnoff, Liam's Story; Ronnie White, Dark; and Matthew Wiebe, Life in Roblox.

The last part of my Member's statement today, I'd like to mention the fact that I will be tabling the stories at the request of the students and I'll be officially tabling them during that part of our agenda today. As I mentioned to the students, I will return to class and show them that they will be on the record forever. They are fine pieces of work which I've had a chance to read. I was very impressed. Thank you for your time today. Thank you.

MR. SPEAKER: Thank you, Mr. Hawkins. I, too, would like to welcome all Grade 4 students. One of our staff here, Cheryl Menard's daughter Riley Menard, welcome back to the Legislative Assembly, Riley.

The honourable Member for Deh Cho, Mr. Nadli.

MEMBER'S STATEMENT ON HIGH FOOD COSTS THROUGHOUT THE NWT – BANNOCK AND TEA

MR. NADLI: Thank you, Mr. Speaker. A few years ago the Department of Executive put together some pricing samples for basic goods across the Northwest Territories. A bag of flour, 2.5 kilograms, costs \$4.15 in Yellowknife, \$7.17 in Fort Simpson, \$7.79 in Fort Good Hope, \$8.25 in Inuvik and \$8.94 in Tuk. I don't know exactly how much flour costs in Fort Providence, but the good folks at the Bureau of Statistics tell us that our prices are at least 21 percent higher than Yellowknife's.

If we're going to make bannock, we need to mix the flour with lard and water, maybe some sugar. If lard costs \$4 or \$5 in Yellowknife, it will probably cost at least \$10 in our most remote communities and no less than \$7 elsewhere. If you want to get fancy and make your bannock with milk, you had better be rich, because a four-litre jug of fresh milk costs as much as \$13.29 in some communities. At that rate, you won't have any money left over for Klik. I hope you can cook your bannock over a campfire or woodstove, because by now you've already spent up to \$18 to \$20 in some places just for some bannock and you still haven't made tea.

We all know that power bills are going up and up in all our communities. In Inuvik and Norman Wells natural gas has been shut off, so you better not switch your stove on at all. With the cost of living this high, if it costs a person most of their paycheque just to make bannock, we may have to change the way we live in the Northwest Territories.

Deh Cho communities are fortunate in some ways because we have a viable source of biomass surrounding our communities, we can grow our own food and we know how to hunt. When it comes to other basics like flour, sugar and Red Rose tea, they are difficult to produce locally and we are running out of options.

People in our communities are asking the GNWT to do all they can to reduce the cost of living and find creative solutions to make prices for our basic goods more reasonable for Northerners.

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

MEMBER'S STATEMENT ON COST OF LIVING AND CONDITION OF HIGHWAY NO. 7

MR. MENICOCHÉ: Mahsi, Mr. Speaker. It is well known that one of the greatest factors contributing to the high cost of living in the NWT is transportation. This is true even for communities that are on the highway system. Although for most cases, having a road does help. What is a real shame is that we have not kept up all the highway investments made in the past and as a result we

are not getting the benefits and lower costs of living as we should be seeing from our existing infrastructure. I am, of course, thinking of Highway No. 7.

The poor condition of Highway No. 7 is not just an operations, maintenance and safety issue, it is also a cost of living issue. For example, the suppliers for the general store in Fort Liard now refuse to ship freight using the shorter route via Fort Simpson and instead insist on taking the long way around through Grande Prairie and up the Mackenzie Highway to Fort Liard because of the bad experiences they have had in the past on the No. 7 mudway. Imagine now how much extra fuel is being wasted to ship each load of goods hundreds of unnecessary kilometres. The financial cost is, of course, being passed on to the Fort Liard residents.

The poor state of the highway is also affecting a number of businesses that need to access it for their operations, such as Beaver Enterprises and the contractors who provide postal and medical travel services between Fort Liard and Fort Simpson. The costs increase because of travel delays and extraordinary wear and tear on vehicles and equipment. Community residents also bear the cost of extra damage to their vehicles and they need to fly instead of drive when the road is impassable.

Just a few days ago, a long-held dream of mine came true: to ride the washboard of Highway No. 7 with the Minister of Transportation. I was very pleased, as were my constituents. The Minister heard from a constituent who was very happy to see him take the initiative to come out and see and feel what the residents have been experiencing. Even though the conditions had been driven for several days, the road was still very rough and as soon as it rains, we know from experience, it will only go from bad to worse.

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

---Unanimous consent granted

MR. MENICOCHÉ: I want to thank the Minister for making the trip and I hope now that he has himself dodged the potholes and rattled over the washboard, that he too will champion our cause.

To invest in a highway is to invest in a lower cost of living for the future. I look forward to the day when I see Highway No. 7 on the government's books. Mahsi cho.

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

MEMBER'S STATEMENT ON HYDRO ENERGY MANAGEMENT

MR. DOLYNNY: Thank you, Mr. Speaker. Back in July 2008, oil peaked to an alarming \$147.30 a

barrel. The world stood still, not knowing how high oil prices would go. Luckily, and I say luckily, oil has somewhat normalized to under \$100 a barrel, but many believe that we'll once again see the rise of this commodity to levels of \$200-plus, and if so, one only needs to ask are we really ready for what would happen.

The North is very different from the rest of Canada in many ways. With our sparse population dispersed over many millions of square kilometres, the cost of logistics of energy distribution is a major issue to our high cost of living. Interestingly, our per capita energy use is almost two to three times the Canadian average, with electricity costs in some cases over 10 times higher than average per kilowatt hour.

Our overreliance on fossil fuels for diesel electricity generation will no doubt be our ultimate demise if we do not foster a different mindset of change. Although energy efficiency and energy conservation are recommended priorities by many agencies, our true saviour of our energy solution for the North lies with our hydro and transmission line initiatives. As our very Hydro Strategy shows, over 11,000 megawatts of hydro potential is for this region, yet we have only been developing less than 0.5 percent.

Now, I don't want to discredit the other energy options such as wind, biomass, geothermal, solar and fuel cell technology, and although many reports may indicate mixed results with these alternative energy forms, small community populations could benefit and must be evaluated on a site-by-site basis, as some of these emerging technologies of energy could have potential use. However, I want to be clear: Our future for making real and positive changes in our northern cost of living lies in our hydro capacity build, our mini-hydro run-of-river potential and, more importantly, our transmission line strategy.

In the end, we need to act swiftly and surely on a hydro and transmission line strategy, as it's through this technology that Northerners will try to see the energy costs lowered to levels of acceptable affordability. Oil prices are a daily ticking time bomb for many of us and we cannot wait for oil to double in price, for our electricity to double in price and for our heating oil to double in price, as living in the North would be impossible.

Let's ensure our future. Let's find the resources to build hydro and transmission line capacity now before it's too late. Thank you.

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

MEMBER'S STATEMENT ON
REDUCING THE COST OF FOOD

MR. BROMLEY: Thank you, Mr. Speaker. As people struggle with the high cost of living, providing adequate, affordable and nutritious food to our families can be a challenge. We are dependent on costly southern food, so the affordability of eating right is an issue. When we rely on food from the South, we export our purchasing dollars to the South, and instead of local jobs and businesses, we support jobs and investment afar. Greenhouse gas production increases from transporting food long distances.

The affect some communities have experienced from changes to federal air mail demonstrates the problem we all face. We aren't meeting local food needs with local supplies. Some progress is being made towards developing our NWT food supply industry. We now have a start on community gardens in most NWT communities, the beginnings of fresh local produce and demonstrating the enormous potential remaining to be tapped.

Kids at schools such as the Kay Tay Whee School in Detah, and perhaps these children here today, provide a good example. They are learning that gardening is not only possible, but fun and tasty.

Fresh NWT-laid commercial eggs will be available inside our borders this fall. The Growing Forward Program supports small-scale food production, commercial development of northern agri-foods, support for the harvesting, processing and marketing of fish and meat, and for traditional harvesting. Exotic mushrooms, birch syrup and studies to expand berry harvesting are happening right here in Yellowknife. Great Slave Fisheries could, and should, meet both regional needs and a top-scale international fish market. I doff my cap to the intrepid core of food production enthusiasts and the food hunting and fishing public across all of our communities, but great challenges remain, some at a very basic level.

The NWT soil survey of 2008 indicates there are 1.3 million hectares of arable land in the South Slave and Deh Cho regions alone, yet only eight agricultural leases exist today, a total area of 170 hectares or one 7,000th of the total potential. Most basically, we lack a long-term plan for agriculture including an NWT food production policy that includes support for infrastructure development and access to land.

When we talk about reducing the cost of living, local food production is essential. By growing our capacity, we will improve the quality and price of healthy food, and opportunities for employment and investment, while building the resilience and self-reliance of our communities. Let's develop a reliable food policy with the necessary supports and guide this opportunity to full success. Mahsi.

MR. SPEAKER: Thank you, Mr. Bromley. The honourable Member for Sahtu, Mr. Yakeleya.

MEMBER'S STATEMENT ON
HIGH COST OF LIVING IN THE SAHTU REGION

MR. YAKELEYA: Thank you, Mr. Speaker. To live in the North it is very costly. We all know how much it is costing us to live in our small communities, even in Yellowknife. When we come to Yellowknife or when we travel to Edmonton, we do the necessary things. We have to shop. We do this to seize the opportunity to bring back cheap groceries, clothing or material. A lot of our people are shocked to see how much things cost in Yellowknife. I am definitely in awe to see the prices in Edmonton. It has been reported by our government that to live reasonably well in Sachs Harbour, you would have to make about \$95,000 a year. Do we have those jobs in Sachs Harbour that pay \$95,000 a year? Maybe a few.

In the Sahtu our dollar is not the same as the Yellowknife dollar or even the Edmonton dollar. You may be wondering why I am saying this. According to the consumer price index of April 2012, we in Yellowknife pay a bit more than the Edmonton prices, and in the Sahtu we pay double the price, so our dollar is definitely less.

Last weekend, during my stopover in Norman Wells, I was approached by a lady. I asked her about the shopping in Norman Wells. She said, my God, you should look at the bag of flour I had to buy. Twenty pounds is \$43. I went to Yellowknife. I just about fainted in the Extra Foods store because of the price they pay there. She said, good thing the hospital was close by. I had to get some medical attention, she said. She was making a joke out of it, but she said the price we pay. In Yellowknife for 20 pounds of flour it's \$12.98.

My colleagues know, for the North and the Sahtu, how high costs are in our small communities. We need to continue to let Ottawa know that we are no different than the people in the South. Quality means our dollar should be of equal value to the southern dollar. As I said, a bag of flour should be the same price as a bag of flour in Edmonton, Sahtu or in Yellowknife. It can be done, Mr. Speaker, just like our bottle of whiskey is the same price in Norman Wells and Edmonton. They pay the same price.

The federal government will be hosting a public meeting in Norman Wells on the Nutritious North Program on June 11th. I hope my people speak their mind then. It is my hope...

MR. SPEAKER: Your time for Member's statement has expired.

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

---Unanimous consent granted

MR. YAKELEYA: Thank you, Mr. Speaker. Thank you, colleagues. It is my hope that our region and other regions will be treated fairly and acknowledged once and for all that our currency has been stretched to the limit in all of our communities. Please, we need help from this government.

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

MEMBER'S STATEMENT ON EFFECTS OF THE HIGH COST OF LIVING IN THE NWT

MR. MOSES: Thank you, Mr. Speaker. As you can tell, we are going on a theme here. We are talking about the high cost of living in the Northwest Territories. For anybody that doesn't see it, it would be a good opportunity to go into the communities and see how hard our people have to struggle in the smaller communities.

This is something that affects us all. We talk about the high cost of food, but it does affect our communities, where we're actually putting people into poverty throughout the Northwest Territories.

We had a good discussion today on mental health and addictions and how people who go into poverty get stressed out, they get depressed, they get a sense of hopelessness; hopelessness within the system, within our government, within our community and with our community leaders and territorial leaders. We need to take action where we can help our people out and get a comfortable type of living just so they can live.

The cost of living is so high in the Northwest Territories that the Minister of Housing and the department of Housing put in a Rent Supplement Program, and I applaud him for that to help the working poor, the people who do have jobs and live in good living conditions, but they have a hard time making it in their communities. So I applaud the Minister and his department for that, for helping us and assisting us that way. However, with the increase in our electricity and our energy bills and the money taken away from our energy initiatives, we're putting more money away in this government. That's affecting our people. I always talk about if we invest now, we don't have to pay later and our people will have a better, healthier lifestyle.

The Minister of Human Resources mentioned today he has to modernize the Recruitment Strategy, which is great because he needs to find innovative ways because we're having a hard time getting professionals in the North within certain jobs because of the high cost of living. It's hard to get people who want to come up here and try to make a living when all of their money is going to pay bills, pay for groceries, pay fuel costs, market rent or the

high cost of living with the houses. It's a reality. We see it here in Yellowknife, we see it in Inuvik, we see it in the smaller communities.

It's time that we help our small communities and start making some really good decisions in here that will help our people in the Northwest Territories.

MR. SPEAKER: Your time for Member's statement... Okay. Thank you, Mr. Moses. The Member for Hay River North, Mr. Bouchard.

MEMBER'S STATEMENT ON ALTERNATIVE ENERGY OPTIONS TO REDUCE THE COST OF LIVING

MR. BOUCHARD: Thank you, Mr. Speaker. Along with my 12 colleagues, I'm concerned with the growing cost of living in the North. Many people are finding it difficult to pay their monthly bills. Every time you turn around, the cost of food, water, taxes, fuel and, more recently, the price of power is going up. These people are the majority of the Northwest Territories, the general public, and the high cost of living especially affects the middleclass and lower-income people throughout the North.

The public is looking to this government to find ways to reduce the high cost of living. Many people are finding ways to reduce their costs and reduce their dependence on power and fuels.

My experienced colleagues have demanded that this government look at ways to reduce the cost of living. I would like to discuss two ways I feel that can be effective and it's attainable during the life of this Assembly.

I believe that biomass is a great return on investment. It is a renewable resource; it is a product of a valuable commodity: lumber. Biomass also has great potential for heat and for power as well.

The second tool that I believe this government can use to reduce the costs is through the hydropower system and the expansion of our power system. The expansion of the hydro system must link to the southern grid to both NWT hydro systems. The system then can expand north up the Mackenzie Valley.

The high cost of living is a growing monster. Because these high costs are spreading to business as well, all residents are affected and they are affected in the cost of fuel, food, rent and all aspects of people's lives. We need to come up with a plan to stop and reduce the escalating cost of living in the North. Thank you, Mr. Speaker.

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

MEMBER'S STATEMENT ON
ADDRESSING THE ROOT CAUSES
OF HIGH POWER RATES

MS. BISARO: Thank you, Mr. Speaker. Electricity, we can't live without it. We grumble every time the power bill comes in. It drives up the costs of living in our communities. Next to food and rent or housing costs, our power bill is the one element that most contributes to our high cost of living in the North.

Two and a half years ago the government reviewed electricity rates in the NWT. As a result, power rates across most of the NWT were changed, for the better, mind you. Those rates were frozen for two years. Those two years are up right now and we're about to feel the result of that freeze as our power bills are set to increase 25 percent in the next three and a half years. To soften the blow, the government now chooses to subsidize that rate increase instead of addressing the root causes of our high power bills.

We need to reduce our reliance on diesel generation and look to green, renewable sources of power. We had the opportunity to start down that road three years ago. Instead of pouring money into subsidies we should have applied that money to energy initiatives. Initiatives like determining alternative sources for power generation, greener sources, cheaper sources. We did not.

In 2009 the general view of those consulted on electricity rates was that it was time for the creation of a long-term vision for electricity and almost all believed that the GNWT should develop, direct and lead such a vision. The GNWT chose the easy road and left any thought of a vision behind.

It will take a long time to transform any vision into real projects to achieve cheap power sources for each and every one of our communities. That's not a reason not to start. The 16th Assembly showed some recognition of the urgency of the issue and committed \$60 million to energy projects over the life of the Assembly. In the 17th Assembly that funding has come to a screeching halt, nowhere to be found.

We can't keep throwing money at our high power rates and taking such short-term actions. We have to take a longer-term view of the problem and that means putting money into the 2012-2013 budget to attack the root causes of our high power bills. If we don't, we're doomed to ever-increasing power bills, an ever-increasing cost of living, and an exodus of people leaving the NWT because of it.

MR. SPEAKER: Thank you, Ms. Bisaro. Colleagues, before we go on I would like to remind you that when a Member is speaking, the mics can really pick up sidebar conversations. Please give the Member the attention they are due for their statements. The honourable Member for Mackenzie Delta, Mr. Blake.

MEMBER'S STATEMENT ON
HIGH PRICE OF FUEL IN
NORTHERN REMOTE COMMUNITIES

MR. BLAKE: Thank you, Mr. Speaker. Today my Member's statement will be on the price of fuel. Before I get into that, many people in the Mackenzie Delta right now are out on the land boating, hunting muskrats, ducks, enjoying life up there. One of their biggest challenges is the price of fuel.

In Aklavik many residents pay \$1.88 for one litre of gas. In Tsiigehtchic it's \$1.77. In Fort McPherson, which was the least expensive in the Mackenzie Delta, it's \$1.65.

Many people in Aklavik would like to see some type of subsidy for their gas. The gasoline in Tsiigehtchic is subsidized but, as you can tell, it doesn't make much of a difference compared to the community of Fort McPherson, which is 57 kilometres away.

I believe that this government needs to do something to tackle this problem and give everybody the same type of fuel prices throughout the Northwest Territories.

MR. SPEAKER: Thank you, Mr. Blake. Item 4, returns to oral questions. Item 5, recognition of visitors in the gallery. The honourable Member for Yellowknife Centre, Mr. Hawkins.

Recognition of Visitors in the Gallery

MR. HAWKINS: Thank you, Mr. Speaker. Once again I'd like to recognize the J.H. Sissons Grade 4 class led by their teacher Catherine Siegbahn. I want to thank them for attending today's session. As promised, I will see them later next week and show them where their stories are tabled on the official Hansard forever. Thank you again and thank you for listening attentively.

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

MR. BROMLEY: Thank you, Mr. Speaker. I also would like to welcome the Grade 4 class and especially recognize an extraordinary young lady, Ms. Rae Panayi. I would as well like to recognize a fiddler extraordinaire, Mr. Cameron Bond.

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

Item 6, acknowledgements. Item 7, oral questions. Item 8, written questions. The honourable Member for Range Lake, Mr. Dolynny.

Written Questions

WRITTEN QUESTION 6-17(3):
YELLOWKNIFE OFFICE SPACE

MR. DOLYNNY: Thank you, Mr. Speaker. The GNWT has recently concluded an assessment of the relative costs of owning and renting office space in Yellowknife and the impact the GNWT has on local market. My questions are for the Minister of Public Works and Services and relate to the Yellowknife office space market.

1. As of February 2012, what were the percentages for inventory use and vacancy rates for the Yellowknife office market for both Class A and Class B rents? What was the square footage, in both feet and metres, of these spaces?
2. Currently, what are the percentages for inventory use and vacancy rates for the Yellowknife office market for both Class A and Class B rents? What is the square footage, in both feet and metres, of these spaces?
3. Once the new GNWT 60,000 square foot office building is operational, what will be the predicted percentages for inventory use and vacancy rates for the Yellowknife office market for both Class A and Class B rents? What will be the square footage, in both feet and metres, of these spaces?

MR. SPEAKER: Thank you, Mr. Dolynny. Item 9, returns to written questions. Item 10, replies to opening address. Item 11, petitions. Item 12, reports of standing and special committees. Item 13, reports of committees on the review of bills. Item 14, tabling of documents. The honourable Minister responsible for Finance, Mr. Miltenberger.

Tabling of Documents

TABLED DOCUMENT 17-17(3):
SUPPLEMENTARY ESTIMATES
(INFRASTRUCTURE EXPENDITURES),
NO. 7, 2010-2011

TABLED DOCUMENT 18-17(3):
SUPPLEMENTARY ESTIMATES
(OPERATIONS EXPENDITURES),
NO. 4, 2010-2011

TABLED DOCUMENT 19-17(3):
SUPPLEMENTARY ESTIMATES
(INFRASTRUCTURE EXPENDITURES),
NO. 1, 2012-2013

TABLED DOCUMENT 20-17(3):
A REVIEW OF COST PRESSURES FACING
THE NORTHWEST TERRITORIES
POWER CORPORATION,
MARCH 2012

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. I wish to table the following three documents, entitled "Supplementary Estimates (Infrastructure Expenditures), No. 7, 2010-2011;" "Supplementary Estimates (Operations Expenditures, No. 4, 2010-2011;" and "Supplementary Estimates (Infrastructure Expenditures), No. 1, 2012-2013."

As well, I wish to table the following document, entitled "A Review of Cost Pressures Facing the Northwest Territories Power Corporation, March 2012."

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

TABLED DOCUMENT 21-17(3):
COMPENDIUM OF STORIES BY GRADE 4
STUDENTS IN MS. SIEGBAHN'S CLASS
AT J.H. SISSONS SCHOOL

MR. HAWKINS: Thank you, Mr. Speaker. It's a great pleasure that I table the Compendium of Stories from the J.H. Sissons Grade 4 Class by their teacher Catherine Siegbahn.

Lastly I'll say I'll encourage all Members to take the opportunity and such to encourage their students in their communities to try something similar. The kids are quite proud of the opportunity.

MR. SPEAKER: Thank you, Mr. Hawkins. Item 15, notices of motion. The honourable Member for Hay River North, Mr. Bouchard.

Notices of Motion

MOTION 7-17(3): APPOINTMENT OF HUMAN RIGHTS COMMISSION MEMBERS

MR. BOUCHARD: Thank you, Mr. Speaker. I give notice that on Friday, June 8, 2012, I will move the following motion: Now therefore I move, seconded by the honourable Member for Monfwi, that the Legislative Assembly recommend the appointment of the following individuals to the Northwest Territories Human Rights Commission:

Mrs. Marion Berls of the town of Fort Smith, for a term of four years;

Mr. Charles Dent of the city of Yellowknife, for a term of four years;

Mrs. Bronwyn Watters of the city of Yellowknife, for a term of four years;

And further, that pursuant to Section 17(2) of the Human Rights Act, Mr. Yacub Adam of the city of Yellowknife, be reappointed for an additional term to expire on October 30, 2014;

And furthermore, that the Speaker be authorized to communicate the effective date of these appointments to the Commissioner.

MR. SPEAKER: Thank you, Mr. Bouchard. The honourable Member for Mackenzie Delta, Mr. Blake.

MOTION 8-17(3): APPOINTMENT OF THE EQUAL PAY COMMISSIONER

MR. BLAKE: Thank you, Mr. Speaker. I give notice that on Friday, June 8, 2012, I will move the following motion: Now therefore I move, seconded by the honourable Member for Kam Lake, that Ms. Nitya Iyer be appointed as the Equal Pay Commissioner in accordance with the Public Service Act by the Commissioner of the Northwest Territories as recommended the Legislative Assembly;

And further, that the Speaker be authorized to communicate the effective date of the appointment to the Commissioner.

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

MOTION 9-17(3): ESTABLISHMENT OF AN INDEPENDENT OMBUDSMAN'S OFFICE

MS. BISARO: Thank you, Mr. Speaker. I give notice that on Friday, June 8, 2012, I will move the following motion: Now therefore I move, seconded by the honourable Member for Sahtu, that this Legislative Assembly recommends that the Government of the Northwest Territories bring

forward legislation to establish an independent parliamentary ombudsman office with the mandate to investigate complaints about the practices and services of public agencies and to promote fair, reasonable, appropriate and equitable administrative practices and services;

And further, that the Government of the Northwest Territories provide a comprehensive response to this motion within 120 days. Thank you.

MR. SPEAKER: Thank you, Ms. Bisaro. Item 16, notices of motion for first reading of bills. Item 17, motions. Item 18, first reading of bills. Item 19, second reading of bills. Item 20, consideration in Committee of the Whole of bills and other matters: Tabled Document 2-17(3), Commissioner's Opening Address: Creating the Conditions for Success; Tabled Document 3-17(3), Northwest Territories Main Estimates 2012-2013; Bill 1, An Act to Amend the Student Financial Assistance Act; Committee Report 1-17(3), Standing Committee on Government Operations Report on the Review of the 2010-2011 Annual Report of the Information and Privacy Commissioner of the Northwest Territories; Committee Report 2-17(3), Standing Committee on Government Operations Report on the Review of the 2010-2011 Northwest Territories Human Rights Commission Annual Report, with Mr. Dolynny in the chair.

Consideration in Committee of the Whole of Bills and Other Matters

CHAIRMAN (Mr. Dolynny): Good afternoon, committee. I'd like to call Committee of the Whole to order. Today on our agenda we have a number of tabled documents: Tabled Document 2-17(3), Commissioner's Opening Address: Creating the Conditions for Success; Tabled Document 3-17(3), Northwest Territories Main Estimates 2012-2013; Bill 1, An Act to Amend the Student Financial Assistance Act; Committee Report 1-17(3), Standing Committee on Government Operations Report on the Review of the 2010-2011 Annual Report of the Information and Privacy Commissioner of the Northwest Territories; Committee Report 2-17(3), Standing Committee on Government Operations Report on the Review of the 2010-2011 Northwest Territories Human Rights Commission Annual Report. What is the wish of committee? Mr. Menicoche.

MR. MENICOCHÉ: Thank you very much, Mr. Chair. The committee would like to consider Tabled Document 3-17(3), Northwest Territories Main Estimates 2012-2013. We will continue on with Health and Social Services and also consideration of the Department of the Executive, should we have time today.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Menicoche. With that, we'll ask the Minister of

Health and Social Services if he has witnesses he'd like to bring into the House.

HON. TOM BEAULIEU: Yes, I do, Mr. Chair.

CHAIRMAN (Mr. Dolynny): Thank you, Minister Beaulieu. Does the committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Thank you. If I can get the Sergeant-at-Arms to bring the witnesses into the House, please.

Minister Beaulieu, would you like to introduce your witnesses to the Members here, please?

HON. TOM BEAULIEU: Yes, Mr. Chairman. To my right I have the deputy minister, Debbie DeLancey, Health and Social Services. To my left I have the assistant deputy minister, Mr. Derek Elkin, Health and Social Services.

CHAIRMAN (Mr. Dolynny): Thank you, Minister Beaulieu. Ms. DeLancey, Mr. Elkin, welcome back to the House. Glad to see you here today.

Committee, we last left with the opening address and we were going to go into general comments to the opening address for the Department of Health and Social Services. With that, we'll be asking Members to go consecutively and the Minister will, hopefully, reply as an aggregate response. With opening general comments, I look to the committee. Ms. Bisaro.

MS. BISARO: Thank you, Mr. Chair. I have a number of comments in no particular order. Some of them are related to the Minister's opening comments, some of them are not, so I might jump around a little bit. Bear with me.

In the Minister's remarks yesterday he mentioned that the department is continuing to take advantage of eHealth, and I think that that's absolutely the way to go. I'm really glad that we are embarked on that path and that we are continuing to go down that path, but I wonder how many communities we are in at this point, in terms of eHealth. How many are up and fully running and whether or not we are going to achieve full, efficient use of our telehealth and our eHealth capabilities in the near future.

The Minister then mentioned the Child and Family Services Act review that was done by the 16th Assembly Standing Committee on Social Programs. A major recommendation from that review was the establishment of child and family services committees in communities. I know the department has been struggling to try and get communities to take advantage of the funding that's available to establish these communities, and I would like to know from the Minister where things are at, whether or not there's been any progress. I think there were a few stumbling blocks.

I'd also like to use this opportunity to highlight to communities that establishing your own child and

family services committee enables you to do your own assistance with interventions at a community level as opposed to having it done from Yellowknife, so to speak, by social workers who are coming in from afar. It's a valuable tool, I think, and gives the power to the communities to deal with children at risk and children who might, perhaps, be apprehended if some intervention is not made.

The Minister mentioned a planning study for Stanton Territorial Hospital. I think it's recognized and well known that Stanton is aging, is an aged building at this point. It definitely needs to be expanded and revamped and brought up into the 21st Century. I need to know from the department, and it goes a bit beyond the department, I think – and involves the whole of the government – how we are going to manage the huge cost that Stanton is going to be on this government. The Finance Minister has said an upward limit of perhaps \$400 million. It's a huge amount of money and I need to know from the Minister, apart from the planning study, how are we going to get this done.

I will have some questions when we get to discussion of health and social services authorities. The Minister's statement is that current funding levels are insufficient to continue providing programs and services at current levels. I agree with that. We can't just make that statement and not have a plan to deal with it, so I will have some questions when we come to that section of the budget.

The Minister mentioned, as well, the department intends to streamline governance of the system. I am in support of that philosophy. I think there are many ways that we can increase the efficiency in our health and social services system. I think, dealing with boards and agencies, making them somewhat smaller, and one of the things that's mentioned is shared services, I totally agree with that approach. I think it is the right way to go. But I am concerned about the lack of input that residents have into their local hospital boards.

Stanton Hospital has not had a board for many years now, over 10 years, I think. The Beau-Del recently lost their board. I don't know if we have any authority that now... Well, Yellowknife Health and Social Services Authority has a board. But where's the opportunity for me, as a resident in my community, to have input into my hospital? Yes, it's a territorial hospital, but I live in this community and it's my hospital. I'm concerned about some of the governance intentions. I would like to get some explanations when we come to that section as well.

The Minister talked about modernizing our Medical Travel Policy and absolutely I agree. It is a very old document. That policy was written I don't know how many years ago, but it does need to be updated, for sure. There hasn't been an opportunity for Members to have any input into sort of how this

policy is going to be revised. I gather it is in the works, but I will have some questions in terms of what the intent is when we come to that section.

I am really pleased to see the section on services available to elders to help them remain in their homes as long as possible. That is a valid goal, in my mind. I think we want to keep people in their homes. If we can provide home care or if we can provide other services to our elders that allow them to stay out of our institutions, everybody is happier. It costs us less money in the long run. I think the people are happier to be in their home than they are to be in an institution. I totally support that avenue. I would hope that we are looking at taking the money we might have put into institutions, not building those institutions, but putting them into programs that are going to assist people to stay in their homes.

Part of that, similar to that but a little bit different, in my mind, is the supports that are needed for people who require assisted living, people who need to be living independently but are challenged in a number of different ways.

We do not have adequate infrastructure, whether it be homes or whether it be institutions, but we are well below the level of infrastructure that we need in order to accommodate all of our residents who need to have assisted independent living. I see nothing in the budget which looks at that and says we have to do something about it. I have a major concern in that area.

The Mental Health and Addictions Action Plan, I am really pleased to hear the Minister say that it is going to be tabled soon. I look forward to it. Members have seen a bit of an advance copy. We will have questions for the Minister on it at the appropriate time. The Minister says that it's going to define steps that they can take as a government over the next three years. My initial concern, when I read that, is that three years is not long enough. I think in terms of the Mental Health and Addictions Plan, we need to be looking 10 years down the road, even 20 years down the road. This is a fairly short-term plan. I would hope that we would also be looking at this as immediate, but where is our medium and where is our long-term plan for mental health and addictions? I don't think that's there.

I did note in the budget on this, on the department summary, that there is an increase in the budget from the main estimates of 2011-12 budget year, but there is a decrease in this year's mains from the revised estimates in the 2011-12 year. I wonder whether or not that \$10 million less that we are starting with this year is going to mean that we have to drop programs and services, and if there is an explanation for that, I would love to hear it.

I do have concerns about our health and social services authorities that some of them are constantly operating in a deficit position. I will have

some questions when we come to that section of the budget.

Part of the funding for this budget is federal funding, THSSI money and that will expire in another year and a half to two years, from my understanding. I guess I want to know from the Minister what the plan is to... How are we going to replace that money so that we can continue to provide the programs and services that THSSI funding is currently providing?

I'm disappointed that there doesn't seem to be any money in this budget for Family Violence Action Plan phase 3. There are a number of recommendations that have been made. Nineteen recommendations have been made by the Coalition Against Family Violence. I don't see any direct reference to that in this budget.

Lastly, I just need to comment on supplementary health benefits, Metis health benefits, after the very large kaffuffle in the 16th Assembly when changes were proposed and then withdrawn. There were some recommendations to the department to put in place some sort of administrative changes that were going to create efficiencies and hopefully reduce the cost of supplementary health and Metis health benefits to the department. I don't know whether or not some of those have been done, so I will have some questions when we get to that section as well.

I do have other questions, but that is kind of an overview. I am done. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. Bisaro. We have the honourable Member for Hay River North, Mr. Bouchard.

MR. BOUCHARD: Thank you, Mr. Chairman. This is one of the bigger departments and one of the ones that has been a very big interest to myself and the community of Hay River. I think one of the things that we would like to see is a little more in the community as far as providing health services. It's one of the larger centres. We would like to see some of the services that are provided in other communities provided for Hay River.

Obviously on the forefront are doctors. We are still looking to locate permanent doctors in Hay River. The department is continuing to work with their authority, but it still should be a priority to get a group or a team of doctors into Hay River. I think there is great cost-savings to the Government of the Northwest Territories to work on this and to establish this team so that medical travel back and forth from Hay River to Yellowknife doesn't have to be a continual issue.

One of the biggest areas of concern is the current funding that the Hay River authority receives and some of the flexibility and the lack of a team of permanent doctors there. The community is looking to see if we can implement more nurse

practitioners. Now that the review for midwifery is completed, implement that and maybe offer that type of service to the community of Hay River so that, again, people don't have to travel to communities such as Hay River or travel to Yellowknife and southern destinations to have their children. There is also, along with that, the cost to the families and friends that only have to wait until the child is born to come back to the community to greet them. I think it is a very big part of the essential services that Hay River is looking to get.

Also in the Department of Health is the addictions treatment. I think this is a big factor in the Northwest Territories. It affects a lot of departments. It affects the economy. It affects justice. The number of addictions affecting the economy and the general public as a whole is great. I think we need to invest money in there to reduce as many addictions as we can, because it is tearing our communities apart.

As one of my colleagues indicated, I think the community of Hay River is also looking to get some sort of input into the health system. We don't have a health board. The community has no direct input into how the community's health care system is being operated. There are some small issues that have been there for awhile and continue to raise their heads and continue not to be dealt with, I guess. I think if we had a board or a sounding board for the community to express those concerns, they may be dealt with a little quicker.

One of the other areas of concern is obviously the new health care centre. It is something we are looking forward to. However, the long-term beds that are not in the current health care facility are a big concern to the community. Obviously, it is a big issue to a lot of people there and to a lot of seniors. Not only do we have a high demand in those long-term beds, but in our other facilities for the long-term seniors' care is in high demand. We have wait lists there. We have people that are beyond the capability of staying at home that are looking to get into these facilities, but there are wait lists. We don't know when those wait lists are going to be filled. It could be six months. It could be two years. We don't know.

Those are a few of the major issues that I know the community of Hay River is having with health and some of the health issues. Those are my opening comments. Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bouchard. We have the honourable Member for Inuvik Boot Lake, Mr. Moses.

MR. MOSES: Thank you, Mr. Chair. First off I just want to welcome the Minister and his staff here and just let him know that I do appreciate the hard work and the dedication that this department has to the health and well-being in providing the services and programs to the people of the Northwest Territories.

I do know it's a challenge. With all the challenges that we face in the remote communities and the high cost of living that we have in the Northwest Territories as well, you try to do the best with what you have.

That said, there are challenges and there are concerns that I bring from my constituents of the community of Inuvik, but also from the territory as a whole. In one of my previous jobs, I had the opportunity to travel to every community in the Northwest Territories and regardless of what the job was, I'd always make it a thing to do and go visit the health care centres and just do a little quick tour, introduce myself to the nurses and see what challenges they were facing. Now that I'm in this position, we can start addressing some of those issues and offering our support to the Minister and his department.

Some of the comments that the Minister had made yesterday, I just wanted to highlight a couple of things. Doing some good work. One of the things that was mentioned was providing speech and language therapy to children in the community schools. I know it's very high, I'm not sure what the stats are, but they are exceeding what is probably expected. So there's a lot of work going in there. That said, it allows us to look at other departments on how we can start putting efforts and money and resources into early childhood development, and I'm not talking kindergarten, Grade 1; we're looking at zero to three, zero to four, right up to the ages of six, seven, eight. When they get to kindergarten, we can't forget that those are critical years in their lives and the sooner we start, the better results we will continue to see.

I'm glad to see that there's the Mental Health and Addictions Plan. What I hope to see in that is the long-term plans and also immediate action on what has been said in previous reports, reports that go back however long. We're going to consult and continue discussions when we already know some of the main obstacles, main challenges that are right in our face, right on our front doorstep. Yet we're going to continue to consult. We need action on those, immediate action for critical problems that we face right now in the Northwest Territories. Then, as we continue, we can develop a longer strategy looking at somewhere like a 10-year-plan. I know we've had a couple discussions here with some of the other departments where they develop a 10-year plan. It would be nice to have this department follow suit with such a critical area. As we know, mental health and addictions are our biggest cost-driver in the Department of Health and Social Services.

Prevention and promotion. We could deal with a lot of problems. It is a priority of this government. However, when I look through the budget plan, I do see a decrease in prevention and promotion and I

think that needs to be addressed. We need to find better dollars where we can educate the people of the Northwest Territories and create awareness on some of the issues that impact us. This is where it starts, right here at our budget planning and our business planning.

As our seniors population increases and gets older, I do see status quo in the budget where no monies have changed, but each year we're getting a higher increase of population. To make it worse, there was that two-year period, maybe even more, where a lot of our seniors had to wait for hip replacement therapy, joint replacement therapy. So in those two years their health declined and now there's going to be increased costs of rehabilitation services to get our seniors back into living an independent lifestyle. For those that we fail to do that for, we're going to need more funding into long-term care centres as these injuries which might have a longer lasting effect where they can't live independently at home. This just continues spiraling downward. It has an impact on the family, an impact on the homes, on the communities as well.

I see that there's also a decrease in the population health budget, which I wasn't very pleased to see, as they do a lot of the community work in terms of evaluating programs, getting out to the communities and some of our programs that we see at the regional community level. Once we get into detail, I'll get into more questions regarding that and maybe ask why decisions were made to take money out of such critical programs that allow our people to live healthy lifestyles.

There's also the concern of the deficits that we have in two of our regional health authorities, how we impact that when we have good authorities who are doing good work, but making a policy where because they're doing a good job, we're taking monies from them and putting it into the regional centres. Obviously, the regional health authority that I'm from in Inuvik, it does get affected and we do have a deficit, and I appreciate that we get the money from other regional health authorities, but it doesn't allow those regional health authorities to flourish, to continue to do better programs for their regions. There's got to be a better way to manage those.

I'll just make a comment that I know we did have discussions earlier in this government with the Minister and his staff to create a Beaufort-Delta regional advisory committee for our health authority. It wouldn't be a board, but it would be an advisory committee where they'd give some direction or discuss our major issues and that would get representation from the community levels. As much as I represent our region, I'm also here representing the territory as a whole, and that needs to be reflected in Fort Smith, Fort Simpson, the Sahtu, North Slave and here in Yellowknife, as

well, and it can't be just directed to one community. How we find that out, how we do that, that's something we have to discuss. It's a territorial initiative that we've got to continue to move on.

The Family Violence Act, Ms. Bisaro discussed that earlier, but it is a growing concern in our communities and there needs to be something done to address that. We can go through phase 1, phase 2, make some good momentum, but we cannot shelve phase 3. We've got to make sure that all the work that's been done by previous governments, previous leaders, previous staff does not fall on the wayside and that we continue to take their work and move forward.

I'd like to say I was glad to see that there was also the funding for \$36 million to fund facilities in their replacements and their renovations. As we go forward with the building planning, that the buildings and the way they're planned accommodates what we need: detox centre, detox rooms, psychiatric spaces, long-term care facilities and it's not just for patients.

Another one that's addressed, and where we've had the report and have had discussions with constituents as well as very interested and concerned members in the Northwest Territories, is the Midwifery Program. The sooner the better that we could get that on, we would take some pressure off of our physicians, but it also gives families, expectant mothers a great opportunity to have a healthy birth from conception to birth and show them the support that they need, especially in our small communities. That's where they don't always get a chance to see physicians or be able to attend certain programs.

Like I said, I do appreciate the hard work that this department does, based on the challenges, the high cost of living, the facilities, the lack of physicians in some of the communities. I appreciate the hard work that they're doing and the dedication that they have. The reality is we do have challenges and we've got to work on addressing those.

I appreciate that the Minister and his staff for coming and listening to what we're going to have to say today. Thank you, Mr. Chair.

CHAIRMAN (Mr. Dolyunny): Thank you, Mr. Moses. Moving on with general comments, we've got the Member for Weledeh, Mr. Bromley.

MR. BROMLEY: Thank you, Mr. Chair. Thank you for the opportunity to present to the Minister and his staff here today. I have to say that expanding the eHealth is one thing that caught my attention. We had talked about that, we have made some progress, but I'm wondering what are the limitations here and how are we addressing them. We have been talking about this for years now. In discussions earlier today with the Mental Health Commission of Canada, it was also raised as an

important element in addressing mental health issues across the North. I know the Minister is aware of that and I will be interested in how that's being incorporated into the expansion in our effective use of eHealth.

The funding to support the budget includes funding to support the establishment of child and family services committees. I'm very happy to see that. Obviously, last year we also included funding and I don't believe there were any committees established. My question on that is: Is the new funding additional? Will we now establish the committees we meant to last year and didn't, plus the new ones we had hoped we would be doing annually to do the catch-up that's required here? We've invested a lot of money into that work, made recommendations, and I was glad to see the House support that work last year but disappointed in what was achieved.

The capital planning study for the Stanton Territorial Hospital is obviously very critical for this territorial facility. I know this is a multi-stage process, but my question there is: Will we see recommendations for actual work to begin, recognizing that it likely won't be the full plan or anything and that this is a highly complex undertaking? We are fortunate in having a very solid, long-lived building as a base to work on, but it does have serious limitations in its organization relative to the effective delivery of services. We want to get going on that. We recognize that costs will only go up. I think we've been waiting over a decade now for this. It's been pushed back and pushed back. I'm glad to see that work is happening. Will it result in something recognizing that planning will go on? Can we get started on some improvements that are desperately needed in that facility?

There are many needs in this department for the improvement of efficiency and sustainability. One of these, one amongst many, is the drug cost issue. I know that provinces across Canada are getting together. I'd like to know that we are part of that and we will be enjoying some of the benefits with what that process has to offer.

Connecting patients through services in the timeliest manner. One of our serious costs, I think about 12 percent of our appointments made for outpatients are missed, and for operations and so on. That's a serious hit to the system, it's well known. The Minister talks about modernizing our Medical Travel Policy and the full potential of electronic communications. I've made suggestions on that. There are mechanisms used by the provinces for just such things. The latest example I sent was the example from New Brunswick of registering vehicles. It's just a digital communication that goes out there automatically and we need to come up with that and start plugging that cost.

The Mental Health and Addictions Action Plan. I certainly look forward to having a good look at that. Again, I will be looking for a commitment to prevention, as well as addressing the current situations with strong community involvement. I also want to see us meeting our responsibilities rather than shuffling our responsibilities off onto communities. I will be looking forward to reviewing that document.

The Mental Health and Addictions Forum. I appreciate the opportunity to nominate individuals to that. I hope, and I'm sure, there will be a good group of people in that forum to provide advice. There is sort of a happy coincidence right now with the national strategy that's coming out from the Mental Health Commission. I think we want to follow up on any opportunities for collaboration there. I also have to say that I hope the Minister will also, besides the forum, listen a little bit to committee members who make a real effort to be in touch with our constituents on these issues, and they have brought many of those issues to the table along with recommendations to address them.

Lastly, I'll leave the rest to detail here. Maybe second last here. Prevention is mentioned a few times throughout the Minister's introductory remarks, which I really appreciate. To quote, "prevention is the most effective way." I can't agree more. I'm saying to the Minister: Where is the Mental Health Court? Where are the new early childhood development programs for the early years? Clearly a health responsibility. Where is the integrated case management promised now for several years?

Now, actually my final comment is, I appreciate the ongoing effort and challenge of medical travel, but we need to get that working. The most basic administrative process is in Blue Cross coverage and reimbursements. It simply revolves on a wheel. The shepherding of patients through the medical travel process in an effective way so that they're not missing appointments and so that efficient travel appointments are lined up and they see their doctors. It's not happening. Providing timely results to travelling patients, these things are all what I call yo-yo issues. They keep coming back. We take them to the Minister, the department works to get them resolved, and on a case-by-case basis they might, but back they come again, identical. I really am looking for some work at a fundamental level. I know the Minister is aware of this and has expressed – and actually past Ministers have too. I really hope solutions can be found, again recognizing the complexity and the huge amount of medical travel that we deal with to provide the good services that we do to our people.

I do hear, when it comes right down to treatment, I hear very few complaints amongst our population. There might be complaints getting there, but when

they do get treatment, it's very good treatment and I wanted to pass that on to the Minister. I'll leave it at that.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bromley. Moving on to the Member for Deh Cho, Mr. Nadli.

MR. NADLI: Thank you, Mr. Chairman. I think, generally speaking, my concerns are more weighted on health issues. For the most part I can recall very distinctly that we made it very clear in terms of trying to promote through the Department of Health and Social Services, a very strong emphasis on preventative steps so that we promote the idea to the public that we need to try and encourage our people to live healthy and wellness lifestyles so that at least down the road we don't have to bear the consequences of some things that we have undertaken as habits. I think the general understanding was that yes, indeed, we will try to undertake some preventative steps so that we do encourage the people to live healthier lifestyles and lessen the burden on the health care system down the road.

If there's anything that stands out for me, it's just over the course of the last summer I think we all came to realize just how volatile sometimes the drug industry is and our reliance on it, especially for people who are really in a circumstance where they're relying on it for their life. We've gone through that experience where there were some place restrictions on certain kinds of medications that affected patients. Sometimes going through the experience, more likely patients are very weird. They want to be assured that measures and systems are in place to ensure that there is a contingency plan out there so that people are encouraged and they are reassured that yes, indeed, those services will not be interrupted.

If there's anything I should also mention, it's just, here in the North, we're very dependent on the natural resource industry. Especially mining. More likely down the road we'll have more activity related to oil and gas development. That's almost industrial activities that will more likely determine that we'll have an increase in the industrial workforce. We all try to promote safety and awareness, but at the same time, there's always the likelihood of people sustaining injuries that are very serious in nature. Sometimes they have people that, unfortunately, result in serious brain injuries and they have some irreversible damages to their motor abilities. Unfortunately, it could be that we're not in a position to provide special care, but I feel strongly that at some point in our future, we need to seriously give it some thought and consideration to ensure that we do have a plan of some kind to provide services to people that would need them in those circumstances.

Another area that I think everybody is more likely affected by in one way or another is the cancer rates. It again goes down to preventative steps, but I feel that more likely the system is in place to ensure that we do everything that we can to detect cancer at the earliest stage. It's so sad and so often that people are in a predicament where cancer is caught at the late or fatal stages, and I think we need to do more so, detection, more practices, so that at least we provide the service that's really needed in communities. Especially in small communities.

If the department, at some point, would be in the position to consider assisting communities that are closely situated to the highway, especially in my home community of Fort Providence, more likely we will see the eventual completion of the Deh Cho Bridge and we'll more likely have an elevated increase of traffic. I know we do have first responders in the local community. We have a volunteer firefighter brigade, and we're almost equivalent to an ambulance, but we're short of having the qualified people there. My thinking is that maybe the department has to, at some point, maybe work with the community to look at maybe providing first responders, whether it's ambulance or medic people who can be ready to provide that service. For that matter, I think efforts need to be made again to maybe, as a discussion piece at least, analyze whether it's doable to look at having a system in place so that we have real-time responses and we can communicate on a real-time basis. That's cellular service. Whether the department would encourage an establishment of cellular service in Fort Providence, because we have an increased amount of traffic not only of vehicles but of people who boat and hunt. It would be encouraging or reassuring that there's a system out there like that.

In terms of social services, I think there's been discussion towards the development of a mental health strategy. I think it's something that we need to push forward on. We need to ensure that all levels, including community levels, are heavily engaged in terms of trying to bring people together to look at creating some best ideas and best practices. Just building up on the strengths for some communities that have gone down the path before, to the point of almost developing community wellness strategies in terms of how it is they want to undertake to address the alcohol and drug issues. Mainly that's one of the most prominent problems that we have. To see whether there can be an entry program in terms of how to ready people to go into treatment. After they come out, how do we support them? It's so critical at that stage that people come out of treatment and they need that support. We need to ensure that we have a system in place that is workable and successful.

The other point too is, on that same nature, we had a very strong effort, an ongoing effort, I would like to think, in terms of acknowledging the residential school experiences that we've all, in one way or another, been affected by. We need to see if there could be some cooperative efforts in terms of at least providing the ongoing services for people that still feel the effects of those experiences. We need to ensure that we have a helping hand, that we are there to help them, to acknowledge and put into perspective their experiences that sometimes were good and sometimes were bad.

I think, for the most part, those were my general comments. I think those were some of the key things that I felt the constituents that I serve most feel strongly about, and those are just points that I wanted to raise at this time.

CHAIRMAN (Mr. Dolyunny): Thank you, Mr. Nadli. We'll move on with the Member for Nahendeh, Mr. Menicoche.

MR. MENICOCHÉ: Thank you very much, Mr. Chair. Just a chance at some opening comments on a couple of key issues for the community of Fort Simpson right now. The Minister talks about investing health care facilities. I know that Stanton requires huge investments, but also planning studies have been scheduled for the community of Fort Simpson Health Centre. It is on their list of critical infrastructure and I'd like to see it progress forward as well. I know it will be challenging to meet the fiscal constraints, but at the same time, government knows that that infrastructure has to be replaced and reconstructed. I just want to say that, certainly, it's a concern to the community of Fort Simpson and the residents, that their health centre maintains a level of service, so it needs these capital investments and I look to the department's plan in moving forward the replacement of the Fort Simpson Health Centre.

As well, I spoke in the House the other day during question period about the return of nursing services staff to Wrigley. I wasn't really satisfied with the Minister's answers and the department's strategy for the community of Wrigley in returning nursing services there. I went on at length about how I will be moving this forward and how having the RCMP was part and parcel of the package, so I went and got the RCMP, the dedicated resources for the community of Wrigley. We're just working towards somehow finding the detachment building for the community of Wrigley so the RCMP can be housed in Wrigley. But at the same time, I never did get the same level of commitment from the Department of Health to return nursing services to Wrigley. I would say that, of course, I think they have one dedicated nurse. Perhaps the Minister can correct me on that, but I think there's one dedicated nurse to provide for the needs of the community of Wrigley.

All those make a little bit of a difference, but at the same time, restoring the services to the community of Wrigley is their priority. They often feel that they're left out and neglected by a government that never hears them, and it's no wonder why. We do the best that we can to, or I do the best I can to represent my constituents, and at the same time, every time the Ministers and government says no, that no is coming from me as well. We all have to work together to meet the needs of our small and remote communities. I know Mr. Minister has been giving me some fangled formula population ratio kind of thing, but that's not what I'm interested in. What I'm interested in is serving the needs of our people in our small and remote communities. Thank you.

CHAIRMAN (Mr. Dolyunny): Thank you, Mr. Menicoche. Moving on to the Member for Mackenzie Delta, Mr. Blake.

MR. BLAKE: Thank you, Mr. Chair. I'd like to raise a few concerns that I have with what's before us. Many a time we've brought up the need for a nurse in the community of Tsiigehtchic and all the small communities. It's something that we struggle with. Many a time the residents in the smaller communities are put in situations where they have to respond to these situations and I don't think it's fair to our residents. I think it's very important that this government put in place, in all the communities, a nurse.

As an interim, one thing, we don't have a long-term care facility in the Mackenzie Delta, which is Fort McPherson, Aklavik and Tsiigehtchic. I do realize they have one in Inuvik, but it's just not adequate for the residents of the Mackenzie Delta. One thing that we can do in the interim is increase the amount of home care workers in Fort McPherson and Tsiigehtchic. Right now there's just a part-time position in Tsiigehtchic, and Fort McPherson only has one person who deals with a large amount of elders in the community.

Just to get back to the nurse, I want to give an example. I think it was about a year and a half ago now, we had a situation in the community where someone broke their leg. We were fortunate we had two nurses on hand who were actually just in the community at the time, but because we don't have a nurse in the community of Tsiigehtchic, you can't have things like morphine on hand, and this person had to deal with the pain for at least two hours before we got him medevaced out of the community. I think we really need to address these major concerns, and hopefully within the next year we can focus on those. Thank you.

CHAIRMAN (Mr. Dolyunny): Thank you, Mr. Blake. Moving on to the Member for the Sahtu, Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chair. The Minister is challenged with many, many challenges.

Of course, our system is bulging at the seams with all the needs that we want in the communities that we face. As my colleague talked about Tsigehtchic, it's no different than talking about Colville Lake. It's the same situation. It's a different town, different time, and situations like that. The Health department is doing its best to get into the community from time to time and be there longer than a couple hours or a couple days. Thank God we have some pretty dedicated people that just need to deal with the situation at hand, and those are our community health representatives that, with the limited amount of training they have, they do the best they can until a nurse or a doctor gets into that community.

I want to say to the Minister that our system is highly diversified by a number of communities, the population and the cost of delivering health care into our communities. It's quite complex in some manner and sometimes that puts a lot of stress onto our nurses in the community, our doctors, even to our people here.

When the Minister made a presentation to us in April, our residents are not doing too well, like in other jurisdictions. The Minister provided us with some key indicators of our population, such as the smoking rates. They're pretty high in the Northwest Territories. Addiction rates are pretty high, obesity and healthy eating. When we look at that picture, we're not doing too good compared to other provinces or even Canada as a whole. That means that when we're not doing too good health-wise, it costs us more to look after our health. The Minister is challenged with that with the budget that they have and the cost of the aging population going up. It costs more now to look after the aging, because we want our elders and seniors back in our communities, or we have to send them out to Yellowknife here where sometimes they come to the Dementia Centre. It takes money out of the system to look after them. We have some opportunities to see where we could improve on our efficiencies and our sustainability and to look at how we do cost management of this issue here.

One of the things that the Minister has talked about is the government system. He is meeting with the leaders to look at this issue. I applaud the Minister, because he did say that this will not take away from the Sahtu authority or some control on our health issue. We're looking at some things where we could do things together and put some money where it's needed. The money where it is needed, the Minister has acknowledged that the top priority throughout the North is addictions and mental health issues. That's what he said to us in April. That is the top priority. I want to ask about this business plan. What are we doing about the addictions and the mental health issues in the Northwest Territories?

The Minister had taken a trip with me in the Sahtu. We looked at the cancer issues in Fort Good Hope, and the Minister had talked about this work here and not only in Good Hope but in other communities that also have a high rate of cancer. We want to look at the early screening program of cancer. Right now we are catching them at the latest stage where it is too late. There are people already, as I speak, that are impacted and affected with cancer in the Sahtu. We need to have some support for the survivors of cancer for the families. Good Hope talked about this. When they come back to their communities, we need to work with the families with the grieving issue. There's a lot of sorrow in our communities. Kids especially carry the sorrow for a long time, even adults. We are not properly processing our grief. It stays within us. Even that causes other medical health problems for us, but especially for children. I'm looking for support for that.

The Minister is also tackling the issue of electronic telehealth. That policy could be one factor that could cut down some costs in our health care system. We want to see where that is strengthened and improved.

The Minister and I, when we went to Deline, they talked about palliative care service in that community. They want the elders back in that community. We have nine elders right now that have come out of the Sahtu that are in Yellowknife. The same thing with Inuvik, places that we need to bring them back and let the Minister, working with his colleagues, look at getting the long-term care facility in the Sahtu underway. The Minister answered some questions of mine last week here. We are looking forward to having that facility up and running and bringing our elders back. Too many of our elders have died outside the community. That's not good for our people. Deline I know has asked if they will look at the potential of some of those units opening so they can have some of the elders being brought back to the community so they can die among their people. That's what they want.

I know in Norman Wells and Tulita there is going to be possibly an impact of resource development. We need some help in many areas to see where the department can come and work with the communities and with the Sahtu Health Board. I already talked about the dental services. That's something that I really look forward to the Minister to see how we can get a proper dental program going in the Sahtu. Too many people are leaving with an abscessed tooth, fly here and Inuvik and getting their teeth pulled and getting fixed. It's too dangerous. We need to get some proper dental service in the Sahtu.

This is the last of my comments here. The Minister has also talked about the doctors and the nurses and how we work with those. We have a solution

made in the North. It's called a Nurse Practitioners Program. I want to see if we can continue to support this program. These nurse practitioners are graduating. I'm not too sure if there are jobs waiting for them. If not, we should be having jobs waiting for them. We just had a class graduate. I want to know how many nurse practitioners have a job, and how many left the Northwest Territories or are they staying around here waiting for a job. Is this program going to be on again next year? This is one of our solutions that we have here. These nurse practitioners work in the North. They help us and are a valuable service to our health system.

I want to close off by asking the Minister, through some of this business plan, where do we look at the community health centre. I know they had some funding in the community to do some planning for a new health centre, amongst other projects that the Northwest Territories is going to be dealing with. The community health planning centre money was somewhere in there. I want to see where it's at. It will have to line up with the other projects that we have already for the North here. We have to come to that decision when we deal with it.

All in all, I do want to say to the Minister I really appreciate himself and his staff coming to the Sahtu, and listening to the people and making some commitments to our people in the community. I look forward to going through the business plans with him this afternoon. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Yakeleya. Concluding general comments we have the honourable Member for Yellowknife Centre, Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. There are just a couple of areas that I would like to highlight. It will be no surprise to the Minister.

The budget itself I've had a chance to go through. It's pretty much the same as it usually is. I have no general concerns about that, but what I will use the chance to do is highlight that, first off, I appreciate the help that the Minister's office provides my office. I am very grateful for it. The Department of Health, in my experience, is probably one of the most challenging departments to run, so I'm glad we have Deputy Minister DeLancey there as the pilot to the captain of the SS Beaulieu ship running that while it is certainly an overwhelming one.

The reason I want to make sure that they get the accolades on the record is because quite often it is an unsung job that happens that the Department of Health and the folks don't get the recognition they should. It is often coined or joked about as that the department of pain and suffering, because it is just so difficult and challenging. They don't get the recognition.

The issue I want to highlight today is the addictions and the downtown day shelter, which certainly I am

sure is no surprise to anyone at the table as they all bow their head. Quite frankly, I still don't believe we are doing enough in the way of addiction. I look forward to some actual results being committed in this term.

It wasn't just an election issue last fall. This is an issue in this town that is deeply rooted in the desire for success. People want addiction challenged. They want it uprooted. They want it gone. Are they fooled by a treatment centre being the be-all and end-all? No one is fooled in thinking that, but the fact is there is a strong belief in Yellowknife, as well as in the communities, that we need to take a harder stance and certainly come up with more new and innovative ways.

I support my colleagues who want things such as on-the-land programs. I don't disagree with that. But when you come to hard drugs, those programs on the land just don't seem to address those needs of hard drugs.

I don't have the time today to go on at length about that, but it is well recognized and understood that someone who has a crystal meth problem, or a crack problem or whatnot, needs the treatment and medical support to be provided in a region that is able to do that. An on-line program is inappropriate for that. I have often said that I believe we have room for both types of philosophies. It makes sense. It's just a matter of how we balance out the philosophy and which one we implement.

The downtown day shelter I think, by and large, has not been the success I had hoped for. At the time I was advocating for opportunities for folks who needed somewhere to go during the day, it was seen and perceived as such a great idea that we could help people help themselves. First off it started with the issue of there's no public washroom or nowhere to go during the day, and the emergence of the shelter itself was sort of, I'll call it a solution to that problem but, unfortunately, all it's done is it's brought the problem together and it's actually made it worse in that community area in the downtown. The neighbours are, not directly but in a metaphor type of way, constantly being attacked by a barrage of problems and it's a challenge.

I spoke to a person, who works right across from the day shelter last week, and although I'd known about this problem for some time, he talked about being attacked by a swarm of folks that just came out of the shelter right after it closed at 7:00. I've talked to some parents, one particularly who had mentioned how they saw someone flashing folks at the shelter and yet this continues with a blind eye.

I've talked about the fact that people are openly using, whether its drugs or alcohol, that it just seems to have the appearance that no one seems to want to step in and say this is not the right

behavior. I mean, fundamentally this not behavior that we should be pulling a blind eye to.

Mr. Chairman, the idealism of the downtown shelter I saw was all built around the components of, okay, let's give them somewhere to go, but let's not waste this opportunity before us. Now that we have them here, what are we going to do? Quite frankly, I don't think we've done anything with them other than open up the door. What it's done is allow bad behavior to continue to grow and it's grown exponentially.

I've had constituents who live in that area, right next to it, have talked about the fact that they shouldn't, nor should anyone, but they shouldn't be able to open up their window, look out their window and see people fornicating just across the street. Quite frankly, they're upset by that behavior. I'm uncomfortable using that phrase in this Assembly. I'm not uncomfortable saying it out loud and the fact is, it's not really an appropriate context to be talking about in the House, and I challenge myself by putting it out there and saying that, but we have to lay the facts on the table.

I think part of the problem – and I haven't shied away from this difficult challenge – is the management of this downtown day shelter and I worry that there has been no effort, really, to build any type of working relationship with the community. There was one call back in January about let's have a community discussion and, of course, it just showed up and the conversation went around the table once and then went flat. There was a pitch with a potential of saying well, let's create a working group, and then of course that fizzled right after that and never showed up again.

So, fundamentally, the Department of Health has to ask themselves... I mean, are they a partner in the success or failure of this downtown day shelter? I fear that they've not only become a partner, but certainly a steward or a witness to the failure of it. I think the principle exists for good reason. I think the partners that we pick to work with have not produced any potential. Is it our fault or is it their fault? I'm using strong words today, but the fact is by not putting the right mechanisms in there or the right reasons in there, I mean, that should be a place of hope, but it frustrates me that it has not turned into a place of hope. That's what the community felt and I get tired of telling neighbours personally, and I get tired of telling business no, no, this is a place that will help them over the longer haul. Everyone says anyone who criticizes, it's just a nimble argument, not in my backyard. Well, quite frankly, it's not when you can stand there and I've witnessed it myself. I've gone into the day shelter. I've stood outside it and watched people drink on the picnic table parked outside. I mean, no one is doing anything and I've had staff complain, but then the staff get in trouble if they complain there. The

staff are probably worried about their jobs. They should be supported by the network of the agency that runs it, and they should be supported by the GNWT that sponsors it, and I don't think we've taken the approach that the citizens deserve.

Mr. Chairman, the fact is I think we're letting an opportunity slip through our fingers. We've just dug into the ground, grabbed a handful of sand, it's just slipping through. We have such potential to offer people there. I mean, we could be sending social workers down there every single day. Yes, I am well aware that there are sometimes agencies that do pop down there, but we could be having health clinics there, we could be having job clinics there, we could have substance abuse clinics there. I mean, we could have a real focus on asking ourselves why do we want them there. It was more than just trying to get them out of the mall or off the street. It was more about trying to remind them that hope can happen and here it is.

This ties nicely into the homeless problem, and I don't mean nicely because I enjoy that reality, but the fact is we're talking about an interrelated problem. Some of these people really need hope again, and I support my colleague Mr. Moses about wanting opportunities outside into the regions. If we had homeless shelters in the regions, whether they're in Fort Simpson, Fort Smith, Norman Wells and Inuvik, I mean, some of this problem wouldn't be a problem because people would be back where there are support mechanisms called their family.

So what we have here are a group of dynamics that aren't getting support from any family members. They have no way of getting home. They have no way of building relationships outside of their little nexus that they work in and yet it continues to be a spiral. There isn't hope if you go to the shelter. It's actually quite depressing. So families, with their young children, walk by that and they see it, they see what it is, everyday people, good people, all backgrounds, it doesn't matter who they are or what ethnicity walk by there and they feel uncomfortable walking by there. Why? Because it's turned into a very large disappointment. It's something I care and still want to advocate for, but it's hard looking into the families' eyes who live there, it's hard looking into the eyes of the businesspeople who say we want to invest here, when that's what they look at. There's no potential, and hope, if anything, has been lost.

So, Mr. Chairman, as time ticks away on me through my opportunity to talk, I'll say time seems to be ticking away on those folks and I really hope the department deals with the addictions problem seriously.

As I said, I support an addictions centre, we need a treatment centre, I agree with on the land in its own circumstance and I think we need to take a harder, stronger approach on how we administer the

downtown day shelter as we are the partner of partners in that situation. Thank you, Mr. Chair.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Hawkins. Thank you, committee. It appears that we've concluded general comments. We'll allow the Minister to reply to those comments. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. There were a lot of comments here. I'm going to try to run through them without trying to repeat as much as possible. Also to try to group some of the response as best I can.

On the eHealth, we too agree that the electronic health is the way to go. Right now we have digital imaging and the DI/PACS are available in 22 communities across the North. This includes both the Stanton Hospital in Yellowknife, Inuvik Regional Hospital and then the following 20 communities: Hay River, Fort Smith, Behchoko, Simpson, Deline, Norman Wells, Tulita, Good Hope, Fort Resolution, Fort Providence, Whati, Gameti, Liard, Lutselk'e, Paulatuk, McPherson, Aklavik, Sachs Harbour, Ulukhaktok and Tuktoyaktuk. Electronic health records are available in all 33 communities and services through the telehealth are available in 73 locations in all 33 communities.

With the child and family services committees, the department has hired a coordinator recently. I don't think we've made as much progress in the last year as we would have liked to have made. I think that the task was unexpectedly larger than what the department had anticipated. The immediate reaction from the department was that when we make a decision to proceed with putting child and family services committees together, that everybody would be onside and that would not be an issue. That was not the case. We have to not only educate our own health and social services authorities to identify the benefits of having child and family services committees, but also educate the people at the community level on the benefits of having these committees, and also a discussion with them with a coordinator, and so on, on the fact that maybe getting on a committee such as this is not to look into the affairs of other people's business at the community level, and that has been a real stumbling block when we're trying to develop these committees. We're trying to go about it in a way that we're making sure that all members of the community understand that people who are involved in child and family services committees are involved to benefit the community, and in the long run save costs in foster care and in the whole area of child and family services.

We have a few planning studies on the go, including Stanton Territorial Hospital. The Stanton Territorial Hospital study I believe will be, the planning is expected to be concluded very soon, this summer, and then we will have more planning

and schematic designing and so on. I believe the actual construction would, if everything goes according to the plan – and I do think we have to do this work. I don't think this is work that can be put off. This is essential. It's essential infrastructure for the Northwest Territories to have a proper hospital. However, we need to develop the cost and also develop the plan in order to make sure that we're moving in the right direction. We'll be going into the next capital planning process, infrastructure acquisition process, to determine how we're going to spend the costs out and into the capital plan.

I know the government's overall intention is to not borrow all of the money to renovate Stanton Territorial Hospital, but rather to have half the money come from surpluses within our O and M and then borrow the other half of the money. Right now we're working with the number less than what one of the Members had indicated it would be. She had indicated that we are probably looking at \$400 million, but I don't think it's going to be that high. We'd also consider private partnerships, P3 projects on this.

The funding levels for the health and social services authorities are an issue. However, before we start to move the funding around within the health authorities, we are going to look at where we can be efficient, where we can use reformed governance, and where we can have shared services. I had indicated earlier that we would do shared service without having to take positions out of any of the regions or any of the communities where those services are. As far as boards around the health and social services authority, currently we do intend to put a board back in place in the Beaufort-Delta, an advisory board, as indicated by the Member for Inuvik, and continue on at this time with an advisory board and a public administrator, then perhaps later on the advisory board would have a chairperson and we would go with that system.

At this time there is no plan to put a board back in place at Stanton Hospital. At this time we are proceeding part of our plan with the governance, the shared services, and everything how we're moving forward. We're planning at this time to move forward with a public administrator at Stanton.

We have boards at the Yellowknife Health and Social Services Authority. We have a board in Fort Smith. We have a board in Sahtu. We have a board in the Deh Cho. In Hay River we don't have a board. We have a public administrator in Hay River and again, we plan to move forward with a public administrator in place at this time.

We are reviewing the Medical Travel Policy. We're trying to modernize the Medical Travel Policy. Medical travel is something that we think is an issue. A lot of the people have indicated to us that

they have some issues with medical travel. There seems to be a lack of real clear understanding of what the policy is intended to do. The policy is intended, because we can't have doctors in every community, we have to bring the people to the doctor. That's our difference. If you're living in a jurisdiction where you have doctors that are immediately available to people in the majority of the percentage, then you wouldn't have to have this type of policy in place. At this time we don't have that available to us. In fact, we may even have difficulty having doctors in the regional centres all the time because at this time we use locums and so on.

The Medical Travel Policy kind of gives us an even playing field, if that could be a term used here, to provide to bring people from the communities to the doctors, as opposed to the doctors being at the community level. Right now there are lots of issues in the Medical Travel Policy. Individuals basically feel that once you hit a certain age, you automatically have an escort, if you're at a certain level in your health, you automatically travel with an escort, and so on. Many of those things are misconceptions and we will try to clear that up in the policy. The work that we are doing is going to be developed over this year, this summer, so we're not going to be dragging the work out on the review of the Medical Travel Policy over a long period of time. We're going to try to deal with it as soon as possible.

Elders removed from their homes and end up in institutions is something that many of the small communities are opposed to. It's heart-wrenching to actually sit and listen to the families that are left behind when they have no capacity to take care of their elders, and there's no infrastructure in the community for them to take care of their elders. It had gotten to a point where they are a danger to themselves and they are a danger to their families if they were to be left in family homes and so on for various reasons.

Therefore, right now the Department of Health and Social Services is trying to respond by trying to put some long-term care in regional centres. We have long-term care in Behchoko. We have long-term care going into Norman Wells. We have in Inuvik. The MLA for Mackenzie Delta is right; there is no long-term care in Mackenzie Delta. Interestingly enough, though, the communities are not saying that they want actual long-term care. They are saying they want a place in the community where they can take care of their elders. Where they don't need a whole bunch of nurses in the community to work in the centre to provide what we refer to as a department as long-term care. Rather, they would want to provide care to their elders in a facility where they can provide security and caring for their elders, cooking for their elders and so on. That was

the same sentiment that we heard in Deline as well. They're saying we have a home here.

Those facilities are owned by the NWT Housing Corporation. As a department we have to work with the Housing Corporation to make a decision on whether or not we're going to re-open those homes, allocate the units with the elders that need that type of care, work with the community to try to provide that care. This will save us money in the long run. We recognize that it's a possibility that people will not necessarily have to go into long-term care.

Right now what's happening in a community like Deline is that the people are at home. They're staying in their community and they're being cared for by the family members. The family members are getting very tired. In fact, a lady had indicated to us that if her cousin was not able to take her father, that she would have to be forced to send him back to Yellowknife. The cousin stepped forward and is now caring for her father and she too was having a difficult time at the time we spoke to her.

In order for us to try to build some sort of a continuum of care for elders and try to keep elders in their homes and then use the facilities maybe provided by the Housing Corporation just known as senior citizens homes rather than long-term care facilities, then we're going to have to find a way to assist those people, those elders living in those homes or living in their own personal homes, and how we can help them to continue living in their homes through home care and other nursing that we can do right in the home.

The Mental Health and Addictions Action Plan will be tabled next week. Yes, it is a three-year plan. That's why it's an action plan as opposed to a long-term strategy. We want to be able to affect change in the area of mental health and addictions during this term so that the people sitting in this room will be responsible and will affect change in those areas. We can develop a long-term strategic plan in this area, and we can work on that. It could be a good idea to set the table for future governments, but this plan was intended to address the issues that are more immediate concerns of this Legislative Assembly.

There appears to be a decrease in the overall budget, although there isn't, because if you compare main estimates to main estimates, then there is a slight increase of 1.6 percent. It's an increase when you compare revised estimates with main estimates of 2012-2013 compared to the revised estimates of 2011-2012 because, as we do for firefighting, many of our costs come in throughout the year, anticipated costs come in through the year through supplementary appropriation.

The THSSI funding is something that is scheduled to expire; however, our plan is to continue to deal with the federal government where developing

relationships with the federal government, have a relationship with the federal government, have sat in a room with the federal government in federal-provincial-territorial meetings and we're hoping that relationship will continue and that the federal government will continue the THSSI funding so that we can fund some of the essential programs that we're funding with THSSI funding.

The Family Violence Program phase 3, the plan is to get through and have these main estimates, this budget of the Legislative Assembly passed. Once the budget is passed, if the budget is passed, then the plan is to move into a supplementary appropriation presenting a supplementary appropriation back to the Assembly to take a look at phase 3 of the Family Violence Act in that way. We need to have this dealt with first and then we'll deal with the family violence.

The supplementary appropriation... I'm going to just quickly have the deputy minister speak on supplementary appropriation, and then it will come back to me again. Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Minister Beaulieu. Ms. DeLancey.

MS. DELANCEY: Thank you, Mr. Chair. I believe the Minister was inquiring whether any administrative improvements and changes had been made to the Extended Health Benefits program. There have been some minor administrative changes over the last two years, amendments to the contract with Alberta Blue Cross to take on more of the processing and to make the process more efficient. We can certainly provide more details if necessary.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. DeLancey. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. The shortage of doctors at the regional level is an issue, there's no question about it. We have had a meeting with the Joint Leadership Council. The Joint Leadership Council is the chairpersons and the public administrators of all of the health authorities, health and social services authorities. We have asked them to develop a plan, a recruitment plan for physicians, by September of this year. I'm meeting with the Joint Leadership Council again on June 15th of this year to get a bit of an update on how things are moving in that area, and we're hoping that we're able to put a plan together that brings doctors to the regional levels. That is doctors into Hay River, Fort Smith, Norman Wells, Fort Simpson and Inuvik. Our first plan, I guess plan A, is to have doctors living in those communities. But history tells us that that's going to be a difficult task. So far, many years have gone by and we don't have doctors in many of those communities.

Our second option, as we discussed with the Joint Leadership Council, is to have a territorial pool of doctors, and the pool can be in the regions, as well, or Yellowknife, as opposed to using locums all the time. For example, in Hay River, seven doctor positions in the fiscal year. The fiscal year, I think it's 2010-2011 was the number that I was using. In that fiscal year, with seven doctor positions, that community of Hay River used 37 locums. It gives you an idea of what the costs must be when you start bringing doctors in from the South and locating them there on a short time.

What we're hoping to do, in addition to a physician recruitment strategy, is build in flexibility in the physician funding. The flexibility will allow authorities to hire nurse practitioners and perhaps physician assistants. But the mixture – and that's why we need to work with the authorities – is going to be something that our department and the authorities will work with, to try to make sure that we understand that this is the best mixture to address their physician needs within their authority.

I just want to touch a little bit on addictions treatment. We recognize that addictions treatment is essential in our system. Right now we have one residential treatment that is operating at under 50 percent capacity, so we're looking at that. We're also looking at other ways where there will be other treatment, like we talked in the communities about having on-the-land treatment. The health centres, to be specific to Hay River, the new health centre has, right now, 10 extended care beds that are not going to be carried over to the hospital. Extended care is not really a place where...or long-term care. These patients may actually be long-term care patients, and a hospital is not a home.

The intention of our department is to provide homes for these elderly people. Regardless of the mental state that they're at, they should still be in a home, and a long-term facility is a home for them. A hospital is not a home and it's very expensive. Hospital space is very expensive space. We want to address that issue, and we're not going to reduce long-term care beds in Hay River. That is something we are not doing. We are going to work towards making sure that those beds are in Hay River at the end of the day. They're just not going to be in the hospital.

I don't know the exact numbers for the language and speech therapy across the territory, but as indicated, we have the 73 locations across 33 communities where individuals can work with people on the speech and language therapy. Sometimes these individuals travel into the communities, the therapists travel into the communities and work with the children. At this time, I don't know the numbers but we do know that it's being used in the schools and at the health centre and so on. In fact, when we travelled into

Colville Lake, there was a therapist in the community putting some children through some sessions.

We agree that, as a department, early childhood development is big bang for the buck, that investing in children at a very early age has long-term benefits, major long-term benefits. Minister Lafferty and I attended a meeting on early childhood development and we recognize that. Everyone knows that if you invest money into children early, the earlier you invest, the greater amount of results you'll have, cost benefits that you'll have at the end of the day down the road. We recognize that. It's just a matter of now making that bit of a shift into, I guess, what a lot of the Members have been asking for, is prevention. To make that shift towards prevention. To make that shift towards promoting some early development and funding some early development in zero to three and three to six.

We have a shared responsibility with education and children three to six years old. We have, I think, the responsibility for zero to three and even during pregnancy through healthy families. We're trying to expand Healthy Families programs right across the North. Right now I think that our expansion from what we have in place, I don't have the communities, but I know where the expansion is. The expansion on the last budget was Inuvik and expanded to McPherson and Fort Simpson, and also expanding to Liard and McPherson. Those were the two additions to the programs that we already have in Yellowknife, Behchoko, Fort Smith and Hay River. There was a concern that the Sahtu did not have a healthy family program, so we've put, again, going back to approving this budget, and then planning in the supplementary appropriation to address the issue of Sahtu not having a healthy family program. We're hoping that if we can get the budget through and then deal with that appropriation, it is hoped that that appropriation will go through and that we will have healthy family program in the Sahtu.

In prevention and promotion the budget appears to have decreased; that is true. What we have done is we have taken some of the prevention budget and given the prevention budget a portion of it to the Housing Corporation and a portion of the prevention budget sunsetted. That looks like a decrease, but again, through supplementary appropriation, our intention is to put some of that money back in. I'm just going to have the deputy minister speak on seniors population, population health, if that is okay, Mr. Chair.

CHAIRMAN (Mr. Dolynny): Ms. DeLancey.

MS. DELANCEY: Thank you, Mr. Chairman. I'm just flipping from my main estimates. I am sure when I get to the specific page we can speak in more detail, but a concern was raised about a decrease in the population health budget. I believe

that decrease is from the 2011-12 revised main estimates.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. DeLancey. Yes, we'll go back and we'll do that in detail. Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. In the growing seniors population, it's a demographic that is happening right across the country. We recognize that. That is a fast growing population. In order for us to maintain the funding to support the fast growing population, we do need to put in programs, rehab programs, more funding towards long-term care and putting some good, solid assisted living programs in place to keep people in their homes and so on.

The deficits of the health and social services authorities across the region had indicated earlier that our intention is to look at that by trying to do some changes in governance. Once we have those changes working with the authority, that we would then, sort of speak, right size the budgets for each of the authorities.

The infrastructure of \$36 million that was mentioned, yes, the government agrees that health infrastructure is essential and that good health care is probably the number one priority across the Territories for our citizens. That is our intention, is to put modern infrastructure in place that can respond to the needs of the people of the territory.

We don't have plans to put detox facilities in place at this time. At this time we are looking at funding programs and we would look at programs to help people with detox. The Member for Yellowknife Centre is correct; some of the more harder drugs, street drugs, can't be addressed with on-the-land treatment that a lot of the communities are proposing to address their addiction issues, which mostly is alcohol. We would look at that. That's something that's in the works. We're hoping that we can come to some resolution with the detox areas. Like I indicated, that is more of a program, that infrastructure need.

Midwife programs and for healthy babies, we recognize that midwifery could be a good alternative for people having to travel to Yellowknife to have babies, young ladies travelling to Yellowknife staying here for several weeks, staying at the facilities around here at a substantial cost to the government. If we are able to offset that by putting midwife programs in communities where it's viable, that's our intention. We've done the evaluation to determine that maybe the next best place to put a midwife program in place would be Hay River. Many of the babies that are born are originating from Hay River and Behchoko. Behchoko is fairly close and they may be able to continue to have their babies in Yellowknife. I don't know. We haven't come that far down the road, but we do know that it's probably feasible and has been

feasible in Fort Smith. It's probably feasible in Hay River.

The infrastructure planning, again, going back to infrastructure planning in Fort Simpson, we are planning to replace the health centre in Fort Simpson. Our planning study will be completed in April of 2013 to give us a chance to review our planning study and determine exactly what their infrastructure requirement is and then come forth through the capital planning process to be able to find the money and put the money in place to replace that health facility. It's the same thing with the Tulita Health Centre, same timeline. In Tulita we're looking at the same timeline. April 2013 is the time when we hope to have the studies completed.

Toward the response to the nursing shortages in the communities of Tsiigehtchic, Wrigley and Colville Lake, I would like to ask the deputy minister if she could provide detail for response. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Beaulieu. Ms. DeLancey.

MS. DELANCEY: Mr. Chair, this is of course an ongoing issue and we actually have seven communities that don't have any resident nurse in them. In most of those communities, we do have some resident health workers. For example, in Wrigley there is a full-time community health representative, part-time community health worker and a home care worker. In Tsiigehtchic we have a wellness worker and a community health rep and a home support worker.

We recognize that that is not always efficient to respond to medical emergencies. The department is in the process right now of updating our service delivery model, and one of the Members mentioned that we shouldn't be deciding whether there is a nurse in the community based on numbers. The sad reality is that we have a number of barriers in terms of having a nurse in every community. It's very difficult to have just one nurse in a community, as we have discussed this in the standing committee from the perspective of safety, from the perspective of overwork and sustainability. There are housing challenges in many communities.

We really need to get creative and we just recently returned from a meeting. All the Health Ministers of the provinces and territories got together to talk about how we can be more sustainable. One of the things they're looking at is being more creative using the full scope of practice of different practitioners. For example, we heard about some small, isolated communities on islands in Nova Scotia where they trained paramedics. They don't have a resident nurse and they don't have highway access to a doctor, but they're using paramedics. Some of our communities have talked about if we can't have a registered nurse, what about a licensed practical nurse.

When we go through updating our service delivery model, we want to look at a whole range of options for these communities. When we travelled to Tsiigehtchic, the community spoke very positively about having had first responder training in the community. Other communities have asked us for that. There may be opportunities, without bringing a nurse in, to bring in a higher level of emergency response.

The last piece of the puzzle is using telehealth and electronic health. If we can have a paramedic or a first responder in a community that links up by videoconference to a physician in Inuvik or in Fort Simpson, we may be able to address the issue a different way.

I think these are some of the things that we're looking at and we will be looking at over the next few months to try to solve this problem.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. DeLancey. We'll go back to Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. In some locations across the North, we recognize that we spoke briefly on the long-term care facilities and our inability to put long-term care facilities in every community. In many of the smaller communities they were asking for much simpler, cheaper response, or less expensive response than that, and that was to increase home care workers.

So we're looking at the integrated service delivery model. It's 10 years old, I believe, and we want to review that and we want to be able to respond to those types of requests where they're saying we're not expecting you to build a facility here, put three old people in there and then have it sit empty for part of the year or have half of it sitting vacant. Why don't you respond by putting in a different scope of practice as the deputy minister referred to just now, whether it's a licensed nurse practitioner, home care worker or a community health nurse, which would be a registered nurse but more of a primary care approach. So a primary care team approach so that we're able to provide a service that is needed in the community without having our resources sitting idle. That's something we want to avoid as much as possible.

With the cost of health care, we can't afford to have resources not doing anything. We can't afford to have two registered nurses with home care workers in small communities where, for the most part, they're not doing anything. What we need to do is have a primary care team that goes in there so they're busy all the time for the work that is needed in those communities. Then we'll bring in physicians on an as-needed basis and that's a model that we want to look at. We want to look at modernizing the integrated service model delivery so that we have a system that responds to the community from the smallest communities to Yellowknife, that we're able to respond in the appropriate way with the

appropriate health care that's needed in those communities.

I have some more cost-drivers, as some of the Members referred to, smoking, obesity, addictions, aging population, and we factor those things in. We factored in addictions, we're factoring in some smoking just in our business, just in the way we are going to the schools and trying to promote no smoking, exercise, healthy eating, those types of things. When we have healthy family programs, that's how they start. They talk to the mothers while the mothers are pregnant, to be able to indicate to the mothers that when these babies are born, we have to start feeding them in a healthy way, less sugar. We're trying to prevent more diabetes.

Diabetes is a brutal disease and I think people and the Members in this House know that. A simple thing that I've been talking to the communities about is that a very simple way of not getting diabetes, if you're a young person where there's lots of diabetes in the family and you appear to be susceptible to diabetes, is walking 30 minutes a day, and we've been promoting that. We've gone to the communities and said walk 30 minutes a day and you probably wouldn't get diabetes. I mean, there's a good chance that you won't get diabetes if you walk 30 minutes a day. This seems like such a simple thing to prevent such an awful disease, a disease where people are losing their limbs and people are dying from heart failure and people are having their quality of life, very, very poor quality of life if you have diabetes, and the amount of pills you take and the cost to the system, a cost that could be put somewhere else, costs that could be put toward trying to help the overall population of the Northwest Territories to be a better place to live and a place where we can put this money into much needed education so that our overall population is healthier and educated as is the goal of this government.

Cancer is a huge issue. We are working with Fort Good Hope. Fort Good Hope and Fort Resolution are two communities that have come forward because they've lost young people. In a small community like Fort Resolution and Fort Good Hope, when you lose a young person to cancer, a person dies while they still have small children themselves and they're at an age where most adults are older than the person that dies of cancer, people start to pay attention. It becomes a real issue. In Fort Good Hope we heard that. In Fort Resolution we've heard that.

So we want to work with those communities. Right now, as the Member for Sahtu indicated, there's got to be a lot of work done in early screening and so on. We're actually doing a good job of early screening, but they are concerned that the environmental effects on the community, water, and maybe not being able to afford, as Members today

spoke about the cost of living, not being able to afford healthy foods. It's a big issue. When you've got communities with low employment rates, it's difficult for them to afford healthy foods all the time.

So we're going to go into the community in Fort Good Hope, as an example, on the 18th and 19th of June to have a workshop in the community. That's going to start to set everything in motion for that community to start working with our department, and we're going to do the same thing in Fort Resolution. Our intention is to go in there and do the same thing. We're going to expand that to as many communities as possible.

The whole idea, I guess, is to try to prevent people from getting cancer. If there's a possibility that people could go to get screened for cancer, have the various tests done so that we can pick up any cancer in the community at an early stage, I think the numbers are we can almost beat stage 1 cancer, almost always, and we almost always lose to stage 4 cancer. We lose lives to stage 4 cancer. We can always beat stage 1 cancer. So it makes sense that we want to move as much as possible to try to address the cancer issue at stage 1. So that's something that we want to do.

Unfortunately, people do pass away and the communities want to have palliative care. Our department is looking at that. We want to make sure that people are passing away as close to home as possible, at home if possible. So the department is looking at providing palliative care to individuals so that individuals on their last days are in their own home.

There is an impact to resource development and we hear that. We hear that in Good Hope. They think that their cancer rates are impacted by development upstream. Fort Resolution thinks their cancer rates are impacted by development upstream.

We'd like to talk about dental care. Dental is actually a federal government issue, but we can talk about what we want to do is oral health. Oral health is a responsibility of the GNWT. So we'd like to see how we can expand dental therapy. We can always talk about dentists and we can talk about the federal program, whether or not it's adequate or inadequate and we talk about it for days on end, but it's somebody else's responsibility. We still have to get approval from the federal government in order to do anything in that area. Oral health, on the other hand, dental therapy on the other hand is our responsibility. We want to develop a strategy on oral health. We recognize, clearly the department recognizes that good dental leads to good health. Individuals that have good dental will have good health. If you can't chew your food properly, just to put it in simple terms, yes, you will get sick. So this is an important thing for this department as well.

When we look at oral health, that's something that we know will have positive impacts.

I guess I'm going to ask the deputy minister to respond a bit to the cost of drugs, because we've talked about the cost of drugs at the federal level. For a little more detail I'm going to ask, but just to give her an opportunity to think about it for a minute, I just want to talk about the missed appointments. We know that missed appointments are a costly thing to this government, to the Department of Health. The Member used 12 percent. We in some places know that it's 19 percent. One-fifth of the people that make appointments are missing them. If you have to come all the way to Yellowknife to see the doctor, don't miss the appointment. It's costing this government a lot of money. We can't cut them off. We can't penalize them for the future. We can't charge them. It just ends up costing the system money. We need to address that somehow, that at the appointment stage when the appointment is being made, that we want the health practitioner to have a very serious discussion with individuals as part of the system, so that individuals don't miss appointments and unnecessary costs to the health system.

I would like to just ask the deputy minister to respond to the cost of drugs.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Beaulieu. We'll go to Ms. DeLancey.

MS. DELANCEY: Thank you, Mr. Chairman. Yes, we've heard a lot about the rising cost of pharmaceuticals as being a huge cost-driver on the health system. Probably more so in other jurisdictions. It's not as big a part of our budget proportionately, but as our population ages, we're probably going to see more and more pressures in this area.

The provinces and territories have done a fair amount of work working together and there's even a consortium of western provinces. One Member asked if we were part of that. In fact we are present at that table. We are working with other provinces and territories on a couple of things. There has been a lot of work on bulk purchasing of drugs. There's been some work lead by BC and Ontario on negotiating specific prices for some very expensive drugs on a one-off basis with suppliers. There's also some work going on looking at increased use of generic drugs to try to bring down prices. At a national level we are plugged into work that all the provinces and territories are doing.

At a more local level, we have put in our strategic plan, development of a Pharmaceutical Strategy. We have done some very early work on that. We don't know yet what all the features of that will be. Actually, I had met with the Pharmacists Association not long ago and we're seeking their views and have talked about renegotiating and

updating our agreement with the pharmacists. We are doing some bulk purchasing of drugs locally, as well, and some of our health authorities are involved in bulk purchasing and we're trying to bring the other health authorities in.

This really intersects with the whole issue of drug shortages, which has been an ongoing issue in Canada, because what we've found is that with the recent drug shortages that got quite a bit of attention in the press, the authorities that were engaged in bulk purchase agreements actually had a guaranteed source of supply, whereas the authorities that did not have a relationship with a provider were kind of left out in the cold. We're trying to work through our system to have all our health authorities involved in contractual arrangements which will help to some extent to moderate and mitigate the drug shortages. There's quite a lot of work going on in that area and quite a lot of work left to do.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. DeLancey. We'll continue with Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. That concludes Health and Social Services' response to general comments.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Beaulieu. That appears to conclude general comments. Does the committee wish to proceed to detail?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): I'll get everybody to turn to page 8-7. We'll be deferring that until we have consideration of detail. Page 8-8, Health and Social Services, department summary, information item, infrastructure investment summary.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Page 8-9, Health and Social Services, department summary, information item, revenue summary. Page 8-10, Health and Social Services, department summary, information item, active position summary. Mr. Moses.

MR. MOSES: Thank you, Mr. Chairman. I see there was an increase of seven positions and they all went into the Yellowknife headquarters. Can I just get a quick breakdown of what these positions are, and if they were consulted into looking into the communities at all when they were first introduced?

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Moses. For that we'll go to Ms. DeLancey.

MS. DELANCEY: Thank you, Mr. Chairman. I can run through those positions. There are three new indeterminate positions in the directorate. One is an associate deputy minister position. One is the director of policy, communications and legislation. This position was created basically as a result of the Auditor General's report which recommended a stronger emphasis had to be taken on

accountability and evaluation of performance measurement. What we did is we split the policy and communications and legislation off from that accountability area so that we now have two directors where there was one. One of those positions is an administrative assistant position to support the new management positions. Then the last permanent position is the Child and Family Services Committee coordinator, which we've talked about here earlier. That's four positions.

Then we also have created four two-year term positions that will be funded with the funding through the Territorial Health System Sustainability Initiative, THSSI. These we've actually created four positions but taken one away. That's three more positions. These positions are focusing on some of the projects in our strategic plan that really are seen as reform which will make the system more sustainable. We have one that's focusing, and the Minister has talked about shared services amongst all the authorities. We're doing a fairly huge project to look at where we can achieve some savings through shared services and we are dedicating a project manager to that work. We've also dedicated a project manager to the work on revising medical travel business processes and looking at increased use of eHealth to support a reduction in medical travel. We have a position that will specifically be working on updating the Medical Travel Policy and that position will be responsible for consultation, coordinating consultation and pulling together the results of that. Then we have a project manager position.

Of the seven positions, four are indeterminate and three of the seven additional positions are two-year term positions. We did look at whether it made sense to locate those positions outside of Yellowknife but the very nature of those project positions have to work closely with our existing finance shop, with our information services and eHealth shop, and with our policy and legislation shop. It really was difficult not to have them at headquarters.

MR. MOSES: There was mention of three positions under the THSSI funding for the two-year project. Are there any plans in place for all the good work, should this work be incomplete at the end of the two years and the THSSI funding running out, is there any plan of action to continue the work or is it just going to come to a halt? The work, especially with the shared services, I think that's an important one. Was there any plan to look at how these positions can either continue on or how the work that these positions have been working on does continue?

MS. DELANCEY: Our hope is that these will not be permanent positions. There's a lot of work involved in stepping back and looking at how you're delivering a program, how to change it, developing

the plans to implement change and to train staff while the people who are delivering the program, the medical travel staff, are doing their day-to-day work, for example.

Another possible shared service is in the area of finance. We again have finance staff in all the authorities that we can't pull away from their day jobs to do this design. These will not be permanent positions, but the Member raises a good point that two years is not a long time to implement substantial change like this. It seems like a long time but somehow we never seem to get done when we think we will. If we are successful in negotiating an extension of THSSI funding with the federal government that might support continuing this work until such time as we're able to implement the changes and it becomes core business. Having said that, we know we have a two-year time frame, we know we have the funding for two years and we're making every effort to get the work done.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. DeLancey. Moving on with questions I have Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chairman. I want to ask the Minister, and maybe it might be in another section of the business plans, on the principle of the Nurse Practitioner Program. I'm not too sure if it's in here or fits in this section or later on on these positions that are within the department of within the health board, so we have some graduates this year.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Yakeleya. We're going to go to Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. All the nurse practitioner positions are within the authorities but we don't have the information here on the amount of nurse practitioners who have graduated recently.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Beaulieu. Would you be able to provide that information to the Member?

HON. TOM BEAULIEU: Thank you, Mr. Chairman. We can provide that information.

MR. YAKELEYA: Thank you, Mr. Chairman. I look forward to the Minister's information. Just on the principle again of the nurse practitioners, and the Minister can correct me if this is the place where I need to continue digging into this or just ask about it later on in the business plan, but I am asking the Minister on the principle in the policy of these active positions, if they're working closely with the Sahtu Health Board or the Yellowknife Health and Social Services Authority, or any other authorities we have on these valuable positions and people that we have hired. Is there a policy in health that we will hire these nurse practitioners once they graduate from our training program?

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Yakeleya. Yes, we are in that same page or close to it, so I'll allow that type of question. For that we'll go to Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. This is going to be part of our review of modernizing the integrated service delivery model.

MR. YAKELEYA: I'll get to that area when we talk about the modernization of this act. I want to definitely see the nurse practitioners in there and how we can continue to support them in their efforts and make it easier for us, and I hope we can have some fruitful discussion when we get to that area. I'm just lending my support to those professions.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Yakeleya. Page 8-10, Health and Social Services, department summary, information item, active position summary.

SOME HON. MEMBERS: Agreed.

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

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Page 8-13, Health and Social Services, activity summary, directorate, operations expenditure summary, \$7.924 million. Mr. Bromley.

MR. BROMLEY: Thank you, Mr. Chair. I want to just follow up a little bit. I appreciated the information the Minister shared on planning for infrastructure improvements to Stanton Territorial Hospital. I am concerned, though. He started to talk about the next steps and then stopped short of that, but he did reference that the next step after the schematics would be to enter into the capital planning process. I believe there's an understanding that that's typically a five-year process which, of course, is alarming to a lot of people across the Northwest Territories. Has there been any discussion yet? Does the Minister feel this is already in the capital planning process? I mean, obviously, we've known that as soon as we got the planning done, we want to start hammering nails or look after the ventilation or whatever. Could I get some idea where we're at on that specific front? Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bromley. Minister Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Chairman. This year, in this budget, our plan is to spend \$4 million to complete the remaining schematic planning and the initial occupational planning. We can't go beyond that. We have to have approval of this House to go beyond that. We're moving forward in this area and this is part of the process,

but I can't anticipate what there's going to be in the capital plan in future years.

MR. BROMLEY: The extensive communications and discussions in the House and in committee that we've had over the past five years have meant nothing in terms of carving a niche for planning infrastructure dollars on an expedited basis as opposed to another five-year process. Is that the Minister's understanding? There have been no discussions in Cabinet about that? Thank you.

HON. TOM BEAULIEU: I think this is the final step of the planning, the program planning. I think the next step is to put money into the capital plan. This is the process for all the infrastructure that's needed. It goes through a process when we first come up with the idea. I don't think that the department or the government wants to see us spend \$1.2 million on program planning, technical status evaluations, schematic planning, planning contingencies, and then put another \$4 million in this year to complete the remaining schematic planning and occupancy planning if there isn't an intention to seriously look at putting this into the infrastructure plan.

MR. BROMLEY: That's a very good point the Minister makes. I have seen the government do strange things, but I would agree that's a logical position to take. I'm with the Minister on that and I do want to agree with his earlier comment in response to our general comments that this is something that cannot wait. I'll leave it at that. I know this is a capable Minister who's going to nail down those capital dollars. Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bromley. Moving on with questions, I have Ms. Bisaro.

MS. BISARO: Thank you, Mr. Chair. I wanted to ask some questions here further to the comments I made initially. The first thing I wanted to ask about was the service partnership agreements that the Department of Human Resources and the Department of Health are apparently developing. Could I get an update on where those agreements are at? Have they been fully developed?

CHAIRMAN (Mr. Dolynny): Thank you, Ms. Bisaro. For that we'll go to Ms. DeLancey.

MS. DELANCEY: Thank you, Mr. Chair. The work continues on the service partnership agreements. They have not been fully developed. I don't believe it's any surprise that the work had to slow down while many of us were very involved in putting a lot of our resources towards negotiating collective agreements. But we have recently met with the Department of Human Resources. We now have a draft document and draft service partnership agreement. Our next step is going to be to put that draft through some ground-truthing with some of our staff, and then we are going to implement it on

a pilot basis over the next few months and monitor to see how it works. We're focusing initially on recruitment and onboarding of staff, because we want to keep this manageable until we have a chance to pilot it and see if what we've got is going to be sufficient to start tracking results.

MS. BISARO: I want to revisit the issue of governance. I mentioned it in my general comments. I am concerned. I know the Minister responded and he pretty much gave a summary of what exists where, but I want to say, again, that I am concerned that there's not much opportunity for the residents of Yellowknife to have input into their hospital. I know it's a territorial hospital, but it's the hospital that Yellowknife residents use. The Primary Care Clinic is a good measure, absolutely, but the running of the hospital, Yellowknifer's tend to take a bit of ownership of that hospital. It's been our hospital for a very long time. I am somewhat concerned that there's no intent, it doesn't sound like, on the part of the department to get beyond having a public administrator for that facility. I am concerned that there doesn't seem to be much opportunity for input from either Yellowknife Members from the House or from Yellowknife residents. There's no, sort of, formal opportunities, I don't think, for input into the hospital and how it works, and plans for the future and just all those things. I guess I would like to know from the Minister if, as he stated, there's a PA at the hospital. Is that's what's going to be there for the foreseeable future or are there other plans to provide something different? Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. Bisaro. Minister Beaulieu.

HON. TOM BEAULIEU: In general, the governance, if we move to all regional advisory boards, there will be a greater focus on the involvement of communities, and that is the intention on the Beaufort-Delta board at this time. For the Stanton, what we would like to do – and it's something that we're going to take back to Standing Committee on Social Programs – is to have the seven regional chairs or public administrators, in other words the Joint Leadership Council, oversee the operations at Stanton, in effect having a territorial type of board that would be responsible for the Stanton Territorial Hospital.

MS. BISARO: I guess that means, then, my opportunity for input as a resident of Yellowknife is limited to talking to the public administrator of Stanton or talking to the chair of the Yellowknife Health and Social Services Authority. That's the only input I have into what my hospital is doing or not doing or its future direction. Is that correct? Thank you.

HON. TOM BEAULIEU: The Stanton Territorial Hospital is a territorial asset and as all residents of the Northwest Territories will have equal access to

Stanton Territorial Hospital, that process may be that way, and that is the plan. But at the same time, I must say that our intention is to bring our plan, our governance plan back to the Standing Committee on Social Programs before decisions are made. We also have ongoing discussions with the Joint Leadership Council before we make decisions.

MS. BISARO: I guess I want to say to the Minister that I urge that you rethink your plan. If you were to tell Hay River or Inuvik or Fort Smith that their centre was going to be – and think of Inuvik particularly where you're putting an advisory board in place – if you tell them that theirs is a territorial body and they're not going to have any input into it, I think they would be kicking and screaming to get to your door.

I feel really strongly that, yes, Stanton is a territorial asset, but where can I go for hospital services? I go to my local hospital which, yes, happens to be a territorial asset. There needs to be a greater opportunity for public input from Yellowknife Members into the operation of that hospital. I urge the Minister to rethink this plan. I think it's being unfair to the city of Yellowknife.

I wanted to ask a question about – this kind of goes to the numbers in the budget and I know the Minister talked about – I mentioned earlier that there was, between the mains for 2012-2013 and the revised mains for 2011-2012, quite a drop in funding. I don't think I heard him say what funds we are expecting. I think it's like \$5 million. I am not on that page right now. Could I get the Minister to tell me what funds we are expecting that will take us up to about the same value as the revised mains from 2011-2012?

CHAIRMAN (Mr. Dolynny): Thank you, Ms. Bisaro. We'll go to Mr. Elkin.

MR. ELKIN: Thank you, Mr. Chairman. The difference between the opening mains revised are the items we've gone forward traditionally for supplementary appropriation during the year. Those include expenditures such as southern placements of adults and children. The Canadian Blood Services, at the end of the year we know, we find out how much of their products we've used at the hospital and then we go for a supplementary appropriation at the end. Those are two of the major categories that make up the difference between the opening revised.

MS. BISARO: Thanks to Mr. Elkin. Another question in regard to numbers. From the information that I have, forced growth in this budget is about \$5.9 million. The increase in the budget is about \$4 million. That leaves a difference of about \$1.9 million, which tells me that we are cutting something somewhere.

Could I get an explanation from the Minister as to where the difference of the \$1.9 million... Forced

growth is higher than the increase in the budget. Where is that \$1.9 million coming from?

MR. ELKIN: A portion of those are items that were previously voted and they were sunsetting. Some examples are the HPV vaccination program. The program hasn't sunsetted but the draw on the program is reduced in the upcoming years so there's a reduction to the budget.

As the Minister mentioned previously, the enhancing community services item will be coming forward later as a supplementary appropriation after the budget's approved. Two items are related to group home contracts. We will again be coming forward during this fiscal year once we've evaluated the total costs of those contracts. Just some sunsetted items that we will come back for.

MS. BISARO: I have to laugh at our yes, we have this money, and yes, it's less but we're going to come back and ask for more. We hear this all the time. It would be nice if we could get a number and stick with that number for longer than five minutes.

The last question I wanted to ask has to do with shared services and I know that the department is working on it and is, I think, starting to institute some. Could I just maybe have that stated again? What shared services are in place now and what other shared services are planned and when would they start?

CHAIRMAN (Mr. Dolynny): Thank you, Ms. Bisaro. For that we'll go to Ms. DeLancey.

MS. DELANCEY: Mr. Chair, obviously our health and social service authorities take advantage of some of the shared services that are in place for the whole government, so Human Resources is one. We have some authorities that take advantage of the TSC services. Among the authorities within this system, we have actually been working with a consultant over the last several months. Working with our authorities, we actually generated a list of something like 60 possible functions where there might be an opportunity for savings or efficiencies or better service if they were shared. The consultants have talked to every authority. They have given us an initial report that has identified some areas where we actually already do have shared services formally or informally. For example, laboratory information services is operated on a system basis. Purchasing of medical equipment is done on a system basis.

There were then some recommendations for some other areas that seem to lend themselves to a shared service approach. A couple of the top ones are procurement. All the authorities are doing their own procurement. Another one is accounts payable and accounts receivable. We are actually working with the consultants now to do more of a business case to see what those might look like.

In addition to recommendations for areas where we should go to actual shared services, they have also flagged some areas where we should at least promote a more integrated approach. Bed management is one amongst our facilities. We are already doing that to some extent for our long-term care centres. Another one is risk management, where every authority is trying to establish and invent their own approaches to risk management and we could probably get a much more effective and more cost-effective approach by combining resources. That work is ongoing and we do expect a final report later in the summer.

CHAIRMAN (Mr. Dolynny): Thank you, Ms. DeLancey. We are moving on. I have Mr. Nadli next on the list.

MR. NADLI: Thank you, Mr. Chairman. I have two questions, but I will just forego one in the spirit of trying to meet at least a timely transfer of closure here as we move on. I refer to the term "culturally appropriate care." What does that mean?

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Nadli. Minister Beaulieu.

HON. TOM BEAULIEU: Mr. Chair, as we travel to the communities, many of the Aboriginal communities that we had gone to have indicated to myself and the staff that was travelling with me when they wanted to take a look at treatment. As an example, that we should be working with the communities to develop a model which meant that if there were families that needed treatment, if there was youth that needed treatment, that they would be going out on the land with the elders and that they would be essentially living out there on the land for a period of time while they address their addiction issues. We had indicated that we thought that they had used the term that we had to be culturally appropriate when we are trying to treat people.

MR. NADLI: Mr. Chair, I would like an update. I understand that we have an aging health centre in Fort Providence. I just wanted to see where it is at in terms of... I know there have been discussions in terms of a site and identification. I would like to get an update.

HON. TOM BEAULIEU: Mr. Chair, the Fort Providence Health Centre was built in 1970. The life expectancy is now up with that facility. There is a plan to replace that facility. We are planning on completing the study. Sorry; the study has been completed. The project is approved. It is in design this year. We are expecting to have it completed by 2015.

CHAIRMAN (Mr. Dolynny): Committee members, we are on page 8-13, Health and Social Services, activity summary, directorate, operations expenditure summary, \$7.924 million.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Thank you. Page 8-14, Health and Social Services, activity summary, directorate, grants and contributions, contributions, total contributions, \$35,000.

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Dolynny): Thank you. Page 8-15, Health and Social Services, information item, directorate, active positions. Are there any questions? There are none. Page 8-17, Health and Social Services. Mr. Bromley.

MR. BROMLEY: Thank you, Mr. Chairman. I see here the page deals with maternal and child health, so I am assuming that early childhood development is one of the responsibilities within this program. What role is the department playing? What new programs are being put in place for early childhood development recognizing the priority that this government is putting on that this year? What role is the department playing in working with sister departments on the broader early childhood development programming?

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bromley. Ms. DeLancey.

MS. DELANCEY: Mr. Chair, there is no new funding for early childhood development initiatives in this budget. I believe the Minister has spoken to our hope that we will be able to identify funding in the future to expand the Healthy Families program and at least into the Sahtu region. We are working very closely with the Department of Education, Culture and Employment on updating the Early Childhood Development Framework with an immediate focus on the family resource centres. We also have been lucky enough to recruit back our chief public health officer, Dr. Corriveau. While he was in Alberta, he just produced a major report on early childhood development. We hope to benefit from his research and expertise in that area to help inform our work with ECE. It is something that we recognize. Again, it is extremely important, and out of the work that we are doing right now with ECE, we hope to expand the existing program through the next business planning cycle.

MR. BROMLEY: Mr. Chair, thanks to the deputy minister for that information. What positions do we have that are dedicated to early childhood development in this department? Are they currently filled? Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bromley. Minister Beaulieu.

HON. TOM BEAULIEU: Mr. Chair, in the department we have one position, but most of the money to do early childhood development work is with the authorities, with the health and social services authorities across the North. I don't have the detail of how many positions that constitutes.

MR. BROMLEY: Mr. Chair, just before my next question, does the Minister agree that early childhood development is a major opportunity and responsibility that we have, given our new considerable and new enlightening knowledge in terms of our prevention priorities in terms of health and many other broad government goals?

CHAIRMAN (Mr. Dolynny): Mr. Bromley, if I can get you to rephrase that. It was more of an opinion question. If you can be more specific.

MR. BROMLEY: Mr. Chair, is early childhood development considered a priority by your department?

HON. TOM BEAULIEU: Yes, we recognize the benefits.

MR. BROMLEY: As a priority and recognizing the considerable amount of new information that's available now – and the deputy minister referred to a really excellent report by Dr. Corriveau that does incorporate a lot of that information in a popular format -- is the department playing a role getting that information to authorities and helping them identify the opportunities in early childhood?

HON. TOM BEAULIEU: As we take a look at the delivery model again, many of the functions that are in the authority like the public health, Healthy Families and public health nurse and so on are targeted towards early childhood development and are part of their functions. A part of many of the positions in the authority are addressing the early childhood development. We will make sure that any information that we get as a result of having Dr. Corriveau back in our employment will be given to the health and social services authorities.

MR. BROMLEY: I appreciate the comments from the Minister. That sounds great. Just backing off to a little larger scale, what's the format and the role of the department in trying to help our professionals and our service people keep up to date with new information such as the amazing stuff that's coming out of early childhood research now? How does that work?

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bromley. For that we'll go to Ms. DeLancey.

MS. DELANCEY: Thank you, Mr. Chair. The department plays what's technically usually called a ministry role, and so we do try to, to the extent that we have the capacity, we try to have subject matter experts on staff, and their job is, indeed, to do just what the Member's talking about. So our early childhood development specialist would work with other headquarters departments to try to make sure that we are not siloed and that we're coordinating on delivery of these programs, would try to keep on top of research, would organize training sessions sometimes at the department's initiative and sometimes at the request of health and social services authorities. We do have professional

development funding that's available for our professional allied health professionals and nursing and physician staff throughout the system. They will sometimes pull that funding together and the department will try to bring in resources and expertise. The department tries to play a specialist role to the extent that we have the ability to do so, but a lot of the expertise does reside out in the authorities, and we do have a lot of great staff out in the system in the authorities that will play that role for one another as well. They don't always wait for the department to do it.

MR. BROMLEY: Great information there. In terms of the less professional side of the equation, which is, of course, the seat of much of our early childhood development opportunities dealing with the public and community groups and young parents and other ways, parenting skills and whatnot that may be delivered by non-government organizations, is there a mechanism for the department to interact with them or is that left to the regional authorities? Thank you.

MS. DELANCEY: For the most part, the lead on interacting with residents and stakeholder groups at the community level is done by the authorities. The department, obviously, has a role interacting with some of the territorial non-government organizations. We do have a headquarters position that's actually located out of Hay River that is working on developing community wellness plans and is engaging with a lot of those interagency and NGO groups at the community level, but most of that interaction would happen through the authorities.

MR. BROMLEY: Thank you, Mr. Chair. It's all good information. I'm learning the process here more and more. So could I just get a commitment from the Minister – I'm sure he's doing this already, but given this is a priority – that he will continue to explore all fronts on getting the expanded and expedited programs in early childhood as we learn more and recognize the need and opportunity? Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bromley. Minister Beaulieu.

HON. TOM BEAULIEU: Yes, I will commit to that.

CHAIRMAN (Mr. Dolynny): Thank you, Minister Beaulieu. Thank you, Mr. Bromley. Moving on, we have Mr. Moses. Sorry, Mr. Moses, Mr. Bromley has just a few seconds left, Mr. Bromley.

MR. BROMLEY: Thank you, Mr. Chair. I thought I'd indicated I had one more. I don't hear a response to whether or not our one ECD position is staffed currently in the department.

HON. TOM BEAULIEU: Yes, it's staffed.

CHAIRMAN (Mr. Dolynny): Thank you, Minister Beaulieu. Thank you, Mr. Bromley. Mr. Moses.

MR. MOSES: Thank you, Mr. Chair. I move that we report progress.

---Carried

CHAIRMAN (Mr. Dolynny): I will now rise and report progress.

Report of Committee of the Whole

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

MR. DOLYNNY: Thank you, Mr. Speaker. Your committee has been considering Tabled Document 3-17(3), Northwest Territories Main Estimates 2012-2013, and would like to report progress. I move that the report of Committee of the Whole be concurred with. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Dolynny. Is there a seconder to the motion? Mr. Beaulieu.

---Carried

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

Orders of the Day

DEPUTY CLERK OF THE HOUSE (Mr. Schuerte): Mr. Speaker, orders of the day for Thursday, June 7, 2012, at 1:30 p.m.:

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Reports of Standing and Special Committees
5. Returns to Oral Questions
6. Recognition of Visitors in the Gallery
7. Acknowledgements
8. Oral Questions
9. Written Questions
10. Returns to Written Questions
11. Replies to Opening Address
12. Petitions
13. Reports of Committees on the Review of Bills
14. Tabling of Documents
15. Notices of Motion
16. Notices of Motion for First Reading of Bills
17. Motions
 - Motion 6-17(3), Changes to Seniors Public Housing Rent Scales
18. First Reading of Bills
 - Bill 3, An Act to Amend the Human Rights Act
19. Second Reading of Bills

20. Consideration in Committee of the Whole of Bills and Other Matters

- Tabled Document 2-17(3), Commissioner's Opening Address: Creating the Conditions for Success
- Tabled Document 3-17(3), Northwest Territories Main Estimates 2012-2013
- Tabled Document 17-17(3), Supplementary Estimates (Infrastructure Expenditures), No. 7, 2010-2011
- Tabled Document 18-17(3), Supplementary Estimates (Operations Expenditures), No. 4, 2010-2011
- Tabled Document 19-17(3), Supplementary Estimates (Infrastructure Expenditures), No. 1, 2012-2013
- Bill 1, An Act to Amend the Student Financial Assistance Act
- Committee Report 1-17(3), Standing Committee on Government Operations Report on the Review of the 2010-2011 Annual Report of the Information and Privacy Commissioner of the Northwest Territories
- Committee Report 2-17(3), Standing Committee on Government Operations Report on the Review of the 2010-2011 Annual Report of the Northwest Territories Human Rights Commission Annual Report

21. Report of Committee of the Whole

22. Third Reading of Bills

23. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. Accordingly, this House stands adjourned until Thursday, June 7, 2012, at 1:30 p.m.

---ADJOURNMENT

The House adjourned at 5:04 p.m.

