



NORTHWEST TERRITORIES LEGISLATIVE ASSEMBLY

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The Honourable Jackie Jacobson, Speaker

Legislative Assembly of the Northwest Territories

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Mr. Michael Nadli

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YELLOWKNIFE, NORTHWEST TERRITORIES**Wednesday, February 19, 2014****Members Present**

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

The House met at 1:30 p.m.

Prayer

---Prayer

SPEAKER (Hon. Jackie Jacobson): Good afternoon, colleagues. I would like to welcome Mr. Tony Whitford, who has held every position here in our Assembly at one time or another.

----Applause

Welcome. Good to see you, Tony.

Item 2, Ministers' statements. The honourable Minister of Industry, Tourism and Investment, Mr. Ramsay.

Ministers' Statements

**MINISTER'S STATEMENT 28-17(5):
NWT FUR PRODUCTS**

HON. DAVID RAMSAY: Mr. Speaker, with its guaranteed advances, prime fur bonus and grubstake, the GNWT's Genuine Mackenzie Valley Fur Program is the envy of the Canadian trapping industry. The returns of this small but dynamic made-in-the-NWT program to our trapping industry continue to impress.

The Genuine Mackenzie Valley Fur Program provides NWT trappers with one-window access to the international fur auction market. It works with the Fur Harvesters Auction to promote wild NWT fur, while educating and training resident trappers to maximize their returns with best practices for trapping and pelt preparation.

The results of this approach can be seen in last year's trapping season, the best in over 30 years for NWT trappers with total returns to participants in our trapping industry exceeding \$2.7 million and demand is expected to remain strong this year.

Of course, this success is due to our territory's growing community of committed and hardworking trappers. Wild fur from the NWT is world renowned for its top-class quality and fetches the top prices at auction. NWT marten, which comprises almost 75 percent of our territory's harvest annually, is in huge demand in all markets, including the European Union and now the Asia Pacific.

Recently a trade mission to China took a delegation from the GNWT to the 40th Annual Beijing Fur and Leather Show. China leads the world in manufacturing fur garments and has a continuous demand for high-quality fur products. Currently 80 percent of all NWT wild fur ends up in China, indicating that our genuine Mackenzie Valley fur is recognized as a premium product that Chinese designers want to work with.

Last year a small amount of marten, branded with the Genuine Mackenzie Valley Fur label, fetched an astronomical \$1,300 per pelt. But this type of success would not be attainable if trappers did not first learn and invest the time in properly handling and preparing their fur.

Our trappers are the very best in their trade and, as a result, so is the fur they ship to market.

Mr. Speaker, the Genuine Mackenzie Valley Fur Program was expanded a few years ago to address the long-outstanding challenge, faced by traditional arts and crafts producers in the NWT, of finding reasonably priced and properly prepared furs and hides to support their livelihood. The expansion diversifies our economy by encouraging trappers and craft producers in all regions to become more involved in their industries.

Today the Genuine Mackenzie Valley Fur - Hide and Fur Procurement Program provides producers of traditionally tanned moose and caribou hides with a market to sell their finished hides. It then resells these hides to NWT-based arts and crafts producers at the same price.

We also buy NWT seal and beaver pelts directly from auction, arranging for them to be tanned and dressed before returning them to the NWT to sell on a cost-neutral basis to NWT artists and producers.

Through this expansion of the Genuine Mackenzie Valley Fur Program, our government has been able to offer seal harvesters a precedent-setting \$55 per pelt. While traditional markets for seal pelts have been wiped out by the European Union's ban on sealskins, here in the NWT we cannot keep up with the demand from our arts and crafts sector and in the near future we will be increasing the price paid for seal pelts to increase our supply.

Mr. Speaker, it is estimated that fur bought and sold through this program last year generated almost \$350,000 for craft producers in the NWT. Their beautiful creations promote our cultural diversity and are part of our socially responsible and environmentally sustainable Economic Development Strategy.

The release of the NWT Economic Opportunities Strategy last year confirmed that we need to build on the success of our Genuine Mackenzie Valley Fur Program and look to broadening its scope.

I am happy to advise Members today that the Department of Industry, Tourism and Investment will be introducing a pilot project this year to purchase muskox hides from hunters and make these available for sale to leather and qiviut producers in southern Canada and abroad. The department also intends to expand the Hide and Fur Procurement Program to include more species of fur aimed at our traditional arts and fine crafts sector.

Mr. Speaker, the NWT Economic Opportunities Strategy, like this government, recognizes and endorses the important role of traditional pursuits in our economy.

By supporting the Genuine Mackenzie Valley Fur Program and the Hide and Fur Procurement Program, this government will continue to support and promote excellence in our traditional economy from the trapline through to the marketplace. Thank you, Mr. Speaker.

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

MINISTER'S STATEMENT 29-17(5):
ENHANCING ACCOUNTABILITY IN THE
HEALTH AND SOCIAL SERVICES SYSTEM

HON. GLEN ABERNETHY: Mr. Speaker, the Department of Health and Social Services is committed to publicly reporting on the performance of the health and social services system and our progress towards achieving the Legislative Assembly's goal of an effective and efficient government.

The Department of Health and Social Services uses a number of different reports to ensure we are accountable to this Assembly and to the residents of the NWT.

The Northwest Territories Health Status Report is published every five years and presents updated information on the health status of the NWT population. It is an important resource to help understand health trends, the changing burden of disease, and the effect of lifestyle choices on chronic disease and mortality.

Physician services and hospital utilization reports are also published every five years and provide profiles of the top five reasons or conditions for which treatment was required. This again helps to provide a profile of our population, the burden of disease and the system's response.

An addictions and substance use report is published every three years and reports on behaviors in the population and the effectiveness of policy and programs in changing behaviors.

Health services client satisfaction surveys are conducted and reported on every two years. In 2013-14 we also undertook a client satisfaction survey of the Community Counselling Program.

The Health and Social Services Annual Report forms a significant component of our commitment to overall accountability. The theme of this year's annual report is: 25 years of delivering health care in the North – recognizing the 25th anniversary of the devolution of health care. The report measures progress in a number of key areas such as:

- leadership and financial stewardship;
- innovation in service delivery;
- progress in achieving the strategic plan priorities;
- a report on the medical care plan; and
- an update on the performance measures outlined in the strategic plan.

Mr. Speaker, I would also like to highlight some of the work the Department of Health and Social Services is doing to improve accountability and reporting. We are updating our accountability framework.

Through this project, we have established an initial set of 25 system performance indicators that will publicly track and monitor the performance of the NWT health and social services system across a number of areas.

These include leadership, allocation of resources, access to services and utilization, satisfaction with services, the system's response to population health trends, burden of disease, and changes in the behaviors of the population.

The Department of Health and Social Services is also working with the health and social services authorities to develop an NWT accountability framework for patient safety. The NWT Patient Safety Framework will ensure that residents of the NWT can expect consistent standards for patient safety, regardless of where in the NWT they access services.

Mr. Speaker, accountability is fundamental to establishing good management practices and the Department of Health and Social Services will continue to report on our actions and our performance.

At the appropriate time I will be tabling the 2012-2013 NWT Health and Social Services System Annual Report. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Abernethy. Item 3, Members' statements. The honourable Member for Range Lake, Mr. Dolynny.

Members' Statements

MEMBER'S STATEMENT ON PASSIVE FISCAL RESTRAINT POLICY

MR. DOLYNNY: Thank you, Mr. Speaker. Today I want to talk about two words and those words are...not Highway 7...

---Laughter

...passive restraint. I am not referring to a self-locking seatbelt but rather some very slick language used by our Finance department.

So, before we can get to passive restraint, we have to understand a bit of the context. For starters, if you have not noticed, many Regular Members are concerned at the number of job vacancies facing this government, and if you are from a small community, you should be paying attention.

Yet other Members have asked how the dormant or inactive jobs continue to get financed during the budget process year after year. To the crux of the issue, many have asked if specific jobs are deliberately left vacant so these wage dollar funds can meet other priorities or offset other operational pressures with the assistance of cleverly worded policies.

I can assure you, Mr. Speaker, many Members have tried to get resolve to these questions and the Finance curtain is slowly starting to open.

Compounding our deficit spending, also called our debt wall, or wall of worry, is the Finance department's miscalculation of personal and corporate income tax revenues to the tune of over \$30 million in this current budget.

If you add all this up and even without the resource revenue debt, you have yourself a perfect storm of financial concern. So in the past when our Financial Management Board found themselves in a sticky or tight situation, they initiated what they called a Passive Restraint Policy. Now, in my own words, it was a policy that directed departments' restraint in operational spending to achieve savings. So I guess a sort of tightening of the belt, if you will.

How effective this tightening of the belt was is a mystery because nothing has ever been tabled in the House, reviewed by any third party, nor publicly discussed by anyone in Finance. So, in essence, for many Members of this House, passive restraint is on the same level as chasing Peter Pan. First, you have to believe and then you have to leave the real world to go to never-never land where the

passage of time is ambiguous to try to find answers. Unfortunately, some of us refer to this last step as what we do in the committee room every day.

Seriously, and in the face of our financial debt wall, I will have a number of questions later today for our Minister of Finance, so he can clear up what our Financial Management Board is doing to mitigate our losses in revenue and deficit spending and if he is using passive restraint protocols in his 2014-2015 budget. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Dolynny. Before we go on, Members, I'd also like to welcome back former Sergeant-at-Arms and Deputy Chief Electoral Officer Ms. Nicole Latour. Welcome to the House, Ms. Latour.

The honourable Member for Hay River South, Mrs. Groenewegen.

MEMBER'S STATEMENT ON RECOGNITION OF NORTHERN ENTREPRENEURS

MRS. GROENEWEGEN: Thank you, Mr. Speaker. I think Members of this House will agree that Hay River is nothing if it is not home to some very interesting people, some very innovative, entrepreneurial and very successful people.

Just briefly, I want to recognize a few of those people today. We have here in the gallery today Brad Mapes, who most of you know is doing a very cutting edge, leading edge entrepreneurial endeavour in Hay River, which we wish him well with and are honoured to witness a signing today, an historic signing today.

You don't have to talk to very many people outside of Hay River, Northwest Territories, and you will hear them talk about Ice Pilots NWT. There again is a business that was started by a Hay River person over many years and then turned into Ice Pilots NWT and has literally put Hay River on the map as a destination for tourists and for people who want to see what Hay River is all about. There is that entrepreneurship again.

One other person I want to mention today, if I could, is the young gentleman who lives at our border, living in the bush taking advantage of a land-based activity. Our Minister of ITI today spoke about our famous furs from the Northwest Territories and that industry which maybe has not been all that it could be in recent years, but I would like to commend Andrew Stanley on a new TV series that's being filmed about him about 60 kilometres south of Hay River. The company called Artless Collective has been down there and they have been videotaping Mr. Stanley in the bush. He is there trapping wolverine, marten, wolf, coyote and other animal pelts. This series will be broadcast on Wild TV,

which is a channel that people can tune into and watch, also through NorthwestTel Cable.

This again is yet another example of an innovative and interesting person from Hay River who has carved out their living in a very traditional way by harvesting furs just outside of Hay River.

I would just like to commend these individuals and ask the Assembly to join me in congratulating them on their work. Thank you.

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

MEMBER'S STATEMENT ON PUBLIC SERVICE DIRECT APPOINTMENTS PROCESS

MR. HAWKINS: Thank you, Mr. Speaker. There has been a lot of discussion in this House about GNWT jobs as of late. How many are being created through devolution? Are they being decentralized? Are small communities getting their fair share? Certainly we've heard a fair bit about the advertisement about these mystery jobs out there. How many are truly vacant and certainly where is the money going?

I recognize, as do all my colleagues recognize, how important jobs are to Northerners. I wish this government would wake up and smell the coffee and stop hiding all of those jobs. On that particular point, we often talk about how important jobs are and not keeping them hidden from the public. Now I'm going to specifically use my Member's statement today to talk about direct appointments.

As a Cabinet, we all know they have the prerogative, and they certainly reserve the right from time to time, to appoint someone to a particular position without running a competition. We all know a competition typically is based on merit, but Cabinet occasionally uses that in their favour of vaulting a particular anointed candidate to a particular job position.

I don't take issue with the occasional prerogative of using that authority. It's how often they do it and how often we don't know they do it where I have greater concern. When we wonder about these situations of who jumped into and has been vaulted into these coveted GNWT posts, we really have no idea.

How do we hold this government accountable when they operate under the cloak of secrecy, the shroud of Cabinet? I say it's time to pull back the curtain of these direct appointments and allow us to do an accountable job by keeping scrutiny high and intense on this McLeod government. They're making decisions behind the scenes, as we all know it, but how do we know they're making them? We just don't know.

What I'm saying here is, on average, in some years the government appoints 100 direct appointments. We just don't know how many they make. We have to ask them to table it. We don't know who they appoint.

It is time that we start publicizing some of these direct appointments, if not every single one of them. Don't hide behind "Oh, it's a small territory." Be proud we have the confidence to appoint these people without competition. Show some courage.

It would be good to know that these people weren't appointed because of who they were related to or certainly who they know. It would be great to know that they were appointed because of what they knew and what they could do. Thank you, Mr. Speaker.

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

MEMBER'S STATEMENT ON ROADSIDE ASSISTANCE ON PUBLIC WINTER ROADS

MR. MENICOCHÉ: [Microphone turned off]

...peak of our season. People throughout the Northwest Territories are enjoying greater ease of travel between the communities along the winter roads, a key feature of our northern way of life and doing business. We all agree that public safety is a top priority on our winter roads. Roadside assistance is available on the public winter highway system through the Alberta Motor Association and the Ford Roadside Assistance, who contract the nearest local contractor on a driver's behalf and within a short time help is on its way.

This service enhances public safety in a way the North has never experienced before. But it seems because the road north of Wrigley is called an ice road instead of a public winter road, the current roadside assistance contractor in Fort Simpson is not authorized to respond to calls on this section during these winter months.

We invest significant public resources into the construction and maintenance of our winter road system. The public also invest into these extra costs when they purchase these vehicles for roadside assistance.

I'm calling on the Minister of Transportation to contact the Alberta Motor Association and the Ford Roadside Assistance and let them know that the seasonal road north of Wrigley is a public winter road, not an ice road.

All travellers need to be prepared for unexpected events before driving on any of our highways, especially during the winter, but roadside assistance provides an added level of comfort and safety. It also helps people respond efficiently to major vehicle problems that are beyond anyone's

control. All the Minister has to do is designate the winter road north of Wrigley as a public winter road and ensure that both the Alberta Motor Association and the Ford Roadside Assistance are aware of this designation.

The investments we make in our winter roads are worth it; our local contract service providers are worth it; and above all, the safety of the travelling public is worth it. Mahsi cho.

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

**MEMBER'S STATEMENT ON
COMMITTEE RECOMMENDATIONS RELATED
TO ALCOHOL AND DRUG ADDICTIONS**

MS. BISARO: Thank you, Mr. Speaker. Last sitting the House passed Bill 24, An Act to Amend the Liquor Act, on the recommendation of the Standing Committee on Government Operations, and the report from that committee had 15 recommendations, which I would like to speak to today.

During the four public hearings for Bill 24, the people's voice was heard loud and clear and a large part of what committee members heard was a cry for help. Many of the expressed concerns were well beyond the scope of the bill. As a result, the committee felt that their report must include recommendations, which went beyond the limited scope of Bill 24.

The 15 recommendations in the Government Operations report are addressed to six different GNWT departments: Health and Social Services; Education, Culture and Employment; Justice; Finance and the NWT Liquor Commission; Municipal and Community Affairs; and Transportation.

Five of the recommendations are addressed to Health and Social Services: to increase addictions awareness, prevention programs, treatment and detox programs, and after-care. Some of them are already partially addressed in the updated Mental Health and Addictions Action Plan, like the on-the-land programs and after-care treatment, though many others are not, like the recommendations to increase awareness and prevention programs related to alcohol consumption and abuse, like a residential treatment facility.

The Department of Justice was asked to consider four recommendations around bootlegging and bootleggers. They were also asked to provide a safe house in every community as part of community safety plans.

Finance and the Liquor Commission are asked to consider three recommendations around alcohol sales and restrictions and to use a portion of the profits from liquor sales for addictions awareness and treatment.

The GNWT has yet to respond to the recommendations laid out in the standing committee report.

I've said before that alcohol is a scourge in our territory. In order to rid ourselves of that scourge, we have to act on the recommendations in the Government Operations committee report. Is the government in the process of doing that? I don't know, but I certainly hope so and I look forward to a prompt response to these recommendations from the government.

I will have some questions for the Premier at the appropriate time. Thank you.

MR. SPEAKER: Thank you, Ms. Bisaro. The Member for Hay River North, Mr. Bouchard.

**MEMBER'S STATEMENT ON
FOREST MANAGEMENT**

MR. BOUCHARD: Thank you, Mr. Speaker. It's an exciting day for the forest industry in the Northwest Territories. Later this afternoon our government will be signing an MOU with Fort Res. We hope that this will be the start of well needed jobs in the South Slave area and economic opportunities. A lot of hard work has been done by the Fort Res band and the Metis. Good job.

A great deal of work has been done also by our forest management division, who should be commended for all of this hard work.

It is a great opportunity to see there's a forest industry back in Fort Res and in the South Slave. We are excited to see the opportunity. Thank you.

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

**MEMBER'S STATEMENT ON
ORAL HEALTH CARE FOR CHILDREN**

MR. MOSES: Thank you, Mr. Speaker. I rise today to talk about something that's a concern, especially in our smaller communities dealing with oral health care.

A colleague of mine yesterday made a statement on Drop the Pop. That's one way we're looking at preventing oral disease, tooth decay and issues that arise with poor oral health. This government lost out on some funding in this coming budget through the THSSI funding that we get through the federal government and there's still a lot of concern out there in the small communities about poor health care within our children, and even within our children from zero to five.

I want to ask the government today, and looking at the new federal funding that's coming down the pipe for the three territories in the next three years in the amount of \$70 million, to look at replacing that funding that went into the research on getting stats, put that funding back, not to do any further

research but to put it into hiring dental hygienists, put in the proper prevention, promotion and education programs, provide every child in the Northwest Territories with a toothbrush even. Do something to prevent the damage that's caused by oral health care.

Just doing a little bit more research into this, I find that oral health care just doesn't cause gum disease or tooth decay but it leads to other things such as diabetes, oral cancer, pancreatic cancer, heart disease and kidney disease, so this is a very serious issue. We lost funding that we had last year. I'd like to see this government put it back in for some proper care and treatment prevention, education and promotion programs.

MR. SPEAKER: Thank you, Mr. Moses. The Member for the Sahtu, Mr. Yakeleya.

MEMBER'S STATEMENT ON ROADSIDE ASSISTANCE PROGRAM

MR. YAKELEYA: Thank you, Mr. Speaker. My Member's statement will be similar to Mr. Menicoche's on the winter road north of Wrigley.

When I visited the Sahtu some time ago, I drove up from Wrigley to Norman Wells, and from Wrigley to Blackwater is about 105 kilometres, and Tulita another 153 kilometres. The winter road is very rough. Actually, between Blackwater and Tulita there are about 57 snow-fills that you have to make and cross over.

I'm happy that the oil companies are putting the winter ice road paving program in place to get the roads smoothed out there. A lot of people have bought a lot of vehicles in Hay River or in Yellowknife here, and they're worthwhile these vehicles, and the road is pretty rough and they have to go pretty slow at times, and there's no fault to the contractors who put the roads in. They're one of the best road building constructors that I have ever seen in the Northwest Territories.

My concern, along with Mr. Menicoche, is that the Roadside Assistance Program is useless in the Sahtu region. As Mr. Menicoche said, north of Wrigley, people who have broken down, new trucks, cold weather driving also doesn't help. They say that when they call for roadside assistance there is no help for them. Basically, they're literally on their own.

I'm going to call upon this government to designate that road so the Ford, GMC, whatever company these vehicles are sold to people in the small communities, that the roadside assistance will be honoured, and that the Government of the Northwest Territories needs to step up to the plate and put this roadside assistance in place so that our people then do not have to pay out of their own pocket to get a truck to bring them down to the garage. I'm going to call upon this government to

make a commitment that sometime before this winter road ends that letters will be going out to the companies to honour roadside assistance, and I will do that along with Mr. Menicoche.

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

MEMBER'S STATEMENT ON CONDOLENCE ON THE PASSING OF MR. STAN "THE MAN" LAROCQUE

MR. BROMLEY: Thank you, Mr. Speaker. It is with some sadness and appreciation that I rise to report that this past Saturday a well-known and colourful Weledeh constituent "Stan the Man" Larocque passed away peacefully with his family by his side at the Stanton Territorial Hospital.

Mr. Larocque was 94 years old and was known as a real northern character. He made his way north in the late '30s when Yellowknife was just beginning as a gold mining town. He worked on the early cat trains, hauling freight across Great Slave on sledges pulled by a bulldozer. Known for his good sense of humour, you could often hear Stan claim to have "never had a flat" in 40 years of catskinning.

Stan the Man lived life on his own terms. He worked as a guide and camp worker at fishing lodges and with Johnny Paul on welding projects. I fondly recall my visits to the Gold Range as a young fella when I would see Stan in action, playing the air guitar and having fun.

Stan was involved with Einar Broten and Lou Rocher in their efforts to save the old shacks and lifestyles of historic Yellowknife, and he himself remained dedicated to that lifestyle living in his own neatly organized shack down in the willows of Peace River Flats, refusing to move to modern housing even into his 90s. He was well liked in the neighbourhood and even in his later years he was willing to lend a hand when someone's skidoo got stuck or a bear happened to stumble into a neighbour's backyard.

Stan Larocque is survived by his sister Elsie Yanick, 96, who is unable to travel, and many relatives, including his nephew, our own Commissioner of the Northwest Territories, George Tuccaro.

Our sympathies and good wishes go to all Stan's family as they mourn his loss and celebrate his life. The funeral will be at St. Pats Church tomorrow at noon with Mr. Tuccaro giving the eulogy.

MR. SPEAKER: Thank you, Mr. Bromley. The Member for Deh Cho, Mr. Nadli.

**MEMBER'S STATEMENT ON
CHILD POVERTY AS A BARRIER
TO EFFECTIVE LEARNING**

MR. NADLI: Mahsi, Mr. Speaker. Today I'd like to discuss child poverty and its effect on learning. We know that children are less resilient than adults when their basic needs aren't met. We know that to thrive and learn, they need nutritious food, a safe place to sleep, loving relationships and stimulating learning opportunities.

Poverty forces people to eat bad food and live in substandard homes. It breeds toxic stress, shame and discouragement. Parents living in poverty are perpetually forced to make trade-offs: pay the rent this month or feed the kids, replace the kids' outgrown winter clothes or take them to the dentist; buy storybooks or pay for prescriptions at the drugstore.

Canada's child poverty rate is appallingly high. In a recent report of the OECD countries, Canada ranked 15th out of 17. Even worse is the rate of poverty among Aboriginal Canadians. While Canada officially ranks an impressive fourth on the UN Human Development Index, the indicators of poverty among Aboriginal peoples put Canada in 78th place, the spot previously held by Peru.

To be sure, poverty in the NWT is concentrated in small communities where the vast majority of residents are Aboriginal. The evidence tells us that poverty puts children at greater risk of developmental delays. Contributing factors include poor nutrition, vitamin deficiency in the mother, and toxic exposure to things like mould and poor housing. Another factor is that children in low-income families have less interaction with primary caregivers. Taken together, these factors make for a tougher time in school. Indeed, the indicators of school achievement in the small NWT communities are dismal and telling.

The government's major initiatives – the Anti-Poverty Strategy, the Early Childhood Development Action Plan and the Education Renewal – appear to be taking things in a promising direction, but more needs to be done. The future of our territory is at stake.

I call on the government to make deeper changes so that by the end of the 17th Assembly we'll be able to say we gave our young people in the communities a substantially better chance in school and beyond. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Nadli. Item 4, returns to oral questions. Item 5, recognition of visitors in the gallery. Mr. Beaulieu.

Recognition of Visitors in the Gallery

HON. TOM BEAULIEU: Mahsi cho, Mr. Speaker. It's a real pleasure for me today to introduce the

leadership of Fort Resolution and some of the South Slave. In the gallery today with us is Chief Louis Balsillie, chief of Deninu Ku'e First Nation; president of the Fort Resolution Metis Council, Kara King; president of the Northwest Territory Metis Council, Garry Bailey. Also Don Balsillie, chief negotiator of the Akaicho Territorial Government, is also in the gallery with them. They are some officials, and a well-known businessperson from Hay River that MLA Groenewegen spoke of, Brad Mapes; and also a couple of officials, Frank Lepine from the forestry division and Troy Ellsworth, regional superintendent of the South Slave, is with them today. Thank you.

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

MRS. GROENEWEGEN: Thank you, Mr. Speaker. I've been in the North for almost 40 years and, unlike many of you, I don't have very many blood relatives here, so it's a real pleasure. I have a couple; I gave birth to them. But I have my brother visiting today from Calgary – John Ostler – and it's a real pleasure to have him here. I had to twist his arm a bit to get him here. He's wearing a cast. I did not break his arm, but it was a great time to get him up here to visit his sister. My brother, John Ostler. Thank you.

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

MR. BROMLEY: Thank you, Mr. Speaker. It's a great honour to recognize Anthony J. Whitford, a resident of Weledeh and a person of some renown in this House and I believe still holding, in fact, an honorary assignment as Table Officer of this House. Welcome, Tony.

MR. SPEAKER: Mr. Bouchard.

MR. BOUCHARD: Thank you, Mr. Speaker. I would like to recognize our resident Brad Mapes, owner of Wesclean, town councillor and a proponent for Aurora Pellets. I would also like to recognize a former resident of Hay River, Nicole Latour and her friend Michael Woodward, first time to the Ledge. Obviously, I'd like to recognize all the people from Fort Res on this exciting day, and also the people from forest management. I appreciate their hard work. Also, Tony Whitford and Mr. Ostler, obviously Jane's brother. I'd like to welcome all of you to the House. Thank you.

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

HON. JACKSON LAFFERTY: Mahsi, Mr. Speaker. I would like to recognize Shannon Payne who's here with us today. She's part of the Assembly of First Nations Indian Residential School personal credit liaison. She's the lead on the file for the NWT and will be here in Yellowknife until Monday. She will have a booth at the NWT Wellness Conference this weekend. If anybody needs more information

about the Indian Residential School personal credit, Shannon will be the person answering those questions. Mahsi.

MR. SPEAKER: Thank you, Mr. Lafferty. I'd like to welcome everybody here today to our public gallery. Thank you for taking an interest in our proceedings and have a good day.

Item 6, acknowledgements. Item 7, oral questions. The Member for Hay River South, Mrs. Groenewegen.

Oral Questions

QUESTION 133-17(5): ESTABLISHING PRIVATE CARE FACILITIES FOR SENIORS

MRS. GROENEWEGEN: Thank you, Mr. Speaker. I would like to follow up on my line of questioning yesterday that we had for the Minister of Health and Social Services in what must have seemed like a mini theme day for Minister Abernethy, but when we talk about people leaving the Northwest Territories, the outward migration of residents of the North, we need to look at all aspects of that.

Yesterday I spoke about some of the challenges for seniors living in the North: the cost of living, the cost of living independently in their own homes. Today I'd like to talk about another segment of population who we often hear leave the Northwest Territories. Those are people who moved to the Northwest Territories who are not necessarily indigenous or from here who have aging parents in some other part of Canada.

I have talked to numerous people who had to not retire in the North because they needed to go back to where they were from in other jurisdictions in Canada to care for aging parents. So today I'd like to ask the Minister of Health and Social Services, is there anything in legislation, regulation, policy within this government that would be a framework for an organization, an NGO, a church, some kind of an organization to set up private care for seniors in the Northwest Territories? Thank you.

MR. SPEAKER: Thank you, Mrs. Groenewegen. The Minister of Health, Mr. Abernethy,

HON. GLEN ABERNETHY: Thank you, Mr. Speaker. It's certainly an interesting idea and anybody who's interested in coming north or currently in the North who's interested in opening their own supported living facility would obviously be great. There are no impediments to a private corporation or business opening an old folks home or long-term care centre in the Northwest Territories, but any private corporation would obviously want to do some research in advance and find out what building codes or other things might need to be in place for a multi-person dwelling, but as far as Health and Social Services,

there are no restrictions for a privately run old folks home.

MRS. GROENEWEGEN: This idea of an NGO running a health-related institution is not a foreign concept. As everyone knows, the Pentecostal Assemblies of Canada had a management contract with the Government of the Northwest Territories for many, many years to run the hospital in Hay River. When you do go into southern jurisdictions, you do see many church organizations that have seniors complexes associated with them. You see hospitals still being run by, say, the Grey Nuns in Edmonton as an example, but when you turn on the news, you do hear of some tragic events around some of the care of seniors in other jurisdictions. You don't hear of those things here, but you know that we hear that where there is a lack of guidance or guidelines or rules and regulations that sometimes that care is in obvious need of being more highly monitored.

Is the idea of putting in place some standards something that the Department of Health and Social Services would consider for such an institution? Thank you.

HON. GLEN ABERNETHY: As I said, I would encourage anybody who is interested in starting this type of business here in the North to review the regulations that exist within their communities with respect to building and construction.

To the Member's question, we do have the National Building Code of Canada, which requires that all facilities in the Northwest Territories that provide health care must comply with the National Building Code. We have the National Fire Code, the NWT Public Health Act and regulations, and just an important reminder that there are no regulations governing private long-term care centres in the North when they're not receiving GNWT money. If they're receiving GNWT money or looking for a partnership with the GNWT, the rules would not be the same. We would require specific criteria to be met.

MRS. GROENEWEGEN: I think we have a very lively and competent organization here in Yellowknife: Yellowknife Association of Citizens Concerned for Seniors. I'm not getting their name exactly right, but it's YACCS, I believe. They have set up Aven Manor, Aven Cottages. They have set up a number of institutions for seniors in Yellowknife. They probably even attract people on a regional basis.

I'd like to ask the Minister of Health and Social Services, does that society receive funding from this government?

HON. GLEN ABERNETHY: Yes, Avens and YACCS do receive funding, and they are providing services on behalf of the GNWT. As a result, they are limited in what they can charge and they must

apply the long-term care fee, which is basically monthly accommodation to cover meals and accommodation. Currently that rate is \$752. That is something that anybody interested in starting a private business would have to consider, because that may not be a sustainable business plan if they took in GNWT residents and were expecting us to pay.

MR. SPEAKER: Thank you, Mr. Abernethy. Final, short supplementary, Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Speaker. This is a topic that's of great interest to me and I'll try and make this short. Of course, I still have my eye on that H.H. Williams Memorial Hospital in Hay River that will soon not be required anymore. Well, I can't ask a hypothetical question, but I would like to confirm that should an NGO be interested in acquiring that particular facility for extended care, the aging population in the North is a ballooning demographic. I don't think that the government could possibly have enough money to accommodate all of the needs that are coming forward with seniors.

That facility, in the disposal process, would it be possible for an organization like Avens, but in Hay River, to set up a seniors complex in Hay River?

HON. GLEN ABERNETHY: Setting aside that particular business, which has its own issues and will follow the normal disposal process, as I indicated previously, if there are private organizations who are looking at setting up facilities in the North, we obviously strongly encourage that, recognizing that if it becomes a GNWT-funded institution as far as we're paying for the clients, that might change some of the requirements that are placed on them. If they're completely private and encouraging people to come in and pay a fair market rent to be in those facilities, they would have certainly a lot more freedom.

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

QUESTION 134-17(5):
PASSIVE FISCAL RESTRAINT POLICY

MR. DOLYNNY: Thank you, Mr. Speaker. Earlier today I spoke about the term "passive restraint" and the situation we are faced within our financial debt wall. The Financial Management Board Passive Restraint Policy is used in times of trying to find savings within operational spending and usually around job positions and wage dollars, or at least this is how it has been presented to Members of the House.

The duty of a Regular Member is to protect the public purse, and with nothing ever tabled in this House on this policy, it is imperative that we take a moment today and ask some probing questions for the Minister of Finance.

For the record, can the Minister clearly define what is meant by the term "passive restraint"?

MR. SPEAKER: Thank you, Mr. Dolynny. The Minister of Finance, Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. I listened to the Member's statement with interest, and his references to Peter Pan and such, and as he was talking, clearly the image that came to my mind when I think of those characters, of course, was Tinker Bell and Mr. Dolynny sprinkling stardust and fairy dust around as he goes raising his issues in this House. I appreciate the comparison.

In regard to his question, passive restraint is a management tool where targets are set within government, within departments to manage their budgets to realize savings that will help us meet our targets both in savings or to put towards other issues, other commitments, other priorities. That has been in effect now since the last Assembly and it's just one of the tools we use on an ongoing basis. Of course, every budget is reviewed in this House, there's public accounts review of how money is spent, where it's spent and it doesn't pertain just to holding positions vacant to realize those types of savings, but their managers have any number of other tools at their disposal, as well, to hit those targets. Thank you.

MR. DOLYNNY: Just to give the Minister a little clue on Peter Pan, it's pixie dust, not fairy dust.

Can the Minister clearly indicate what savings were realized by using this FMB policy in the past for years? In other words, what total dollars were saved from 2010-2011, from 2011-2012 and from 2012-2013 by initiating this Passive Restraint Policy?

HON. MICHAEL MILTENBERGER: Of course, I will defer to the Member's superior knowledge when it comes to Peter Pan.

In regard to the savings, every budget that we have done in the life of this Assembly has met the targets that we have set out in terms of managing with fiscal discipline the budgets of the first two years to control our expenditures, the forced growth limits, the hiring limits, all those types of initiatives. We have met those targets this year. While we are still continuing with passive restraint, we are going to be able to in fact honour the third year plan, which is to add \$25 million to the capital infrastructure budget this year as well as next year. Thank you.

MR. DOLYNNY: The only sound I am hearing on this side of the House is tick tock, tick tock, tick tock.

Clearly the Minister is fine with sharing his numbers with the committee, but somehow 24 hours later he has no idea and has nothing to present to the people of the NWT, which I think is quite shameful.

Given our questionable financial situation in the current budget, where we continue to have a number of funded, dormant, inactive positions and a miscalculation of our taxation revenues, can the Minister indicate if the Financial Management Board is initiating any passive restraint policies in its 2014-2015 budget, and if so, what are its targets? Thank you.

HON. MICHAEL MILTENBERGER: Just so the people at home are clear, this is the Legislative Assembly, not never-never land.

The issue that the Member has raised, the answer is yes.

MR. SPEAKER: Thank you, Mr. Miltenberger. I would remind the Members, since I was a kid, I have heard Walt Disney in this building more than once, and now this. Let's try to keep the decorum going respectfully. Final, short supplementary, Mr. Dolyunny.

MR. DOLYUNNY: Thank you, Mr. Speaker. Bang on. I agree with you.

In my view, this government's duplicitous free spending of its entire first installment of the resource revenues in this current budget is a clever maneuver to cover revenue loss, but sadly, it's not so clear, from the Minister's comments today, the need to find additional offset savings for the miscalculated taxation revenue.

That said, why is this Minister financing and not initiating a full court press of passive restraint initiatives in this current budget to find the much needed savings? Thank you.

HON. MICHAEL MILTENBERGER: Mr. Speaker, the Member has accused us, once again, of duplicitous behavior and nothing could be farther from the truth. There was no miscalculation of our estimates for income tax, corporate or personal income tax. We are here with the budget, it's transparent, we've been going through the business planning process like normally we would, we'll go through the public accounts, and to have the Member accuse us of duplicitous behaviour, to me, is uncalled for and it is not acceptable.

If he wants to stand up and point to something that is truly duplicitous, then I would have him do so. We are on a full court press, we are going to find savings in this budget and we are going to find an additional \$30 million in the '15-16 budget as well. Thank you.

MR. SPEAKER: Thank you, Mr. Miltenberger. Member for Deh Cho, Mr. Nadli.

QUESTION 135-17(5):
IMPACT OF CHILD POVERTY

MR. NADLI: Thank you, Mr. Speaker. My questions today are directed at the Minister of Education, Culture and Employment. I believe the

vision of the 17th Assembly is we have healthy, educated people free from poverty. At the same time, in reference to my statement, I made the point that sometimes parents are confronted with the reality of paying their rent for this month or feeding their kids. Children don't understand or care about fiscal restraint, yet they live with its very real effects.

What concrete things is this government doing to support families with young children in the Deh Cho communities? Mahsi.

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

HON. JACKSON LAFFERTY: Part of the initiative that we are undertaking through the Early Childhood Development Framework is aimed at dealing with that matter and providing the best services we possibly can for children of the Northwest Territories, covering all communities and regions as well.

Some areas we have been providing to those communities through Education, Culture and Employment through the Early Childhood Development Framework, and the action plan with 22 recommendations is the part of the plan we are willing to move forward on. Once the budget is approved, then we will be rolling out the program to the communities. Mahsi.

MR. NADLI: It seems that once the budget is approved, that's when things will move.

The other point is people are very familiar with the federal initiative. The federal initiative, not a GNWT initiative, that's been very successful is the Aboriginal Head Start Program and some communities have taken advantage of that.

In my statement I talked about child poverty, noting the high rate of poverty in small communities. The ECD Action Plan will involve data that measures children's readiness for school. It's an internationally recognized instrument called the EDI.

How are kids in small communities performing on the EDI compared to kids in Yellowknife or the regional centres? Mahsi.

HON. JACKSON LAFFERTY: It's important to note that the EDI has been performed throughout the Northwest Territories so it can capture how our children are doing in the small, isolated communities versus the regional centres and larger centres as well.

The Member is raising some areas of concern about how some small communities are in a different calibre compared to regional centres. That is quite true. We need to focus on those areas. Due to that fact, we are developing action plans. We have developed action plans around the Early Childhood Development Framework and the whole

Education Renewal Initiative. We will be developing an action plan towards that, too, as we move forward this summer.

We want to capture those individuals that may be falling behind in small communities, providing the best available resources, the best available services we possibly can to reach out to those individuals in the small communities. Mahsi, Mr. Speaker.

MR. NADLI: I appreciate the Minister's response. Recognizing that there is a real disparity between how kids are doing in the small communities compared to the larger centres and, actually, Yellowknife, I'm worried that this government will feel fiscal restraints and fail to adequately fund the Education Renewal Initiative.

Can the Minister commit to a substantial increase in funding for this initiative and especially in attacking dismal education outcomes reported in small communities? Mahsi.

HON. JACKSON LAFFERTY: The Member is quite correct; with our GNWT fiscal constraint, we are challenged with that throughout the whole Northwest Territories. At the same time, we must move forward on the initiatives before us. We certainly will be providing or developing an action plan towards Education Renewal Initiative and Innovation. That will be available by this summer. Based on that, it will highlight the cost factor for those recommendations being brought to our attention as part of the recommendation plan. Once that's available, then we will go through a business planning process, then we will highlight the cost factor from there, so it will be captured as part of the business planning process. Mahsi.

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

MR. NADLI: Thank you, Mr. Speaker. I think I've highlighted some realities and facts that our government is challenged with, but more so the responsibility of Cabinet and the Minister. At this point, there seems to be a push for an action plan to be developed and strategies, initiatives, to address the poverty issue.

What steps will the Minister take to ensure that there's an immediate response towards addressing these very core issues of poverty in the small communities? Mahsi.

HON. JACKSON LAFFERTY: As it's been highlighted with the budget address in this House, it is capturing a lot of social issues in the small communities. I believe we have gone a long way to reach that point where once we go through this action plan through the Education Renewal Initiative, then it will capture those small, isolated, vulnerable communities. We initiated that earlier.

Part of the pillars we have is focus on small communities, small community schools. Those are key factors and part of discussions we have been having with engagement with the public and we will continue to do that. Mahsi, Mr. Speaker.

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

QUESTION 136-17(5): DIRECT APPOINTMENTS

MR. HAWKINS: Thank you, Mr. Speaker. In my Member's statement today, I talked about having the courage to finally publicize some of these direct appointments. First of all, we don't know how many there are and we don't know who are getting them. Annually, the Legislative Assembly tables our public service report. We could table the names and positions of where these direct appointments were issued and directed. My question will go to the Premier of this Assembly who is in charge of Cabinet and could make this decision and show some political courage today and demonstrate some accountability.

Would he finally be willing to table annually the direct appointments that Cabinet makes in secrecy and show the Northerners, both the public service and Northerners, that these appointments aren't being based on who you know and who you're related to? Thank you.

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

HON. BOB MCLEOD: Thank you, Mr. Speaker. The Member gets his picture in the local rag and he thinks he's a movie star. The answer is no.

MR. HAWKINS: That was an original answer, Mr. Speaker. I am not sure to even bother acknowledging it.

Why won't the McLeod government show some courage for a change and say we'll prove that these direct appointments were meaningful and appropriate and we can honestly measure them? Right now, there's zero accountability on a single one of them.

Again to the Premier, would he do something different by showing the public he's being accountable by annually tabling who got these jobs and which jobs they went to?

HON. BOB MCLEOD: Direct appointments have been a management tool for this government ever since this government has been in place. On every occasion, a direct appointment is a benefit to the government and it is provided for through appropriate legislation and we will continue to use that practice.

The Member complains that we don't have positions filled. We're trying to fill positions and now

he doesn't want us to fill positions. Thank you, Mr. Speaker.

MR. HAWKINS: Mr. Speaker, the only question over here is asking about transparency. It's not about stopping jobs. No one would stop that freight train. I'm telling you that if these appointments were truly worthy of the appointment, then the government shouldn't hide beyond the veil of secrecy, behind the numbers of... We don't know how many there are and who they're appointing and who they may be related to. Nobody has any clue. It's time we show a little courage, lead the nation with a little backbone. Nobody is talking about taking the authority away from Cabinet. We're just talking about accountability of these secret appointments the government wants to make that nobody knows. Would the Premier show that courage and finally do it?

HON. BOB MCLEOD: We don't advertise our new hires either. Would his request extend to that as well? Perhaps I'll leave it for the Hawkins government and the next Assembly. Thank you, Mr. Speaker.

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

MR. HAWKINS: Thank you, Mr. Speaker. If the Premier is offering to resign, we could take care of that today, honestly.

So, quite frankly, the question keeps being missed and the Premier can distract it with any joke or whatnot, but he is avoiding the true responsibility and accountability that is being called for by this House. This is the question yet again, and he can make all the jokes he wants but it doesn't deter the facts of what the public sees.

Cabinet makes these secret appointments. Nobody knows how many they are making, nobody knows why they are being appointed and these people show up in these positions and nobody understands why, other than the fact that Cabinet makes these secret decisions; hundreds possibly, we don't know.

So, I am asking the Premier once again, show some political courage, start tabling the names and what positions people are receiving in their types of positions and be proud of these appointments. Don't hide and scurry from them. Thank you.

HON. BOB MCLEOD: Mr. Speaker, human resources, all of our employees are our most valuable asset and we are very proud of all of our employees. I have already answered his question and the answer is no. Thank you, Mr. Speaker.

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

QUESTION 137-17(5):
COMMITTEE RECOMMENDATIONS (BILL 24)
REGARDING ALCOHOL AND
DRUG ADDICTIONS

MS. BISARO: Thank you, Mr. Speaker. My questions are addressed to the Premier, as I mentioned earlier. I want to follow up on my Member's statement.

I mentioned in my Member's statement of the 15 recommendations that are in the committee report from the Standing Committee on Government Operations on Bill 24. There are recommendations for almost every member of Cabinet; therefore, I chose the Premier because he is responsible for all of them.

I would like to first ask the Premier whether or not the government is considering, or whether they are actually in the process of considering or acting on an Executive Council response to the 15 recommendations that are in the Government Operations report. Thank you.

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

HON. BOB MCLEOD: Thank you, Mr. Speaker. As the Member indicated, these 15 recommendations came about, they are extraneous to the requirements of Bill C-24. These recommendations were not discussed or voted on in Committee of the Whole and there is no requirement for a government response; however, since we are a government that focuses on results, a government that gets things done, we are in the process of reviewing and responding to all 15 recommendations and the Minister responsible for the Liquor Act or the Liquor Board is coordinating and monitoring the response and the work that is being done by seven departments on these 15 recommendations. Thank you, Mr. Speaker.

MS. BISARO: Thanks to the Premier for that answer. I do know that those recommendations, that the government is not required to respond to those, but all those recommendations are integral to the issues we discuss here every day and to the issues that our standing committees discuss, the things that we hear from our residents, so I am very appreciative that the Premier indicates that we do have some action that is happening. I am also appreciative that I now know the lead Minister who is looking into these 15 recommendations.

There is really not much else for me to ask, Mr. Speaker, but simply to ask, when can I expect a response from the government on these 15 recommendations? Thank you.

HON. BOB MCLEOD: Mr. Speaker, I have a tendency to be optimistic, so I will say that we will be able to respond before the end of this session. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Member for Inuvik Boot Lake, Mr. Moses.

QUESTION 138-17(5):
SUBSIDIZED HOUSING POLICY

MR. MOSES: Thank you, Mr. Speaker. Today I will be asking questions for those that can't speak up themselves and those that need representation. Today I have questions for the Minister of Education, Culture and Employment.

In a lot of our communities we have a long waiting list to get into housing. As a result, a lot of our residents will go through the Rental Subsidy Program and will go into market rental units. However, with the high cost of living in some communities, such as Inuvik, I would like to ask the Minister, what process and practice does the department do when they are looking for a place for some of our residents who need housing in our communities? Do they help them find a place, or do they find the cheapest place for them to go, or what is the process when our residents need a place to stay in the communities? Thank you, Mr. Speaker.

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

HON. JACKSON LAFFERTY: Mahsi, Mr. Speaker. There is a process that we have to follow through Education, Culture and Employment when it comes to dealing with clientele when it comes to housing. I have to work closely with the Housing Minister because they have the units of availability in the communities and the units that may be available to them.

The process that we have highlighted is also based on the Office of the Auditor General guidelines that we have to follow. Based on the needs of those individuals, the community members, whether it be couples, it is a guideline that we have within Education, Culture and Employment, again working closely with the Housing Corporation to find a match to these units, whether it be a one bedroom, two bedroom or three bedroom for those clientele. Mahsi.

MR. MOSES: Mr. Speaker, I am going along these questions because I have an elderly couple in the community of Inuvik who are having a hard time to find a place to stay and when they approached the Minister in question, the elderly couple was asked to look for a different apartment when they were initially approved.

So, how does this Minister and the department approve a couple that meet the disability accessibility and then take that away and look for another unit that is cheaper and not meeting the needs of the couple? Thank you, Mr. Speaker.

HON. JACKSON LAFFERTY: Mr. Speaker, when we talk about the couple in Inuvik, we may be getting specifically into the clientele which I don't

feel comfortable discussing in this House. I can talk to you about the process itself, and with this we are talking about individuals from the community accessing housing units available through the Housing Corporation. We subsidize on the rent scale a one-bedroom apartment based on their needs, or a two-bedroom apartment depending on availability in the community as well.

It is my understanding that there are two available in Inuvik, so those are discussions that we have been having with my department with the Housing Corporation, so this is an area that we have to be very cautious because we have to deal with the Office of the Auditor General guidelines. They set very stringent, very strict guidelines and it is a public purse, as well, so what we do here with a purse of funds, we are going to be setting precedents in other jurisdictions as well. Those are just some of the areas of precaution that we follow with the guidelines. Mahsi, Mr. Speaker.

MR. MOSES: Mr. Speaker, I was speaking on behalf of all elders. We do have a growing population of seniors in the Northwest Territories and we don't always have the housing units to allow them to get into housing, they have to go into the market rent areas.

I would like to ask the Minister, what is he going to do to change his policy, especially when we have our seniors who are in wheelchairs, seniors that use canes or walkers, or seniors that have very limited mobility, to address the issue that when we get some of our seniors, or whomever it may be, the proper housing units that they need? How is he going to change the policy to address some of the disability concerns that are out there in the communities? Thank you, Mr. Speaker.

HON. JACKSON LAFFERTY: Mr. Speaker, the information that we receive with a one-bedroom apartment is suitable to this couple and the funding that we provide is upwards of \$1,100 to cover the rent on a monthly basis. The information that we receive is assessable for this couple, so based on that we provide the funding, but if they want to access a two-bedroom, at their request, then we can provide up to what they qualify for and the difference will be up to the couple, but at the same time, they are eligible for a one bedroom subsidy from our department. Mahsi, Mr. Speaker.

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

MR. MOSES: Thank you, Mr. Speaker. Just going back to my other question about the policy, will the Minister take a look at his policy with this and make it specific, possibly working with the Minister responsible for Seniors and see how we can change that policy to better address the need? As I mentioned, we're getting a higher seniors population in the Northwest Territories and the lack of long-term care facilities, some of these seniors

do still live a pretty independent lifestyle and we want to promote that independence in our communities as well.

So, will the Minister look at reviewing his policy again? Thank you.

HON. JACKSON LAFFERTY: Mahsi. Within the income support division, we're always reviewing our policy. This is one area that we can certainly look at working with the Housing Corporation, also the seniors, the Minister responsible for Seniors, how we can manage this file. At the same time, we have to keep in mind the Office of the Auditor General, the strict guidelines that they set for us. We have to follow those as well. By all means, we will be reviewing those policies that we have within our shop. Mahsi.

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

QUESTION 139-17(5):
WILDLIFE ACT REGULATIONS

MR. BROMLEY: Thank you, Mr. Speaker. The Wildlife Act was recently passed by this House after many years of effort, but it left many of the tough decisions to regulations, which must be developed for implementation of the law.

Can the Minister of the Environment provide an update on the development of these regulations to date? Mahsi.

MR. SPEAKER: Thank you, Mr. Bromley. Minister of ENR, Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. There was a preliminary meeting held in mid-January of the working group to look at what needed to be done, what regulations are required for the Wildlife Act to come into effect, what regulations may take longer and what regulations may not be required. That work is underway and the next formal meeting is going to be near the end of March. In the interim, as well, we intend to work out the process to engage with the stakeholders and Wildlife Act Advisory Group on the work that's been done on regulations, and my intent is to meet the timelines and have the Wildlife Act ready to come into force within the year since it was given assent. Thank you.

MR. BROMLEY: Thanks to the Minister. I'm glad to hear we're off to a start here. A large part of the reason it took so many years to revise the Wildlife Act was that people did not feel they were included in the early rounds of discussions.

Can the Minister outline the approach we will be taking to ensure that everyone will be included in the development of the new regulations – and so far the people I'm talking to are not getting a warm and fuzzy feeling there – and how committee will be included in this work? Mahsi.

HON. MICHAEL MILTENBERGER: The intent is to use the same process that we had developed, maybe with some modifications since the type of work is a little different, but the same intent that we had when we engaged with the Aboriginal governments, the Wildlife Act Working Group and then, as well, with stakeholders, the Wildlife Act Advisory Group to make sure we get the full range of input as we lay out and do the work in terms of the regulations. We will, of course, be prepared to provide regular updates with committee whenever they would like to have that feedback and opportunity to have input. Thank you.

MR. BROMLEY: Thanks to the Minister again. I'm not aware of any briefings to committee on this, or any offer, but I appreciate that offer now. This House, I believe, is on record on wanting input into the development of regulations for this act and also the Heritage Fund Act.

How has the Minister started work on this approach and what groups have been contacted so far? Mahsi.

HON. MICHAEL MILTENBERGER: Thank you. As I indicated, there was a very preliminary meeting held in mid-January with the Wildlife Act Working Group. They're working out the work plan, they're looking at the regulations, the extent of the regulations, what regulations need to be done, what regulations are currently in place that are fine as they are and what regulations may require more work, they're laying out that work plan. We're laying out how we can best engage. Part of that work is being done as well. So right now the initial focus is on making sure we have that process nailed down. Thank you.

MR. BROMLEY: Again, the Minister referring to the working group doesn't tell me exactly what groups are being contacted there. Perhaps he could provide that information. I just note that in developing the Wildlife Act we recognized that our desire to carefully manage wildlife through accurate reporting of how many animals were harvested was perceived as a barrier to hunting by Aboriginal people, especially elders. We left that issue unresolved, but, if anything, the need for accurate harvest estimates has become even more extreme, as the Minister has stated himself.

What is the Minister's approach to this as the regulations are developed? Mahsi.

HON. MICHAEL MILTENBERGER: The make-up of the Wildlife Act Working Group is there for review. It contains and involves the Aboriginal governments and their representatives, the GNWT, the stakeholders, Wildlife Act Advisory Group as well as a membership that was in place prior to the start of the regulatory development. We're looking at engaging those two bodies again.

One of the challenges that is on the table, as the Member has pointed out, is an understanding reflected in regulations that's going to require mandatory reporting so that we can collectively manage the wildlife in the Northwest Territories, because you can't manage what you can't count, as the Member has often said and I have concurred with. That is going to be one of the expectations coming forward, that we're going to come up with a meeting of the minds on how that is going to get reflected in regulations so that it is applicable across the board so that we can all have that same information and all the concerned parties, all the public co-management boards, Aboriginal governments, everybody knows and agrees with the rules and the need to have that critical information. Thank you.

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

QUESTION 140-17(5):
SAHTU WINTER ROADS

MR. YAKELEYA: Thank you, Mr. Speaker. I spoke earlier about the people driving up in the Sahtu and we have the Sahtu winter roads. For example, from Wrigley to Fort Good Hope is 480-some-odd kilometres and from Tulita junction to Deline is about 105 kilometres. So there are a lot of roads in the Sahtu and people use a lot of this opportunity to go down south, drive to each community, get fish, caribou and to visit.

I want to ask the Minister, because of a constituent asking, how do we get the Sahtu winter road recognized as a public road like any other roads in the Northwest Territories?

MR. SPEAKER: Thank you, Mr. Yakeleya. Minister of Transportation, Mr. Beaulieu.

HON. TOM BEAULIEU: Mahsi cho, Mr. Speaker. The winter roads maintained by the GNWT are considered public roads. Thank you.

MR. YAKELEYA: Just conversing with my colleague here, we were kind of having a little mini day here. So we want to ask the Minister how do we let the Ford dealership, the GMCs, the Toyotas, those car dealerships know that these are public roads and when we buy a brand new \$50,000, \$60,000, or \$40,000 vehicle there's roadside assistance? They're saying right now that they cannot go because it's an ice road or winter road. So how do we get that message through to the dealerships?

HON. TOM BEAULIEU: Mahsi cho. We've been in contact with two major roadside assistance organizations, the Alberta Motor Association and Ford Roadside Assistance, and both organizations indicate that they cover all public winter roads in the Northwest Territories maintained by the GNWT.

MR. YAKELEYA: That's very strange because I just had a tour of the Sahtu, a young lady came to me, bought a GMC, said I phoned for roadside assistance and GMC said we do not recognize that as a public road. So, somewhere there is a glitch. I want to ask the Minister – and I hope the Minister one day will come on the Sahtu winter roads to see what I'm talking about – how does this Minister, this department, this government phone the dealership, put an ad, whatever, so they'll recognize the Sahtu winter roads, any winter roads in the Northwest Territories under a public system so that we can get service and not wait 16 days and take money out of our pockets to pay for a tow truck to bring our vehicles into a garage? Thank you.

HON. TOM BEAULIEU: All roadside assistance organizations are private and really have nothing to do with the GNWT, but we have contacted what we thought were the two major roadside assistance providers on the winter roads, those being the two I mentioned earlier. We have no issue contacting the organization that covers GMC or Chevy that provide roadside assistance in the same manner that we've contacted these organizations and have provided the concerns from the people of the Sahtu to them, and also people from Deh Cho.

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

MR. YAKELEYA: Thank you. I appreciate that from the Minister. I think the people from the Sahtu or any other winter road drivers who are listening would appreciate that. I think that's what the people are asking. This constituent is shocked and surprised and saying how come I'm not getting any type of roadside assistance, and I need to call the dealership. I ask the Minister if he would do that as soon as possible, and I'm not even talking to see if there's any type of how do we go about reimbursing him, but I would appreciate that. I would ask the Minister if he would send me a quick note saying these are the companies and the dealerships that I've contacted for the winter road roadside assistance.

HON. TOM BEAULIEU: On the two companies that we did contact, they indicated to us that there is a method if individuals that are not satisfied with the Alberta Motor Association for roadside assistance that they are to contact the provider, so we can provide that information to the Members, and also if there are vehicles outside of roadside assistance provided by those two organizations, we will also find out the information for the Member on those organizations as well.

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

QUESTION 141-17(5):
NAHENDEH WINTER ROADS

MR. MENICOCHÉ: Thank you very much, Mr. Speaker. Just following up with the Minister of Transportation on roadside assistance and people that travel north to Wrigley, I did write to the Minister, I think about eight days ago, and his response was for me to tell my constituents to contact roadside assistance about their concerns. They already know their concerns. They're stuck. They can't get assistance. But what he's asking me is to ask help from the Minister of Transportation to get a hold of roadside assistance and let them know that this is a public road, that this is not an ice road. Their designation is an ice road, that's why they're not travelling on it. They must be scared of ice roads, I guess. The issue is the Minister has to designate it in writing to these companies that it is a public highway and a public road.

MR. SPEAKER: Thank you, Mr. Menicoche. The Minister of Transportation, Mr. Beaulieu.

HON. TOM BEAULIEU: Thank you, Mr. Speaker. We have been in contact with the roadside assistance organizations and they're aware this is a public road. Both of those organizations indicated to us that they will provide roadside assistance, and if there are issues with roadside assistance and they provide us information, I would be pleased to pass that information, plus other companies that may be providing roadside assistance on the winter road, on to the Member.

MR. MENICOCHÉ: I don't think the Minister heard me. People are getting stuck and they're not getting roadside assistance. I don't know where he's getting his information from. What we're asking is no cost to government. What roadside assistance need is, the perfect term for it, of course, is a letter of comfort that this is a public highway system and not an ice road.

Can the Minister do that? Can he write a letter without costing the government?

HON. TOM BEAULIEU: We'd have no problem sending a letter to the roadside assistance providers indicating that this is a public road. If their assistance is to provide roadside assistance on all public roads, that the winter roads that are maintained by the GNWT are considered public roads, we'd have no problem addressing that letter to the roadside assistance providers.

MR. MENICOCHÉ: The Minister has heard. As well, I'd like to ask the Minister if he can copy me and Mr. Yakeleya on that, and also to include that residents of the Northwest Territories aren't being serviced, that's why he's writing them on behalf of his constituents.

HON. TOM BEAULIEU: I would be pleased to copy the Members on that. I would probably have to get some detail from them. I don't want to be writing

to an organization that's providing service when somebody else is responsible for providing that assistance, so if I can get some detail from the Member, I will include that in the note to the organization.

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

MR. MENICOCHÉ: Thank you very much, Mr. Speaker. I would be pleased to provide as much information as I can to the Minister. He already contacted a couple. I'd be glad to assist the Minister with that. Thank you very much, and thank him for his question.

MR. SPEAKER: There is no question. He's just thanking you. The Member for Hay River South, Mrs. Groenewegen.

QUESTION 142-17(5):
DIRECT APPOINTMENTS

MRS. GROENEWEGEN: Thank you, Mr. Speaker. I'd like to follow up to my colleague, Mr. Hawkins from Yellowknife Centre, his questions to the Premier today on direct appointments. Recently I put in a request to research asking for a department-by-department count of recent, in the last year, direct appointments. We talk about the loss of the population in the Northwest Territories, about our students who are born and raised, educated in and after they've lived here, going south. We have medical doctors who have gone from the Northwest Territories, been trained, and could not beat their way through the bureaucratic red tape to get a job in the public service in the Northwest Territories. I can tell you of case after case after case.

I think we should be using the direct appointment tool more. I think that if there are priority 1 and priority 2 hire candidates that are looking at getting to work in our public service, they get vetted by this Cabinet. If we don't trust this Cabinet to vet those direct appointments, we've got a bigger problem than direct appointments.

I am sick and tired of hearing of the children and the people who have come here and who have been born and raised here, who have invested their life in building the North, and their kids cannot get jobs in the public service of this government.

I'd like to ask the Premier if he will expand on the direct appointment policy, which is decided on by this elite group here across the floor, and make sure that more of our Northerners get to work in our public service and they do not go south so our population continues to decline.

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

HON. BOB MCLEOD: Thank you, Mr. Speaker. I'm glad to hear the question from a Member that

understands the challenge that we're facing. We have set ourselves a goal of increasing our population by 2,000 within five years, and in order to do that we have to have a better process than we have now. Since we went south, we went public, we've had a lot of e-mails, tons of e-mails from people that want to come and work here, and we are faced with a process that's very cumbersome and we need to find a way to improve it. One of the best ways to do it is to increase our emphasis on direct appointments.

MRS. GROENEWEGEN: I think we need to be unapologetic and absolutely unabashed about getting northern people, priority 1 and priority 2 candidates to work in our public service, and just to confirm, for the record, I'd like to ask the Premier to confirm for the public that this is a process which is vetted by more than one person. If people are worried about people picking, as Mr. Hawkins said, you know, family members or... Hey, you know what? What's wrong with family members, you know? I mean, as a parent, as a grandparent, do you think I don't speak for a whole lot of people in the Northwest Territories who want their kids and their grandkids to live in this territory, and not ship them, export them south somewhere else to work? Let me tell you, there are a lot of people out there. I hear from them all the time.

Will the Premier confirm for this House that in fact that this is a process which is fair and aboveboard?

HON. BOB MCLEOD: I would just like to confirm for the Members that between January 1st and December 31, 2013, there were 1,605 public service appointments. One hundred three of these, or 6.4 percent, were by direct appointment. Affirmative action candidates make up 67 percent of direct appointments in 2013. Graduate nurses, social workers, interns and teachers constitute 15 percent of all direct appointments.

As the Member indicates, direct appointments are only one tool. It is a very rigorous process it goes through. All of our deputy ministers have been delegated staffing authority and in order to get a direct appointment, you have to have it supported by a Minister and it goes through Cabinet. For someone like myself, who has a lot of relatives, it makes it very difficult because they have to declare a conflict of interest whenever that happens. So it is a very good process. It is one that is based on fairness and merit and we will continue to use it. I agree we need to expand it if we are going to meet our targets. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Short, final supplementary, Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Speaker. We are at an exciting time in the evolution of the Northwest Territories on the eve of devolution and taking on more power, and for those of us that are out there somewhere, we need to bring our people

home to help us build and continue to evolve as a territory and build this territory.

I don't really have anything else to say, but thanks for the opportunity for this rant and I thank the Premier for his answers. Thank you.

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

QUESTION 143-17(5):
2014-2015 TAX REVENUE

MS. BISARO: Thank you, Mr. Speaker. That's a pretty hard act to follow, but I will do what I can.

I want to follow up on some of the questions from Mr. Dolynny earlier. My questions are addressed to the Minister of Finance. We have had a great deal of numbers put in front of us as Members recently. We have the numbers in the budget, we have statements from the Minister in the budget address and many of us over here are somewhat confused about where this government is going in terms of the budget and reductions and so on.

The budget address by the Minister of Finance mentioned the loss of some \$30 million in tax revenue.

I would like to ask the Minister, first of all, considering we are losing \$30 million in tax revenue, is the revenue that we are expecting from taxes -- actual cash -- and I got about \$105 million plus \$53 million as listed on page 5-9 in the 2014-15 Main Estimates in the revenue summary. So, is that money, that \$158 million, going to be received in fiscal year 2014-15? Is that what we are expecting? Thank you.

MR. SPEAKER: Thank you, Ms. Bisaro. Minister of Finance, Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. The main estimates document, of which I have my copy right here, lays out the budget. The one change we have made is to increase -- and it is not even in this budget because the money won't immediately flow and will be accrued to the end of next year, late '15 -- the Heritage Fund from 5 percent to 25 percent of the roughly \$45 million that we take that comes to us free and clear. So, all the numbers are there and the revenues that we have projected in here are what we anticipate getting in that year. Thank you.

MS. BISARO: Thanks to the Minister for the clarification. So I have to then ask the Minister, he has advised us that we are expecting a \$30 million drop in our tax revenues and that we got those numbers from the federal government in late December or early January, I'm not sure, but recently. So we have recently been advised that we are losing \$30 million in tax revenue. What fiscal year are we losing that \$30 million? Thank you.

HON. MICHAEL MILTENBERGER: Mr. Speaker, that is projected for 2014-15.

MS. BISARO: So the Minister is then telling me that the \$158 million in revenues, on page 5-9, that includes or that indicates our tax revenues including the \$30 million drop in tax revenues that we have been advised. Thank you.

HON. MICHAEL MILTENBERGER: Mr. Speaker, without cracking that budget book, I would say yes.

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

MS. BISARO: Thank you, Mr. Speaker. It's pretty hard to make that short. So, those revenues have increased significantly from '13-14, so I am really quite surprised that the numbers in this budget, the numbers that were verified, I guess, by the Finance Minister in December or January, that we were able to put those numbers into the budget and print it and include the reduction in this year's figures.

So I'll ask him again, the \$158 million in corporate and personal tax revenue for '14-15 are based on the estimates from the federal government we got in December or January. Thank you.

HON. MICHAEL MILTENBERGER: Mr. Speaker, we have indicated in all the work we have done that the bump-up in revenues is attributed to devolution and that \$67 million, roughly, has been added to our A-base into departments, mainly ENR, ITI and the new Lands department and some into the Executive, and all the consequential resources that come with that. So, it is carrying the budget that is there and that is what we are bringing forward to this House for approval. Thank you.

MR. SPEAKER: Thank you, Mr. Miltenberger. Time for oral questions has expired. Mr. Bromley.

MR. BROMLEY: Thank you, Mr. Speaker. I seek unanimous consent to return to item 7 on the Order Paper. Mahsi.

---Unanimous consent granted

Oral Questions (Reversion)

QUESTION 144-17(5): WILDLIFE ACT REGULATIONS

MR. BROMLEY: Thank you, Mr. Speaker. Just a couple of quick follow-up questions. Again, I wasn't clear on some of the responses I got earlier from the Minister of Environment. He mentioned that he had met with the working group and was intending to meet with them again, that he met with them last month and is intending to meet next month.

Does that working group include the stakeholders group? Thank you.

MR. SPEAKER: Thank you, Mr. Bromley. Minister of ENR, Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. No, Mr. Speaker.

MR. BROMLEY: Mr. Speaker, I understand, again, that these meetings have been happening with the working group. I understand that those are those people with Aboriginal treaty rights and responsibilities for wildlife management. As we know, problems developed during the Wildlife Act. They were always leaving out consultations with those without those rights until very late in the game where their input becomes ineffective and the result, of course, is unnecessary tension and division. I am sure that is not the intent of the Minister, but the Minister is well aware of this.

What is the Minister going to do to immediately set up a meeting with the stakeholders group? I understand the meeting next month is again with the working group and not the stakeholders group. I would love to be corrected on that. Mahsi.

HON. MICHAEL MILTENBERGER: Mr. Speaker, I fully expect that there will be a meeting within the same time frame with the stakeholders Wildlife Act Advisory Group. Thank you.

MR. BROMLEY: Mr. Speaker, thanks for the Minister's response. The Minister has already met with the working group on defining the issues. Would the Minister meet next, before the working group, to get the contribution of those without Aboriginal and treaty rights on defining what the issues are to be addressed in the regs? Mahsi.

HON. MICHAEL MILTENBERGER: Mr. Speaker, if I was unclear, I apologize. I haven't directly met with the Wildlife Act Advisory Group about the regulations. I made some comments at a function about the Wildlife Act where they were in attendance, but I have not met with the Wildlife Act Advisory Group. They have met with ENR officials and looked at the logistics and technical aspects of the work to be done. Thank you.

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

MR. BROMLEY: Thank you, Mr. Speaker. Thanks very much for that clarification.

Will the Minister commit to getting both of these groups together for a refreshing all-under-one-tent discussion? Mahsi.

HON. MICHAEL MILTENBERGER: I will work at that. Thank you, Mr. Speaker.

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

QUESTION 145-17(5):
MEDEVAC AIR AMBULANCE
REQUEST FOR PROPOSAL

MR. HAWKINS: Thank you, Mr. Speaker. Recently I was down in Edmonton with a number of my Social Programs colleagues and the Minister of Health to visit the medevac centre at the Edmonton airport. I'm certainly glad to see the operation that has been put into place.

As we all know, presently there's a medevac contract out and one of the requirements of the contract is for what's called CAMTS, Commission on Accreditation of Medical Transportation Systems. This is a critical component of the medevac contract that's out right now.

The Minister will probably cite his three-line sentence that he repeated four times yesterday, but this isn't specific to any proponent of the contract. For the public's sake, why was CAMTS selected as a critical element in the medevac contract for accreditation for a particular proponent to have to substantiate this? Quite frankly, the director of the Edmonton medevac centre said it was a system that didn't make sense for the volume of patients the Northwest Territories has, would cost millions of additional dollars that we can't maintain through the volume of medevac patients we have where it balances itself out. In other words, you need the patients to keep accreditation and it's impossible.

Could the Minister help enlighten this House why CAMTS is an important accreditation for this medevac contract? Thank you.

MR. SPEAKER: Thank you, Mr. Hawkins. Minister of Health, Mr. Abernethy.

HON. GLEN ABERNETHY: Thank you, Mr. Speaker. An RFP is currently out for the delivery of air ambulance services in the Northwest Territories. It is being overseen by a fairness commissioner, who will make sure that all aspects of this RFP are fair, reasonable and equitable to all applicants. As a result, I will not be speaking about this RFP. Thank you, Mr. Speaker.

MR. HAWKINS: I'm certainly glad the public sees the response to these types of questions, because these are fair and honest questions. Quite frankly, it will cost multi-millions of dollars in addition to a medevac contract than it normally does just because there's a demand.

Were there other options to build into this particular contract, because once it's awarded, it's over. Are there any opportunities to build in accreditation options to avoid using this multi-million dollar accreditation process that will never be used, difficult to certify and impossible to maintain, as provided by the director down at the medevac centre?

HON. GLEN ABERNETHY: An RFP is currently out for the delivery of air ambulance services in the Northwest Territories. It is being overseen by a fairness commissioner. As a result, I will not be speaking about this RFP. Thank you, Mr. Speaker.

MR. HAWKINS: I'm going to ask a question specifically to CAMTS, not the RFP. Maybe the Minister can explain what this is and why it's important in the Northwest Territories. Thank you.

HON. GLEN ABERNETHY: I will get that information from the department and share it with the Member. Thank you, Mr. Speaker.

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

MR. HAWKINS: Mr. Speaker, is the department able to provide a cost analysis of CAMTS versus other types of accreditations are out there? Thank you.

HON. GLEN ABERNETHY: Thank you, Mr. Speaker. I'd be happy to provide that information to the Member. Thank you.

MR. SPEAKER: Thank you, Mr. Abernethy. Item 8, written questions. Item 9, returns to written questions. Item 10, replies to opening address. Item 11, petitions. Item 12, reports of standing committees. Item 13, reports of committees on the review of bills. Item 14, tabling of documents. Mr. Abernethy.

Tabling of Documents

TABLED DOCUMENT 42-17(5):
NWT HEALTH AND SOCIAL SERVICES SYSTEM
2012-2013 ANNUAL REPORT: MEASURING
SUCCESS AND FOCUSING ON RESULTS

HON. GLEN ABERNETHY: Thank you, Mr. Speaker. I wish to table the following document, titled "NWT Health and Social Services System 2012-2013 Annual Report: Measuring Success and Focusing on Results." Thank you, Mr. Speaker.

TABLED DOCUMENT 43-17(5):
2012-2013 ANNUAL REPORT OF THE
LEGISLATIVE ASSEMBLY OF THE
NORTHWEST TERRITORIES

MR. SPEAKER: Thank you, Mr. Abernethy. I hereby table the 2012-2013 Annual Report of the Legislative Assembly of the Northwest Territories.

Item 15, notices of motion. Item 16, notices of motion for first reading of bills. Mr. McLeod.

Notices of Motion for First Reading of Bills

BILL 10:

NORTHWEST TERRITORIES LANDS ACT

HON. BOB MCLEOD: Thank you, Mr. Speaker. I give notice that on Friday, February 21, 2014, I will move that Bill 10, Northwest Territories Lands Act, be read for the first time. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. McLeod. Item 17, motions. Mr. Moses.

Motions

MOTION 10-17(5):

SETTING OF SITTING HOURS BY SPEAKER,
CARRIED

MR. MOSES: I MOVE, seconded by the honourable Member for Thebacha, that the Speaker be authorized to set such sitting days and hours as the Speaker, after consultation, deems fit to assist with the business before the House.

MR. SPEAKER: Thank you, Mr. Moses. Motion is on the floor. To the motion.

SOME HON. MEMBERS: Question.

MR. SPEAKER: Question has been called. The motion has been carried.

---Carried

Item 18, first reading of bills. Mr. Miltenberger.

First Reading of Bills

BILL 8:

WRITE-OFF OF DEBTS ACT, 2013-2014

HON. MICHAEL MILTENBERGER: Mr. Speaker, I move, seconded by the honourable Member for Inuvik Twin Lakes, that Bill 8, Write-off of Debts Act, 2013-2014, be read for the first time.

MR. SPEAKER: Bill 8, Write-off of Debts Act, 2013-2014, has had first reading.

---Carried

Mr. Miltenberger.

BILL 9:

FORGIVENESS OF DEBTS ACT, 2013-2014

HON. MICHAEL MILTENBERGER: Mr. Speaker, I move, seconded by the honourable Member for Inuvik Twin Lakes, that Bill 9, Forgiveness of Debts Act, 2013-2014, be read for the first time.

MR. SPEAKER: Bill 9, Forgiveness of Debts Act, 2013-2014, has had first reading.

---Carried

Item 19, second reading of bills. Item 20, consideration in Committee of the Whole of bills and other matters, with Mrs. Groenewegen in the chair.

Consideration in Committee of the Whole of Bills and Other Matters

CHAIRPERSON (Mrs. Groenewegen): I'd like to call Committee of the Whole to order. There are a number of items before us today in Committee of the Whole. What is the wish of the committee? Ms. Bisaro.

MS. BISARO: Thank you, Madam Chair. Committee would like to consider Tabled Document 22-17(5), 2014-2015 Main Estimates, and we'd like to continue with the Department of Health and Social Services.

CHAIRPERSON (Mrs. Groenewegen): Thank you, Ms. Bisaro. Does committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Mrs. Groenewegen): We will resume after a short break. I might remind Members that we are going to a reception in the Great Hall. Thank you.

---SHORT RECESS

CHAIRMAN (Mr. Bouchard): Thank you, committee. We left off with the Department of Health. Minister, do you have witnesses to bring into the House?

HON. GLEN ABERNETHY: I do, Mr. Chair.

CHAIRMAN (Mr. Bouchard): Thank you, Minister Abernethy. Does committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRMAN (Mr. Bouchard): Thank you. I'll ask the Sergeant-at-Arms to escort the witnesses into the Chamber.

Thank you, Minister Abernethy. I'll ask you to introduce your witnesses, please.

HON. GLEN ABERNETHY: Thank you, Mr. Chair. With me today are Debbie DeLancey, the deputy minister of Health and Social Services; and Jeannie Mathieson, director of Finance.

CHAIRMAN (Mr. Bouchard): Thank you, Minister. I'll now open the floor to general comments on the Department of Health. General comments. Mr. Dolynny.

MR. DOLYNNY: Thank you, Mr. Chair. I'd like to welcome the Department of Health and Social Services here today. We've got a fairly daunting task before us here in the next day or two. I'm hoping to try to evaluate the current budget here for the Department of Health and Social Services. I did have a chance to read the Minister's opening remarks again, and obviously, I had a chance to

read one of his statements earlier today on the health and social services system. So I'll try to amalgamate both here today in kind of a general overview at a high level here.

I think we are in a ripe position to reposition the department where it is today. I want to make sure that the message is loud and clear that just by changing the leadership as we did here a couple of months ago, in my humble opinion, isn't going to fix all of our problems. It's just one of the many solutions that we have before us. We are encouraged by some of the recent actions by the Minister and have seen some great strides in a short period of time.

That said, there is definitely still room for improvement and I think the Minister and the department would probably agree with that. I believe the system in itself is doing a relatively good job and I think our territory is recognized to being comparable to across Canada.

We are definitely falling short in some key areas and some of the real disparities still to this day are the levels of care between Aboriginal and non-Aboriginal. I think I'd like to hear more about narrowing that gap of disparities as we move forward and for the remainder of the 17th Assembly. We know that we've got the highest rates in Canada for alcohol consumption, binge drinking, smoking and suicide and yet some of the programs we have aren't really hitting those numbers and bringing them down. We're seeing some decrease, but quite frankly, we've got such a large margin to improve upon that I think we need to take a better look at a larger number of bringing those numbers down.

We have a very high hospital admission rate which is still concerning, given the ratio of population base. I believe our injury rates vis-à-vis the rest of Canada are 10 times higher than the national average. So, we're dealing with some pretty daunting statistics and we're facing a lot of challenges in the Northwest Territories in meeting the high quality of health and social services deliveries.

Of course, we have a lot of things that are still plaguing a lot of our areas in our health authorities. We're still having issues in recruiting the right calibre of professional staff. We still have a lot of technology that's missing in our communities to allow that emerging technology to reduce wait times, better outcomes and everything else. I know there are lots of variables that are coming to light. The fibre optic line that should be operational in 2016 will definitely be a benefit.

One of the areas that I find the budget is not addressing enough of, and we've heard a little bit here today and in the last couple of days, is our aging population. Again, it would be nice to get more of a positioning statement from the

department where the aging population fits in the health care sector.

The Minister has been showing strong leadership and championing a bit of a reform, if you like, in terms of how the overall structure of our health system is currently being handled and ways of improving. It's enlightening to hear that we're actually moving and making headway on that. I didn't capture a lot of that in the opening comments, but I think 2014 will be one of those years of change. I'm looking forward to working with the department, working with the Minister and working with all the stakeholders, including the Joint Leadership Council, with Regular Members and committee to create a more cohesive and stronger health care system delivery.

However, there is still the issue of quality of care. That quality of care, I find, is not the same standard across the Northwest Territories. We have, in many cases in today's environment, many of the authorities not delivering the programs consistent to the standard of care that many of us take for granted, and I think that's something that needs to be highly emphasized more than what we're hearing today. I think there is still a feeling out there that many patients are falling through the cracks, and the follow-up process that we deal with a lot of our patients, once they receive primary care in our hospitals, are finding that they're not getting that follow-up care in their respective communities on their return home. I think that's something we still need to look at.

When it comes to tracking our key indicators and how we're doing as a system, again in referencing even in today's delivery from the Minister here, we've got a number of reports – Health Status Report, physician services utilization report, addictions and substance use report – and a lot of these reports are great. Unfortunately, they're so sporadic, some of them are five years in length, some of them are three years in length, and we may literally only see one of these reports in the life of this Assembly, which is very hard to try to gauge and create those compass points in terms of how effective some of these changes might be occurring. I know there are costs involved for providing these accounting and key indicators, but without key indicators, without any type of gauge really, how do you evaluate your performance? This is something that I'd like to work with the department, I'd like to work with the Minister to try to see if we could tighten up some of the lapsed time between some of these major reports, maybe looking at a more cohesive look at key indicators and have a bit more of a dashboard, ongoing, real-time dashboard monthly on key issues that affect the Northwest Territories as a whole. These are opportunities, these are barriers that have been overcome in other provinces and in many areas in the United States where they've actually been able

to overcome that. I think there's opportunity here. I'd like to hear it from the department as well.

When it also comes to accountability, I'd have to say although I believe most authorities are doing well when it comes to spending their budgets appropriately, still to this day – and I'm echoing the same words of the Auditor General report – we have contribution agreements in place but we don't have all performance in place, to my knowledge. If that's the case, we still have authorities with surpluses and deficits, and sometimes the same authorities that have those in tow, which again should raise alarm bells. If you haven't spent all your money, have you delivered all the programs? Again, it goes back to my first question, how do you evaluate that in a real time setting, and I think, again, I feel that there is opportunity there. Also, I find that when you do travel from authority to authority, I'm not sure if that standard of care is all there in relationship to possibly what you may get in an urban setting. What I mean by that is that a lot of them will have their own strategic plans, some of their own visions and goals and measured goals and outcomes, and it would be nice to see us, with time, having a standard level of care. Again, going back to my earlier comment, minimizing the gap between Aboriginal and non-Aboriginal, I believe there is definitely opportunity as we move forward.

I guess last, but not least, and again in no particular order, I think it is very, very important because language really is the conduit of understanding our health care. We still struggle in a lot of our communities in having that service provided in that first language of choice. We hear this not only in health. We're hearing that in justice. We're hearing that in other types of services. I don't want to be oblivious to the fact that I know you've got to find translators, there are costs involved, but if we can't communicate, how do you deliver a service? It's almost counterintuitive. I think we need to look at language as being the conduit of the transition of care for all communities, even to the smallest ones in the remote areas. I just don't think it's quite there yet. I want to hear that. I want to hear the Minister, I want to hear the deputy minister, I want to hear the Department of Health and Social Services shout this out more and more. I'm giving it more emphasis at the end of my opening comments because that's probably one of the big areas, I think, of opportunity.

I appreciate the committee's indulgence for allowing me almost a full 10 minutes here, but again, generally we're seeing some good things here, but there are some huge opportunities as we move forward and looking forward to working with the new Minister for the remaining life of the 17th Assembly.

CHAIRMAN (Mr. Bouchard): Thank you, Mr. Dolynny. Committee, I'll just remind you, we're

going to go through all the general comments and then have the Minister speak. Next on my list I have Mr. Menicoche.

MR. MENICOCHÉ: Thank you very much, Mr. Chair. I just wanted to begin with some caution, I guess. I know the Minister is trying to streamline and provide quality service by having standardized levels of servicing in all our regions. I guess the concern that he heard when he traveled with me to Fort Simpson was there is still a need for some type of regional autonomy, community councils, along with some type of appointed members do want to still have their concerns at some board type level. I will just mention that to him again.

Recently, of course, I just spoke in the House about an elder being misdiagnosed, and just reviewing my notes, it has happened before. There were actually two incidents in Wrigley, two young girls in 2005 had their legs broken and weren't diagnosed until about four days later. These types of things are continuing. I'll ask the Minister in the House, I know that he just tabled a 25-year report. I haven't had a chance to look at it, but it's just about how do we track our clients being misdiagnosed and is one region higher than the other. That kind of approach will help our system keep track of how things are done, because, actually, when there's a follow-up incident or follow-up investigation, we all should learn from it, much like I guess the coroner's office does. How do we learn from this incident? How do we make it better for everybody else. Most recently, the elder that had cracked her hip in Fort Simpson, she spent four days at home before she was diagnosed with a broken hip and was medevaced to Yellowknife to receive the proper care and attention that she deserved. But it's about examining that. In fact, the family told me that to raise it in the House only so that it doesn't happen to somebody else again. It's very stressing. Her children had to work and take time off from work to take care of her and that kind of stuff. If we had the proper procedures, I believe that she could have received her attention sooner.

On a similar note, it's the care and attention that Wrigley residents want as well. They want consistent care and attention, that's why they're consistently asking for full-time nursing services in Wrigley. I spoke about two young girls that broke their legs in 2005, only because there wasn't a certified nurse on site to make the call at that time. In fact, it was almost the fifth day by the time the nurse got there because there was a one day delay by fog. There's an incident there. Then in 2009 in the community of Wrigley, out of 175 residents, 100 of them suffered from flu-like symptoms and with nursing in the community, that kind of stuff could have been monitored, picked up early enough. In fact, that lasted a week long. The Minister assures me, I think he said the nurse goes in there weekly, but for whatever reason the nurse didn't go in there.

The only reason we sent medical staff in there was the chief and council had to get hold of Indian Affairs at that time, their health department, and they contacted us to send in medical staff to see what's going on with these 100 residents that had flu-like symptoms. It was pretty scary. It was right in the midst of the bird flu scare at that time, as well, so nobody knew what was going on. It was only because we didn't have staff on the ground.

We've been making progress towards that. We've got full-time dedicated RCMP services up there. I do know that Fort Simpson has dedicated staff that go into Wrigley as well. I'm hoping that we can arrange things so that these full-time paid positions can eventually relocate to Wrigley. I've been pressing the case that increased development in the Sahtu is increasing the pressures of the community as well. I think that was the same in about 1973 when the first Mackenzie Valley gas pipeline was planned. There was a highway going into Wrigley so everybody knew the increased pressures of modernization, as it were, I guess, so there was nursing in Wrigley and there was actually a staff RCMP housing plus a small jail there in Wrigley at that time. But over the years the pipeline didn't go and so those services were withdrawn.

But having professional services there at that time made it a vibrant and healthy community, and now that those professional services are gone, the policing services, the community is really, really struggling at this point. The Minister spoke about the community wellness plan. With great effort they do have a community wellness plan, but I feel that without policing or nursing there that the wellness plan is not going to have a good chance of succeeding. At any rate, I'm pressing the case there that with increased development that we should restore their services to the community because it's only going to get worse in the long term because with the development of the Sahtu it's not only the winter roads now. They're talking about increasing the pipeline, the oil rigs, or the Sahtu connecting to the existing Enbridge pipeline. There might even be two pipelines. It's going to have a huge impact on the community.

With that, those are my opening comments. Thank you.

CHAIRMAN (Mr. Bouchard): Thank you, Mr. Menicoche. Next on my list I have Mr. Moses.

MR. MOSES: Thank you, Mr. Chair. Welcome to the Minister and his staff to the House here. This is kind of our third kick at the can with the operations budget and it's been an educational one, I think, for both the department as well as for Members of the House in terms of how we look at doing things differently or looking at things more efficiently and looking at where we can improve within the department itself.

With that said, I know this is the biggest budget in the government, but it is also one of the departments that has some of the more unique challenges that we don't see in other departments. It is really hard to address and I commend the hardworking staff on the work that they do with the amount of dollars that we have and, as I mentioned, the challenges that we have.

With that said, before I get into some of the ongoing concerns and questions in areas that I would like to highlight moving forward, I know in the federal budget it was announced last week that all three territories are going to get a three-year funding of \$70 million, so just moving forward, I want to make kind of a general comment on how those dollars will be allocated, or will something come before committee? Will committee have some type of input on looking at some of the priorities of this Legislative Assembly as a whole but also some of the initiatives that came out of standing committee moving forward?

It is always a concern for me, and something that I have tried to address and continue to address, I'm glad to see that the Mental Health Act is on the legislative list to be amended moving forward. Some concerns that I do have is that we have a lot of counsellors, 65 counsellors, but only in 19 communities. That is something that continues to stick with me, because in my discussions with the chief coroner as well as other constituents and people in the small communities, we need to address mental health issues. It is not always readily available. I appreciate the update that the Minister gave in the House yesterday on the NWT Helpline, that on March 1st it is moving to 24 hours and staffed 24/7, so that is good news.

Something that I have kind of done on my own, working with my constituents back home that have gone to treatment, is having something in place within the government, possibly, that we have that ongoing support, ongoing treatment from the North with the individuals who are out of jurisdiction because, I guess dealing with a couple of cases here, individuals who do need treatment, sometimes they are left on their own and get stranded down south or have incidents where they have to try to find their own way back into their communities.

I am just going to stay on topic here with some of my Member's statement today in the House in regards to oral health care. I know that we have had some money that sunsetted this year, I think \$438,000 or something in that area, and with that money that is coming back, I know there was some references in other back and forth communities with the high rates of incidents of early childhood kids that are dealing with dental issues before the age of five, so we have the stats, they are known, so we just need that action plan to come forth. I think that

is a big one, because when I did more research on it, I saw that gum disease, tooth decay, can actually lead to more serious issues with the heart and other major organs.

With seniors, that issue I was dealing with in Inuvik just recently, so I looked at some of the things that we do here within our government and when I was looking on the website, I saw that we have a Seniors' Action Plan from 2003. I think that needs to be looked at and possibly revised. Some policies that deal with seniors, whether it is with income assistance, income support or housing, or people living with disabilities, there is an opportunity to modernize that a little bit more with things that we are dealing with in today's society, especially with the seniors population increasing.

Next month, the Minister does know, and staff probably know, that we are going to get a report back from the Office of the Auditor General in regards to child and family services recommendations that were brought forth and that is going to be interesting to see the results of that. I am not sure if I will be seeing any big dollars in the budget for that. How do they adjust those recommendations moving forward? I think there will be some action items that are going to need to be taken to task. That is why we are going through the process of possibly looking at trying to change the budgets and how to reallocate more funding dollars toward the Child and Family Services Act, especially when the Auditor General's report comes out next month.

Something that was brought to my attention, and I know they do it here at Stanton Hospital and in some cases at the long-term care ward in Inuvik, is to deal with traditional foods. I do visits to the hospital and chat with some of the elders, but also some of the patients, and sometimes they don't even eat because the food isn't always up to par. That needs to be addressed and I think there has to be a better way to get some of the traditional foods in our communities, especially when we get residents from the small communities going into, say, regional centres or even here in Yellowknife, when they might not know a lot of people in the community that might be able to help and assist them.

One occurring thing that I have noticed up in the Beaufort-Delta is that there is a constant challenge with overtime and call-backs as well as authorities working in deficits every year. I know Inuvik, the Minister was up there and listened to some of the cost-saving practices that they did – and I think that this is something that needs to be adopted right across the Territories – ways that we can better improve our staffing in some of the department divisions and to deal with some of these call-backs and overtime, but some of the costs that are associated with it.

One thing that I am not sure is really taken into account here is the high cost of travel, specifically in the Beaufort-Delta in getting to the coastal communities is quite challenging at best. Even just dealing with the weather, but there is also an added cost to that moving forward.

They are all concerns, but as some of my colleagues have stated, there has been a lot of good work that has been done with the department and committee. I know the department has come before committee on numerous occasions where we have had really good debate and good discussion on a lot of issues, how do we deal with them and address them. I look forward to continuing those debates and discussions, those discussions with their partners, to come up with the best solutions for residents of the Northwest Territories.

One last thing, and colleagues have been bringing it up in the House on numerous occasions, and that is nurses in the small communities. I think we need to find a legislation that is going to work with that. I know it does deal with police presence and the RCMP presence in the small communities, but I think there is a way we need to try to adjust that, because there are mental health issues, there are a lot of health issues in the small communities that need to be addressed sooner than later.

I appreciate that there is midwifery dollars in this one. The Anti-Poverty Strategy, moving forward on that, that is really great news as well. Something that is also being reviewed, and I am glad that it is being reviewed, is the Medical Travel Policy. I know that one is always a tough one to deal with. I think we have to get something in place that is really strong and we can refer to whenever we send our residents south or even to regional centres like Yellowknife.

I guess to finish up with just translators. I know that is something that we have mentioned numerous times, possibly at every budget session, is getting proper translators for our elderly residents or our patients that only speak their own Aboriginal language. That needs to be addressed when they come in, and we have to look at the terminology. Obviously that is going to be a big, big project moving forward and I just want to bring that to the department's attention as well.

I look forward to going through this budget and continuing the work that we have had with the department. Thank you, Mr. Chair.

CHAIRMAN (Mr. Bouchard): Thank you, Mr. Moses. Next on my list I have Mr. Nadli.

MR. NADLI: Thank you, Mr. Chair. I have a few comments, at least five points I want to raise, just to highlight.

First of all, I think this department is the biggest department and, of course, the most challenged

because you are dealing with very core, primary issues related to the health and well-being of people. Obviously, it comes to how programs and services are carried out and delivered. At the receiving end of the services the government provides are people, people who live in large centres, regional centres, cities, but for the most part in small and remote communities.

That being said, there are major initiatives that have come across in Fort Providence, at least, one of four communities that I represent, is the new health centre. I know the foundation is complete and things are steaming forward. There's a reprieve at this time and I understand contrition is likely to begin in the new fiscal year.

In small communities we're challenged with infrastructure and buildings that can be available that can be converted and provide a service to another sector of the population, whether it's youth or elderly care programs. So I hope there is a dialogue that has been done with the local communities in terms of looking at some options on how the old health centre can be procured and its fate decided at some point. I encourage the department, if there is dialogue going on, to maintain that dialogue. Don't discount the people at the local level. For the most part, we're challenged to find buildings to house programs and services and offices.

The other point I wanted to make is in terms of the regional health boards. I know there are some cost-saving measures. This is the biggest department and has the biggest budget. It carries the highest expenditures, so we have to look at ways of curbing expenditures and, at the same time, being very efficient with what we have and make the best use of it. That's the price of democracy, ensuring people from the regional centres and communities do have input and continue to at least have a major say in how programs and services are delivered in regions and communities.

That being said, if indeed we go down the path of restructuring boards, what we're basically doing in this government is walking away for a template of a regional model that could serve as the basis of self-government when First Nations go down the line of achieving the status of making their own decisions.

That point being made, seniors, in terms of their care, is a growing concern. Most seniors want to continue living in their homes for as long as they can. Either themselves, if they are independent enough, or with their children and grandchildren. Sometimes policies don't consider that. We have to be mindful that we have different cultures and different expectations, and at the same time, we have an obligation to service the needs of people. Once again, if there is a possibility of looking at the fate of the old health centre in Fort Providence and converting it into a long-term care facility for seniors

as our population of elders grow in most communities, then by all means, let's explore the possibility.

The other point that I wanted to make is I think this government has been a major precedence, it has responded, it's doing something. With the on-the-land program, I think the government has responded and it's good. What it tells me and the people in the communities is that we have developed a culturally appropriate model to address the addictions problems in our communities, whether it's drugs or alcohol. We are trying to at least create a system so that people can make decisions for themselves in terms of making a choice of living a healthy and well lifestyle.

I think that's a major precedent that we've set for ourselves. I'm hoping at some point there will be advances to ensure we invoke practices such as allowing traditional foods in hospitals for elders. I think that's the next step in developing culturally appropriate programs and services.

The other point I want to want to make is with Nats'ejee K'eh Treatment Centre. I think it was widely known that there was a lot of disappointment and disbelief in terms of the only addictions centre in the NWT. We've kind of repositioned the priorities in advancing the on-the-land programs. There again, I don't know what's going to happen with that building. I know there's been some discussion with the local First Nation in terms of the use of the building and ensuring that it's available, whether it's for programs and services, and not just abandoned but put to the best use by local people of the K'atlodeeche First Nation.

The other point in the same instance is this government, of course, has made advances, again how great leadership in establishing the Anne Buggins Wellness Centre. That was a great achievement and I was very pleased to see that. They had a very nice ceremony. From what I see there, it's an establishment of the GNWT working to wrangle their jurisdictions of layers of policies and procedures that sometimes become a hindrance in delivering quality programs and services to people on the reserve. I encourage the department to continue advancing to ensure that we determine very good programs and services delivered on the reserve. I think that's doable and I encourage the department to keep on working with the communities.

Those are just some of my comments today. I am reminded of the statement I made today on child poverty. That's a very strong hindrance in trying to promote advancement and well-being of children. It's a big issue that a big portion of our population is stagnant. It's not growing; it's not declining. I think as we look to the future, our children are our future and we need to do our best to ensure we have programs and services available to families so they

succeed either in education or advancement of careers and making their homes in the NWT.

Those are just some of the points I had, Mr. Chair. Mahsi.

CHAIRMAN (Mr. Bouchard): Thank you, Mr. Nadli. Next on my list is Ms. Bisaro.

MS. BISARO: Thank you, Mr. Chair. My comments are in no particular order and I would like to thank the Minister and his staff for being here.

The department, in my mind, has a huge responsibility. They've got a huge section of our total territorial budget. By and large, I think the department is doing a pretty good job. Certainly there are wishes from Members for the department to do more but, you know, when push comes to shove, we kind of all would like to have more.

That said, there are some priorities which I feel are priorities to me and also to some other Members on this side of the House that aren't getting the attention I think they should, and by attention I mean financial attention. I know the staff are working very hard to do what they can, but you can only go so far with what money you have.

So, some of these are reflective of my priorities. Some of them are just general comments on the department, as a whole.

I know the department is working towards a change in the governance and our system of authorities. I think it's something which is overdue and I commend the Minister and the department for taking what I see as action at this point. It has been talked about for quite a long time and I'm glad to see that I think we're going to be moving forward in the near future on making some concrete changes. We have been making changes in terms of sort of operational activities, but we need to talk about how we are governing our health system. We've been talking about it, but we need to actually make some changes to our system and I think we'll find efficiencies if we do that both in terms of PYs, but also in terms of actual dollars.

The Minister has said a number of times to Members in committee and outside of committee that early childhood development is a high priority for the department. I'm hugely supportive of that and I think the early development instrument results, although they were preliminary results, but we've had those in the last couple of months and those are very indicative of the attention that we need to pay to our zero to three-year-olds. It's my belief that we should be putting more money than what's in the budget into child and family resource centres. If not centres, because we've had two and I don't know if we've had a chance to evaluate them, but certainly on paper they look to me like they're the best way to go, but if we're not going to be putting money into that particular program or activity, then we need to put it into another activity. I

just don't think that this budget reflects as much emphasis and as much spending on our zero to three and zero to four-year-olds as it should.

The Minister tabled an updated Mental Health and Addictions Action Plan just within the last week or so I think. I'm glad to see that there has been some recognition of some of the activities that have taken place and some of the other plans that have been put in place in that there's a change to the Mental Health and Addictions Plan which came out last year sometime. I would hope that all the plans that the government is dealing with not just within Health but that all departments would do the same thing, that an action plan doesn't come out and then sit there stagnant for five years. They should be a living document, much like a strategic plan.

I note in the Minister's opening remarks that \$3.2 million will address a base deficiency in Stanton's medical travel budget. This has been an issue for many years and I would just like confirmation from the Minister that this is an ongoing \$3 million that is going to be addressing the deficiency in the medical travel budget, but at the same time, I thought I had heard noises that medical travel and the costs for medical travel was going to be moved to the department. So, I'm a little confused if this \$3 million is being added to Stanton's budget or if medical travel is going to be at the department level.

Right after that the Minister said \$5.2 million has been added to the budget to address increased costs for residential placements outside of the NWT, and that again has been a cost which we have been funding by supplementary appropriations, certainly as long as I've been here, and I would like confirmation that this has been added to the base and that we will be better budgeting for the costs for our residential placements outside of the NWT in the future. That's what it sounds like, but I'm just not sure of it.

The other thing with medical travel and somebody mentioned that we're reviewing the policy and absolutely we need to review the policy. I think the Minister mentioned the Med-Response, and the Med-Response system, I think, is going to assist in some efficiencies with medical travel. I certainly hope so. I'd appreciate confirmation on that. I'd also like to know when the Med-Response system is going to take effect. I don't believe the Minister mentioned when Med-Response is going to take flight.

The Midwifery Program, I'm very glad to see that there's money in the budget for this program. I am disappointed, however, that during last year's budget deliberations there was money added to the budget for midwifery to advance the Midwifery Program and that didn't happen. I presume that that money lapsed. Members on this side of the House felt that we wanted to get midwifery in Hay River

sooner than what the department was planning. We also wanted to get it started in Inuvik sooner than what the department was planning. So I was really disappointed that that didn't happen. I presume it was a capacity issue with the department, but I would hope and I'm not sure exactly when we're expecting to have a midwife or a Midwifery Program in action in Inuvik, but I'd appreciate confirmation of when.

The Minister has advised us that the department is working on assessing our long-term care needs and I have a particular interest because of the long-term care facility which exists here in my community in Yellowknife. The Aven Centre is looking at an expansion and I know the Minister has said that the capacity at Aven will be considered in conjunction with the long-term care needs right across the territory. So there is a report coming, I understand. It's been coming for quite some time. I'd appreciate knowing from the Minister when we can expect that report. As has been mentioned by a couple of Members already, seniors are an ever growing part of our population and I think as is pointed out in the Aven's proposal, which the Minister has seen, the need for long-term care beds for seniors and for care for seniors, whether it's acute care or not, it's huge.

The need for enhanced and identified services, and generally mental health services related to wellness courts, the needs for services for wellness courts I don't think has been totally identified by the department. I know that the recognition is there that we need to have those services in order for wellness courts to go ahead, but I think the department should be putting more emphasis on making sure those services are in place so the wellness courts can basically get going. We've been talking about this, again, for a very long time.

There's no mention in the Minister's opening remarks about the child and family service committees. I know that's been a really difficult program to get going, I would just be interested in knowing whether or not that program has been kind of put off to one side because it has been so difficult.

The Anti-Poverty Strategy was mentioned and I am very supportive of the work that the Minister has done on the Anti-Poverty Strategy. He has involved people outside of government, he's involved many aspects of our community outside of government and it's proven to have produced us a pretty good document, and they're working on the action plan right now. I think my biggest concern with the Anti-Poverty Strategy is that I don't know that that strategy and the action plan that's being developed is going to look at the difficulties and the impediments that policies across government create for people who are in poverty and/or particularly assessing income assistance and other

programs. In my mind, in order for us to actually have the Anti-Poverty Strategy work, we have to make sure that we don't have policies that are working at cross-purposes to each other. We've talked about this before, but I'm not so sure that the government has taken it on as an issue that is extremely important.

Lastly, I want to make a comment about deficits for a couple of our health authorities, particularly the Beau-Del and Stanton. I guess there's been, again, a lot of talk about sort of how to fix it and if we are going to fix it. So I would appreciate knowing from the Minister at some point what his plans are to try and make sure that we fund authorities appropriately so that they're not in deficit because, in general, I think they're in deficit because we aren't funding them properly.

I have the same concern about my own local Yellowknife Health and Social Services Authority. Their deficit is not nearly as large as Stanton, for instance, but they're still operating in a deficit and the Minister needs to do something to look at all of our authorities, and maybe the governance will change things, but we have to look at all our authorities and make sure we fund them properly so they aren't operating in a deficit.

I see my time now is up so I am now done. Thank you, Mr. Chair.

CHAIRMAN (Mr. Bouchard): Thank you, Ms. Bisaro. Next on my list I have Mr. Bromley.

MR. BROMLEY: Thank you, Mr. Chair. There's certainly a little overlap. I know the Minister is hearing that, so I'll try not to repeat too much. This department is up 8 percent in budget and that's the reality, but it is a high increase this year. Although I do note, as I think it's been noted, that the Territorial Health System Sustainability Initiative funding came in after this budget was drafted, so I'll be looking for an update when we get into detail. Just a heads up there.

I notice in the directorate that it's up 25 percent over two years, which is not typical of the rest of the divisions. On closer examination, a lot of it is compensation, but again that didn't happen with the other divisions, so I will have questions on that. I also note that there's a modest contribution to the Anti-Poverty Strategy, which is a smaller proportion of that increase.

The ECD, early childhood development, obviously needs extremely strong partnership and collaboration between Health and Social Services and ECE, but I'd like the Minister to know that I do support the suggestion that Health and Social Services should take the lead role, especially for the zero to three category of early childhood development, recognizing that it depends on big efforts on both departments and real collaboration. I think the problem is that ECE is so overwhelmingly

domineered by their education commitments, and perhaps rightfully so, that it tends to distort the absolutely essential, the absolute requirement that we bring this focus as the topmost priority in our ECD work to zero to three, and I know there are lots of things starting to happen and that have been happening. I think this is not a new recognition, but we do need a renewed emphasis.

I am very pleased, as I know others are, with the establishment of the Aboriginal health and community wellness division, and I'm looking forward to a positive start with that work on mental health and addictions. Again, the Minister knows my and committee's view that mental health or a wellness court can really be one of the most effective things that we can do to address one of the most serious and costly sets of cases that we deal with for many reasons, and I won't dreadingly go over them again here, that we must deal with. Again, we've been at it. Let's really get going on this. What we've heard to date is too modest. It's not acceptable, so we're looking for better effort there.

There is some reorganization, perhaps, that will be coming down the pipe. We really do need to clarify and simplify our lines of authority to seek consistent direction and emphasis, the things that you would expect from a leader, and I think the department needs to provide that in the management of this huge health system. I'm not totally knowledgeable on this. I know it's early days and the Minister is working hard on this effort. I'm supportive to the degree that I am aware of it and know anything about it. It seems like we're going in a good direction there now and I urge the Minister to continue with that development and implementation.

Some concerns, I know that the department has not fulfilled the direction provided by the House in, for example, areas where we have provided specific resources in the past, and the examples that come to mind, as we've heard, are ECD and midwifery. I did hear the Minister's reference to starting work in the Beau-Del. That's very positive and that would catch him up, as the Minister can do that, this fiscal year that's coming up and complete the Hay River work. I think there would be a little catch-up happening there and I'd be very happy to see that.

The last thing, long-term care beds. We are doing things in this area, but I know the Minister is aware that we need a lot more. We've heard ad infinitum that our age structure is changing demographics. Perhaps we'll hear more about the plan to address that and come up with a well thought out, comprehensive plan. I was disappointed to hear that Avens is backing off on their efforts, because I think one of the worst areas will certainly be Yellowknife where people tend to migrate to when they have particular needs. I hope that will be

recognized in the plan and that the Minister will get busy on this. I'd hate to see us 5 or 10 years down the road seeing a lot of seniors suffer because we haven't done the work to get that in place.

I think we'll get into the details here. I'll leave it at that. I'm not expecting the Minister to respond to a lot of these, because I know they will be coming up in detail, but I did want to bring them up because I think they're important enough to be repeated.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bromley. Again, moving with general comments, I have Mr. Blake.

MR. BLAKE: Thank you, Mr. Chair. I just have a few comments and concerns to raise with the Minister. First off, it's been about two years now that through the department we've had a commitment to implement the Beaufort-Delta health board back up in the Beaufort-Delta region, and the residents up there are still waiting for a voice from the community to represent them. That's really lacking up in the region. Although a lot of services are improving, the residents still would like a voice on the board. I think all we need to do is do a bit more training in the financial area. That's where a lot of the past board members felt that there was really no education for the board members in that area. I think that simple little training that if we apply it to those board members, whoever they may be in the future. I'm really looking forward to that and I hope by the end of our term that we could have this board in place.

Also, I'd like to commend the department on the improvements with the medical escorts over the last couple of years. A lot of the elders that are travelling had a lot of difficulty, especially travelling to Edmonton. Many of them have gone there for the first time and they don't know where to go even in the airport. It's really stressful on them, especially if they're dealing with major issues like cancer and other life-threatening issues. It's added stress. I'm glad to hear that the department is offering counselling to those that are affected by that.

Next, a lot of concern in the Beaufort-Delta riding that we need a health care facility, whether it's in Aklavik or Fort McPherson. Fort McPherson is larger and has a larger population of elders in that community. In my riding alone we have 350 elders that are over the age of 60. That's a clear demand there. Inuvik has a small facility that could hold, I believe, roughly 20 people or so. This is going to be needed in the future, and I highly recommend that we put it in Fort McPherson because they do have a full-time road that's accessible, which I believe would cut costs.

Also, nursing in Tsiigehtchic, as I mentioned, it's been just a few years back that we did have a full-time nurse there, 10 years or so, but if we could do it then, we could do it now, and there's a clear demand there as well.

Also, for the positions that are in the budget for Fort McPherson and Aklavik for nursing, I highly recommend that we fill those positions and willing the work of the department to do that. If it's not possible to fill those positions, maybe we could transfer them to Tsiigehtchic and that would make things a lot better.

Those are just a few comments that I had, Mr. Chairman, and I look forward to the response. Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Blake. Moving on with general comments, I have Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Chair. I want to make my comments to the Minister and I want to thank the Minister and his colleagues for the continuous efforts and push towards the new wellness centre in the Sahtu and the territorial long-term care facility and the exciting news about putting the training program and what we need to do to get that operational, off the ground and put forward to having some sort of ceremony, maybe this summer, to kick-start the excitement, and the previous Minister also was involved with that. I want to thank the department for their efforts to take my questions as I nag you through the system, because it is exciting and we want to make sure that it stays in the books and I thank the government for making those commitments.

In saying that, I would like to follow through this venue here, another venue that the Tulita health centre has been in the planning books. I know there is one last piece of detail that we have to look at before we start looking for money for the Tulita wellness centre. I am just calling the Metis right now in Tulita, because that is where the letter went, to see where things are at. I know that there was a meeting set up to see what we have to do to maintain that piece of infrastructure on the books, given all our other infrastructures that we wish to have. I wanted to thank the Minister for keeping that also on the radar here.

Mr. Chair, I do want to say that the issue that I talked somewhat to the Minister on not too much, but one that I brought to his attention is that we have elders that fly out of our small communities. They come down to Yellowknife or Edmonton for medical services and the way the airline operates and the timing is not conducive to some of our elders. The ones I am speaking about are ones in wheelchairs or walkers, or are fairly old and fragile. Because of the airline schedule, sometimes these elders have to stay at the Norman Wells Airport for an extended period of time. I was asking if the departments operations and maintenance can look at an elder who has cancer goes for treatment or elders who are with walkers or disabled, that they could be put in a place where they can rest. Work with the health centre in Norman Wells so they can

have a place where they can rest, have something to eat, have some tea, watch some TV maybe, but not just stay at the Norman Wells Airport for two or three or four hours. We are young, so we can handle it, right Minister? So, we look out for most of the elderly people. That is what I would like to look at and go to. It is not going to be all the time, it is when these elders have to come to Norman Wells to catch a flight south. That is what I am asking for. I have run into some incidents where some of our elders have been staying at the airport for five hours. I am not too sure if they ate or had any tea or they were looked after. It makes me sad to see how we treat them, so I asked the Minister if he would put a little effort into looking at something like that, where he could make it work. It would be on a case-by-case basis. Just so that elders that have cancer, they could go to a place, so I ask for some civility, I guess, to see what we can do there.

In Tulita we have people over 60 years of age. There are 74 of them, according to my stats here. In Deline we have 54; Colville Lake, 16; Fort Good Hope we have 64, and in Norman Wells we have 85 people who are 60 and over.

In doing my homework here, these elders that I listed off, in Colville Lake 94 percent of people consume food from the land. In Good Hope and Deline, 77 percent; in Tulita, 79 percent; in Norman Wells, 29 percent. I say this for a reason, Mr. Chairman, because of these high percentages of numbers where our people consume food from the land, so that goes to the point I want to talk about. I want to talk about food that is offered in our health centres.

In Stanton Hospital, I know the Minister is working on that. In any facility now that we have elders in, like the Aven Manor, or up in Inuvik, or Simpson maybe, in our hospitals, these elders grew up from eating food on the land. There is a health benefit also to it. I know you have the Aboriginal wellness council going pretty strong and pretty forceful, and I like to see where the Aboriginal patients have a direct access to getting food from the land served to them by our government. It should be representative, just like we have a policy where we have employees representing the population. So if there's 65 percent Aboriginal people, we should have at least 65 percent of Aboriginal foods in the hospitals, not 5 percent or 10 percent or whatever. Boiling fish is good, fish broth is good, ducks, geese, beaver, rats, they have to have all that food. That is what they grew up on, so we cannot deny them that. I wanted to raise that with the Minister to bring those numbers up. I do want to say to the Minister, I really, really support the Aboriginal Wellness Initiative, the directive, the on-the-land healing programs, all those good things that are going to plant the seed now. It is good that the department is listening now, we have dedicated money to those initiatives. For 10 years I have been

saying this, now we are finally starting to see. Now let's give that a chance, let's give it a whirl and see what we can do for our people.

I want to say to the Minister that the medical travel certainly needs to be something that is revamped and looked at for our people. I also want to say, on the same thing, medical travel has done some things that have helped my people also. I am not going to be too hard on them because they have done some things that I think have helped me, as a Member, in getting my people back home. So it is not all criticizing the system or the people in there, it is just what we have set up.

The issue that I want to raise, and the Minister certainly heard it from three of us a couple of days ago, is on increasing the nurse presence in our small communities. Without nurses, we don't have any nursing in our communities and there are nine communities in the Northwest Territories. I look forward to a discussion paper, something that will say this is how or when we will want to get these communities on to the same level of health care as the rest of the communities in the Northwest Territories.

The challenge, and I know the Minister is up for a challenge, actually he has had some pretty good programs when he was working in it some time ago. I think that's what I want to do too. Work hard for us. The budget is pretty good in the health field here and I certainly hope we have some further discussions on the federal government's announcement on having money come to the Northwest Territories and how we're going to use that money. That's all I have to say, Mr. Chair. Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Yakeleya. Moving on with general comments, I have Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Chairman. I'm just going to use this opportunity to highlight a few areas of general concern. Of course, I'd certainly like to see ourselves do a little more in the treatment area. I'm not sure that the Minister's Forum, in my view, was their forum panel, and certainly research done on addictions and whatnot was the approach I would have liked to have seen. They have come up with some recommendations, but like anything, it's all about implementation and how we follow through. There was a commitment in there, the observation of making a treatment centre available or treatment spots available in the North and South and I have yet to see them emerge, so I certainly look forward to the application of that and not sort of the two-step dance away from accountability, so we'll have to see that.

You know, you don't have to go very far in this city for people to call upon the government, asking yet again where are these treatment centres that they want their government to commit to. Ironically,

accountability is a funny thing. It seems to be a difficult thing to put our finger on around here, because this is what the public wants but yet the government finds new ways to avoid it. I certainly hope this is coming to an end, at least the excuses, that is, because, quite frankly, the constituents and the people of the Territories deserve the follow through on these types of initiatives that they're asking for. I mean, if the people are asking for them, I find it odd that the government cannot respond to that need. Yet again they use their many, many people studies and resources to deny the public what they are truly looking for.

The homeless problem continues to be an issue. I often hear this brought up at regular discussions when I'm out visiting folks. People would like to see more initiatives on this. This isn't just a Yellowknife problem. I think Yellowknife certainly has its own problems with it specifically, but what I think needs to be done more so by the government and certainly by the Department of Health is to find money for programs, for regional centres. The reason I say that is when we are presented anecdotal evidence, we find a very low percent of the people attending these opportunities for people who are homeless. What we find is the vast majority of these folks really belong and are from the communities and regional areas and they want to go home, but of course, if you ask them where they're from, then they'll say that there's nothing there for them to go to. That continues to be a fundamental issue that I'd like to see addressed as an emerging focus and a problem that needs some real help and heavy lifting. If we had more money invested into homeless centres in regional areas, people would be able to be more connected with their regions and certainly their families. I would say those interties are so important they could help us down the road with other issues.

I won't be spending any time at this particular second, but I do look forward to asking about position vacancy in every area I get a chance. I'm going to be asking about funded positions and unfunded positions and certainly how we fund them. I mean, let's get to the bottom of some of these things and why are we running positions in existence that aren't funded, so why aren't we asking for the money to fund them.

At the same token, this money doesn't fall... I think it was so eloquently quoted today that they don't just show up because of pixie dust. I'm not sure what fairy is dropping that funding off. But that said, that money has to be coming from somewhere. Hence, that now leads into the next point of saying I certainly look forward to the updates on each regional health authority to find out what their current deficit is, how are they addressing these things, what are their plans and their focus. I'd like to know things about the establishment of the boards and why don't we have boards in certain

areas. I think there are lots of good questions about those particular areas and I'm sure we'll hear lots of good answers. I am certainly optimistic we'll hear those answers.

One of the issues I continue to raise, and I will continue to raise in speaking of deficits when it comes to health authorities, is the doctors' pay, which I think is such an embarrassment of this government to put these doctors' costs on these health authorities, which truly should be a departmental cost. This is very frustrating to watch that these authorities have to carry these things. For example, Yellowknife Health and Social Services Authority has to carry the doctors and they have to send them out, they have to find overtime, they have to do training time. I mean, just the headaches alone. If this government was proactive, not reactive, we would place these doctors all sorts of we'll call it from an accountability framework point of view and they would make them financially accountable at the department. I think ultimately that would take some of the stress off the authorities. When we look at and wonder where some of the money is coming forward to pay for these things, they have two choices: find it somewhere within, which means they either, you know the old saying, steal from Peter to pay Paul, or, of course, they run without and that means they run with a position that's empty, reallocate. Who knows how they get through their budget year? I mean, sometimes we just don't know. Hence we end up with authorities with deficits. Frankly, I've never once really heard a good excuse why and I don't think anyone believes it.

I think moving doctor pay to the department could go a long way in solving that. I don't know of any MLA that wouldn't support an initiative if we had a crisis that needed support. I mean, I know a couple of years we've had different sorts of fallouts of problems that have come forward and we know when it's important and, by golly, if it's important, bring it to the Legislative Assembly and don't be afraid to ask for money. If it's meaningful, we'll support it and if it's not meaningful and important, well, then you'll get your answer.

As was probably mentioned by my colleagues, we continue to have the call of the naturopaths wanting to be regulated. I'm not sure if my other colleagues mentioned it today, but it's certainly worth mentioning because it's something that needs to be looked at. I've even received an e-mail, and I think MLA Bisaro spoke about it yesterday or the day before, that they want to extend their authority to be able to do some stuff. I've heard cases where naturopaths want to prescribe therapy but they have to go through a doctor and then they have to get a doctor to sign off on certain elements of we'll call it the investigation process and then that doctor takes responsibility. But some of the naturopaths are very credited and credible, very insightful and

very capable, and we should be asking ourselves why aren't we using this resource for what it is. Yet again the public speaks. Yet again the government falls deaf to the cries of the people. It's frustrating to watch.

It's days like this, you know, I wish we were a typical party system because we could throw those folks out of Cabinet because they're not answering to the needs of the public, but we're not a typical party system and nobody is accountable to these things, because they always just blame it on the last government and no one is around to take those responsibilities.

I've asked for suntan beds to be legislated. Although this is a small issue, it's an important one. I think if we were wise, we'd certainly be going down that path.

Let me continue to reaffirm – I'm not sure if my colleagues have mentioned this one – the importance of midwifery and the expansion of it. It has turned down to a dull roar on this particular issue right and I think what's happened here is the need for the service has sort of gone to a whisper. Yes, it's important, but I think people have given up on it because they just see our government dragging our heels on this. It's a service people want, a service people definitely need, a service we can certainly divert out of our typical normal process of needing a doctor in a standard healthy case.

Again, another demonstration of the needs and the direction and the wants of the people are, well, quite frankly, being ignored. The government always finds money for subsidies of their projects, but when the public comes forward very strongly and says they want something, it just seems like you cannot garner any attention of the government. I often wonder what you do. We continue to raise the issue and they just continue to chuckle and say, don't worry; we've got money for our projects and our ideas in Cabinet but just no money for the people's ideas. I wish we could exercise more authority.

The last area I'd like to highlight, although I can't specifically say where the project is now, but I would certainly make special note that the project over at Aven Manor is still on the horizon, although I don't think it's on the front burner of activity of development. I think there's still a continued underutilized resource there. There's energy behind the board, there's optimism behind the organization, and certainly there's land and resources and a partnership that I think isn't being embraced the way it could be. I like the fact and I love going to the Aven's area where you see seniors active and enjoying life and being part of it. I think it's a phenomenal community that I would like to see personally that we develop in other regions in the Northwest Territories. I don't know

why we can't have more of these things. It all starts with some vision and some support. Whether it's housing or it's health or it's a partnership thereof in some manner or some form, I think it's a real missed opportunity that we're not developing these types of things.

Again, I said this and I mean this. I can't speak to the present state of that project and expansion that they want to do over there. It may be on the back burner, but the problem is we need some support from this government. Of course, they will say that they don't have any money, which when it's a Member's idea, of course, they don't have any money. I'd be shocked if they ever said yes. But that said, it's something that I would hope the Department of Health would be finding and helping advocate for and certainly working with them to leverage new opportunities and partners with everyone else.

Just a few random thoughts with health and I will have more. Like I said, I will be asking, when appropriate, some questions regarding position staff, money, funding, where it is and why it isn't there, et cetera. We will be there. Thank you.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Hawkins. Moving on with general comments, I have Mr. Bouchard.

MR. BOUCHARD: Thank you, Mr. Chair. Obviously a very important budget, the Department of Health. It's the biggest budget we have, \$391 million, just about \$392 million.

I guess, in no particular order, some of my colleagues mentioned some of these issues, but obviously I want to mention them again.

Midwifery, obviously I'm pleased to see that in the budget for Hay River. I know we were talking about the implementation last year. I'm definitely looking for assistance in that area to help people be able to put Hay River, Northwest Territories, back on their birth certificates. It is definitely an issue I have been pushing since I got elected. I think midwifery is going to be an option for some of those people out there, not the answer to everybody. Only certain people meet those requirements or feel that comfort level in midwifery, but I am definitely excited about the project. It's maybe not just a birthing issue but also an option for ladies before they give birth and after they give birth. It's definitely an asset in the community that we're looking forward to having.

Along with that, the constant demand or questions about filling positions of doctors in Hay River continues to be an issue. I know the department has been talking about trying to do more with centralization of doctors, helping our authority to place doctors in the community. I look forward to keep working at that. I think we had one success and she seems to really like it in Hay River. I'm

hoping that it's a selling feature for doctors to come in the future.

The next topic I want to talk about is medical travel. Obviously it's a big dollar item for the department. There always seems to be issues with people for medical travel, whether they are eligible to travel, whether they can fly direct. More recently, I just had a senior talk to me about wanting to fly direct to Hay River from Edmonton, but was given a little bit of a run-around from the department because the costs are cheaper to go through Yellowknife through some other commercial airlines. I definitely have a concern in that area. We should be trying to make it convenient, especially for seniors that don't want to have to wait in the airport and in Yellowknife here for five or six hours at a time. I think we should be looking at convenience for elders, obviously. With that, though, our seniors are very accommodating. That senior actually indicated to me that he was very pleased with the staff at Larga House. They need to be commended. They do a great job.

The next item that I wanted to talk about the Department of Health is obviously the new health facility that is being built in Hay River. We are excited for that. Construction seems to be going well. Obviously, we had concerns about the extended care beds. The department has shown us that it is in their capital budgets to come forward, but I guess we still have some more questions and some more issues with the new facility. It doesn't quite have enough room for all the offices that we currently have in our existing facility, so office space will be definitely an issue coming forward once that facility is up and running. Along those lines of that extended care, like I mentioned in my Member's statement this week, about actually assessing what we need as a community.

My colleagues talked about it a couple of times these last couple of days, as well, that our population is aging. Hay River is a central location. We tend to have some seniors move to Hay River just for the convenience, it's a regional centre, some of their family is there. What the demands are for the community is something that we want to assess while we're doing this upgrade – what are the demands, how many seniors are we going to have in five, 10 or 20 years – so we are planning for the future and some of the efficiencies that we can be doing if those demands are increasing, which we know they are.

I would also like to talk about community wellness. Obviously, it is a big uptake from the community of Hay River. I know that our Metis and a lot of people have been working on it, given a lot of comfort to the community as far as some of those people have been involved in and have thought they were disengaged from the department. It's definitely been an asset to the community. I think people are

feeling a little bit more comfort that they have a say in what's happening in some of those areas.

Obviously drug and alcohol is still an issue for our territory. It holds us back a lot. There are a lot of expenses that we spend because of drug and alcohol. It slows down economic development. It does a lot of factors. Obviously we are concerned with the closure in Nats'ejee K'eh. Those jobs were not in my riding, but those jobs definitely affected Hay River. The majority of those people lived in Hay River. We definitely had some concerns about how that rolled out and how that was presented to us at the 11th hour after the decision had been made. We know that it is a great asset of a facility and we need to find an effective use of that facility and replace some of those jobs, I'm hoping.

Obviously we don't have a health board anymore, but we definitely feel that there's a need for an advisory type of board, an advisory board where people can give feedback. We have one public administrator that deals with community concerns, complaints, but I think we have a variety of people in the community that would like to give feedback. I think if you had an advisory board where even with Hay River being regionalized, even if there was funding available for regional type of information or feedback. But that being said, we also need to recognize that Hay River is a regional centre. Along with that, some funding would be an asset.

Those are some of the basic information that we've been dealing with over the last couple of years with health. I thought I'd mention them as a general statement. I'm sure we will have more questions in the detail. Thank you, Mr. Chair.

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Bouchard. General comments. Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Chairman. I'm not really a big general comment kind of person in Committee of the Whole, but I just wanted to make a few comments on Health and Social Services. It's a big department, it's a tough department and I have to say that I am pleased with the general direction that the leadership and the department are taking things. I see some innovative things. I wish there was more that we could do to inspire people to be more caring about and taking personal responsibility for some of the challenges that we face. As a government, we try to fix things and sometimes I think we have to find a balance between trying to fix things and maybe getting on the front end and try to prevent things and try to denormalize things such as the degree to which people consume alcohol and are involved in other destructive behaviours. That's always the balance, that's always the struggle. But overall, whether it's medical, social, the leadership that the department is providing on these fronts I am generally happy with and as we had in committee the other day, one of the leaders on the front line overseeing the

Community Wellness Initiative, these are good things. As my colleague Mr. Bouchard said, we need to give communities a say in what they feel are the things that will make the most impact for them in achieving wellness.

So a long ways to go. Like I said, a challenging, big department, it covers so many areas, but I think we have, as a government, devoted a lot of resources to this area and we hope to have good results as a result of those investments. We'll carry on with making our comments and having our input where applicable. Thank you, Mr. Chairman.

CHAIRMAN (Mr. Dolynny): Thank you, Mrs. Groenewegen. General comments. Okay, we'll allow the Minister an opportunity to reply. Minister Abernethy.

HON. GLEN ABERNETHY: Thank you, Mr. Chair, and thanks to all the Members for their comments and thoughts.

There are a number of areas that the Members brought up that there was some clear cross-over. So I'll attempt to address as many of the questions as I can with my comments and if I do miss any, please remind me in detail and I'll make sure to answer them at that time.

MLA Dolynny started off talking about some of the challenges and indicating that there's room for improvement and, quite frankly, I agree, absolutely. We need to have a system focused on better health, better care and a better future for all of our residents in the Northwest Territories. Since I've become the Minister of Health and Social Services, I've had a lot of discussions with the senior management of the department. For me and for the department, our top priority is to improve care and services of NWT residents. For me, every decision that we make with respect to our system has to focus on what is best for the patient, or what is best for the client. That's the premise that I and the department are moving forward as we are bringing forward decisions, but also discussions with our colleagues.

There's no question that the system needs to be accountable and responsive to the needs of communities and regions, and that's all communities in the Northwest Territories and all regions. Roles and accountability must be clearly defined. In my opinion, at present, they're not.

Regions must be adequately resourced to meet the service demands in a timely fashion. I heard this several times about resourcing the authorities properly with every authority running a deficit. Clearly, they're not.

Our current model does not offer enough flexibility to respond to significant changes in service demands across the Northwest Territories. Moreover, there's no consistency in the current formula for distribution of resources across the

Northwest Territories. We heard that from the Auditor General.

The system needs to be compatible with emerging Aboriginal self-government aspirations and we don't want to build more silos. We have eight silos in the Northwest Territories. We don't have a health care system, we have eight health care systems and they don't always work really well together. Where they do work together it's not by design, it's by good will of the incredible people that we have working in the system, not by design.

We need to come up with a system that gives our residents seamless, competent, quality care. It must be client and patient focused. Clearly, communications throughout must be improved and this includes follow-up and after-care.

We need more focus on prevention. I know the Members of this House have talked an awful lot about prevention, and working with Members, we have put additional dollars into prevention over the last couple of years. The allocation of resources must meet and be reflective of community realities and community needs, and our regions must retain the ability to deliver programs and services in a manner that meets the unique needs of their respective catchment areas.

Who is best to help us figure out what services to deliver in a community like Deline other than the people from Deline? We need to make sure that we have a mechanism that gives us an opportunity to hear the voices of our residents.

There must be a balance between traditional western medicine as well as traditional healing practices, and all of our programs need to be delivered in a culturally sensitive manner that engages our clients and our patients, once again, focusing on our clients and our patients. All of this has to be done in a system that is sustainable. We all know the fiscal reality of the Government of the Northwest Territories. We've got to find \$20 million this fiscal year and we've got to find \$10 million more next fiscal year just so that we can deliver the programs that we're committing to here today.

Collaborative shared services and governance reform are not centralization, and I'm throwing that out today because I know that some people think that. I just want to be clear that it's not centralization. We want to build a system that is both simple and able to make best uses of the resources to meet the needs of our citizens regardless of where they live in the Northwest Territories.

We're not talking about saving money here. We're talking about finding ways to utilize in the most effective, responsive way that will give the best results for our clients and our residents and will help us control the rapidly escalating cost of health care in the Northwest Territories. We are not alone.

The cost of health care across Canada is escalating rapidly and if we don't change the way we do business, we will price ourselves right out of the ability to provide anything. So we have to be conscious and aware of the cost and we feel we can provide better health, better care and a better future without rapidly or unrealistically increasing the funds. But it does mean that we do have to do things in a different way.

As I've said, we want to focus on the patient, we want to focus on the residents, we want to support residents. We know we have to have a voice, and this goes to comments made by Mr. Menicoche, Mr. Blake and Mr. Bouchard about getting some of these authorities in some capacity back up and running because we want to make sure that we have an opportunity to make sure that the people's voices are heard with the respective delivery of their care. We have to do that. There is no question.

So going back to Mr. Dolynny's point, yes, we're not meeting the needs of the people of the Northwest Territories. Yes, absolutely, without question we can do better and we can do better with the resources we have at hand. Now we are going to have to do an awful lot of work, and I look forward to working with committee, with Members and with residents of the Northwest Territories as we move forward and redesign this system so that it meets the needs of our patients and clients, while at the same time allowing meaningful input from the program delivery at the community and regional levels. It doesn't mean we're not doing anything, it means we're doing an awful lot.

There are a number of things that we're doing already, and we're talking about a collaborative shared services model and I have discussed this with Members in the types of things we're doing. Finding ways to share IT services, finding ways to have a territorial-wide physician pool, or a territorial physician staff. We are talking about Med-Response that's available at the territorial level. We're talking about territorial purchasing and these things are happening right now. We are making headway on these things right now. Unfortunately, we do know we'll hit a point with those where we can only go so far without making some structural change and I will certainly be having conversations with everybody on that as we approach that.

In the meantime, I am continuing to have dialogue with committee. I am going to communities and meeting with regional leadership and community residents to talk about our system here in the Northwest Territories and getting feedback from them on how we can make it better.

Mr. Dolynny talked about some of the reports that we have and how they are sporadic, and I agree. Five years seems pretty excessive but, unfortunately, many of our statistics rely on federal

databases. This is unfortunate and it is not where we want to be. We are looking at making improvements, but some of those improvements are going to require us making headway on some of the things I talked to previously, but also technology. EMR, by way of example, will help us get timely statistics so that we know what true population trends are now as opposed to five years from now. We'll have more timely access to data, more up-to-date data once we roll the system out and start putting the data in. I agree completely, and we are working to address that.

A number of Members have raised the issues around the aging population. We have an aging population. I think it was Member Yakeleya who actually gave us some of the numbers of the individuals, the seniors in his riding and how those numbers are going up. It's reality and we have to be prepared to deal with it. We have just completed and distributed to Members the continuing care review. That went out yesterday. That is going to help us form and inform the Aging in Place Strategy that we will be bringing to Members for discussion, or at least distributing to Members and arranging some opportunity for discussion by the end of March. We know we need to do more. We know we need to be prepared for the increased number of seniors that are coming into the Northwest Territories.

Going back... I don't mean to jump around. I apologize. Going back to some of the governance thing, and for a number of Members mentioned this, is the lack of consistency in the provision of health and social services across the Northwest Territories. Yes, you're right; there is and we need to fix it. Absolutely, without question. We need to have some standards of care. It's very difficult to have standards of care where we have eight separate silos that make their own decisions with respect to how they're going to interpret GNWT regs and policies. We know we need to move forward and we need to improve this. We have hired, I'm happy to say, a chief clinical advisor who is a medical professional, a long-time Northerner, and is going to be able to provide us some real solid advice and guidance on the development of clinical standards which will be applicable across the Northwest Territories once we get to a more unified system here in the Northwest Territories.

There was conversation by a number of Members about quality assurance. Mr. Menicoche talked about an individual being misdiagnosed several times. This is something we never want to hear. This is something that obviously really undermines our system as whole, and we need to improve this. This goes back to the clinical guidelines, territorial and clinical guidelines we're talking about, but it also highlights another challenge that we face, which is quality assurance in the Northwest Territories for the provision of health and social

services in the Northwest Territories. Each authority is responsible for their own quality assurance, so it's very siloed and it doesn't look at a system as a whole, it looks at a particular location or region. This is something else that we need to fix, and if we go to a more streamlined, unified health and social services system instead of what we have now, we'll be able to provide quality assurance across the system, and the nice thing is if a quality assurance person in the Deh Cho retires, leaves and is unavailable, we will have other professionals that they can go to get the supports they need. With these things we will be able to have better results for those individuals in communities like Wrigley who happen to break their leg.

A number of Members talked about more nursing in some of the small communities, and I hear you. I hear you loud and clear. Yesterday in the House I talked about the ISDM, and I have directed the department to go back and do a bit of an audit of the – audit is not the right word – but a review of the ISDM with respect to provision of services in the smaller isolated communities, and we will be working with committee. We will meet with committee. We will bring that assessment forward so that we can have an informed discussion and try to come up with some creative solutions for the provision of services in those small communities.

A lot of Members talked about THSSI. I'm going to leave that one until the end.

Mr. Moses talked about the Mental Health Act and his frustration with the number of counsellors that we have in the Northwest Territories, especially the lack of counsellors in the small communities. With our Mental Health and Addictions Action Plan that came out recently, we're trying to find, better yet, we're trying to offer our residents options. In the Northwest Territories now, we have access to four treatment facilities in southern Canada. We have expedited the referral process so clients can get into, or rather, be approved for going to these facilities within a 24-hour period. Yes, sometimes it takes them a bit longer to get into the facility, they may not want to travel when the opportunity comes, they may not be exactly ready, but the referral could be approved within 24 hours. This is significant.

Now, we also have four facilities. We've got two in Calgary, one for men, one for women. We've got Poundmaker's and we've got Edgewood in BC. We can get our residents into these programs to receive high calibre services and programming in a very timely way with minimal, minimal wait times. There are much better services than we had when we were basically working on one treatment facility here in the Northwest Territories, and we do this at a really reasonable rate. These four facilities, with the beds that we have access to, which is far greater than what we had before, is about 750 to

800 plus thousand dollars a year. We couldn't run a treatment facility in the Northwest Territories and guarantee the high calibre of programming that we're getting for those dollars at this time. It doesn't mean we aren't interested in a treatment facility in the North, but it means we've got a long way to go, and we have to do some additional work, and work with communities, Aboriginal governments, community governments to see what options may exist.

We're also exploring the mobile treatment. Yes, we did say that we wanted to have something to pilot this year. That did not work out. This fiscal year, I mean. That did not work out. But Poundmaker's has indicated that they are very interested in working with us, they're just not available until after March 31st.

We're also moving forward with on-the-land programming, and I think this was a clear message from the people. I know that it has been suggested that we don't listen to the people, and Cabinet doesn't care about the people, and frankly, I find that insulting, but we do listen to the people and we do listen to the residents of the Northwest Territories, and we heard clearly, without question or equivocation, that people want on-the-land programming. We're doing it. We're putting it in. We're going to pilot it. We've asked for more money so that we can do more of it, and we're looking forward to the success of those programs. Now our residents in the Northwest Territories, compared to two years ago, have an option of four treatment facilities providing a variety of programming, high calibre programming. We're going to have mobile treatment; we're going to have on-the-land programming. We continue to have community counsellors and mental health addictions workers, and we have a relationship with a number of NGOs who are helping us provide services. Is more needed? Yes, and we will continue to find solutions and work with our partners to find solutions.

ECD, and Mr. Moses brought up some dental issues. In 2013-14, the fiscal year that we're in right now, we do have some THSSI dollars available that we're using to help us come up with a plan. Through THSSI we got some money to lead a Pan-Territorial Oral Health Initiative focused on reducing the reliance on the health care system to deal with dental extractions by improving oral health and reducing cavities, strengthening community level access to services, and training and recruiting additional service providers. This money lapses, or rather, expires on March 31st. Although the feds have announced some money, it is not THSSI. I just want to be clear that the money they have announced is not THSSI. This ends. By March 31st we intend to have a plan and Oral Health Strategy that will look at dental services and oral health promotion and prevention with an emphasis on children and youth in the Northwest Territories, and

we hope to have that strategy done shortly after we complete the Pan-Territorial Oral Health Initiative review.

Work is being done. We need to, obviously, find ways to do this. There are some challenges there. One of the challenges we have in that particular area, and it's super frustrating to me, is that we actually have no more professionals being developed in this country to fill our dental therapist positions in the Northwest Territories. That school program actually started here in Fort Smith years and years and years ago and then it moved to Saskatchewan and it was recently cancelled. There are no new dental therapists coming into the system, and I find that frustrating and frightening.

---Interjection

HON. GLEN ABERNETHY: By the dental therapists that we do have, yes.

Child and Family Services Act, Mr. Moses brought this up and I think a number of the other Members did bring this up as well. An Auditor General report is coming forward shortly. I haven't seen it, the system works in such a way that I don't actually see it until basically the same time you do, but I have heard anecdotally that it is going to be rough. We look forward to seeing the report and coming up with solutions to address the issues that are outlined in it.

A number of Members have talked about traditional foods and this is one I would love to say yes to, but unfortunately, we know bringing foods into a facility comes with its own challenges and we will continue to have discussions with people in the facilities to see what options exist, but it is challenging. I know it sounds like it should be something that is easy but it is not, because there is actually a number of regulations that limit what we can prepare commercially in our kitchens. We recognize the desire and we will continue to work forward and try to address that.

Mr. Nadli talked about the health centre and the option to use the building, the current health centre, for other purposes. Obviously, we are always interested in something like that. The Department of Health and Social Services, once we open the new health facility, will surplus that building unless there are any other uses that we have for it, which we don't believe is the case at the time, and it will go through the normal distribution process and Public Works and Services has that well laid out, so the community will certainly have an opportunity to discuss the use of that facility in the future.

Mr. Nadli did talk about regional health boards and I think that I have talked about the need for moving forward with some change and improving the system. I think Mr. Nadli – and I apologize if I am getting this wrong – had a concern about not losing

the voice of the people, and we share that desire, to make sure that the voice is heard.

Mr. Nadli also talked about seniors and I have talked a little bit about our continuing care and how we are going to move forward with the Aging in Place Strategy, which we will certainly have more discussions with committee.

A number of the Members mentioned Nats'ejee K'eh. Yes, the facility shut down. We do need to find a use for that facility. I have had an opportunity to talk to the chief from the Hay River Reserve about the facility and about options for usages and we are exploring some usages that will give us some really positive results for the community, but also the Northwest Territories. Nothing has been decided. I am still talking to committee about that as well as to the community, but we are looking for some immediate use for that facility.

A number of Members talked about an Avens expansion. I have had a number of meetings with the board of directors at Avens, also the staff have been meeting with Avens. I know it was suggested by a Member that we don't necessarily care about what is happening at Avens and that we aren't engaging them, that is not the case. We are actively involved with them and we are exploring mutually beneficial opportunities, and there are a number of them that we are discussing. They are not necessarily asking us to fund the construction, I think they have come up with some solutions that will allow them to move forward without our involvement, but it will mean more programming and we will have to find more ways to support that. We are working with Avens, we are working with them on a regular basis, trying to find solutions and discussing mutually beneficial opportunities. Some of this will be, obviously, issues that will come up in an aging place.

Ms. Bisaro talked a little bit about the Anti-Poverty Strategy, and I thank her for her kind comments. This is something the Premier committed to and the departments have been working together on, our response, rather, to the framework that was put together by the working group that consisted of non-government organizations, community governments, Aboriginal governments, but I hear the Member say that she is looking for ways to see if there is any opportunity that we can look at where government policies create barriers or challenges. This is something that I can say the social envelope committee of Cabinet has been discussing and we recognize, and I know Mr. Bromley has brought it up many, many times before, and we hear you and we're trying to find ways to get past some of this. One of the ways is the integrated case management pilot. We feel that this is an opportunity to look at some of the areas that might be butting heads, to see what we can do to improve

services. There are more. We recognize that, but we have to start somewhere.

Ms. Bisaro wasn't the only one and I know I've talked a little bit about the deficits. The deficits are real. We have authorities all purchasing things in their own ways. We have authorities with different accounting systems. We have authorities that are set up who aren't on EMR, who have different computer systems, there's no tie-in. All those things create inefficiencies, plus we also have a high demand from our residents. The costs are high. We have to find a way to better understand the needs financially and a better way to flow it into the system so that it makes sense, but this year we are running deficits once again.

Mr. Bromley talked about why there was such a large increase in the directorate. I will just throw it out real quickly. This is where we put the anti-poverty section of the Department of Health and Social Services. We've hired the clinical advisor and a number of other things. Mr. Bromley wants us to take a lead on ECD. I would say we are working collaboratively together with Education, Culture and Employment and with respect to the four categories or the four action items out of the 22 that are health-specific, most of them deal with zero to three, so we are taking a lead in that area. But we are working together and it has to be collaborative. People keep handing me notes and I'm running out of time.

I can keep going; I mean, there are a lot of things missing. Do you want me to keep going? I'll keep going until someone says I will rise and report progress. How does that sound?

Mr. Bromley also talked about wellness courts and work is being done on the wellness courts and it is continuing to move forward. There is money in the budget this year for an integrated case management pilot which is going to be a key component of the moving forward with the wellness courts. Once again, there was conversation about lines of authority. We are talking about governance, and I will continue to work with committee.

It was suggested that we did not fulfill the direction of the House with respect to ECD and midwifery. I'm not sure what the Member was referring to by not fulfilling our direction with respect to ECD. We are doing incredibly good work there.

Midwifery, we didn't make as much progress as we had wanted, but I can tell you today that we are shortly going to be going out for competition for the midwives in Hay River. We are hoping to actually expedite it. We were planning to back it from the opening of the facility to give enough time for people to provide programs and services so it would line up nicely with delivery or the opening of the new facility, but we are going to do some minor renovations in the old facility that will allow us to do that before. We are hoping to hire somebody in

short order so that we can get those midwifery services. All the clinical governance guideline work has been done, so we are pretty close to being ready to go there.

Mr. Blake talked about medical escorts and medical travel. We are reviewing the Medical Travel Policy. I have shared the timeline with committee on when that work is going to get done. We will continue to move forward with that. I will continue to work with committee. I like what Mr. Yakeleya had to say about we have to have a sympathetic system that recognizes that people that are having layovers in a community like Norman Wells, that putting someone on crutches or in a wheelchair and leaving them in an airport for five to six hours may not be the most reasonable thing or fair or sympathetic. I take his point and we will work on that.

Sorry, Norman, you're going to have to ask me some questions.

We talked about naturopaths yesterday. It has been suggested that when it comes to naturopaths, the people's wishes are falling on deaf ears. That is just frankly not true. Naturopaths, I have moved them up on the list as far as regulation. They are fourth on the list. I have a meeting with the naturopaths in the next couple of weeks to talk about their concerns. They are being heard and we will work with them.

Doctors' pay, we are going with the Territorial Physicians Staffing Model through the collaborative shared services area.

Just for the record, we don't always ignore Members. In fact, I'd say we never ignore Members. By way of an example, it has been suggested that we have ignored Members. Just a really small example, one of the Members in this House brought forward an idea that we have to put some regulations around suntanning beds. We did that. Absolutely we did that. In March 2013, after the Member brought it up, we put regulations on beds. People under 19 can't use them and we have shared all this information with all the nine facilities that provide tanning in the Northwest Territories and they all hang signing up that we have provided. So we do listen to Members and we do respond to Members' desires.

I think I'm on Jane and...I mean Mr. Bouchard and Mrs. Groenewegen. I'm almost done. You know what? I think I've actually addressed all the issues of Mr. Bouchard and Mrs. Groenewegen, so I'll stop. How does that sound?

CHAIRMAN (Mr. Dolynny): Thank you, Mr. Abernethy, for your enthusiasm in responding to general comments. Noting the clock, committee, I will now rise and report progress. I'd like to thank our witnesses for today. Ms. DeLancey and Ms. Mathison, thank you for joining us. Sergeant-at-

Arms, if you could please escort the witnesses out of the Chamber. Again, I'd like to thank the Minister. Thank you.

Report of Committee of the Whole

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

MR. DOLYNNY: Thank you, Mr. Speaker. Your committee has been considering Tabled Document 22-17(5), Northwest Territories Main Estimates 2014-2015, and would like to report progress. Mr. Speaker, I move that the report of Committee of the Whole be concurred with. Thank you.

MR. SPEAKER: Thank you, Mr. Dolynny. Do I have a seconder? Mr. Lafferty.

---Carried

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

Orders of the Day

PRINCIPAL CLERK, CORPORATE AND INTERPARLIAMENTARY AFFAIRS (Ms. Bennett):

Thank you, Mr. Speaker. Orders of the day for Thursday, February 20, 2014, 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
18. Motion 11-17(5),
19. First Reading of Bills
20. Second Reading of Bills
 - Bill 8, Write-off of Debts Act, 2013-2014
 - Bill 9, Forgiveness of Debts Act, 2013-2014

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

- Tabled Document 4-17(5), Northwest Territories Electoral Boundaries Commission 2013 Final Report
- Tabled Document 22-17(5), Northwest Territories Main Estimates 2014-2015
- Bill 5, An Act to Amend the Motor Vehicles Act

22. Report of Committee of the Whole

23. Third Reading of Bills

24. Orders of the Day

MR. SPEAKER: Thank you, Madam Clerk. Accordingly, this House stands adjourned until Thursday, February 20th, at 1:30 p.m.

---ADJOURNMENT

The House adjourned at 6:04 p.m.

