



# **NORTHWEST TERRITORIES LEGISLATIVE ASSEMBLY**

**5<sup>th</sup> Session**

**Day 60**

**17<sup>th</sup> Assembly**

## **HANSARD**

**Tuesday, February 17, 2015**

Pages 5569 – 5610

**The Honourable Jackie Jacobson, Speaker**

# Legislative Assembly of the Northwest Territories

## Members of the Legislative Assembly

### Speaker

**Hon. Jackie Jacobson**

(Nunakput)

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(Great Slave)

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*Minister responsible for*

*Persons with Disabilities*

*Minister responsible for Seniors*

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(Tu Nedhe)

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**Mr. Alfred Moses**

(Inuvik Boot Lake)

**Mr. Michael Nadli**

(Deh Cho)

**Hon. David Ramsay**

(Kam Lake)

*Minister of Justice*

*Minister of Industry, Tourism*

*and Investment*

*Minister responsible for the*

*Public Utilities Board*

**Mr. Norman Yakeleya**

(Sahtu)

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**YELLOWKNIFE, NORTHWEST TERRITORIES****Tuesday, February 17, 2015****Members Present**

Hon. Glen Abernethy, Hon. Tom Beaulieu, Ms. Bisaro, Mr. Blake, Mr. Bouchard, 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 1:31 p.m.

**Prayer**

---Prayer

**SPEAKER (Hon. Jackie Jacobson):** Good afternoon, colleagues. Item 2, Ministers' statements. The honourable Minister of Industry, Tourism and Investment, Mr. Ramsay.

**Ministers' Statements****MINISTER'S STATEMENT 147-17(5):  
MOREL MUSHROOMS**

**HON. DAVID RAMSAY:** Mr. Speaker, last year's extreme forest fires burned an area of over three million hectares. While it was likely the worst fire season we've ever had, wildland fires are a natural occurrence, leading to forest and wildlife renewal.

One early sign of renewal is the appearance of morel mushrooms, and we anticipate a bumper crop this summer.

Morel mushrooms are a prized delicacy sought by national and international food service markets. They cannot be cultivated in a commercial environment, and NWT morels, in particular, are known to be of better quality, taste, texture and size than those found elsewhere.

We saw evidence of the economic potential of this resource last summer, when residents in the Deh Cho, working with southern buyers, realized an estimated \$750,000 from the harvest of morel mushrooms in the Fort Simpson vicinity. Mr. Speaker, if this year's harvest meets expectations, it could be worth as much as 10 times that amount for residents in communities around Great Slave Lake.

The harvest of NWT morels offers an opportunity to make a significant contribution to our northern economy. Mr. Speaker, our role as government is to establish an environment in which such opportunities can be identified, pursued and realized.

The Department of Industry, Tourism and Investment has been preparing for a significant harvest of morels for a number of years. As well, ENR will be pursuing amendments to the Forest

Management Act to allow for the regulation of mushrooms.

In anticipation of this year's morel crop, ITI, along with our partners, is developing a comprehensive handbook and field guide and is preparing to deliver a number of orientation workshops to help inform, prepare and protect NWT residents interested in taking part in this year's harvest.

We hope to be able to advise southern buyers that they will not need to bring large crews of pickers to the NWT, highlighting instead that we have a trained, knowledgeable resident workforce in our communities to support the morel harvest.

The NWT Economic Opportunities Strategy speaks of the importance of diversifying our territorial, regional and community economies by investing in northern businesses and taking advantage of resources that are readily available to residents of the NWT.

Mr. Speaker, morel mushrooms are one such resource that is ripe for the picking and we look forward to a bountiful crop this summer. Thank you, Mr. Speaker.

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

**MINISTER'S STATEMENT 148-17(5):  
ON-THE-LAND PROGRAMMING**

**HON. GLEN ABERNETHY:** Mr. Speaker, as we have been hearing in this Assembly recently, on-the-land healing programs are critical to achieving our goal of healthy, educated people free from poverty. That discussion echoes recommendations previously made by the Minister's Forum on Addictions and Community Wellness.

The Department of Health and Social Services recognizes the importance of spiritual and cultural healing and has made on-the-land programming a key component of the continuum of care and treatment of addictions. We are working with Aboriginal governments to deliver on-the-land programs as part of Territorial addictions services. These programs are designed and developed by communities to meet their needs, whether that is after-care, youth programming, or dedicated time for families to heal together.

In the 2013-2014 fiscal year, three very different pilot projects took place in the Tlicho, Inuvialuit and Akaitcho regions. These three projects helped us work with partners to determine the most effective approaches to on-the-land healing and common factors for success.

All three Aboriginal governments have indicated that community response to these initial pilot projects was very positive, and there was great interest in knowing when the next program might be offered.

This success reinforces our commitment to continued investment and ongoing evaluation of on-the-land programs. Aboriginal governments are essential partners in this effort, and we are working collaboratively to meet the needs of all residents. Aboriginal governments are using the funding, and the additional resources and expertise available through the Department, to deliver programs unique to their regions.

I'd like to highlight some of those programs for Members today,

The Tlicho Community Services Agency held on-the-land programs for Tlicho residents in the summer of 2014 and is planning a session centred around traditional knowledge and after-care for the winter of 2015.

Building on successful pilot projects last summer, the Inuvialuit Regional Corporation is offering five additional wellness camps to residents of the Inuvialuit Settlement Region, at Reindeer Station and the Gwich'in Campground.

The Gwich'in Tribal Council will provide a five-day on-the-land program for the four Gwich'in settlement communities: Aklavik, Inuvik, Tsigetchic and Fort McPherson.

The Sahtu Dene Council will offer two 10-day camps near Deline for families from across the region.

The Akaitcho Territory Government will support community-based on-the-land addictions programs delivered by the Yellowknives Dene First Nation, the Deninu K'ue First Nation, and the Lutselk'e Dene First Nation.

Plans for the Dehcho have not yet been finalized, but we continue to work with them to determine the best approach for their region.

Mr. Speaker, this is an exciting approach to treatment and healing and demonstrates this government's commitment to providing residents with innovative mental health and addictions services that support them on their path to wellness.

We are off to a good start, but we know that the demand for on-the-land programs far exceeds what we can provide alone. The department is working closely with other departments, Aboriginal

governments, and our partners in the philanthropic sector, to explore the potential for a funder collaborative that will allow communities and Aboriginal governments to tap into other funding sources.

It is the hope and expectation of all partners in these initiatives that their work will lay the groundwork for expanded on-the-land healing opportunities across the Northwest Territories in the future. 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 LAND MANAGEMENT OF EAST ARM AREA

**MR. DOLYNNY:** Thank you, Mr. Speaker. Since 1969, our federal partners have tried to resolve the land management of the East Arm area of the Great Slave Lake with little success. In the wake of acquiring devolution powers as of April 1, 2014, I'm surprised our government has been silent on its progress.

Understanding the sensitivity to some on this topic, my wish is to only start a spirited dialogue of reasoning and the guiding principles of equal rights, equity and fairness for all who share this land. Are there alternatives to the existing stalemate of a national park program that could be looked at for a better management plan regarding a special area, for promoting land use, for a bigger role in getting youth on the land, to strengthen language and culture and to enshrine conservation from a Dene perspective? I believe there are.

Similar to the initiative being proposed in the East Arm with the Lutselk'e Dene Nation wishing to create the Thaidene Nene National Park, so too are the recent success stories of the Dehcho First Nations with their Protected Area Strategy for the Horne Plateau, Horne River, Mills Lake and Willow Lake River.

The Dehcho First Nations has showed us a made-in-the-North strategy where local monitoring and regular management are carried out by local Ne Hotkee Deneh, watchers of the land, to make sure these areas are kept sacred, green and clean.

At the core of its success is knowing the stewardship is being done from here rather than Ottawa. I applaud the Dehcho First Nations for applying such a made-in-the-North approach using northern tools and recognizing these protected areas as considered unique and special to all the people of the NWT.

Mr. Speaker, we can learn from success. Our solutions are embedded in the desire for all parties

to find a made-in-the-North solution and approach with the guiding principle of equity and fairness for all users.

I ask nothing more than a positive dialogue with Lutselk'e Dene First Nation, YKDFN, the Metis, local residents and this government to proceed with confidence, especially knowing now there's a pause from the federal government from progressing further.

We have been given a golden opportunity to take the lead initiative as we evolve with new devolution authority. My hope that with the proper use of northern tools, an alternative to the national park for land management of the East Arm area can progress with the proper framework agreement or an agreement-in-principle with affected stakeholders prior to the end of our legislative sitting.

I will have questions today for the Minister of ENR. Thank you, Mr. Speaker.

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

#### MEMBER'S STATEMENT ON IMMUNIZATION AND VACCINATION PROGRAMS

**MRS. GROENEWEGEN:** Thank you, Mr. Speaker. Over the last 50 years, immunization has saved more lives than any other health measure. It has been said that vaccination is the best way for you and your family to prevent very serious illnesses and diseases. When you get immunized, you are protecting yourself and others from serious diseases. Some vaccine-preventable disease could lead to disability or death and can be avoided by getting the immunizations you need on time.

The objectives of immunization programs are to prevent, control, possibly eliminate or eradicate vaccine-preventable diseases. In countries with effective immunization programs, important reductions have been achieved in the incidence of vaccine-preventable diseases. Globally, smallpox has been eradicated and efforts are currently directed at the eradication of polio and elimination of measles. Universally recommended vaccination has been hailed as one of the greatest public health achievements of the 20<sup>th</sup> century and credited with saving more lives than any other intervention. Moreover, immunization programs, particularly those with standardized immunization schedules, have proven to be highly cost effective and, in some cases, cost saving.

As the incidences of vaccine-preventable diseases are decreasing, the attention of some of the public may shift from the disease to potential adverse events following immunization. This shift in focus has resulted in some cases in individuals

questioning the need for immunization, leading to lower vaccine coverage and resurgence of some diseases. In Canada the resurgence of measles, mumps and whooping cough, in particular in 2010-2013, has highlighted the need for a continuation of immunization programs that achieve high immunization coverage.

The low incidence of vaccine-preventable diseases and their associated mortality in Canada is a result of successful vaccination programs, and in addition to achieving high rates of immunization coverage, for Canadians to receive the greatest possible benefits from immunization it is essential that vaccines and vaccination programs continue to be monitored and evaluated on an ongoing basis.

Mr. Speaker, later today I'll have questions for the Minister of Health and Social Services about specific information regarding the Northwest Territories on our immunization programs and uptake on vaccines. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mrs. Groenewegen. Member for Hay River North, Mr. Bouchard.

#### MEMBER'S STATEMENT ON "WALK TO TUK" RECREATIONAL CHALLENGE

**MR. BOUCHARD:** Thank you, Mr. Speaker. Late last week the Hay Walkers arrived in Tuktoyaktuk. As you know, we weren't there, you were there, we didn't see you there. But, I'm talking about the NWT Recreation and Parks Association.

I know you were in Tuk, but we weren't there.

The NWT Rec and Parks Association has a walk from Fort Providence to Tuktoyaktuk. It promotes healthy living, walking, exercising, especially in this bad time when the weather is tough. But there's a bunch of teams out there. There are 188 teams out there throughout the Northwest Territories walking right now.

I'd like to say we were the first team to arrive, but I think there have been at least 55 teams that have arrived to Tuktoyaktuk already, and some of them are racing on the way back. I know we're committed to walking back and hot on the heels of Happy Feet, one of our team captains, Tom Makepeace's wife's team, so we're in a little bit of a race with them, trying to catch up.

Mr. Speaker, these teams come from all the way from the Far North, Paulatuk, Sachs Harbour, all the way to Tsiigehtchic, Norman Wells, all the way down the valley, Nahanni Butte, Fort Liard, Fort Smith, Hay River, Yellowknife. All over the Northwest Territories there are thousands of people walking, getting their steps in, whether it's walking their dog, or just committing to being out in the North and doing exercise. Many of these teams are school teams. Many of them are seniors' groups. Many are friends and families getting together and

just challenging each other, get your hours in, get your time in.

We are sad to say that the Walk to Tuk didn't win the Play Exchange Challenge, the national challenge that we voted on, but we know that's not from the spirit that we have but just because Quebec had bigger numbers. Good luck to everybody. Keep walking. Thank you.

**MR. SPEAKER:** I just want to remind the Member, everybody wants to go to Tuk. Member for Deh Cho, Mr. Nadli.

#### MEMBER'S STATEMENT ON EMERGENCY PREPAREDNESS FOR SUMMER FIRE SEASON

**MR. NADLI:** Mahsi, Mr. Speaker. Yesterday I called attention to an active, successful and delicious northern industry, the morel mushroom harvest. As I've said before, this Deh Cho crop is prized by gourmet chefs across Canada and around the world. It also thrives in burned land. One positive outcome, at least, of last summer's extensive fire season.

As you know, these fires affected more than three million hectares of land, including significant positions of the Deh Cho region, and demanded significant human, mechanical and financial resources. But, as with the morel mushrooms, last summer's fires have also given us the opportunity to grow. For example, we can look at our communities' wildland fire protection plans to identify where we can grow and improve. Last July Kakisa residents saw the importance of fire smarting firsthand. Thanks to the community's readiness and the hard work of committed firefighting crews, no structures were lost when residents were forced to evacuate.

Other communities can follow their example when preparing for the upcoming season. While communities and families have an important role to play in forest fire readiness, we must not forget that they rely on the government for support, for program funding, for the development and protection plans and for other preventative measures.

Even today, in this cold winter, there are concerns of fires smouldering beneath the muskeg. Looking forward to the coming summer, we need to be ready. We must make sure our communities are as prepared as they can be to respond to a forest fire emergency.

Later today I'll have questions for the Minister of Environment and Natural Resources regarding emergency preparedness for summer fires. Mahsi, Mr. Speaker.

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

#### MEMBER'S STATEMENT ON SINGLE USE RETAIL BAG PROGRAM

**MR. HAWKINS:** Thank you, Mr. Speaker. The Single Use Retail Bag Program has recently had its fifth birthday. It was originally rolled out into stores in 2010 and had its last update in February 2011.

Many of us have come to know and appreciate the fact that the single use bag is being charged at 25 cents per use. That's on paper, plastic, biodegradable and, certainly, compostable bags.

I'm on record many times supporting responsible environmental initiatives and I certainly support the principle of this retail bag initiative, but we must always be practical in our design. There are notable exemptions. As we know, prescription bags, dry cleaning bags and paper bags from restaurants are considered exempted from this fee.

But across Canada, they have found different approaches over the years. In some communities they do outright banning of particular bags and in other places they do partnerships through organizations such as Shoppers Drug Mart, and even Indigo Books have charged fees even though they're not required to by legislation.

The point of the single use bag was to get plastic bags out of our landfills, away from our streets and in our yards. Get them out of the environment, Mr. Speaker. I think the program, in essence, has been a success from its original design. But this has also captured what I define as biodegradable bags and compostable bags. In my view, the single use bag was really intended to get the plastic bags out of the environment system because they do not break down, certainly at least not in our lifetime.

What's being raised by business – and they're talking to me about this – is the question, should compostable and biodegradable bags be included into the Single Use Retail Bag Program and policy? Because they are doing exactly what the intent was, which is they wanted bags that break down and don't harm the environment.

Across Canada, according to The Star, in 2014 it talked about the quietly changing policies across Canada where some jurisdictions are even repealing or amending their original legislation because they're finding challenges with it.

The point I'm really raising here is technology has advanced in a way that we have better products on the market here, people are using paper bags, they're encouraging multi-use bags such as cloth bags given out by many of the MLAs, such as myself and others, but the idea was to get plastic bags out of the environment.

Later today I'll be asking the Minister of Environment and Natural Resources about maybe reviewing this policy, updating it so it's practical in a way that makes sense to everyone and still



achieves the initiative we always wanted: a cleaner environment.

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

MEMBER'S STATEMENT ON  
2015 CANADA WINTER GAMES  
PARTICIPANTS

**MS. BISARO:** Thank you, Mr. Speaker. As we know, the 2015 Canada Winter Games is currently in full swing in Prince George. In addition to the 2,400 athletes participating over the next two weeks, the Games are expected to attract as many as 20,000 visitors.

Our NWT contingent I know will be great ambassadors for the territory, and like my colleague did yesterday, I want to acknowledge the individuals from Frame Lake who are representing the NWT in Prince George. There aren't quite as many as there were from Range Lake, but they are certainly just as worthy.

Emily Paddock and Dakota Earle are with our female hockey team, the team that successfully bested the Yukon yesterday. Way to go, girls.

With them is Dave Earle, the female hockey team's trainer. Paul Green is supporting our biathlon team as the wax tech. Tracy East is the manager for our shooting team. Last but not least, Rebecca Canam is looking after them all as one of the NWT Team mission staff.

The Canada Games have been held every two years since 1967, alternating winter and summer games. The Canada Games is now Canada's largest multisport competition for young athletes, athletes who are our country's next generation of national, international and Olympic champions. The hosting of the Games moves around the country from jurisdiction to jurisdiction according to a schedule.

In 2007 the Canada Games were held in the North for the very first time, in Whitehorse, Yukon, and now the NWT has the opportunity to host the 2023 Canada Winter Games. It's a big task but one that Yellowknife and the NWT is well able to handle. The city has proven that capability over the years by successfully hosting many Arctic Winter Games, and what a glorious opportunity hosting the Canada Games is for Yellowknife and the NWT.

I support the NWT and Yellowknife taking on this hosting job, and I anticipate the excitement, the economic boost and the exposure to the NWT that the Games will bring. But that's to come.

This week our athletes are in Prince George doing their best. I ask this House to wish every one of our NWT Canada Games team reps all good luck. Go, NT, go!

**MR. SPEAKER:** Thank you, Ms. Bisaro. The Member for Inuvik Boot Lake, Mr. Moses.

MEMBER'S STATEMENT ON  
AURORA COLLEGE WEEK EVENTS

**MR. MOSES:** Thank you, Mr. Speaker. Yesterday at our three campuses across the Northwest Territories, students and staff kicked off the Aurora College Week with an open house. In fact, this open house right across the Northwest Territories was held simultaneously on our three campuses using videoconferencing, including a demonstration of how courses will be delivered using this new technology, examples of course presentation methods and discussion of career opportunities for graduates. It came at a perfect time in terms of all the discussion around the Mackenzie Fibre Optic Link. This week also is a great opportunity to highlight the programs and services in education and training at our three campuses, not only at those campuses but the numerous learning centres that we have in our small communities.

This week also allows for the public to meet our staff at various events as well as meet the students and how they're enjoying the programs that they've been involved in and how the quality of programs is being delivered. It's a great opportunity for the public to engage our staff and students at all of our campuses and support them by attending various events in Inuvik, Fort Smith and here in Yellowknife.

In terms of talking about support, standing committee does in fact support the staff as well as supporting the students, and this was made relevant when standing committee last year met with the students here at the Yellowknife Campus where we heard a lot of their concerns, heard a lot of issues that they had within the campus as well as with space and, in some cases, student services. Following that, committee did meet with the Board of Governors as well as the executive to look at how we can address some of these concerns for our students so that they can get the best education possible.

I, as the Member representing Inuvik Boot Lake, had the opportunity earlier last year to meet with the Board of Governors in Inuvik and bring up some issues about the Inuvik campus, lack of programming services, but also bringing up some concerns that standing committee did have, and I just want to acknowledge the Aurora College for reaching out to standing committee to allow them to have a Member present at the Board of Governors meetings.

I will be asking questions of the Minister of Education, Culture and Employment today about those recommendations that came from standing committee.

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

MEMBER'S STATEMENT ON  
REGIONAL STRUCTURES  
IN THE SAHTU REGION

**MR. YAKELEYA:** Thank you, Mr. Speaker. Freedom. Such a powerful word. People fight for it, children yearn for it, companies aspire to it and governments protect it at all costs. As individuals, we cherish it. Sahtu region wants its freedom, wants its independence. We have tasted it. We have known what it is like to have departments slowly coming into the regions ourselves to make our own decisions based on the realities of the Sahtu lifestyle.

The time has come for the other regions to let go of their shackles on the Sahtu and allow it to make its own decisions.

For example, the Department of Transportation, airports decisions come from Inuvik. On the highways, decisions come from the Fort Simpson regional office. Even the Department of Public Works, the decisions come from the Inuvik region. We are not allowed, through this bureaucratic red tape process, to make our own decisions. The Sahtu is asking for that independence. Given the ability and the technology today, we want our own region. We cannot be penalized for not being big enough or not having an all-season highway or not having enough employees, for all of the excuses the government says why we shouldn't be an independent region like any other region.

The Sahtu people today want to know why the government isn't allowing it to be an independent region, a stand-alone region to come to the table like any other region and say we are a full partnership in this territorial government.

I'll ask questions to the Minister at the appropriate time. Thank you.

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

MEMBER'S STATEMENT ON  
2015 CANADA WINTER GAMES

**MR. MENICOCHÉ:** Good afternoon, Mr. Speaker. Today I am pleased to provide Members with an update on my recent trip with Minister McLeod to the Canada Winter Games and the federal/provincial/territorial Ministers of Sport meeting in Prince George, British Columbia.

It was great to see Team NWT athletes march into the opening ceremonies. They were so proud and excited to be representing their communities and the Northwest Territories at this important national sporting event. I also want to acknowledge my constituents Ms. Val Gendron, mission staff, and her daughter Madison Pilling, who are both there

with the speed skating team. I should say it was a fantastic event to watch the speed skaters as they represented not only our territory but their own territories and provinces.

Also, a City of Yellowknife delegation was in Prince George to gather information on a possible bid for the 2023 Canada Winter Games, as Ms. Bisaro alluded to earlier. If the city chooses to host the games, the benefits that come to the entire NWT will be significant. As the Minister from the Yukon said in one of his statements about the Canada Games, the Yukon is still receiving the benefits from hosting the Games in 2007. This is because there's usually significant legacy sport infrastructure left behind. The economic and tourism benefits are incredible. There was \$90 million alone in Prince George this year.

The community and volunteer development opportunities are even more significant. I also had an opportunity to see the presentations on the National Play Exchange that Mr. Bouchard referenced, the Walk to Tuk Challenge that our own NWT Recreation and Parks Association was a finalist in. It was also great to see our colleague Mr. Moses and four-time Olympic champion Sharon Firth featured on the national stage as part of this program.

Finally, I was able to be part of a larger discussion on what governments in Canada are doing to encourage Canadians to become more physically active. There are some promising programs being developed, but there are still some huge challenges to overcome if we want our residents and youth to be healthier.

While I haven't registered for the Walk to Tuk, I have chosen to walk more every day. It's fun when the Yellowknife weather has been 40 below.

Just in closing, I seek unanimous consent to conclude my statement.

---Unanimous consent granted

**MR. MENICOCHÉ:** I just wanted to thank Minister McLeod and the coaches, mission staff and the sports volunteers who make the athletes' experience at the Canada Games a success, and good luck to Team NWT for the next 10 days as they proudly represent us. Mahsi cho.

**MR. SPEAKER:** Thank you, Mr. Menicoche. The Member for Mackenzie Delta, Mr. Blake.

MEMBER'S STATEMENT ON  
ON-THE-LAND  
TREATMENT PROGRAMMING

**MR. BLAKE:** Thank you, Mr. Speaker. As we don't have a treatment centre here in the Northwest Territories, we have a big demand for more on-the-land treatment programs. Over the last year, I believe we only had one on-the-land program in the

Beaufort-Delta region, and the Minister's statement earlier today confirmed that.

We need more programs offered in our territory, whether it's every month, every two months, or quarterly. I am very encouraged the Minister is working with the Aboriginal groups to have programs that will best serve our residents, and I look forward to those programs moving forward in the future.

We need to make sure we meet the needs of our residents. Thank you, Mr. Speaker.

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

### Recognition of Visitors in the Gallery

**MR. DOLYNNY:** Thank you, Mr. Speaker. I'd like to introduce, through you and to you, a resident of Weledeh, Mr. Spencer Decorby. Thanks for joining us. Thank you.

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

Item 6, acknowledgements. Item 7, oral questions. Member for Sahtu, Mr. Yakeleya.

### Oral Questions

#### QUESTION 629-17(5): ESTABLISHMENT OF SAHTU REGIONAL OFFICE

**MR. YAKELEYA:** Thank you, Mr. Speaker. There's a quote, and I talked about it earlier in my Member's statement. The quote says, "Freedom is just another word for nothing left to lose." I want to ask the Minister of Transportation in regards to this type of issue I was talking about. It's just a simple one, a small one and I've been asking for a number of years, especially at this time of the year that...

I want to ask the Minister, are there any types of plans within the Department, the government, to look at decentralizing the transportation office into the Sahtu?

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

**HON. TOM BEAULIEU:** Thank you, Mr. Speaker. The Department of Transportation continuously looks at the possibility of establishing a regional office in the Sahtu, and we recognize that right now they have a full operation at airports in Norman Wells, but they don't have a full highways operation, which usually the regional office has some marine, some highways – well, a lot of highways – and some airports.

Right now in Norman Wells it's essentially just an airports operation and then for three months out of the year there's a winter road operation, a registered winter road. So, we try to move staff in there, into the region, on a rotational basis during the winter road season. But we do continuously look at it, and as we move closer to a possibility of building a Mackenzie Valley Highway, then it becomes more viable. Thank you.

**MR. YAKELEYA:** With Transportation we also get our regional office for the airports. It's out of the Inuvik region. I'm saying Transportation has that office up there.

Is the Minister also looking at that section of the department?

**HON. TOM BEAULIEU:** I think we do recognize that probably if the other two components that usually consist of a regional office, like, a bit of marine and highways operation, along with what is currently in Norman Wells, it would constitute the regional presence. But right now it appears as though we have only the airport presence, and like I indicated, we're looking into the future and we're seeing the possibility there for sure. But probably at the time the all-season road is being constructed would be the time that we would start to ramp up for a regional office in the Sahtu. Thank you.

**MR. YAKELEYA:** We have maybe seven, eight months left in the term of this government. Are there some concrete plans from this government, this department, to look at, maybe in the 18<sup>th</sup>, that maybe Transportation will be moving or consider moving to the Sahtu so that the Sahtu can have their own superintendent and their own regional office that would be deemed as an independent office in our region?

**HON. TOM BEAULIEU:** Certainly, DOT is a very decentralized operation. Sixty-nine percent of our staff are in the regions, so we're sort of equipped to operate out of the regions. It would be something I would certainly look at in the transition document as something that we would be looking to pass on to the next government. Thank you.

**MR. SPEAKER:** Thank you, Mr. Beaulieu. Member for Mackenzie Delta, Mr. Blake.

#### QUESTION 630-17(5): ON-THE-LAND TREATMENT PROGRAMMING

**MR. BLAKE:** Thank you, Mr. Speaker. I just have a few questions for the Minister of Health. As I mentioned earlier, we need more on-the-land treatment programs, and I am very happy that the department is moving forward.

I would like to ask the Minister, when will the department have a schedule that people can actually fill out for these programs? Thank you, Mr. Speaker.

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

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. We're not actually the ones who are delivering the programs. The programs are being delivered by the different Aboriginal governments and organizations throughout the Northwest Territories, but we are working collaboratively with them.

What I'll commit to do here is actually talk to the individual groups that are providing these online programs and get the schedule so that we can share that information, understanding that they'll be sharing the information as well. Thank you, Mr. Speaker.

**MR. BLAKE:** Mr. Speaker, I'm glad the department is working closely with the Aboriginal groups, but these on-the-land programs I believe need to be taken on by the department.

Moving forward, will the Minister ensure that they have some sort of schedule on a yearly basis that our constituents can apply to? Thank you, Mr. Speaker.

**HON. GLEN ABERNETHY:** Mr. Speaker, I do hear the Member, but that actually does contradict what we heard from the Aboriginal governments, which is they wanted to have the ownership of these programs; they wanted to be the leaders of these programs. We're partners. We're participants in helping ensure they have the resources they need.

We do recognize that there's a real demand for these programs, and more so, which is why we're working with the Aboriginal governments to pursue other funding partners so that we can hopefully expand the number of programs in the Northwest Territories. But given that these are community-led initiatives, I will again commit to getting the information from the different groups who are delivering online programs so that we have a good timeline that I can share with Members and, assuming that the different groups agree, we can make that information available to the public at large. Thank you, Mr. Speaker.

**MR. BLAKE:** I'd like to ask the Minister, are we providing any specific programs here, any specialties that will be needed? I don't believe a lot of the Aboriginal groups have the expertise, whether it's mental health or other issues like this. Are we providing any assistance to those Aboriginal groups? Thank you, Mr. Speaker.

**HON. GLEN ABERNETHY:** The Member is right; I mean, the different Aboriginal governments and organizations have the expertise, clearly, for the on-the-land portions, but if they are looking for more of the clinical stuff, they may not have that expertise.

Every program is actually quite different and some of them may actually want some of that support,

and we're absolutely willing and we have been partnering with those different groups, depending on how they design their programs and the goal they're trying to accomplish for that program. They're different in every case. But when they want us, we're there. Thank you, Mr. Speaker.

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

QUESTION 631-17(5):  
AURORA COLLEGE CONCERNS

**MR. MOSES:** Thank you, Mr. Speaker. There were a lot of recommendations that were brought up from standing committee in terms of meeting with students and staff at the Yellowknife Campus here. I guess my first question would be to the Minister of Education, Culture and Employment.

What is the status and update of making any types of renovations or work to the Yellowknife Campus to make sure there's enough space for our students and staff to do their work in and study in and get a quality education in a safe environment? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Moses. Minister of Education, Mr. Lafferty.

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. There are 44 recommendations that have been brought to our attention, and 42 of them are either worked on or some of them are completed, and two are still outstanding that we are diligently working with the college. Since that recommendation came to our attention, we've been working very closely with the president of Aurora College, the Board of Governors and, more specifically, to deal with those matters that the Member is referring to, and other factors as well. Those are in the works and we will continue to keep the Members informed of our progress.

**MR. MOSES:** I was making references to a letter that the standing committee had made to the Minister.

In terms of the 44 recommendations, can the Minister describe what report he's referring to in terms of the 44 recommendations?

**HON. JACKSON LAFFERTY:** The 44 recommendations are from the Aurora College assessment report that was completed in May 2013. Those are the recommendations that my department is working very closely with the college to make sure that all the recommendations are followed through.

**MR. MOSES:** I can get more into the report, but I want to just focus on a couple of the issues that some of the students not only at the Yellowknife Campus but at campuses in Smith and Inuvik also had. That's just paying market rent during the summer. Some of our students find jobs in the

communities that they work in while they're going to school and they want to continue working in their jobs, or their significant other has a full-time job in the community and would like to stay in that community. One of the concerns that were brought up was the terms of market rent during the summer when school isn't in.

I'd like to ask the Minister if they've changed their policy or are looking at changing their policy for market rents when school is not in session for the summer.

**HON. JACKSON LAFFERTY:** The market rent has been brought to our attention on a couple of occasions from the students and also directly from the MLAs. It was even brought up in this House. I did inform the Board of Governors that this was a concern that was brought to my attention. The Board of Governors came back and so they are looking at these areas as well. They know the pressure they're on with the market housing. Once we complete our question period today, I will be addressing that again, the status of where we're at with the market housing today.

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

**MR. MOSES:** Thank you, Mr. Speaker. I'm really glad to see some of the progress that is being made but also commend the Board of Governors in terms of reaching out to standing committee and allowing members of standing committee to come to their Board of Governors meetings and bring up some of the concerns that we hear as standing committee and as individual Members of this Assembly.

I'd like to ask the Minister, in terms of a concern that I have with the Inuvik campus and looking at programs being distributed equally across the three campuses, has the Minister met with the Board of Governors and the executive to see how we can distribute these quality education programs across all three campuses in the Northwest Territories?

**HON. JACKSON LAFFERTY:** This is a very fundamental question that has been addressed to me, but we need to address being equally distributing programming into three campuses. My staff and my department are working, again, with the college to make sure that that happens. Not only that but we have been reaching out to the general public, what their real concerns are, and there's been a lot of feedback on various programming that should be happening in some of the small communities. Beaufort-Delta is one prime example, and also the learning campuses that we have in the communities that we have. We need to expand on that. These are just some of the recommendations that have been brought to our attention and we will be following through with them.

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

QUESTION 632-17(5):  
RENT SUPPLEMENT PROGRAM

**MS. BISARO:** Thank you, Mr. Speaker. My questions today are addressed to the Minister responsible for the NWT Housing Corporation. I'd like to ask the Minister some questions about the Rent Supplement Program. It's been about two years now, I think, since the program was put into place. At the time that the Minister advised committee of the program, I do believe that he said there was going to be an evaluation at some point.

So, first of all I'd like to ask the Minister, what kind of success does the Housing Corporation attribute to this program? What kind of uptake has there been from people that are renting? Thank you.

**MR. SPEAKER:** Thank you, Ms. Bisaro. The Minister responsible for the NWT Housing Corporation, Mr. McLeod.

**HON. ROBERT MCLEOD:** Thank you, Mr. Speaker. The program was originally designed to help with subsidies for about 150 clients a year. Since the inception of the program, we've had 158 clients go through the program. We currently have 68 clients that are still in the program. Thank you.

**MS. BISARO:** Thanks to the Minister. So, if I understood the Minister correctly, that's 68 or 70 out of a possible 150. That's unfortunate. I would have hoped that the program would be oversubscribed.

I'd like to ask the Minister, when is the two-year anniversary date of this program and will the Housing Corporation be doing a formal review, a formal evaluation of the program at that time? Thank you.

**HON. ROBERT MCLEOD:** I'm not sure of the exact date, but we are almost at our two-year anniversary now and we will do an evaluation of the program to see if the program is working as it was intended to. Thank you.

**MS. BISARO:** It's no secret that many people who are renting, struggle to meet the cost of their housing and also meet their daily expenses and maintain any kind of a decent lifestyle. Some people cannot afford to rent their own apartment, they own home. They need to rent a room in a house.

I'd like to know from the Minister, as they do the evaluation of this program that's gone over the last two years, will they consider expanding the terms of reference to the program to include people who are renting not an apartment but renting a room in a house or renting a room in somebody else's apartment? Thank you.

**HON. ROBERT MCLEOD:** That's something I could commit to the Member that as part of the evaluation we can have a look at that. The program was originally designed to deal with affordability issues, and we've seen that in a lot of the market communities. I think their affordability issue was about 86 percent. So, as part of the evaluation, we could look to the issue the Member was raising. Thank you.

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

**MS. BISARO:** Thank you, Mr. Speaker. Thanks to the Minister. Yes, affordability in Yellowknife is the major issue in housing and in my community. At this point, I looked at the NWT Housing Corp website. There's no indication that this program will end.

So I'd like to know from the Minister, it's been two years, what are the intentions of the Housing Corp? How long will this program continue? Do they intend to continue it and for how long? Thank you.

**HON. ROBERT MCLEOD:** I don't think we had a timeline on this. It was a program to help those that are living in market communities that were dealing with an affordability issue. We had originally, I think, budgeted just over \$1 million. We're down to about \$900,000 now. I don't believe we had put a timeline on this. Again, it will be part of the whole evaluation process to see how well the program is working and we'll take that information as we move forward. Thank you.

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

QUESTION 633-17(5):  
SINGLE USE RETAIL BAG PROGRAM

**MR. HAWKINS:** Thank you, Mr. Speaker. As the legislation is presently written for the Single Use Retail Bag Program, paper bags are treated exactly the same. If you go to a store, a grocery store, you have to pay 25 cents; if you go to a restaurant you have to pay 25 cents. To draw a further comparison, polyethylene bags, plastic bags, are treated the same as recyclable bags.

Can the Minister explain for the House why these bags are all being treated the same, whereas plastic bags are not so good for the environment and biodegradable or compostable bags are good for the environment? So if he can start off by explaining why they're all being treated the same we can then move forward to the next set of questions. Thank you.

**MR. SPEAKER:** Thank you, Mr. Hawkins. The Minister of Environment and Natural Resources, Mr. Miltenberger.

**HON. MICHAEL MILTENBERGER:** Thank you, Mr. Speaker. The paper bags have their own

downside, but I listened carefully to the Member's comments and statement and I've chatted with the Member about this before and I have met with the department about the need, after five years, to take a look at that particular program to look at revitalizing it and maybe fine tuning it. Thank you.

**MR. HAWKINS:** In the interim... Well, first I should say thank you to the Minister for recognizing that the program needs to be reviewed and updated, where appropriate, of course. In the interim, many good retailers are providing paper bags which are compostable and certainly biodegradable bags which are still meeting our objective, which is getting plastic bags out of the environment.

Is there anything that the Minister can do today or commit to in the near future that we can stop having these retailers have to charge the same 25 cents as if it's a regular plastic bag that does not break down in the environment? I'm trying to get this down. What can we do today, even though we know the updates may be coming forward someday? Thank you.

**HON. MICHAEL MILTENBERGER:** I don't have a definitive response to that question, but I will commit to have further discussions with the department to see what short-term and immediate things could be done if there is in fact a need to do that. Thank you.

**MR. HAWKINS:** Is the Minister in any position to bring to light in this House when this type of update could be considered? Because I have a lot of retailers out there that have spent extra money buying biodegradable bags and they're paying for it, but they believe in an environment of stewardship. But they're being penalized by meeting the objectives, which is getting plastic bags out of the environment. So they're doing their part. They'd like to know when the government will do their part by seeing an update or revision or certainly a discussion on this particular issue. So when could we see something in the near future? Thank you.

**HON. MICHAEL MILTENBERGER:** We will look at how timely we can be. We are somewhat consumed with the budget session and such, but I will once again commit to the Member that I will be able to get back to him before the end of session with some specific timelines. Thank you.

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

**MR. HAWKINS:** Thank you, Mr. Speaker. Is the Minister familiar enough with the legislation to find out if it's all in regulations? In other words, can we make changes easily through the regulations, or is it through legislative initiative we'd have to tackle some of these particular problems? For the everyday folk there's a real big difference in timing and efforts to change these types of rules and, as such, I look to the Minister to ask, what's the

easiest way to make these changes if appropriate and certainly where appropriate? Thank you.

**HON. MICHAEL MILTENBERGER:** Through regulation and policy would be the best way, but included in my coming back before the end of session with timelines, I'll highlight some of the things that we think need to be looked at. Thank you.

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

QUESTION 634-17(5):  
EMERGENCY PREPAREDNESS  
FOR SUMMER FIRE SEASON

**MR. NADLI:** Mahsi, Mr. Speaker. My question is to the Minister of Environment and Natural Resources. As of the fall of 2014, the Department of Environment and Natural Resources had wildfire protection plans for 28 communities in five regions.

My question is: Have these plans been revised in light of lessons learned last summer? Mahsi.

**MR. SPEAKER:** Thank you, Mr. Nadli. Minister of Environment and Natural Resources, Mr. Miltenberger.

**HON. MICHAEL MILTENBERGER:** Thank you, Mr. Speaker. In regards to the Member's question, I would like to just reflect quickly back on his Member's statement and his acknowledgement and recognition of the foresight of the people of Kakisa, and I just want to acknowledge that I concur with his assessment that what they did was, I think, pivotal in how well they survived the wildfires.

What's been happening is we've been doing a debriefing. We've been working internally. We're going out to the communities now to have those discussions across many of the regional centres, but to have that discussion with communities about things that need to be done in anticipation of the upcoming fire season. Thank you.

**MR. NADLI:** I thank the Minister for his reply. In light of preparing for this season's forest fire season, has the department assessed the remaining communities at not requiring a wildfire protection plan? For example, Yellowknife, whether indeed a fire protection plan is necessary. Mahsi

**HON. MICHAEL MILTENBERGER:** While Yellowknife is blessed with significant natural defences when it comes to fire, every community is looking at their defences and working with ENR to see what needs to be done, what the communities can do, what individuals can do, how do we use our fire crews when they're not fighting fires, and all those different areas. Every community in the Boreal Forest should have a refreshed type of a strategy as we look forward to the upcoming fire season. Thank you.

**MR. NADLI:** On October 16, 2014, the response to an oral question, the Minister of Environment and Natural Resources committed to share in a critical debriefing report with committee.

What is the status of this report? Mahsi.

**HON. MICHAEL MILTENBERGER:** The work has been concluded. It's been a very comprehensive exercise and we anticipate that by the end of March, early April we'll be able to share that information. We've been looking at it as we've developed it, as we've talked internally, plus the work we've had with the stakeholders in communities and the feedback. Thank you.

**MR. SPEAKER:** Thank you, Mr. Miltenberger. Member for Hay River South, Mrs. Groenewegen.

QUESTION 635-17(5):  
IMMUNIZATION AND  
VACCINATION PROGRAMS

**MRS. GROENEWEGEN:** Thank you, Mr. Speaker. My questions today are for the Minister of Health and Social Services. One need only turn on their television lately and watch the news and we will hear about the resurgence of diseases, such as measles, that we had not for many years heard of because of the extensive immunization and vaccination programs that were available through public health.

I'd like to specifically now zero in on the Northwest Territories and ask the Minister if there have been any new cases or have there been any diseases or infections that have surfaced which are related to the immunization or lack thereof. Thank you, Mr. Speaker.

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

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. Actually, I had a conversation with the deputy minister and the chief public health officer just recently about that exact topic, and the public health officer did confirm to me that there are no cases of things like measles in the Northwest Territories.

We actually have a very high rate of immunizations here in the Northwest Territories. Obviously, we want to continue to immunize as much as possible, so I really appreciate this opportunity to speak to the Members as well as to the residents of the Northwest Territories and just reiterate a comment that the Member made, that over the past 50 years vaccines have saved more lives worldwide than any other public health intervention. Vaccinations are incredibly important and we're committed to working with our residents to get every resident vaccinated in the Northwest Territories. Thank you, Mr. Speaker.

**MRS. GROENEWEGEN:** Now to the issue of whether vaccination immunization is mandatory or voluntary.

At what point does this immunization occur? Now, from having had children myself, I know that the public health nurse, in those days, was involved in this. But how do we track or follow or determine what the uptake of vaccination immunization is and who delivers the actual service? Thank you, Mr. Speaker.

**HON. GLEN ABERNETHY:** Early childhood vaccinations are typically administered through well child programs in health centres and public health centres throughout the Northwest Territories. At this time, I can say that our average coverage rates across the Northwest Territories for the publically funded early childhood vaccinations are between 77 percent and 89 percent, and this is roughly based on just the analysis of what the authorities are doing.

It is difficult to estimate more current or more accurate coverage rates in the absence of an information management system here in the Northwest Territories, but we are moving toward EMR, electronic medical records, which will give us real-time full information so we'll be able to give the Members the exact uptake on vaccinations here in the Northwest Territories. Thank you, Mr. Speaker.

**MRS. GROENEWEGEN:** Given that some of these diseases that can be prevented through immunization and vaccination are highly contagious, I would like to suggest to the Minister that it would be good if our real data that we can get our hands on would indicate a higher rate of uptake than what he has indicated here today in the House.

I'd like to ask the Minister, is he aware of any resistance to people receiving this service, or would this be more from lack of awareness or knowledge of the immunization and vaccination? Are these numbers reflective of people who would resist having those services for their children? Thank you.

**HON. GLEN ABERNETHY:** As I indicated, we can report 77 percent to 89 percent and that's based on the data that has been collected. Without real territory-wide electronic medical records, a real solid information system across the Northwest Territories, it does prove difficult to get 100 percent accurate information, which is why we're moving in that direction so we can give the Members the exact totals.

I do believe, and I do feel, that our immunization rates are higher than this. We haven't received, and I haven't had any, strong pushback on vaccination. The early childhood programs are proving to be quite effective. We are also promoting the need and trying to dispel some of the myths around immunizations and vaccines during the National

Immunization Awareness Week, which is usually in April. So we try to get out as much information as we can, but we haven't had a real strong pushback on immunizations here in the Northwest Territories. Thank you, Mr. Speaker.

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

**MRS. GROENEWEGEN:** Thank you, Mr. Speaker. I'd like to ask the Minister if, in his knowledge and experience, there's more that we could be doing to promote awareness and uptake on vaccination and immunization. Is there more that we should or could be doing as the Government of the Northwest Territories? Thank you.

**HON. GLEN ABERNETHY:** Considering that the immunization rates in the Northwest Territories are considered high compared to some of the other jurisdictions, I think that's fantastic, but at the same time, we could always do more. I think it's dialogue in rooms like this and other rooms, in your constituency meetings, in our health centres, every time we have an opportunity to speak about vaccines and the value and how, as the Member has indicated, they have saved more lives in the last 50 years than any other intervention program, it's the dialogue that's important. When you have somebody or you know somebody who is concerned about vaccinations, point them to their health practitioners, who can give them the real information they will need to make an informed decision.

If we're going to make a bigger difference, it's about dialogue, conversation and encouraging people to get the right information from credible, reliable sources. Thank you, Mr. Speaker.

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

QUESTION 636-17(5):  
LAND MANAGEMENT OF EAST ARM AREA

**MR. DOLYNNY:** Thank you, Mr. Speaker. Since 1969 there have been ongoing sensitive issues of land management of the East Arm of the Great Slave Lake. The question is not what is better – a national park or protected area strategy – the question is, with new devolution authority, do we have the right management and northern tools in place to give all users equal rights and privileges in its consideration? My question today will be for the Minister of Environment and Natural Resources.

In trying to come up with a made-in-the-North approach, can the Minister inform the House, what role has this administration played in negotiations with Ottawa and all stakeholders with respect to the East Arm land management? Thank you.

**MR. SPEAKER:** Thank you, Mr. Dolynny. Minister of Environment and Natural Resources, Mr. Miltenberger.



**HON. MICHAEL MILTENBERGER:** Thank you, Mr. Speaker. On the lead-up to devolution and following April 1<sup>st</sup> post-devolution, we have been very active on this particular file. We've been in contact with the Government of Canada and Cabinet has identified the issue of Thaidene Nene Park as a priority. We have passed on our concerns and interest to them that we are now the landowner, that we need time to get our thinking clear and that we want to work with the northern Aboriginal governments to get our thinking clear as part of that process and that we will be working with them, once we do that, to look at what will comprise of a federal park and a mix of other supporting complementary tools. Thank you.

**MR. DOLYNNY:** I appreciate the Minister and the administration having that dialogue.

Can the Minister indicate to the House – as he indicated northern tools – what northern tools, if any, could be used to mitigate and administer this land being considered? Thank you.

**HON. MICHAEL MILTENBERGER:** I would point out, as well, that the federal government has indicated that they will step back and wait for the territorial government to conclude the work we need to do in the North, and then we will re-engage with them.

In regards to some potential options in terms of northern tools, there's an actual territorial park, there's conservation areas, wilderness areas, study areas, to name a number of opportunities that are there that we could possibly consider as we carry on with this process. Thank you.

**MR. DOLYNNY:** Recognizing the entire area of the East Arm being unique and special to all people of the NWT, does the Minister see merit in creating a co-management board of representation of all various interests that would manage all aspects of use from industrial development to exploration, commercial, recreational leases, harvesting access and traditional use?

**HON. MICHAEL MILTENBERGER:** We agree that the East Arm and that part of the country where Thaidene Nene is focused is a jewel for that part of the country. It's spectacularly beautiful country and we are interested in making sure we come up with a plan that keeps northern control to the greatest extent possible and that we do it in a way that recognizes some of the concerns and the aspirations of the people from Lutselk'e. We want to work with them and eventually the federal government to make sure that we get that mix right but, above all, to keep as much authority and land under northern control as possible.

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

**MR. DOLYNNY:** Thank you, Mr. Speaker. Considering what we've just heard from the Minister

that the federal government has paused further activity on this file, can the Minister conceive the possibility of a framework agreement or an MOU with all stakeholders on the land of the management of East Arm and could this be done during the life of this Assembly?

**HON. MICHAEL MILTENBERGER:** We have been paying intense attention to this file. We have compressed, in my opinion, about 18 months to two years of normal negotiation times into about six months as we've moved forward to try to advance this file to conclude as much of it as possible in the life of this government. We are hopeful that over the next couple of months that we will have a northern position, we will have work done on the actual footprint of the area and the mix of a potential federal park along with the combination of northern tools.

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

QUESTION 637-17(5):  
CREATIVE SOLUTIONS TO  
GIANT MINE REMEDIATION

**MR. HAWKINS:** Thank you, Mr. Speaker. I'm going to use this opportunity of question period to follow up on a question I had asked Mr. Miltenberger some time ago. At the time I had mentioned Gold Corp. It was a 1990 company faced with a problem. They knew they were sitting on a fortune of gold but didn't know how to access it. They found a solution by inviting the world to help them find a solution to their particular problem.

Giant Mine has a problem. It's been under care and maintenance of \$1.9 million a year for in perpetuity to protect us from the arsenic environmental problem. I've asked the Environment Minister, Minister Miltenberger, to see if there's a way we can invite the world to help us solve this problem by putting the information out there and inviting the world to come capture a reward, and I've suggested even in the range of \$10 million to finally help us deal with this problem once and for all.

I'm asking the Minister, what headway has been made on this, what I would call an environmental initiative idea.

**MR. SPEAKER:** Thank you, Mr. Hawkins. Mr. Miltenberger.

**HON. MICHAEL MILTENBERGER:** Thank you, Mr. Speaker. On that specific issue, since our last discussion there hasn't been a lot done. The issue of looking at that whole process, I have read some interesting literature about the value of that kind of approach that the Member has raised, but in terms of finding \$10 million and putting up a prize for the best scientific solution has not been seriously looked at.

**MR. HAWKINS:** I don't think the \$10 million prize is actually the problem. I think that's something we could engage the federal government in, because as we all know, AANDC pays that \$1.9 million for care and maintenance, again, for in perpetuity, so it's not just my lifetime, it's everybody's lifetime, forever.

Would the Minister be willing to take this project on with an eye of what's best for the Northwest Territories and propose it to the federal government through AANDC and ask them that if we could maybe run the logistical administrative side of reaching out to the world on this particular problem could they help us with the financial end of the problem, because they could be on the hook forever for a lot of money. This could save the federal government a lot of money, which should be in their best interest.

**HON. MICHAEL MILTENBERGER:** If there is a wish of committee to have that fulsome discussion about that particular initiative at this stage when we have 278 days left in the life of this government, we would, of course, sit with committee to have that discussion and possibly flag this issue for consideration in the 18<sup>th</sup> Assembly.

**MR. HAWKINS:** The Gold Corp found the solution and certainly a fortune by engaging the world basically pre-Internet days. This could be an administrative solution created by the government, and I dare not try to put a dollar amount because I'm not in a position to even estimate what it could be, but could the Minister at least dedicate some interest and resources to finding out how complicated it would be for us to create a platform and a porthole to invite the world to challenge this particular problem? Because just to say clearly, someone from anywhere, any pocket, any corner of the world could have an idea how to deal with the arsenic solution in an environmentally sustainable way once and for all, which is what we all want.

**HON. MICHAEL MILTENBERGER:** We know that it's technically possible. We know that it's practically possible. We know that there are examples of where it has been used and there has been success. The example that the Member has raised is one. They've also come up with some very, very interesting ones in other technological areas like health with the lab on a chip and the type of work where they're going to create in the next few months an actual tricorder from the old Star Trek days that is actually going to work and do what people just thought about in the '60's.

We know that that process works. What we need to have is the time and the discussion about how we would do and how would we fund it. It's a political decision. It's a program decision. It's a policy decision, and we'd like to try that but we haven't applied ourselves seriously, given our long list of other priorities on that particular initiative.

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

**MR. HAWKINS:** Thank you, Mr. Speaker. Well, I guess that's kind of what I'm asking, is would the Minister be willing to apply himself and certainly the department to examining the scope of this particular problem? Banting gave his gift to the world with insulin. We could be giving our gift to the world by protecting them from the arsenic trioxide that could poison the world. All we need is a little bit of initiative and foresight on this problem not to see it as a short gain but as a long gain for environmental stewardship, and that's what I'm asking the Minister.

Would he be willing to at least look at the scope of this type of challenge and see where we could go from there?

**HON. MICHAEL MILTENBERGER:** I would point out, once again, we're 278 days from the end of the government until the next election and that every department and government is now fully applying themselves to the budget process, getting ready for the business planning process and building the transition documents, and there are clear capacity issues and limit issues, so I will commit to the Member that I will have another discussion with the deputy and the senior officials about this issue. But I would point out, once again, and I'm speaking for myself personally as Minister, that by the time I get through the day with all of my other responsibilities, my ability to take on and the ability of the departments that I'm responsible for, and I know from what I've seen from all my colleagues' ability to take on new priorities at this date is problematic, especially when it's just raised by one Member in the House and we have a long list of things that we've been tasked to do.

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

QUESTION 638-17(5):  
RETENTION OF MENTAL HEALTH  
AND SOCIAL WORKERS

**MR. MENICOCHÉ:** Thank you very much, Mr. Speaker. I spoke in this House before about mental health workers in my region and the inability to keep them. I just want to ask the Minister of Health and Social Services about what kind of retention strategy do we have for our mental health and social workers in our regions and communities.

**MR. SPEAKER:** Thank you, Mr. Menicoche. The Minister of Health, Mr. Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. The Member is right; we do continue to have issues with retaining mental health and addictions counsellors as well as counsellors throughout the system. It's a difficult position to fill and it is a position that does come with a significant

amount of burnout, given that the individuals are often working with very difficult situations. We are coming forward with a new Human Resource Strategy within the Department of Health and Social Services and we plan to release that later this month, so that will start to outline some of the work that we're doing to recruit as well as retain health professionals. I'm happy to share that with the Member when we release it. Thank you.

**MR. MENICOCHÉ:** I'm glad that the department recognizes it. Most particularly in Fort Liard it was during the spring and summer months when there's a family crisis or life upsets, usually that's when the mental health workers are not available. We've got the opportunity where there's a contractor out of Fort Nelson that comes up, but when it comes to something like that, consistency is key. It would be nice to have somebody that's there. So I wonder if this new Mental Health Strategy will include a retention component and a component that addresses coverage when there's nobody available in the communities. Thank you.

**HON. GLEN ABERNETHY:** I hate to make assumptions, but I assume the Member was actually talking about the Human Resource Strategy and not the Mental Health Strategy and it does talk to recruitment and retention initiatives, but we've got to look at things in the short, medium and long term. Ultimately the long-term solution would be to find the individuals from the region and train them to take over those roles, but that is going to take some time. We've got to start working with the Aboriginal governments and community governments to really pick the right people, and our Human Resource Strategy does talk to that. But in the meantime, we still have to do some short-term recruitment and we're also going to need to work with the communities and try to find alternatives and encourage people from the communities to pursue training. So there are a lot of things that need to be done. In the meantime, we're going to keep staffing those positions as best we can.

As far as meeting demand in the critical times, this is one of the things that a move towards a territorial health system is going to help us with, because being able to move individuals on an emergency basis to help communities when they're in crisis and right now every authority has to rely on the staff they have, and if they're already short staffed, it makes it really, really difficult on them.

So there are multiple opportunities here, but I do hear the Member, we do need to do more and I'm looking forward to moving forward with the one system as well as moving forward with the Human Resource Strategy. Thank you.

**MR. MENICOCHÉ:** Thank you very much. Yes, I was leaning towards more the Human Resource Strategy. I know that the Minister has done a lot on it, but I think particular attention should be paid to

the retention strategy. I don't know if they're adding some extra benefits or more breaks for these workers in the smaller communities. Maybe the Minister can speak to those aspects of it. Thank you.

**HON. GLEN ABERNETHY:** When it comes to additional time off and things like that, we are bound by the terms and conditions in the Collective Agreement. So we have to find ways to recruit as well as retain our professionals within the working environment that we have. But we are open to suggestions and recommendations from committee. I would say that if committee has some ideas, we did share the draft plan with them, they did provide us with some input, but it's a living document and we're open to suggestions from Members, from communities, from Aboriginal governments, anybody that can help us find ways to recruit and retain the professionals that we have and that we need to have in our communities. Thank you.

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

QUESTION 639-17(5):  
AURORA COLLEGE CONCERNS

**MR. MOSES:** Thank you, Mr. Speaker. I'd like to continue my questions to the Minister of Education, Culture and Employment on some of these Aurora College concerns that we've heard. One big concern that we heard was in terms of child care and daycare services at I'm sure all three campuses. However, the one where we met with the students was only here in Yellowknife.

What has the department, or working with the Board of Governors and the executive, done to address the child care needs and daycare needs of our students that are attending post-secondary education? Thank you.

**MR. SPEAKER:** Thank you, Mr. Moses. The Minister of Education, Mr. Lafferty.

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. This is an area that was, again, brought to my attention with the campuses that we have across the Northwest Territories. More specifically at the Yellowknife Campus, and also Inuvik as well.

Since I brought this to the attention of the Board of Governors, they've been developing some options to deal with these matters at hand. I need to get the latest status from the Board of Governors. I don't have that detailed information here from their organization, so I will provide that to the Member. Mahsi.

**MR. MOSES:** On another point with the Aurora College and speaking to the Board of Governors, in the Beaufort-Delta region we did have our Board of Governors representative resign last year.

What is the update on filling that position with another representative on that Board of Governors? Thank you.

**HON. JACKSON LAFFERTY:** Mahsi. Yes, unfortunately the board member resigned from the Beaufort-Delta. At the same time, we wanted to have a voice and a representative right away, so we did appoint Ms. Mary Beckett. She started January 23, 2015. It is a four-year term. So this is an agreement that has been brought to my attention as well. This individual has started already and they will be well represented in the Beaufort-Delta. Mahsi.

**MR. MOSES:** Thank you. I'm glad to hear that. I'm sure Ms. Beckett will do a fine job in the position.

Early childhood development has become a priority for this government and the onset of this government. I'm wondering if the Minister, speaking with the Board of Governors and the executive, is working on developing an Early Childhood Development Certification Program at the campuses, at any of the three campuses so we can get qualified early childhood development educators in the system. Thank you.

**HON. JACKSON LAFFERTY:** Mahsi. Aurora College is developing their two-year strategic plan, and the ECD programming, early childhood development programming has been brought to the attention of the president, the Board of Governors chair, because we are serious about developing programs. This is one of the GNWT's priorities as well, ECD. So, it is in the works, part of their strategic plan. We've been pushing with the college. So we want to see this particular programming at our campuses. Mahsi.

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

**MR. MOSES:** Thank you, Mr. Speaker. I know that standing committee has been working with the Aurora College Board of Governors, the executive and the Minister's office and dealing with some of these concerns at the Aurora College here in Yellowknife. I think it's a great opportunity now, since it's Aurora College Week.

Does the Minister have any plans of meeting with the staff and students at the Yellowknife Campus and just giving them an update on the work that standing committee has been asking the Minister and Aurora College in terms of dealing with the issues and concerns that students have brought up? Thank you.

**HON. JACKSON LAFFERTY:** I believe it's very important to have that dialogue with the students, even with the staff at the college. So, when the opportunity arises, we'll certainly take advantage of it. While we're in session it may not be possible now, but definitely after session I'd like to meet with the board staff and also the students who are

available to air their concerns as well. So yes, again, we need to have that dialogue going. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Lafferty. Mr. Hawkins.

QUESTION 640-17(5):  
GNWT POSITION VACANCIES

**MR. HAWKINS:** Thank you, Mr. Speaker. I want to follow up a little on the jobs issue I raised yesterday, and we talked about the 1,032 positions out there in one form or another and the 466 that are actively being recruited.

I made a post on my Facebook and I got some really interesting feedback, and one of the particular issues that's been raised that I thought was interesting, more so in the sense of have we ever done this, is have we ever considered engaging the citizenship to understand and appreciate the practicality of trying to hire people for these jobs? We're trying to get people in all regions throughout the Northwest Territories, but some of the challenges that the public sees are pay, benefits, affirmative action, recruitment method, housing, child care, flexible work plans and certainly training opportunities.

Has the Department of Human Resources ever considered calling upon its citizenry to create a bit of a working group to discuss some of the problems the public sees day to day when they're trying to get access to employment, but sometimes they're facing not an open door but a closed door on these challenges? Thank you.

**MR. SPEAKER:** Thank you, Mr. Hawkins. The Minister of Human Resources, Mr. Beaulieu.

**HON. TOM BEAULIEU:** Thank you, Mr. Speaker. We haven't asked the public to form a body that we'd consult with in filling vacancies, but we do have an internal body, an Aboriginal Advisory Committee that we use to try to utilize Aboriginal employees we have in the system and bring more Aboriginal employees into the system in order to become more representative of the population. But specifically to have gone to an outside group and asked them and consult with them on hiring issues, we have not done that. Thank you.

**MR. HAWKINS:** Does the Minister see any problem with the issue of reaching out to the citizenship to get some feedback as what the citizens see, the everyday people, the everyday families trying to get job opportunities here in the North, from their perspective on trying to apply for jobs, be it in Yellowknife, be it in the regions, be it even in the very small communities? They would provide great benefit and insight as to the challenges that they see and face. Many people keep reciting the same problems over and over again, and I often wonder: does the government

appreciate the circumstances and challenges they're seeing?

So does the Minister see an opportunity for us to consider this, or does he see an opportunity for him to do this? Thank you.

**HON. TOM BEAULIEU:** Thank you. We would look at all of the options that are available to us. Right now how we're going about filling jobs have been through job sites, internal graduate internships, regional recruitment, expression of interest internally and so on to fill some of the jobs. But we are open to other ideas. If there are people out there that felt that there were better ways for us to recruit to lower the vacancy rate, we'd be open to taking those suggestions. Thank you.

**MR. HAWKINS:** I thought that was almost a yes, but just a little ways away from making that final step.

Recently, we're well aware that the government has been reaching out in Eastern Canada. We're well familiar with the job fairs that happened throughout, looking for people to be hired. I don't have the budget as an MLA or else I would do it, but what I'm asking for, is would the Minister look at maybe setting up sort of a working group, discussion group, some public outreach as to what people see as some of the challenges for northern employment? I won't go through them all. I've said pay and benefits, affirmative action, recruitment methods, housing, child care is very important. All of these things are very important. We need citizen feedback because we can't keep doing it the same way we've done it before. Would the Minister commit to taking this initiative on?

**HON. TOM BEAULIEU:** We have not had a discussion to bring people from outside the public service in to assist us with filling vacant positions. We do have staff in all of the regions. I suppose the first place that we would reach out to, if we wanted to try to come up with some more creative ideas, is maybe to ask the people in our regional office, talk to the citizens out there in the regions and then set something up here to have that discussion. To formalize something and create a committee or a board from outside the public service to consult with, I suppose if the committee members were to want the government or the Human Resources department to look at something like that, we would be prepared to look at something like that. Thank you.

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

**MR. HAWKINS:** Thank you, Mr. Speaker. Not specific to the Minister, but I get worried because the government's taking the approach, well, we're running short of days. But the problem is the government marches on every day long beyond us,

so the next group will be going on. It's the same government, just different faces on the ministry.

This initiative is very important, so I'm going to ask clearly, what can the Minister do? It may not be fully completed by the end of this term, but what can we get on the ground, up and running today? You know, what can we do? Because we're still working until the end of our term, so let's make sure we are working as hard as we can.

So I ask the Minister, what can he do to ensure we can get some proper citizen feedback, whether it's an ad or it's a little bit of radio, whatever the case? Because we're willing to spend thousands of dollars for sure on these campaigns, reaching all over Canada and the world, but let's get some good genuine feedback from our citizens who live here. Thank you.

**HON. TOM BEAULIEU:** We know that just in general we have very high employment rates here in the city. I would be prepared to deal with the Members, like, the committee. If the Members were to go through committee and ask that we develop something that we could discuss to try to decrease the vacancy rates across the GNWT, we would be prepared to look at that, but I think it has to come from committee.

**MR. SPEAKER:** Thank you, Mr. Beaulieu. Item 8, written questions. Mr. Beaulieu.

**HON. TOM BEAULIEU:** Mr. Speaker, I seek unanimous consent to return to item 5, recognition of visitors in the gallery.

---Unanimous consent granted

### Recognition of Visitors in the Gallery (Reversion)

**HON. TOM BEAULIEU:** This week we have a new Chipewyan interpreter in the House who I will be recognizing on Friday along with the Pages from Tu Nedhe and also the veteran interpreter. Today I would like to recognize one of the interpreter's sons, who is a constituent of mine, Rodney Lockhart.

**MR. SPEAKER:** Thank you, Mr. Beaulieu. I'd like to welcome everybody again and thank you for taking an interest in our proceedings here today.

Item 9, returns to written questions. Item 10, replies to opening address. Item 11, petitions. Item 12, reports of standing and special committees. Item 13, reports of committees on the review of bills. Item 14, tabling of documents. Item 15, notices of motion. Mr. Dolynny.

### Notices of Motion

#### MOTION 35-17(5): LOBBYIST REGISTRY

**MR. DOLYNNY:** Mr. Speaker, I give notice that on Thursday, February 19, 2015, I will move the following motion: Now therefore I move, seconded by the honourable Member for Deh Cho, that the Government of the Northwest Territories investigate the best way to implement a lobbyist registry that is publicly accessible via the Internet;

And further, that the government provide a comprehensive response to this motion within 120 days.

**MR. SPEAKER:** Thank you, Mr. Dolynny. Item 16, notices of motion for first reading of bills. Item 17, motions. Motion 34-17(5), Workplace Safety at Stanton Territorial Hospital. As this motion has now been called twice and not proceeded with, it shall be dropped from the orders of the day, but it may be restored after due notice. Thank you, colleagues.

Item 18, first reading of bills. Item 19, second reading of bills. Item 20, consideration in Committee of the Whole of bills and other matters: Bill 38, An Act to Amend the Jury Act; Bill 41, An Act to Amend the Partnership Act; Committee Report 10-17(5), Standing Committee on Government Operations Report on the Review of the 2013-2014 Annual Report of the Information and Privacy Commissioner of the Northwest Territories; and Tabled Document 188-17(5), Northwest Territories Main Estimates 2015-2016, with Mr. Dolynny in the chair.

### Consideration in Committee of the Whole of Bills and Other Matters

**CHAIRMAN (Mr. Dolynny):** Good afternoon, committee. I'd like to call Committee of the Whole to order. What is the wish of committee? Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chair. We will continue with TD 188-17(5), Northwest Territories Main Estimates 2015-2016, with the Department of Health and Social Services.

**CHAIRMAN (Mr. Dolynny):** Thank you, Ms. Bisaro. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Dolynny):** Thank you, committee. We'll commence after a short break.

---SHORT RECESS

**CHAIRPERSON (Mrs. Groenewegen):** I will call the House back to order. The committee has agreed that we are to proceed with the estimates for the Department of Health and Social Services.

At this time, I would like to ask Minister Abernethy if he would like to deliver his opening remarks.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. I am pleased to present the 2015-2016 Main Estimates for the Department of Health and Social Services. Overall, the department's estimates propose an increase of \$14.9 million, or 3.8 percent, over the 2014-2015 estimates.

- One of the highlights of the estimates is new operational funding for a long-term care facility in Norman Wells as part of the ongoing implementation of our strategic framework, Our Elders, Our Communities.
- This budget supports continued work to bring all health and social services authorities onto common information platforms and allow them to access support from the Technology Service Centre and continued implementation of the Health and Social Services Information Systems Service Centre. This work is critical as we move to a one-system approach for the delivery of health and social services across the NWT and to delivering improved care.
- The one-time costs associated with our move to one system are supported until 2017-2018 by the Territorial Health Investment Fund from Health Canada. In 2015-2016 the department will continue with detailed organizational design and the analysis of the financial implications of transitioning the system, including looking at the costs and implications of bringing on the Hay River Health and Social Services Authority into the public service.
- Funding is proposed to support expansion of the Midwifery Program and we are working closely with the Standing Committee on Social programs to explore opportunities to advance the design of a territorial program in 2015-2016.
- Access to health and social services in French is being expanded with seven new positions being recruited this spring to support services in communities, a toll-free information line, more French language materials and the provision of interpretation services by phone.
- Over \$6 million in new funding is included in this budget for salary increases for employees and physicians in accordance with our obligations under the respective collective agreements.
- The budget includes funding for improved air ambulance services with newer and more advanced aircraft and equipment and faster response times to communities with shorter runways.

The proposed Department of Health and Social Services estimates continue to support the priorities of the 17th Assembly. The main estimates include specific activities in support of these priorities.

- We will continue to partner with the Department of Education, Culture and Employment to provide early childhood development options for families. A social marketing campaign will be launched this year. New funding in 2015-2016 will support early intervention for at-risk families with pilot programs in three regions proposed to be delivered this year.
- We will continue to implement Building Stronger Families, the Child and Family Services Action Plan, and will focus on developing new tools and training to support families through a flexible response approach.

That concludes my opening remarks, Madam Chair. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Minister Abernethy. At this time I would like to ask the Minister if he would like to bring witnesses into the Chamber.

**HON. GLEN ABERNETHY:** I would, Madam Chair.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Minister Abernethy. Is committee agreed?

**SOME HON. MEMBERS:** Agreed.

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

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

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. I would like to introduce, on my left, Jeannie Mathison, director of finance – you'll notice I got it right this time – and Debbie DeLancey, deputy minister of Health and Social Services.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Minister Abernethy. I will now open the floor for general comments on the Department of Health and Social Services. Mr. Yakeleya.

**MR. YAKELEYA:** Thank you, Madam Chair. I do want to say to the Minister that we certainly look forward to the long-term care facility in the Sahtu. It's going to be located in Norman Wells and also the new health care centre. We'll continue to look forward to the implementation more so that the staff who are going to be filling those positions working with Education, Culture and Employment and Aurora College to get the message out there that there are opportunities for people in the Sahtu region and the North with regard to staffing that facility. There are spinoffs to having a facility such as a long-term care centre that not only looks at the career opportunities for people but also for business opportunities for housing and housing staff members who will come into the centre.

I look forward to the department's persistent push to make sure that we have proper spaces there for workers in the town of Norman Wells and that we

provide every opportunity for our people to take advantage of the jobs that will be happening there, whether it be maintenance, personal care workers or the profession of nurses, doctors or specialists. The spinoffs are going to be felt by the region.

I do want to say to the Minister that we look forward to this opportunity to be beneficial. Many times we have all good intentions and they don't quite pan out to what they want them to be, for whatever reason. Someone drops a ball, we call it. We are hoping, and I am thinking, this is a project that needs to be monitored and carefully nudged along its way where we will see workers go into the Inuvik Aurora College Campus and start training for 10 months, so when the facility opens there are opportunities for personal care workers. That's the target group we are looking for right now to fill those positions in the Sahtu region.

I do want to say, Madam Chair, that the issue, and I'm going to raise it at a different time again, I'm just going to highlight it in my comments to the Minister on having a program, or developing a program, creating a program, whatever, to have former students of residential school survivors get into a program. I'm starting to hear more and more when I get back to the Sahtu, specifically in Norman Wells, where the residential school clients are coming to the town of Norman Wells to seek counselling. What I'm hearing from the service providers is that they are having a difficult time sending these clients out to a treatment centre. I'm working with some of the Members on this side to see what we can do, because even a couple weeks ago before coming back to this Assembly I was told that the counsellor had to turn away clients who were requesting to go into a treatment program. It's frustrating for me, it's frustrating for the clients and it's really frustrating for the counsellor because the funding for counseling comes from Health Canada.

One of the issues, I understand, is that Health Canada closed its file. Ethically, morally, the counsellor can't do that, out of good judgment, can't close a file on its client knowing darn well that this client needs to be in a treatment program. You know, they just can't close the file on that. That's like putting your head in the sand and saying there are no issues here.

So they're in a real struggle and I'm hoping that within the life of this government, the Minister directs his department to say what can be done about this issue, given that we have, as Minister Lafferty indicated, an inventory. There are 5,500 residential school survivors. If you somewhat have an understanding of the life of a survivor in one of these institutions, you'll see the type of behaviours that come out of the experience of residential school survivors.

So I'm hoping that there is some movement with the Nats'ejee K'eh Treatment Centre on the Hay

River Dene Reserve as a possible place. We have northern people here that can put together a good, dynamic treatment program. We have the expertise, we have the people and we need to look at something like this. I'm hoping that this department, and this is the only issue I'm talking about, Madam Chair, many in the Health department, but this is the one that's most pressing, the one that's right up against our faces as politicians, as leaders in the Sahtu. What do we do, given the complexity of the issue and not blaming the system or the people, whatever, whatever? There are people there that need help and we're not there. We're saying go back to the community and get treatment or get help. But look in our communities. How many mental health workers are there in the Sahtu? How many social workers are there in the Sahtu? How many clients do they have? They're either not there or we've worked them out and they're too tired. We know that. We're tight everywhere.

So I'm saying that we have the expertise, we have the people, we have the places, surely, surely we can come up with the money. This government has done it before, but that's the challenge. That's why you're the Minister. That's why we have departments. I don't have the staff and I don't have the staff to phone around Canada and say, what kind of treatment centres are out there? Can we look at one?

I'm saying there's eight months. We have to have something to help them. I know I'm making a plea here, Mr. Minister, and I'm hoping that we can come up with something. We have eight months. Do we continue to let this go and not do anything? How do you work it? We have to think really outside the box on this issue, really, it's a real challenge. That means challenging your staff, challenging your workers. What is it? Is it the system? Is it the money? What is it? That's why we hire them, to do work for us, work for the people. That's the only thing I can think of.

So I'm really making a plea and I know you've got some real smart people over there and we need the help. So I'm challenging your department to come to some form or way to help our survivors.

That is only one of many. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Yakeleya. Would the Minister like to respond to Mr. Yakeleya's comments?

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. I'd be happy to, but are we going to follow the same protocol we have with other departments that we go through the Members, a couple of them and then come back? Or is there a preference on how we move forward?

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Minister Abernethy. There's been some

discussion around the best way to go and I think the consensus of the Regular Members at our last discussion was that they would like to have one set of general comments with the response from the Minister in between before the next Member speaks. So I know we did try that three and one on one department, but it would appear that people would rather have their comments responded to individually. Thank you, Mr. Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. I'm happy to go with whatever the committee wishes. Thanks to the Member for his comments. We too are really looking forward to moving forward and completing the construction of the long-term care facility and the health centre in Norman Wells. We believe it's going to bring a new and important service to the residents of the Sahtu, which I believe they have wanted for a really long time. It's also building upon our elders in our communities, which is creating more beds in the Northwest Territories for long-term care.

The Member is absolutely right; this will create employment opportunities and we have to do it right. I and others share the belief that if we really want to have some continuity in those communities in that long-term care centre, we've got to train local people to do local work. We've already started. We've actually sent out advertisements to all the communities in the Sahtu outlining the personal support worker training that is going to be facilitated in the Sahtu, in Norman Wells in particular, but for residents from anywhere in the Sahtu who have an interest in coming to Norman Wells to be personal support workers. That training includes all sorts of different things. Medical terminology, health care, basic support, WHMIS, food security, food safety, everything they will need in order to provide the personal support to the residents in that long-term care facility. So we too are very, very excited and I look forward to seeing that roll out and get a lot of people in the Sahtu trained so that we can get a lot of people in the Sahtu employed, which I think is something that we all want to see.

The Member did talk an awful lot about addictions and treatment facilities and the Member did talk a little bit about the residential school survivors program and the difficulty that people in the Sahtu have identified as a result of that program slowly shutting down. I have asked the department to engage with the federal government to find out what, if any, transition plans they have with respect to rolling that program out over time. Those conversations, actually the feds have engaged us in those conversations and we are starting to have a little bit of conversation about what their transition plan is. Having said that, the individuals in the Northwest Territories who happen to be residential school survivors do have the ability to access all of the programs and services we offer here in the Northwest Territories and we do have a continuum



of support for individuals with addiction issues, for one, or mental health issues, as well, including the community counsellors and mental health addictions.

I do hear the Member's concern about the continuity and the fact that we had some turnover in that area, and that is an area that is proving continual. As I mentioned to the Member, Mr. Blake, earlier today in question period, we're going to have work with leadership across the territory to find ways to encourage young people to start pursuing these careers if we want to have long-term continuity, but a number of things need to be done.

Right now all of the residents in the Northwest Territories can take advantage of our addictions programs that we have contracted out in the South that are facility-based with a limitation, and the limitation is, and I know the Member is frustrated by this, and I'm frustrated, but we do have to understand that the facilities can say no to individuals with criminal records and they do from time to time. Depending on the criminal record a person has, they may not allow a particular individual to come into their facility. An example is somebody with sexual violence would probably not be accepted into a unisex facility. This can leave some of our residents out of the facility-based option, which is why we continue to work with community-based counseling.

We've got matrix programs expanding across the Northwest Territories that can offer treatment in communities. It's still a 42-day program but it's a community program and basically on more of, for lack of a better term, an outpatient basis as opposed to an in-patient. There are options, but I think it's clear that we have to work with committee and we have to work with Members to explore this gap where there isn't a treatment facility option because of the person's history. It might mean that we find an on-the-land option. We need to explore this, and I'm happy to work with committee and talk with committee about these different options. But there are a number of things happening around addictions. We have a multitude of programs. It is a very wide spectrum. It's following the recommendations from the Minister's Forum almost exactly, and we are continuing to make progress in that area.

Today I did talk about the on-the-land programs which are moving in the right direction. As we continue to move forward with partners outside of the GNWT or Aboriginal governments, funding partners, hopefully, we will see huge opportunity to expand these. The beautiful thing about these programs is they are designed by the communities for the communities. The communities know what their needs are and if they need us to offer some clinical support, we can do that. If they want us to participate in that way, we can do that. But we're

also providing them the money to make it happen. I wish it was double, triple, but it isn't. That's why we're looking at philanthropic partners.

I think I got most of it.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Minister Abernethy. General comments. Next I have Ms. Bisaro.

**MS. BISARO:** Thank you, Madam Chair. I have a number of issues. There always are a huge number of issues with this department and most are comments. I don't need the Minister to respond. I will try and ask my questions when I get to the page on detail.

I want to start off with the issue of continuing care. We did get a report from the department, from the Minister, but it did not commit to an action plan, and that's a concern for me. There doesn't seem to be, at least not that we've seen on paper, a cohesive, coordinated effort towards care for our seniors. From what I can gather, the mentality seems to be let's have them age in place, and I'm supportive of that, but I am very concerned about facilities that are not being built in some communities and Yellowknife is one. The Minister is well aware of my concerns about the need for Avens to get their project going in the spring, and I know that the Minister is working and the department is working on that with Avens.

The child and family services system has had some revision and the Minister has kept us up to date on that for which I think committee is grateful. I understand there is some legislation coming forward and I look forward to the details in that legislation.

Concern about chronic disease. We've mentioned this, I think, probably every year running. Chronic disease is one of the biggest drains on our budget, I think. I will have some questions around the closing of the diabetes clinic here in Yellowknife and what we are doing both in Yellowknife and in all of our communities to try and tackle the huge issue of diabetes. There was, I think, some analysis that was going to be done, and I will be asking some questions about that.

A concern for me is that we haven't managed yet to figure out how to provide supplementary health benefits for people who are working but don't get any supplementary health benefit coverage. We have indigent coverage, but there is a group of people, and a fairly small number, but there are people within the Northwest Territories who don't have any supplementary health benefit coverage at all, and that is a concern. The last time I asked the answer was basically, well, it's a large amount of money and we don't have the money from within to fund it. I can accept that answer but it doesn't make me feel any better. We still ought to be planning to cover those people who are not covered.

The Day Shelter in Yellowknife and in other communities falls under this department. There was going to be an analysis, I think, of the Day Shelter in Yellowknife, and I haven't seen that, I don't believe. I do know that the City of Yellowknife has put a fair amount of money into that Day Shelter. I think they just recently advised us at a recent meeting that they had increased the amount of money that they have put into the Yellowknife Day Shelter. That concerns me and that, albeit it's in my community, the majority of the people using that Day Shelter are not from my community, and I think the territorial government ought to be funding a larger portion of that Day Shelter cost.

The Medical Travel Policy has been under review for quite some time. I have concerns about if we are ever going to see the results of that review.

A couple more. The Midwifery Program. I have to mention the Midwifery Program, and I believe the Minister's remarks talk about exploring opportunities to advance the design of a territorial program in 2015-2016. I appreciate that we, the royal we, the government is moving as fast as possible to get midwifery established in more communities, but this community of Yellowknife had a very successful Midwifery Program a number of years ago and it has pretty much dropped off the face of the earth and there has been very little mention in anything from the department or from the Minister about reinstating the Midwifery Program in Yellowknife, and that's a huge concern for me and for many constituents.

Mental health and addictions services, it's another large portion of the budget. Mr. Yakeleya has talked about one aspect of it. It covers many things. I think my concern is that we don't have enough services to deal with the people that need to be dealt with, and I'm not sure, it's a big problem for the department. I don't know quite how we can better service our residents, but people who need counselling for mental health issues often don't get it and there's a long waiting list, and/or they don't have the services available in their community. Certainly the services at Stanton are not optimum and there is very little opportunity, from what I understand, for people needing assistance with their mental health issues to get the service and to get the programs through the hospital. It's an area that is a concern and I'm not too sure that we're going to find an answer. Certainly not today. But I just want to say that it's one of the issues within this department that is a big problem for me.

I'll leave it at that. I will have questions when we get to detail.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Ms. Bisaro. Ms. Bisaro indicated she was going to make comments and she did not need a response from the Minister, so if she is agreed, I

will move on to the next person for general comments, and that would be Mr. Blake.

**MR. BLAKE:** Thank you, Madam Chair. I just have a few comments here and maybe a couple of questions. Over the last few years here, since the last government, they shut down the long-term care in Aklavik, and there's a high demand in our communities of my riding. Right now a lot of the elders have to go to Inuvik for long-term care and the majority of our elders want to stay in our communities when they get to that age. Their families are in the community and can visit them on a daily basis; whereas, when they're in the regional centre, they're lucky if their family sees them once a month or every other weekend. It's very stressful, especially on the elders.

Also, nursing, once again in Tsiigehtchic there's an ongoing issue. Hopefully we can come to some sort of terms here, whether it's a licenced practical nurse, you know the community really needs something full time. We can't rely on services once or twice a week. We have a number of emergencies, most of the times it's during the weekend. The community, you could tell, is very uncomfortable during freeze-up and breakup because we do have a nurse on hand 24 hours a day. That service in the community is really needed.

Also, we just spoke earlier today, but I'd like to bring it up anyway. On-the-land treatment programs, my colleague mentioned it a little earlier today. Over the last few years there have been a lot of people dealing with residential school issues and, you know, it seems that just when we've brought the issue back up there's no support for those people moving forward. You know, a lot of times it takes time to overcome a lot of issues and we need to be there for our residents and we need programs. You know, once a year is just not adequate. We need something at least every three months. There are a lot of people in our territory that need assistance. I didn't ask the Minister the question earlier, but I'd like to know exactly how many people are actually going south for treatment. I don't think the numbers are very high compared to what we had here in the territory.

Also, home care workers in the communities of Tsiigehtchic and Fort McPherson, especially Fort McPherson where we have the largest number of elders in my riding. It's in the neighbourhood of 200 elders over the age of 60. There's a big demand there but we only have one person working at the moment. It's pretty clear that we need at least two people on a daily basis to assist there. For now those are the only general comments that I have. Thank you, Madam Chair.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Blake. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. I appreciate the Member's comments and suggestions and questions. The Member did talk about the shutdown of the long-term care facility in Aklavik. The facility in Aklavik was a supported living facility, and I understand that the Housing Corp has actually constructed an independent living unit to replace that facility. In working with the Housing Corp, we've actually ensured that these new facilities the Housing Corp is building to support our residents and needs throughout the Northwest Territories, including Aklavik, is actually program space where we can have our home support workers and other professionals come in and actually support our residents that are living in those facilities.

But I agree with the Member, we want our residents to stay in communities for as long as possible, which is why we need to continue to move forward with Our Elders, Our Communities and find ways to ensure that the residents can stay in their communities, preferably in their homes. I've had an opportunity to talk to a lot of seniors, and most of the people I've talked to would like to stay in their homes as long as possible. Unfortunately, we know they can't. They may have to move to independent living where they can have some general supports – and that's what the Housing Corp is so wonderfully providing at this point – and then, unfortunately, they might need additional support, which means they might have to go to a long-term care facility like the one in Inuvik or the one we're building in Norman Wells or the one we've finished building in Behchoko or the one that's here in Yellowknife or Inuvik or Smith or Hay River or some of the other communities. But I do hear the Member and I'm always open to suggestions on how we can support our residents who live in the communities and support them to live there as long as physically possible.

I did hear the Member say in Fort McPherson there are a lot of elders and he feels that they need some additional support and one position may not be enough. We can commit to doing a little bit of a sort of load assessment at Fort McPherson. I'm not familiar with the details in Fort McPherson.

I will say that some of these shortfalls, or some of these perceived shortfalls, we'll be in a better position to deal with once we've moved to one health and social services system. We'll be able to work together and move resources where they need and be a lot more flexible than we are now. So we're very excited to have the support of committee as we move forward to go to a more integrated, collaborative system that's going to help us address some of these issues, including the issues around nursing services in Tsiigehtchic. As we have a more collaborative, integrated system that's focused on the clients as opposed to the system itself, once we've fixed the structure we'll be

in a lot more flexible position to actually start addressing some of these real challenges that we see.

I have committed to come in with the Member to visit Tsiigehtchic again and talk to the residents and we'll have an opportunity to discuss what the community would like, recognizing that there may be options that may not be a nurse. We did go to Alaska and meet with a number of individuals who provided some really unique programming, and one of the solutions they came up with is a community-based representative who is trained in specific skills who can provide some of those up-front services. That might also help us with some of the continuity of services and ensuring that we have a longer range of services. I don't know what the solution is, but our ears are open and we're looking forward to having those discussions.

The online training programs, we have talked about that at length today, and those programs are going to be delivered by the Gwich'in. Every Gwich'in community – Aklavik, Fort McPherson, Tsiigehtchic – I think there's going to be one more out there, as well, and we're looking to partner with other philanthropic organizations to help bring more money in so that more of these programs can be delivered. But at this time we have the money, the \$1.2 million that we have distributed to the different Aboriginal governments around the Northwest Territories, and as I said before, they know what they want. They know what they believe is going to help their people and add the most benefit. We're very supportive of them, and if they need us for technical or clinical expertise, we're there.

How many people in treatment facilities in the Northwest Territories? We've contracted with four and at any given time there are probably 12 residents of the Northwest Territories in treatment. It seems to be fairly consistent. It hasn't changed much in the last number of years. Even with the expedited process, people are able to get in quicker, but the average number of individuals who have identified that they're ready to seek residential treatment is one of our continuums, one of our program areas, it's about 12 at any given time. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Minister Abernethy. Next on the list I have Mr. Dolyunny.

**MR. DOLYUNNY:** Thank you, Madam Chair. I'd like to welcome the Minister and the Department of Health here today. In preparation for today I had to look back almost 364 days ago as to what I said on this department back then, and back then the Minister was in power in his position for 232 days. So, it was more of a reflection of a short period in office and I tried to recant and re-evaluate some of the overarching issues of the day and apply them to now, which is around 597 days later in office, as to

where we've gone with this department. In that respect, I'll try to make comparisons within that year and how we're looking forward. So, today my comments will be general in nature and won't require any type of response.

Back then I did mention that we were in a very unique position to reposition our Department of Health, given the nature and the gravity of the situation within our responsiveness and our effectiveness at delivering the quality care that we could do. Now, granted, by all accounts our accessing of health care in the Northwest Territories and the quality of that care is generally comparable to the rest of Canada. So I think, in essence, we've got to give some good marks with respect to the delivery. With that, I want to make sure that is loud and clear.

But to note, still to this day, after as many days as we've been here as Members of the Legislative Assembly and given some of us here with unique perspectives who sit on the standing committee who actually evaluate health and put health pretty high on what we do on a daily basis. We're still, to this day, not doing well in certain key categories. There are still some real disparities between how Aboriginal people are dealt with and non-Aboriginal people are dealt with, still today. Even given everything we're trying to do that's positive and we still rank among the highest in Canada for smoking rates, binge drinking and suicide, and I have not seen those statistics go down during this term. When it comes to chronic diseases such as diabetes and cancers, many of these are on the rise and some of the statistics that we're having brought to us for the Northwest Territories put us in a position where we should be asking why the numbers are so high and what are we doing to bring those numbers down. On top of that, our hospital admissions for preventable illnesses, we're still the third highest in Canada and that ranking to three years ago is still as valid as it is today. Our injury rates are still 10 times the national average.

So when I look at these key determinants, I'm asking myself where have we gone as a government, where do we go with the Department of Health? Now I know that there are many, many challenges that we face in the Northwest Territories that are hurdles to deliver this quality of care that we're all trying to achieve. For example, we have probably as much competition to recruit and retain our professionals as any other jurisdiction in Canada, but I think we're doing a relatively good job. Could we do better? I think we can, but I think for the most part we're not doing too bad, but we still have to face those challenges.

We still have the rising costs of drugs to deal with and we've been waiting for this pharmaceutical strategy, which was being deemed as kind of a panacea of a catch-all to deal with this. But yet,

without seeing any type of framework on the table that we can take publicly, it makes it very difficult to see the resolve in that thinking.

Of course, our technology that we have in the Northwest Territories, albeit when we open up new hospitals we put new technology in these new hospitals, these new health centres. But as a general rule, our technology is aging and you have to replace that technology at a rate to which it keeps up with the disease and preventative illness that we're seeing. I still think we're going to be hitting a crux in the road here sooner than later for some of our smaller health centres and some of our regional hospitals that require a much needed upgrade in medical equipment and I don't believe the money is there or will be there when the time comes.

Finally, we do have a lot of health and social challenges associated with our aging population. Let's face it, none of us are getting younger, we're all getting older and that's just a fact of life. I look at it from not only as a legislator in this room, I look at this as even a health care professional myself and I try to evaluate what are we doing in concrete terms dealing with our aging population. I still don't see that silver lining. Of course, there have been reports out there. I've read the action plans and some of these initiatives, but it's almost throwing rice at a freight train. This entity is coming full on, we know those age categories are going to hit us soon, and yet it seems we're still not dealing with the issue and the root cause of what we're doing to make those significant investment and changes in the future.

Notwithstanding, I know that the Minister is working feverishly hard, trying to create a new governance model for the delivery of care and I don't want to get into details about that just before committee. I have been supportive, I've publicly been supportive and I will continue to be supportive because I think it is a good thing that the Minister and department are embarking on. However, I don't believe, again, I don't believe that is the catch-all that is going to correct all our woes when it comes to making things better. I still think there are going to be cracks in our system because we're not prepared to look at some of those areas while we're trying to change governance. I'm still, to this day, not understanding why it is that our accounting systems differ in our authorities that we have in our system. Now, I know through a governance system this should be in line, but the question is why did we allow it to get to that level and why couldn't we have fixed it?

I don't think we're dedicating the right quality and risk management to these different authorities so that we're standardizing our delivery of care across the board. Now again, a single governance model should correct that. But I need to see the workings, the different levers of this in action before we get to

that stage, and that is still a missing determinant as we move forward.

Again, when it comes to reporting, if you can't measure what you deliver, then how are you supposed to make change? Again, we're told the governance model should make reporting standards a lot more efficient and effective, but yet we're still missing a number of these determinants for whatever reason. We don't have the numbers; we don't have large enough numbers to report on. So we've got to come up with almost a made-in-the-North program where we're actually looking at those health care determinants to evaluate how effective our delivery is and how effective that we're able to maintain standards equal or on par to the rest of Canada. It shouldn't be a nicety. This should be a right. Every Northerner should have the same right as any other Canadian, and I'm not quite sure we're there. I know we're making effort. I don't want to give the illusion that the department is on their heels or dragging their heels on it, but we're still not there.

When I started this position a number of years ago, it was funny because I look at our budget and back then we were spending 26 percent or 26 cents of our budget dollar on health, given the full budget. When you look at national averages, most provincial jurisdictions are spending up to 40 cents, or 40 percent of their budget on health. Every key economist in Canada four years ago clearly indicated with the rising age of population growth and the pressures of population growth and expenditures, that every jurisdiction in Canada would see budgets around 50 percent of their dollars spent on health. Three years later I'm looking at our budget and I'm thinking, you know what – this is the first time where I'll say, "you know what" – we're not spending enough. This is not true for every department I talk to, but for this particular department, although we're seeing a \$14.9 million increase of 3.8 percent, I'll agree with that. We've got to spend more money on health. We're not there. The current budget right now, if you look at my quick calculation, about 25 percent. So in three years we've actually regressed by almost a percent in terms of total budget, overall budget we spend on health. Again, as I said, that's nowhere near national average, which is close to 40 percent, and nowhere near the predictable average of 50 percent.

Now I know we've got Cabinet Ministers over there going well, Daryl, you know, we spend all this money in housing and everything else. So if you add up all the things we do from income assistance, we do 50 percent of our budget in health. We have to compare apples to apples when we deal with that from across the system. Again, I don't believe we're there.

So, the observations that I have here are mostly just comments. I will have more specifics as we get into detail. I just want to leave you with this and leave the department with this. I mean, I applaud the work that's being done, given the minimal amount of finances that we give this department. I'm impressed that you're able to deliver the quality of care, given the limited resources that I think health receives as a general rule. Now, I'm not saying this is impoverished, but I'm seeing that if we were able to give this department a little bit more money in the future, and I'm hoping we can. I'm thinking we can do some great things because, at the end of the day, it's about people, it's about quality of life and it's about the delivery of a promise, and that promise is good health. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Dolynny. Mr. Dolynny clearly indicated that he did not... Mr. Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. I appreciate the comments from the Member. I mean, we've had many of these discussions in committee and many of the things I've heard Members say today are things that I've also said and I share many of his opinions on this. We have a lot of work to do, but I think good things are happening.

I agree with the Member that the transition to one system isn't the final solution, but it's an important, integral part of improving services in the Northwest Territories. But it by itself will not help us improve the health results for residents of the Northwest Territories. There are many things that we need to do.

The Member did talk a little bit about some of the accounting systems and why they're different, and they shouldn't be and we are bringing them in line. The authorities are working to come onto a similar platform as far as the accounting systems they use. This is being rolled in, obviously, as part of the transition, but we're not waiting for that to finish, we're doing that work now. I don't know if you've noticed. The document in front of you today looks a lot different than it looked last year, and one of the reasons it looks so different is a significant portion of the system funding that we have in the health and social services systems in the authorities. The authorities report financially, based on direction from the department on different indicators that you'd see or different criteria that are identified within CIHI. So this new structure that you see in your book today provides more detail on how the authorities are actually spending their money than we've seen before. This new structure also aligns with the national reporting structure defined by the Canadian Institute for Health Information, so CIHI. So we're coming in line with what the authorities are doing and have their reporting, which is going to

make it easier in the future. I say that only because as I've gone through this document it's quite a bit different than the last time and it gets a little confusing, but we've tried really hard to lay it out as if we had done this in previous years.

Just so we're clear, the authorities were already aligned internally with CIHI for their financial reporting; however, financials had previously been repackaged by the department when we were reporting them, which seemed like a redundant exercise and a little confusing. We feel that there is more transparency on how the money is spent and how it's seen within the new information in front of you and we hope and we believe this is going to help facilitate improved accountability and analysis. It might be a little confusing as we go through it today, but it should be better in future years.

A couple other things. I mean, we have put in the 32 indicators for health performance here in the Northwest Territories. That's just come into effect. We're going to start having year after year after year data which is going to help us focus our attention to where it needs to be focused. We're also always part of CIHI reporting and we have the information available as well.

The authorities, in recognition that the transition of health is coming, like I said, we're not waiting. The authorities are actually working on getting on the same quality assurance system so that they can start providing reports on their quality assurance and improving quality within their facilities and their communities using the same types of criteria, information and analysis.

One area where we know there are some inconsistencies, and I thank the Member for bringing it up, is in some of our Aboriginal health results, but I do have to say these kinds of population health indicators don't really respond to interventions in the short term. They do take a while for many of these interventions. Much of the work that has been initiated by committee and by the government, they do take a bit of time to actually see long-term results, and you're not necessarily going to see them in 232 days or 535 days, but you should start to see them start to be rolled out and start to be effective.

We are getting these things out, and I do want to thank committee for all their support in the years as we've brought forward these initiatives, and the committee has brought forward initiatives. We've started to roll them out and we will start to see results on them.

Back to the Aboriginal health, I think we should all be really proud of the Aboriginal health and community wellness division. The work that they're doing is groundbreaking. We've been recognized by other jurisdictions for being a real leader in this area. The work we're starting around things like cultural competence is in line with best practices

and recommendations from recent reports. One recent report was the First Nations second class treatment, and the author of that report is actually going to come to our wellness gathering and is going to be one of our keynote speakers. The Aboriginal health and community wellness is taking a real strong leadership role in getting the cultural competencies out there and trying to improve results for a significant 50-plus percent of our population here in the Northwest Territories.

Once again, thanks to the Member for his comments. I appreciate them. I look forward to getting into detail. I'm glad he brought up the accountability structure stuff so we had an opportunity to talk a little bit about why this document is different. We did share a letter with committee, but I've got to admit, when I went through this the first time it was like, um, what? But go through it a couple of times and it makes a little bit more sense. I did warn you. I wrote a letter.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Minister Abernethy. For general comments, next on my list I have Mr. Menicoche.

**MR. MENICOCHÉ:** Thank you very much, Madam Chair. Just an opportunity to do some general comments myself. I think I spoke earlier in the House, too, about the mental health workers and a retention strategy for keeping them in our very small communities. I believe it's important because it has an impact on the residents. I spoke most particularly about Fort Liard, especially when there are times of distress or their lives have been upset. In the past, our mental health workers haven't been there. I do have to say, like any other situation, staff have been going to Fort Liard to assist them at the moment, but it's about consistency when you're dealing with a mental health worker, somebody that you recognize, you develop a working relationship, you open up with them more, and that's the kind of service that our smallest communities should have as well.

Speaking about accessible services, I just wanted to return about nursing for Wrigley. Currently, the situation is that the current lay dispenser is retiring soon and here's an opportunity to really consider about returning a nursing station or nursing to the community of Wrigley. The Minister has got to bear in mind, too, that as the oilfields around the Sahtu get developed in a year or a couple years there will be increased impact to the communities due to development, and I think that's how in the early '80s we got two nursing positions only because there was going to be a significant gas pipeline built up the North and at that time government felt the need to stem any potential impacts. They had two and then one nursing position there. I'd like to continue to keep that on the books and keep that high on my agenda as the MLA for that region, that the department has got to keep considering and finding

an opportunity to return nursing to the community of Wrigley.

The medical travel. I and my constituents are awaiting the medical travel review. It's very important work that they're doing to review it and, in fact, they were, I think, in Fort Simpson the first two weeks in January, and I was quite excited because I thought they'd be doing exit interviews, people that had just returned from medical travel and/or opportunity for a public discussion. They did go to the community of Trout Lake, but I didn't see that they offered any public session or rolling out how they were going to review medical travel in the community of Fort Simpson. I actually got some people quite excited that had medical travel concerns that they were able to speak to somebody. But I wasn't informed about how the department wants to review medical travel and what stage it's at, and I certainly hope it's not almost complete, because the people do want to have an opportunity to speak and share their experiences and even offer suggestions of how it can be improved. I think a lot of people that are concerned with medical travel always, you know, yes, there are some negative experiences, but also they say that my experience can actually save medical travel budget money if they had listened to me or if they had done other ways of getting medical knowledge to the client.

In one particular case, it's about the client had actually went on a medical travel, jumped on the plane in Fort Simpson to Yellowknife, to the doctor's office, and the doctor said, okay, here's the results of your tests, and then were planning some further treatments and/or examinations later. Then that person flew back to Fort Simpson. I'm sure all throughout this North this kind of experience is common. There's probably something to be said about the practitioner or the doctor dealing with the client personally, but in our communities we do have teleconferencing and that kind of stuff. Perhaps we can move towards that, especially if it's just about informing about test results. The test results in this case were positive, but if they're negative perhaps you have to see them in person, but I don't know how you would make that call. But it's something that should be looked at, and like I said, that's just one issue and I'm hoping that people in my communities are able to share their experiences and offer their suggestions as well.

I also spoke in the House about the new medevac contract and about enhancing the times to get to the communities, and I'm pleased that the Minister said there is a commitment. I think it was, like, 120 minutes to get to a community. I would certainly like to restore the confidence of the medevac system to the communities. With that, I will conclude my general comments.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Menicoche. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. I appreciate the Member's comments. We did talk this afternoon during question period about the mental health workers and some of the stress that the individuals that exist in the communities are experiencing. I will just add to what I said earlier today, that for individuals, our employees, who may be under stress or experiencing some levels of difficulty as a result of their daily jobs, we do have programs like the Employee and Family Assistance Program and I would encourage the Member, as I would encourage all Members, to remind their constituents of this program and encourage them to utilize it, if and when they're in stress. I did say it earlier today, some of the backfill and some of the temporary coverage, when we move to a single system those types of things will be easier to deal with because we'll have a larger pool to select individuals. So, it's just another advantage of a more integrated, collaborative system here in the Northwest Territories for the 43,000 residents that we have.

I do hear the Member about the nursing situation in Wrigley. We're committed to providing first responder training but we've also got Med-Response that can help the practitioners. I hear that the practitioner's leaving, so obviously we're going to need to work with the current authority to ensure that they're doing some planning around how they hope to fill that position and possibly training somebody from the community, or trying to recruit somebody from the community.

I do also appreciate the Member's comments on medical travel, and I agree. Things like test results and other things, we should be able to find a better way to do it, and I think we're getting there and we're starting to see some progress, but it's going to take a lot of individuals to agree, practitioners as well as patients. So, we do have some work to do there, but I do believe we're starting to see some better results.

Just for the record, around medical travel, the Standing Committee on Social Programs did review the draft revised Medical Travel Policy and they gave us a bunch of comments that we're going through. We are hoping that that policy will be effective, or go live during this session, barring any unforeseen circumstances. On top of that, that policy is part, and we've gone through a number of presentations, the policy is the foundation on which all these components of medical travel hang on. Currently, as the Member has talked about, there is some public engagement on the patient support, the escorts component of medical travel, and this began, actually, in December 2014 and consultations have been held in Hay River, Tuktoyaktuk, Inuvik, Behchoko and the Larga

House in Edmonton where a number of our residents go. This stakeholder engagement on patient supports is on track and its completion date is set for April 2015. This will give us the tools we need to actually revise the escort policy. So, as of January 16<sup>th</sup> we actually had over 123 people who have engaged in one-on-one interviews and different focus groups. Yellowknife, Fort Good Hope and Trout Lake will be engaged before the current engagement process is over. So, groups and programs that have been engaged to date are Stanton medical travel, seniors, community and our Aboriginal leaders, Nursing Leadership Forum has been asked, the Medical Directors Forum has been engaged and others have been recommended by different department leadership. We anticipate finishing the escort portion, the investigation portion shortly.

We're also anticipating doing a second one on benefits and eligibility engagement. We believe this is going to start in July. So we're following the timeline that was originally given to committee on that and every effort will be made to select communities different than the ones we went to last time. When we go into communities, we want on-road, we want off-road, we want small, rural, we want large populations, we want smaller populations. We're trying to get a diverse group as we go out on these community visits so we're going to go with the benefits and eligibility in July. We're also going to do, which I think is a really important part, the appeals process in 2015-16. So we'll have the vast majority of the Medical Travel Policy and its components done in the life of this government. There will still be some that will continue on.

With respect to medevacs – two hours, depending on weather – weather is the one condition that we cannot control, but with the new contract starting April 1<sup>st</sup>, we are two hours into small communities in the Northwest Territories, barring anything that the weather throws at us. I want, like the Member, to restore confidence to our residents in the Medical Travel Program and the new medical contract we have, in addition to supports provided by Med-Response, I believe will go a long way to restoring that confidence. I know there is a loss of confidence in some of the Deh Cho communities and I'm looking forward to travelling with the Member to the Deh Cho communities this spring and hopefully we'll have an opportunity to talk about all of these things.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Minister Abernethy. Next on the list for general comments I have Mr. Moses.

**MR. MOSES:** Thank you, Madam Chair. I would just like to welcome the Minister and his staff joining us today. I think you could tell by some of the discussions and correspondence from some of the Members here that there is still a lot of concern in

this department, but before we get into some of the questions, I guess concerns that I might have, I just want to commend the department on the work that they've been doing with standing committee over the last three years and four months in terms of the onset of this government.

Over that period of time we've developed an Anti-Poverty Strategy, given some good input into that, the Mental Health and Addictions Action Plan and the action plan to transform child and family services which is huge, it's really big. I think that's going to really affect the safety and the health and well-being of our children in the Northwest Territories that are being apprehended and looking at where they're going. The Early Childhood Development Action Plan, which is looking at investing in our people at an early age so that one day, hopefully, we'll have a new generation of healthy, educated people, which will reach one of our goals of this Assembly, which is to have a goal of healthy, educated people free from poverty, Madam Chair.

I commend the work that the department has been doing in moving forward on the governance structure. I think that will bring everything in order, in terms of all the departments and the way we do business in this department with the Department of Health. Programs and services will take the best practices from a certain region and try to apply it throughout all the Northwest Territories and all the regions. The work that's been going into prevention and promotion, you know, it's something that standing committee has been very supportive of and has been pursuing and has been trying to invest in right at the onset of this government. Obviously, the legislation that we've been dealing with over the last three years has been very critical in how we do business within this House and within the government.

With that said, there's been a lot of good work that standing committee as well as Members that have come to standing committee and the department have been doing in moving forward to build that foundation that will not only guide the remainder of this government but for future governments, the 18<sup>th</sup>, the 19<sup>th</sup>. These action plans should, hopefully, like you said, won't have results right away but you will see them in a few years. The system that we currently have is very complex.

The Minister and I'm sure the staff know that, you know, having all these authorities and the way we do business, the cultural aspect of it and the traditions that some of our people practice make it a complex system, and there are many challenges and barriers as we move forward. I'm just saying that I know there's a lot of challenges and barriers and one of those is trying to make residents of the Northwest Territories more accountable in living a healthier lifestyle. That's where we get into the



prevention and promotion and want to try to get that onset and look at how we do that.

As I said in my reply to the budget address yesterday, you know, we have some of the best programs and services in all of Canada and it's getting to the point where we're making our residents rely on government programs and services. That's where we're seeing this increased budget, \$1.6 billion for about 43,800 people in the Northwest Territories, which is very high and it continues to build.

With that, Madam Chair, this department, from our first budget of this 17<sup>th</sup> Legislative Assembly, 2012-2013, to the budget we're going to be looking at passing in this sitting has increased in the life of this Assembly almost \$57 million and that's an increase of 16.3 percent. Again, we see it here with an increase in this budget of \$14.9 million from last year. Under the direction of government, we were all supposed to go through a fiscal restraint policy and look at where we can see funding. However, like I said, we get residents that rely on our programs and services, and as a result, we're more reactive than proactive. We tend to put more money into these programs rather than looking at prevention and promotion, trying to keep people out of the health care system, and I think that's got to be another priority. I know some of the work that the Aboriginal health division is doing is taking that stance of looking at how do we do prevention and promotion in a better way, especially with the chronic disease management and care.

At the onset of the 17<sup>th</sup> Legislative Assembly, when we met with all the deputy ministers, one of the things that were highlighted was that our biggest cost driver within this government is mental health and addictions. I think every Member on this side of the House that has made general comments has mentioned mental health and addictions, and we're following the same Mental Health Act. I know there are discussion papers out there. I think it really needs to be the priority. If we want to cut down the cost in this area, the Mental Health Act needs to be a priority. It's a huge act. Since its ascension in 1987, it hasn't had any significant changes to it. It's good to see that we're going to be modernizing it and getting it up to date.

In terms of mental health and addictions, we have the on-the-land training program; we have Mental Health First Aid; we have those four contracts we do down south. What we don't have and what we need is the follow-up. When these people come out of the programs, we need a support system there that can contact these 12 people at any one time, or the ones that do come out of care and treatment, to see how they are doing, but not only the follow-up there but the support system while they're in treatment down south. In some cases we might get residents that go down to treatment and might be

into a culture that they might not even be used to. They might be going down for alcohol treatment but they might be with people who have stronger addictions. I think that's something that we need to look at and take into consideration. I'm looking at my time here and it's running short.

Some other concerns that I have is last week we talked with the Premier on Third-Party Accountability Framework, not-for-profit organizations that do work on behalf of government. This goes back to program duplication. We may be running programs. There might be some non-profit organizations that are running programs. Let them run the programs. Let's support them with the services and resources that we need. Why do we have to duplicate it and make things more complicated for residents?

With the time remaining that I have, the big one is the child and family resources. I think that, when I talked to child protection workers, one thing that they mentioned to me is that they need more money to do the work that they're doing, which is huge.

The other thing that I have a concern with is the Early Childhood Development Initiative. This is the department that really wanted to go ahead and take the lead on that with the more critical years of early childhood development between zero and three, two being the most critical of those years getting them ready for school, and we wanted this department to take the lead on that.

However, this department has been doing a great job on the Anti-Poverty Strategy and taking the lead on that. I commend them for that.

Chronic disease management is always a big one and oral health. Oral health and speech pathology go hand in hand. Every time we've gone through these operation budget practices or where we are approving the budget, oral health has always come up, and I know that's a challenge for the department to move forward on.

With the governance structure, early on at the beginning of this government, members from the Beaufort-Delta met with the then-Minister of Health to talk about creating an advisory council that would give suggestions, recommendations to our health authority in the Beaufort-Delta. We are going into the last few months and hopefully we'll even see it become a reality. So, it just kind of goes to show how our government works. It does take a long time and making the necessary amendments to certain legislation and bills.

I'm seeing if there's anything that I didn't forget here that I wanted to bring up. With that, I just want to make comments that, as a standing committee, we do go through all these action plans, all these reports, correspondence with a fine comb. We look at it in detail and look at how we can make the best

possible legislation, best possible programs for residents of the North.

Just for the record, I want to just state that in 2014-15 the standing committee did bring in four motions directly related to this department that were defeated. One was on oral health care, which is still a concern for many residents of the North. One is for the child and family resources programs and services which, like I said, I heard loud and clear from child protection workers that they need money. That was defeated in the tune of \$1.2 million. Another one for the Mental Health and Addictions Action Plan, which is our biggest cost driver. We tried to invest \$2 million to implement that plan; that got defeated. As we go through the budget, we'll see there has been an increase in that budget. The last one was for early childhood development, as I said the critical years for our youth and our children, in the tune of \$2 million to help with our employees that do those services or those people that do services on behalf of government. That was also defeated in the tune of \$2 million.

There are lots of concerns. Like I said, this is a complex government. I see that my time has run out. I don't really need a response. As we go into detail, I'll ask some more specific questions. I do commend the work that the department has done, working with committee, and commend the work that committee has done in getting to this budget as well. Thank you, Madam Chair.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Moses. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thanks, Madam Chair. I thank the Member for his comments. I'm not going to go into too much detail, just a couple points.

The Mental Health Act is a priority. We really wanted to get that done in the life of this government. But, as the Member said, it's huge. It's a big piece of legislation. It's an incredibly important piece of legislation. In addition to all the other pieces of legislation that are happening here in the government and all the other work that is being done, I don't believe we're going to be able to get it done. I know we're not going to be able to get it done in time to table in this session and probably won't be ready in the May/June session as well. But I still believe the work that's being done on that act needs to get out and people still need to see it. Recognizing that it probably won't be ready until after May/June, I'm hoping to table it in our fall sitting as a tabled document, which will allow people to look at it and review it over the election period, so that when we come back into the Assembly or, rather, when the 18<sup>th</sup> Assembly comes in, the Members of the 18<sup>th</sup> Assembly have a piece of legislation that is, for the most part, ready to go and could be ready for first, second and third reading early in the life of the next Assembly. I think

we all would have preferred to get it done, but just the amount of work that it's taking to get this legislation out there, given the huge amount of interest from people across the Northwest Territories, I don't believe it's going to be done.

The Member did talk about some of the motions that were defeated. We are making progress in many of those areas, in particular the oral health area. We've actually been able to attain some of the money from the Territorial Health Investment Fund that we're going to be able to utilize to develop a comprehensive oral health strategy, so we're making progress there.

We continue to move forward on ECB and supporting the family committees, healthy family programs in the communities. We're continuing to make progress there.

Even without additional money, the department has been incredibly creative and has been making progress in many of these areas just by living and working in an incredibly fiscally tight environment where there aren't a lot of financial resources available to chase new programs. We're looking at doing more with what we have and we're looking to utilize our dollars more effectively and for better results, rather than just increasing the dollars that we're spending.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Abernethy. General comments. Next on the list I have Mr. Nadli.

**MR. NADLI:** Thank you, Madam Chair. I want to make a couple of general comments. I wanted to begin by highlighting that one sector of the population is vulnerable as we consider them and that's the aging population of the elders that live throughout the NWT. Just having at least a perspective for where elders exist in communities. For the most part, they've lived a life, perhaps a long life, being accomplished in terms of a career, various work and various experiences. They have seen many changes. They've also, at the same time, seen their children grow up and now they're experiencing their grandchildren grow up. Those are the golden years. Those are the years that are supposed to be stress-free, comfortable life, almost sailing, I guess, in a wondrous state. But the reality is that we don't have a situation like that up north. The elders, for the most part, are living in communities in terms of trying to maintain their own home. Sometimes they're struggling with the cost of living. They're living on a fixed income. At the same time, the circumstances are that they have their grandchildren to take care of. It's just the way it is in communities.

I wanted to begin by saying that because I think that there has to be some attention drawn to that reality and we need to deal with it, whether it's at the local level, whether it's at the regional level or coming from headquarters, but it's a real issue that

I think has to be addressed throughout this department.

At the other spectrum of the population that's vulnerable are the sick people that remain in hospitals because we simply don't have the facilities. There could be a need for special care and we don't have it. The other option is we send them down south to be separated from their families or their siblings or their relatives, and we just don't have those specialized care facilities up here in the North. So we have to house them, perhaps in a hospital, and try to do the best we can. That's a challenge that we face.

There's still a need for us to try to maintain at least the basic services that we've been carrying this far. You know, the diabetes program, because diabetes is one area that really, for some reason, affects Northerners, especially First Nations people. Sadly, you see some people that lose their limbs because the awareness is not there or the services of care and prevention are not there. The reality is that some people are just simply in a circumstance where they find that they're at the end of the road and they have to take drastic measures like amputating, perhaps their limbs, because there's just neglect.

Other areas like mental health and addictions, it's sad that that whole issue still remains a big issue. It confronts us on a daily scale and it's a matter that we need to accept, it's a reality and we cannot deny that it exists. We can't live in denial. We have to admit that it's part of living, but at the same time it's a matter that we seriously have to try to address the best that we can.

An unfortunate reality, too, is that we don't have a treatment centre in existence and we're trying to come up with programs such as the on-the-land programs. We need to take steps to ensure that those are succeeding as best as we can.

Another area that I wanted to highlight is the Home Care Program. Why I say that is because we have an aging population where most elders want to remain in their community or their homes. I thought the Home Care Program at some point would see a mixture of local people that can qualify to work with elders through the health care system at the local level. At the same time, they also have perhaps a person from the outside, or local that decides to become a registered nurse, or a nurse practitioner that is well experienced. They can work with local people and operate as a unit and work within the community to provide health care services to the elderly and the sick people that make the choice to be home. If we could achieve that, then it's almost an effort of filling at least some parts of decentralization where we have a program that could be set up. You have local people, you have registered professionals or registered nurses that work with the local people and you're delivering a

program at the local level. For me, that's almost like an element of decentralization. I'm kind of disappointed that we haven't highlighted perhaps a program as much as we should and could.

In that same breath, too, with the onset of some new facilities and infrastructure in my riding, we still have this idea of trying to decide the fate of old infrastructure, like the old health care centre in Fort Providence needs to be decided. We don't know what's going to happen to that, but the bigger opportunity that I found was that from taking a perspective that we have a new building, you know, we're going to move out of the old building. What I thought would be interesting is trying to do things differently. One example is to enhance the Home Care Program, but the unfortunate signals right now are that the status quo is going to be the same. We're going to basically do the same as we've done for a long time and nothing is going to change. We'll just have a new building.

There are some remaining concerns that health care could be delivered in the smaller communities. There's been an effort in trying to deliver these programs where people live, especially elders, and there have been discussions in terms of trying to bring the health care services as close to the people as we can, and if it's in the small communities, we need to work with the local leadership in trying to make that possible.

There's been discussion in terms of governance in terms of perhaps moving to a centralized model of trying to amalgamate and try to pull things together. I see the rationale in terms of cost efficiencies through trying to make things more manageable, more economical, more financially frugal so that we have more resources. I think we need to be reminded, especially with a majority of First Nations that are on the receiving end of programs and services related to health, but the fundamental block in all of this is the fiduciary obligations of First Nations that do receive health care services from the government. The original relationship was between First Nations and the Government of Canada, and as responsibilities are taken on, there has been an effort to devolve responsibilities to territories, to provinces, and in this instance here in the North we have some First Nations groups trying to negotiate self-government regimes and models so that they can make decisions by themselves.

At the same time, and parallel to that, the system that we have is founded on that, that the fundamental relationship of First Nations and the Government of Canada has changed fundamentally so that those programs and services are delivered now by the GNWT. How that's going to change in terms of if we come to a centralized model of health delivery, I don't know, and perhaps that's something that you need to maybe discuss at some point and contemplate in terms of how it is that we

will try not to affect any constitutional obligations that we have to First Nations. Mahsi.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Nadli. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. The Member did start off by talking about an aging population. Once again, I appreciate the Member's comments.

We are doing a number of things. We do have Our Elders, Our Communities, and we're building on basically four major pillars within that document and we're developing action plans around each of those areas. One of them is home and community care, and I hear the Member's concerns and he doesn't feel that anything is changing. I will say that the facility that is being built in Providence today is a larger building than had been there previously and there's opportunity for expansion and growth. So it may not happen today, but that does not mean it's not going to happen. The facility has some room for further discussion.

The other areas that are pillars under this framework are palliative care; we're building some actions around that, the long-term care facilities development review, identifying where facilities need to be built in the future, as well as caregiver supports. So there are a number of things happening there and I do hear the Member's concerns about home care. We will talk to the authority and work with them to articulate some of the things that are being done around home care in the region.

The Member has talked a little bit about the one system, and just for clarity, this is not a centralized model. This is a territorial model including input from all regions, communities and also, to be clear, it's not about saving money. We've been very clear all along this is not about saving money. This is about improving care of all residents in the Northwest Territories. We do anticipate that there will be an opportunity to control spending and focus money where it needs to be, but it isn't about saving money, it is about improving care.

Just to be clear, health was transferred to the GNWT by the federal government in 1998, and what we're trying to do today is to improve the service that we have now, the services that are currently being delivered by the GNWT so that we can provide better results to our residents. Obviously, and absolutely, we respect that some First Nations may seek to negotiate other arrangements in the future, and this doesn't change that. This is about putting something in place today based on the fact that the GNWT currently has the responsibility and it does not hinder or change the ability for other Aboriginal governments to draw down some of those responsibilities in the future. It is not intended to create a structure that cannot happen in, but it is intended to create a structure

that meets the current needs of the residents of the Northwest Territories in the most efficient way and gives us the greatest degree of flexibility to meet the needs of all of our people. We will continue to have conversations with Aboriginal governments who wish to draw down those authorities and those responsibilities, and we will certainly work with them on that.

The old health centres. There are a number of them in the Northwest Territories. Once we move into our new facilities we will go through the process of analyzing whether we have any additional need for them, and if we don't we will be giving those facilities to Public Works and Services who will be doing their needs assessments on all those facilities and looking for ways to dispose of those facilities if no need is identified by Health and Social Services. They will be working with communities to explore all options for use of those facilities. I know the people of Fort Providence, the different governments in Fort Providence have approached the government already, indicating that they have some really creative ideas, and I know that Public Works and Services is certainly open to having discussions around those particular areas.

Diabetes. We're doing a number of things around diabetes as part of our chronic disease work. Projects like the NWT BETTER where it provides tools for doctors and nurses and patients to prevent chronic disease in areas like diabetes through lifestyle changes. We're also, and I've mentioned it in the House, I believe it was in the October session, that we're rolling out new approved clinical guidelines around diabetes which is new, and it's going to be an important tool for all health practitioners in the Northwest Territories when they're dealing with residents who may be at risk. We're making sure that all of our targeted programs are available to all Health and Social Services authorities across the Northwest Territories and we are establishing an effective territorial program which is part of the new strategic plan for the system.

There are a number of things going on in the areas that the Member has been talking about and we look forward to continuing to work with committee as we roll these out.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Minister Abernethy. For general comments, next on the list I have Mr. Bouchard.

**MR. BOUCHARD:** Thank you, Madam Chair. Most of the comments have been made. I guess I just wanted to make a few comments relative to Hay River. Obviously, we're excited about the new health centre coming on board this coming year. We're excited to see the Midwifery Program being implemented. One thing that's really helped me recently as an MLA is the system navigator and the go-to person to a lot of the issues that some of my

constituents have been having. It seems like we've been getting a lot of success that way. At least people getting contacted and being connected with the department. I'm not sure how the system works as far as dealing with individual people, but sometimes people feel like they've been left out or not communicated with, and through the system navigator it seems like we've been able to get responses to people right away. Maybe not exactly where they want to be on a list for surgery or a list of when they're going to get their special examinations or whatever, but at least they know exactly where they stand.

I know we've been working on a cancer navigator or looking at that. I think that's going forward. I think that's a way to deal with the public a lot more. I mean, that's probably a good percentage of our job in the fact that we see a lot of concerns from different people on the system and how they deal with them, especially ones that are from people from the communities feel like a lot of times they have to come to Yellowknife or to Edmonton and where they sit on the list and when that would be expected.

Those people that have been travelling, I've been hearing lots of good things about the two homes that we have in Yellowknife and in Edmonton. Even speaking to a constituent this afternoon, one constituent was pleased. He was just in Edmonton and he was very pleased with the service and responsiveness that he got while staying there. I've heard that several times, so I just wanted to pass that on to the department.

Several Members have talked about on-the-land programs, and we've heard this concern in Hay River. I'm just not sure if the department is waiting for a proponent to drive some of these programs or is the department going forward and looking for proponents in different regions. That would be a concern of mine. I'm not sure if we have a proponent in Hay River that would necessarily be taking an on-the-land program, but would the department be looking at ways of implementing that through somebody or through different organizations and bodies?

There have been quite a few people talking about the closure of the addictions facility on the Hay River Reserve. Obviously, we're concerned about that. A lot of people, when it did close, had an explanation from the department where it was but the department was looking for other opportunities for that facility. It's a beautiful facility. It's a great asset the GNWT owns, and we should be using that asset and getting that back into the inventory, and I'm assuming it's going to be in our health system to benefit that. I think Members have spoken, whether it's a diabetes clinic or mental health, that type of stuff. We need to use that asset

that we have on Nats'ejee K'eh to the maximum. For it to sit there empty is a complete waste.

Speaking of the mental health, we've been hearing issues recently in the Hay River area now that we're getting more successful identifying some of the problems that we have in our communities related to mental health, we're having wait-lists. We're having people having to wait a long period of time. Some of that is maybe because I'm not sure if we really have enough staff in that area or if we're not willing to pay overtime, but I mean, it's definitely an issue that's out there. If those wait times are getting longer and longer there are a lot of people that are in pain and suffering through this mental health stuff, so I think we need to address that where we're seeing long wait times in communities such as Hay River.

I know we've talked with the Minister and I know the Minister has been to Hay River to talk about the one health authority. Obviously, we have some strong interest in that. I think we want to see some representation from the region and from different people other than just one individual, our public administrator, who is doing a good job, but I think the community wants to be able to contact several people or get kind of a group or a regional concept of what we want to do with our authority. I think that part of it is very positive. Obviously, the big question mark is how do we plan to move forward with the Hay River Health Authority and its staff obviously protecting their interests but also being able to create this one authority, and obviously the staff not being GNWT is an issue going forward. I think the Minister is well aware of that, and we need to assess the complete cost to that.

Those are my main issues with the Department of Health right now, and I'll leave it at that.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Bouchard. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. Thanks to the Member for his comments. I too am very excited about the opening of the Hay River hospital. I know that the Members did have an opportunity to tour that facility last summer and got to see the size and the scope of that particular building and the amazing things that are going to be going on there, including midwifery, in Hay River. We will be able to support births. I believe we might even have some births anticipated for this month. That's fantastic news that we've been able to make that progress.

I really appreciate the Member's comments on the system navigator. We've been getting a lot of really positive comments and feedback from residents from across the territory who have had the opportunity to benefit from the support from the system navigator and we are very excited about that particular position.

The cancer care coordinator position that is being developed is actually currently out for competition and we're hoping that it will be filled soon. We thought we had been there a couple times. We thought we had it filled a couple times and then staffing issues have gotten in the way. It's kind of frustrating but we believe we're going to get it staffed soon.

On-the-land programming, we've actually been going to different Aboriginal governments and organizations in the Northwest Territories seeking their input and asking them to get engaged. We've had pretty much all the Aboriginal governments here in the Northwest Territories engaged. In the South Slave we contacted, for example, the Dehcho and the Metis Nation.

Nats'ejee K'eh, you're right; sitting empty is a waste. Tomorrow and Thursday Chief Fabian is holding a conference in that facility to start identifying some of the things they'd like to do and what other ideas might exist for that facility. We're really looking forward to their feedback, once they get out of there. We've had some ideas in the past, but at the end of the day we want to make sure that we're cooperating and working with Chief Fabian and K'atlodeeche. We're really looking forward to seeing what they have to say.

Mental health wait times, I'd love to talk to the Member about that, maybe not in this particular setting because it's not something that I'm actually aware that there's mental health waiting lists in Hay River. I'd like to get a little bit more detail and try to understand what's going on there a little bit, so maybe the Member and I can have a conversation afterwards.

With the health transformation, and I've said it once and I'm happy to say it again, once the legislation passes, recognizing that we want to make sure that we continue to get input from people as we move forward, our intent is to put in interim wellness committees in the communities, including Hay River, so that it won't be just a public administrator, and when the system goes live in 2016, at that point official committees will be established. We're hoping to have some interim committees in the life of this government, assuming that the legislation passes, and then we are intending to have the official committees, including a wellness committee in Hay River, established in April 2016.

I hear the Member loud and clear and I heard the residents of Hay River loud and clear and I heard the staff of the Hay River Health and Social Services Authority loud and clear. There's real interest for them to come into the public service, but we need to make sure we do it right. As we have done with all other governments, as we've transitioned them into the GNWT, we are going to work closely with their bargaining unit. We're going to work closely with the Hay River Health and

Social Services Authority. We're also going to work really closely with superann to ensure that, when we're ready to bring them over, we have a full idea of what the costs are going to be, the full cost implications and the staff are aware clearly of what the benefits and challenges of coming into this system are. We want to make sure that everybody is informed and is part of the solution as we move forward. Thank you, Madam Chair.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Abernethy. Department of Health and Social Services, general comments. Mr. Hawkins.

**MR. HAWKINS:** Thank you, Madam Chair. I just want to touch on a few subjects, a little bit of repeat from my other colleagues, but I do think it's important to further lend strength and emphasize in certain areas. I'll certainly bounce around here on a few subjects.

One of the issues I've raised repeatedly over the years is a seniors charter. I have yet to see any development of it. I had the former Minister express an interest in it, and I certainly hope the department eventually finds time in something like this. We always seem to talk the talk about how important our seniors are, and many of our health benefits are geared towards ensuring they're targeted to a quality of life for our seniors in their golden years. I would certainly stand with anyone and certainly stand against any decriers of saying that the Northwest Territories doesn't offer some of the best benefits, but I would say that the problem with offering good benefits is somebody always wants more, and the challenge, of course, of meeting those needs is always high. We conversely know that we put such a high priority on our seniors' care, physical and mental well-being that it is an important value. What we offer today I think needs to not only be matched but superseded because we do care and we're the type of jurisdiction that puts it as the highest priority.

I, like my other colleagues, wanted to sort of emphasize a little further on the options for treatment programs here in the Northwest Territories. I look forward to the day of hearing that we're going to find a residential treatment program up and running. I've watched people, even as of recently, deal with their struggles and knowing that their options of fighting for weeks on end, months on end of trying to be stable enough so they can be sent out and wait for that opportunity. It's really disheartening in watching this. I know there is no magic wand. If there was, it would be certainly worth a fortune by all means. It would certainly change the face of addictions the way it is. I know it's a real struggle, watching people with these things. It's just day in and day out. I have yet to meet a single person who ever said they wanted this. It's such a terrible burden of these addictions where it is what keeps people down and moving

forward. I don't necessarily feel that the government pays enough attention to it. On the street you would ask people to talk on three or four issues in the Northwest Territories and it's always up there as one of the most important issues of the day, yet I know things happen behind the scenes. I'll be clear about that. I do know that, but it is still one of the absolute most important problems in the North, and yet, as I said, we don't have a residential treatment program for addictions. I think that that's something that we have to strive towards.

During the letting of the most recent medevac contract just prior to officially becoming implemented, I would say that one of the issues I was trying to raise about is the programming that they now offer in the new contract which is called CAMTS. It has really added financially, this particular program. I really wish the MLAs could have been in the early stages of the discussion with it. Even the director of the medical care at the Edmonton medevac facility felt it was asking a little much. It was very difficult for them at their location, which houses STARS air ambulance and is the receiver of all these medevacs to the Edmonton area. They felt it was an impossible challenge even for them to keep the credentials on a day in and day out basis. Our jurisdiction, which really I think mathematically, if I may define it this way, has approximately a medevac a day. I know it's not exactly like that, but to illustrate the purpose, they felt that it was very small in comparison to the need of it and would add significantly to the costs to the medevac contract.

It's easy to say we want the best care for all of our loved ones, and of course, when it's your loved one, we always want the absolute best care. But we always have to say that if this is where we're going, what next? We should be flying full C-130s fully loaded with doctors and nurses and medical equipment? I mean, where does it end? That's the problem. I just worry that it's a little sort of the old proverbial horse has left the barn situation here. To my knowledge, there was no early discussion before the contract went out for RFP. The only time we could raise it was during it, which the Minister didn't want to talk about it, and I understand why he didn't. I understand I'm not fooled by the engagement of the Fairness Commissioner. I'm prepared or don't want to waste his time by saying I know what you're going to say by saying you didn't do it, couldn't talk about. But I do say that it does add a fair bit of expense to the larger portion of the program.

Now, Mr. Chair, I see we've done some seat shuffling. We talk about how important the Mental Health Act is. It's not to be treated as criticism that people are to be offended by, but it's funny how much time we all keep saying that it's so important. If it's that important, why aren't the resources being put towards it? I hear from almost every single

Member how important the Mental Health Act is. I hear it in the public. I was in Fort Smith talking to somebody; I was in Hay River talking to somebody not that long ago; I talked to somebody in one of the other communities about it. Everyone seems to know how important this act is and the update. I've worked with, sort of, in some ways or in other various ways, some families presently going through the challenges through these problems associated with the lack of power, lack of direction, lack of innovation in the current act. I think the staff at Stanton Hospital has done an incredible job on working with what they've got, but the challenges before them of working with the current act is that it lacks the ability to do the things we need to do. The problem that really becomes extremely frustrating is that everybody seems to know what the problems are, and I just wish we wouldn't talk about how big the act is or how many few days left we have in the Assembly or, oh, it will be the next transition document. It's these types of things that really define a legacy of work done or work not done. As I said in the beginning, it's not to be treated as a criticism, but I really wish the resources were asked for. I don't see anyone stopping any of those dollars being forwarded or supported in any way. Is it a matter of hiring another writer? Is it a legislative writer or those types of things? I don't know anybody who wouldn't support that. If somebody just spent 10 minutes with one of these families, and I have, to talk about the challenges these families have with the current act, you'd be certainly hard pressed not to feel terrible about the way the situation presently is.

To add insult to injury, if that wasn't enough, I wish we had stabilized psychiatric care at our hospital, I wish we had more care, I wish we didn't have to use locums, I wish we could find a way. I'm not sure what the right way is. I can tell you what I think needs to be done, but often we hear we can't hire anyone so we have to hire locums that come in and out and learn about the patient every time they come in, then the new doctor comes in and adjusts the medication, modifies it and then it's back to re-introducing the problem, getting to know folks, trusting folks. It's a real stress point for the families and I really do try to imagine for the person who needs the help.

I am reminded of a recent case of a particular family and the RCMP picked up this family member because of an incident. I was very thankful, certainly the family was very thankful, the fact that the RCMP recognized that this person's issue had more to do with mental health and ability than it was a legal problem and they should be dropped off at the RCMP station, press charges, et cetera, and how the story goes. I would say to the RCMP, I appreciate that we do have members out there recognizing that, but the system itself is bound by certain problems.

I see my time is grinding away very fast. It's funny how fast it goes when you're on the clock and how slow it goes when you are listening to somebody else. I am going to use every second of it up. No time unused.

I would certainly like to go back and point out that I have often heard about on-the-land programs. I have yet to see the details of how those work in a positive way. It's really designed, certainly in talking to people about spiritual health and mental wellness, but it's really not for folks with addictions.

I will end with that and by just saying I don't think we can do enough with addictions, enough in the sense of enough resources. I would certainly support more work towards the Mental Health Act and any way to get that done. Mr. Chairman, my time is up but I just wanted to emphasize how important those two particular subjects are to me. Thank you.

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

**HON. GLEN ABERNETHY:** Thanks, Mr. Chair. Thank you to the Member for his comments. I have to say I'm not exactly sure what the Member is talking about when he refers to a seniors charter. Maybe after sitting today we could get together and he can explain to me what specifically he is referring to. I remember a lot, but clearly I can't remember everything so I'm not 100 percent sure what he's talking about.

I do agree with the Member that there's a lot of good work being done around elders and seniors and I do agree that more needs to be done, as well, which is why we are working on a number of those strategies that I articulated previously and we are going to continue to do that work.

We have a really good relationship right now with the NWT Seniors' Society and the other NWT-based seniors' societies. We are meeting with them on a regular basis, or as much as we can to make sure they are included and involved in any of the work we are doing and offering insight from their perspective, which I think is critical.

The Member talked about the frustration that individuals are having around long delays in getting them into residential care for addictions. I'm sure it's true, but I do find that rather frustrating because we have gone to a 24-hour referral process and we can actually get individuals referred into treatment within 24 hours. So I would strongly encourage the Member if he knows people who are having some real problems there, we can refer them to the system navigator. They can go to you or a health practitioner. If they go to a health practitioner, that health care practitioner can make a referral to the territorial director and we can have a turnaround time in 24 hours. We have seen some fantastic success in this and I will acknowledge that not

everybody seems to be aware that we have made that change. We have tried to tell people and tried to get that information out there. I am going to continue to say it, and I strongly encourage all of you to say it to your constituents and residents, so that we can get rid of this delay that individuals are experiencing and get them where they need to be. Right now we have contracts with four residential treatment programs that have a huge range and variety of programs within each of them that are really giving quality results to our residents of the Northwest Territories. So, please, let's all work together to make sure that our residents know about this referral process. If they are having difficulties, let's get them referred to the system navigator who can help them work through the system.

The medevac program, CAMTS, it stands for Commission on Accreditation on Medical Transport Systems. Although there was a significant cost to the air ambulance services, we are confident that the CAMTS is actually in minor financial impact on the overall contract. CAMTS itself did not result in a significant cost increase.

I will say, and I met with the individuals in Edmonton who are running the facility at the Edmonton International Airport. I did have a conversation with them around CAMTS. They did indicate that they don't use CAMTS, but they did say that for a jurisdiction like us that is smaller, it is a reasonable, accredited national program that would be appropriate for a government our size. In fact, Alberta was part of our screening and evaluation committee and they strongly recommended CAMTS. As part of the assessment team, we did have a lot of confidence in their history, in their knowledge and their ability to direct us, a small jurisdiction, to an accreditation program that ensured the safety of our residents who happen to be using air ambulance services. So, we're comfortable with CAMTS. We believe that it's given us some certainty around the services being provided, and the successful proponent was able to meet those conditions.

The Mental Health Act, I agree. I sure would have loved to have seen this act done in the life of this government, but it is a huge amount of work. I know the Member doesn't want me to say it again, but it is a huge amount of work. It's essentially a new act. The old act was so outdated and so no longer effective, it is not effective.

We had extensive feedback from the consultation process, and we also received a significant amount of input from the Standing Committee on Social Programs that clearly has a strong passion for this piece of legislation and also wants to see it. We have a team on this constantly, trying to ensure that every piece of input that was provided to us is analyzed and considered fully. But recognizing that



it is essentially a new act and that we do have a set number of days, we have to have the legislation done in time so it can go through a 120-day process. In order to do it right, to make sure that we get the legislation that truly will benefit the residents of the Northwest Territories, we don't feel we're going to be able to have it done in the May/June session, which is why I intend to table it in the fall session so that at least it's out there – because it will be done long before then – so that residents of the Northwest Territories can begin looking at it and discussing it, which will only help enhance that piece of legislation moving into the life of the 18<sup>th</sup> Assembly. I'm optimistic that we'll continue to get strong feedback. But I, like the Member, want to see this done and it needs to be done, and the sooner we can get it done, the better. But recognizing the realities of time and the amount of input that was provided, we're not going to have it done for May/June.

I totally agree with the Member on stabilized psychiatric care. Absolutely, we struggle. We know that there are pressures and we're constantly looking for ways to recruit and retain in that area and continue to enhance those services. But we continue to have relatively high turnover. We're always looking for some thoughts and advice on how to improve this area, and we're open to any opportunity within our fiscal reality.

On-the-land programs, the Member talked about evidence. A lot of the on-the-land programs are based on community wisdom. There's a lot of Canadian literature that supports these types of on-the-land programs for improved mental health. For example, Australian literature supports improved physical as well as mental health through the use of on-the-land programs.

To answer the Member's long-term question about are we getting benefit, we are actually developing evaluation programs for these on-the-land programs to make sure that we can monitor them and evaluate them and have long-term data that can come to this House to help us make informed decisions on how to continue to evolve and improve on-the-land programs in the future. Thank you, Mr. Chairman.

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

**MR. HAWKINS:** Thanks, Mr. Chairman. I won't spend more than, say, two minutes. I just wanted to make sure I mentioned something about naturopaths and I would certainly like to see further development of that. Maybe the Minister can speak to that.

The other two subjects are midwifery. I'm glad to see it's expanding through the Northwest Territories and I will certainly agree that any support that could happen and we can be part of, I'd like to see that. But I also think there's a glaring gap in the capital

region on the need of that particular program, and I certainly wouldn't mind just hearing a quick snapshot of where that path will go.

The last area I just wanted to make sure I got on the record, I guess I probably won't do the page-by-page on these particular questions, is that children with disabilities, often diagnosing some of the disabilities usually has to wait. In some cases parents will tell me it's through the school and education system. They get the school to help identify it and send to through the right path or coordinator to help identify these things. Everybody will say – and they're right – that early diagnosis can help to good stabilization, growing correct pathways and helping people. A good example of that is early diagnosis of autism, for example, and to better treatment. There is speech and language and other opportunities. I mean, it just goes on and on, early diagnosis.

Like I said, I just wanted to get those three areas on the record quickly, but if the Minister could speak to those three particular areas of concern and interest that I have, I would appreciate it very much. Thank you.

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

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. It's already had its second reading and it's in front of committee, is the Health Professions Act. The Health Professions Act will give us the ability to create regulations to basically licence health professionals like naturopaths in the Northwest Territories. We have four priorities in that area. Recognizing how increasingly popular naturopaths are, naturopaths are actually fourth on the list. I put on the list for something to be done with the other three immediately after the legislation passes.

It will take a while once the legislation passes and is concluded, but we have been talking to the naturopaths and they are aware that the work is being done, and we will certainly be engaging them as we create regulation around that.

Midwives, there are two midwife positions in Fort Smith, two midwife positions in Hay River. We're excited because there will actually be some births in Hay River as a result of a midwifery support program. The current budget calls for a Midwifery Program to begin rolling out in Beaufort-Delta in '15-16, but I've written a letter to committee, seeking some advice and guidance and possibly going to a territorial program first, rather than going with Inuvik. Realities on the needs from midwives in Beaufort-Delta has changed since we originally came up with the plan to go there, so we're looking at a territorial program possibly based out of Yellowknife but would also provide midwifery services in Yellowknife. We want to do that planning in '15-16.

The children with disabilities, I agree with the Member, obviously, with any condition, not just disabilities. But early diagnosis is always going to give us better results. So, we're constantly working with different professionals to create opportunities or create tools that will help do early diagnosis. We do have to rely an awful lot on some of the work that's being done in southern jurisdictions where they have more money and more expertise that we can rely on, so we tend to work with a number of southern jurisdictions on those.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Abernethy. I have nobody else on the list. Is it agreed to go to detail?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bouchard):** We'll defer the department summary on page 183. Page 184, Department of Health and Social Services, revenue summary. Questions? Mr. Dolyunny.

**MR. DOLYNNY:** Thank you, Mr. Chair. Just a couple quick questions on this activity on the revenue. As the Minister is aware, we're currently doing the Health and Social Services Professions Act. This act is currently in committee and I'm sure will be coming back to the House. That said, with the potential regulation of a number of new professions that will be affected in this fiscal year, I'm surprised to see that the amount of professional licensing fees has remained the same from the revised of last year to this year.

Does the department not consider the fact that there will be a lift in registration fees when that act passes? Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Dolyunny. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. When and if the legislation passes, we'll begin the process of actually creating the regulations which will allow us to license those professions. The numbers of professions, actually, individuals who fall into these professions is quite low, so there may be an increase but there won't be a significant increase in the 2015-2016 fiscal year. We might start to see slightly larger numbers in years after that, once it's actually been in place for an entire year. There may be a small increase, but the licensing fees are not huge either. There may be a slight increase and there's room for adjustment once we have a better take on what those might be.

**MR. DOLYNNY:** I would agree; the numbers in question are not huge. We're talking about \$180,000, but it's the principle behind it. The fact that even when the act, hopefully, that will pass in the House and the regulations to follow soon after, they will probably – and again, I don't have the numbers in front of me – be at least 50 to 70 health professionals that are affected by that legislation to which it will have a fee anywhere from \$200 to

\$500. Again, it would happen, I would assume, during this calendar year. I'll refrain from beating that one down a little bit more and I'll definitely ask those questions later on when we review the budget cycle again.

With respect to the reciprocal billing, the two line entries that we have on this activity, both of them are for medical services for both hospital services and specialist physician services for Nunavut. There are about, collectively, it looks like about \$12.8 million. If memory serves me right, they're in the public accounts. There was a bit of an issue with respect to this amount of money always being in escrow, which means that we're always waiting for the Government of Nunavut to pay its bill. What has the department done to bring the payment program in line so that this government here is not carrying services, paying for services, and then we're waiting for 60, 90 days, 180 days for money? What is the department doing to mitigate that?

**HON. GLEN ABERNETHY:** I remember in the 16<sup>th</sup> Assembly there were a lot of questions around this, and at that time we didn't have solid agreements with Nunavut on what the actual costs are being, but we do have solid reciprocal billing agreements with Nunavut which clearly articulate the cost of the services and which services there are costs associated with, and we do collect the money. There are some delays. For instance, Stanton is behind about five months at this time on billings, and this is often as a result of capacity within Stanton. Receivables at year end are for services in that year to Nunavut and some of which are not invoiced to the end of the year, so there are some times where it's a little late because we bill right to the end of the year and then we have to send invoices which are usually after the end of the year. There are a few delays, but we do collect the dollars that are owed to us. Some of the situations where money was outstanding, that was a number of years ago before these reciprocal billing agreements were really hard and fast and we had worked out some of these issues with Nunavut, but we do get the money.

**MR. DOLYNNY:** We do get the money. That's a clearly broad response to a question which I believe needs some due consideration. If we've just heard correctly, if we're five months behind in billing on a rolling average of money, again, I'm not going to do all the math here, but I know if it is around \$7 million and if that rolling average is five months, I would venture to say that the amount of interest that we're being held accountable with the taxpayers having to leverage, would be around \$350,000. It becomes a significant amount of money over the course of the year if the taxpayer of the NWT is required to finance reciprocal billing that's that far in arrears.

Again, to the question, what is the average billing time? Is it five months now or are we making headway of maybe collecting these monies within a 30 or 60 day period?

**HON. GLEN ABERNETHY:** We have a year to actually bill. We don't actually have to send the bills until a year has expired, but they have to go within that year. As far as the amount of times, 30, 60, 90 days it's taking Nunavut to pay us, I can get the department to look into that and get that answer back to you.

**MR. DOLYNNY:** I'd appreciate if we can get that level of detail. Again, interest compounded daily, monthly, yearly adds up, especially when you're dealing with potentially over \$11 million, \$12 million. Again, public accounts has shown us that that rolling average went down for a couple years and now it's back up there. Again, I think it was around \$7 million. I encourage the department to keep a handle on that because that's a cost. It's a cost we don't talk about. It's a cost that's a burden to the taxpayer.

To the question, though, in terms of zero-based budgeting and looking at forecasting for the 2015-16 Main Estimates, I notice that for all reciprocal billings except for the specialist physicians in Nunavut have remained the same. It's the same as the revised estimates of 2014. More importantly, they're all zeros. They're all averaged up to a whole number, which I find that odd if we're doing a budget purpose that we wouldn't have the actual revised estimates as a whole number like that. Can we get some explanation why we're just seeing literally, really, a rounded up number when really we should be, especially for revised estimates, we should be seeing some decimal points, some dollars and cents there rather than a very wholesome number.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Dolyunny. I'll go to Ms. Mathison.

**MS. MATHISON:** Thank you, Mr. Chair. The Member will notice that between '14-15 opening mains and '14-15 revised mains there was an increase to the budget, and that was based on additional non-residents accessing our system that we, based on our tracking of the financials during the year, recognized that there was going to be additional revenue coming in there. Because there are fluctuations in residents accessing the system, we don't necessarily have the ability to forecast who is going to be accessing in future years, so we based the '15-16 Main Estimates on what we were seeing in '14-15. Yes, they are estimates for whole numbers because we can't get more precise than that, really, without clear estimates.

**MR. DOLYNNY:** That's fair. I needed to ask that question because it does stand out a little bit more bluntly than some of the other numbers that we have in this budget. With that, no further questions.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Dolyunny. Committee, we're on page 184, revenue summary, information item. Questions?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bouchard):** Page 185, active position summary. Questions?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bouchard):** Page 186, active position summary. Questions?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bouchard):** Page 189, administrative and supportive services, operations expenditure summary, \$82.464 million. Mr. Dolyunny.

**MR. DOLYNNY:** Thank you, Mr. Chair. As was eloquently just spoken by some of my colleagues, there are a number of initiatives on the go here in the Northwest Territories within this department. A lot of them have to do with legislative framework, and I just want to mention some of these here.

As I said earlier, we have the Health and Social Services Professions Act. We've got changes to the Child and Family Services Act. We've got the Mental Health Act, which is pending. We've got a Human Tissue Donation Act, which might have some dollars attached to it potentially during this year. We have, potentially, a Pharmacy Act that we haven't seen yet that might have some dollars attached. We've got the Health Information Act with respect to privacy and a plan that might be underway. We know that there are changes to the ground and ambulance and highway plan, and we've got French language services that is an action plan that we have.

That's not the whole list, but it's a small list. Yet in this category, being a directorate, I'm looking at we're putting very little provisions in place for a lot of these one-time costs that might be attributed to a lot of these initiatives. To the question, I know there is some growth here, but as I said, the list is fairly extensive. How is the department and how is the Minister going to deal with a lot of these one-time costs up for this upcoming year which clearly will be well beyond the budget that we have before us? Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Dolyunny. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. In this area, the areas of significant growth are as a result of the French language services, around \$1.1 million, and there's also some growth around the Information System Services Centre. A lot of those costs in the Information Services Centre, there are about \$1.5 million of one-time costs and that's actually built into the budget.

The other areas that the Member is talking about, we have provisions for the work that's being done. A lot of the work that's being done is being done by staff, which is covered by staff dollars. The other one-time costs, some of them may not actually occur in this fiscal year; some may be pushed off to next fiscal year. But with the budget we have in front of you, I believe we are in a position to move forward on the initiatives that were identified. One or two of those initiatives aren't actually occurring in this fiscal year, but the work to get us to the position where they might be rolled out will be.

**CHAIRMAN (Mr. Bouchard):** Thank you. Mr. Abernethy, did you have anything to add? Committee, I'm just going to call a three-minute break here and I'll be right back. Thanks.

---SHORT RECESS

**CHAIRMAN (Mr. Bouchard):** Thank you, committee. We'll resume and I'll go back to Mr. Dolynny.

**MR. DOLYNNY:** Thank you, Mr. Chair. I appreciate the Minister's response. I'm still a little bit concerned with all of these initiatives we have. Although the French language one is dealt with in this activity, as you heard, we have a lot of initiatives that are on the go and we'll talk about them more in the programs. But because we're talking about directorate, I'm feeling that the department here is going to be a little shy on delivering at a high level, from what they expect to, without the monies being brought forward.

With that said, the only other question I have on this activity is under the systems support. We see a substantial increase this year, about \$2.5 million over last year. If I can just get a little bit more detail. What exactly is the increase for? Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Dolynny. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. The significant increase here is the service centre where the increase is around \$2 million. Then there are also some other increases, Microsoft licensing for \$1.12 million and licensing and maintenance, the inflation we experience on our health programs. So those are the main areas for increase in that particular line.

**MR. DOLYNNY:** I don't think I have any more questions on this activity. Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Dolynny. Next I have Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chair. I move we report progress.

---Carried

**CHAIRMAN (Mr. Bouchard):** I will rise and report progress. Thank you, Minister Abernethy. Thank you, deputy minister and director. Sergeant-at-

Arms, please escort the witnesses out of the Chamber.

**MR. SPEAKER:** Can I have the report of Committee of the Whole, Mr. Bouchard?

### Report of Committee of the Whole

**MR. BOUCHARD:** Thank you, Mr. Speaker. Your committee has been considering Tabled Document 188-17(5), NWT Main Estimates 2015-2016, and would like to report progress. Mr. Speaker, I move that the report of Committee of the Whole be concurred with. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you. Do we have a seconder to the motion? Mr. Nadli.

---Carried

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

### Orders of the Day

**CLERK OF THE HOUSE (Mr. Mercer):** Orders of the day for Wednesday, February 18, 2015, at 1:30 p.m.:

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Recognition of Visitors in the Gallery
6. Acknowledgements
7. Oral Questions
8. Written Questions
9. Returns to Written Questions
10. Replies to Opening Address
11. Replies to Budget Address
12. Petitions
13. Reports of Standing and Special Committees
14. Reports of Committees on the Review of Bills
15. Tabling of Documents
16. Notices of Motion
17. Notices of Motion for First Reading of Bills
18. Motions
19. First Reading of Bills
  - Bill 45, An Act to Amend the Workers' Compensation Act
20. Second Reading of Bills
21. Consideration in Committee of the Whole of Bills and Other Matters
  - Bill 38, An Act to Amend the Jury Act

- Bill 41, An Act to Amend the Partnership Act
- Committee Report 10-17(5), Standing Committee on Government Operations Report on the Review of the 2013-2014 Annual Report of the Information and Privacy Commissioner of the Northwest Territories
- Tabled Document 188-17(5), NWT Main Estimates 2015-2016

22. Report of Committee of the Whole

23. Third Reading of Bills

24. Orders of the Day

**MR. SPEAKER:** Thank you, Mr. Clerk. Accordingly, this House stands adjourned until Wednesday, February 18<sup>th</sup>, at 1:30 p.m.

---ADJOURNMENT

The House adjourned at 5:54 p.m.

