

**Whitehorse, Yukon**  
**Wednesday, December 12, 2007 -- 1:00 p.m.**

**Speaker:** I will now call the House to order. We will proceed at this time with prayers.

*Prayers*

**DAILY ROUTINE**

**Speaker:** We will proceed at this time with the Order Paper.

Tributes.

Introduction of visitors.

Are there any returns or documents for tabling?

**TABLING RETURNS AND DOCUMENTS**

**Hon. Mr. Kenyon:** I have for tabling today the *Yukon State of the Environment Interim Report*, dated 2004.

**Hon. Mr. Lang:** Mr. Speaker, I have for tabling the contracting summary report for Yukon government departments from April 1, 2006 to March 31, 2007.

**Hon. Ms. Taylor:** Mr. Speaker, I have for tabling the 2006-07 annual report for the Yukon Heritage Resources Board.

**Mr. Edzerza:** Mr. Speaker, I have for tabling a letter to the Minister of Health and Social Services.

**Mr. Hardy:** Mr. Speaker, I have a letter addressed to the Prime Minister of Canada for tabling, signed by the leader of the NDP caucus and the Leader of the Official Opposition.

**Speaker:** Are there any further documents for tabling?

Reports of committees.

Petitions.

Bills to be introduced.

Notices of motion.

**NOTICES OF MOTION**

**Mr. McRobb:** I give notice of the following motion:

THAT this House urges the Yukon government to live up to promises it has made to the territory's electrical consumers by promptly issuing each customer an energy credit in the amount of \$200 for 2007, as well as undertaking to issue an energy credit of \$400 for 2008 in order to compensate for the Yukon Party government's cancellation of the rate stabilization fund and the delay of one full year until the anticipated power rate decreases.

**Mr. Fairclough:** I give notice of the following motion:  
 THAT this House urges the Yukon government to consult with Yukoners and meet with the Yukon College Board of Governors to resolve the issue of endowment lands for the college that

(a) ensures that Yukon College has adequate land base resources to accommodate any future expansion that it may undertake; and

(b) ensures that the remaining lands reflect the needs and best interests of the community.

**Mr. Cardiff:** I give notice of the following motion:

THAT this House urges the Yukon government to review the utilization of the young offenders facility with the following points to be considered:

- (1) determining if it is meeting the department's objectives;
- (2) examining other uses that it could provide; and
- (3) making economical use of government facilities.

**Speaker:** Are there any further notices of motion?

Is there a ministerial statement?

This then brings us to Question Period.

**QUESTION PERIOD**

**Question re: Yukon College endowment lands**

**Mr. Fairclough:** I have a question for the Minister of Education. The Yukon Party platform states: "Promote consensus building, collaboration and compromise rather than confrontation in government..."

Yesterday, Yukon College issued a news release regarding a stalemate with the minister over the college endowment lands. In 2005, the government promised the land to three different groups and for three different uses: a park, Yukon College endowment lands and the city for residential development. In 2007, it drew up a plan without proper consultation with stakeholders.

How can the minister justify the lack of consultation with the Yukon College Board of Governors?

**Hon. Mr. Lang:** We had a motion on the floor here that was directed by the then Liberal Party on how we would handle the consultation process for the land at McIntyre Creek. We did exactly that. We had a very lengthy consultation process. It took over 24 months. It involved not only the stakeholders -- the college, Department of Education, public meetings in the community. It also took into consideration the environment and took into consideration the industrial user, which is Yukon Electrical. All those people were consulted and out of that came a decision.

**Mr. Fairclough:** Well, they forgot to talk to the Yukon College Board of Governors. Now, the Yukon Party, in its election platform, stated: "Imagine Tomorrow: Building Yukon's Future Together -- A Clear Vision for a Bright Future".

How has this government shown any vision for Yukon's future post-secondary needs by not living up to the promises made to the college? How can this government state: "We are very proud of this northern institution. We in the department do work very closely with the college. It is, after all, our only post-secondary institution in the territory, and we work to ensure that it responds to needs throughout the territory." Mr. Speaker, it shows a lack of respect to the college.

Can the minister inform us when he will be meeting with the board to discuss the endowment lands?

**Hon. Mr. Rouble:** The member opposite has brought up a good point, and that is: how is this government working with Yukon College?

I would just like to remind members of this Assembly of the over \$1-million increase in base funding that has been provided to Yukon College, the efforts with Yukon College on the creation of the new student residence that is there, and the funding that has been provided to the college for their pension shortfall.

When this government took office, early on in our mandate the government was providing about \$14 million a year in funding to the college. Including the base funding, the capital grant and other initiatives for increasing skills and trades training, this year we're seeing an investment of over \$17.5 million.

We're working with the college and working with them on their strategic plan and will continue to work with them on how to make Yukon College the best educational institution for Yukoners now and into the future.

**Mr. Fairclough:** They didn't consult with them on the endowment lands. That was clear in the press release that came out from the Yukon College Board of Governors. This Yukon Party is breaking their promises and showing a lack of respect for the consultation process. The government is also indicating that, contrary to their platform, higher education is not a priority for this government. When will the minister resolve this issue with the Yukon College Board of Governors and settle the endowment lands issue once and for all? Can anybody answer that?

**Hon. Mr. Lang:** We have done that. We have had our consultation. We have had 24 months of consultation with Yukon College, the Department of Education, Yukon Electrical Company Limited, the affected First Nations, the community, the environmental community. All that consultation has taken place. It has been done over a 24- to 36-month period -- a very thorough overview of that area. The college question has been answered.

I remind members that the Department of Education owns the land that the college sits on. It's a government asset. They have 90-some acres set aside for further expansion of that facility. We have done all the consultation with all the stakeholders. The college was only one of many individual groups that we consulted. We came up with a master plan that was acceptable to the individuals who were consulted.

#### **Question re: Porter Creek land designation**

**Mr. Inverarity:** Mr. Speaker, in the fall of 2005, this government was caught in a mess of its own making. The government had promised the same piece of land in Porter Creek to three different groups. After a public outcry, the government finally agreed to what it should have done in the first place, which is to consult with the people who would be most affected by the government's plans.

Now it is the fall of 2007, and the public outcry is growing again, and the government is once again caught up in a mess of its own making. Why? Because this government didn't listen to the people and listen to what they said. The government finalized the land use plan for the Porter Creek area without asking the residents or the stakeholders if the plan was acceptable.

Will the government finish the consultation process and ask Yukoners if their development plan is really what the public wants?

**Hon. Mr. Lang:** Mr. Speaker, that's what we did, and we had public meetings in the communities to show the master plan and how it would unfold. So the member opposite is wrong.

There was total consultation on every level and at every step of this final plan. This was done in concert with all stakeholders, Mr. Speaker, and we did it over a 24- to 36-month period -- a very long consultation period.

By the way, the motion was put on the floor here by the Liberal Party of the day on how that consultation should take place, and we followed it to the letter of the law. We've done it. The job is done. Let's move forward.

**Mr. Inverarity:** We haven't finished the process. Mr. Speaker, let me make this as clear as possible. This government consulted with the residents and stakeholders about the land use in Porter Creek and then didn't listen to what the people had to say. Stakeholders, including Yukon College and the Porter Creek Community Association, have expressed their frustration with this government. They rightfully believe that the consultation is an important part of the process. The problem is that consultations were not completed. When will this government finish the consultation process and ask Yukoners if the government plan for McIntyre Creek is really what the public wants?

**Hon. Mr. Lang:** Mr. Speaker, I'll reply again. We had a very extensive consultation period and all stakeholders were heard. With the number of stakeholders in that area -- industrial, First Nation, environmentalist, college and residents -- the use of that area is very extensive, Mr. Speaker. We did exactly what the motion said on the floor of this House. We followed it and the plan came out at the end of the consultation. Mr. Speaker, the member opposite says that people were not aware of the final plan. The Porter Creek executive looked at that final plan. It was a public document.

**Mr. Inverarity:** I had to give them the plan. Mr. Speaker, I've asked this issue before and I've received the usual responses that we get from this government: "Not my problem; not my fault." This government dumped the problem onto the City of Whitehorse and washed its hands of the whole issue. The college has been negotiating for years over the endowment land, and it has been to no avail. The government simply is not listening. The Porter Creek Community Association was shocked when they finally saw the plan that I had to deliver. It was already a done deal and the association has not recommended it.

The government has clearly let everybody down here. The people have spoken and the government didn't listen. I'll ask the question again: when will this government finish the consultation process and ask Yukoners if the plan that they have tabled is really what the public wants.

**Hon. Mr. Lang:** Mr. Speaker, what the member opposite is saying on the floor of the House is his opinion. I respect that opinion, but there has been an extensive consultation with the stakeholders. When the member opposite talks about the

Porter Creek Community Association, I happened to have been at the meeting when this plan was presented, so it was put in front of that executive. The member opposite wasn't at that meeting, but I was. There was an extensive consultation done with all stakeholders in the area. It was looked at over a very lengthy period of time, 24 to 36 months. There were many, many public meetings, both in the Porter Creek area and the Takhini area. Both of those groups of people use that area for recreation very extensively.

We also involved Yukon Electrical because they have an interest at McIntyre Creek. We also addressed the fact that McIntyre Creek is a very important ecological area for fish habitat and for Yukoners. We also consulted the Department of Education and Yukon College to see what their needs were. We've done an extensive consultation period. The master plan is out and we can work from there.

#### **Question re: Fleet vehicle supply contract**

**Mr. Hardy:** I have a question for the Minister of Highways and Public Works. Last week, the minister said there was nothing wrong with the Premier intervening to get a break for a local car dealership that missed the deadline for delivering 11 SUVs to the department. He said it was just business as usual, according to the minister. In fact, last Wednesday the minister said this: "If I can work with Yukoners to save them money and make their job easier to do the business they do in the Yukon, come on. That's my job and I work for all Yukoners."

Can the minister explain, then, why the same two-for-one deal wasn't extended to another vendor who was late delivering 10 trucks to the government this time last year?

**Hon. Mr. Kenyon:** It gives me pleasure to enter into this debate. Members of the Legislative Assembly often are contacted on a day-to-day basis to look into things, including the letter that I received on October 10, stamped and received in the Cabinet offices on October 11, from the Leader of the Liberal Party, the MLA for Copperbelt. It was written to me as minister responsible for Yukon Housing Corporation. I certainly have the letter for tabling and it reads in part: "I am asking you to intervene on her behalf and give her a reasonable extension to meet the original terms of her agreement."

Mr. Speaker, what is the difference between one MLA asking the minister to take a look at it and the Leader of the Liberal Party doing it?

**Some Hon. Member:** Point of order, Mr. Speaker.

#### **Point of order**

**Speaker:** Member for Mount Lorne, on a point of order.

**Mr. Cardiff:** According to Standing Order 42(2), this isn't even relevant to the question. The answer is not relevant to the question that was being asked.

I think I've got the Standing Order wrong. The reality is: answer the question. He's not responding to the question.

**Speaker:** Member for Lake Laberge, on the point of order.

**Hon. Mr. Cathers:** The Third Party House Leader is referring to a section relevant to Committee of the Whole debate, not to proceedings in the Assembly.

Also with regard to the issue of relevance, from my perspective this is a dispute among members. The Minister of Economic Development provided information that he believed was a relevant and substantive answer to the question.

#### **Speaker's ruling**

**Speaker:** From the Chair's perspective, this is simply a dispute among members. Minister of Economic Development, are you done?

**Some Hon. Member:** (Inaudible)

**Mr. Hardy:** Let's review the facts. One dealer had a contract to deliver 11 vehicles. When they missed the deadline, they were assessed \$11,103 in liquidated damages. After complaining to the Premier, they got a break of \$5,500 on that penalty. Another dealer had a contract to deliver 10 trucks. When they missed the deadline, they were assessed a penalty of \$45,000.

Apparently they didn't know a call to the Premier or the minister could save them a bundle, so they paid the penalty; they honoured their agreement. I wish the government had honoured theirs.

Is the minister now planning to direct his officials to cut the same deal for this vendor as was cut for the dealer who supplied the 11 SUVs? In all fairness, are they planning to do that?

**Hon. Mr. Lang:** On this side of the House we deal with everybody equally. If another Yukoner has an issue, I would certainly recommend they talk to the department. I have no problem with them bringing their issue forward. That's government and we on this side don't pick winners and losers. We work for all Yukoners.

**Mr. Hardy:** I'd like to see them work for all Yukoners. I haven't seen that in five years.

Now, Mr. Speaker, it isn't polite to say we told you so, but in this case it applies perfectly. All of us on this side of the House have told this government not to do this.

Just as we predicted, this government's sloppy way of doing business is coming back to haunt them. The dealer who paid a \$45,000 late delivery charge now wants half his money back -- at least. Here's what he told a local newspaper: "It means the contracts they're giving out aren't worth nothing." So, is this business as usual? Is this what we're facing today?

Now that this minister has opened this can of worms by condoning a practice of political interference in the contracting process, how does he plan to correct what could be a very costly error? When I say a "costly error", there are a lot of contracts out there. Is every one of them going to be ripped up now?

**Hon. Mr. Lang:** Let's tone it down a bit. This side of the House is committed to working with Yukoners. If the individual that the member opposite has brought forward to the House here feels that somehow he was not treated properly, I recommend that he talk to the appropriate people to have his issue addressed. That's all this government has committed to do -- no more, no less.

We will work with all Yukoners. If the member opposite has some concerns and if an individual feels he has been

treated wrongly, then it should be addressed. It should be addressed inside the government and at the appropriate level of government. I encourage the member to bring the individual forward, and the department will treat him as fairly as we treat all Yukoners.

**Question re: Yukon College endowment lands**

**Mr. Cardiff:** Several years ago the government of day, wisely set aside a large tract of land as the endowment lands for the Yukon College. They were looking to a future when the college would be taking on broader responsibilities in the development of the Yukon. That day has come with the establishment of the college in climate change research and partnerships with Outside universities.

Many Yukoners look forward to a time when there will be a full scale degree-granting institution here in the territory. An education is for all Yukoners, but now this government has made secret decisions that could severely limit Yukon College's potential to grow and serve future generations.

Why did the Minister of Education allow his colleagues to squander the future of post-secondary education by diverting the vast majority of what should have been college endowment lands to some other use?

**Hon. Mr. Rouble:** This government is proud to be working with the college on enhancing degree-granting opportunities. We are proud of their ongoing relationship with the University of Alberta, University of Regina, and Royal Roads University and how they are able to provide assistance with continuing education. We are proud of the contributions to the college.

Just look at what has been done in recent years with the construction of the college residences, with the School of Visual Arts, with the enhancement for skills and trades training. I might have cut myself a little bit short here earlier. I have gone through my numbers here. The contribution to the college from April 1, 2007, to December 12, 2007, is indeed \$18,376,875. We are investing every day in Yukon College and working with that organization to provide educational opportunities for Yukoners, not only here in Whitehorse but throughout the territory.

**Mr. Cardiff:** Well, the minister didn't answer the question. The question was this: why did he not work with Yukon College on this issue? Many ministers over the years had worked with the college on this issue and represented their interests.

Now, when Kwanlin Dun First Nation was negotiating its land claims agreements, it gave up its interest in this piece of land. The First Nation acted in good faith so the land could be used in a thoughtful way and be put to the service of all Yukon people now and into the future. They understood that a connection must be made between education and the land. I can only imagine what they must be thinking about this short-sighted decision that future generations are going to live to regret. Where did the pressure come from for the Minister of Education to throw away a large part of this endowment that was meant to be there for the future of all Yukoners, for the future of Yukon College post-secondary education? Who got to this government?

**Hon. Mr. Rouble:** I think the answer to that one is fairly obvious. Yukoners got to this government. Members should remember that there was a motion put forward on the floor to look at creating a park in this area. This government went to work. It looked after the environmental interests, with the setback around the creek. It looked at the future growth issues. It worked with the City of Whitehorse to identify residential lands. It worked with the environmental movement, which had concerns over where development should happen. It worked with the First Nation. It worked with Yukon Development Corporation, which has an interest in the area as well, and it worked with Yukon College.

What we have here is an example of where there were many different competing interests for the same piece of land, and compromises had to be made. This was a case where we went out and worked with all stakeholders on this and have finally brought resolution to this issue. There is still a substantial amount of land available for Yukon College. As well, we will be continuing to work with Yukon College to address their other issues down the road. We will continue to work with Yukon College on access to land in other areas of the community and in other areas of the territory. We'll also work with them on accomplishing the other objectives that they're putting forward in their strategic plan.

**Mr. Cardiff:** I would remind the minister that there are students attending Yukon College from every community of the Yukon, and the future of Yukon College affects all Yukon people. Did they consult with all Yukon people? Was it a territory-wide consultation?

Two years ago, the City of Whitehorse and the territory had completely incompatible plans for this area. The Minister of Education of the day said the land was set aside for the college, but apparently the new minister is content to see this priceless heritage squandered to meet some new, short-term objective of the government, which the government hasn't even had the courage to tell the people about yet.

Before this land is gone for good, will the Minister of Education convince his colleagues to put the brakes on this reckless decision and make a commitment to consult with the Yukon College Board of Governors, the faculty, the students, First Nations and all Yukon citizens -- and that's all Yukon citizens who have a stake in a more positive future for the territory's post-secondary --

**Speaker:** Thank you. The member is done. Minister responsible, please.

**Hon. Mr. Rouble:** I agree. Yukon College is there to serve the needs of all Yukoners. In particular, Ayamdigut Campus does provide education and training opportunities for all Yukoners. In order to facilitate that, this government went to work and built the new college residence, which now provides an opportunity for people from the communities to come and take advantage of the training opportunities available at Yukon College.

We'll continue to work with Yukon College on achieving their strategic goals. They're in the process right now of preparing a strategic plan that will guide their vision.

I also have to mention there were many competing interests for this land. We worked with all the stakeholders; we looked at protecting many of the interests of Yukon College. They were interested in having areas for recreation, areas available for archaeological study and environmental study. I hardly think that identifying something as an environmentally protected area is giving away the land.

We've worked with the stakeholders on this, and a compromise has been reached that will address all the needs.

**Question re: Whitehorse Copper subdivision**

**Mr. McRobb:** Mr. Speaker, I have some questions about the recent lottery of new building lots in the Whitehorse Copper subdivision. Phase 1 of the lottery to sell 51 lots was held on July 26, 2007, and 41 lots were released. The remaining 10 lots will be packaged and resold with phase 2 of the development. We have heard several concerns about the sale of these new lots. Now we've heard that government has told some buyers that they can't get title to their lots. This in turn means that the buyers of those lots can't get bank financing to build their new home on their new lot. Will the minister confirm that his lands branch can't issue title for some of these lots?

**Hon. Mr. Lang:** We're working with the lot expansion, as the member opposite has been speaking about. There were some survey issues that are being addressed, and I understand that the proponents out there have some urgency to this and we're treating it just like that. There is an urgent need to get the final survey done. We're working on it as we speak.

**Mr. McRobb:** Mr. Speaker, the minister's own lands branch has stymied people who have purchased these lots in good faith back in July. The government is telling them, sorry, we can't give you title to your new lot.

Apparently these lots weren't properly surveyed and this has caused the problem. At least one buyer said that their lot had to be re-surveyed since the day it was purchased. But this problem doesn't end with the lots that have already been sold. Now phase 2 of the lottery has been delayed due to the same problem. This is another example of a Yukon Party government botch-up for which it expects innocent Yukoners to pay the price. When is the minister going to fix this problem so that buyers can get title to their lots?

**Hon. Mr. Lang:** I personally am not going to fix it. The lands branch is working on this issue as we speak. The urgency will be addressed, but the most important part of any land transaction is legality of the survey. There were some questions about that; the lands department went out to monitor that and if there is any question about the legality of the survey on land, then we have to address that issue. That's what we're doing now and we are doing it as quickly as we can in order to get those lots out into individuals' hands so they can proceed with their building program.

**Question re: Boiler inspectors**

**Mr. McRobb:** I am compelled to bring to light another important issue brought to me by a government employee who has chosen to put the public interest ahead of the threat of

reprisals from speaking out in the absence of whistle-blower protection.

Under this Yukon Party's watch, the number of boiler inspectors has decreased from three to only one. Boiler inspectors are tasked with the important job of ensuring the safe operation of all government buildings equipped with boilers for heating purposes. The only remaining boiler inspector is the chief inspector who believes the cutbacks have seriously compromised the safe operation of the majority of public buildings. In fact, he has written a letter to his superiors indicating that all boiler certificates will be revoked unless the Yukon Party government reinstates the other inspectors by this coming Monday.

Will the Highways and Public Works minister agree to publicly release this letter?

**Hon. Mr. Hart:** With regard to the boilermaker issue that the member opposite brought forth here in the House, we are aware of the vacancy for boilermakers in the Yukon. We are in the process of trying to address that particular situation to ensure that our buildings meet the standards that are required to run safe operations.

**Mr. McRobb:** Yukoners deserve to hear from the minister responsible. This is a serious issue that affects most government buildings in our territory. This includes schools, libraries, health centres, seniors facilities, residences, the main administration building, and so on. Unless boilers have proper certification, they become a safety risk that could cause serious damage to people, property and buildings.

Time and time again the minister has stood in this House and proclaimed that he has a firm grip on the wheel to ensure that his department is set on a safe and effective course. However, now we have yet another example of how he brushes off his responsibilities. He can't have it both ways.

He has until Monday to fix the problem. Can the minister assure us it will be fixed by Monday, or does he intend to ignore the chief inspector's letter and continue the operation of these buildings without proper boiler certification?

**Hon. Mr. Lang:** Boiler inspection is very, very important, not only to our public buildings but to any other individual building in the territory. We have to have boiler inspectors, and we're committed to do just that.

But as a government -- or as an agency hiring people -- sometimes we can hire some individuals more easily than other individuals. We are having at the moment a problem raising that kind of expertise. We are working diligently at it, and we hope to have people in place as soon as possible.

**Mr. McRobb:** Well, Mr. Speaker, this is a Yukon Party problem. It was the Yukon Party government that cut back the number of inspectors from three to only one. Now it is the Yukon Party government that must deal with the fallout from another one of its irrational decisions. Unless this problem is fixed by Monday, there will be a serious safety issue affecting the majority of government buildings in our territory.

Isn't the minister concerned about the safety of government employees, schoolchildren, seniors and other Yukoners who might be put in a dangerous situation? Doesn't he care about the risk of property damage? The minister needs to get up to

speed on his department. Can he assure Yukoners right now that this problem will be fixed by Monday?

**Hon. Mr. Lang:** Addressing the member opposite, I will repeat myself for his listening pleasure. Boiler inspectors are very, very important for the fabric of the Yukon -- not only for the public buildings but private buildings. We are concerned, and the department is doing everything it can to get people in place.

Boiler inspectors are trained people. It's a trade. They are in demand, so we compete across the country for that kind of expertise. We're doing what we can to get that kind of expertise in place here in the department to do the job as the Member for Kluane just described. It's very important for the government, and we will do our job to get that individual in place.

**Speaker:** The time for Question Period has now elapsed.

## INTRODUCTION OF VISITORS

**Hon. Ms. Taylor:** Mr. Speaker, I would ask all members of the Legislature to join me in a warm welcome to Claire Festel, chair of the Yukon Heritage Resources Board.

*Applause*

**Speaker:** We will proceed to Orders of the Day.

## ORDERS OF THE DAY

**Hon. Mr. Cathers:** I move that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

**Speaker:** It has been moved by the Government House Leader that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

*Motion agreed to*

*Speaker leaves the Chair*

## COMMITTEE OF THE WHOLE

**Chair:** Order please. Committee of the Whole will now come to order. The matter before the Committee is Bill No. 8, *Second Appropriation Act, 2007-08*, Department of Health and Social Services. Do members wish to take a brief recess?

**All Hon. Members:** Agreed.

**Chair:** Committee of the Whole will recess for 15 minutes.

*Recess*

**Chair:** Committee of the Whole will now come to order.

## Bill No. 8 -- *Second Appropriation Act, 2007-08* -- continued

### Department of Health and Social Services -- *continued*

**Chair:** The matter before the Committee is Bill No. 8, *Second Appropriation Act, 2007-08*, Department of Health and Social Services. Mr. Cathers, you have the floor.

**Hon. Mr. Cathers:** It's a pleasure to rise again today to resume debate on the Department of Health and Social Services. I would like to begin by recapping some of the matters that were discussed yesterday and providing some answers to questions that were asked at that time.

This current fiscal year has already been a very busy year. Officials of the department have been working on a number of areas, including our social assistance reform that we announced last month. That is currently out for consultation with First Nations and Indian and Northern Affairs Canada. This is following the most comprehensive review of the Yukon social assistance structure that has ever taken place. The goals of the review and the proposed reforms announced are twofold: to ensure there is adequacy of rates for those who are forced to depend on social assistance while ensuring that the system is designed to help people into the workforce and stimulate that move into full-time employment.

As I've mentioned before to members, the current system, which has been in place for many years, encourages dependency by the fact that the social assistance structure had in place what is referred to as the "earned income exemption". This allows an individual, after a three-month period, to retain \$1 out of every \$4 they earn as an incentive to enter the workforce. The very fact of that three-month wait time is a significant factor in encouraging dependence on the system. The review done by officials in Health and Social Services determined that, of the Yukon's caseload, 70 percent of social assistance recipients have been on and off social assistance and have demonstrated an interest in entering the workforce and an ability to be hired but, for one reason or another, they have come back to the social assistance program.

In addition to conducting a comprehensive review and evaluation of what is done in other jurisdictions and the best practices there, officials conducted a thorough review of the case history in Yukon to determine what is driving close to 70 percent of recipients back on to the social assistance program. They determined that, in most cases, it is as a result of an unexpected expense, such as a car breaking down, a furnace needing replacement or hot-water heater needing repair. Because they have just come off social assistance and have no personal financial reserves, they are unable to deal with that expense and thus have no option but to return once again to the social assistance program.

Then for a three-month period, every dollar that they earn is considered income and is clawed back. So there is a disincentive to them going to work because the costs of transportation -- as most would face in travelling to the job -- mean that they will actually end up with less money by working than if they had stayed on social assistance and remained at home.

That of course is not a beneficial outcome for any government structure; we want to ensure that the system provides an incentive and both assists and enables people to enter the workforce as well as provides a direct incentive for them to remove themselves from the social assistance program and work for a long time.

There are five components of the social assistance reforms and the key change here -- the single most important one -- is the proposed elimination of the three-month wait period of the earned income exemption as well as allowing those working recipients to keep \$2 out of every \$4 earned for a maximum period of three years.

The maximum period of three years is for two reasons. The first is to prevent someone choosing to use that as a lifestyle choice for the long term by specifically engineering their level of income to keep them below the threshold at which they can still receive social assistance and remain within that bracket longer term. That, of course, would be an outcome that we would also not wish to see. So hence, the first reason for setting a maximum period of three years for the enhanced income exemption of \$2 out of every \$4 earned and the requirement that someone be removed from social assistance for a period of five years before the three-year clock on the earned income exemption could ever start up again. So this is designed to prevent it from becoming a lifestyle choice and also, in that way, encouraging long-time dependency.

The second is that the three-year period is set because it has been determined, from the caseload experiences, that if someone is off social assistance for a period of two years, they typically never return to the program. So in setting it up in this manner, the objective is to prevent long-term usage of the program or misuse of the program while setting it at a sufficiently high level to enable someone to do two things: increase the incentive for them to enter the workforce and enable them to build up some level of personal financial reserves, thus preventing them in the future from running into the situation where, as a simple result of a \$1,000 car repair bill, they are driven back into dependency on social assistance.

This is, we believe, leading in the country. It is the result of reviewing what has and has not worked in other jurisdictions. The intent is -- with a very positive, incentive-structured program -- to achieve benefit for both social assistance recipients, by moving them out of dependency and into long-term self-sufficiency, and for the public purse -- the taxpayer -- by removing some of these people from the social assistance program and into a situation where we hope and believe that, in the long term, these individuals will be able to live on their own means and exist on what they are earning in the labour force and not depend on social assistance.

I can see members listening with rapt attention. I would hope they would, because I certainly want to express my sincere and large appreciation for the significant work done by officials in this area. There was a tremendous amount of time involved in the consideration and review of potential options. I am confident that, at the end of the day, once we have received and considered the results of the consultations, that the reforms we propose will result in the Yukon having the best social assistance structure in the country.

As I indicated to members before, what needs to be recognized by all is that a social assistance structure is about so much more than simply rates. It is about having an effective structure that assists people while they are forced to rely on social assistance, provides them adequate resources during that

time and then, in the medium and long term, assists them in entering the workforce and remaining there.

A key part of remaining there is two other announcements that we have made, two of the five components under the social assistance reforms. Two that we did not need to consult on and thus have acted on are the increase to the childcare subsidy, which was made effective on this December 1, just a few weeks ago, and that, of course, has raised the maximum income level at which the assistance is provided to families to add more families and more children on to the program, as well as raising the maximum subsidy level and providing an average 70-percent increase to existing recipients of the subsidy in the amount that the Yukon government provides them with in support. So this is a key part of ensuring that people with low income levels are not worse off than if they had been on social assistance, and it is part of what is referred to as the "welfare wall" that is often not recognized -- that because of different programs on social assistance in the workforce, in some cases and in many jurisdictions, including in the past in Yukon, some individuals, particularly those with children, may be worse off if they enter the workforce than if they had stayed on social assistance. So this is part of providing assistance and support to people of low income to ensure that they are able to remain within the labour force rather than depending on the system.

Secondly, the increase to the Yukon child benefit is a portion that will apply to all parents, regardless of whether they have their children in childcare or not. It will apply to all within the income bracket. The maximum level at which the Yukon child benefit is available has been raised from the previous level of \$25,000 to a new level of \$30,000. As well, the benefit has been increased from the previous maximum level of \$37.50 per month per child to a new level of \$57.50 per month per child.

As I said, this is to benefit parents whether or not their child is in a licensed childcare setting.

Of course, the assistance and the childcare subsidy that assists them in putting their child in licensed childcare is because it is, in fact, the cost of doing so that often prevents people from entering the labour force. A key objective is assisting them in entering full-time work as an individual, growing their own personal resources and being self-sufficient, both for their good and the good of the taxpayers and the public purse.

The other areas of the proposed reforms include an increase across the board to social assistance rates, the most significant increase being to food to reflect the market-basket approach calculation of the nutritional food basket and incremental increases in other categories to reflect current costs in those areas. This is part of our twofold approach: ensuring adequacy for those who are forced to rely on social assistance and ensuring that the system genuinely assists them and provides an incentive to move into the labour force and not return to social assistance.

The fifth area of the proposed changes is the creation of a disabled persons assistance program, which will be set up for the approximately 70 people who have severe or long-term disabilities and will very likely never be able to exist without the assistance of the system. This will do two things. By creat-

ing a separate program within social assistance, it will remove some of the stigma these people may face. This has been requested by a number of groups for many years and we are pleased to propose this change.

Secondly, it will provide the ability to reduce the administrative load on both those individuals and department officials. Currently they are subject to the same rules as all others are with regard to monthly requirements for paper filing. Because these individuals have doctors' diagnoses and because we know it is unlikely they will ever enter the workforce -- or, in the case of some, they may be able to at some point but are unlikely to in the near future -- changing it to a yearly requirement will reduce the load on them and the administrative load on the department.

Thirdly, this structure will enable us to provide additional targeted assistance to address the needs they may face, in terms of additional enhancements around their home, and other costs they face as a result of their disability.

That is the key structure of social assistance reform that has been proposed. I would now like to move on to some of the other areas where we're pleased to work with NGOs in providing support to Yukon citizens to address their needs.

Announcements we were pleased to make just recently included an increase of \$40,000 for Hospice Yukon, which is a key partner with the Yukon government in providing support to people who are either facing the end of life or have had someone in their family or circle of friends pass away. They will also be a key partner of ours in the development of the palliative care program, both inside the Thomson Centre -- in the seven-bed unit we have committed to establishing once that facility is back up and running -- as well as support within the community.

At this time of year Hospice Yukon also has their Lights of Life ceremony, which is tomorrow. I would invite members to attend. I want to express appreciation to them and to their many volunteers. The difficulties faced by individuals facing the end of their life, many will understand -- or I guess none of us can really understand but we can perhaps imagine what it must be like. We have all faced the difficulty of having a member of the family or circle of friends pass away. It is often forgotten how much of an impact that can have on those left behind and on society. There are always unresolved grief issues that need to be dealt with.

We're pleased to be able to assist those who may be without with an increase to Yukon Food for Learning, which is a non-governmental organization that, through the work of their volunteers and within schools, supplement school nutrition programs and provide food to children. This is to ensure that those without lunch or breakfast have the food they need.

I'm pleased to increase their funding by \$50,000 per year, from a previous level of \$41,000 to a new level of \$91,750. That is a key part of ensuring that children can be educated if they have the food in their bellies that they need if their families are either unable to feed them or if problems at home prevent them from having the breakfast they need.

I believe I'm out of time.

**Mr. Mitchell:** I thank the minister for repeating his opening remarks from yesterday in case we didn't have *Hansard* with us. It's always helpful to hear them again and see if they are the same or if they differ in any way. I don't recall hearing answers to the specific questions.

**Some Hon. Member:** (Inaudible)

**Mr. Mitchell:** Well, actually I was taking notes. The minister doesn't think we are listening, but some of us can actually walk and chew gum at the same time occasionally.

One note that I took was the minister's mention -- and I think it may have been for the second time because I think he mentioned it yesterday -- that he was designing the structure of the social assistance programs to ensure that people on social assistance don't choose it as a lifestyle. I just want to suggest to the minister that the people I've met on social assistance haven't appeared to be choosing it as a lifestyle choice. It appeared to be something that they had fallen into depending on for a variety of reasons. It can be because of chronic disabilities, which the minister has made reference to in terms of changing the structure of the program to accommodate those individuals and reduce the reapplication and paper burden -- and that is a positive step. It can be due to family breakups. We know that there are many women who land up on social assistance because of marital breakups and being left single-parenting, and it's very difficult. I haven't met anyone yet who seemed to think it was a good lifestyle choice.

I would mention to the minister that the Whitehorse Chamber of Commerce, after the minister's recent announcement, suggested that the announcement went far enough in their view -- particularly in the area of people who were on social assistance and were re-entering the workforce at entry level job positions in the food service or other industries where we know we have a very large shortage at this time. Yesterday, the minister made reference to the specifics of allowing people to retain \$2 out every \$4, rather than clawing it back while they maintain the social assistance. I think that the Whitehorse Chamber of Commerce suggested that they thought that the minister could go even further than that in order to make sure that those people are able to really get established in those jobs and move up to better jobs. I'd be curious as to whether the minister has any comments on the input that he has received from the Whitehorse Chamber on that.

I would also like to go back to the Watson Lake multi-level health care facility. The original cost was either \$5.2 million or \$5.3 million, according to the 2004-05 budget speech. Now, this has been debated in Question Period and in Committee of the Whole, I don't know how many times, by the members on this side of the House since the original announcement and as this project went into cost overruns and delays time and time again. Yesterday was the first time that I recall this minister stating that the entire scope of the project had changed or altered since it commenced. In fact, he made the case for this being money well spent, because it was originally going to be \$5.2 million or \$5.3 million for some 5,000-odd square feet and now, on the fly so to speak, it has turned into a 25,000-square-foot facility while it was already under construction.

Using the construction management approach that the minister talked about yesterday, it seems to be very unusual that we would manage it into a project five times the size of the one that was originally laid out and announced in a budget speech. I'm wondering if the minister is now referring to including the work that needs to be done to bring the hospital up to code as part of this \$10 million plus.

I see the minister is shaking his head, so that's additional expense beyond that. So this construction management approach apparently included community consultations after the plans were laid out and the footings perhaps poured for the enlarged facility. I'm wondering if the minister can describe these after-the-commencement-of-construction community consultations that were held to determine that the building should be five times the original size, which the minister pointed out yesterday.

He said that quintupling the size while only doubling the budget was good. It reminds me of the old stories of going out and buying an expensive automobile or fur coat, or what have you, and saying that it was really good because, although it's really expensive, I got it on sale, so it was only a little bit really expensive.

The minister also didn't answer the questions I asked about the Dawson multi-level health care centre. I'll repeat them, so the minister, who is listening attentively, can take notes. If the minister isn't listening, I know the officials will be.

When will construction commence? When is it anticipated that it will be completed -- in what budget cycle or what fiscal year and at what total cost? All we have to go on now is the original \$5.2-million estimate for that building, and I'm sure the minister is going to tell us that costs have gone up in the years they were not able to build this project, so it will cost considerably more now.

I think there's a need for a facility. I am sure the residents in the Klondike riding and in Dawson look forward to having a facility. They probably would like to hear some specific information in this Assembly as to when that might happen.

Those are follow-up questions to the questions that I was asking yesterday. I also asked a series of questions about emergency medical services. I think they were partially answered but largely not answered regarding accessing health education funding for primary care paramedics who want to advance their training to the advanced care paramedic level for ground ambulance and medevac ambulance attendants. Also, I asked whether there is any progress the minister can report on the level of negotiations in Watson Lake and Dawson. I asked specific questions yesterday regarding the shift work that might be done, whether the full-time employees who are now going to be located in those communities, according to the minister's recent announcements, would be made available for the night-time and weekend hours when so many emergencies seem to manifest themselves, or whether it would be daytime shifting.

I think, rather than throw another bunch of issues out there, these are some of the issues I asked about yesterday. If the minister has the Blues in front of him, perhaps he might want to work from the Blues and try to answer those questions. I look

forward to those answers. If we get answers, we could move on to new questions.

**Hon. Mr. Cathers:** In answer to the member's questions, I will begin with his first question about the Whitehorse Chamber of Commerce comments from the president regarding the proposed structural changes to the earned income exemption. I believe Mr. Karp's suggestion was that we allow social assistance recipients to retain 100 percent of their income in the first few months. I have to say, with all due respect, that would be a very ill-advised move.

What the membership recognized -- and I want to emphasize that, as I indicated from the results of the caseload analysis in Health and Social Services on the social assistance program -- was that most of the people who do seem to be making an effort to get off it have actually been off the program and then been forced to return. We recognize the challenges that they face, and nearly 70 percent of those recipients fall into that category.

However, the member should recognize that there will always be a small percentage who might choose to misuse the program, and there is that potential there to create a structure where someone could work out an arrangement with their employer or, on their own, quit a job, apply for social assistance and then go back to work the next day and be receiving a social assistance cheque and 100 percent of their employment earnings. That would be a very ill-advised structure. There is that potential for abuse. Although I want to emphasize that I believe that there are many who would have the ethics simply not to do that even if it were available, it is not sound government policy to create a structure that is open to such abuse, nor is it sound government policy to create a structure where those who make use of an easy opportunity to abuse a program are better off than those who exercise the ethically appropriate approach to that program.

So, in answer to Mr. Karp's suggestions, I appreciate his comments. I don't think he took the same look at the system that I have, and I know that he didn't take the same look at the system that the officials of Health and Social Services have, and so we will not be proceeding with a structure like that.

We have proposed a structure to First Nations and to Indian and Northern Affairs and are waiting for the results of the formal consultation. Certainly we will honour our obligations to respectfully consider the response to that consultation, but I have to indicate that, of course, from the approximately year of work that has gone into this file, we are confident that we have come up with what we believe to be the best solution for the Yukon here.

It would have to be a fairly compelling argument to convince us that a different structure was necessary. I appreciate the comments from the president of the Whitehorse Chamber of Commerce, but that would be a very bad structure so we won't be doing that.

With regard to EMS, the member asked questions about that. The member suggested that primary care paramedic training be eligible for funding under the health profession education bursary. I have corrected that to at least one media source, perhaps several, but apparently the member has not heard it. In

fact, the health profession education bursary is already available for paramedic training. It is application based; the level of funding is a maximum of \$5,000 for applicants, and not everyone who applies necessarily gets the funding, but it is available already. I believe the Web site indicates that on one of the listed programs under bursaries.

In addition to that, over the term of the agreement that was in place with rural volunteers between 2004 and 2007, we have also provided funding for additional training dollars specific to those members. That was to bring them up to the emergency responder level of training, which many did not have before.

Again, the health profession education bursary is available. One thing that is provided in the new proposal we put forward, which has been accepted by all the rural volunteer crews, with the exception of the former Watson Lake crew, is that the structure includes a number of things, including the first recognition of the principle of providing money for standby pay for when they're on call. It also includes an additional amount for training in that structure -- again, specific to that group.

I think we are acting appropriately and have invested a significant amount in training in the past and have committed to more in the future. The health profession education bursary is available for those individuals -- or any Yukoner -- to apply for if they're attending education in the health professions field.

Of course, there are specific funds to medical education and to nursing, but all other certified health professions are eligible, based on an application to the bursary. They are reviewed by a technical committee. The details on that are listed on the department's Web site, but it is reviewed by experts in the area regarding the merits of it and the funding is provided. We will continue to evaluate the use of this program and determine if there is a need to provide further funding to the bursary. This is a new program; we are the government that created this program. I announced the creation of the program in 2006 and the first awards of the health profession education bursary were provided in either late summer or early fall of 2006. The next round is provided this year, and we are pleased with the success the program has had to date in assisting Yukoners in receiving education in health professions.

With regard to that, I should also emphasize -- in case the member did not catch my comment that bursaries are available to all Yukoners -- this does apply to staff of emergency medical services who are full-time employees. It is also available for them to apply to and, in addition, there are training resources that have and will be provided, specific to their needs in that area.

EMS is being transferred to the authority of the protective services branch of Community Services. They will be working on that, particularly in terms of attempting to reach shared efficiencies and effectiveness in the area of emergency response by housing all emergency response under one roof.

With regard to the hours and the details of the primary care paramedic positions in communities, Health and Social Services did the work on the proposal, but it is being transferred to Community Services. I would have to allow that minister to provide details on the job descriptions and operational details. I

think the member would find that much of that would be posted on the government sites, as job postings typically are.

Any primary care paramedic position, of course, is full-time within the Yukon government and has to follow the terms of the collective agreement with government employees, and that would apply in those areas. That, of course, applies in Dawson and Watson Lake, just as it does in Whitehorse.

**Some Hon. Member:** (Inaudible)

**Hon. Mr. Cathers:** It is interesting, Mr. Chair, that the members ask questions and then the heckling begins as I respond. Now the Member for Kluane doesn't want to hear the response to the questions that the Leader of the Official Opposition asked. I'm attempting to provide the answers to that and I would hope that members are interested in actually hearing the response, not simply in standing up and engaging in criticism of the government -- but actually hearing about the good work that has been done by officials in the area.

In the area of EMS, as far as volunteers go and as far as negotiations go, the rural volunteer agreement has been concluded. It has been provided to all rural EMS crews and all have accepted, with the exception of the former Watson Lake crew. The transfer of EMS will be done this month from Health and Social Services to Community Services. Once that authority is transferred, they will, of course, begin work on steps to either recruit new volunteers for Watson Lake or re-engage previous volunteers, or do a combination of both.

The agreement has been approved and I thank the staff of Health and Social Services for their efforts in this area and for their tireless work on this matter -- in providing what is not only a fair agreement but an enhancement. I thank, as well, the negotiating team for the rural volunteer ambulance crews for their work on coming together and reach a resolution that has been approved by the volunteer crews in all communities, including Dawson City. Community Services will be taking over from the good work done by officials at Department of Health and Social Services in ensuring that the system is brought together under Protective Services and that shared efficiencies and effectiveness are reached where possible.

With regard to the Watson Lake multi-level care facility, I'm pleased to see that the member has a better understanding of it than he did before, but he still doesn't seem to quite be getting the picture here. In fact, the member suggested that it was changed while under construction. I point out that the project was changed after its inception and after planning work had been done, including -- as I've said before in the House -- some of the cost for engineering was spent on evaluating the structure of the Watson Lake Hospital.

At that point there were plans to link the facilities together and, therefore, there was a requirement to investigate once it was identified that there might be code issues with the existing structure. Some of the money spent on planning and engineering has been spent on the hospital part of the site, but work on the hospital is not part of the current project. It will be needed at some point in time. It is an older facility, and it does not meet current code requirements, although it did meet the code requirements of the day. But there is a need to upgrade the facility at some point in time to ensure that it meets the current

code requirements for things such as earthquakes and, of course, other details within the facility.

So that will be done at some point in time but is a separate project. That is why the 2,000-square-foot service building is provided. It will have the capacity to provide the boiler systems and backup for both the new Watson Lake multi-level care facility and a new hospital at such point as it is constructed.

The member was also referring to a footprint. I would point out that the original footprint was a one-level, 5,280-square-foot design. The new design that is being built is 25,000 square feet in total in the facility, and it is two storeys. So the footprint would be roughly half of that.

I think members should consider where they're coming from when they repeatedly stand up and encourage us to consult and suggest we're not consulting enough. We've heard members today in Question Period suggest that they didn't think we listened to the results of the consultation. Mr. Chair, when the project was set up after the engineering designs were done, the functional planning was done and much of the engineering work was done, there was, in fact, public consultation on there, as had been committed to at the start. The citizens of Watson Lake, particularly senior citizens, provided their input. As a result of that input the request was agreed to -- to change the scope of the project to reflect what they had said during that public consultation. So, as I've indicated, the scope of the project did change significantly. Therefore, the costs did change from what was originally envisioned. But again I have to emphasize that the original \$5.2 million was a budgetary allocation. It was not a budget for the project. But the total estimated costs went up and, in fact, as I indicated before, there will be some additional costs in the next fiscal year. But considering the fact the facility was increased five-fold from what was originally envisioned, at the end of the day the project will still be a good facility for the citizens of Watson Lake and will be money well-spent.

Now, Mr. Chair, the member asked questions about the multi-level care facility in Dawson City. As I indicated yesterday, there was a functional design done. The feedback on that design, based on the discussion with stakeholders and the public in Dawson, was not positive as to it being the final design. There will be a new functional design done to address the need for a multi-level care facility in Dawson City and to address the commitment for that, as well as to address the needs of the health centre. The details of the timing of that and whether that will be as part of one project or in two phases will be dealt with early in the next calendar year.

I look forward to more announcements of details of that at the time of the next budget cycle.

In answer to the member's question, there may be some work in the 2008-09 fiscal year on the project. There will certainly be public meetings in Dawson City with the residents and stakeholders to discuss the new proposed functional design for the project. There may even be some work on the ground at that point in time, but it's a little too early to determine that latter part at this date. The expectation is that significant work would likely take place in the 2009-10 fiscal year. At the end of the day, the objective is to not only replace McDonald Lodge in

Dawson City but to address the needs for a health centre for those citizens and provide the right facility for those citizens to address their needs in the most appropriate manner -- whether that is in one big facility or in a couple of locations will be determined. Again, our commitment remains to address the needs of those citizens in the appropriate manner. There will be a new functional plan and public input on that plan.

I am just looking to see what else the member asked. He fired off a number of questions here. I think I may have addressed the member's questions. If not, I am sure he will let me know.

**Mr. Mitchell:** The minister is correct, we will let him know.

Just to point something out to the minister, since he likes to talk about the March 24, 2005 Budget Address as simply making reference to an allocation in the current fiscal year, I would suggest that he would want to be careful in criticizing his Premier for misspeaking himself.

**Some Hon. Member:** Point of order.

#### Point of order

**Chair:** Mr. Cathers, on a point of order.

**Hon. Mr. Cathers:** The member should know he is putting words into my mouth. As I indicated yesterday, there is no disagreement between what the Premier said at that time and what I said. It is simply a problem with the member's interpretation of it.

#### Chair's ruling

**Chair:** On the point of order, there is no point of order.

**Mr. Mitchell:** The member should know by now that the Premier chooses his words carefully. Again, to read the words, had he wanted to say, "In the current year we will allocate \$5.2 million toward beginning to commence the construction of a health care facility, and then we'll spend another \$5 million over the next several years not getting it completed," I'm sure that's what the Hon. Premier would have said.

He actually used the \$5.2 million, not in the sense of a budget allocation, but if you look at his sentence structure, quite clearly it was descriptive of the facility when he said, "The Department of Health and Social Services is planning the construction of two \$5.2 million multi-level care facilities, in both Dawson City and Watson Lake." It's as much as if he had said "two yellow health care facilities" or "two purple health care facilities". It's descriptive. It says they are going to cost \$5.2 million. So, I'm sure that if the minister thinks back to his student days, he will know that you have to look at the sentence structure to see what the intent of the sentence was. We will leave it at that.

It's not really acceptable for us to ask questions in Question Period on one day -- and I recall asking questions and saying that I was asking questions of the minister now responsible for the emergency medical services -- but rather than the new minister standing on his feet, this minister stood on his feet to answer all those questions. I don't think it's really an acceptable procedure to play this sort of shell game and tell us that we really should ask the questions of the Community Services

minister about how the ambulance service is going to work, knowing full well that we've already cleared that department and yet in Question Period this minister continued to accept responsibility for that aspect of the portfolio. That led us to believe that we should address those questions in this sitting to this minister.

It is not an acceptable answer. It certainly isn't an acceptable excuse. This minister has clearly retained the responsibility for the portfolio until such time as it is transferred. That date has not yet occurred; therefore, this minister has to have answers. Since I asked the questions yesterday, this minister had lots of opportunity yesterday evening and this morning to get those answers from his colleague. I would ask him to do so.

I will ask him again how the ambulance services are intended to work with the participation of the full-time personnel who are being stationed in the rural communities, such as Dawson and Watson Lake, and if they will be available on a day shift only or if they are available on the evenings or on weekends. This minister should have those answers. You can't ask us to reopen a department that has already cleared, and he knows that.

Regarding Watson Lake, the minister now indicates that it was originally a 5,280-square-foot building and now it is some 25,000 square feet over two storeys. Obviously, if the footprint had not changed, we would have needed a five-storey building so we certainly understand that the footprint has changed. We still haven't heard a clear answer as to what stage in the process there were additional consultations with the community. I would just like to ask this minister why, in the two years plus that we've been asking question after question about this, he never came forward before -- or at least in the year and a half or so that he has been responsible for the portfolio -- with this novel answer now that we're getting more square footage per dollar, so to speak, by getting a 25,000-square-foot building for \$10,000 and counting.

In terms of this separate service building, it sounds like it's a bit of a work around to address the old code under which the existing hospital was built. I think there are probably difficulties in connecting the new building to the old building. The original building, of course, is subject only to the original code. But I believe that if you were to connect it and consider it to be one building, then the newer code might apply. And I certainly hope the minister will be able to find a boiler inspector when he needs one for the new services building.

**Some Hon. Member:** (Inaudible)

**Mr. Mitchell:** Yes. I'm going to ask a couple more questions because I find that the minister, three questions later, gets back to the former question. And now I'll ask some questions that I haven't asked.

On the medical travel fund of \$1.78 million, what is the breakdown? Is the medevac flight contract a part of these funds or separate from it? How much is the medevac contract? And I would ask: is that an open tender or an invitational tender and how do we pay for it? Is it per flight, or is there a fixed amount of threshold, or how does it work? But I am curious as to how that is tendered.

**Hon. Mr. Cathers:** In answer to the member's questions with regard to medical travel -- I'm not sure which line he's referring to here -- if he's referring to a specific line of the budget here -- but there have been some increases, of course, in our medical travel program. The enhancement to the subsidy for out-of-territory travel has increased from the previous level of \$30 per day on day four to a new level of \$75 per day, effective the second day of travel. There are some costs associated with that.

If the member is referring to the \$1.6 million, we've invested that annually in making that change, as well as the changes to in-territory travel -- bumping the rates up from 18.5 cents per kilometre travelled for rural residents to the new level of 30 cents per kilometre.

The third portion of the medical travel enhancements we announced last year includes, I believe, it's \$150,000 allocated this fiscal year for the patient navigator program, which we discussed previously in Question Period.

That includes an agreement that has already been established with Capital Health Authority in Edmonton and is in the process of getting up and running, and two pending agreements we are working on with the health authorities in Vancouver and Calgary to provide similar services. The idea of the patient navigator program is to have someone assisting Yukon citizens who require assistance in not only getting to appointments but accessing the services they need and ensuring people get to the appointments they are booked for and if they have a need for assistance with their travel arrangements that they don't miss those because of a lack of service.

When medically necessary we do provide the travel portion for medical escorts outside the territory, but there are some people who either do not have someone who could travel with them or who are not to a level where they medically need assistance, but it would be helpful to them and would ensure that the Yukon taxpayer does not face the cost of paying for missed appointments or for unnecessary travel for appointments that were missed. That is the basic concept of that program.

The medevac contract was put into place in late 2005 or early 2006. I can't recall the start date of that contract. The total amount is estimated at \$11 million over a three-year period. Prior to the contract being struck with Alkan Air, who has had the contract for over 20 years now, the department contacted the only two suppliers listed on the Yukon source list at that time who were eligible to provide such a service -- that being Alkan Air and Air North -- and asked them about their interest in such a bid. Air North indicated they did not intend to submit a bid at that time if the contract were tendered; therefore, the department saved the cost of developing a full tender package when we knew there was only going to be one bidder. An agreement was negotiated with Alkan Air, who has provided this fine service to Yukon citizens for over 20 years.

In the past the contract has undergone a number of forms of renewing it to them, both with a full public tender against competing bids. The previous case, where there was a request for expressions of interest in bidding on a contract -- and there was a time at one point in the past, I believe when it was also sole-sourced. But I hope that addresses the member's question.

Again, that's a fine Yukon company providing a fine service at obviously very competitive prices. Air North indicated that they were not interested in this service, but they do work with us in providing travel for Yukoners travelling Outside on booked airplane tickets through a medical travel program and also it provides a service that I think most, if not all, Yukon citizens are very pleased with and proud of. So I hope that has answered the member's questions in that area.

With regard to his questions that he again remarked on with the Watson Lake multi-level care facility, the member is partially right and partially wrong. The facilities will be connected, but there is a firewall between them, and that is because if they were fully connected and became essentially one building or an addition to a building, so to speak, it would have triggered the current code requirements. It would have been considered one structure, and the hospital met the code requirements of the day but does not currently meet code requirements.

The service building is designed to be able to provide services to the Watson Lake multi-level care facility currently under construction and a hospital at some point in time when a replacement project occurs. At that point in time, of course, it will achieve efficiency of services in that manner.

With regard to EMS, I'd like to thank the member for his rather patronizing remarks on the topic and note that the member should recall the fact that I've been pleased to answer questions in this area, but the member is delving into operational matters and details that will fall within Community Services.

In terms of that service, the minister can provide the details. My role and the role of the Department of Health and Social Services is to provide the structure for the new rural volunteer agreement, which has been agreed to by all except the former volunteers in Watson Lake. It is now in place and providing increased services and historic recognition of providing remuneration for hours when on standby or on call for those volunteers.

With regard to the primary care paramedic positions and their hours of operation, I know what work has gone into it by officials in Health and Social Services. The actual management of the hours, the details, the job descriptions and potential changes to that will be within Community Services, so it would not be appropriate for me to make a commitment of what they would do in that area. I can only speak to what Health and Social Services provided in terms of structure, but it's only fair and reasonable for me to leave that minister in that department with the discretion they need in establishing the program and establishing and/or changing the hours of operation and times of day for those two positions in those two communities.

I think that may have answered the member's questions and I look forward to more comments.

**Mr. Mitchell:** He responded to the member's questions and in some cases answered them. The shuffling of the EMS between two departments seems to have left us with an inability for any minister, during this sitting, to answer those questions, because we did ask them of the incoming minister -- he didn't answer -- and now this minister is saying he can't answer -- he used the future tense-- "because it's going to be a

different department," but we're in the now, not in the future. This is why I thought this minister would answer.

The minister made reference to the former Watson Lake crew. He said that there has been an agreement with everyone except for the former Watson Lake crew. I'm curious. Does that mean that there is another Watson Lake crew that has agreed to this -- an incoming or new 2008 Watson Lake ambulance attendant crew? It's a little unclear what he means when he says, "Everybody but the former crew has accepted it." That would seem to have been the only volunteer crew in Watson Lake. He might be able to clarify that. He might be able to clarify that when he is next on his feet.

I think I'd like to move on to some other areas. I would like to ask about the mould in the children's receiving home. When did the minister first know about this? What is the status of what is being done? I believe the minister made some statements about there being no health risk to any children, clients or employees. I'm wondering if the minister can inform us of what scientific or medical studies the minister is relying on in saying that there was no health risk and that no one was at risk. How did the minister or the department make that determination? It was certainly a concern that was expressed by employees and it was a concern expressed by the union responsible for the employees, and it was a concern expressed to us by people and families who had children who had been in that home.

Since we're on the topic of mould and we're going to get mouldy answers, I'll lump into it the Thomson Centre that the minister referred to earlier. Is the minister now able to tell us when the Thomson Centre will be open? Is the minister finally confident of a projected date for that? Can the minister tell us how much money has been spent to date on addressing the problems at the Thomson Centre? I know that the minister will make reference to the poor construction under an NDP government of that centre, but we still want to -- the minister is acknowledging that he's planning on addressing that issue, and that's fine -- how much it is costing taxpayers.

**Hon. Mr. Cathers:** First I'll begin with the member's questions about the former ambulance volunteers in Watson Lake. I think the member ought to recognize that the volunteers turned in their radios in July and indicated that they were not able and interested in providing service any more under the current structure. The new structure that was provided was dealt with through the designated negotiating representatives of the rural volunteer ambulance crews. It has been accepted by all volunteers in all communities where service is currently being provided. That includes in Dawson City where members of the volunteer crew had walked away but have chosen to come back to accept the new rural volunteer agreement. We welcome them back, as much as we appreciate the work of all those in all communities who have provided volunteer ambulance services to their fellow citizens.

With regard to the volunteers in Watson Lake, they did not accept the agreement that is now in place. Once this is transferred to Community Services, Community Services will have the responsibility of either recruiting new volunteers or re-engaging previous volunteers at their discretion.

I would remind the member opposite that back in 2004, volunteers in Teslin turned in their radios and indicated at that time that they were not willing to resume service. The department did a recruitment drive in Teslin and now, as of the last update I received, there were 18 volunteers in Teslin. I'm sure the focus of Community Services will be on welcoming all who would be interested in providing services under the new rural volunteer remuneration package.

With regard to the transfer I can tell the member opposite that the transfer is going to happen from Health and Social Services to Community Services this month. That will be dealt with very shortly here; within days it will take place. At that point in time Community Services will determine how they work with their staff in those areas. Of course the primary care paramedic positions will be staff of the Department of Community Services and, therefore, under the operational authority of the staff of that department. They will be reporting through the protective services branch and details around their operation will be in an operational public service manner managed by officials in that department under the leadership of the Deputy Minister of Community Services.

Moving on to the children's receiving home in answer to the member's questions, as soon as we identified there were issues with the home, the Property Management Agency was requested to investigate several patches around sink taps and near the toilet in the children's receiving home. It was determined that those spots were not mould. While the Property Management Agency was investigating them, it discovered a patch that it was believed might be mould.

Theodor Sterling Associates Ltd. was contracted to perform a mould analysis throughout the building. They confirm the existence of mould and, due to the age of the building, recommended that testing for asbestos occur. Samples of drywall tested by Bodycote Testing Group confirmed the existence of asbestos. PMA has taken the steps to clean up mould and repair the affected areas, as well as seal off areas that have not been repaired to date. As far as the steps being taken, the member's question of my determining that this place was safe -- I don't make those determinations. I rely on the experts.

Occupational health and safety branch has reviewed the building. Of course the Yukon government's own staff who are experts in this matter through Public Service Commission and Property Management Agency have reviewed this matter. The experts have assured me that they are confident that there is no existing health risk, as long as the areas that are under question remain sealed off as they are, and they confirm that it is fine.

Again, the member can debate that all he wishes, but I'm not an expert in these matters. Unless I'm very mistaken, I don't believe the member opposite is an expert either. I have to rely on the advice that is provided. That is the advice that is provided to me. Again, I'm assured that there is no health risk to the children there or to the staff until such time as those areas are disturbed.

However, steps are underway to look for alternative accommodation for the children and, of course, the staff at that facility, thus enabling us to repair or replace the children's receiving home. That work is ongoing and at such point as we

can make an announcement in that area we will certainly do so. Again, we recognize that it is an issue and staff of Health and Social Services and the Property Management Agency are taking the appropriate steps to identify alternative facilities. But of course, as the member ought to be aware, there are not a large number of facilities simply constructed and waiting vacant. That, of course, is an understatement. There aren't facilities just waiting around to be the new location for the children's receiving home or for a portion of the children there. So steps have to be taken to identify alternative accommodation, thus giving the ability to either repair or replace that building.

With regard to the Thomson Centre, again, we've had the full report, the detailed analysis. Theodor Stirling Associates Ltd. has reviewed that building. The plan is currently before Cabinet for their consideration, including the necessary steps, costs and proposed date for opening. I'm certainly looking forward to being able to announce that at the earliest possible date, but I can't pre-empt Cabinet's consideration of these matters.

I can tell the member opposite that if we do receive Cabinet approval on these matters, we may see some work take place within the early part of the next year and steps will be taken once Cabinet has made its consideration and has, hopefully, approved the plan that we have presented. Steps will be taken to move toward meeting the commitment we made in the 2006 election platform to reopen the Thomson Centre with 44 beds for continuing care, including in that a seven-bed palliative care unit. The plan we have presented to Cabinet addresses this commitment.

We look forward to, hopefully, having it approved in the not-too-distant future and being able to make an announcement in that area.

**Mr. Mitchell:** No, I have no expectation that the minister has particular expertise in this area, despite the laudatory and somewhat amusing comments made on the government motion day regarding technical training on the minister's behalf by his colleague, the Minister of Justice, which I believe eventually made reference to carpenters, tablet carvers and led to a very amusing reference in the local newspaper to fishes and loaves.

The minister's colleague certainly has great faith in the minister, but I don't quite put my faith at that level.

If the minister checks the Blues tomorrow, he will see that I did make reference to what studies, or medical or scientific advice the minister was relying on in making the determination that the building was safe -- but we'll move on.

I have some questions for the minister around the Whitehorse General Hospital, which is funded by this department. I recognize the minister can talk about the arm's length in terms of the hospital being governed by a board; nevertheless, a great deal of money from the annual budget goes to the Whitehorse General Hospital, and I believe money from this budget also. Since we're responsible for asking questions about the money, we'll try to ask some questions relating to the operations regarding the spending of the money.

One question I asked recently in Question Period -- and I have to say it led to at least one phone call from an employee at the hospital to say there were ongoing concerns. I want to as-

sure the minister I am not suggesting any particular concerns with any particular person or official or employee. For example, I'm not making reference to the current CEO of the hospital but rather to problems that may be systemic in nature and ongoing.

The task force, which was announced last spring in this Assembly -- and I recognize there was a different CEO in charge at the time -- was referenced in questions in this Assembly and during Health and Social Services debate, so I think it's appropriate to ask.

In response to a question a couple of weeks ago, the minister said I was quite correct that it had met only once. I've since heard from nurses working in the hospital some disappointment in the fact that, although they were somewhat skeptical about what positive actions might occur as a result of the task force, they had in good faith nominated one in their midst to serve on it to address a series of issues. That person was ready and had done a great deal of preparation in anticipation of the next meeting, had a lot of documents and papers gathered together and had interviewed many of her co-workers, then the meeting was cancelled.

The minister, in his response during Question Period -- I don't have that right in front of me -- indicated that the task-force still exists but it was more or less in abeyance. Those weren't the minister's words, but he said it existed and it could be reconstituted if required. It still existed, but they were looking at other avenues right now.

It was suggested to us by some employees at the Whitehorse General Hospital that they would like to have seen it carried forward now rather than it be an emergency stop-gap -- that, when things deteriorate, we will haul out the taskforce, so to speak -- but to deal with more systemic problems.

Some of the problems we have heard about, so I will ask questions. Some relate to the shortage of operating room nurses on a periodic basis. I am wondering if the minister knows if there is a full complement of operating room nurses available now. In the absence of that, has the operating room at the hospital ever been not available for use over the course of the last, shall we say, six months due to a shortage of qualified operating room nurses?

I am going to put a bunch of these questions together. I am told that there continues to be an ongoing nursing shortage. I know that there is a national shortage in many jurisdictions, and I understand we are competing for qualified personnel. Perhaps the minister could update us on how additional staffing is being recruited and whether the incentives that have been put in place and the recruitment that is being done are having the desired effect.

I have also been told that, because of the turnover and the retirement of nurses as the bulge of a certain generation moves through the system, there has been difficulty in recruiting experienced nurses, and there is a higher and higher percentage of very recent graduates working at the hospital, which leads to problems of there being people working together on shifts where perhaps none of the nurses present have the long experience to bring to bear on particular health issues.

We've been told that one of the mental health nurses has recently resigned and is not being replaced or perhaps is not able to be replaced. There can be up to four mental health patients on the ward or in the hospital at any one time, and this is leading to people who are not qualified mental health nurses having to deal with these issues.

We have also been told that there is a shortage of intensive care unit nurses and therefore it is difficult to actually keep patients in the intensive care unit who should be there. As a result, some of those patients have ended up being on other wards where nurses have responsibility for perhaps five or more patients and do not necessarily have the experience or the equipment present to deal with those particular issues.

We have also been told that there is not an occupational health and safety person available. We want to know if that is actually the case. Since this minister is also responsible for workers' compensation and occupational health and safety, he may have some insight into that.

There have been some other specific things. I know the minister may say some of these are operational issues, but this is the only venue we have for asking these questions when people phone us with these concerns.

One concern that was raised was that there didn't used to be an overhead sling for moving deceased patients in the morgue. This equipment was installed but the associated slings and remote control were not installed in a timely manner. As a result, there was a sort of jury-rigged system in place and nurses had to physically move deceased patients from one location to another. They were very upset at this, because it is a small jurisdiction. They considered the manual lifting to be an occupational health and safety concern, and if they were to stagger and drop an individual, they would feel very discomforted as these were patients that they were formerly dealing with over a period of time or deceased friends and neighbours. I am trying to put this as delicately as possible, but the concern was expressed to us by nurses who phoned us and told us about this concern.

I'm hoping that the minister may have some answer. I will say that the phone calls that we've had have included saying that the nurses met with the minister several months ago and expressed some of these concerns directly to the minister in a meeting -- I don't know whether this had to do with the task-force because I'm not sure of the nature of the meeting -- but that the conditions persist and have not been addressed, despite addressing them to the minister. They have told us that management is aware of the issues but they remain or that management is ignoring them.

Can the minister address what sounds like a continued unhappy scenario at Whitehorse General Hospital? What is being done for the recruitment of a psychiatric nurse or nurses? What is occurring? How many new employees have been hired based on the recruitment to deal with the increased service demands in the areas of children in care, family support services, adoption, foster care, supported independent living, adult protection, health promotion, community nursing -- that is for additional employees, not simply replacing retirees. Is there any increase in staffing?

**Hon. Mr. Cathers:** The latter list of positions that the member just referenced are not within the hospital. I'm not quite sure where the member is getting to with that.

In answer to his questions regarding the hospital -- yes, the taskforce met once earlier in the summer. There is, of course, a new CEO in place. He took over the job on October 1. He needs some time, although he does have a long background in the public service in the Yukon of 17 years and he was a director of insured health within the Department of Health and Social Services. There is still, with any such job of this size, some time required to get up to speed. There is for anyone who is put into it. Even if they have previous experience in an identical position in another hospital, there is time required to get their feet under them and get up to speed on the issues of the hospital and to move forward on that.

What I want to indicate to the member is we do understand there are challenges at the hospital. There are frustrations. I want to take this opportunity to express my confidence that, under the leadership of the new CEO, the appropriate steps will be taken to involve the staff, to hear their concerns, and to work with them. They have commenced a major strategic planning exercise that will involve the staff and also involve the board. My understanding is that the board and the CEO both feel that this would be the most appropriate step.

Part of this process, although it's a little different from the task force approach, is intended to address the same issues. I think I can speak for the new CEO in saying that he's very interested in hearing from the staff and from their representatives on the issues that they have and proposed solutions, and appropriate steps will be taken to work with them and to address those issues.

The issue of operating room nurses: yes, that was an issue. There were challenges in recruiting. There were positions that were advertised for and no qualified applicants were found. We did provide additional funding to Whitehorse General Hospital earlier this year -- I can't recall the exact dates -- to assist them in addressing this need and to assist them in providing training to hospital nurses in-house, since they were not able to recruit qualified OR nurses from Outside, and enable them to train some of their existing staff to that level of qualification.

That, of course, does take some time and will require some steps to be taken when they are away to backfill those positions. But we've provided them funding for that purpose, as per their request. It is an area where the challenge is being faced -- the area of a declining number of health care professionals nationally. It is becoming an issue, particularly in the specialty areas. This includes the operating room and the intensive care unit, and we do not have an easy solution for it. Increased training of Yukon citizens, including existing staff, will have to be a key part of moving forward and addressing this challenge to the best of our ability.

But I want to emphasize to members that it should not be underestimated by any member of this Assembly the challenge that will be faced nationally by our health care system due to the declining number of health care professionals. For nurses alone, it is projected that within about the next five to 10 years there will be a 25-percent shortage of nurses; there will only be

75 percent of the number of nurses nationally that are needed in hospitals.

The steps, at this point in time, also based on the report from the Canadian Nurses Association funded by the federal government -- their *Toward 2020: Visions for Nursing* assessment presentation was made last to the Yukon Registered Association AGM. That report -- again, nurses conducted that report through the Canadian Nurses Association -- expressed the opinion and conclusion that it was too late to address the demand for nurses simply by training more. Although that must be part of it, the button on that needed to have been pushed 10 years prior. In addition to training, there needed to be steps taken to address issues, the scope of practice, delivering services more efficiently, et cetera -- because there was simply far too large a gap that would occur due to retirements in that area.

Putting it simply for the members opposite, we recognized that the components of the health human resources strategy that have been announced to date and addressed are only a part of what will be required for the Yukon to face the challenges that will be part of the wave that is occurring nationally -- what has been referred to by some as the "grey tsunami", the retirement of the baby-boomer generation. At the same time as they retire from the workforce, others of that same generation will be reaching the age where they create an increased demand on the system. That is something to which there are many parts, including in some cases immigration from other areas, repatriation of Canadian doctors and nurses who are in other countries and have left for work in those areas. That applies to other health professions as well. Another area includes increased training and focus on areas such as the bursary that we have in place for nursing and medical education. It includes the nurse mentoring program that we have put into place this year. That will be another part -- again, having more experienced nurses training younger, less experienced nurses to take over their positions. There will be many components.

What I want to make clear to the members opposite is that we recognize that more work needs to be done in this area. Quite frankly, no jurisdiction in Canada has, to date, come up with a plan that will sufficiently address the problems that are there. The Yukon solution will be working with the health care professionals, working with the staff of Health and Social Services and staff of the hospital in determining how we can best add to what we have already put in place and addressing the challenges we will be facing in the not-too-distant future.

In another area I indicated we'd provided increased funding to the hospital for operating room nurses -- that being, of course, funding for training existing nurses to be able to take on those roles. We've also provided funding -- the totals of new funding provided in this fiscal year include \$180,000 in new money, and I'm referring to after the date of the signing of the contract with the hospital in the spring.

Under the territorial health access fund we've provided to them \$180,000 of increased funding for positions and \$350,000 for education to increase their service capacity.

So, again, we're working with them in this area, but more work needs to be done. We will be giving the new CEO the opportunity to proceed. Of course it is his responsibility and the

board's responsibility to address matters within the Hospital Corporation. They have commenced a major strategic planning exercise, which will include involving the staff, and it is intended to ensure that, through that method, they are hearing from the staff and coming up with the steps necessary to address the current challenges and frustrations at the hospital in the appropriate matter and to begin the steps for planning for the future in this area.

Again, as I believe I've indicated previously to members opposite, when I met with the board of the hospital in October, I indicated to them again that we recognize that the health human resources strategy components announced to date, while we are very pleased with them and proud of them and believe they are a significant step forward, are not the end game. There needs to be further work together to determine how we cope with what is nationally a looming challenge that will create great pressure on every health care system from coast to coast.

We need to recognize that the old way of doing business quite simply will not work to address the demands of the future. By involving all involved, including the staff, administration and governance, we need to determine together the most effective ways of changing the way we work together and the way we do business to most effectively meet those challenges, ensure that the Yukon's health care system remains strong, and improve services wherever possible in future years in the face of these admittedly significant challenges.

In the area of mental health, I can't speak to the exact positions and the current status. I know there have been some areas that they've had challenges in recruiting for at the hospital. I can also tell the member opposite that we're working with the hospital, as I've indicated, in expanding their mental health capacity, both in terms of renovations and in terms of staffing. At such point as those details are finalized, we will be announcing them. The member and any Yukoners entering Whitehorse General Hospital will see some changes in the facility as a result of those renovations. Those details are being finalized. The offer has been made, and it is one way that we're working with the board and the new CEO of Yukon Hospital Corporation, which is responsible for Whitehorse General Hospital. We're working with them to address some of the existing challenges and expanding the capacity for mental health.

As I've remarked previously to members in this House, we've taken a number of steps already to improve mental health services in the Yukon -- providing a rural mental health clinician based out of Dawson City to serve rural Yukon, not only Dawson City but also surrounding areas. I believe ads have already been placed in the paper for advertising for a new rural clinician position that would be based out of either Haines Junction or Watson Lake to provide increased services to rural Yukon. Then, in addition to that, we've created a youth clinician for mental health based out of Whitehorse. We have a new psychiatrist, a second psychiatrist, who will be providing services beginning on January 1 of this coming calendar year.

Work is underway -- some planning work has occurred to date and more will be necessary to address not only the changes that are planned for Whitehorse General Hospital for

mental health capacity but to address the needs within the community as well.

We look forward to making those announcements once those details are finalized. I would hope that the member recognizes and appreciates -- and I would encourage him to take a look at the government Web site -- in reviewing press releases alone, which reflect a small part of what officials at Health and Social Services do, I would encourage him to recognize the fact that officials of Health and Social Services have been working on a number of very significant strategic initiatives, including social assistance reform. This also includes some of the increases that I referred to for NGOs, which include Hospice and Food for Learning. It includes the support that we've provided to the Outreach van and increased support to what used to be the Yukon Family Services Association and is now Many Rivers Counselling Services. There is increased support to the Child Development Centre, which we'll be announcing shortly as it has just been approved. This includes the ongoing support in many areas such as increased funding on the issue of support for women at risk and women's shelters, as has come up previously in debate.

I was reviewing the numbers of total funding provided through the Department of Health and Social Services to the Dawson women's shelter, to Kaushee's Place and to Help and Hope for Families Society in Watson Lake. This is compared to what it was under our predecessors, the Liberal administration. We have increased the total funding by \$236,000 from the level it was at under the Liberal watch for these areas, amounting to current funding in 2007-08 of \$210,300 for the Dawson women's shelter, \$804,592 for Kaushee's Place, and \$212,300 for Help and Hope for Families Society in Watson Lake. Of course if the member adds the numbers up, he can see that we're dealing with over \$1.2 million in total funding for these organizations.

This is one small part of the NGOs that we fund. NGOs funded through Health and Social Services in 2007-08 include, to begin with: the Recreation and Parks Association, \$10,600; Liard Basin task force youth intervention worker, \$72,000; Blood Ties Four Directions, \$167,000; Second Opinion Society, \$93,000; Yukon Family Services Association, which is now Many Rivers Counselling Services, \$1.1 million; chronic condition self-management program, \$5,000; Yukon Family Services Association or the outreach workers to assist the Outreach van, \$191,000; Hospice Yukon, \$234,000; Signpost Seniors in Watson Lake, \$42,000; St. Elias Seniors Society in Haines Junction, \$23,000; United Way, \$10,000; Sport Yukon, \$63,000; Yukon Food for Learning, a new level of just under \$92,000; for the Cycle to Walk, the Ramesh Ferris initiative, where this individual will be cycling across the country to raise awareness of the importance of immunization and to raise money for eradicating polio, we are providing him with \$15,000; Foster Parents Association, \$15,000; Autism Yukon, \$70,000; Skookum Jim Friendship Centre, \$46,500; Teen Parent access to education, \$18,000; Child Development Centre, a total of just over \$1.5 million through two contracts; Kaushee's Place, \$805,000; Help and Hope for Families Society in Watson Lake, \$212,000; Dawson City Women's Shelter, \$210,000;

Kwanlin Dun First Nation child welfare, \$64,000; group homes through family and children's services, \$649,000; the Yukon Council on Aging, \$41,000; Yukon Association for Community Living, \$60,000; Learning Disabilities Association of Yukon, \$121,5000; Yukon Council on Disabilities, \$25,000; Challenge, \$502,800; Line of Life, \$35,600, which is an increase from what they previously received. I believe it's an increase of \$20,000 over the previous level.

I'm not sure how familiar members are with this group, but they provide excellent value for dollar in terms of services to Yukon citizens. I can speak from family experience with two relatives in Ontario, my grandmother and great-uncle, who are at home through a similar service. If they were not able to access this -- as members may or may not be familiar with, it is a service that provides seniors with the ability to have a button around their neck so, if they fall down, they can push the button and receive help in their home. They also have a unit in their house and they have to flip a switch on every once in awhile or they are contacted through the support organization to see if they're still okay. I know this, as I said, because of personal family experience in Ontario. It provides two relatives of mine the ability to remain in their own homes and not expend their resources or the resources of the taxpayers of that jurisdiction by being in a continuing care facility, plus their quality of life is improved by the fact they are in the home they have lived in for many years and wish to remain in. In the Yukon, we assist this organization with \$35,000, and it provides a similar service to Yukon senior citizens. It's very efficient funding. The work by volunteers is very much appreciated and it assists Yukon seniors to remain in their homes.

Before my time is up, Mr. Chair, I'd like to highlight the funding to Teegatha'Oh Zheh, \$946,000, and to the city for the Handy Bus, \$184,000.

**Mr. Mitchell:** Well, thank you, Mr. Chair. The minister is certainly colourful this afternoon. We've heard of the welfare wall and the great tsunami. So it's certainly entertaining.

Perhaps if the minister would use less of his time reading the list of contribution agreements, he could spend more of his time actually answering the questions. For the minister's edification, we do, in fact, in the Official Opposition, check the government Web site. That is, for example, how we discovered internal audit reports dated January 2007 that are released in November of 2007. So we certainly do look at the government Web sites.

Perhaps the minister, if he wants to read about all of these contribution agreements to NGOs -- and we know they do a lot of good work -- he might want to tell us if they have a handle on actually knowing whether they're getting the work that they're asking for.

The minister mentioned a few things in his response. I noticed that he didn't answer the question regarding whether, over the last six months, the operating room has ever been closed due to a lack of qualified operating room nurses. He talked about systemic problems across Canada and the challenges of dealing with them and that it's going to get worse before it gets better in the future. I can agree with the minister on that.

However, neither the minister nor I can change the demographics or go back in history and push the button he referred to 10 years ago. So perhaps I'll take the minister up on some of the things he did state. Again, for the record, I'm hoping when he next stands on his feet he can answer the question about the OR and also whether the ICU has been closed for lack of qualified nurses on any occasion -- or not available, if "closed" is not the term.

The minister mentioned several programs. He mentioned the health human resources strategy, so I will ask him if he can tell us -- if he is tracking how the strategy is working -- how many new health professionals, including physicians, nurses and others, have been brought in specifically due to this plan? Can the minister tell us specifically as a result of this strategy if he is able to separate that out from simply personnel coming in who may or may not be because of that specific plan?

Since he mentioned it I will also ask about the nurse mentorship program. Is there some measure that the minister's department has put in place that allows the department to track how that is working? If so, could the minister provide us with an update on that and how it has worked, including the additional staffing in this budget to respond to the increased service demands? I mentioned some of the various areas when I was last on my feet, such as children in care, family support services, adoption and foster care. The minister thought I was only speaking in terms of the hospital and was a little confused by the question, but I am not speaking only in terms of the hospital, but rather as a result of the nurse mentorship program.

In terms of the nursing shortage in general, what else is being done -- again, in terms of recruitment for a psychiatric nurse and additional operating room nurses. How is that occurring? The minister mentioned wanting to give the new CEO of the hospital time to address some of the systemic problems, and he mentioned meeting with him. Again, we have no quarrel with the individual or his qualifications. We know he is a long-time Yukoner. We know he has previous experience within the Department of Health and Social Services in various areas. Perhaps when he is meeting with either the chair of the hospital board or the CEO of the hospital, he might inquire as to whether they think it might be worthwhile to re-establish or reactivate that taskforce. There was a great deal of fanfare around it at the time it was announced in the spring, and I don't recall any part of that announcement tying it to the possible shortcomings of the former CEO. Rather, it was to address a series of issues that had manifested at the hospital.

I don't recall it being announced that this would only be in place until such time as the services of the CEO were terminated and then it would be gone again. I think the employees responded in good faith by nominating people to take part, not only from among the nurses I mentioned, but from various levels of employment at the hospital. So, it would be good if things like that, when they are announced, carry forward. Then, perhaps, instead of waiting until things boil over, the issues at hand could be dealt with on a systematic basis.

While I'm on my feet I'd also like to ask the minister about the PSAC negotiations. When does that contract expire, and how is that coming along? I'm hoping it won't take the minister

24 minutes to answer five or six minutes' worth of questions. Perhaps I'll sit down and not make the list any longer, but when the minister responds -- I'll just add to it -- the number of doctors from the various strategies -- does the minister know how many doctors are currently working in Yukon? And can the minister express that in terms of full-time equivalents? I know there are a great number of doctors who share practices, but are we increasing the actual service delivery to Yukoners?

I go to a practice where three doctors share the practice. The minister seems frustrated at the nature of the question, but it's -- we still get contacted by orphaned patients, and that's why we ask the questions. Is the situation improving? Is the government tracking this?

And one more thing -- wait times, and specifically orthopaedic -- wait times for orthopaedic surgeries. Is the government working toward a strategy of addressing that? I know that in the health access fund, each jurisdiction picked a particular area to meet certain goals across the country, and I know this was not the area the Yukon chose. Perhaps it will be in the future for other funding.

I know I have written to the minister on at least one occasion, and I will be writing to him again on behalf of constituents who are struggling to carry forward, both in their employment and family lives, while they wait for hip operations and knee operations, in particular. While these may not be seen as life threatening in the nature of the sort of things that require people to be medevaced out -- and you obviously go immediately -- it is still a huge drain on the quality of life for the individuals involved, because they are struggling not only to be able to work at their jobs, but to complete the tasks involved in daily living in Yukon.

**Hon. Mr. Cathers:** Mr. Chair, I'll answer the minister's questions in not quite the order that he asked them but in the area that I've noted them.

The member's question about tracking programs and whether he can express new doctors in terms of FTEs -- I'm shocked at the question. The member ought to know that the answer is no. The system doesn't do that. We don't employ the doctors. We pay them on a fee-for-service basis. A doctor's hours that they're working and their comparison to an FTE position can change on a weekly or monthly basis. They are private business people. They choose to see patients through their professional corporation and their services when they choose to book them. They choose to take holidays when they choose to book them, and it is and will always remain at their discretion to do so, as long as they remain owning their private practices, which, of course, is the structure not only in the Yukon but in most of the country. So to ask me to make that comparison is just a ridiculous question.

In terms of the actual number of those who have been attracted through incentives, the numbers are a bit of a moving target. We have had some setting up as a result of this, both through the family physician incentive program for new graduates and the funding provided through the YMA to assist doctors in renovating an existing practice, resulting in the creation of space for at least one new doctor and the actual hiring of one doctor providing service. These things are seeing some fruit.

As the member may or may not be aware, there is a new practice opening up tomorrow with, I believe, three doctors providing service out of there. We have had new doctors coming in through there, as well as through the nominee program, I believe, involving education in terms of skilled workers. I believe there are two new doctors through that as well.

We have had some success. One thing I indicated, not only to department officials, but to the Yukon Medical Association, the Yukon Registered Nurses Association, the board of Whitehorse General Hospital and the CEO of the hospital, is that we would be looking for feedback from them on how well those programs are working and how we can enhance them -- what we need to do to build on them.

They are still very new programs. It's very difficult to analyze a program during its first time in operation because you run into things such as the need to spread the awareness of the program and the fact that somebody who has expressed an interest in accessing the program may not have reached the stage where they are ready to do so. That is the case with both the family physician incentive program and the other assistance. Through these areas we've had expressions of interest that we believe will bear fruit in terms of doctors moving into the territory. They have indicated an interest in doing so, but they are finishing medical school or they are resolving some family matters in an area or an existing commitment before moving up. We will probably have more information on that in a few months from now than we do today. A year from now we will have had more time to evaluate the program.

As members may recall, we announced the strategy in March 2006. The programs were rolled out over the summer and early fall of 2006. The nurse mentoring program, the social worker mentoring program and the additional enhancements with the YMA for the creation of new office space in an existing practice were announced earlier in this fiscal year.

The indication is that the response has been very positive. We have not reached the point yet where we can properly determine whether the system needs to be revised or not. There may be a need down the road to make changes to things such as the family physician incentive program, which provides \$50,000 over a period of five years to recent graduates of a Canadian institution or a Canadian citizen who has graduated from another institution and is eligible for the College of Family Physicians of Canada exam and has completed that level.

We will see as time goes on how well this is working. It has resulted in a handful of new doctors to date, but more work is underway. We look forward to evaluating it. We recognize two things: one, the problem of people not having access to a family doctor has not been completely resolved and, two, it has been significantly reduced in terms of the number of people who are orphan patients versus what the case was two years ago. So we are seeing success.

We think that it is positive and we recognize that the road has not yet finished being travelled. We'll determine as we see throughout the course of the next year the results of the programs that have been launched, as awareness has been built and people have had time to make their plans. After that, we'll be in a better position to evaluate that.

As I indicated, I have already asked the associations that I mentioned for feedback and for comment on how well they think that it is working. Of course, we've had the internal reports from the department and, once I've received a comment from those stakeholders and member organizations, we'll be in a better position to provide a report to members of the Assembly that reflects not only the department's perspective but the perspective of stakeholders. So we'll wait for that point before getting into a lot of other details.

The bursary programs to date have been awarded to 26 Yukon students. The medical education bursary is providing support to a total of eight students. That includes four new ones that were announced in September of this year and four from last year. Seven recipients of that are in medical school, receiving \$10,000 per year in support from the health human resources strategy under the medical education bursary. The eighth is presently in second-year family medicine residency in the Yukon and is receiving \$15,000; because as I've indicated before, we provide an additional incentive for those who set up their residency period here.

This is a factor that applies not only to those individuals but also in the area of the member's questions previously about the ability to recruit experienced nurses: health professionals are just like any other citizen. Once they get settled in an area and build a family, have their kids in school, have a circle of friends, they are less likely to relocate than if you catch them at the beginning of their career before they put down roots.

Returning to our bursary program, bursary recipients include a total of 11 students being funded under the nursing education bursary and seven students funded under the health profession education bursary, bringing the total of Yukoners being assisted through our new bursary programs announced only last year to 26. Once the seven Yukon citizens being funded through the medical education bursary return from medical school, as we hope they will -- and hopefully they will set up family residency and we will continue supporting them in that area -- that will increase the resources in that area. As well, the one recipient of the bursary who is currently in his period of residency is already -- although he is required to practise under the supervision of a fully qualified doctor, it does enhance their ability to see and treat patients. So, it's one more step in providing increased service capacity.

As I indicated before, we don't consider it acceptable that anyone is not able to receive access to a doctor when they need to do so. Until that point is reached, the work must continue and will. We will look to evaluate the success of these programs once they have had some time to be up and running for enough time to have a realistic and appropriate evaluation.

Moving back to the hospital, the member mentioned funding for mammography under the territorial health access fund. He's wrong on the source of that. The wait-time guarantee is the wait time guarantee trust, created by the current federal government. We will receive \$4.3 million over a period of three years under that funding, enabling us to reduce wait times, including meeting our commitment to implement a wait-time guarantee for mammography. The details of that have not yet been ironed out. We're waiting for the plan from the hospi-

tal and will, of course, provide them funding in that area to appropriately address that need at the earliest possible opportunity. It will likely include funding for both capital and for some operational support, in terms of staffing.

It also is not expected to use anywhere near the total amount received under that funding and the surplus of the funds, once the amount that we committed to address is completed, will be used for other areas, including enhancing our medical travel, timely access to care outside of the Yukon, and we will also be looking to reduce the wait times for orthopaedic services, both through that method and through further increasing the Yukon's capacity to provide knee surgeries locally.

When the program was first put in place, I believe a total of six were provided in the first year. It was increased to nine last year and is at 12 in this current fiscal year. This is increasing Yukoners' ability to have timely access to care. Again, I recognize the member's concern about the wait times in that area, and I don't consider the current wait times something we're prepared to accept for very long, which is why it is an area we will be addressing through this funding.

I would point out that, lest the member be tempted to say we should just provide the funding now, a key challenge we face in this is the need to work with doctors, particular in enhancing our access to additional specialists in B.C. and Alberta. Doctors have a tendency to work with specialists they have a comfort level with, and there are some challenges in enhancing the programming details, aside from funding. As is the case for the wait time guaranteed for mammography, the funding is sitting there waiting but we have to work out the planning and program details with our partners, and those details have yet to be ironed out. We look forward to them being done and to having reduced wait times for mammography and orthopaedic services in the not too distant future. Timely access to care is an area we're all concerned about and is key priority.

A key priority for me and this government is reducing Yukoners' wait times for those services. We will be investing in those areas through the federal funding and will continue to invest, as we have in the past, through our own resources.

The member also asked about nurse mentorship. This is a new program that was just established early this year. The coordinator was hired in June, I believe. There is some programming work, although it is already occurring and mentorship is already taking place within the hospital, within community nursing, and within continuing care.

At this point, it is so early in that program that it would be very difficult to provide any evaluation of the number through there. I believe we sent out a press release earlier in the year identifying the number that had been taken under the wing, so to speak, in the mentorship program. I don't have that number in front of me and would refer the member to the Web site in that area.

With regard to the hospital and the task force and the member's suggestion that this was a good way of dealing with things, what I want to emphasize on this is that both the establishment of the task force and the decision to focus right now on areas, such as strategic planning and, of course, the negotiation of the contracts ending with the two unions at the hospital,

I'm not going to be overly prescriptive as minister in telling administrative staff within the Hospital Corporation how they should work with their staff.

I'm not going to be too prescriptive in telling the board how to do it. What I expect is that they work together effectively to deliver effective results. If they have chosen, as they have, to not focus on a task force at this point in time but focus, rather, on strategic planning and on the completion of the contracts and work with staff through other matters and other means, I'm certainly prepared to allow them to do that. They have indicated, as well, to me that they may reactivate the task force or come up with a bit of a different structure to enhance what they're currently doing there. As I have indicated to the board, what I expect on behalf of the government and the public is for them to effectively work together -- that the board, the administration and the staff work together effectively -- in addressing existing challenges, frustrations and operational issues and planning for the future. It will leave them the leeway to determine how they do it. We expect results, we expect solutions, and we expect cooperation and a positive working relationship.

With regard to NGO funding, I was very disturbed by the member's questions of wondering whether we're getting the work we paid for from NGOs. I certainly hope it was not his assertion to accuse these NGOs of not providing effective services. Certainly officials work on the details of the contracts. I do not stipulate those details. I certainly approve the contracts that are above the threshold and thus require the ministerial signature.

These are dealt with by the very capable officials of Health and Social Services. They work on these areas. They do pay close attention to ensure that they, to the very best of their training, ability and experience, are exercising the due diligence that the taxpayers expect of all in the public system, and I'm confident that we're doing a good job. I certainly hope the member isn't making those accusations, because we have worked not only on these matters -- and not only through the good work of officials here -- but this is the government that has asked for the critical review that previous governments avoided.

We've called in the Auditor General to review the Mayo-Dawson transmission line constructed by the former Liberal government. As Minister of Health and Social Services, in providing the contribution to the Yukon Hospital Corporation to assist them in funding their pension deficit, I insisted that the step be taken on behalf of Yukoners to make the Auditor General the auditor for the hospital to ensure the highest level of accountability. Approval was required by Cabinet. The letter is signed by me to the Auditor General requesting that they review that. They accepted that and we were pleased that they have done so.

We will continue to work with the Auditor General's Office and our internal audit to ask for the critical review and ask for the critical advice to ensure that all steps are taken to evaluate what is being done and, if there is any way, shape or form we can improve the accountability and effectiveness of the expenditure of taxpayers' dollars, to do so. I want to emphasize

that I have great confidence in the officials within Health and Social Services. They do fine work and pay close attention to the contracts with NGOs, and the NGOs provide excellent value for dollar to the Yukon taxpayer and provide excellent services that are complemented and supported in many areas by volunteers of those organizations. They do good work.

I'm disturbed to hear the member express what seemed to be a suggestion that those NGOs might, in some way, shape or form, not be giving us what we pay for. I believe his term was whether we're getting the work we pay for. We're confident we are.

**Chair:** Order please. Committee of the Whole will recess for 15 minutes.

*Recess*

**Chair:** Committee of the Whole will now come to order. The matter before the Committee is Bill No. 8, *Second Appropriation Act, 2007-08*, Department of Health and Social Services.

**Mr. Mitchell:** I believe that the minister started his last 20-minute response by saying that I had asked a ridiculous question. I want to assure him that if that is his characterization, I would suggest that I received a ridiculous answer. However, there are no ridiculous questions.

The only differences between the answers we get are that in some cases the minister is willing to answer the questions and in some cases he chooses not to answer the questions. In some cases perhaps he is unable to answer the questions. It's hard for us to sort out which of the latter two it may be.

As far as the minister lecturing me about how doctors work in the private sector and in private practice, I am certainly aware of that. We are discussing, however, the expenditure of public money in the recruitment of doctors so that they can work in private practice. It's the results of the program spending in particular programs to recruit those physicians and other health care professionals -- the public money spent -- that we are asking about.

So that's the reason for the question. The reason I asked if the minister might know, in terms of full-time equivalents, is only because I know how many doctors are also working part time. In any case, what we are asking for here is some public accountability as to whether or not the minister can tell us about the various programs he was referring to. That included the health human resources strategy, and it included the medical and educational bursary programs, and it included the nurse mentorship program. Does the minister have any means of telling how well they are working? I guess the answer we got is: no, he cannot.

Now in some cases I believe what the minister was saying is that it's too soon to judge the programs; they have not been in place long enough. That's fair enough, Mr. Chair, but in one case he said that the program was announced in the spring or summer of 2006 and then it went into effect awhile later, so we thought perhaps a year down the road he might have some figures for us and, if not, fair enough.

As far as being "very disturbed", which I think were his parting comments, about the mention I made of the internal audit and seeing it on the Web site, I would point out that we recognize that many good things are being done by NGOs, but rather that it was the internal audit that said that the government didn't have the ability to track it. The government wasn't able to determine which programs were working and which weren't. That was what I noted and now the minister is telling us that he is unable to determine how the health human resources strategy is working, how the territorial health access fund is working and how the physician recruitment is working. So be it.

I am appreciative of his answer regarding the wait-time funding of \$4.3 million, and I know that this has to do with mammography services for which we made the commitment in Yukon. I think it is good news that it is not going to take the full \$4.3 million, and we are appreciative of the fact that the minister has become aware of the gravity or seriousness of the situation for orthopaedic patients.

He mentions the knee surgeries that are being done locally. They started with six, then went to nine and I think the next commitment is 12 in a year. I don't believe we have had the capability or that there are any plans in place to date to perform hip replacement surgery here because of perhaps the more complicated nature of the surgery. It is actually hip-replacement patients from whom I have had the most phone calls -- or personal contact, as the minister opposite likes to say, on the street when people do come up to us. When they come up to us, we do the appropriate thing. We write a letter to the minister responsible because we sit in opposition; we don't deal directly with officials.

I might have lunch with an official on any given day who is responsible for something that I have actually asked about or will be asking about on the floor of this Legislative Assembly, but we don't put that official in the awkward position of having an opposition member to whom they are not responsible ask those questions.

It's quite the opposite on the other side. I think the minister responsible for the Housing Corporation made reference earlier today of my writing a letter requesting him to intervene on behalf of a constituent to look into something. That's what I have to do. Although I know all the officials on a first-name basis, I'm not supposed to actually approach them. That's why we write those letters from this side to the minister responsible.

I think that has always been the case for governments throughout the years; opposition members do that. It is normally respected that you are doing something on behalf of a constituent; you are not raising it on the floor of the Legislative Assembly. You are doing it by letter to try to get something done. I would like to say that in most cases this government and most ministers have been responsive to that. We all know that from time to time we can find ourselves in those different roles. That is why we look after our constituents to the best of our ability.

I have also approached ministers in the members' lounge with a concern; they have addressed the concern and have had

them get back to me and say, "I have done something about it." We do appreciate when that is done.

We do generally explain to our constituents that we are not able to approach the particular person within the department. Usually they come to us with the name of a particular person, because they have already had contact. That is just the way it has to be. We are not to go there and we don't go there.

In the interest of time, I think I am going to put a few questions in during my time, because I know the minister may well be on his feet responding for 20 minutes. Then, perhaps, I will leave some time this afternoon for the NDP critic or any other members who may want to ask questions. We don't know whether we are going to get back to this department first thing tomorrow afternoon or not.

I will ask some things that are not necessarily related. I apologize for no thematic organization of these, but I want to get them on the record. The collaborative health care clinic was in the Yukon Party platform. We had something similar in our platform. The minister has mentioned it a number of times. I am wondering where the consultations with the doctors and other health care professionals are at for this trial program that was committed to in the minister's platform.

Is the Yukon Party government still committed to going ahead with this on a trial basis? Is there progress in establishing a pilot project?

I would ask about the rural dental program. I know at one point we didn't have any dentists available to take part in that program. Can the minister provide us with an update on whether dentists have been recruited to fulfill that program?

I know there was quite a bit of news nationally on this yesterday: the reactor shutdown in Chalk River, Ontario, which is responsible for producing 50 percent of all the medical isotopes used in the world at this point in time. It has created shortages in a number of jurisdictions. Has this affected any patients or patient care in the Yukon? If so, how is the Yukon government dealing with cancer patients or people needing tests, medical imaging or treatment since this has been shut down? Are people being sent Outside to address these issues more frequently?

I know the Prime Minister announced yesterday that the reactor was going to be started up again for 120 days, and there was some controversy about that. In any case, it will help to alleviate that shortage. Has it had an effect here?

The minister answered a number of questions that I haven't asked, but the one I asked that he hasn't answered -- and I've asked it several times over the last six months, or we can expand it to the last 12 months if that's an easier way to track the statistics -- is this: has the minister been made aware of either the operating room or intensive care unit at Whitehorse General Hospital not being available for patient care due to a shortage of the specialty nurses -- the OR nurses and ICU nurses?

The minister was talking about the medevac contract and how there are only two companies identified on the list right now. Air North was not interested in providing the service, so it's only Alkan Air. I would agree with the minister that we have had very excellent service from that company for many years. I think there was a time when the backup services was provided by Summit Air when they were in that business, but I

think the primary and the secondary are now through Alkan Air.

That might be something he discusses with his colleague, the Minister of Economic Development, in terms of whether or not the \$11-million three-year contract and contracts of this size would be something that could remain sourced to Yukon companies if Yukon signs on with the TILMA agreement, without having to get exceptions made, or would they have to be made available to any potential competing service in Alberta or British Columbia, if that's who we sign with?

We have some issues we would like answers to regarding TILMA. They are different from the issues that have been raised by the New Democrats -- the third party. Our issues focus particularly on small businesses. Almost all of our businesses, such as the air services we have been talking about, are small compared with their Outside competitors. We have a number of programs, such as the YBITC -- the Yukon small-business investment tax credit. The reason why I am raising this under Health and Social Services is because of this contract. Contracts such as this for air services, where we do have excellent providers -- and some of the ways we source things to Yukon companies may not be acceptable under TILMA. That is a concern that we think needs to be addressed.

In any case, I look forward to the minister's answers. I would like to thank the officials for assisting the minister this afternoon. I will likely have more questions when Health and Social Services is next called, but after the minister responds, if he does answer these questions in their entirety, I would like to allow the Member for McIntyre-Takhini to start asking his questions, in the interest of time.

**Hon. Mr. Cathers:** The member asked a long list of questions here. The member has made reference to me giving 20-minute responses. I will point out the reason for that. If the member looks at what I've said, I don't think he would find any irrelevant information in those responses. I'm trying to provide the member with responses that address his questions. As he noted, in some cases I've given him more information than he asked for, but that I thought was relevant to the topic, in the interest of providing the member, and indeed all Yukoners who might be listening to this or reading *Hansard*, with information on this.

With regard to the medevac contract -- as the member indicated at one point in the past, Summit Air was the backup for Alkan Air. Alkan Air, though, has had the contract for the primary service in excess of 20 years. My recollection of the chronology -- although it was significantly before my time as minister of course -- is that the contract that had Alkan Air as the primary and Summit Air as the backup was tendered. Immediately following that contract's completion, it was tendered and Alkan Air was successful in having the contract for both parts.

There have been different companies to date, and I can't speak to what is currently on the source list at this point of time, but when the contract was renegotiated with Alkan Air, there were only two companies on the source list eligible to provide this service. Both were contacted for expressions of interest, and only Alkan Air, the existing contract-holder, indi-

cated an interest in doing that. The other indicated, in writing, that they would not be submitting a bid that year.

I think that has probably addressed the member's questions in those areas, except to note that TILMA is being reviewed. I look forward as well to hearing the report from officials on the potential benefits of this, as well as the potential downsides, the ability to gain long-term exceptions for those things, et cetera, et cetera.

I think that one thing that all members of this Assembly would be of a shared mind is in wanting to ensure that Yukon small businesses that provide good services to government are not overwhelmed by larger Outside competitors and that they don't lose a bit of a Yukon advantage in providing those services -- that they don't lose the ability to compete on that stage.

But there are a number of ways to do this and I would point out that, as so often happens with any topic, the debate around it and the concerns can overshadow the reality. We're focused on what the reality of it is, as has been committed to. If it is determined that there might be some benefit to signing on to TILMA or parts of TILMA, then it has already been to committed to by the Premier and more than one minister that this would be subject to public debate and public consultation prior to doing that. It is entirely too premature to determine whether there is even any interest in doing so. We're still waiting for the review from officials.

We have seen some improvement in the area of rural dental service. Efforts, I believe, are still underway with the federal government to try to enhance the services there. I don't have a current status update on that, beyond noting that we're not specifically obligated to provide that service but we do assist in having dentists travel to rural Yukon and have for many years in the interest of improving what is an important part of overall health.

With regard to the Chalk River reactor -- I'm given to understand that the CT scanner in Whitehorse does not use isotopes in its procedures. I'm also given to understand that none of our equipment here is affected by the isotope requirement. We do have some services, and I think this applies to some chemotherapy drugs that require isotopes in the protection, and that would affect us, as with any others. At this point we're informed that there is no imminent patient effect from this and they aren't concerned about that for in-territory services. For out-of-territory services we are concerned but believe, from the indications that we've received from both B.C. and Alberta, that it is likely being addressed.

Alberta actually does not use that for the services that we access there. They do not use the Chalk River facility as a source of their medical isotopes. British Columbia does but apparently has identified and secured an alternative source.

As for the news of the reactivation of the Chalk River reactor and Parliament discussion and action on that, I can't speak to the nuclear side of things. I trust that the experts have addressed things appropriately, but certainly to the medical isotope side of things, we welcome the news that they will again be produced at the Chalk River reactor.

The reality of this matter is very serious if there are not medical isotopes. Because of their importance in diagnosis and

in treatment, if that facility remains out of operation without sufficient alternative sources for too long, the reality is that not only in Canada, but in other places in the world that rely on that source, there would likely be deaths as a result. So this is a matter of the gravest importance and we are pleased to hear that there will be medical isotopes being produced there once again.

But it does speak to the importance nationally of Parliament taking the appropriate steps and considerations, working with agencies that run this and other partners, whoever needs to be involved, that steps are taken to provide backup facilities so that we in the world are not placed in a situation like this again.

I hope that has addressed the member's questions. We don't have any equipment here that is running on those isotopes and we don't have any imminent concern of patient impact, with the exception of concerns of the B.C. and Alberta services that I indicated. We've had the indication that Alberta doesn't rely on those isotopes; B.C. has a backup plan; and Chalk River is expected to be back up and running. Hopefully we will not see anyone, anywhere in Canada, not receiving the treatment they need in a timely manner for either diagnostic services or treatment related to medical isotopes.

Moving on to other areas the member asked about -- collaborative practice clinic. Yes, of course, we are still committed to working on that area. The department has been working on a number of other issues and fronts and that has had some work on it. Work is underway in this area, but the next step will be the formation of a planning group and inviting representatives of the involved professions to sit on the planning group. That will lead to the development of a plan for that structure and, once that collaborative practice clinic is in operation, it may take a different form than is originally established in terms of the professions involved. We will have to see what the scope and the involvement, and what the professions will be in the end structure. That will take some time to do because a key part of this -- as I have indicated before, the Yukon Medical Association indicated they had concerns with the proposal, so we have been working with them to try to address those concerns, as well as the other professionals involved. Although those concerns have not quite been resolved, I think it's fair to say there is an improved level of comfort from all involved. I certainly hope that is the case.

I will indicate again, as I have to the YMA, that we are committed to working with them, as we are with the other health professionals, to ensure that when a pilot project collaborative practice clinic is established, it is an enhancement to the current health care system.

I am just taking a look at the notes from my speech to the Yukon Medical Association at their annual general meeting this year. I indicated our commitment to moving forward with the collaborative practice clinic. The clinic will be run by government and will address an area of population health needs where service can be improved.

However, we will not do this in isolation. That day, I extended -- again of course -- an invitation to the Yukon Medical Association to work with us in planning the pilot project clinic. I then went on to emphasize that we want to ensure this is an

enhancement and does not in any way, shape or form undermine private practices, and that we're committed to working with them on other forms of improving collaboration within the system as a whole, including assisting them in enhancing in-clinic services.

Working with the family physician working group and the Yukon Medical Association, we hope to continue and increase supports that will enhance the quality of care and improve access to services for all Yukon citizens. We will continue working on a family practice enhancement program to provide resources to help increase the number of patients in a physician's practice and improve the ability to provide best practice care. That is another place we will be working collaboratively to further improve services.

I hope that has addressed the issue for the member opposite. We'll make an announcement, once the formal letters of invitation have progressed, but they have not yet gone out because the work was preliminary. Once we begin to work within the department, we want to continue moving forward on this -- or, I should say, beginning the next phase of work, because there has already been a significant amount of work done to date. We have a large number of significant initiatives, including the health human resources strategy and some of the other areas I mentioned, which are being worked on by officials. There's a lot of time involved in these initiatives.

If members would look at other jurisdictions and the initiatives launched there, I hope they would appreciate the fact that we're proceeding forward with a much larger number of significant initiatives, reforms and changes to the system, which are net enhancements, than most jurisdictions undertake at one time. Staff is working very hard to implement that, and I appreciate their efforts in that area.

That, of course, is while they are continuing work on other initiatives and keeping the whole department operating. It is the largest department in the government. It is over \$200 million in terms of total budgetary resources and the staff count, I believe, is just shy of 800 FTEs at the most recent report. There are over 1,000 employees in the department. Those are rough numbers off the top of my head, but they are within the ballpark, for sure.

In terms of the member's comments suggesting that I was saying that we are unable to tell if the territorial health access funding and health human resources strategy and NGO funding are working, that certainly is not what I said. It is not a conclusion that the member should draw. The territorial health access fund has assisted us in other areas, such as moving forward on the nutrition planning and the increased investments we have put into assisting people with smoking reduction and into nutritional programming and so on. Through THAF, I believe we have put in close to \$1 million in increased investment to assist people who are smoking. I think the number is \$932,000. That includes initiatives such as the QuitPack campaign and "I love you...but" and other initiatives in that area.

Other expenditures under THAF include the support that we have provided to the hospital, which I mentioned, to assist them in expanding their capacity. Examples are the ongoing work with the Yukon Medical Association in expanding the

clinic base for new physicians and the health human resources strategy planning that is currently underway. The new programs have been implemented and we are working to not only get them up and running in an effective manner, but also we are looking toward the next steps. There is a lot of ongoing work in these areas. We have seen some dividends already that have been demonstrated and we are quite certain that we will be able to demonstrate further concrete evidence of success in these areas from this strategy.

In terms of some of the change that has occurred, another example of THAF funding -- territorial health access fund -- as part of this is we have provided funding to the hospital. In terms of operating room nurses, in answer to that question, there are two Yukon nurses from Whitehorse General Hospital currently in training to be put up to the operating room capacity.

In terms of the member's question about operational issues at the ICU and the operating room -- yes, I understand there have been some challenges over the summer. This is why we are stepping forward to assist them in providing additional resources. We have to give the hospital the ability to address things on their own terms.

But, as I indicated before to the member, what we request and what we require is that the hospital board and administration take the appropriate steps in working with their staff and in working with us to put in place effective plans to deliver results. As I indicated to the hospital board back in October, I emphasized the point that, although I and all of them -- the members of the board and the CEO -- all reach our positions through different methods, we are all ultimately accountable to the Yukon public and all ultimately entrusted with the responsibility to the public of deliver effective services and to cope with the challenges we face today and will face tomorrow in the most effective manner possible. The Yukon public expects results, and that is what together we must deliver.

Again, in terms of improvements to the system that have happened partly as a result of the health human resources strategy funding, I would provide the member opposite with the current numbers we have for family physicians practising in the territory. Two years ago there were 54 family physicians practising, and we had eight resident specialists.

As of January, we expect the number to be at 60 family physicians and 10 resident specialists. So this is an increase over two years from roughly 54 family physicians to 60, and an increase in the number of resident specialists from 8 to 10. This is in part due -- although not solely, of course, because when we're dealing with private practices, even when we assist them, we must give credit where credit is due to the owners of that practice and also those establishing new practices. This has been assisted through health human resources strategy funding and through contracts with specialists in this area. I think the member caught those and he can also refer to the Blues tomorrow.

In terms of the member's assertion that we're unable to tell if NGO funding is working, I would suggest that it is not the case. I would also note for the member opposite that he should be cognizant, when discussing some of the NGOs funded by

Department of Health and Social Services, that it is difficult to precisely define the benefit of a program. Quite frankly, I don't think that any jurisdiction anywhere in Canada, if in the world, has come up with a way of effectively determining all results that are occurring through such social investments.

I pose to the member the question about three NGOs to begin with. There is Blood Ties Four Directions and their work in assisting in needle exchange and preventing the transmission of disease. How do you determine who was saved by this intervention? You don't know who would have been harmed without their work. Fetal Alcohol Syndrome Society Yukon -- again, how do you define who was saved and what impact was prevented as a result of the funding of that NGO? The Outreach van -- how do we determine how many people were saved?

It is easy to tell if somebody is not saved if they have a disease, if they are injured, if it ultimately results in a situation where, through lack of access to one of these services, they end up injured or even deceased as a result of that. You can perhaps identify the problem then, in the post-mortem.

We are taking an approach of working with the NGOs and service providers to intervene upstream and prevent people from getting communicable diseases, injuries or, at worst, dying as a result of these actions. If the member thinks we can precisely define how many are saved, that is never going to be done. What we are doing is taking action. We are confident it is working. We are working with the NGOs to the best extent possible to determine the positive effects, and we are confident that it is indeed working.

**Mr. Mitchell:** I will just rise briefly, because I really do want to allow others time in the debate. I will accept the latest response from the minister in regard to the challenges faced by the operating room and the intensive care unit. I will accept that "challenges" is a euphemism that the minister is using for "temporary closures" or "lack of availability". I think that's what he is implying. I don't want to put words in his mouth, but he was answering a question that I asked about five times over. It is a concern. Obviously, we know the minister doesn't want it to be closed any more than we do, but it's a concern that we have had raised with us.

The minister mentioned some \$200 million. It will be \$229,599,000 with this supplementary budget. So, yes, he is responsible for the largest budget in the territory by far. That's why we have so many questions for him.

In my previous question that he described as ridiculous, I asked about the full-time equivalents. The reason I asked is because we still don't know whether or not 54 physicians two years ago versus 60 family physicians now is an actual increase in service availability to patients, because of the fact that I know there are a number of physicians who, for family reasons, have had to reduce their availability and combine practices. I know that because of my own patient care -- that is the care of me as a patient, not care I am providing.

As far as the three organizations that the minister mentioned -- because he actually asked the question of me -- regarding Blood Ties Four Directions, FASSY and the Outreach van, I have certainly been an advocate for funding for all of these. I understand the difficulty that the minister poses with

how one would measure this. I point out two things: one, that his department was not one of the five departments that the internal audit focused on, so he didn't earn a D, C, B or an A on the report card; and two, that as he has pointed out and his colleague, the Acting Minister of Finance has pointed out, this was an audit done by government. Therefore, it's not for us to define how one would measure it; it's actually the auditors who were trying to say that there had to be from their perspective -- and it was, I believe, requested by the Deputy Minister of Finance of Cabinet to pursue this internal audit. They were saying there needed to be better measurables, better criteria, and better procedures in place to determine if contribution programs and projects are designed to achieve the expected results, manage risks, ensure due diligence in spending and provide accountability for public funds spent.

We're simply noting what is in the report. We're not trying to define how that was to be done. The minister previously suggested to me that he was not a medical expert or a scientist, and I would suggest to him that I'm not an accountant or an auditor. We're simply noting documents that the government, as the minister pointed out, has on the Web site and that's all we were doing. We were not intending to criticize particular programs.

I certainly hope the minister is not implying that we are criticizing the three he has mentioned: Blood Ties Four Directions, FASSY or the Outreach van. I have long been a proponent of the work done by the Outreach van -- and the minister knows how often I have asked him about it over his tenure here in this Legislative Assembly -- as well as a supporter of FASSY. I haven't had direct work with Blood Ties Four Directions, but I obviously support the work they do.

With that, I will let the minister answer, if he is able, the questions about whether or not the 60 family physicians actually means that there are more patient hours -- I don't know how they define it, but I think the minister might know -- being provided than two years ago. Great. If not, I am glad to hear that there are 60 versus 54 and that there are 10 resident specialists versus eight. That is good news. I encourage the minister to assist the Yukon Hospital Corporation in solving the problems in the OR and ICU.

**Hon. Mr. Cathers:** On the issue of defining a doctor in terms of FTE hours, the department sees physician claims. We see the fee-for-service billings, but we don't have an assessment of the actual hours worked, only the services billed for. Of course there is a physician claims advisor who provides the review of that to the department.

What I can tell the member opposite about the numbers here is that, again, to precisely assess this, a different doctor may spend a different amount of time on a certain procedure. It depends. They may spend more time on one patient than is required for another. It is billed through the fee guide, which is negotiated with the YMA through their contract. The fee guide is also a very complex document. It results in different billing codes, et cetera. There is a whole claims system set up to deal with it. It's hard to compare different segments of that, as well, to reflect whether it is an increase in demand or a decrease, or an increase in certain services. We do certainly gain some in-

formation from this, but it's hard to present the information in a simple manner to members or to the public. In fact there are some parts that, from any system perspective -- and this holds true for both Yukon and other jurisdictions -- are hard for even the system managers to assess -- some of the changes in the programming, in the demand and in the billings and to determine exactly and precisely what that reflects.

However, what I can tell the member opposite is that there is a request in this current supplementary of \$664,000 to pay for an increasing volume of medical claims. This includes a continued increase in medical claims due to an increase in number of physician services provided. There is also some money in there for surgeries performed in the territory. So, overall, that is a reflection of the increase in the costs -- the different procedures come at different costs. The total number being delivered is -- I don't have that statistical data there, but we have a large number performed. It is somewhat reflective again -- we have an increase in doctors and medical claims -- in this request, in this budget of \$664,000. It is certainly reflective of an increase in services being performed.

I appreciate the member's recognition of the fact that Health and Social Services has not been criticized by anyone at this point, with the possible exception of members, for funding of NGOs. I note again my confidence in the work done by officials to ensure that, to the very best extent possible, the agreements are reflective of good value for dollar to the Yukon taxpayers.

Again, I note to members that when they refer to all those organizations -- such as Blood Ties Four Directions, FASSY, Outreach van, Many Rivers Counselling Services, which used to be Yukon Family Services Association, and funding for the women's transition homes -- and wish to critique spending in this area, they need to be cognizant of the fact that a challenge that has existed for many years in society is defining human cost -- determining averted catastrophe, for lack of a better term, or averted tragedy.

With the funding for women's transition homes, you can assess the number and report the number of women who access the services, but you cannot define what benefit occurred as a result. You cannot define who was saved from some violence or personal tragedy as a result because you can't really define that information.

We have reports from experts in the area. We have an analysis critique, et cetera. But in terms of hard, fast dollars-and-cents numbers, trying to precisely balance human cost with the calculation of dollars is a very challenging exercise. What I would simply emphasize at this point in time is again to note that I have great confidence in the officials who work on this and that the many NGOs funded through Health and Social Services do deliver good value for dollar. They do a significant amount to help citizens, to prevent damage and deal with matters, as we have referred to, in providing upstream support to prevent the long-term downstream impact.

That includes other areas -- funding, of course, for the Salvation Army for their shelter, funding for the Anti-Poverty Coalition, funding for the Canadian National Institute for the Blind, funding for the Options for Independence residential

program for adults with FASD, and funding of the Haines Junction Development Society, which is an organization similar to Challenge, which members may be more familiar with. It deals with handicapped individuals and tries to provide them with job skills and help facilitate their employment opportunities.

These are but a few of the many NGOs that Health and Social Services funds. I want to emphasize that I firmly believe that, without the contribution of the volunteers in these areas, without the contribution of these NGOs and without the funding the Yukon government provides them, we certainly would not have the high quality of services. In fact, they are a key part of everything from counselling to forming part of our social safety net and our second safety net in areas.

Another area the member mentioned was orthopaedic surgery. The member mentioned the wait times for hip procedures. Yes, the member is correct, that is an area that has a wait time that we are not satisfied with. That is why one of the areas, through the wait-time reduction funding, that we will be investing in. We want to enhance our access to services outside the territory by accessing additional specialists in B.C. and Alberta.

I will provide members with further details on that down the road. Suffice it to say that planning is in the works. It does involve the administrators and doctors in determining how this is done. Doctors also have to have a level of comfort with the specialists to whom they refer, and that work takes some time to implement. Once we have the details worked out, we'll take some time to get up and running at full speed and at full effect. It is an area that we recognize and that we're committed to acting on and to achieving an improved result.

In terms of hip procedures being performed locally -- because of the rarity of specialists in that area and the cost of doing so, it is unlikely that it would ever be cost-effective for the Yukon to provide it in-house, which is why we are more likely to proceed as the planning is laid out through improving our access to services in outside jurisdictions.

Mr. Chair, I think I've addressed the member's questions, so I thank him for his comments.

**Mr. Mitchell:** I have one last quick question and perhaps we can get a quick answer. The minister was referring to all the good work done by NGOs, and we agree. The minister made some announcements this fall regarding addressing the issue of an emergency shelter in the City of Whitehorse for youth at risk. Then I think there were some public statements about difficulty in finding a location. I'm wondering if the minister could provide an update on that.

The minister said in Question Period that there were services that youth could phone, but that is sort of 8:30 to 4:30 and the need tends to manifest itself at 11:00 at night, at midnight or 1:00 in the morning. It is not so much for youth who never have a home but youth who, on a particular evening, feel they are at risk and don't feel that they can go home. Can the minister update us on progress and whether or not there will be some sort of interim emergency shelter available shortly this winter?

**Hon. Mr. Cathers:** This has been an area of some challenge in terms of trying to work out the details and get this up and running. This is what happens when you require part-

ners to work with, whether that is NGOs, as in this case or, as we have discussed in other areas, the need to work with health professionals. We can't force partnership. In saying that, I want to emphasize that I appreciate the work that has been done by the partners, but we need to let them address their challenges and their operational needs in their own time. It's not simply a matter of them snapping their fingers and addressing that issue, either.

Details of a pilot project to provide what again I would refer to as a "second safety net" in this area are currently being worked on. We are hopeful that, any day now, they will be finalized, but there have been challenges both in terms of location and in the details of other arrangements. At this point in time, it is likely to be more through programming and additional staffing, rather than through a physical location, due to the time involved in trying to find the location and get zoning approval. Again, I anticipate that any day now we might have a resolution to this. I can advise the member opposite that officials are working diligently on this right now. We look forward to having something in place very soon.

Let's see, what else did the member ask on that? I guess that answers the entirety of his questions. With that, I will sit down and look forward to further questions.

**Mr. Edzerza:** I want to start today by acknowledging the difficult challenges the Department of Health and Social Services has to address. That goes right from the minister down through the staff. I understand that a lot of very difficult issues are dealt with on a daily basis. I commend the staff for handling those issues the way they do.

I also want to acknowledge the work that the NGOs provide to the Health and Social Services department because they do a very important and necessary service for the public at large.

I would also like to state for the record that maybe the Government House Leader may consider this recommendation I have to offer on how House business is dealt with in the Legislative Assembly. I've noticed over the years that the departments with the most amount of money are always the last ones to be brought forward. I put a friendly suggestion out to the minister that maybe he would consider reorganizing so the department that spends the most money comes first, down to the one that spends the least. I hope he takes that recommendation very seriously, because we have another four years of this kind of debate. I think over the four years, if we're lucky, the Minister of Health and Social Services will have answered probably six hours of questioning and spent millions and millions of dollars.

I want to start my questioning with grandparents' rights. This is a very important thread in society that I might say hasn't been really acknowledged as much as it should have been over the years. I know that grandparents play a very important role in the whole makeup of a First Nation. I believe that the non-native people have just as much respect and love for their grandchildren and how they interact with them.

I am going to table this document that I am going to refer to a little bit today. It's called *The Child's Right to Love*. It is developed by the Grandparents' Rights Association of Yukon.

The Grandparents' Rights Association of Yukon is a non-profit, confidential association of grandparents who believe they provide a natural and necessary nurturing role in a healthy family. When that role is blocked for whatever reason, everyone loses.

Their positions are to assist grandparents in maintaining family ties and stability, to provide and encourage practical support, publicity, education events and printed resources, and to encourage active participation in the legislative process.

Over the years there has been, in my opinion, not as much importance put on the role of grandparents than there should have been. I know, for example, some grandparents who have spent in excess of \$20,000 in court trying to get access to their grandchildren. It's almost unbelievable the stress, financial burden and complications that this creates for grandparents. Logically speaking, when you become a grandparent you shouldn't be totally frustrated, worried and fighting a system that has total control over what you are allowed to say, almost, and what you are allowed to do. It becomes almost a burden to become a grandparent. That's unfortunate.

And I raise this -- I know that there are a lot of issues and concerns on the department's plate but, again, I believe, quite honestly, that grandparents can play a very important role in assisting with youth at risk or children in care -- especially their own immediate family. Again, this just sort of confirms why it is so important to get the *Children's Act* review completed.

One question I have for the minister: would grandparents' rights be adopted into legislation through the *Children's Act* review? I'm hoping there will be something in there that's going to give grandparents some kind of legislation to be able to fall back on, where they can go to the department and say, "Well, the legislation says that we have these rights, and they're entrenched in the legislation."

I also want to again confirm why it's so important to get the *Children's Act* review completed. Take, for example, access -- the word "access" is not even defined in the *Children's Act* -- or the divorce act, for that matter. Access is a very important word when it comes to grandparents and their grandchildren.

So it is very important that the government look at grandparents' rights -- maybe even through different eyes -- and begin to understand just how critical this area really is in dealing with society.

On page 8 in *The Child's Right to Love* it states that the family and children's services, "says that when they remove a child from the home, their first choice is to place the child with a member of the immediate family, such as the other parent or an adult sister or brother." They may also choose, "to place the child with a member of the child's extended family such as grandparents, aunts or uncles, etc."

Mr. Chair, I have to say to the minister that I believe that is not always the case. That needs to be monitored a little bit more closely. I believe that especially with First Nations there is a lot of difficulty in that area. I've heard numerous complaints from not only my First Nation but also several throughout the Yukon with regard to that very paragraph. It appears as though those words sometimes really don't have much meaning.

Again the law recognizes that an aboriginal child's cultural identity is very important. Family and children's services preference for a First Nation child in care is to keep the child within the First Nation community. I believe that needs to be reinforced a lot more stringently than it has been because, right to this day, I know that my First Nation is still losing their children to outside adoptions, for example. What is the policy for adoption?

I find it kind of unbelievable that it has come to the state where a grandparent has to adopt their grandchild in order to have that child in their home for as long as they want. I know of several cases where that is exactly what took place: the grandparents adopted the child. They adopted their own grandchildren.

So there are ways to do it, but I don't believe that a grandparent should have to go to that extreme to actually adopt.

While I am on this, I will just ask one more question in this area to the minister. I would like to know if, in fact, when the *Children's Act* review is completed, there will be something in that act to support custom adoption. I believe that it's up to the government to research that and understand totally what it means and put something in the act that will reflect custom adoption. I am going to leave this area for now, because I believe that the minister has the message, or should have gotten the message, quite clearly that grandparents' rights need to be entrenched in legislation.

I want to go over to an incident that happened not too long ago with regard to a patient in the hospital being able to sign themselves out. I know that the minister is probably going to stand up and say that the hospital is an independent body and that they make their own regulations and policies. However, the government does supply millions of dollars to this organization. Even if that's the case, I sincerely hope that officials at the hospital will read the Blues or listen to this and hear some of the concerns that citizens have out there about policy and how things are run at the hospital facility.

I would like to say that euthanasia is not acceptable in the Yukon. If someone wanted to ask for euthanasia in the hospital, it would be denied. If someone wanted to commit suicide and openly said, "I'm going to kill myself", it's against the law to do that.

When somebody is in the hospital and they have a disability -- they're very sick, and perhaps they have double pneumonia -- the doctors know that if they leave, they are going to die. Why is it acceptable that a person can sign themselves out of the hospital? Are you not in fact getting very close to saying it's okay to go and kill yourself? If the doctors know that when the person leaves the hospital, there's a 90-percent chance or higher that they are going to be found dead or they are not going to live through the night, then I think they have an obligation to say, in some cases, that, "No, we're not going to let you sign yourself out."

Maybe they need to look at a policy where an individual who has a disability or someone who is severely sick has to leave in the care of someone else.

I know that this is becoming a very big issue. I listened to the elder from Pelly talking about this very issue a week or so

ago and how devastated they were that their loved one was able to walk out. It was a person with a disability. There is something there that definitely needs to be taken more seriously than it is.

I would also like to move on from there to First Nation children in care. The last time I questioned the minister on this, approximately 67 percent of children in care were First Nation people. Child protection equals working with families to avoid taking children into care. Mr. Chair, numbers may indicate that First Nation families are not given the same support or they may be in need of greater services.

My question for the minister in this area is this: has the 67 percent gotten smaller or larger since last year? Are we increasing in that area, or are we decreasing? Again, a very important question because there are a large number of First Nation children in care -- right across the territory.

Obviously, something is wrong with the system. When we talk about taking a child into care, I believe it starts out with temporary care.

**Chair:** Order please. Seeing the time, the Chair will rise and report progress.

*Speaker resumes the Chair*

**Speaker:** I will now call the House to order.

May the House have a report from the Chair of Committee of the Whole?

#### **Chair's report**

**Mr. Nordick:** Mr. Speaker, Committee of the Whole has considered Bill No. 8, entitled *Second Appropriation Act, 2007-08*, and directed me to report progress.

**Speaker:** You have heard the report of the Chair of Committee of the Whole. Are you agreed?

**Some Hon. Members:** Agreed.

**Speaker:** I declare the report carried.

The time being 5:30, this House now stands adjourned until 1:00 p.m. tomorrow.

*The House adjourned at 5:31 p.m.*

#### **The following Sessional Papers were tabled December 12, 2007:**

07-1-56

Yukon State of the Environment Interim Report 2004: Environmental Indicators (Kenyon)

07-1-57

Yukon Heritage Resources Board 2006-07 Annual Report (Taylor)

07-1-43

Contracting Summary Report for Yukon Government Departments (April 1, 2006 – March 31, 2007) and Yukon Government Corporations (YDC and YWCHSB: January 1, 2006 - December 31, 2006; YHC and YLC: April 1, 2006 – March 31, 2007) (Lang)

07-1-44

First Nations Child Welfare Policy, letter (dated December 11, 2007) from Mr. Edzerza, MLA McIntyre-Takhini to Hon. Brad Cathers, Minister of Health and Social Services (Edzerza)

07-1-45

Bali Conference on Climate Change, letter (dated December 12, 2007) from Todd Hardy, Leader, NDP Caucus and Arthur Mitchell, Leader of the Official Opposition to Rt. Hon. Stephen Harper, Prime Minister of Canada (Hardy)

07-1-46

Yukon Housing Corporation, letter (dated October 10, 2007) re constituent agreement with, from Arthur Mitchell, MLA for Copperbelt to Hon. Jim Kenyon, Minister responsible for Yukon Housing Corporation (Kenyon)

#### **The following filed documents were filed December 12, 2007:**