

**Yukon Legislative Assembly**  
**Whitehorse, Yukon**  
**Thursday, November 8, 2012 — 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.

**TRIBUTES**

**In recognition of Remembrance Day**

**Hon. Mr. Pasloski:** I rise today to pay tribute to Remembrance Day. Since 1919, Canada has dedicated a day to remember those who have sacrificed themselves in the name of freedom and peace. This Sunday, many Yukoners will attend Remembrance Day ceremonies in order to honour our veterans. As we bow our heads, we think of all of the brave men and women who have died in conflict — ordinary Canadians, ordinary Yukoners, who volunteered again and again to make extraordinary sacrifices and who have achieved great things.

In each of the armed conflicts in Canada's history, these men and women believed that their actions in the present would make a difference in the future. Our responsibility is to honour that belief by continuing to work for peace.

Today Canadian Forces members serve in missions around the world. They continue that work for freedom and peace for our country and for others.

We recognize their commitment and that of their families. Their sacrifice is real, and we will never forget. Remembrance Day is as important today as it was in 1919. Each year, a new group of citizens, a new group of youth, learn about Canada's role in the Great Wars of the world, the legacy of our veterans, and our continued commitment to world peace.

Mr. Speaker, I encourage everyone in this Legislature to attend the ceremonies on Sunday and never forget the sacrifice made by so many. I'm proud to recognize that we do, in fact, have three veterans here in the gallery today: Darcy Grossinger, Red Grossinger and Doc Forbes. Thank you, Mr. Speaker.

*Applause*

**Ms. White:** It's a great honour to rise on behalf of the Official Opposition to commemorate Remembrance Day. I recently had a bit of an awakening. For the first time in my 35 years, I went to the Legion, not for some other event or function, but on a Monday night — a plain old, ordinary Monday night.

In the downtown core, on a quiet side street, just up from the Pioneer Cemetery, sandwiched between a car detailing shop and a gift shop, sits an average-looking white building. From the outside, the Royal Canadian Legion, Branch 254, might not look like much, but on the inside looking out, it's an entirely different place — a comfortable room with tables and chairs, a

bar against a side wall and a feeling — there is truly a feeling in this room. Support, love and understanding are alive and well in this space.

A great big table was in the middle of the room and everyone who was in attendance was sitting around this table — men and women, ordinary in appearance, extraordinary in experience — was in various conversations. I was introduced and welcomed to join. I was so lucky to be able to talk with Darcy, Red, David and Doc. These four men are veterans; they have all seen active duty and been involved in different conflicts. These four men made many sacrifices for Canada. I sat and listened as they reminisced. It's hard for veterans to talk about their experiences — many don't want to remember and relive the memories. When they do talk, it's mainly among themselves. How can an outsider possibly understand all that they've been through, all that they've seen? That's why the Legion is so important; here there is no judgment, just support.

Some of the stories had laughter and some had very long, heavy pauses. There was talk about the oath of service — to serve, you must be prepared to sacrifice. Mission comes first above all other considerations. They explained that as a service member, in the course of their duties, they are often called upon to make sacrifices. They face known and unknown dangers, great hardships and deprivations. They are separated from the families they love; they risk permanent and life-altering injuries; and sometimes they make the ultimate sacrifice — they give their very lives.

They all knew this, yet they still chose to sign up for us. They agreed that Remembrance Day was about the fallen — those who didn't make it home, but they said that the nature of conflict has changed. Canada's involvement in Afghanistan and our involvement with the UN have left many veterans with scars, both visible and invisible. They believe the emphasis must now also focus on the survivors — the veterans who made it home, shadows of their former selves.

I learned that they also have to battle with bureaucracy and prove their injuries. I learned that losses are granted a one-time payout. I learned that a full military pension receives the same clawbacks at 65 as a public service pension. I learned that they feel the system is broken, but they remind me that they are lucky. They have each other in the Legion.

Through the support of community and family, they will get through it. They worry about the veterans who are alone with their pain. They worry about the veterans who have been forgotten because they were unable to ask for help. Without hesitation, they tell me that if they had to do it over, they would. I am reminded of how lucky I am to be able to have met such brave and sincere men.

More than anything, I want them to know that I heard what they said and that I'm grateful for it, and I will not sit silently by. Gentlemen, this poem by A. Lawrence Vaincourt, *Just A Common Soldier*, is for you.

"He was getting old and paunchy and his hair was falling fast,

"And he sat around the Legion, telling stories of the past.

"Of a war that he had fought in and the deeds that he had done,

"In his exploits with his buddies; they were heroes, every one.

"And tho' sometimes, to his neighbours, his tales became a joke,

"All his Legion buddies listened, for they knew whereof he spoke.

"But we'll hear his tales no longer for old Bill has passed away,

"And the world's a little poorer, for a soldier died today.

"He will not be mourned by many, just his children and his wife,

"For he lived an ordinary and quite uneventful life.

"Held a job and raised a family, quietly going his own way,

"And the world won't note his passing, though a soldier died today.

"When politicians leave this earth, their bodies lie in state,

"While thousands note their passing and proclaim that they were great.

"Papers tell their whole life stories, from the time that they were young,

"But the passing of a soldier goes unnoticed and unsung.

"Is the greatest contribution to the welfare of our land

"A guy who breaks his promises and cons his fellow man?

"Or the ordinary fellow who, in times of war and strife,

"Goes off to serve his Country and offers up his life?

"A politician's stipend and the style in which he lives

"Are sometimes disproportionate to the service that he gives.

"While the ordinary soldier, who offered up his all,

"Is paid off with a medal and perhaps, a pension small.

"It's so easy to forget them for it was so long ago,

"That the old Bills of our Country went to battle, but we know

"It was not the politicians, with their compromises and ploys,

"Who won for us the freedom that our Country now enjoys.

"Should you find yourself in danger, with your enemies at hand,

"Would you want a politician with his ever-shifting hand?

"Or would you prefer a soldier, who has sworn to defend

"His home, his kin and Country and would fight until the end?

"He was just a common soldier and his ranks are growing thin,

"But his presence should remind us we made need his like again.

"For when countries are in conflict, then we find the soldier's part

"Is to clean up all the troubles that the politicians start."

"If we cannot do him honor while he's here to hear the praise,

"Then at least let's give him homage at the ending of his days,

"Perhaps just a simple headline in a paper that would say,

"Our Country is in mourning, for a soldier died today."

To veterans everywhere, thank you so much for what you have given us.

**Mr. Silver:** I rise today on behalf of the Liberal caucus to pay tribute to Remembrance Day. On Remembrance Day Canadians honour and remember our veterans and all who have served Canada during war, armed conflict and peace and commemorate their sacrifices.

As we remember, we also recognize that 2012 is the 70th anniversary of Dieppe, as well as the 70th anniversary of the Canadian Wrens. The other common name for today is "Armistice Day," which marks the date and time where armies stopped fighting in World War I on November 11 at 11:00 a.m. in 1918 — the 11<sup>th</sup> hour of the 11<sup>th</sup> day of the 11<sup>th</sup> month. Over 100,000 Canadian soldiers died in the First and Second World Wars.

Throughout the world, the poppy is associated with remembrance and symbolizes the memory of those who died in order that we may be free.

During the First World War, Flanders in Belgium saw some of the most concentrated and bloodiest battles. There was complete devastation: buildings, roads, trees and natural life simply disappeared. Where there were once farms and homes, there was now a sea of mud, a grave for the dead where men still fought and lived.

The only other living thing that survived was the poppy. Flowering each year with the coming of the warm weather, the poppy brought life, hope, colour and reassurance to those who were still fighting. John McCrae's poem, *In Flanders Fields*, may be the most famous one of the Great War.

The day before he wrote it, one of his closest friends was killed and buried in a grave decorated with only a simple wooden cross. Wild poppies were already blooming between the crosses that marked the graves of those who were killed in battle. Unable to help his friend and other fallen soldiers, John McCrae gave them a voice through *In Flanders Fields*.

We wear the poppies before and on Remembrance Day in memory of those and to show our respect and support for our Canadian troops and veterans and commemorate their sacrifices. Remembrance Day services will be held all across Canada. The Canadian flag will be lowered to half-mast from sunrise to sunset and we will bow our heads in silence at precisely 11:00 a.m.

*The Last Post* will be played to introduce two minutes of silence and we will remember them. Thank you.

**Mr. Elias:** I rise today to pay tribute to Remembrance Day. November 11 is an important landmark on the calendar in Canada. It marks a day when we all pause to remember the people who have made some of the most important contributions to our great country.

Through our history, millions of brave Canadian men and women have represented Canada in wars and peacekeeping missions. Over 100,000 have died in those conflicts. Tremendous sacrifices were made by our people and Canada would be a very different nation without their important contributions. I am proud to say that First Nation people have always stood

shoulder to shoulder with their fellow Canadians in representing our country in conflicts overseas.

There is research to indicate that in both World Wars, aboriginals volunteered for military service in proportionately greater numbers than the rest of the Canadian population at large. It is important to recognize the many veterans from our territory. We salute them and we salute their memory. During the First World War, one in three First Nation people — approximately 4,000 people — enlisted to fight on behalf of Canada.

Some reserves were nearly depleted of young men as a result. For example, oral testimony from the Golden Lake Reserve in eastern Ontario tells of the reserve's entire able-bodied male population eligible for service during the Second World War and how all but three volunteered for duty. This response startled the Canadian government of the time, led by Prime Minister Robert Borden, who had at first intended to discourage involvement by First Nation people.

No one is quite sure why First Nation people responded with strong enthusiasm to Canada's involvement in a foreign conflict without any prompting. It may have been an opportunity for men on reserves to assume a more active role in the country of Canada. A tradition of defending the Crown's interests may also have been a factor, or the simple fact that freedom, as they knew it, was under attack. After all, First Nation people have long fought on behalf of Great Britain, dating back to the activities of Mohawk Chief Joseph Brant during the 18<sup>th</sup> century. In World War I, many became snipers or reconnaissance scouts, drawing upon traditional hunting and military skills, including Inuit sniper John Shiwak, and Ojibwe snipers Johnson Paudash and Francis Pegahmagabow.

During the Second World War, 3,090 First Nation people enlisted and fought for Canada. Mary Greyeyes Reid paved the way for generations of aboriginal women to serve Canada by becoming the first aboriginal woman to join the Canadian Forces in 1942. By the end of World War II, 25 aboriginal women had served in the women's divisions of the army, navy and air force. It's estimated that several hundred volunteered to help the United Nations defend South Korea during the Korean War. Of those who did participate in the 20<sup>th</sup> century war efforts, the service records of many First Nation individuals and Indian reserve communities are impressive.

A national monument was unveiled on National Aboriginal Day, June 21, 2001, to recognize the sacrifices and contributions of aboriginal veterans. It stands in downtown Ottawa, steps from the National War Memorial. First Nations continue to participate in the Canadian Forces, which offers three distinct programs to aboriginal people — the aboriginal leadership opportunity year, summer training programs, and the Canadian Forces aboriginal entry program.

As Remembrance Day approaches, I am proud to be able to recognize the important contributions that First Nation people have made and continue to make in distinguishing Canada as a partner in freedom and peace the world over.

**Speaker:** Sunday, November 11 is Remembrance Day. Remembrance Day marks the end of Veterans' Week. It is a

time for Yukoners and other Canadians to honour the men and women who defended Canada during times of war and have brought peace to troubled parts of the world. The freedoms we cherish exist largely because of the sacrifices made by these brave individuals. At this time of year we wear poppies. We pause for two minutes of silence to pay tribute and attend ceremonies to honour their memory.

As this is the last sitting day before Remembrance Day, it is appropriate for members to observe a moment of silence. I ask that everyone present reflect on the extraordinary sacrifices of those Canadians who have served, and continue to serve, in times of war and turmoil. Please stand for a moment of silence.

*Moment of silence observed*

**Speaker:** "They shall grow not old, as we that are left grow old:

"Age shall not weary them, nor the years condemn.

"At the going down of the sun and in the morning

"We will remember them."

Please be seated.

Introduction of visitors.

Are there any returns or documents for tabling?

## TABLING RETURNS AND DOCUMENTS

**Hon. Mr. Pasloski:** I rise to table a joint letter from Northern Cross Yukon Limited and the Yukon Conservation Society, addressed to Chief Joe Linklater of the Vuntut Gwitchin First Nation and me.

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

Are there any reports of committees?

Are there any petitions to be presented?

## PETITIONS

### Petition No. 6

**Mr. Elias:** On behalf of my constituents in Old Crow, I present the following petition to the Legislative Assembly. It is signed by 141 of my community members.

To the Yukon Legislative Assembly:

This petition of the undersigned shows:

THAT the residents of Old Crow, Yukon, are planning to build and operate the Old Crow winter road that links the community to the Dempster Highway during the winter of 2012/13, which will have direct socio-economic benefits for all citizens of Old Crow; and

THAT the initiative is motivated by a number of demands to transport freight to the community that would otherwise be shipped by air freight, or not shipped at all due to high costs and/or feasibility. Some items such as fuel storage tanks are too large to be shipped by aircraft; likewise material such as metal waste and hazardous waste (dangerous goods) cannot be shipped out of the community by aircraft; and

THAT the Vuntut Gwitchin First Nation government has a signed intergovernmental accord with the Government of Yukon and has thus committed their human and financial resources to this initiative; and

THAT the Yukon government is deferring their partnership and financial contribution to the construction of the winter road which will delay or preclude the construction of critical infrastructure such as the fuel tank farm; the community recreation centre foundation, and prevent the cleanup of the metal dump, or collection and removal of waste such as oils, coolants, solvents and batteries that pose environmental risks to the community;

THEREFORE the undersigned ask the Yukon Legislative Assembly to urge the Government of Yukon to become a major partner by committing its portion of the financial resources to the successful construction and decommissioning of the winter road from the Dempster Highway to the community of Old Crow, Yukon, in the winter of 2012/13.

**Speaker:** Are there any further petitions for presentation?

Are there any bills to be introduced?

Are there any notices of motion?

## NOTICES OF MOTION

**Ms. McLeod:** I give notice of the following motion:

THAT this House urges the Government of Yukon to continue to work toward ensuring Yukoners have access to health information and services at all stages of their lives by continuing to:

- (1) promote healthy living and eating habits;
- (2) fund anti-smoking campaigns;
- (3) pay for and promote flu vaccines for Yukoners;
- (4) work with the Yukon Hospital Corporation to open more continuing care beds at the Thomson Centre;
- (5) promote the well-being of Yukoners and the prevention of illness in order to address the rising tide of chronic conditions and their impact on the health care system;
- (6) work on doctor training, recruitment and retention for all Yukon communities;
- (7) raise mental health awareness;
- (8) support addictions treatment for Yukoners and the construction of a new Sarah Steele Building; and
- (9) support NGOs and community groups that promote healthy living in the Yukon.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to further increase Yukoners' access to family doctors by amending the *Medical Profession Act* regulations to allow international medical graduates, practising under a special licence, to practise in the Yukon for seven years instead of five years.

**Ms. White:** I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to honour the contributions and sacrifices of veterans by not considering veterans' disability pensions to be income for the purposes of:

- (1) determining eligibility for programs and services to the Government of Yukon or its corporations; and

- (2) calculating income-based fees charged for programs and services of the Government of Yukon or its corporations.

**Speaker:** Is there a statement by a minister?  
This brings us to Question Period.

## QUESTION PERIOD

### Question re: Veterans' disability pensions

**Ms. White:** I just gave notice of a motion regarding veterans' disability pensions. We have raised this issue several times through letters and questions to ministers. Members are aware that the Federal Court of Canada ruled veterans' disability pensions are not to be considered income when determining eligibility for some federal government supports. When I raised the issue with this government, the response was that Yukon will keep considering veterans' disability pensions as income when determining eligibility for programs and services and calculating income-based fees for things like Yukon housing.

During Veterans' Week, with Remembrance Day on the horizon, I respectfully suggest the government should reconsider its position.

Will the Premier change the policy that amounts to clawing back veterans' disability pensions when it comes to the supports and services of the Yukon government?

**Hon. Mr. Pasloski:** The government continues to look at all of the support programs that are provided to low-income Yukon veterans and all low-income Yukon residents to ensure that there is an assistance provided for those people who certainly need it the most. For example, we have the Yukon seniors' income supplement, which was doubled in 2008 to a maximum of \$2,400 — an investment in seniors of well over \$800,000 additionally every year. We were the first government to index this to inflation as well, realizing that those people who are on fixed incomes have the least ability to cope with effects such as inflation. Like the child benefit, this money arrives in the mail every month, so people can depend on having that money and don't have to wait for it at the end of the year.

**Ms. White:** The Yukon government has said that the Federal Court ruling on veterans' disability pensions applies only to certain services and supports from the Government of Canada. They said the significance of the ruling shouldn't be overstated.

It has no illegal application to the Yukon government. I've read the ruling and from my narrow legal understanding, I don't think the government is right. There is a bigger issue here that isn't about legal obligations; it's about ethical duties.

Mr. Speaker, this isn't a matter of right or left; treatment of our veterans is a matter of right or wrong. The Yukon has the opportunity to lead nationally on this issue. Will the Premier recognize veterans' sacrifices for all Yukoners, set an example for all of Canada and stop treating veterans' disability pensions as income when it comes to the territorial government's programs and services?

**Hon. Mr. Pasloski:** Mr. Speaker, we all recognize and appreciate the contributions the fine men and women who served their country have made for us. As I said, the government continues to look at all of the programs that we have in

order to try to support our low-income Yukon veterans. Other examples are the pioneer utility grant, which was increased indexed to the consumer price index as well. We have the territorial supplementary allowance for persons with disabilities. We have many different tax credits that we've allowed and implemented in the last decade.

I think — to answer the question — yes, this is something we should also look at. As we do look at all opportunities and reasonable requests from both sides of the House, in my opinion, this is something that we should also have a look at as well.

**Ms. White:** No one doubts the sincerity of the Premier's words. What I'm saying here today is that words are not enough. Disabled veterans served in good faith; they put their lives on the line for our collective well-being. Now they live with physical and emotional injuries that will last their lifetimes.

Veterans' disability pensions are meant to compensate for these injuries and to help veterans meet their daily expenses, and often extraordinary costs associated with their injuries. No veteran should ever have to live in poverty as a result of their service to our country. In fact, their honour, valour and courage should be rewarded, not only in words but also in actions.

Will the minister commit to making the necessary changes before we mark another Remembrance Day?

**Hon. Mr. Nixon:** I thank the member opposite for her question. I'm advised that the ruling was actually not appealed. I responded by way of letter to the member opposite on June 25. I sent a three-page letter that explained in great detail our response to these issues and, as I stated then, I defer to my colleagues, the Minister of Health and Social Services and the minister responsible for the Yukon Housing Corporation, who had a responsibility for programs in that question.

In my response to the member opposite, my letter indicated that the judge's decision was based on a particular set of facts relating to a particular contract.

The veterans case was not about tax law or social assistance; it was about the interpretation of this one particular insurance policy.

Let me conclude by again saying how much we sincerely appreciate our veterans who have so honourably served our nation. Thank you.

**Question re: Access to Information and Protection of Privacy Act amendments**

**Ms. Stick:** Yesterday I asked the Minister of Highways and Public Works to explain his government's attack on our democracy by limiting public access to information. The minister's response was a little peculiar, in that he repeatedly said the act is meant to not only provide access to information, but to protect privacy. Would the minister please explain whose privacy he thinks the *Access to Information and Protection of Privacy Act* is supposed to protect?

**Hon. Mr. Istchenko:** I said yesterday, and I'll say again today, it's about the protection of information. The proposed amendments are to bring clarity to the section of the act where there is uncertainty. These amendments will serve to

balance the public's right to information against the public's right to protection of privacy.

The proposed amendments help to ensure that Yukon's ATIPP act works as intended and is consistent with legislation in other Canadian jurisdictions. The Canadian Newspaper Association — they gave us a big “thumbs-up” for having the shortest response time when responding to ATIPP requests. I'm happy with our staff members who deal with that, and we're going to continue with these changes.

**Ms. Stick:** They will be even happier when the responses will be quicker, in that there will be no information for them to access. The minister's response shows he does not have an understanding of this act. For the benefit of the minister, let me read from the act: “The purposes of this Act are to make public bodies more accountable to the public and to protect personal privacy.”

In other words, the minister is wrong to suggest the act is meant to allow government to operate in secret. The minister likes to say the Yukon Party extended the act to cover government corporations in 2009, yet he stands here and offers no good reason or evidence to support his current plan to slam the door on public access to those same corporations. Will the minister admit he has it wrong on both the purpose of the *Access to Information and Protection of Privacy Act*, and his current attempt to gut it and will he stop this attack on democracy?

**Hon. Mr. Istchenko:** These minor amendments to the act are to three sections of the act, which is made up of 68 sections. These amendments are consistent with legislation in other jurisdictions and with the original intent of the act. A full review of the *Access to Information and Protection of Privacy Act* is scheduled for 2015 and other amendments can be considered at that time.

The proposed amendment is very narrow. In fact, specific and limited — as recommended by the IPC — it applies to only briefing notes for Question Period or for new ministers or a new Premier. It does not apply to any other types of briefing notes.

**Question re: Peel watershed land use plan**

**Mr. Silver:** I have some questions for the Minister of Tourism and Culture regarding his department's role in the Peel land use planning process. After the Government of Yukon released its land use plan in 2011, his department did a great deal of work looking it over. Documents obtained under the access to information — the type of documents that won't be able to be seen under new legislation by the Yukon Party — demonstrates his party's support of the plan. One document says: “The continued success of existing tourism business...” and the growth of the industry “...depends on maintaining important resources that tourism activities are based on; intact ecosystems, high quality wilderness landscapes.” The new options that the Yukon Party has presented will instead allow development throughout the Peel watershed.

Why is the Minister of Tourism and Culture supporting this new plan when clearly his department is not?

**Hon. Mr. Cathers:** Again, what I would point out to the members is we have this case here of the Liberal Party not accurately representing the facts in this case. I would remind

the member, as he might know if he looked at my biography on-line, that not only did I grow up in the wilderness tourism sector, but I was a member in a business until five years ago and still have family, friends and many constituents who are in the wilderness tourism sector. We appreciate the fact of the importance of pristine wilderness beauty to the wilderness tourism sector.

I'd also remind the member that, contrary to assertions that have been made by members opposite, in fact the proposals that are on-line for the public to see would — within areas that are designated restricted use wilderness areas — limit the footprint of any new activity to significantly less than one percent. That would ensure that well over 99 percent of those areas would remain undeveloped and would remain pristine. In addition, all of the concepts that are presented would protect river corridors.

**Mr. Silver:** These facts aren't my facts; these are facts brought forward from ATIPP. I would appreciate to hear from the Minister of Tourism.

Mr. Speaker, in the Minister of Tourism and Culture's speech announcing the new Yukon Party plan, he thanked his staff for their hard work. Let's look at another example of that hard work. In another secret document that this government doesn't want Yukoners to see, the department looked at recommendations from the land use plan and provided advice on whether to accept or modify them. The department was asked, should 80 percent of the land be protected? The answer was yes, except this recommendation.

To the minister who values the hard work and advice of his department staff, why has he rejected this advice from his department?

**Hon. Mr. Cathers:** What I would again point out to the member is in fact information from all departments was presented in part of this process — including information about the values — and that is why all of the concepts presented by government would protect the rivers in the area by designating them either protected areas or restricted-use wilderness areas that would protect the landscape from any new permanent dispositions, including staking and surface dispositions. It would protect those areas of high value to the wilderness tourism sector. I assure the member that this government is well aware — I am well aware — of the importance of rivers to wilderness tourism and we understand it a lot better than the Liberal Party does.

**Mr. Silver:** I'm glad that we all have that on the record. It's clear from documents that we've obtained under the *Access to Information and Protection of Privacy Act* that there is strong support in the Minister of Tourism's department to accept the original plan, which called for protection of 80 percent of the land. It is also clear that the Minister of Tourism is ignoring that advice. He is ignoring it, and instead, has put his support behind a plan that would have a negative impact on tourism businesses that already work in that Peel region.

Is the Minister of Tourism willing to stand behind his department's work? Will he ignore advice that he has received? Why is the minister, who is supposed to be representing tourism interests, not standing up to his department?

**Hon. Mr. Nixon:** In addressing the member opposite, I think it's important to note that I appreciate the collaboration between the departments. I'd like to thank all their staff for their participation.

The Peel region has significant tourism and heritage values that must be carefully managed and protected in a manner that allows a variety of land users. Yukon government is presenting for feedback a new management approach that provides new options for active management of multiple land uses while protecting tourism and other values.

The Yukon Party government looks forward to hearing from our stakeholders about how we can best balance the needs of the region and the region's interests.

#### **Question re: Nutrition North Canada program**

**Mr. Elias:** Mr. Speaker, the Nutrition North Canada program is a source of frustration and disappointment to me and my constituents of Old Crow. To put it plainly, the program is defunct in our community. The Nutrition North Canada program is a step backward in achieving the objective of ensuring that healthy foods are more accessible and affordable to my constituents living in our isolated, remote northern community. It has reduced the ability of our Old Crow residents to make healthy food choices and increased the price of what little food is available for sale in Old Crow.

I know of single mothers in our community who have to now choose between buying food and other basic amenities. I must say, Mr. Speaker, this is the most difficult and frustrating file that I have had to work on during my time as MLA. The Premier can consider this question as my formal request for his government to engage the federal Department of Aboriginal Affairs and Northern Development Canada to help us solve this problem. Will he join us in this effort?

**Hon. Mr. Pasloski:** Indeed, the issue of the price of food in the community of Old Crow is a concern, not only of the members on this side of the House, but of the members on both sides of the House. We did pass a unanimous motion in the spring sitting addressing and speaking to the issue and the concern we have for the high cost of food within the community of Old Crow.

Old Crow is the only community in the Yukon that is part of the Nutrition North Canada program. The member is right. We need to work together. We need to continue to do work with our Member of Parliament and our Senator to continue to bring focus to this issue to see how we can best resolve and ensure that people are only paying a reasonable amount of money for the food that they have. They need to have money left over to be able to do other things for their kids and for their lives.

**Mr. Elias:** I thank the Premier for that response. My community of Old Crow has given me very clear direction on various stages throughout the last three years to address this problem. Two years ago, I travelled to Ottawa and submitted testimony to the Standing Committee on Aboriginal Affairs and Northern Development, requesting an exemption for Old Crow. Earlier this year, we made a submission to the United Nations Special Rapporteur on the Right to Food, Dr. Olivier De Schutter.

We have requested that the Auditor General of Canada take a very close look at the program. We have joined forces with several other northern MLAs across Canada to state our case to the federal minister, not to mention that the Premier mentioned the unanimous support of this Assembly that has provided my constituents the united voice to urge the federal government to properly implement the program in Old Crow. All of our efforts seem to have fallen on deaf ears, and my constituents continue to suffer soaring food prices. Can the Premier elaborate on what he's prepared to do to help our community ensure the proper implementation of the Nutrition North Canada program in Old Crow and rectify this problem?

**Hon. Mr. Pasloski:** First off, I want to acknowledge the incredible amount of work that the independent MLA from Vuntut Gwitchin has done on this file on behalf of the citizens that he represents. I have, in the past — and I will continue to bring this issue up and to try to allow it to “crest the hill” with the people we have to work with who are ultimately responsible for this program, and that is the federal government. That would be working with the senior minister for the north, Minister Leona Aglukkaq, and specifically with the minister responsible for Aboriginal Affairs and Northern Development, Hon. Minister John Duncan. We have examples of some incredible work in the past.

I'm thinking now of the Porcupine caribou herd and the work that was done in bringing together not only Yukoners, but an international representation in the creation of the Porcupine Caribou Management Board and the success that we have seen as a result of that work for the Porcupine caribou herd. We need to continue to work diligently, so that we can quickly find a resolution to this problem for the residents of Old Crow.

**Mr. Elias:** Right now in our community of Old Crow, the federal government and multinational corporations have control over the affordability of food. I'll give you an example. I just phoned home and a 10-kilogram package of flour costs \$66; a carton of eggs, \$30; a bag of oranges, \$19; a quart of milk, \$13; a bottle of water, \$4.19.

One of the solutions is to re-establish a personal shipping transportation subsidy — to and from Whitehorse and Old Crow — of nutritious perishable foods, non-perishable foods, non-food items and essential non-food items for the residents of Old Crow via Air North. The transportation subsidy can then be administered by Air North with the company being directly accountable to the department.

We also have many other solutions to offer. When can my constituents expect the Premier to start working with the Minister of Aboriginal Affairs and Northern Development to ensure that improvements are made to this program immediately?

**Hon. Mr. Pasloski:** This government has a very strong relationship with the Vuntut Gwitchin First Nation and, as the member opposite mentioned, have for many years had an intergovernmental accord with the First Nation to be able to work on many different issues that are a priority to both governments.

I have been to Old Crow on many occasions, and I have walked through that store, and I have seen the prices that are there. I have talked to people in their homes. I am aware of

where we are with this. The prices that people are paying in the store are not acceptable. We need to continue to work together and ensure that we can make this issue a priority for the people who are ultimately responsible for this program through Aboriginal Affairs and Northern Development. This government will work the Member for Vuntut Gwitchin and the Vuntut Gwitchin First Nation to continue to bring a priority to this very important issue.

**Question re: Residential Landlord and Tenant Act amendments**

**Mr. Barr:** Last night, the NDP Official Opposition held a public consultation on the new *Residential Landlord and Tenant Act*. The people in attendance — tenants and landlords, including representatives of a First Nation housing department — said there are many good things in the act.

We agree. It is a major improvement over the current act. At our public consultation, we heard concerns about issues not addressed in the new act. For example, the new act would still allow tenants to be evicted without cause. We listened and we agree with the people who said this is wrong and that eviction should require cause. If we allow this to continue, the Yukon will be one of the few jurisdictions in the country to tolerate evictions without cause.

When this act comes up for debate, will the government entertain an amendment from the Official Opposition to correct this deficiency and eliminate evictions without cause?

**Hon. Ms. Taylor:** I want to point out that the Yukon government is very pleased to put forward modern residential tenancy legislation that not only reflects best practices across the country but also balances the interests of both landlords and tenants in a fair and reasonable approach.

I'm very pleased the member opposite recognizes the good work of the Department of Community Services in collaboration with Yukoners at large. It addresses rules around security deposits, rent increases, notices of termination of tenancy; it requires written tenancy agreements, condition inspection reports; it provides clarity to residential tenancy relationships and also creates a new dispute resolution process, all of which have been desires of Yukoners for many, many years.

We recognize the current act is very much out of date — it dates back to 1954 — and modernizing the provisions is a priority for the Yukon government. We look forward to debating the bill in due passage and look forward to debating some of these issues of importance.

**Mr. Barr:** Another concern we heard from citizens at our public consultation was that the new *Residential Landlord and Tenant Act* does nothing to protect tenants from price gouging. Allowing unlimited rent increases once per year isn't good enough. We have heard stories during the current housing crisis of huge rent increases. Again, the new act does nothing to stop rents from being raised sky-high. We think there should be a fair process that considers things like inflation and the cost of renovations and repairs in determining rent increases that are fair to landlords and tenants alike. This kind of process exists in other parts of Canada and there is no reason Yukon shouldn't be at the front of the pack.

When this act comes up for debate, will the government entertain an amendment from the Official Opposition to allow a rent-review process that protects the interests of landlords and tenants?

**Hon. Ms. Taylor:** That's exactly what this Yukon government has done — just that. I just want to point out that the act that I tabled in the Legislature just days ago actually reflects the comments that were received by the Select Committee on the *Landlord and Tenant Act* — a select committee that was comprised of representatives from each of the opposition parties and the governing side as well. It also is based on the significant input more than 200 Yukoners provided — on-line and written input — which demonstrates the overwhelming support of some of the input that was received during the select committee review of the act itself.

Again, it's really important to note that this bill is premised on the importance of maintaining a balance between protecting the rights and interests of both tenants and landlords. All of which the member opposite has just raised is very much addressed within this proposed bill.

**Question re: *Oil and Gas Act* amendments**

**Ms. Hanson:** Yesterday, Yukon First Nation governments stood together when they delivered a message that they will not be divided and conquered by this government. Instead of consulting or working cooperatively with First Nation governments, the government is trying to divide Yukon First Nations by dangling the carrot of resource revenues and blaming the Kaska for obstruction.

The government is creating conflict that will lead to economic and social uncertainty. The only certainty here, Mr. Speaker, is the damage that is being done to the government-to-government relationship that the Yukon is now built upon. Will the Premier stop this confrontational approach and withdraw the amendments to the *Oil and Gas Act* until real and meaningful consultation can be held?

**Hon. Mr. Cathers:** I know how the member likes to try and characterize these things, but I would point out to the member that not only did we consult on these amendments before — and the current consultation with First Nations is beyond our legal obligations to consult — but in fact, the Yukon government spent over 10 years attempting to gain agreement from the Liard First Nation for development in the southeast Yukon. I remind the member that the Liard First Nation was eager to see development when they were looking at the possibility of becoming a developer in a segment of that area as part of an economic deal.

The government has spent millions of dollars resourcing the Kaska in these discussions and they informed us August 27 that they have no interest in continuing those discussions, tying it to a host of nine other issues that they would like additional resources for, which are, again, well beyond the government's obligation to fund.

At a certain point, we have to consider what is in the best interest of all Yukon citizens, including citizens of those First Nations.

**Ms. Hanson:** It is fascinating how somebody can have an insight into the workings of the Official Opposition's mind if they won't engage in conversation.

We do understand, however, that this government wants to steamroll ahead with the opening up of the Liard Basin for oil and gas development. We also know that historically the Yukon Party opposed land claims in the Yukon. They saw barriers instead of opportunities. In 2009, Yukon First Nations said no to removing the section 13 consent clause. Two weeks ago, the Kaska said no again. Now we have the Yukon First Nation governments collectively saying no.

Will the Premier stop erecting barriers, commit to withdrawing the amendments to the *Oil and Gas Act* and consult with Yukon First Nations?

**Hon. Mr. Cathers:** Again, as I reminded the Leader of the NDP, we have gone beyond our consultation obligations with First Nations. I remind the member that the Chief of the Liard First Nation indicated in a letter on August 27, followed up with comments in local media, that they will, "... definitely exercise that veto."

I would remind the member that again, on August 27, the letter that was sent from the Liard First Nation to the Yukon government indicated a list of nine other areas, all boiling down to a request for additional financial resources from the public purse beyond any legal obligation for the Yukon government to provide.

We have provided millions of dollars in resources, beyond any legal obligation to do so, to resource the Liard First Nation's participation in discussions aimed at opening up south-east Yukon to oil and gas development and, in fact, that First Nation was eager to see it opened for oil and gas development when they were looking at a specific economic deal that would see the First Nation work with someone as a developer.

Again, we are acting in the interest of all Yukon citizens. We have more than fulfilled our legal obligations to First Nations. To give three First Nations a veto when the other 11 do not have one — have the obligation to consult and consider — we are standardizing rules for everyone.

**Ms. Hanson:** It's interesting that the minister is now speaking on behalf of other Yukon First Nations. What he didn't hear was that they collectively said no, and so we again have a government that does not listen and pursues conflict over cooperation. This government has an agenda, and listening to Yukoners and Yukon First Nation governments does not factor in. Yukoners, industry, and Yukon First Nation governments —

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

**Point of order**

**Speaker:** Minister of Energy, Mines and Resources, on a point of order.

**Hon. Mr. Cathers:** The Leader of the NDP just imputed unavowed motives to another member, contrary to section 19(g), by suggesting the government prefers confrontation, which is certainly not the case. I would ask you to have her retract that.



**Speaker's ruling**

**Speaker:** I remind the member that he can ask all he wants, but please don't try to give direction to the Chair.

I would ask the member to retract the statement at this time.

**Ms. Hanson:** Mr. Speaker, I made a statement about how the government does not listen, and pursues conflict over cooperation. Then I said they have an agenda. They told me they have an agenda; they told this House they have an agenda. I'm not sure what I am being asked to retract, Mr. Speaker.

**Speaker:** The member is implying that the government has a hidden agenda against First Nations.

**Ms. Hanson:** No, I said that they have an agenda, and that listening to Yukoners does not factor into it.

I'm sorry, Mr. Speaker. Tell me what I am supposed to retract, and I will do that.

**Speaker:** Rephrase the statement.

**Ms. Hanson:** Mr. Speaker, the Yukon government is not listening to Yukoners or Yukon First Nations.

**Speaker:** That will be fine.

**Ms. Hanson:** Thank you, Mr. Speaker.

Yukoners, industry and Yukon First Nation governments want to have a conversation with this government about oil and gas development, which means a consultation about health and safety, social and economic factors and environmental impacts before companies invest millions and the process gets ahead of Yukoners. Acting after the fact will only lead to more confrontation and uncertainty.

Will this government do the right thing and stop creating confrontation and economic uncertainty and consult with Yukoners and Yukon First Nation governments on the *Oil and Gas Act*?

**Hon. Mr. Pasloski:** This government continues every day to work with First Nations and, in fact, work with everybody here in the Yukon — private businesses, NGOs. Our goal is to continue to move this Yukon Territory forward. Yukon resources belong to all Yukon people. It is important to this government that we do treat all First Nations equally.

When it comes to collaboration — I speak of the recent agreement on resource revenue sharing that we signed with self-governing First Nations. We have a Yukon Forum. Recently the Minister of Health and Social Services signed an agreement with the Kwanlin Dun First Nation in terms of child services. In fact just yesterday the Minister of Education signed an MOU with Yukon First Nations and the Government of Canada in the creation of an action plan for First Nation education. This government continues across the spectrum of the organization to move forward with working with First Nations, working with all Yukoners, to ensure that we all have a bright, prosperous future.

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

We will proceed to Orders of the Day.

**ORDERS OF THE DAY**

**Hon. Mr. Cathers:** Mr. Speaker, I move that the Speaker do now leave the Chair and 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 (Ms. McLeod):** Order please. Committee of the Whole will now come to order.

**Chair's ruling**

**Chair:** Prior to starting Committee of the Whole, the Chair will rule on a point of order raised on Tuesday, November 6, by Mr. Cathers.

On Tuesday, during general debate on Bill No. 7, *Second Appropriation Act, 2012-13*, Ms. Hanson noted what she believed to be "a certain repetition to the Yukon Party." She then made reference to the 28th Yukon Legislature when the Yukon Party had formed the government and quoted a statement made by an opposition member at that time. The statement contained the phrase "the big lie" and asserted that repetition is essential in getting people to believe it.

Mr. Cathers then rose on a point of order and said that in using the word "lie" in the way she had, Ms. Hanson was trying to indirectly accuse a member, or members, of lying, something that she could not do directly. Mr. Cathers argued that such an action had been ruled out of order in the past.

In her defence Ms. Hanson said that she was, "simply quoting from *Hansard*" and that the words in question had not been ruled out of order when they had been used previously.

At the time the Chair said she would look at the Blues and give a ruling, if necessary. The Chair is now prepared to rule on the point of order.

First, in ruling on unparliamentary language, the Chair has to consider the context in which the words were used at the time the point of order was raised. The context in which the words were used previously may, or may not, be instructive, but it is the current context that is definitive.

Second, when the Chair speaks of context, this includes evolving standards of what is and what is not considered unparliamentary language.

Third, Ms. Hanson — like all members — is responsible for the words she uses in proceedings. The fact that she was quoting someone else is no defence if the words used are unparliamentary.

In this case, the Chair finds that there is a point of order. The Chair believes that the proximity of Ms. Hanson's reference to Yukon Party repetition, and repetition as a tactic to convince persons of "the big lie" is too close for procedural comfort. Members, or other persons, listening to these proceedings or reading *Hansard* could reasonably conclude that Ms. Hanson accused one or more members of the government of lying.

If Ms. Hanson wanted to avoid that interpretation she should not have used a quote that contained the word “lie.”

The Chair also believes that if a quote containing the phrase “the big lie” were ruled in order, in any context, we would run the risk of having the phrase used over and over, to the detriment of the orderliness and decorum of these proceedings.

Tuesday marked the second time in two days that Ms. Hanson has used the word “lie” during proceedings: the first time directly and the second time indirectly. The Chair would suggest that she, and all members, avoid the word — and similar words — entirely, in order to avoid any misunderstanding as to their intentions.

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. 7: Second Appropriation Act, 2012-13 — continued**

**Chair:** The matter before the Committee is Vote 15, Department of Health and Social Services, in Bill No. 7, *Second Appropriation Act, 2012-13*.

**Department of Health and Social Services**

**Hon. Mr. Graham:** I’m pleased to introduce the first supplementary budget for Health and Social Services for the current fiscal year. First of all, I would like to introduce my two department staff who will be assisting me today. Goodness only knows I need the assistance. Warren Holland is the head of our Finance department and Cathy Morton-Bielz is the acting deputy minister for the Department of Health and Social Services. Welcome both of them.

I would like to highlight some of the major programs, services, and initiatives that we will be funding, as well as funding changes that are taking place within our department. The total increase requested for operations and maintenance in this supplementary budget is \$3.5 million, for a total department budget of \$282.6 million.

The total increase for capital is \$1.8 million, for a revised total of \$9.5 million. These increases are accompanied by increases in recoveries for both O&M and capital. Our O&M recoveries will increase by \$271,000, as a result of increased contributions toward specific initiatives supported by the federal government. However, what the federal government giveth, they also taketh away. This overall increase in recoveries is offset by a decrease in recoveries of \$125,000, as a result of the federal government no longer assuming financial responsibility for the personal care component of our home care services provided for First Nation clients.

The net increase in our O&M recoveries will be \$146,000. Our capital recovery will increase by 17 percent, or \$661,000, for a total capital recovery of \$4,461,000.

I should just maybe clarify one thing. Even though the federal government has decreased or quit paying for home care services provided for First Nation clients, the territorial government — our department — will continue providing those services and absorb that cost within our own department budget.

The total recoveries and operation and maintenance figures is a significant amount, as it represents nearly 47 percent of our total revised capital budget. Within Corporate Services, we’re asking for an additional \$114,000.

Health and Social Services is the largest department in government and we were constantly challenged with the complexity and volume of recruitment and other human resource activities. Part of this increase will support two additional human resources positions to respond to the increased workload in that department.

I’m also pleased to indicate that as a direct result of the Auditor General’s report, the department has created and filled a permanent research analyst position within the policy branch and filled a permanent research analyst position within the Policy branch and funding for that is included in this supplementary budget.

Within Social Services, we are seeking an increase to our O&M funding of \$769,000. \$629,000 of this will be used for personnel to support the new medically supported detox model that we are implementing at the detox centre.

We are also increasing our funding to Options for Independence by \$125,000 to support additional clients and administrative costs. The department has signed an agreement as well — as I said earlier this week — with Skookum Jim Friendship Centre to operate an expanded youth centre. In this budget we have included an additional \$318,000 for the shelter and outreach services. This supplementary funding will be combined with the current spending of \$247,000, for a total allocation of \$565,000 to the Skookum Jim Friendship Centre.

Within Continuing Care, we are adjusting our funding needs by an additional \$92,000. This largely consists of transfers within the department related to the clinical dietitian and to properly allocate funds that we are contributing to the Anti-Poverty Coalition.

Within Health Services, we are seeking an increase of \$1.868 million. This is made up of a number of adjustments and initiatives, including increases associated with the federally funded congenital anomalies surveillance project of \$80,000 and a \$130,000 increase for the Canadian diabetes strategy application; a revote of \$12,000 to complete the Keno City health impact assessment; a revote of \$250,000 related to the multiple sclerosis trials; and an increase of \$1.62 million for the new agreement with the Yukon Medical Association.

An increase of \$565,000 is being requested for Yukon Hospital Services. This increase is made up of a one-time increase of \$500,000 required for the start-up of the Dawson City hospital. These funds will be used for training, recruitment, staffing and other start-up expenses. \$37,000 is required for a power engineer for the new Watson Lake hospital, and \$28,000 is required for additional maintenance and housekeeping staff

for the Watson Lake hospital. These costs are pro-rated in this budget for this fiscal year.

Within the capital budget, we are requesting adjustments that cover a variety of areas. A number of minor increases are related to information and technology equipment that total \$70,000.

Within the system department envelope, we are revoting a number of items that relate to archiving mainframe data, the insured health services/health claims processing system, the hearing services claim processing system, the Alcohol and Drug Services indicator project, and the Justice Enterprise Information Network. \$955,000 in revotes are required for two of our major systems development projects, a large portion of which is 100-percent recoverable from Canada. These relate to our electronic health record project and our public health information system project known as "Panorama".

Other capital costs related to many of our facilities are primarily related to supporting renovations and maintenance at Macaulay Lodge, Copper Ridge Place, the Haines Junction health centre, and the former women's transition living unit. We have also included minor capital costs in the supplementary budget to complete the telehealth expansion into First Nation offices in the communities.

Madam Chair, these are some of the highlights for the supplementary budget that I wanted to draw to the attention of members, and I look forward to answering any questions they may have. Thank you.

**Ms. Hanson:** Before I get started I'd just like to note that I sent a note to the Premier when we were talking during Question Period with respect to congratulating both him and the minister for bringing us back from the edge of the precipice with respect to the crisis that does face this territory regarding doctors and access to doctors. The decision, however it was made, to provide a more rational approach to the addressing of the very serious issue that our office — and I know the minister's office — has been inundated with over the last months — it's not the last days or weeks, but months — with respect to finding a more appropriate way of working with those professionals who come to this territory to offer their services, having completed medical training in other countries and finding themselves in a situation where they're caught in a catch-22.

I'll give credit to the minister for taking leadership on this in the last while. I will point out that we did raise this issue over the last couple of years and, each time we've raised it, we've been told that it was really a number of things. One was that there were lots of doctors in the territory because that was the line that was publicly put out there by the Medical Council — I will say that quite frankly; the Yukon Medical Council, said there are X number of licensed physicians — we want to come back to that in the course of the discussion with the minister in terms of how we do these calculations.

Secondly, somehow those people who came here as international medical graduates were doing so with a plan — a forethought — that they were going to come here for a short period of time. Really, Madam Chair, my experience in understanding and talking with the physicians and with their patients is that many of these people came here and have been frustrated —

very frustrated — by the fact that they have not been welcomed into this community and have not been welcomed by the medical profession.

I think there's a time for us now to use the opportunity that has been granted here by the extension — through the provisions that the minister and the Premier announced today — to the international medical graduate licensing program.

I never quite get the limited licence program — to really seriously look at how we provide the kinds of supports — not just the technical supports, but the actual listening to what is going on in those practices. We saw a steady exodus of medical practitioners in one clinic where it went from having four or five doctors to one doctor, and nobody else would take on those patients. Suddenly you have a doctor supposedly caring — just about killing themselves caring — for 4,000 patients — there is something wrong with our system. It is not sustainable.

We were on the brink of having those two doctors leave this territory this week, leaving many, many people stressed beyond description in terms of their concerns for either themselves or their loved ones as they looked at what was going to happen. That really does underscore the absolute importance of taking seriously the issues that are facing us as Yukoners in terms of our health care system and the sustainability of our health care system.

In part, it will be how we work, not just with those people we're trying to recruit as graduates out of Canadian medical schools across the country and competing with those others, but also working — and seriously and honestly recognizing that, regardless of where you're trained, there are many qualified medical practitioners whose standard of professional expertise and care — it doesn't matter where they were trained. I use the example of a conversation I had with one of these doctors this week. We talked about the Médecins Sans Frontières, and he said, "You know, when you go into a war zone and you're working cheek by cheek with another medical practitioner, nobody asks you, 'Did you graduate from McGill, or did you graduate from a university in Iran, or India, or Sri Lanka?' They just want to know that you can do the job."

The experience of the patients I've been talking to over the last number of months has been that they are looking for compassion, and they're looking for doctors who will listen to them, and who will provide care to them. They were very concerned that the doctors providing that compassionate care in listening were being driven out of this territory.

From my personal perspective — because I also am a patient and I have a family that relies upon health care, as we all do in this Assembly — I'm pleased that we've made a last-minute saving — it's like that last-minute play in the championship round, here. There was a catch here, and we're lucky because we did not lose those last two doctors. I credit the minister for that, and now I will be putting lots of pressure on him to develop and work with them to listen to the experience of those people who have come here — and to listen to them directly. There are other voices that have worked effectively to close off that voice. It's also what they bring to this territory. It's not just the fact that they come with some professional expertise. They come here with families — families who get in-

volved in our communities, in our sports, in our schools and our education who actually think, “Geez, I’d like to live here” — kids who are going to university and want to come back here and be doctors — be other professionals — and we’re saying, “Go away.”

There are a lot of lessons to be learned. I’m hoping that the minister will ask for some sort of independent assessment of the experience over the last six years, because it has been dreadful for patients — and beyond dreadful for those medical practitioners who have come here in good faith. I would really recommend that.

The experience that we’ve just escaped, skirted, skated by with the international medical graduates and how we as a community have worked or addressed that is kind of emblematic of where we’re at in health care in the territory. We know that health care is hugely important to Yukoners. I mean, it’s not a surprise. It’s an issue that has been at the forefront for a very long time. I’ve made reference before to the exercise that this Yukon Party government carried out in 2008-09, which was a step back in terms of the big picture of health care in the territory, where we’re going, with the underlying theme of sustainability of our health care system, as well as looking at the clear options that are available to us as a territory as we go forward.

When we talk about the supplementary budget today where we’re talking about yet more investments in the health care system, we need to step back and ask, for what outcomes? What are we trying to achieve? How do we know that we’re doing it? That is the policy framework that Yukoners expect us as legislators to be applying — that lens — as we look at health care in this territory.

So in every aspect of the conversations that I’m sure the ministers and other members of this Legislative Assembly have when they’re talking to their constituents, certainly health care is right up there in terms of not only accessibility to their doctor — to a doctor of any kind — but it’s the kind of health care system that we create for a community of 35,000 people, and what’s appropriate, and how do we ensure that it’s both appropriate health care, but that it’s also sustainable financially over the long-term.

You know, we have the tools in this Legislative Assembly. We have an act, and if we actually followed the legislation — the *Health Act* — I would venture we would be a long, long way along the continuum of implementing the kinds of health care that I’m beginning to hear echoed back from the Minister of Health and Social Services over the last couple of months. We hear the Yukon Party talk about the idea of collaborative care. It’s a wonderful thing, but you know it has taken 20 years.

When this Yukon *Health Act* was passed, that was the principle that was in there. If you look at the principles in the legislation, that was one of the founding principles. We have people during the course of the life of this Yukon Party government in 2006 — there were concepts presented, debated and discussed about a primary health care centre in Whitehorse. These are not new ideas; these are ideas that we’ve ignored or rejected because they didn’t fit with somebody — I don’t know

— somebody within the Yukon Party’s mindset or their advisors or something.

It’s great that we’re beginning to hear that language because now we can take the language and actually make it happen because we cannot waste more time. We can’t waste more time because the trajectory of expenditures on health care isn’t going down and we see that again in the *Supplementary Estimates No. 1*.

We have a responsibility to find ways to work together cooperatively on some of these issues. As I have said before, the Official Opposition takes this issue very seriously. We have been raising and we will continue to raise — we listened and we read about the concerns. We listened to the concerns that people raise; we read the issues that were both set out in the health care review and, more importantly, in the follow-up, which was *Taking the Pulse* — listening to what Yukoners had to say about the health care review.

We think that if we look at the range of health care providers in this territory, their underlying mandate and their underlying philosophy is all the same: it’s to provide the best care possible with the resources that we have. Our job as legislators is to ensure that we work to create the framework so it’s done in a cooperative and collaborative way and that we don’t create and foster the kind of siloed health care system that we have right now, which is professions not talking to each other or having no way to communicate.

There are a number of issues and a number of matters that I think, if we could establish a dialogue within this Chamber and then extend that dialogue outside this Chamber, we could make some real progress over the next short while with respect to health care.

We know that having X number of doctors or X number of acute care beds is only one aspect of health care — one small aspect. This is why, if we were looking at really implementing the *Health Act*, we would be talking about and focusing on the evidence related to the social determinants of health. We would be talking about — beyond the words of social inclusion and poverty reduction — how we’re going to make the necessary changes with respect to income, education and housing.

I guess it’s pretty clear that, as the Leader of the NDP, I am concerned about how this government is spending our health care dollars. I am concerned and we have expressed this concern. We need to get a focus on the increases over the last five years — I think it is 47-percent in health care-related expenditures. We have heard from the federal Minister of Finance and the Premier himself — that we know that on the horizon there are slower increases to the territorial formula financing agreement.

We know there will be some implications in a short while — a “short while”, in terms of planning horizons for health care — because health care is like the *Titanic*. It’s a big, big ship and you can’t change course quickly. You need to plan it. If we don’t plan it, we’re going to be like the *Titanic*. So we need to be planning for the kinds of cuts that have already been announced with respect to health care over the long term, in terms of federal investment at the provincial and territorial levels. That means we need to be looking at what opportunities we

have within our territorial system. We need to tie the expenditures we make on health care to patient outcome — that our health care delivery system is patient-centered. We have lots of statistics right now about building things, and doctors and diagnostics, but the only thing that we know for sure about those three is that they're the biggest cost-drivers for the health care system. It's the other aspects of our health care system that should be the ones we focus on in terms of health care outcomes. Simply having more diagnostic machines and simply having more doctors doesn't mean you're going to have better health care.

It just doesn't work that way, and that's what we have seen over the course of the health care system in this country. That was the challenge that was posed to the country when we moved to the wonderful thing of providing universal health care, but we didn't go the next step, which was to say, "This is what we expect you to do when we give you the money for the services that you're providing." We have an obligation to be more demanding, not just as patients, but as government. Those people who were paying that have public expectations about the services and the quality — not just the quality, but the kinds of services and the service outcomes. You know, maybe we have to say to a hospital or to a doctor, "Perhaps we'll start tying the remuneration that we provide based on the outcomes. We don't just simply use hospitals to warehouse people. We don't just simply say it's the number of people that you see in a day — you know, the more you see the better it is for your pocketbook. We want to tie in the kind of care you give — the kind of outcomes for your patients."

Those ideas are not coming solely from me; these are ones that have been talked about by the Canadian Medical Association, the Canadian Nurses Association and every medical research institute.

There are lots of people looking at these issues. You tell me I have two minutes? Thank you, Madam Chair.

The sustainability issue is important; I'll want to talk to the minister a little bit about that. I've talked about patient care and I'll have a number of questions for the minister on each aspect, on probably each of the line areas or program areas within health care as we go through.

There are issues associated with the notion of putting patients first in terms of the sustainability. We think that there are models; we know there are models that are being implemented elsewhere, even to the state adjacent to us, where we have sustainable health care systems that are done in community settings that deal with some of the very serious problems that we're dealing with here and have demonstrated improved outcomes, both financially and in terms of patient care. We think it's worth having the conversation.

I invite the minister to jointly meet with some of these folks — with the Nuka System of Care in southeast Alaska — and let's talk about what their experience was working with large aboriginal communities, mixed communities and how they were able to achieve the outcomes that they did with respect to reduction in costs and more appropriate health care systems for chronic care — one of the biggest cost-drivers in all health care and in this territory as well.

Health care is really important to me. I think it is important to all Yukoners. I know my time is up. I really look forward to engaging with the minister on this issue, because I think there are so many opportunities for us to do something productive together.

**Hon. Mr. Graham:** I'll try to answer a couple of the things just briefly and also as we go through the rest of the budget.

The first one was the amount of money spent on health care in the Yukon. There is no doubt it has increased substantially over the last few years, but the one thing that we still are very proud of is the fact that we only spend 30 to 31 percent of our total budget on health care. Some provinces are as high as 50 to 53 percent. We don't take that as an excuse for spending more money or increasing the amount, but what we're trying to do is keep things in perspective. It also depends a lot on what you include in those costs.

We know there are two new hospitals coming onstream in the next few months, so we know that the costs of the health department will go up again in order to accommodate those hospitals. We see that probably meaning that a greater percentage of the budget will be taken, but we also know from federal government announcements to date that in the future the maximum amount that will be coming from the federal government in direct transfers for health care is six percent. So we are aware of that, and we're also very cognizant of the fact that we will have to maintain that increase on an annual basis unless we want to take a bigger portion of the budget. That's what we are trying to avoid.

Trying to avoid that is one of the things that has really moved us along in terms of the wellness strategy. The wellness strategy is something that I believe in. I can't tell you how much I believe that over the long term — I mean 10, 15, 20 years down the road — that is going to have such a tremendous impact on our health care costs.

Anything that improves the quality and length of life of Yukoners and anything that will close the gap between well-to-do Yukoners and not-so-well-to-do Yukoners is one of the reasons we're focusing first on healthy families and healthy children, because those are the areas that we really hope to focus on. We believe that promoting healthy families, preventing injuries, preventing illness in children is the best starting point.

Even before I ran for election I had been lectured — well, I wouldn't say "lectured", but I had been told by a person that I worked with very closely at the college — she had been an RN for a number of years and came to work at the college and she constantly introduced me to new models of care, and these are the things that we should be doing — areas in which the college was heading at the same time as well. So I had a very strong background in collaborative care models when I first took this position, and I'm glad to say that it has provided me with a great deal of insight into some of the things that are going on. It's one of the reasons that we pushed the nurse practitioner change so hard; it's one of the reasons, in terms of government, we're rushing forward with the regulation changes and the legislative changes. In the recent contract that we negotiated with the Yukon Medical Association, it was one of the

points that I made right from the very first — this has to be something that's accepted by all professions.

We actually got the leadership of the Yukon Medical Association together in a room, as I've said — the nursing association and the Yukon Medical Association together in a room — to actually discuss collaborative care and nurse practitioner regulations and what the difficulties were. It was a very educational process for me. It also made me very, very firm in my decision to go ahead with nurse practitioner regulations.

We will proceed a little slower in some areas, but there is absolutely no doubt we're going ahead. My department has instructions to begin the negotiations with the YMA right away to begin planning where we're going to have a collaborative care clinic here in the territory. It's something that I'm very sure we'll have in the next year, one way or the other.

As for outcomes, the Auditor General's report, as you know, highlighted the need for outcome indicators, and it's something that we should be working toward in all programs. We agreed with the Auditor General in that area, so any new programs that are being established within the Department of Health and Social Services have key objectives, and they have performance measurements built into the new program.

We're working toward new and better accreditation programs — in fact, all care facilities now have been accredited, and we're undergoing training for staff on program evaluation as well. Another thing that we're doing training for is outcome measurements, because unless staff understand these things and understand what we're trying to do and buy into the system, it's never going to work properly. We're working on those issues. We're also working on data systems to enable us to compile evidence. In the past, we've all known intuitively perhaps that things are not working the way they should be, but we've had no data to back up that intuitive feeling. So, we're going to start compiling the evidence required, to start benchmarking in existing programs. We hope to start there to begin performance measurements in those programs as well.

As part of the Hospital Corporation and the department, we have also done some population projections as to where we're headed over the next 10, 15 and 25 years. We realize the number of older people living in the territory is going to increase dramatically in the next 15 to 25 years, so we have to be prepared for that. One of the first things that happened when I joined the department was we opened Thomson Centre. We opened the first 18 beds, and then we opened another 10 beds. We're working with the Hospital Corporation at the present time to open another 10. We're working in that area as well because see probably between eight and 12 people currently in the hospital who are occupying acute care beds in the hospital, who could quite easily transition to a continuing care facility and free up those beds for acute care patients who actually need them.

It would also reduce our costs dramatically. The cost difference between caring for a person in the hospital and caring for that same person in a continuing care facility is phenomenal. We're talking in terms of three to five times the amount. So those are the kinds of the things we're looking at, at the present time.

It's one of the reasons, quite frankly, I said some months ago — and was then taken to task by various unions — that we are also looking at other options — not only government continuing care, but we would invite the private sector to become involved in continuing care in the territory as well. It works in every other province in the country. Why wouldn't it work here?

So, join us — we are not going to privatize any of the continuing care facilities. We never said that; I never said that; we have no intentions of doing that, but if there are other operators that would care to come into the territory and provide that kind of care, give options to our seniors, that's what we need. We are also looking at cooperating with a couple of NGOs to enable us to move into other continuing care opportunities.

Anybody who has an idea or a project that would enable us to facilitate more seniors in continuing care — to us it would be a good thing. Having said that, I realize I haven't answered all of the things brought up by the member opposite, so I'll sit down and wait until you have more specific questions perhaps and answer those as I can.

**Ms. Stick:** I have listened to the member next to me speak about health care and my portfolio is the Social Services side, which I will be speaking to. I want to thank the minister and thank his staff for the briefing notes that we received the other day and then further information that arrived today. It was appreciated.

I was expecting a final appropriations act to come forward and it didn't and we were told it was because the departments stayed within their budgets and that's great. I'm still on the learning curve of budgets and appropriations. Without that, I went to the Public Accounts report and have been looking at that and reflecting back into this second appropriations. What I've been trying to follow is where we've stayed within budget, but some programs have lost funding or funding was not spent in those programs. So I will be asking questions along those lines.

The minister opposite touched on a lot of different program areas. When I'm asking my questions, the minister has received a lot of correspondence from me over the last six months and should have a pretty good idea of some of the questions I'm going to be asking in terms of programming and social services — questions in continuing care that have come to my attention from constituents, from families, from individuals, care givers. I have a lot of questions and I look forward to being able to ask them of the minister and with his staff here I know that there will be a good response and, if not a response, an answer the next day. Thank you, I'm looking forward to it.

**Ms. Hanson:** Just a quick comment to the minister opposite that I look forward to an engaged and lively conversation with respect to private long-term care facilities in the territory — the kinds of principles and criteria that he might want to put forward for debate and discussion in this Legislature because I think we all appreciate that we need to look at all options, so I certainly look forward to that.

I was going to ask him another question, but he raised the question with respect to — when I attended the Hospital Corporation meeting recently and it was pointed out that up to one-

quarter of the acute care beds at any one time are occupied, as the minister said, by people who more appropriately should be in a long-term care facility and, as he says most rightly, that is a very expensive alternative to have them appropriately placed — not just the cost factor, but it's the kinds of care. Somebody who is a long-term care — in quotes — “patient” does not receive the kind of care they require in an acute care facility, in terms of the programming, the stimulation — all of the things that make the quality of their life normalized and better. The minister opposite references the opening up of more beds for long-term care at Thomson Centre. This government — the Yukon Party government — made commitments to a colleague on the other side in 2006 in the election campaign — the Yukon Party committed to reopening palliative care beds in the Thomson Centre and made that commitment again in, I believe, 2010. We still have no palliative care beds for patients to die in appropriate places.

Acute care facilities are not appropriate for end of life. Not everybody has the support of family or other sources to ensure that you can die in your own home. Palliative care facilities are facilities designed for the end of life. So I'd be interested if the minister could speak to when we will see the commitment delivered by the Yukon Party — the commitment made six years ago — to put in place palliative care for those. We are all going to die, so we should be making this a respectful and dignified death, as opposed to putting them in an acute care facility, which is really — the acute care's job is to save you. When you are dying, you are dying; you need to have the recognition that that's past — all those other efforts are past. All of us have been there, I'm sure, with our family members. So the question: When will we see palliative care, and is that being budgeted for this fiscal year or next? I am presuming it's not this one, because I don't see it in any supplementary.

**Hon. Mr. Graham:** I will answer a couple of those comments. The first is that we do offer a palliative care program right now, but it's an in-home palliative care. It's funded by the federal THSSI money at the present time, but we have made a commitment to continue that program as part of the Thomson Centre renovation to long-term care — the other 10 long-term care beds.

There is also an area in the Thomson Centre that is intended to be converted to seven palliative care beds. The only question is: Who looks after it? Should it be the Hospital Corporation that has care and control of the palliative care ward, or the Health and Social Services department? We'll have those kinds of discussions. There will be further funding requests coming through, and this year as well, for changes necessary in the Thomson Centre. I'll wait for other questions when we get into individual budgets. Thanks.

**Mr. Tredger:** I just wanted to thank the officials from Health and Social Services for coming and spending the afternoon with us. It's much appreciated.

I wanted to bring a bit of a rural perspective to this — there's a disparity between the services offered in rural Yukon and urban Yukon, and that's a fact we live with. I challenge and encourage all departments to work to bring that and help close that gap. It's not easy; providing services to small popula-

tions spread out over the size of the Yukon is difficult, but I think we must always keep that in mind and always work with the communities in order to ensure that we do have the best of services.

I had the good fortune to spend seven years in Pelly Crossing as a principal there. I noted a number of things and a number of challenges that all of our departments face when working in rural communities. Much of our services are dependent upon relationships and building relationships — whether it's a nurse in a community who is working with the elders or with the children; whether it's an RCMP who is working with the chief and council; whether it's a teacher working with the children; or a social worker working in the community — it all depends upon relationships.

To give you an idea of the challenges that we're facing, I didn't start counting right away, but after I had been there for a couple of years, I noticed that the nurses were coming and going rather quickly. The RCMP were passing through. Teachers were in and out. So we started to count. In the next five years, 27 nurses were assigned to Pelly Crossing — 27 nurses in five years — hard to build a relationship. There were 12 different RCMP officers. There were nine social workers. There were over 20 teachers. It makes it a real challenge and I encourage the department to look for ways to help the personnel in the field — the front-line workers — to meet some of those challenges and to build a relationship.

The Yukon wellness program that the minister has just brought forward, I think is a good first step. I applaud him for bringing that forward. The challenge, of course, is that it does become a real opportunity for growth and not another study being done by Whitehorse people who come into the community for one or two days or perhaps a week, and write reports, or go home and write reports, and that's the end of it.

Too many of our studies and our programs become Whitehorse-centric. The challenge then is to include research in evidence-based outcomes, to work with the communities to meet the challenges — not to say that their problems aren't there, or that they can be readily solved. They can't, but the challenge is to build the community and build the community capacity so that they can be a bridge when 27 nurses pass through, or 25 teachers, or 12 RCMP, or nine or 10 social workers, so that there is a bridge and a way in to help them build the relationships — that is the challenge of a Yukon wellness program, to help make the community whole and well.

I have a number of questions on one particular area because it touches on me, but I think I'll wait for the next part to go into childcare and early childcare. I do have a couple of items that have been brought up and I would be remiss if I didn't bring them forward.

Pelly Crossing is still waiting for an airport that can conduct emergency flights. I just talked to people in Pelly and, again, they mentioned how, when somebody gets sick or has an accident in Pelly, the emergency responders first take them to the nursing station in Pelly Crossing. They then wait until they can make an arrangement with Mayo emergency responders and they both set out on the highway, meeting at Stewart Crossing. So you now have two communities' emergency re-

sponders tied up, driving ambulances from Pelly to Stewart Crossing, doing a transfer from Stewart Crossing to Mayo, where they are then held in the hospital in Mayo — involving further personnel — while they wait for a plane to come from Whitehorse to pick them up. How can that be cost effective? How can that be good for patient care? The stress that puts people through in a time of crisis is absurd. The absurdity of it all is the amount of resources we spend on doing that; it's crazy. There's no other way to describe it: it's crazy.

I do have a compliment for the department and a question on another issue. The elders in our smaller communities often have to go to Whitehorse for medical appointments. The people at the nursing stations have been very good about helping arrange for that. Sometimes the elders have difficulty dealing with the bureaucracy, getting their message across, finding a hotel to stay in, and making sure that they have a ride to their medical appointment. The nurses have, out of the goodness of their hearts, been doing that.

I understand that it is a federal responsibility, because most of the elders — not all of them, but a lot of them — are a federal responsibility in uninsured benefits. That wasn't happening, so Yukon government and the nurses there, through devolution, were looking after that. Lately, they have stopped and said, "Well, it's a federal responsibility, not ours." While that jurisdictional battle is being looked into, elders are not getting the service and they are not able to avail themselves of the services. That's something that, on one hand, we have done well — as a front-line worker, we've been providing a service — but now it's not happening and we need to look into that.

The next issue that this sort of leads into is the provision of a continuum of care for our seniors in their communities. We talk about expenses and rising costs of the health care system. We know that, for the patients' well-being, the longer they can stay in their home community with their support systems around, the better it is for their health and the less expensive it is for the system to provide for them. We need to be looking at a whole continuum of care and I encourage the minister to work with the minister responsible for Yukon Housing Corporation and other ministers who may be affected to ensure that in each community, elders and seniors are able to stay in their community as long as possible so they can have the support of their community, of their family and of their children.

Finally, we just recently had a health impact assessment done in Keno City about the effects of mining on health. This was a good first step. I assume it was the minister's department. I'm not sure who is responsible for Dr. Brendan Hanley, the chief medical officer, but I believe that was a very excellent first step and it does help to alleviate some of the concerns of some of the residents of Keno. However, it's important that there be funding in place to ensure the recommendations are followed and that it is followed up on and doesn't become another study that sits on the desk and is shelved. I understand that it crosses departments there, but there are many recommendations that should and need to be followed up on in order to ensure the safety of Keno residents.

I'll save my questions and my thoughts on early childhood development for the next segment of conversation, but there are

a number of important perspectives there and I would say to the minister that I'm willing to work with him and the communities in my jurisdiction to bring a rural perspective to his thoughts and his thinking. I think it's critical that the residents of rural Yukon work with the Government of Yukon to decrease the gap in services between rural and Yukon.

**Hon. Mr. Graham:** I found the Member from Mayo-Tatchun's comments extremely interesting, especially with regard to services in the communities, because this was one of the reasons behind the Yukon Hospital Corporation going ahead with new facilities in Dawson City and Watson Lake — the exact reasons you talked about. People will be able to stay in their community hopefully longer if they're injured and they'll be able to come home sooner in order to recover from, be it operations or accidents, where they've had to go to an acute care or another hospital. It's going to do those things.

Part of both of these hospitals as well, as I said in previous debate, was that these are multi-use hospitals. They will have a health centre in the hospital, seniors will be able to take advantage of the facility as well, and hopefully it will enable us to keep seniors at home much longer, especially in the smaller communities.

I don't know if the member opposite is advising us to start building hospitals in Mayo — I think that's a little way farther down the road — but the facilities are needed in many communities. We just did seniors housing in Watson Lake. It was in fact just recently the final unit was taken, so we are very aware that seniors want to stay in their home communities and in as many cases as possible, that's the kind of stuff we're doing. We're not always right; sometimes we'll trip up, but the intent is to keep seniors in their homes as long as possible. That's why we started the home care system; that's why we expanded the home care system this year dramatically — it was to provide assistance to seniors.

On another topic: when we talk about wellness — when you asked about wellness and we hope that it isn't a Whitehorse thing — we're starting initiatives in at least two rural communities. In fact, one of the very first initiatives we're starting in the whole territory is in Carmacks. So we're starting some of those initiatives outside of the City of Whitehorse. There is also the website that's available all over, so there are a number of other things that we're doing. But we're trying to start a number of initiatives in smaller rural communities because we realize that, in some cases, they have a bigger problem than Whitehorse because they don't have the recreational facilities and they don't have all of the foods and services that are available to them in those smaller communities that are available here. So we want to work with everyone; we want to work with small communities and the operative words there are "work with" not come out and give direction. We want to work with them to make sure that they can sustain whatever projects we start.

We don't want to go in there and start some program that is operated by a paid person or something like that and then the funding runs out. How many times have you seen that happen? The person leaves because the federal or territorial government has a limited number of months or years of funding for a par-



ticular project, the funding runs out, the person leaves and the project falls flat on its face. That's what we don't want to see happen with the wellness initiative. We want this wellness initiative, whatever it is, in whatever form it takes in any community, to continue long after the so-called "experts" or the assistance leaves the community. We want to build that expertise in the community so it is sustainable there.

**Ms. Hanson:** I believe the question being asked there was not about the need for a hospital in Mayo. In fact, there was a hospital in Mayo. It was about getting people from Pelly Crossing to the health care they need and the convoluted trajectory that they were forced to be taken on when they're most ill. The fact of the matter is that, having a hospital in Dawson — if you have to go from Pelly to Mayo to Dawson — is not going to make it easier. The question: How does this government intend to shorten the time between the onset of illness — particularly in an acute or a life-threatening situation — to the point that they can get to a hospital, as opposed to having to do what the Member for Mayo-Tatchun described in detail.

A new hospital in Dawson is not going solve that if they still have to go all around the territory to get to Dawson. It's all around the territory right now to get to Whitehorse. So I think the minister — when I asked him the question, I was just picking up on his question. I think my colleague from Mayo-Tatchun also referenced the issue of wellness and the wellness strategy.

I'll keep coming back to the *Health Act* because I think it does provide the direction. I think if we had been doing it, we could be moving along much more rapidly to the kind of outcomes that we're looking for, for patients and for all citizens. We've heard over the last of couple of years — I think it was in 2010 or 2009 — I can't recall exactly — the announcement of a social inclusion and poverty reduction strategy. Then, this year, we have the wellness strategy.

The *Health Act* says — and they use this wonderful language of "wherever practicable" — that there should be integration of health and social services. We know that human problems don't present themselves as neatly as health problems or social problems and we've seen through all the various studies — the most recent synopsis from the Anti-Poverty Coalition, *Minding the Gap* — information about being economically disadvantaged. That whole equity gap means that you're also likely to suffer health problems. So, when the Yukon *Health Act* was being put together through the broad consultation that led to that act in the early 1990s, the recognition was that effectively affecting the full range of health problems required a greater integration of health and social service delivery. It's my understanding that, to that end, the *Health Act* requires that every Cabinet submission must include an analysis of the health impacts of the particular policy proposal and that the key instrument of integration, at the top, was the establishment of the Health and Social Services Council. When the government of the day created the Health and Social Services Council, it really did intend that there was a value to this council's recommendations.

It's my understanding that the Health and Social Services Council, for which the last minutes we can find were posted in

2011 — if you read them, they are basically told to mind their own business and to limit their advising. So I have a couple of questions: What is the role, in 2012, of the Health and Social Services Council? Does this government believe, as the act says, that they have a legitimate role? Does the government pay attention to them? When might we see the next posting of the minutes of a meeting? Or has the council just been disbanded like the Yukon Council on the Economy and the Environment, which is also required pursuant to a piece of territorial legislation?

I'm hopeful that this one hasn't been disbanded, and I'm hopeful that the minister does seek their advice and recommendations on a broad range — as the act talks about — on the integration of health and social aspects because of the outcomes of Yukoners in terms of health care. We know that the two go together.

**Hon. Mr. Graham:** Madam Chair, the council hasn't been disbanded; in fact, right now I'm looking at a number of recommendations to fill vacancies on the council. But I haven't determined what kind of a future they will play in the Department of Health and Social Services. I know we have a couple of questions right now that we would like them to do some work on, but past that, I can't tell you because I haven't made a decision. I've asked the department for some recommendations and that will be forthcoming in the next little while. It hasn't been real high on my radar right now, to be perfectly honest, and I haven't made any decisions.

**Ms. Hanson:** Failing having an active Health and Social Services Council, to whom, then, does the minister look to get community-based — the intention was that the council would be comprised of citizens from a wide range of professional and cultural communities. From the start, it was my understanding that these citizens were representative and could address the broad range of issues from alcohol and drug abuse to social service delivery, juvenile justice, health — and then having the health status reports from the department would automatically be referred to the council. The council's discussions would then be part of a public record, which would then help inform the minister about decisions that affect the direction for health care in this territory.

If the minister is not getting advice from a body that is constituted by law, where is he getting his advice from?

**Hon. Mr. Graham:** I have no shortage of advice, believe me — everything from the community advisory council on social inclusion and poverty reduction, to the anti-poverty group I meet with on a regular basis. I also receive advice from the Yukon Council on disABILITY. I have met with the autism group. A huge number of NGOs meet with me on an ongoing basis. I've met with the food bank and the Yukon Registered Nurses Association. There are a huge number of NGOs and community groups and, in fact, individuals who come to my office on a daily basis.

I have a very strong bias toward listening to anybody who wishes to make an appointment and come and talk to me. I'll continue to do that. As I said, we haven't made any firm decisions with respect to the future of the council. I know at one time the chair of the council, in the last little while, made a

recommendation that either the council should be used on a more regular basis or it should be disbanded. I think the department, too, meets with a huge number of groups — everything from FASD to ADS. So the input we receive from the public — whereas it may not be focused strictly on the council — is received from a huge number of sources. When a decision is being made in the department, we always consult or we always attempt to consult with anyone who will be impacted by that decision.

**Ms. Hanson:** Well, it would be disappointing if the minister and the government were to move away from the broad representative as opposed to potentially skewed or weighted influencing. I think there is a real value to having that representative body as it was envisioned in the legislation.

There is another aspect of the *Health Act* that I would just like to come back to. In the talk about wellness and the importance of the emphasis on what our grandmothers talk about — “an ounce of prevention is worth a pound of cure” kind of idea — and when most of our health care dollars are focused on putting the money into the cure, the Yukon *Health Act*, in order to address that, envisioned the creation of the Yukon health investment fund. I’m just seeking confirmation from the minister — as this was envisioned — that the government would reserve the first not the last five cents of every health dollar and it would be invested for the exclusive use of the prevention of disease, dysfunction or the promotion of good health.

I am interested in knowing if the minister could confirm the amount of money that is currently in the health investment fund and how much is budgeted for expenditure this year. Does it achieve the five-percent of the health budget so it was maintaining the intention as set out in the legislation?

**Hon. Mr. Graham:** We’ll have to get back to you with an answer on that one.

**Ms. Hanson:** Just one last aspect in terms of the requirements of the legislation — the *Health Act* does require that every three years a Yukon health status report be tabled in the Legislature. To my knowledge the last report was tabled in 2009; at least that’s the last one I could find. These reports are quite helpful; they do have a lot of substantive information and the last one was prepared by the medical officer of health. Could the minister confirm when the next health status report will be tabled?

**Hon. Mr. Graham:** I’ll have to get back to you with that too.

**Ms. Stick:** I mentioned earlier that we received a briefing the other day.

I would like to go through some of the parts of that with some very specific questions. The first one has to do with a certain amount indicated here, \$51,000 taken from the child care services, which is a whole other line of questioning that my colleague from Mayo-Tatchun will follow up — but it went on to explain that this was for capital start-up costs for Skookum Jim — for the new shelter. When I look on the shelter capital costs on the other page, it was indicated it was \$31,000 and I’m not sure if that’s a typo or if someone can explain where the \$20,000 between \$31,000 and \$51,000 went.

**Hon. Mr. Graham:** We’ll get back to you with an answer.

**Ms. Stick:** I wasn’t trying to trick or catch anybody at anything, but it just didn’t add up and in the supplementary estimates it was indicated as \$31,000 for the operational equipment.

Also, being transferred to Skookum Jim for the youth shelter is another \$318,000. This was indicated as a one-time increase and I’m just wondering if the minister could explain what that amount is. I assume it’s going to be O&M, but if he could explain what that would be for, please.

**Hon. Mr. Graham:** It’s the operation and maintenance costs for the remainder of this year.

**Ms. Stick:** Along the same lines as the youth shelter, I just wondered if I could hear from the minister when it is anticipated that this new shelter will be opening. I’m just trying to make sure that I understand that this would go from four to six individuals for the shelter, and whether this is just an emergency shelter or something different.

**Hon. Mr. Graham:** It was originally intended to be an emergency shelter. That’s what it’s set up as. But as you’re aware, Skookum Jim runs a whole host of other programming, either on their own or in cooperation with the department. We anticipate that children or youth taking advantage of the shelter will also therefore be able to take advantage of some of the programming offered by Skookum Jim.

On another issue that was just requested awhile ago — the health status report — it will be completed in 2012 and it will probably be tabled in 2013 because that’s after the end of the 2012 year.

**Ms. Stick:** I have some questions around Options for Independence. We certainly had a good discussion about that in the spring and I noted that there is a \$125,000 increase for Options for Independence. The explanation was that it was to enhance programming. I know that construction has begun on adding units to this program and, in fact, some people had to move out of their current facilities. In some of the briefing notes, it is noted that there were more individuals. I’m wondering if the minister can explain having fewer units but more individuals, plus what the \$125,000 enhanced programming would be.

**Hon. Mr. Graham:** I’ll have to get her to repeat the last part because I didn’t hear her, but as for the Options for Independence, the additional funding is required to provide housing for persons with fetal alcohol syndrome. In the note the member was given it says, “to support clients and administrative costs.” As the member is aware, there will be additional clients in the building and those clients are supported by Health and Social Services.

So that amount of money will be required to pay for supervision and support of those residents at the facility. I missed the last part of the question about \$125,000, so I’ll have to get the member to repeat that.

**Ms. Stick:** It was \$125,000 for enhanced programming for Options for Independence. I understand there are going to be more clients, but driving past the current construction site, I would say it will be awhile before that’s ready for occu-

pancy. I'm wondering what the \$125,000 enhanced programming was for, and for whom. I know there is the other building that already does have residents living in it who are already receiving supports. Individuals moved out of where they're doing the construction now, so I'm just trying to figure out what the \$125,000 is for.

**Hon. Mr. Graham:** Madam Chair, they anticipate a couple of high-risk clients being added to the mix at the OFI and an extra \$125,000 anticipated at this time. These things change, depending on if the clients actually show up. This will be for additional nighttime supervision. We'll have to add funding to their budget for night supervision.

As you're aware, there were some difficulties with the financial statements for the last three years, so in that amount of money there's also a \$30,000 allocation for audits for the last three years. We will be paying for that as well.

**Ms. Stick:** I've spoken to members of the latest board of OFI and I'm very pleased with the makeup of that board and the direction they're taking. They're certainly moving that program ahead.

I'd like to speak to another residential program. I've heard different names for it. On the budget here in our briefing note, there was a one-time transfer of \$14,000 to capital associated with the opening of the transitional women's living unit.

Now that's the building that is on the property of Whitehorse Correctional Centre and in the past, before the new facility was opened, it's where the women resided. It is my understanding that this is going to become a group home and Challenge, the vocational alternatives program, has been asked to run this program and to get this going. I have a lot of concerns, the first one being the location.

I've heard that it was going to be called the College Drive residence or living something. A number of names have been bandied about. Even 30 or 35 years ago when I was in a college program for working with people with disabilities, there was a whole unit on where we build facilities and where we house people. I don't remember what the title of it was, but I always remember them giving the examples of how it's probably not appropriate to build a seniors facility next to a graveyard.

What I'm trying to get at is the individuals who will be housed here, as I understand it — it's a great building and it should be put to good use, but I think putting individuals in that building at the jail — because that's where it is, it's at the jail — and expecting them to be a part of a community at the jail, but there is no community there. Certainly there are nearby neighbourhoods and whatnot. I just am not sure how that decision was made and I would like to hear from the minister about that, especially in light of how we treat individuals in our community and how we view them.

Personally, I have a problem with housing people in a building that we all know what it was. I know if you ask any of those individuals when they move, "Where do you live?" they are going to answer, "At the jail," because that's physically where they will be — not in the jail, but they'll be at the jail.

We can move fences and put a nice grass in front, but it doesn't change the fact that they are still at the jail. I know that there are no facilities for women leaving jail and maybe we

could have moved the fence and at least used that facility as it was originally designed. I would just like to hear the minister's comments on this particular program.

**Hon. Mr. Graham:** When this concept was originally developed to bring the Yukon Review Board clients home, we originally intended to utilize the old Alexander Street Residence, or part of the Alexander Street Residence. Unfortunately once that was investigated further, it was determined that the facility simply wasn't appropriate and it would have cost too much to renovate it in order to make it acceptable for this purpose. There were also some logistical problems there, but those were not of huge concern.

When you talk about where you are going to house people, we made the decision very early on — in speaking with my department and with my colleagues — that the first and primary objective was to bring these people home from Alberta — I think one is even as far away as Ontario because that's where we managed to find a place for them — and other facilities in British Columbia.

So we're talking about four or five individuals who are currently housed in facilities outside of the territory, completely away from friends and family and any support network. So the first decision was made that we have to bring them home.

The second was that Alexander Street wasn't acceptable. So the third decision that we had to make was: find a facility that was acceptable and at a reasonable cost to us as well, because we aren't talking about a huge number of people here. It was determined in conjunction with the Justice department that that building would be available to us if we wished to make use of it. When the department folks went to look at the building, they found that, logistically, it was good. It was designed in a way that was more than acceptable for this use. We discussed it with a contractor; they felt that it was appropriate for them.

The location we've known all along wasn't the absolute best, but it was what we had and it met the needs. The more important thing to me was that we'll be bringing the people home; we'll have them here; we'll be able to work with them. The college, the ball diamond, and all those other things are right in the general vicinity as well, so that those things are all appropriate. We believe that they will be part of a community at that location. It might not be the absolute best location, but under the circumstances it was pretty good.

**Ms. Stick:** Thank you. I don't think I'm going to agree with the minister on this one. I was in social services when we brought many individuals back to Whitehorse and to their home community from an institution in B.C. back in the 1990s. The most important overarching piece of that whole plan was the goal to bring those individuals and help them to become a part of the community, and we found homes to rent.

That's where it began. That's where it started. It was about normalization. It was about being in a home in a neighbourhood with a young family living on this side and senior citizens living on this side. It was a long planned — it was a lot of work. It was not always easy to have neighbours accept that, but it was important and, in the end, it worked. Those individuals came back and became a part of their communities and are

neighbours. The individuals living there, at this particular location, have no neighbours — none, except the jail, and there won't be a lot of conversations going on there, I don't think.

So I will move on, but I don't think I'm going to let this one drop. I just don't think it's the best option. I know that there is a housing shortage and everything else in Yukon, but I think there could have been more creative, more human, and more compassionate ways to bring these individuals back. I'm glad they're coming back, and I realize it's going to be a cost to this government because of the staffing needs. I understand that. I just think a better job could have been done of that. I hope that's not the end — that we're not going to have those individuals come back, put them there, and that's it. I mean, I hope we're looking beyond that and to getting them into a more normal home in a neighbourhood and in a community.

I was interested in the Canadian diabetes strategy application, and we see there is an increase of \$130,000 to that. This is recoverable from Public Health Agency of Canada and that's great. But I'd like to mention that from my own personal experience, I know a number of young individuals with FASD, who are also borderline or diabetic, one of whom I'm related to. I try and go grocery shopping occasionally with him, in the attempt to help him understand healthy foods and what is appropriate for his diabetes.

He lives independently; he has minimal support; he could probably use more. So in these strategies and health strategies, I really wonder if we are looking at the whole population or looking at a certain population who can read and can understand, can take a three-day course and maybe do a refresher a couple of months later. I find with this individual, I am constantly repeating and I really feel he needs — this individual and others like him and others in our communities — more support, especially if they are trying to live out there on their own, if they are on social assistance and the money is not there for them to buy the best of foods, and if there has been any consideration to this population that requires something different, something more repetitive, and should probably do it every three months for the rest of his life for him to be able to cope and remember those instructions.

**Hon. Mr. Graham:** I'll just go back to a couple of items. The Skookum Jim shelter will begin as an emergency shelter, as I said. It will open in mid-December and will have up to six beds. Mid-December is the target date for it to open at the present time.

I don't know what we're going to call it now — what it has been called up to now is the "women's transition living unit". We're going to have to agree to disagree on this at the time, or when this decision was made. We felt it was in the best interests of the clients. We anticipate that not all clients in the building will be Yukon Review Board clients, but they will all have a large range of needs, and they will all require a great deal of ongoing support — almost one-to-one support in that building. It's one of the reasons that Challenge was selected as the contractor for that building — because Challenge has built up a certain expertise with folks like this, and they have a community. You have probably gone to some of their dinners, as have I. I recently went to their AGM and a couple of other things,

and I was just amazed at the whole community surrounding the Challenge operation, and I was pretty impressed with them as well.

So I suspect that they will form part of the Challenge community and they will become a real, integral part of that group. Time will tell, but this is another one of those programs that we will be doing an evaluation on and we'll be able to come back in the very near future and tell you whether or not we believe it's meeting the objectives that we're setting.

The \$130,000 for the diabetes strategy application is one of the reasons that we're so in favour of working with collaborative care clinics, because we've found that, often, the people with these complex medical needs that we're seeing — the care clinic that we've set up that only operates a few days a week right now and that we're now expanding the hours to — has shown us that the people, the individuals that come there with medical needs are often very complex individuals. They often have drug or alcohol difficulties, some of them have mental difficulties as well. So diabetes might be the thing that draws them there, but they have all of these other things going on in their lives as well. That's where we see collaborative care clinics helping out immensely.

This strategy, as in all the things that we do, is targeted not only at the general population, but at those specific populations that are especially needy. So I guess the answer to your question is yes. They're part of the strategy and we've known for some time that it's one of those intuitive things. But we know now from data that the people who come, especially to the clinic that we've set up, have very complex needs that go beyond strictly medical.

**Ms. Stick:** I wasn't going to go there, but the minister has opened up a line of questioning for me that I have to follow up on, and it's going back to the women's transitional group home on College Drive — whatever we're going to call it — 25.5 College Drive. I worked at Challenge when I first came to the Yukon back in 1980. It wasn't called Challenge then; it was the rehab centre. I have the utmost respect for the work that that group, that staff and that board do for individuals in our community. It's a hard job and it involved a lot of advocating on behalf of individuals, trying to get community to accept, to listen and understand what their goals are. I think they do a great job with their Bridges Café program, with their pre-employment programs — there are many things. They are always being creative and they are always thinking, and I respect that and admire that in this program. I was surprised, however, to hear that they were being asked to lead on this program for group homes.

This was not put out to tender. There are other groups in the Yukon that have done the exact same thing, which is the one-on-one personal supervision and care of individuals. Most of the people who came back from the institutions in B.C. where they had been for most of their lives required that same kind of care and supervision, if not more, because a lot of personal care was also involved for some of these individuals and it was about teaching life skills and integrating into community.

Though I commend Challenge and the work they do, I would ask the minister why it wasn't considered for this project

to go out to tender when there certainly are groups in the community that also could have provided the same level of professional support and care.

**Chair:** Would the members like to take a break?

**All Hon. Members:** Agreed.

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

#### *Recess*

**Chair:** Committee of the Whole will resume general debate on Vote 15.

**Hon. Mr. Graham:** I have a couple of answers to questions that were asked previously.

The first is to the issue of Challenge being selected to manage whatever we call the up-and-coming new facility. There was no RFP issued. A previous minister had selected Challenge to manage the Alexander Street Residence when that was an option for this program and I made the decision to continue with that because Challenge was originally selected because of their expertise in the vocational rehab area. I agreed with that. I thought it was an excellent choice and I felt that they could apply that expertise to this client group, so I didn't change anything and I didn't put it out to an RFP; having said that, I want you to know that we are very committed to using RFPs. In fact, just recently an RFP was issued for management of another group home and we have had a couple of proposals for that. I expect that my department will be making a recommendation on that issue very soon and we will proceed from there.

For the home for Yukon Review Board clients and others — we've also seconded one of our managers with expertise in residential care to the Challenge group to work with them. Challenge had on staff for some time a person who had worked in this kind of environment in the Vancouver area. He worked for Challenge and he was looking forward to working with them in this facility as well, so that concludes that one.

On the other issue of the health promotion and the health investment fund, I believe that the Leader of the Official Opposition was incorrect in the assumption that five percent of the total health treatment budget of the Yukon would be invested into the health investment fund. The legislation is very clear that "... 5 percent of the total health treatment budget of the Yukon shall be appropriated for preventive health and health promotion programs and services, consistent with prudent fiscal management."

So five percent of the budget is appropriated for preventive health and health promotion programs, not to go into the health investment fund. The department does an evaluation each year to ensure that the expenditures under the *Health Care Insurance Plan Act*, the *Hospital Insurance Services Act* and the *Hospital Act* are combined. Five percent of that must go to total health and health promotion programs. That is done on an annual basis and we far exceed the five percent of those three expenditures in health promotion.

The health investment fund started the year with \$100,000 in it; \$75,000 was added in the 2012-13 budget. We anticipate

that the full \$75,000 will be expended, leaving a total in the health investment fund of \$100,000 at the end of the year. I think that concludes the answers.

**Mr. Silver:** I'd like to start off by thanking the officials for being here today. I would like to send my appreciation to the minister as well. The minister has proven over the last year that he is one of those MLAs who is willing to work with everybody in the House and I salute his efforts on that. He has been open and honest. We don't always agree, but at the same time, I appreciate his frankness and his honesty.

I'd like to start with childcare. Earlier this year, there was a daycare protest in front of this building and there was also one in Dawson City the same day. They were protesting the lack of funds this government provides for daycare. I had a chance to join the Dawson City daycare and the Trinke Zho Daycare staff and the board of directors for the Dawson daycare, private daycare providers and parents in Dawson at that protest.

I wouldn't even call it a protest. It was more of an exercise in awareness in regard to the DOG. My sign said DOG on it. Everybody thought that I was pro-dogs, but it was the direct operating grant.

Dawson has childcare workers that are basically at every outlier from the pay scale. Tr'ondëk Hwëch'in's daycare has an excellent pay scale. I'm convinced that in 10 years from now we will see major advantages in academic and social pursuits in those students who attended this facility. The Head Start program — and also a dedicated staff who makes enough in salaries and in benefits to have job security for the buy-in into our community. The Dawson daycare has just as dedicated staff, but even though the need is as great, they are afraid they'll have to close their doors if nothing is done to their funding.

So please — I was wondering if the minister could tell me that he understands at least the unique situation of our two non-profit daycares, one in Dawson City and the other one being in Watson Lake, and also I was wondering if the minister could please tell us today that he will review these rates and hopefully look to increasing them. Thank you.

**Hon. Mr. Graham:** We're always open to taking a second look at things, but over the last five years an additional \$4 million has been committed to addressing wages, training, subsidies, and operating expenses of childcare centres. Currently, the department is reviewing proposals put forward by the Yukon Childcare Association, along with previous investments that we have made in this area. Just this year, we put an extra \$40,000 into the Yukon College budget to assist in paying for training and retention needs for individual childcare workers. One of the real problems we run into is that there are three non-profit daycares in communities at the present time, and there are 10-plus within the City of Whitehorse, but there are also 12 licensed daycares, and we have no idea of how many unlicensed family settings children are staying in. So, until we can work with the daycare centres to work out some kind of way of handling the huge varieties in things like salaries and costs for children and things like that — we're looking at wages for early childhood educators paid by this whole variety of groups to range anywhere from — for a person with a level

1, the pay scale is anywhere from \$10, I believe, up to about \$16.50 an hour.

When you're looking at level 2 or 3 daycare workers, the salaries range from \$14 to \$35 an hour. So we have to be able to justify to our own folks — if we're subsidizing a day home that is paying \$35 an hour, whereas the one right down the street is only paying \$14 an hour — we have to work out some kind of a system that prevents that kind of stuff from happening.

We're attempting to provide daycare workers with as much education as we can. I know the college has gone out of their way to facilitate training in new ways, and they went so far as to split one course into modules, so there were 12 modules and a person had to finish only three of those modules, at one credit each, in order to finish the three-credit course.

They are doing all kinds of innovative things in order to get childcare educators trained. We are providing funding for that.

If we are going to provide funding for daycares themselves, we have to somehow justify the differences in wage scales that are being paid across the territory. The department is working on that; they are working with the Childcare Association. I know the recent protest came as a bit of a surprise to us because I had talked with the head of the Childcare Association awhile ago. We hadn't responded, perhaps, as quickly as we should have to a letter that I received, but we are definitely looking at the proposals and trying to work something out.

**Mr. Silver:** I'm going to leave it at that. I would just urge the minister, the next time he is up in Dawson, to pay a visit to Stephanie Davidson and her board. She would love to have the conversation about the pay scale, about access to education and availability. It's really hard for those guys to get the training they need, and I can guarantee there is nobody working there right now making anywhere close to \$25 an hour. It would be a great conversation for the minister to have with the board of directors for sure. I appreciate his answers.

I'd like to switch the focus to long-term care rates increasing, based upon a letter to the editor from Minister Graham, September 4. I'm just going to quote a little bit from it.

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

#### Point of order

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

**Hon. Mr. Cathers:** I believe it was unintentional on the Member for Klondike's part, but he did just refer to a member by name.

#### Chair's ruling

**Chair:** There is a point of order. Mr. Silver, please refrain from doing that.

Mr. Silver has the floor.

**Mr. Silver:** Thank you and I apologize for that; I'm just reading it from the paper here.

I quote: "I have made no secret of my plan to review the long-term care fees in all of my public statements or interviews. Currently, residents in our long-term care facilities pay between \$18 and \$21 per day, while the cost of providing these

spaces ranges from \$320 to \$400 per day. I have invited representatives of both opposition parties to discuss the issue with me in the fall, and further discussions on this topic will be held with other interested people and organizations here in late fall. At no time during any of these discussions did I make any mention of privatizing of long-term care or any other 'health care service.'"

Could the minister comment on these statements? They were from September 4 and we're now into November. Where are we in terms of long-term care, care fees and also privatization?

**Hon. Mr. Graham:** I anticipated much quicker action on my part. Unfortunately, circumstances, as they say, sometimes overwhelm you and I haven't had a chance to get back to both members here today to see if they would like to participate in some kind of public hearing or some kind of consultation over rates. I made it perfectly clear at the time that our rates are almost ridiculously low. I have a relative in one of the homes right now — in a long-term care facility right now — and one of the first comments a member of my family said when we found out how much it was costing was, "What's the catch? You can't possibly do their laundry, look after them, feed them and everything for that price." The answer was, "Yes, that's the price."

It's something that I believe is warranted and I think we should be doing, but I simply haven't got to it yet.

**Mr. Silver:** I appreciate the answer from the minister. My father is in advanced stages of Alzheimer's right now back in Nova Scotia and this is something that I'm definitely following. I'm definitely interested in sitting down with the minister and speaking further on this.

I'm going to change my direction to chemo nurses. It's my understanding that when the government advertised to fill this position it did so in the form of a part-time nurse. I was just wondering if that was correct and I was wondering where the direction was as to why a part-time solution?

**Hon. Mr. Graham:** Just one small correction I'll make to the member's statement is that the nurse was advertised by the Yukon Hospital Corporation. This position is a person employed by the Yukon Hospital Corporation.

As I understand it — and I'm just repeating what I've heard — the chemo nurse is a position that can be required for a number of hours on one day and then virtually no hours on the next day, so it's very difficult to anticipate. As I understand, it was a part-time position, but it's very difficult to anticipate exactly when the nurse will be employed, but they will be employed on a part-time basis as per the Hospital Corporation's requirement.

**Mr. Silver:** Thank you for the answer. I am going to turn to doctor recruitment. I tabled a motion on November 6 regarding this issue. The minister had said that we could have a supervisor in place to work with foreign doctors to ensure that they can practice here. Earlier this year, the government was looking at bringing one in from Alberta, if I'm not mistaken. Can the minister provide us with an update on that?

**Hon. Mr. Graham:** We are working with Alberta, first of all, to do assessments of international medical gradu-

ates. That would be the first step, so when an international medical graduate hopes to come to the Yukon to work, the first thing they would do is supply us with their credentials. If we found that they met the basic requirements of becoming a physician in the Yukon, they would then be asked to go through the evaluation process in Alberta. That's one part of the process.

The other part is we need trained supervisors in the territory to supervise these international medical graduates when they come to the Yukon.

That's the other part. So we are currently sending two people, I believe, to Alberta for training within the next week or week and a half. These people will have the training then to supervise international medical graduates when those graduates come to the Yukon.

**Mr. Silver:** What's the timeline here? How long does it take to get certified?

**Hon. Mr. Graham:** As I understand it, it's a weekend course. Basically, for recognized medical practitioners in the territory, they will go out for a weekend course, or a two-day course, to become supervisors.

**Mr. Silver:** I have a question about the deputy of this department who has recently left. We're looking in the supplementary, and we're looking in the budgets, and we're wondering: Did he retire? Was he let go? Basically, was severance paid, and where would that show up if there was?

**Hon. Mr. Graham:** My former deputy minister resigned to take a job in Vancouver. In fact, I just heard today that he made his first visit to a penitentiary in British Columbia and was quite amazed at what he saw.

**Mr. Silver:** I hope he went there on his own recognition. O&M estimates for the Dawson and Watson Lake hospitals — I'll just leave it at that — if you'd care to comment on what the forecasts are for the O&M?

**Hon. Mr. Graham:** As you can well imagine, there are a number of issues that must be considered when we're determining what the O&M numbers are for those two hospitals. We have worked up some figures, in conjunction with the Hospital Corporation. Those numbers will come forward to Cabinet, but there are some other issues that are occurring right at the present time that I simply have no control over. So, at this point, I can't give you an actual number of what the O&M costs will be. We have a fairly good idea, but I don't know exactly what they will be. As soon as they're available, you'll probably see them in a supplementary budget such as this.

**Mr. Silver:** Just for the record, I'd like to ask, as well, what programming will be offered in the Dawson hospital or any statement as to any updates on that.

**Hon. Mr. Graham:** Madam Chair, the new hospital in Dawson City — which I'll go to first — will provide a single point of delivery for most health care services in the community of Dawson City. While public health services remain the responsibility of the Yukon government — our department — they will be offered out of the new facility. I don't have any other information about exactly what else will be offered in the hospital, but if there is anything else that I should have included, I'll get back to you with an answer.

**Mr. Silver:** I'd appreciate that coming from the minister's office.

I do know that some officials went up to Dawson and talked to our extended-scope nurses with new offers.

As we know, they won't be allowed to — maybe I can be corrected here from the minister — to practise to the full extent of the scope, but I was just wondering where we are as far as the nurses who are up there right now. We have four, I believe, who are extended-scope nurses and registered nurses. I am wondering how many of these nurses accepted offers to work in the new hospital with the different range of scope.

**Hon. Mr. Graham:** First of all, I want to tell you that there is nothing in the Hospital Corporation's mandate or in the agreement that we have with the Hospital Corporation that would prevent them from using extended-scope nurses in the hospital. That's entirely their decision. The Hospital Corporation has a responsibility to staff hospitals, as I think I said in response to one of your questions previously; they have a responsibility to staff those hospitals in the manner necessary for them to achieve their objectives. Now we understand that they have told the extended-scope nurses that that would not apply in the hospital. Consequently, two of the permanent nurses have accepted offers with the government. Letters of offer were sent by the Yukon Hospital Corporation to two nurses, one housekeeper, two auxiliary on-call housekeepers and five auxiliary on-call clerks.

All of those letters of offer from the Yukon Hospital Corporation have been made and it will be up to those employees to decide if they wish to continue their employment with the Yukon Hospital Corporation or not.

**Mr. Silver:** The two nurses who did accept a job there — does the minister know if they were two of the extended-scope nurses?

**Hon. Mr. Graham:** I only have that there were four nurses. Two have accepted offers with the government, so they will not be staying — or they will not be going to the Yukon Hospital Corporation — and two other nurses were offered positions, but I haven't heard anything more from them.

I have also a list of services that will be provided in the various hospitals. The Dawson City hospital will have emergency services staff 24/7, six beds, and ambulatory care, such as outpatient clinics, IV, antibiotics, et cetera will be offered. As I said, six beds will offer stabilization, observation, monitoring, convalescence care, respite care when McDonald Lodge is unable to provide it, palliative care when not available elsewhere in the community, acute medical detoxification, acute medical health intervention and other medical care as required.

It will also include the First Nation health program; a laboratory with a new X-ray tech position to provide services; medical imaging with a new teleradiology program, along with the lab and X-ray tech; electronic health records and computerization inpatient and outpatient diabetic counselling; also regionalized laundry and sterilization to meet accreditation standards. So all of those things will be part of the hospital, and space will be provided for the community nursing staff, the community mental health coordinator, some emergency medi-

cal services, a medical clinic, a retail pharmacy, and space for visiting specialists.

**Mr. Silver:** Just to clarify: As far as the two nurses who have accepted jobs, did they accept jobs in Dawson or in a different community?

**Hon. Mr. Graham:** I can only tell you that they accepted permanent job offers from the Yukon government.

**Mr. Silver:** It's a good segue to my next question, I guess, which is: Will Hospital Corporation officials appear before this House this fall? We have a number of questions about the new hospitals, and we haven't seen them in this Legislative Assembly since the spring of 2011.

**Hon. Mr. Graham:** That's a decision I'll have to take to my Cabinet colleagues, and I'll get back to you with an answer — no promises at this time.

**Mr. Silver:** Moving right along, in the Auditor General's report in February 2011, and I quote: "The department will work toward developing key health indicators and outcomes specific to Yukon as well as setting reasonable targets and benchmarks where comparable data is available within the next 18 to 24 months."

The minister told the House in the spring that the key indicators report would be ready for the fall of 2012. I'm just wondering about a status update.

**Hon. Mr. Graham:** I can inform the member that we are working on it. We still hope to have it available in this session. We're working on it.

**Mr. Silver:** I just have a few more questions here. I do have a question coming up — it's based on Public Accounts. I don't know if anybody or your officials has a copy of the Public Accounts here, but it will be on page 89. I'll wait to get to that question in a bit. I just have a couple more questions here.

Midwifery regulations — this issue has been around for many years, and I just wanted to maybe get another comment on the record from the minister on where he sees midwifery regulations.

**Hon. Mr. Graham:** Again, Madam Chair, it was something we were going to take a look at. We haven't done it yet. Now that we have a number of other things on our plates, I'm not sure we'll get to it right away, but it's something that we're definitely going to take a look at. I'm not saying that we're going to implement regulations immediately, but it's an issue that we have to look at.

**Mr. Silver:** I know there are two members of my riding who are living in the States right now because they can't practice their midwifery here, so I'm looking forward to any updates there.

Have there been any studies out to expand the hospital? I've heard of a \$500,000 study on extending the hospital, only to discover that it can't be done. I just need clarification for that because I really don't know if the sources are true or not. I know that we have 49 beds at the hospital right now, which is half as many as the Northwest Territories. I was wondering if the minister could speak on any studies about expanding the hospital here in Whitehorse.

**Hon. Mr. Graham:** There are 55 beds in the hospital at the present time. The Hospital Corporation did have a study

done by Stantec Engineering. As I understand it, the report was recently presented to the board, and I received a copy of it at that time. We are currently looking at options.

I didn't see anywhere in there that renovations or expansion to the current hospital is out of the question — in fact, quite the contrary. That was one of the options. We have to look at all of the possibilities: Is a greenfield hospital an option if renovations are considered at the hospital's current location? Is that the best use of our money? What other things have to be done? What can the old hospital — if a greenfield one is built — be utilized for? All of those things are now being investigated, and I expect to be able to take something to our Cabinet within the next couple of months.

**Mr. Silver:** I thank the minister for his answers here. I'm going to wrap up. I did have a question on the *Pharmacists Act*, but I know that the Leader of the Official Opposition has some more questions on that, so I'm going to leave that alone.

Just a last question might be one of those things that you're going to have to get back to me about. I'm just a little confused. On page 89 of the Public Accounts, under "Notes to the Financial Statements, March 31, 2012" — item 23, entitled "Overexpenditure", it says, "The *Appropriation Acts* (Yukon) state that the Government is not to expend grant programs except in accordance with the Act. During the year, two departments exceeded the authorized amounts as follows:" — then there is a very small list of items here. We're talking about a total of approximately \$300,000 in the areas of homeowners grant and the pioneer utility grant. I know it's not a lot of money, but if these items didn't appear in supplementary estimates, and if we're not going to have a third supplementary, how are these items going to get authorized?

**Hon. Mr. Graham:** Under the various acts, the homeowners grants, pioneer utility grant, and social assistance, those things must be paid.

The acts say that if you receive an application from a qualified homeowner for a pioneer utility grant, it must be paid. That's why they sometimes go over, because there simply isn't enough money budgeted. The reason why those will not be included in the supplementary budget is because the department had other underexpenditures that offset that total expenditure. So those funds were offset by underexpenditures in other areas.

**Ms. Hanson:** I just want to follow up on a couple of questions from my colleague from Klondike with respect to the issue of regulation of midwifery in the Yukon. I guess I would urge the minister, if we're talking about developing a truly collaborative health care system. After many years, we have nurse practitioners almost there. A formal request to the ministers of Community Services and Health and Social Services for midwifery to be designated as a health profession and regulated under the *Health Professions Act* dates back to the fall of 2007, which was under this party.

Then, in March 2010, the government started a consultation process regulating midwifery: Should the practise of midwifery be regulated? My question to the minister would be: What were the results of that consultation process? Does that



provide the basis for the Government of Yukon to move forward on this?

Midwifery has been found in other jurisdictions and is utilized in other jurisdictions as a way of both providing more patient-centred care, particularly for those people in communities who are currently being treated as though they're ill when they become pregnant and who are required to come to Whitehorse. Giving birth is natural; it's not an illness.

Could the minister update us on the consultation process that started in 2007 and was formalized by a call and a process in March 2012 — roughly two and a half years ago?

**Hon. Mr. Graham:** I have no idea what the result was of that consultation.

As I said, that's one of the things on our plate, but I haven't paid a huge amount of attention, so I'll ask the department if there were any results and if so, if we can release them.

**Ms. Hanson:** In the minister's response to the question with respect to the strategic plan that the Yukon Hospital Corporation reviewed at their board meeting and spoke about at the annual general meeting several weeks ago — and as the minister acknowledged, he has received a copy of it. The Official Opposition has requested a copy of it. To date we've been denied that. I'm wondering if this is intended to be captured in the broadening of the scope of ATIPP where bodies like the Hospital Corporation — these kinds of studies will not be available. It strikes me that one of the challenges and one of the largest criticisms of this government with respect to the decisions to change the mandate of the Hospital Corporation with respect to their taking over the Dawson City hospital was in fact that the hospital care review and the follow-up to it — *Taking the Pulse* — and listening to what was said, the Government of Yukon and Yukon Party government made a commitment that it would come back to the Legislative Assembly to debate those recommendations before it made decisions to change the mandate of the Hospital Corporation. It did that without consultation.

Will there be an opportunity for both the Legislative Assembly and the public to view the recommendations of the appointed board, as well as the consultant company, before decisions are taken that will have long-term financial implications for this territory?

**Hon. Mr. Graham:** I guess I got a little confused when she said strategic plan, because the plan I received is not a strategic plan. It's a plan for a possibility of construction going on into the future. I don't know anything about an ATIPP request. I have absolutely no idea what's going on in that area at all. I just know that 90 days after I receive it, it will be released to the general public. I haven't asked the hospital if they can make it available any sooner, that's for sure. But it will be available to the general public.

**Ms. Hanson:** I thank the minister for that. We did submit that ATIPP request and we were given that 90-day thing that you won't see it before the 90 days or the last moment — not from the minister's office but from the Hospital Corporation.

I will be looking forward to seeing it.

I'd like to turn to one of the areas that is one of the biggest cost-drivers for health care anywhere in Canada, but for sure in the Yukon: drugs. It is the cost of pharmaceuticals. It's no secret that there have been issues in the territory with respect to how we're managing our costs and containing the costs of pharmaceuticals in this territory. I believe that our original purchasing agreement with respect to pharmaceuticals goes back to 1995. I think that there was supposedly a review or supposed to have been a review in late 1997. Then I understand that there was an internal audit in 2008 where there was a recommendation — I think I just found it, recommendation 3 — of the internal audit of the pharmacare program to negotiate a new pharmacy agreement.

This is material because Yukon's costs are — it's hard to understand why the Yukon government is paying more for drugs than other jurisdictions. It would seem strange that we would want to maintain something that really does disadvantage the public purse.

The 2011 follow-up audit, as I said, indicated that the government still hadn't acted on it. It's 2012 and three-quarters, so where are we? Where is the Government of Yukon in terms of renegotiating a new pharmacy agreement? We're not talking about these big mega national projects. I'm not focusing at this stage in terms of what might be happening at the national level, but for the acquisition and purchase of drugs in-territory for use within the territory. So not the big ones that we're looking forward to, hopefully through the Premier's participation at the national tables on health care, but the ones that we control in terms of what we negotiate — the Minister of Health and Social Services does — on behalf of Yukoners. Where are we at with that and when will we see a new form of purchasing agreement in Yukon?

**Hon. Mr. Graham:** You're correct in one sense that on a national level we as a territory are collaborating with other provinces, with the exception of Quebec, in drug purchase plans. So I think that will make some drugs, especially the more expensive ones, more available and less expensive to the territory as a whole.

As for renegotiating the agreement in Yukon, I met with local pharmacists about four or five months ago — perhaps as long as six months ago — and they indicated at that time that that was one of the things they would like to see happen as well.

Since then, we haven't made a huge amount of progress. We've done a little bit of preliminary work, but that's where it's at. It's something we know that we should do because there are some problems from both sides — from the pharmacists' side and from the government side. So it's something we will be doing in the very near future.

**Ms. Hanson:** I would ask the minister if he could give us a timeline. It's my understanding — and he can correct this — that pharmaceuticals account for about 10 percent of the Yukon health care department's annual costs and that the cost for those pharmaceuticals increases at about 12 percent annually. For the record, I would be interested to know if that is correct. If it is correct, no other cost indices we have escalates quite that high. We certainly aren't prepared to put 12 percent more a year into child care or education or whatever. That's a

foregone source of money that could be used for other important initiatives of this government. So I would just like to have confirmed from the Minister of Health and Social Services — not the Minister of Finance, in his other role — what the actual annual escalators are because he would be responsible for knowing what the budget is that we spend on drugs each year.

**Hon. Mr. Graham:** I can say that as a percentage of our total budget — I'm not sure where the member got that number, but it's not something we have calculated anywhere in that budget because there are a number of different cost-drivers. The department has a certain amount of costs for drugs, but so does the hospital, and the cost of those drugs eventually get back to us as well.

I can think of one drug, in particular — we had a person move to the territory, and it added \$250,000 a year to our drug costs. So they are very difficult to budget for. Did you have something you wished to add to that, Minister of Finance?

**Hon. Mr. Pasloski:** Certainly, you can look for trends on drugs, like on everything else, but I think the Minister of Health and Social Services answered the question quite adequately, in that you cannot predict year to year — especially with a small population — what the total drug expenditure will be, because it does depend on the nature of the medications being used.

With a small client base and a small population base, certainly you can have that one person who can make an impact on the total drug budget based on the required needs that are necessary to provide the services for that patient. It is a projection that is done. It's incorporated into a larger budget that is there, but certainly there is nobody who can sit down and forecast with great certainty exactly what the budget will be year on year.

**Ms. Hanson:** In fact, I wasn't asking for a forecast, I was talking about historically. So, historically, the trends that our analyses had are that spending has increased. If you want to separate catastrophic drugs, do so, but spending on drugs, pharmaceuticals, has increased 12 percent annually. What I'm asking is for the minister to either confirm that or give us an undertaking that he will provide to the House the information with respect to the expenditures for pharmaceuticals in this territory, because it does relate. If you don't know how much we are spending on pharmaceuticals, how would we enter into negotiations to renegotiate the pharmacy agreement? Really, you don't go in to buy a new car unless you have some ideas about what the options are.

You have to have some baseline data. I'm simply asking, do we have the baseline data and then, presuming that that's how we manage our budgets, we have the baseline data to help us budget it. Then when we want to enter negotiations — because I've heard that there's some movement and some discussion beginning around renegotiating a pharmacy agreement that is out of date and that people have said repeatedly that the costs of pharmaceuticals are one of the three key cost-drivers in health care in Canada. That's undisputed. I'm simply asking for confirmation that if the data's not here — we're not unreasonable. We just want to know that we can have access to that so that we, too, can reflect as we think forward in terms of the

sustainability of our health care system; that we all have the same fact base. I don't operate in conjecture. I want to know the information and so I'm simply asking for the information. Thank you.

**Hon. Mr. Graham:** I said that number isn't available somewhere in the budget that we can go look up. In fact, we can determine what the number is — there's no doubt about that. We can also probably give you a projection over the last five years to see where it has gone. I just simply don't have that data available.

**Ms. Hanson:** Thank you. I'll take that as an undertaking so that we'll get the last five years' expenditures on drugs. That would be very helpful.

There has been some discussion. Again, I understand that we have a new Minister of Health and Social Services — relatively new. He's probably feeling that he's aged a lot in the last year. He can't be selective nor can his colleagues across the way. The fact of the matter is, as I hear on a daily basis, the Yukon Party has been in power for 10 years. So when I ask these questions, I'm not simply targeting or focusing on him as an individual. I'm focusing on the government and its responsibilities and duties to the citizens of the Yukon.

When we can and where we find the opportunity when we see initiatives, like I said at those outset today, where the minister takes action, that's great. But as a government, they still have many outstanding commitments made to Yukon citizens. So the whole area of ensuring that the systems are in place to deliver the range of health care is so important and part of the issue around pharmaceuticals is not just the cost of the drugs but actually the regulatory and the systems behind that. I have a fair amount of information in terms of our research in talking with folks, but the legislative framework for that is also incredibly out of date.

We have had expressions of concern from pharmacists because of the dated legislative framework that pharmacists are not able to work to their full scope of practice — that there are issues that really strike at the fundamental health and safety issues. I'm looking to hear from the government as to when we will see a fundamental and essential review of the regulatory legislative framework for pharmacists and the practice of pharmacy in this territory.

**Hon. Mr. Graham:** I'm really glad to see that the member opposite isn't making it personal, because everybody on this side of the House knows what a sensitive individual I am, and you'll hurt my feelings. Just ask any hockey players I referee about how sensitive I am — they'll tell you.

I can't give a timeline at the present time because I'm not sure. Ask me again in a couple of weeks, and I think I'll have a much better idea. Even from talking to former pharmacists I know, there are difficulties within the current agreement that should be addressed.

Having spoken to members of the pharmaceutical group here in the City of Whitehorse, there are issues that they point out that would make it less expensive for the government to continue purchasing drugs. It's something that's on our radar, that's for sure, and it's something we have to address. I just don't have those answers yet.

**Ms. Hanson:** My last point is just to move beyond the scope of just the money that we're spending on pharmaceuticals, but it's the whole thing about — just as we have gone through kind of a long time to get to nurse practitioners and legislation there, there is a fundamental need when the legislation with respect to pharmacists — the people who dole out our drugs — licensed drug dealers. Their legislative base, as I'm told, dates back to the 1970s. There are so many pieces of that legislation that because of its dated nature — the technology that didn't exist; the inability in terms of hampering their ability to work — a modern or newly trained pharmacist coming from another jurisdiction to this territory may decide to leave because they're not able to practise, or may believe that the legislation hampers them in such a fundamental way that they're not really doing their job properly. The commitment I was looking for there — or the timeline — if the minister can confirm that in a few weeks he will have a better idea when he might have a sense of when — or with his mandate — he'll be looking at these various pieces of legislation. That would be wonderful, and I would undertake to come back and ask him that question in a couple of weeks — before Christmas.

**Hon. Mr. Graham:** Again, you know, I will have a better idea of where we are in a couple of weeks, but I don't know what else I can tell you other than that. We are looking at it.

**Ms. Stick:** A couple of quick questions on continuing care, one of them being: Can the minister tell us what has happened with the Abbeyfield project, and is there something that we should know further about that?

**Hon. Mr. Graham:** I know from a peripheral point of view exactly what is going on, but I will ask the minister responsible for the Housing Corporation to reply; he will be more than happy to give those answers.

**Ms. Stick:** My apologies, I did make a mistake there. I was looking at a different piece of paper.

More on continuing care: there were renovations. I did see that there is a project for a wireless nursing call system at the Copper Ridge facility. It seems like a lot of money, but a lot of these projects seem like a lot of money to me. There is also a line item there for renovations at Copper Ridge. I did have a call from two different families with elderly parents at Copper Ridge, who were quite taken aback by a renaming project that's going on at Copper Ridge that their elderly parents were not coping well with. I understand the point of it, which was to take names like Unit A or Unit B and on through the alphabet and personalize it, making it more homey. What was happening, however, was it was becoming more confusing for many seniors. It's understandable why, when we see names like Arnica Alley and Crocus Cove and, my favourite, Everlasting Meadow — it was confusing. These were seniors who might have some memory problems or beginnings of dementia.

I was told that this was the residents and family council — that is a group that is handpicked — and this person tried to take her concerns to staff and did not feel she was given a fair hearing on it. I was very concerned about what the cost of this was going to be for all new signage from the front door to the back door, including hallways, sitting areas, front desks, board-

rooms. I mean, Wolf's Den, Raven's Nest, Fireside Trail — there was so much learning that had to happen for these individuals. They also thought it was disrespectful. I can just say what they said. I just wondered if the minister could speak to this and how much this is costing in terms of just renaming everything in the facility?

**Hon. Mr. Graham:** This is something that the residents themselves wanted. They voted on it and agreed to go ahead with it. There are always going to be difficulties with anything new that is implemented in a facility such as that. It's unfortunate that this person or persons you've talked to felt this way because it's not what was intended.

The staff is taking a look at it at the present time and they are working with residents there. We will evaluate the process, but it's one of those difficult things. If the residents want it, the majority of them vote in favour of it, then if we don't do it, we're accused of not listening to what people want. You know you're damned if you do and you're damned if you don't. It is going on. The cost has been very small. It'll be within the budget of the Copper Ridge Place. I'll ask the staff to do an evaluation and to be perhaps a little easier on the folks who are feeling confusion and left out.

**Ms. Stick:** I do think it needs evaluating. One of the suggestions that one of the families made was that they would rather have seen more comfortable furniture in the little sitting areas where it's comfortable for families to move out of the person's room.

I have another area that I wanted to talk about. I was looking through the Public Accounts report and noticed a program that did not receive funding under the last budget: the Rick Hansen Foundation.

Rick Hansen was here; he was in this building; we met this past spring. There was a commitment made by this government to carry on and to fund this for five years. The funds did not get expended in the last fiscal year. I'd like to know why that \$20,000 was not allocated to that group, because what this group does is really important. It's about improving mobility, and individuals in the community can apply all by themselves. It doesn't have to be through a group or an organization. They can apply for a scooter or an electric wheelchair. They could apply for a ramp for their home or for their business. It's about accessibility and making this community a better place for individuals with mobility problems. I would like to know why that \$20,000 was not allocated last year, and has the \$20,000 that was supposed to come this year gone to that foundation in Whitehorse or, in fact, are people waiting for some kind of decision to be made on their applications?

**Hon. Mr. Graham:** One of the things that government must do is have documentation before any expenditure can be made.

We did an agreement with the Rick Hansen Foundation. Since then, it has gone back and forth. Most recently, we thought it was done and the foundation came back to us with some more changes that they would like to see us do. We're doing those changes now and as I understand it, the money should flow — we've been prepared to flow the money for a

long time if the agreement was in place to give us legal authority to do so.

**Ms. Stick:** I'm wondering about a timeline and what is the expectation for that? Will that \$20,000 from last year also come forward then into this year so that this group is looking at \$40,000 and can start processing the applications for people who are waiting?

**Hon. Mr. Graham:** Madam Chair, it's a five-year agreement so we're committed for the full five years. Therefore, the money will be paid for any years that haven't been paid for up until now.

**Ms. Stick:** The Member for Klondike spoke briefly to child care and early childhood education.

There has just been so much information out recently and I have people who are very passionate about this in the communities and in Whitehorse. It was concerning to see so much money being taken out of the childcare services, parent subsidies and that of type of thing.

We recently heard about the early development index, which is a measurement of children around the Yukon, and about their vulnerability when they reach school. If I've learned anything in the last year, it's about what we put up front for our children — not just in daycare, not just in school, but supports for families and support for communities. We've seen some programs — the Member for Klondike spoke of the Head Start program there — but our index for the Yukon is not one to be proud of. It's a concern; it's worrying.

The minister spoke about having received a proposal and a letter and this week rural early childhood educators were in town and were meeting with — not the Yukon Child Care Board, but the Yukon Childcare Association, which is a separate group which receives no funding. They are the ones that helped organize the demonstration.

They have put a proposal in, they have sent letters to the minister and deputy minister, and have not had a response and have not been able to meet and are wondering if they are being confused with the Child Care Board. If not that, are they being ignored? They continue to advocate, as volunteers, for our children and anything that we can do to support young children — in families, in schools, in childcare, and in communities — to be healthy and to be ready for school is going to — any money we put in now, we will not have to spend later. Any study will tell you that. The more we can put into this up front, the less we have to put into youth shelters; the less we might have to put into alcohol and addiction treatments; the less we have to put into the justice system; and the less we have to put into our health care system.

What we put up front is so important. I'd like to hear a comment from the minister about the Yukon Childcare Association — their requests, their letters and their proposals — and whether the minister can make a commitment to meet with them sooner — sooner — rather than later. I mean, we have heard today "This is coming; I know this; We are busy doing this; We are busy doing that". But to me, children have to be first and foremost because it is going to take care of other things later in life.

**Hon. Mr. Graham:** The reason I turned around to speak with the Minister of Education is because our two departments are collaborating right now on a project. It was partially brought about by conversations with a lady who represents the volunteer childcare association you were speaking of. What we will be doing over the next six or eight months is working to put some kind of an initiative together that would include Learning Together, a pre-kindergarten program — an early learning project for children before they go to kindergarten.

That's what we're both working on right now. The reason we're both doing it is because Education is, technically, only in charge of students from kindergarten on and the Department of Health and Social Services has the responsibility up to kindergarten. We think that it's a joint responsibility and we should be working together to promote this and put together a proposal.

**Ms. Stick:** It's good to hear that this collaboration is going on. For most kids in daycare, it doesn't end at kindergarten, it can go on for many years after that. I've been a parent and I had my children in after-school daycare, summer programs and summer camps — all of those things. I appreciate those efforts and again, I can't stress how important it is that we put efforts and energies into this. We're talking about half a million dollars we've taken out of that budget for childcare. I just think of some of the proposals that have come forward and the efforts that we could be making across the territory, not just in Whitehorse or just in licensed daycares — there are so many different ways and that money would just pay off in so many ways.

The minister mentioned wages — \$35 an hour. Well, yeah, that does happen, but that's in daycares where they have been subsidized, perhaps, by First Nations, and they're able to put that money in. That's not for the majority of licensed daycares.

I've spoken to daycare workers who talk about taking money from their own wages, which aren't that great, to help pay for supplies and art supplies. It's not because the owner is holding back on money. It's because there's not enough to provide the kind of programming and the kind of early childhood education support that these workers are providing.

They're not babysitters. They're educators. They're early childhood educators. They're trying to get their education. They're trying to work full time. Many of them have their own families. They're to be commended. The playing field is not level and I think we're just not giving the recognition and consideration that these educators need.

What we really need is well-supported, barrier-free, quality childcare in every community across the Yukon. We know there are kids in every community and not every parent is able to stay home. Most parents aren't, in fact.

The minister has signalled that there is going to be funding for the Child Development Centre and that's great. It's a commendable program. It has outreach to the communities — not enough, not enough. It needs — I don't know. I just wondered if the minister would consider again meeting with this association and looking at some of their proposals and looking at some of this money that we're siphoning off into other programs that

if we kept in childcare we might not need later for the same programs.

**Hon. Mr. Graham:** To hear the member opposite speaking you'd think that the money was not spent because parents didn't apply for daycare subsidies. That's what happened with that money. What we used that money for was to pay for the Skookum Jim Friendship Centre youth shelter for the rest of the year, so that's where the vast majority of that money went. It's not like we were just siphoning it off to spend somewhere frivolously. We used it for something that was very important. As I said, the Minister of Education and I have already discussed with our departments — in fact we did it this week — going ahead with this proposal that we are talking about. I am always open to meeting with groups, as I've said before. I've met with the association at least once, maybe twice, and I'd be only too happy to talk with them again, but until we have some actual progress to talk about, it's probably not that instructive.

**Ms. Stick:** I'll let the association know that they should contact you again, because I know they do have some proposals and some amazing programming options that they have offered up not just for Whitehorse, but for all the communities.

One of the questions I would have is that it has been stated that parents didn't apply for these subsidies. We know that these subsidies are for licensed daycare and we don't know how many day homes and unlicensed daycares. I think there has to be a way to start gathering those statistics and gathering that information and asking how many kids are in daycare.

Even if they're unlicensed, how can we pull them in? How do we get them involved and make sure that they also are receiving quality care for our kids? How do we encourage more licensed daycares? Whether they are non-profit or for-profit, it doesn't matter. Our population is growing; the numbers in our schools are going up. I see more and more young children and strollers around town than I have seen for a long time. Maybe it's just because the strollers are bigger, but there are. There are more young families. Riverdale is a great example of young families moving in. For many, it's frustrating to find a space in a daycare.

I'm wondering if the minister would commit to finding a way for his department to get an accurate picture of what is happening, not just in Whitehorse, but in the communities also, in terms of childcare and how we can do better for our kids.

**Hon. Mr. Graham:** We'll check back with the childcare division and get back with some answers.

**Ms. Stick:** I appreciate the minister's candour and his ability to stand up and say, "Yeah, I don't know but I'll get back to you," or to come up with answers. It is appreciated, and having his staff there to help him is appreciated. I feel we actually move along very well.

My next question goes back to the youth shelter. I know the minister met with staff at Angel's Nest. They were pleased that he showed up and met with them. I wonder if he is looking at pulling them in or having them work collaboratively with the Skookum Jim Friendship Centre shelter. Is there a way they can be working together collaboratively?

**Hon. Mr. Graham:** I'll take that question under advisement, but seeing the time, I move that we report progress.

**Chair:** It has been moved by Mr. Graham that the Chair report progress.

*Motion agreed to*

**Hon. Mr. Cathers:** I move that the Speaker do now resume the Chair.

**Chair:** It has been moved by Mr. Cathers that the Speaker do now resume the Chair.

*Motion agreed to*

*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

**Ms. McLeod:** Mr. Speaker, Committee of the Whole has considered Bill No. 7, entitled *Second Appropriation Act, 2012-13*, and directed me to report progress on it.

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

**Some Hon. Members:** Agreed.

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

**Hon. Mr. Cathers:** Seeing the time, I move that the House do now adjourn.

**Speaker:** It has been moved by the Government House Leader that the House do now adjourn.

*Motion agreed to*

**Speaker:** This House stands adjourned until 1:00 p.m. Tuesday.

*The House adjourned at 5:30 p.m.*

### The following document was filed November 8, 2012:

33-1-26

Northern Cross (Yukon) Limited, Eagle Plains exploration drilling project (YESAB Project 2012-0140): letter re seeking common ground (dated October 5, 2012) to Yukon Premier Darrell Pasloski and Chief Joe Linklater, Vuntut Gwitchin First Nation, from Northern Cross (Yukon) Limited and the Yukon Conservation Society (Pasloski)