

**Yukon Legislative Assembly**  
**Whitehorse, Yukon**  
**Tuesday, November 18, 2008 — 1:00 p.m.**

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

*Prayers*

## DAILY ROUTINE

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

Tributes.

Introduction of visitors.

## INTRODUCTION OF VISITORS

**Hon. Mr. Rouble:** I'd ask that all Members of the Legislative Assembly join me in welcoming Mr. Wes Sullivan and the social studies students from Porter Creek Secondary School. Welcome to our Assembly.

*Applause*

**Speaker:** Are there further introductions of visitors?

Returns or documents for tabling.

Are there any reports of committees?

Are there any petitions?

Are there any bills to be introduced?

Are there any notices of motion?

## NOTICES OF MOTION

**Mr. Mitchell:** I give notice today of the following motion:

THAT this House urges the Yukon government to work with the Youth of Today Society, First Nation governments, non-governmental organizations, and other interested stakeholders to support Angel's Nest shelter with funding to provide a safe environment with a personal support system for youth at risk to go to this winter.

## NOTICES OF MOTION FOR THE PRODUCTION OF PAPERS

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

THAT this House do issue an order for the return of the legal opinion, paid for by taxpayers, on the Kaska's position paper in relation to the *Forest Resources Act*, as referenced by the Minister of Energy, Mines and Resources on November 17, 2008, during Committee of the Whole discussion on Bill No. 59.

## NOTICES OF MOTION

**Mr. Inverarity:** Mr. Speaker, I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to investigate the significant discrepancy between the retail cost of gasoline and the retail cost of home heating oil and report back to the Legislative Assembly at the earliest opportunity.

**Mr. Edzerza:** Thank you, Mr. Speaker.

I give notice of the following motion:

THAT this House urges the Yukon government to proclaim the *Child and Family Services Act* as soon as possible in order to allow:

(1) extended families caring for children to apply for assistance;

(2) First Nations to negotiate agreements for responsibility for child welfare; and

(3) an earlier implementation of the proposed *Child Advocate Act*.

I also give notice of the following motion:

THAT this House urges the Yukon government to bring forward amendments to the *Seniors Income Supplement Act*, in addition to those we have before us, in order to:

(1) make application to the program automatic without further application once a senior is eligible for the guaranteed income supplement;

(2) raise the supplement to \$300 per month; and

(3) implement a public communication strategy about the program.

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

Hearing none, is there a statement by a minister?

That brings us to Question Period.

## QUESTION PERIOD

### Question re: Angel's Nest shelter

**Mr. Mitchell:** Yesterday an announcement was made and an open house was held at the newly acquired future home of the Angel's Nest shelter. Dozens of Yukoners, representatives from five First Nations, the Anglican Church and other interested partners were in attendance. What was very noticeable to everyone was the absence of a representative from the Yukon Party government.

Previously, the Youth of Today Society had approached the government for funding. Now they have secured a facility and need help in creating a safe haven for homeless youth and youth at risk. They are again approaching the Yukon Party government for operational and maintenance funding needed for programming, staffing and other needs.

Will this Yukon Party government now take the time to respond positively to the Angel's Nest shelter requests?

**Hon. Mr. Hart:** I thank the member opposite for the question. With regard to Angel's Nest, the group has not submitted anything further to us since my letter to them. I will say that I have spoken to the group since that time and they've indicated they are changing their process and will be getting something to me. However, since that meeting we have received nothing. When we do, we will perform our due diligence with the results provided by the society.

**Mr. Mitchell:** Everyone in this community knows how long they've been working on this project. There have been demonstrations in front of this building and what the government presented them with last time was a "no thank you."

These youth between the ages of 18 and 24 will have a 17-bed safe-haven shelter to turn to if this goes forward. Angel's Nest shelter wants to provide a safe place with a safe environment and a personal support system and programming that will help young adults get on the right track and address all areas of a healthy lifestyle, including shelter, food, life and job skills development, as well as employment readiness.

Securing the location is a great achievement for the supporters of the shelter but they know the hard work has just begun. They need money to implement their plan and make the shelter a reality.

So again, is it the intent of this minister to respond positively to the request of the Angel's Nest shelter and make sure there is a safe place for youth at risk this winter?

**Hon. Mr. Hart:** For the member opposite, I will just repeat what I said previously. We will respond when the society brings forth additional new information with regard to the Angel's Nest facility. Many of the issues the member has discussed already were brought up with our review of the original application, and we have not seen any new information to provide us with a different alternative than what was initially handed to us back in August of this year.

**Mr. Mitchell:** Well, Mr. Speaker, what we are getting here are non-answers and evasions, because this minister rejected the original application. He's still not getting the point. More and more stakeholders are coming out in support of this stand-alone facility — not a cellphone number to call when someone is in distress. They are investing their money today and imagining a tomorrow that includes a safe environment for youth at risk with a support system to help them develop employment and life skills. Future negotiations and partnering with the Yukon Party government will be necessary to carry this project ahead. Our youth need a safe place this winter. Other stakeholders have shown their overwhelming support. This minister is not showing his. If this project fails, the blame will fall to this government. Time and time again they have stood in the way of this project becoming a reality.

I'll ask again: will the Yukon Party government support Angel's Nest shelter with operational and maintenance funding?

**Hon. Mr. Hart:** I will respond again. When we get an application from the society for Angel's Nest to demonstrate how they're going to operate this facility and address many of the issues that were indicated to them previously, we will review it and do our due diligence on that report.

#### **Question re: Health care review**

**Mr. Mitchell:** I have another question for the Minister of Health and Social Services. Last week, the minister released the Yukon Party government's new health care blueprint. It contains some \$11.3 million in new fees that Yukoners will have to pay every year, if this goes forward. This is how the Premier plans to fund his \$25-million boondoggle hospital in Watson Lake. Seniors will pay more, those suffering from chronic disease will pay more, and those flying out for medical treatment will pay more. It's all in the government's new blueprint.

Now, yesterday, the Premier was feeling the heat over his plan to make every Yukoner pay \$54 a month in health premiums. He seemed to be backing away from this bad idea. That's good news. But, unfortunately, the report contains a number of other tax increases for Yukoners. Will the Premier pull the plug on these fee increases? Will he just say no?

**Hon. Mr. Fentie:** What we were subjected to yesterday were some wild assertions about what the health care review is actually all about. Now the Leader of the Official Opposition is claiming this to be a blueprint. Frankly, Mr. Speaker, it is a report, providing Yukoners, in detail, all the information with respect to their health care system.

Secondly, we have every intention of commencing a dialogue with Yukoners, a discussion with Yukoners on their health care system. As I pointed out yesterday, the government has no plans for fee increases. That's not on. Yes, there are recommendations in here that allude to such options, but if the member would look at the report, it clearly states none of the recommendations bind government to implement.

Furthermore, we spoke yesterday about what is really needed and that is to ensure that Canada continues with the territorial health access fund. Much of that information is contained in the report. What the member opposite doesn't want to discuss are all the other recommendations, like technology, like human health resource initiatives, like collaborative care and the efficiencies in our system. The members don't want to discuss that.

**Mr. Mitchell:** When the Premier says we've described it as a "blueprint", he could be right that we're not used to seeing blueprints. He could be right that we're not used to seeing blueprints; we never saw one before they built the building in Watson Lake. These wild assertions he refers to are the recommendations in the report.

Now, Mr. Speaker, it's obvious that the Premier and this Yukon Party government plan to introduce new health care fees. Seniors living in Copper Ridge will pay more. Yukoners travelling Outside for medical reasons will pay more — \$250 more. Those with chronic diseases will pay more. We've asked the Premier to rule these increases out; he refuses. Yukoners will be forced to pay for this Premier's \$25-million Watson Lake hospital.

The report, of course, does contain other suggestions. One addresses sole-source contracts for medevac flights. For years, this government has sole sourced the contract for medevac flights. This government is a big fan of giving out contracts without competition; that's how we got into trouble with the Watson Lake hospital in the first place. We're talking about \$4 million a year for medevacs.

**Speaker:** Order please. Order. Ask the question.

**Mr. Mitchell:** Will the minister end the practice of sole sourcing this contract?

**Hon. Mr. Fentie:** Mr. Speaker, I think the practice we have to end is what the members opposite espouse. This information they're putting on the floor of the Legislature is totally inconsistent with what the government has stated as recently as yesterday. The member could read *Hansard* if he'd like. It's a pointless debate to have with the Leader of the Official Opposi-

tion, but maybe when we debate the motion today, the Leader of the Official Opposition and his colleagues will take it upon themselves to be a constructive force in this discussion, to become part of the solution or be motivated by empty criticism — it's their choice.

Today we're going to have a discussion in this Assembly about health care, its sustainability and our need to make the business case in Ottawa for a continuance of the health care fund. It's up to the member opposite — he can be part of the solution or remain part of the problem with his empty criticism.

**Mr. Mitchell:** I've read *Hansard* and it has a typical political response: no plans to increase fees. Tell us you won't do it before or after the next election.

Another recommendation in the health care report is to transfer the Watson Lake hospital to the Yukon Hospital Corporation. We know this government wants to get as far away from this fiasco as possible. The former Health and Social Services minister lost his job over this mess, and the current minister wants nothing to do with it either.

The Yukon Party government has taken a \$5-million project and turned it into a \$25-million to \$30-million fiasco, so now they're looking to increase fees to pay for this poorly managed project.

The minister doesn't want to be held accountable for this project. He wants to dump it on the Hospital Corporation, but Yukoners want to be kept informed by this government and they want answers in this Legislature. Will the minister agree to keep responsibility for this project with elected officials instead of trying to pawn it off on the Hospital Corporation?

**Hon. Mr. Fentie:** Mr. Speaker, again, a pointless discussion with the member opposite. The member doesn't even understand the governance structure of the Hospital Corporation itself. We are responsible for the Hospital Corporation and indeed for health care in this territory. Our purpose here is to ensure we meet the needs of Yukoners when it comes to quality health care in Yukon. That is lost on the Leader of the Official Opposition, obviously, from the points he is trying to make. Nonsense, Mr. Speaker, building hospitals has nothing to do with the review. The review has everything to do with giving Yukoners full details of their health care system and how their government intends to go forward to ensure sustainability. Mr. Speaker, that is what this government is going to do, with or without the Leader of the Official Opposition.

#### **Question re: Health care review**

**Mr. Hardy:** The Premier's comments today and yesterday about privatizing health care in Yukon did not go unnoticed by many people throughout the Yukon. Frankly, I'm not convinced he says what he means and means what he says on this very important subject. I have heard these lines before. I have seen this action throughout Canada, and I have seen privatization move in and user fees and P3s come about. That is the direction that this government is going in and that is really what is underlying what the Premier is saying. He said yesterday that imposing user fees, bringing back health care premiums, privatizing continuing care facilities — if you can imagine it — as outlined in this report are non-starters.

So why is he taking *The Yukon Health Care Review* report, which is full of these recommendations to privatize and erode our publicly funded health care system, out to public consultations?

**Hon. Mr. Fentie:** Well, we are going to go out to discuss health care with Yukoners because the government is obligated to do exactly that. As we've said, the government has no plans for privatizing the health care system. In fact, we've repeated over and over, and the health care review itself was structured to ensure that we meet the five principles of the *Canada Health Act*. It's all about the delivery of quality health care to Yukoners. That's what we are going to do as a government.

The discussion with Yukoners is vital and I can't understand why this member who, yesterday, along with his colleagues, was chastising the government for not discussing forestry with Yukoners, is now demanding that we don't go out to Yukoners with full disclosure of their health care system. The members can't have it both ways.

Now, today, we debate a very important motion in this Legislative Assembly. The members can continue on with empty criticism and remain part of the problem, or they can join forces with the Yukon government and become part of the solution by getting out there with Yukoners to discuss their health care.

**Mr. Hardy:** I'll never join forces with this government in the direction they're going on the health care system. Everybody in this Legislative Assembly — the people in the stands, the young people out here will be visiting the hospital — will get sick at some point. This issue is extremely important. It defines what Canada really is and I will not be part of any government that continues to erode the system and turn it into an American system where we have privatization. Fifty percent of people who do not have insurance cannot even get access to a doctor down there and they die. I will not be part of that; I will not stand by and watch this kind of movement. I'm sorry, I won't do it.

The Liberal government nationally has eroded our system by cutting that system and this government is finding a way to do it as well. I understand I have to ask a question.

I will ask this question: will the Premier commit to not making people pay user fees, pay premiums, pay for non-emergency travel, and pay more for long-term care? Will he commit to that?

**Hon. Mr. Fentie:** First, I hope I don't shatter the member's view of things, but to suggest that we've been eroding the health care system in the Yukon over the last six years is ludicrous, absurd. We've increased overall, all inclusive, the investment in health care in this territory by 67 percent. How can the member somehow draw the conclusion that's eroding the system?

Secondly, the member says he'll never join forces with this government. Well, how does the member justify safer communities and neighbourhoods legislation? How does the member justify joining forces with the government on substance abuse action? How does the member justify joining forces with this government on smoking legislation, banning smoking in public

places, significantly increasing taxation on smoking? By the way, that's one of the recommendations in the health care review.

The members have to get it straight in their minds: are they part of the solution or, through empty criticism, will they remain part of the problem?

**Mr. Hardy:** Let's put facts on the table, not spin. The facts are, yes, I worked with this government on those initiatives because they were good initiatives, but I do not and will never work on initiatives that erode the Canadian health care system or Yukoners' ability to access health care when they need it, whether it's locally or flying Outside or long-term care for the elders, seniors and grandparents, or for the communities. I want a public health care system that is strong. I don't want to see what is happening here. This is an erosion of it. Anybody out there can understand what's behind these words.

Mr. Speaker, is the Premier heading down the road to privatization, as suggested by so many of the recommendations in this report, or will he put it to bed right now and say, "Those recommendations will not be considered?"

**Hon. Mr. Fentie:** As far as I know, Mr. Speaker, there's one recommendation that speaks to the possibilities of P3s, and we've already been on record stating categorically that we wouldn't use P3s for hospitals, for example.

I know the member gets quite emotional about the health care system and I share that emotion with the member because our health care system in Yukon and in this country is something that we as Canadians cherish and expect their governments will continue to ensure is sustainable. That's what this whole process is about: to ensure that we have on an ongoing basis a sustainable health care system, a quality health care system meeting the needs of Yukoners. That's what we are doing.

Today we can have that discussion — hopefully, a constructive one — and then we will go out and have this discussion with Yukoners. In the meantime, I want to alleviate any concerns of the Leader of the Third Party. No, we have no plans to privatize. No, we have no plans to implement any fee structure whatsoever, other than what already exists. Mr. Speaker, furthermore, the importance here is to ensure that we exist.

Furthermore, Mr. Speaker, the importance here is to ensure that we can continue to invest the required resources to keep our health care system at the standard we all expect.

#### **Question re: Health care review**

**Mr. Hardy:** Well, Mr. Speaker, I am glad to hear that. I am very glad that there will be no user fees, that there will be no P3s, that there will be no privatization of care facilities. That is what I am understanding, Mr. Speaker. The Premier has put it on record that they will not be part of the future for this territory. Can he assure this House, can he assure the people of the territory who will be coming out to participate in this review, that those are non-starters? Will that be part of a cover letter indicating that there's no need to go down this road because it is not going to happen? Will he do that? Will he assure us of that?

**Hon. Mr. Fentie:** Mr. Speaker, I don't know how else the government side can accomplish this, but it is very difficult to convince the members opposite when a motivation and a fixation on something does not allow them to broaden their horizons, to look at this report in all its content, to understand the intent, to recognize how this began.

The announcement was clear; the terms of reference, as developed, were clear; the input of medical professionals in the territory evident; involvement of First Nations evident. It's time now to engage Yukoners for their input, and we're offering today a process for the members opposite to participate in to ensure this Assembly has oversight on a process that will result in ensuring sustainability of quality health care in the Yukon Territory.

I invite the members opposite to contribute. If they want to continue to criticize on baseless information, that's up to them.

**Mr. Hardy:** This isn't baseless information; this is a complete review. That's what we're talking about here. The government recently consulted the Yukon public on the *Forest Resources Act*, and he mentioned it earlier. It got 37 written responses: six from First Nations, three from renewable resource councils, 16 from individuals, 11 from non-governmental organizations, one from Environment Canada and four from internal Yukon staff. Most of these responses suggested ways to give the public and First Nations a greater say in how our forest resources should be managed for long-term sustainability and viability — and the government did not listen to what was said in those submissions or what the public was saying.

Very few of those suggestions made it into the final document tabled in this Legislature, so why should the public have confidence that its concerns about the recommendations in *The Yukon Health Care Review* will be taken seriously by this government when they weren't taken seriously with the *Forest Resources Act*?

**Hon. Mr. Fentie:** It's a matter of opinion. Frankly, the *Forest Resources Act* greatly reflects the input of Yukoners and all involved in the process. And that's quite an impressive list of involvement that the member has just recited here on the floor of the Legislative Assembly.

When it comes to health care, it is a priority for this government. That's why we did what we did, starting in 2002. That's why we negotiated with Canada the need for a health care fund outside of the Canada health transfer. That's why we have invested 67 percent more dollars into the system since we took office.

Our system was dramatically underfunded a few short years ago. We are closing the gap with the efforts to date, and we continue to do more, but the members opposite have a responsibility here. They have a responsibility to participate in solutions, not to continue with empty criticism.

**Mr. Hardy:** I'll agree with the Premier on this one. The health care system was definitely underfunded once the Liberal government was elected in 1993. They slashed the programs in the health care system. They created the crisis and they downloaded on to the provinces across Canada and the territories. We all know that. The Liberal government has never

been friends of this system, but that doesn't excuse the direction that this review seems to be indicating, that this government may be going in. The number one issue for Canadians is their health care, and it has been for decades.

There are suggestions in the report that indicate changes that could be made that would be really positive.

Will the Premier admit that his government's agenda is to replace the public health care system with a two-tier system? Will he admit that?

**Hon. Mr. Fentie:** Why in the world would I or this government admit something that absurd? That's not what this report dictates at all — in fact, quite the contrary. It is a demonstration of this government's priority and intent when it comes to delivering quality health care to Yukoners. I'll agree with the Leader of the Third Party on this point. The issue began thanks to a Liberal government who off-loaded the deficit on to the backs of provinces and territories, and it continued on over the years until the three territories made a stand with then Prime Minister Chrétien to ensure that the north was not ignored when it came to the delivery of health care. And, Mr. Speaker, much has been accomplished since then. Unfortunately, the members opposite, especially the Official Opposition, continually fail to recognize their role and responsibility. Consider what this government has accomplished with its massive increases in investment in the health care system, and every dollar of those increases to improve health care for Yukoners has been opposed by the Official Opposition — every investment, every initiative, every step along the way to improve health care here in the Yukon was opposed by the Official Opposition. Today they have an opportunity to right the wrong.

#### **Question re: *Liquor Act***

**Mr. Inverarity:** I recognize that the minister responsible for the Liquor Corporation has inherited a real mess from his predecessor, and I sympathize with him. I am concerned, however, that this minister is only going to make a bigger mess of things. According to this minister, the latest round of proposed changes to the Yukon's liquor regulations is supposed to benefit licensees and consumers. But the only people who are going to benefit from the proposed changes are the existing hoteliers and Yukon Party faithful.

Will the minister explain how, for example, a proposed neighbourhood pub would benefit from the government-imposed capital cost that would be added to the new liquor licences?

#### **Unparliamentary language**

**Speaker:** Before the honourable member answers the question, I would just like to remind the Member for Porter Creek South that making those kinds of inferences is not in order. The honourable member knows that, so keep that in mind in the future.

**Hon. Mr. Cathers:** Mr. Speaker, the Official Opposition needs to make up its mind. The Official Opposition is fond of standing up on any initiative the government has done substantial consultation on — such as the *Forest Resources Act*, as

an example — and suggest the government hasn't consulted enough.

In the case of the *Liquor Act*, when the bulk of the substantive consultation was some seven years ago, the members are standing up and suggesting that it is not appropriate to provide Yukon citizens the ability to have a look at the regulations that will provide the detail to fall under that overarching structure.

I know the members have a particular emotional attachment to their views on the *Liquor Act* subject. However, we are providing Yukon citizens the opportunity to review the draft regulations and to comment on two substantive policy questions: (1) whether there should be a requirement for host liability insurance, which is about protecting the public; and, (2) whether there should be a requirement for minimum capital investment level, which is aimed particularly at rural communities and at preventing fly-by-night operations, for lack of a better term, in coming in with little or no investment, hauling in a trailer or setting up a shack. It is a question that is being asked and we will listen to the Yukon public, not the member opposite.

#### **Question re: *Forest Resources Act***

**Mr. McRobb:** The Yukon Party government would like everyone to believe that its public consultation on the *Forest Resources Act* was a good process. However, drawing that conclusion would be inconsistent with the facts. Its consultation process on the draft *Forest Resources Act* spanned a 60-day period from about the end of February to the end of April this year. The government heard from 41 respondents, including six First Nations, three renewable resource councils, 11 non-government organizations, Environment Canada, 16 individuals and four government departments.

Out of the 37 public respondents, 19 expressed concern with the consultation process used for the public and First Nations. So how does the minister reconcile what he said with what was said by more than half of the public respondents?

**Hon. Mr. Cathers:** Again the Member for Kluane is not being factual. The member is conveniently forgetting the facts that do not line up with his chosen position, conveniently forgetting the fact that the discussions on forestry build on work that has been going on for nearly a decade and, in some cases, over a decade — discussions of policy matters and so on from various groups.

The successor resource legislation working group — the member clearly does not respect that process or the members who take part in it, representing First Nation governments, as well as the Yukon government. Their work began back in 2004 — that was the initial date — and, again, the bulk of the work commenced in 2005 and has been going on, on nearly a monthly basis, for three years.

The Member for Kluane clearly has no respect for the successor resource legislation working group or all of the individuals — the majority of those who commented — who do not support the Liberal Party position of shutting everything down.

**Mr. McRobb:** Well, the minister is wrong again. He should listen more carefully. Let's take a closer look at the concerns expressed by the renewable resource councils, or

RRCs, on the Yukon Party's public consultation process for the *Forest Resources Act*. Two-thirds of them were concerned that their roles and responsibilities, as set out in chapter 17 of the *Umbrella Final Agreement*, were not reflected. These councils were established as a primary instrument for the management of renewable resources in their local areas, an important mandate to the Yukon.

How were they treated? The minister's consultation team arrived to meet with the Selkirk RRC only two days before the end of public consultation on this extensive piece of legislation. Then the minister's consultation team couldn't even meet with the Laberge RRC until after the deadline. In addition, the minister still hasn't responded to questions in the letter from the Alsek RRC from last April 28.

Why is this minister so dismissive of these important councils?

**Hon. Mr. Cathers:** I am not in the least what the member suggested I was. The member again is not reflecting the facts. It's unfortunate he continues his pattern. The member is failing to notice the participation for some, including the Forest Industry Focus Group, which began in workshops, et cetera back in 2003 and continued with significant work in 2005, 2006 and 2007.

The Forest Values Focus Group, which included the Yukon Conservation Society, began work and has a list of many meetings that took place, particularly since 2006, although earlier work did occur. I have the list of meetings and the details discussed in those meetings that take two pages to compile — numerous meetings involving the participants encompassing various stakeholder groups, et cetera.

Consultation did occur with the RRCs, contrary to the Official Opposition Liberal assertion, in the manner prescribed by the *Umbrella Final Agreement*, and we involved them beyond the legal obligation in that area. Most important, we worked with the successor resource legislation working group and the various interested parties in this matter.

**Mr. McRobb:** Apples and oranges, Mr. Speaker. Obviously the minister thought it was more important to go for a walk in the woods than to ensure good public consultation.

It's also interesting to note that the government did not issue a press release to announce the start of the public consultation process, even though it was pumping out plenty of other releases at the time. It seems that engaging the public on the Yukon's forestry future just wasn't a high enough priority for the Yukon Party. Again the majority of respondents expressed concerns with the public consultation process.

Also troubling is the fact the minister is not being open and transparent with respect to comments on the draft act submitted by the four government departments. These should have been disclosed and circulated with the other material and tabled here in the Legislature for the benefit of all members.

Will the minister now undertake to provide those submissions or will he continue to hide them from the public and from members on this side of the House?

**Hon. Mr. Cathers:** Mr. Speaker, it's always very frustrating engaging in debate with the Member for Kluane because so much of what he lays on the floor has no basis in fact. Once

again, the Member for Kluane is indebted to his imagination for his facts because the comments he stated are not based on fact.

The Yukon government worked with RRCs. We worked with the two focus groups set up — the Forest Values Focus Group and the Forest Industry Focus Group — involving the participants, involving comments from varying perspectives — industry, conservation, et cetera. RRCs were involved and First Nations were involved. Most importantly, in developing this legislation, we followed the specific obligation in developing successor resource legislation replacing federal legislation we took over at devolution. We followed that obligation, working through the process prescribed with the devolution transfer agreement.

The Member for Kluane doesn't like it because he didn't get his way. The Member for Kluane, once again, as in debate, is cherry-picking a very select, limited perspective. He is ignoring the broader perspective of Yukon society and Yukon interests and those who depend on the forestry industry and access to the forests for wood, for fuel, and for making a living and putting food on their tables.

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

#### Notice of opposition private members' business

**Mr. McRobb:** Thank you, Mr. Speaker, pursuant to Standing Order 14.2(3), I would like to identify the items standing in the name of the Official Opposition to be called on Wednesday, November 19, 2008. They are Motion No. 590, standing in the name of the Member for Copperbelt, and Motion No. 150, standing in the name of the member for beautiful Kluane.

**Mr. Cardiff:** Pursuant to Standing Order 14.2(3), I would like to identify the items standing in the name of the third party to be called on Wednesday, November 19, 2008. They are Motion No. 477, standing in the name of the Member for Mount Lorne, and Motion No. 41, also standing in the name of the Member for Mount Lorne.

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

#### ORDERS OF THE DAY

#### GOVERNMENT MOTIONS

##### Motion No. 575

**Clerk:** Motion No. 575, standing in the name of Hon. Mr. Hart.

**Speaker:** It is moved by the Minister of Health and Social Services

THAT this House urges the Government of Yukon to engage Yukoners in a dialogue on the findings and recommendations of *The Yukon Health Care Review*, a report that reviewed the current and long-term sustainability over the next 10 years of the public health care system in Yukon;

THAT a steering committee on health care sustainability comprised of health care and medical professionals and Fi-

nance and First Nations officials be established to undertake this dialogue and prepare a report on what they heard; and

THAT an oversight committee on health care sustainability comprised of the Minister of Finance and the Minister of Health and Social Services be established with an invitation being extended for one representative from the Official Opposition, the third party and Yukon First Nations to participate on the committee and oversee the work of the steering committee on health care sustainability, including receiving the report on what they heard for ultimate presentation to the Yukon Legislative Assembly in the 2009 spring sitting.

**Hon. Mr. Hart:** I rise today in the House to debate this motion. It gives me great pleasure to do so, as I am proud of serving my constituents as an elected Member of the Legislative Assembly. And I will say that, as the MLA for Riverdale South, I am very committed to my constituency and am honoured to represent them in the House here today.

Monsieur le Président, membres honorables, je suis très heureux d'être de retour à l'Assemblée législative pour représenter mes électeurs de Riverdale Sud.

Monsieur le Président,, j'ai le grand plaisir de discuter cette motion au programme de l'Assemblée aujourd'hui.

The issue here before us today is perhaps the most pressing issue I will face in my role as the Minister of Health and Social Services. It's an issue that will have the longest and broadest impact of all the issues that are before me. The crux of the issue is the sustainability of our health care system. Just last Friday, *The Globe and Mail* ran a story with the headline, "Record costs threaten Canada's picture of health".

The issue of sustainability is faced not only by the Yukon but by all jurisdictions in Canada. Medicare spending is at an all-time high, reaching 10.7 percent of the country's gross domestic product. The president of the Canadian Institute of Health Information stated the following: "Health care spending is expected to grow faster than Canada's economy, outpacing inflation and population growth ...

"In the context of recent changes in the economy, it is important to keep monitoring these trends in order to better understand how our dollars are being spent and how we compare to other countries." This statement highlights the importance of this issue on a national level. It also highlights the impact of the issue — 10.7 percent of the gross domestic product is a tremendous amount of our national financial resources. That is how important health care is to Canadians. It has been growing at a rate greater than the economy and the population, yet this context is just emerging in the public conversation.

We are approaching dangerous territory in health care spending, yet there is not a general motivation to change. The World Health Executive Forum has issued a report based on a survey of health sector leaders that states that an even greater financial crisis needs to be experienced by western nations before critical decisions can be made to overhaul our health care systems.

Mr. Speaker, 80 percent of health care leaders responded that they agree that a greater financial crisis is needed to moti-

vate changes in our health care system. We need to be ahead of the pack in this area and we need to look at our changes now.

The Conference Board of Canada also looks at health issues and has asked the question: are Canadians gambling with their health? Assessing Canada's performance on the risk factors that lead to heart disease, cancer, diabetes, and respiratory disease is as important as assessing its approach to and success with treatment.

Canada is a top performer among countries on two leading risk factors: tobacco and alcohol consumption. The high number of deaths from lung cancer reflects the smoking habits of Canadians in previous decades. Since then, a campaign to curtail smoking, and anti-smoking bans in public places throughout the country, has helped Canada to register the fourth lowest proportion of smokers amongst all OECD countries. This augurs well for the risk of lung diseases.

At the time of the 1974 LaLonde report on health, Canada was looked to as a world leader in the area of public health, including disease prevention and health promotion. Canada's proud record in turning around tobacco consumption demonstrated the ability to create behavioural changes in a society. Canada will need to rally the same resources to overcome similar risks such as obesity.

Although Canadians have not historically been heavy drinkers, alcohol consumption has increased over the last 10 years. Canadians 15 years and over now consume, per person, per year, on average, 77 litres of beer, 14.6 litres of wine, and seven litres of spirits. The *Canadian Community Health Survey* reports that 21.8 percent of Canadians aged 12 and over report being a heavy drinker. Mr. Speaker, that's right — over the age of 12.

Physical inactivity and poor eating habits are two other prominent risk factors for heart disease, cancer and diabetes that Canadians, and in general all North Americans, need to know more about.

New estimates suggest that one-third of cancers could be prevented with increased vegetable and fruit consumption, increased physical activity and maintenance of healthy body weight. Some of the strongest evidence of our relationship between diet and cancer has found that diets high in vegetables and fruit provide protection against cancer.

*Canada's Food Guide* to healthy eating provides a new recommendation for children, teens and adults for food consumption based on current evidence. Health Canada believes that following this new food guide will reduce the risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis.

Many Canadians have yet to be persuaded that eating and fitness habits are integral to their quality of life and good health. In September 2000, the First Ministers' Communiqué on Health directed health ministers to report publicly on the health care systems within Canada.

The Performance Indicators Reporting Committee was formed to develop new health indicators. In 2000, Health Canada, Statistics Canada, and the Canadian Institute for Health Information, CIHI, started the Canadian community health survey to collect population level information on health determi-

nants, health status and health system utilization. The survey tracked variables including physical activity and dietary practices. This self-reported data indicated that only 43 percent of Canadians believe they are moderately active, up from 37 percent in 1994-95. Similar data for eating habits indicated that only about 40 percent of the population eats the five or more servings of fruits and vegetables a day as recommended in the *Canada's Food Guide*. While comparable international data are not yet available, Canadian community health survey results should raise serious concerns about Canadians' physical activity levels and dietary practices and potential linkages to chronic diseases. Mr. Speaker, these issues involving the broader context of health care in Canada, both on the financial side and on the behavioural side, are important to consider as we look to the future of our health care system.

The story in our own territory is much the same as it is on the national scene. In the Yukon we too are experiencing our greatest expenditure in history in the area of health care. In Yukon the health spending over the last 10 years is, on average, a growth of 7.7 percent. The projected growth for health spending is expected to reach some \$310 million in another 10 years. This projected spending is also at a rate greater than our forecasted economic and population growth. That is why we have commissioned *The Yukon Health Care Review*. That is why we are debating this motion today to begin dialogue on sustainability of health care in Yukon. That is why we will set up a steering committee on health care sustainability comprised of health care medical professionals as well as Finance and First Nation officials. That is why we will set up an oversight committee on health care sustainability. That is why we are going out for consultation with all Yukoners to have a conversation on the sustainability of health care in Yukon. That is why we will be going to Canada with the request for health care funding to continue the good work that has been done over the past few years with the territorial health access fund or THAF.

As members opposite have no doubt noted, the proposed oversight committee includes an invitation to the Official Opposition, the third party and to First Nations to each appoint one member. I believe this gesture helps to underscore the importance of this issue and the importance of us addressing the issue together.

We, the elected members of this Legislative Assembly, are here to ensure the voices of those who elected us are heard by the government. I believe that a positive way forward to address this issue is to build a committee that includes members of all three parties in this House, as well as a member from the Yukon First Nations. Together we can form the oversight committee that will receive the report that the steering committee will compile.

I invite the members opposite to join in this important mission and to demonstrate leadership. There's an opportunity for us to work together on this issue, to set aside differences and to work toward ensuring the future of a sustainable health care system here in the territory.

Yesterday in Question Period we heard many concerns and questions about one or two of the recommendations in the report. I will at this point discuss the recommendations in the

report. The first point is that these recommendations are just that — recommendations. That may sound redundant and obvious, but reflecting on today's Question Period, I feel there needs to be some clarity about the recommendations. The government asked for the report with recommendations, and that is what we received. We did not say that we would implement all the recommendations in the report, and we never did say that we would implement all the recommendations in the report either. There are 43 recommendations in the report, and they are just that, Mr. Speaker — recommendations.

We may implement some of the recommendations. In fact, we have already commenced on implementing some of the recommendations. For example, one of the recommendations is to provide incentives to reduce smoking. We have done just exactly that with the recently proclaimed anti-smoking legislation, in addition to our ongoing promotion to stop smoking that we provide annually.

My point here, Mr. Speaker, is that we have implemented some of the recommendations to date. We do not intend to implement all of the recommendations, and we intend to speak with Yukoners about health care and to hear what they feel are the important items when it comes to health care for the average Yukoner.

Speaking of anti-smoking legislation, we can all recall that endeavour was one that was initiated by the third party and was supported by the all-party committee. This is an excellent example of how we can make positive accomplishments together for the benefit of all Yukoners.

I hope that here today we will be able to come together, there will be unanimous support for this motion and the members opposite will accept the invitation to join in the oversight committee. I hope the members opposite will not dwell on a few specific recommendations and that they will step back and look at the larger picture for health care in the Yukon. I hope that the members opposite will join the oversight committee to engage in dialogue with Yukoners on the sustainability of health care throughout the Yukon.

We as Yukoners are fortunate to have the health care system we have. I have heard from people from all backgrounds about the strengths of our health care system. We have a long list of strengths to be thankful for and I'll name just a few here. The wait time in hospitals and to see a doctor is significantly lower here in the Yukon than it is in most other jurisdictions and it is well below the Canadian average. This means that Yukoners get access to medical attention they need sooner than many Canadians. This is something to be thankful for.

We have a generous medical travel program. Our medical travel program allows Yukoners to access the full spectrum of territorial care that is offered in big centres in the south. Medical travel reduces barriers to access so that all Yukoners can access the care they require.

On ongoing services, health care insurance services for physician and hospital services provide coverage for medically required physicians and hospital services for all eligible Yukon residents on uniform terms and conditions.

The medical travel program provides the cost of travel and subsidies to eligible persons for medically necessary transpor-



tation. In most cases, it goes either to British Columbia or Alberta, depending upon the medical requirements of the patient.

Recent changes were made in May of 2006. The medical travel subsidy paid to individuals who have to leave their home community to travel for medical treatment was increased to \$75 per day, up from the previous \$30 per day, starting on the second day of travel, instead of the previous fourth day of travel. As well, the rate paid per kilometre for personal vehicles used for medical travel was raised to 30 cents, up from 18.5 cents.

In July 2006, a medical travel subsidy was implemented for Yukoners living in rural areas around Whitehorse city limits, who previously were not eligible for medical travel support. Zone 1 residents receive \$10 per round trip and Zone 2 residents receive \$25 per round trip for eligible medical travel. Chronic disease and disability programs provide financial assistance for drugs, medical and surgical supplies, and other medically necessary items for persons whose benefits are not covered by other legislation or private insurance and who are suffering from a severe disability or one of the chronic diseases included on the chronic disease and disability benefits regulation.

The Pharmacare program covers drugs for persons 65 years of age and over and their spouses 60 years of age and over. These benefits are not covered by other legislation or private insurance.

The extended health care benefits program provides a range of services, including medical supplies and equipment, dental care, optical goods and services to persons 65 years of age and older and their spouses, 60 years of age and older. These benefits are not covered under other legislation or private insurance.

The children's drug and optical program provides assistance with the cost of prescription drugs, eye glasses, eye examinations for children of low-income families whose benefits are not covered under other legislation or private insurance.

The hearing services clinic provides help to assist people of all ages with a variety of hearing disorders through the provision of basic hearing aids, diagnostic hearing evaluations, both in-house and in annual hearing clinics within the communities.

The vital statistics office registers births, deaths and marriages in the Yukon and is the official repository of such records. Marriage licences, birth, marriage and death certificates, as well as burial permits are issued.

Under the community health programs, the health promotion unit supports evidence-based targeted health promotion and illness prevention programs and activities to increase health knowledge, encourage healthy decision making and behaviour, promote professional development and collaboration among allied health professionals and create environments which make healthy choices the easy choices to make.

The dental health program is a school-based dental health program that provides diagnostic, preventive and restorative dental services for children from preschool age to grade 8 in Whitehorse and preschool to grade 12 in the rural communities where there is no resident dentist. Dentists are encouraged and

supported to provide services to adults in rural Yukon communities. Funding is provided to dentists in private practice to offset travel and accommodation costs to provide services in the rural communities.

Recent changes: Health and Social Services has recruited out-of-territory dentists to provide services to adults. Environmental health services promotes the care for the environment in the interest of protecting human health. Whitehorse General Hospital works with the medical health officer and provides consultation and education services to individuals, businesses and governments, operates a water laboratory for bacterial analysis of drinking and recreational water, and engages in inspections, surveillance, audits and enforcement activities in support of our regulatory program, as mandated by the *Public Health and Safety Act* and regulations. Recent changes: the government has developed and enacted parts 1 and 2 of the drinking water regulations and has recently completed consultation on part 3.

The Yukon communicable disease control unit, in consultation with the medical health officer, is responsible for the prevention, monitoring and control of all infectious diseases throughout the Yukon. Activities include direct client services such as screening, testing, treatment, monitoring and patient education and support, and statistical analysis and consultation with other Yukon health care providers, agencies and government bodies.

Mental health services provides outpatient assessments, individual and group treatments, and consultation and referral services to individuals of different ages, with a range of mental health difficulties.

Under community nursing, health centres are located in 12 Yukon communities. These health units are staffed by one or more nurses and auxiliary staff. Community nurse practitioners, in the absence of a physician, provide daily clinics for medical treatment, community health programs and 24-hour emergency services.

Clients requiring more specialized care are referred to a hospital. In recent developments, scopes of practice for community nurses are being examined to ensure we are making the best use of the valuable skills offered by these practitioners.

We also have a hospital facility located in the Watson Lake area, where services are provided for emergency and medical treatment and short-term admissions. Respite care clients requiring more specialized care may be referred to the Whitehorse General Hospital.

Community health nurses are located in Watson Lake, Dawson City and at the Whitehorse Health Centre. These nurses provide a wide range of preventive health services. The local Whitehorse hospital is the primary territorial hospital and provides services to all persons, admitted by a physician, who require medical or surgical services on either an in-patient or outpatient basis.

Health Services funds the operation of the Whitehorse General Hospital through the Yukon Hospital Corporation to provide those services insured under the *Yukon Hospital Insurance Services Act*.

The Yukon government just provided Whitehorse General Hospital with a three-year funding agreement to support long-term planning and a secure service delivery environment.

The First Nation health program provides culturally relevant services to First Nation clients of Whitehorse General Hospital.

Under special incentives, the territorial health services sustainability initiative — in 2004, the territorial premiers secured a special \$150 million of federal funding for the territories' health programs. This funding ends in 2009-10. The territorial health services sustainability initiative was split into three funds: the territorial health access fund, providing \$21.7 million for Yukon over five years; medical travel fund, providing \$8 million for Yukon over five years; and operational secretariat fund, providing \$10 million spread among various projects and initiatives agreed to by all parties.

The following initiatives were funded in the Yukon by the territorial health access fund portion of the funding. The largest THAF initiative in the Yukon is the Yukon health human resources strategy, including: student bursary programs for student physicians, nurses and other health professionals; a nurse mentorship program to support new nurses entering the workforce; clinical resource nurse positions in Whitehorse General Hospital and community nursing; incentives to physicians to establish physician practices; support for additional educational and training opportunities; supporting collaboration within the health care system through the diabetes collaborative with expansion planned for other disease conditions. Other collaborative care initiatives are presently in the early planning stages; development of recruitment materials, succession planning — which is a new THAF initiative just commencing — as well as the Health and Social Services employee survey.

There were some key results coming out of the Yukon health human resources strategy completed in 2007. Of the nursing bursary recipients who have graduated, approximately 60 percent have returned to practice in Yukon. Nurse mentorship has been undertaken over the last year in the community nursing, continuing care, and Whitehorse General Hospital and is now expanding community health services. This allows new nurses or nurses new to particular tasks to learn and receive support from more-experienced professionals.

Materials have been prepared for consultation on regulation of nurse practitioners with legislation anticipated in the fall of 2008. Materials geared at high school aged students on health professional opportunities within the Yukon have been prepared and are made available at Yukon career fairs. This is one opportunity to reach young people as they are making decisions about their professional futures.

Chronic disease management program has been extended to all Yukon communities.

Other initiatives being funded through THAF in the Yukon include the Yukon HealthLine, which has been launched and has received over 2,000 calls to date.

Looking at palliative care, telehealth expansion, continuing education for health care professionals, telemental health, early childhood development services, community education, therapy services, family visits, discharge planning, preoperative

appointments, specialists follow-up, diabetic education, health promotion, community dietician, clinical dietician, nutrition strategy, tobacco coordinator, second-hand smoke campaign, healthy living challenge calendars, QuitPack program, smoke screening IV, rural healthy living campaign, injury prevention, sexual health campaigns, mental health, social worker — housing/employment, clinician/consultant in the communities, identifying youth at risk of psychosis, advanced directives, risk management, quality assurance, privacy, policy work, public health nurse, emergency preparedness, tuberculosis management, dental health in communities, health records dispositions — these are just some of the items financed through THAF.

Health professions regulation: the Yukon government is committed to developing regulations to govern the practice of health professionals who are currently unregulated. Health and Social Services and Community Services continue to collaborate on the development and revision of the health profession regulations within the Yukon.

In recent months consultations were held to get public input in the following unregulated health professions in Yukon: nurse practitioners, registered psychiatric nurses and medical laboratory technologists.

The outcome of these consultations has been recognition that further work with key stakeholders is needed to address the significant issues that have been raised, and to strengthen the regulatory development process. Preliminary work has occurred on regulation of midwives and licensed practical nurses.

Mr. Speaker, these are just a few of some of the highlights of the health care system that we benefit from. There are many strengths to this system. That is not to say that the system is perfect; there is always an opportunity to make improvements and enhance services. However, when we look at what we have here today in the Yukon, we can be thankful for a solid health care system.

We have discussed, and we all know the Yukon, and every other jurisdiction in this country, is facing health care challenges. This is not just a phenomenon here at home, but across this country of ours. Throughout Canada, we continue to hear stories of increasing costs, difficulties in attracting and retaining trained health care professionals, wait time for procedures, an aging population, which has led to an ever-increasing number of people accessing the health system.

Mr. Speaker, the Yukon is not an island. We share these same difficulties with jurisdictions but in the north for the Yukon and our sister territories some of those challenges are indeed greater as we face higher per capita health care costs, a large geographic area which leads to higher transportation costs and the fall-out from the federal funding cuts to the Yukon government made during the mid-1990s.

It is because of these challenges that we commissioned *The Yukon Health Care Review* in April of this year. The purpose of this report and the direction to professionals who researched and drafted the report was simple: examine the sustainability of most cherished system here the Yukon, health care.

This report will also ensure that we have a business case to bring to Ottawa for the renewal of the territorial health access fund, because if we do not make the business case many if not

all of these challenges will worsen and the Yukon's ability to meet the challenges being faced by all Canadian jurisdictions will be diminished. So, for the sake of clarity, Mr. Speaker, I will repeat what I have just said. The mandate of the committee of professionals that helped create this report was such that it had to ensure that Yukoners continue to have access to quality health care now and into the future and that we can make the case to Ottawa for the renewal of the THAF agreement, an agreement that ensures that Yukoners are not penalized for living north of 60 and that our access to health care services is equal to that of other Canadian jurisdictions.

This committee's work included targeted hearings to listen to the ideas of Yukon health care providers, including the Yukon Medical Association, Yukon Registered Nurses Association, Whitehorse General Hospital staff and officials from the Department of Health and Social Services. These are the people who provide health care.

This committee reviewed our system in detail. They have taken a look at what we are doing and where we are going and, like other jurisdictions in Canada, we have some challenges and difficult decisions have to be made. That is why we have tabled this report and why we are seeking the input from Yukoners and from our fellow elected Members of the Legislative Assembly.

It is a report that is both thorough and comprehensive and is broken up into four major sections: Environment of Change; Markers for Change; Pathways to Change; and Actions for Change. For the sake of mutual understanding of the material, allow me to give a brief overview of these sections.

Environment of Change provides an understanding of the changes in the health care system impacting health care systems across the country. It reviews the five major components of the health care systems, including legislation and regulations, finances, administration and operations, consumption and access, and the behaviour and lifestyle of those who access the system. This section provides a framework to discuss the relevant issues as well as the dynamics of cost drivers and cost escalators.

Markers for Change is a synthesis of information in Environment of Change and highlights the relevant direction of insight that emerged at both the national and local levels that affect the Yukon.

Pathways to Change is the organizational framework or context that provides the principles for the recommendations that are contained in this report — recommendations that will be brought to Yukoners for their consideration before a plan of action is created. The Pathways for Change section contains 10 sections, including: the personal and collective responsibility; funding arrangements; non-insured health programs and services; health care delivery models; federal funding to the north; institutional governance structures; health human resources; cost drivers — new or enhanced services, procedures and technologies; and finally, accountability.

Included in this report is a series of recommendations — 43 to be exact — and I would like to remind the members across the floor, and all Yukoners, that these are just recommendations. Yukoners will assist in making the final decision

as to what direction the health care system moves in. I would also like to point out that this government has already taken some decisive steps toward meeting our health care challenges, some of which subsequently appeared as recommendations in the report. We significantly raised taxes on tobacco products. Taxes went from 13.2 cents to 21 cents per cigarette, and from 4.68 cents a gram to 21 cents per gram on loose tobacco products.

Mr. Speaker, this is a deterrent, especially for young people, to taking up smoking, and encourages those who have already picked up the habit to quit. These are products that are known causes of illness for both smokers and non-smokers alike, and we took the steps necessary to curb their use. The *Smoke-free Places Act* was brought in under this government's watch. This legislation will reduce the amount of second-hand smoke that Yukoners are exposed to and will improve the health of Yukoners.

In fact, we recently talked to Yukoners about what they would like to see, in terms of locations where smoking is prohibited and details on the sale and advertising of tobacco. We took these steps for the health of all Yukoners.

We continue to engage in tobacco cessation campaigns and health care promotion. We also recently announced long-term sustainability funding for the hospital, which subsequently appeared as a recommendation in this report. This funding arrangement ensures that the hospital can be confident that its financial commitments can be met while focusing its attention on its number one priority: the delivery of health care.

We have hired more doctors, and we continue to engage in recruitment of nurses and other health care professionals. We have a greater degree of specialization in the Yukon. For example, we have greatly increased the number of knee-replacement surgeries that are occurring in the Yukon.

We bought the 811 service, the Yukon HealthLine, which allows Yukoners to contact a nurse from the comfort of their own home, to ask health-related questions and access the expertise they need to make health-related decisions. This alone has contributed to the reduction of pressure on our emergency room at the Whitehorse General Hospital, in addition to visits to a doctor.

As I said, there are a number of recommendations in the report, some of which we may move forward on and some, such as the health care premiums, we have no intention of implementing. But how, where and when we implement changes to promote the sustainability of our health care system and to make the business case to Ottawa will be up to Yukoners.

We plan to consult with Yukoners. As we stated when we tabled *The Yukon Health Care Review*, we intend to talk to Yukoners about the future sustainability of their health care system. We want to know what they think, what they want and the direction they would like us to take in delivering their health care.

To that end, it is our intention to strike a steering committee comprised of health care, medical, finance and First Nation representatives to go out to the public and listen to what they have to say, gather the input on what they think about this report and the recommendations contained therein.

We not only want to know, we need to know what Yukoners think and what's important to them as we move forward, addressing this very important challenge. This steering committee will report to an oversight committee that will hopefully be comprised of the Minister of Health and Social Services, the Minister of Finance, a representative from the Official Opposition, the third party and a First Nation government. This is to be a non-partisan effort by Yukoners for Yukoners for the future of their health care system. The oversight committee will oversee the work of the steering committee, including receiving a report on what they heard, which will ultimately be presented to the Legislative Assembly.

I encourage all Yukoners to participate in this very important consultation. We want to know what you think of this report, of its recommendation and the state of health care. We want to know your ideas about health care, what is important to you and what you would like to see happen. We want to know how Yukoners would like to proceed and we will act on your behalf to ensure that we continue to have a health care system that serves the needs of all Yukoners in a way that is sustainable now and into the future. We need this information so that we can make the business case to Ottawa for the renewal of the territorial health access fund so that our health care system can operate as it has been and we can continue to enjoy the same right of access as enjoyed in all other jurisdictions of Canada. We want Yukoners to know that their input is being sought, considered and appreciated.

We want to hear from all Yukoners. I would also ask my fellow members across the floor to participate in this exercise in the spirit in which it is intended, and that is in the spirit that puts aside political differences and allows us to move forward collaboratively and cooperatively with Yukoners' best interests at heart. This is how we want to consult with Yukoners and this is our intention.

To conclude my part of debate today, I would like to reiterate some of the key points I mentioned through my discourse. This issue that is before us today is important. There are two items: the sustainability of the health care system and our business case to Ottawa.

We know how much health care spending has grown over the years and we know it will continue to grow. We also know that health care is near and dear to the hearts of Canadians and Yukoners and we want to hear from Yukoners about the health care program.

I will now close my part of debate and look forward to comments from members opposite as I ask for their consideration of the invitation to the oversight committee and I ask for unanimous support for this motion. Thank you.

**Mr. Mitchell:** Thank you, Mr. Speaker.

Merci, monsieur le Président. C'est mon grand plaisir de discuter cette résolution, numéro 575, aujourd'hui.

It is a pleasure to be discussing this motion today in responding to the Health and Social Services minister, but I would like to point some things out.

This is a very important matter. We certainly agree with the minister when he says that there is a great deal of important

information in this study. If he would take a look at my copy and see the amount of highlights, notes, and sticky notes, he'll know that I have been studying this report since we received it Thursday last.

I would like to suggest that, because of the importance of this, we should have been discussing this on a Wednesday, on a government motion day. The government could have asked the Member for Klondike to forego his next government private members' day in order to have this discussion of the Health and Social Services minister's motion on that day. The reason I suggest that is twofold: one, because then we would have received notice of this motion being called on the day previous, and that would have allowed us to have more time with our staff to prepare for this debate, which the minister says is of the utmost importance, as opposed to finding out at 10:00 in the morning that we would be debating it this afternoon. Because of the importance of it, it would have been better to have that additional time.

The additional reason is because we don't believe the government is managing its time properly or efficiently in this House this fall. Here we are on day 13 of 28 and the government has not even called their budget for second reading and debate. Their budget, of course, impacts on the discussion of health care, since there is health care spending in the budget and, supposedly, that will adjust their priorities.

So we think calling this motion today is damage control by this government, because the government wants to change the discussion away from its plan to raise fees. It's doing two things: on the one hand it issues a report full of recommendations that talk about increases to existing fees and talks about implementing new fees; on the other hand the Minister of Finance, the Premier, stands up at every opportunity to say that he has no plans to implement fees. I would point out that's a very meaningless statement: he has no plans. Heck, he had no plans to build a hospital in Watson Lake and, after building a shell, he's now trying to figure out how to shoehorn a hospital inside it.

Hillary Clinton had no plans to run for president in 2006, but in 2008 she did so.

So all we've heard so far is a political promise from the Premier, and not a very strong one. He hasn't said "No, read my lips: under no conditions will we implement fees." He hasn't referred to specific recommendations and said "That's a recommendation of the report but we will not do it; not before an election, not after an election if we should be re-elected." "No," he's saying, "we have no plans."

You know, earlier this year, Mr. Speaker, the government's lawyers went to court and argued that the Premier's political promises, his word, was just that: it was a political promise; it carried no weight. So I hope that the statements we've heard these last two days in the House are not more of those: statements that carry no weight; meaningless statements.

We've seen how this government has gone about this entire exercise. You know, we do recognize that health care costs are rising. We can appreciate the concern. You can't read this report and not accept the fact that health care costs are rising; they're rising faster than revenue that we're receiving from

Canada to pay for them and this is the case across the country. We certainly appreciate the Premier's concern over, to date, the federal Conservative government's refusal to make the territorial health access fund permanent, so we appreciate that he's trying to make a business case for it, because there's \$10 million a year in funding hanging in the balance. We understand that. We understand we need that funding to offer Yukoners the same level of health care that every Canadian citizen expects to receive, regardless of where they live.

It doesn't seem like the Premier's endorsement of the Conservatives has won many favours in Ottawa, or this issue would be resolved by now, because it has been up in the air for the last two years. Why can't this Premier get a commitment out of Ottawa?

We do think that there are some strange contradictions in the approach this government is taking. I listened over the last half-hour to the Health minister finally speak to this report, and he said several times that these were just recommendations, that it was not necessarily the government's plan to implement any of these recommendations, and in fact, the Premier kept saying, "We're not going to do it. We have no plans to do it."

Well, you know, Mr. Speaker, when I look at this report — and I'll put in page references for those people who are following along earnestly with great interest — on page 201, the first page of Appendix 3 — Potential Health Revenues, it outlines the revenues over the coming 10 years, the potential revenues from numerous recommendations to implement and raise fees that are within this report.

Here are the categories that this arm's-length report — as the Premier likes to refer to a report that has been co-authored by his Deputy Minister of Finance and the Deputy Minister of Health and chaired by the former deputy minister of both Health and Finance — oh yes, with the participation, of course, of the chair of the Hospital Corporation — so it's arm's-length, but it's a short arm.

Medevac rates — well, the proposed increase in medevac rates is one of the things that are listed here as how to address this fiscal imbalance, this shortfall in revenues. Medevac rates amount to \$600,000 a year. Now when they say "medevac rates", it's a little misleading, because they're using the term "medevac" two different ways. Elsewhere in the report, it talks about "medevac" in terms of what we come to think of medevac which is when there's an emergency and someone is flown out. The report does recommend that they look at putting that contract up for open bidding, as opposed to the sole sourcing that it has been.

But looking at the numbers, it appears that what is being referenced here is not what we think of as "medevac'ing" but rather as "medical travel" — \$600,000 a year and that's based on what? Two hundred and fifty dollars per trip being charged to Yukoners who have medical problems.

Increases in fees for chronic disease programs: \$1.1 million per year; Pharmacare increased fees, \$675,000 per year; long-term bed rates — that number goes up over time, because it's not a flat increase but rather an indexed one — in the first year \$193,000; by the tenth year, it's recommending that it be \$572,711 of increased rates.

Premiums — that's the per family, per person, health care premium — \$8.5 million.

Finally, the sixth item, drug procurement — which is not directly on the back of Yukon health care users but is one of the recommendations in the report that a better procurement deal be negotiated with Yukon pharmacies — \$1.6 million.

All in all the report has recommendations — and it's the first page of this Appendix 3, the only page of it — for fees and savings — one saving; the rest are fees — that average out to some \$13 million a year, and over 10 years, \$129,528,473 in additional revenue. And according to this report, there'll still be a shortfall. There'll still be too little money for a rate — I think the minister indicated in his opening remarks — that is going up at an average of 7.7 percent a year and that the increases in spending are being required. So we think it's very disingenuous for the Premier and the Health minister to say: "This is a report. It's full of recommendations. We don't endorse any of them. We want to take it out to the public for consultation, but it's going to make the business case to Ottawa for why we should have an increase in funding for health care from Canada."

There seems to be a problem with this business case, because if, on the one hand, the case is full of inclusion of potentially new and higher user fees to help justify the business case to Ottawa and that Yukoners are paying their fair share — and throughout this report, Mr. Speaker, there are references made to fees in other jurisdictions and how Yukoners need to pay fees that are similar to other jurisdictions. Then the Premier comes out and makes the political promise — and that's all it is, a political promise; like a campaign promise, we hear it before an election but we don't know what's going to happen after one — that they don't want to raise fees; they're not going to raise the fees.

In his opening remarks, the Health and Social Services minister made reference to increasing the medical travel plan from \$30 to \$75 a day, starting with the second day not the fourth day, and then in this report we see a recommendation to charge \$250 per trip out — give with one hand and take back with the other. It's a clawback. Yukoners will see through that. Here's some money; don't put it away or try to spend it because we're about to take it back.

Yesterday we heard the head of the Yukon Medical Association — who is an elected head of an association — because there have been disparaging remarks made by the Premier in the past in here, asking, "Who is this person? Whom does he represent?"

Well, he is elected by his peers — saying he opposes these fees, that it's not the way to go; the government is wrong-headed.

We think that the government is taking the wrong approach with fees. We think that this Yukon Party health care blueprint that was released Thursday, which includes approximately \$11.3 million a year in new fees or taxes — call it what you will — plus the \$1.6 million that they're hoping to save, based on sharpening their pencil when they deal with the pharmacies in town — they're taking the wrong approach.

The recommendations in this report — and it's not just one recommendation cherry-picked, Mr. Speaker. It's not just one.

Let's take a look at what the report says. Let's take a look. Page 17 — "Medical Treatment Travel Program" — "The government should consider introducing a user charge for the Out of Territory Medical Travel (non-emergency) Program. A user charge should be set at a level that will not deter use of the program and should recognize ability to pay." Well, "ability to pay" according to whom? People aren't paying the fee now and some people, at least, will pay the fee in the future. And this government is going to decide who it is who can afford to do that.

I tabled the letter here yesterday from a long-time Yukoner. Earlier, the Minister of Highways and Public Works introduced the Yukoner to us. She had written a letter that she put out and signed, talking about the difficulties she has, even at the current rates, and it says, "If our government eliminates paid medicare, the impact on citizens would be onerous at best and disastrous for people in my position. There would certainly be spinoff costs that would result in huge impacts, and I expect a full and comprehensive exploration of the consequences would put this retrograde idea to rest."

That's a member of the public, Mr. Speaker. She took her time, the first day after this became public, to write. She didn't just write to us; she wrote to, near as I can tell, all members of the Assembly, through the various caucuses.

Besides the \$250 fee for the medevac, this plan also suggests that seniors should pay up to a total of \$675,000 — almost \$700,000 — in higher fees for drugs. What does it say? Page 18: "The government should consider introducing changes to the Seniors' Pharmacare and Extended Health Benefits Program that would result in a deductible and co-payment along similar lines to the seniors' drug and extended care programs that currently exist in the provinces."

There's our made-in-Yukon plan, Mr. Speaker: let's do it the way they do it in the provinces. On the other hand, we know that in the provinces, people have much closer access to health care. It's easier to get to a doctor, health care professional or a specialist in the provinces because there are more of them working and living close to the bulk of the population. That's not the case if you live in Dawson, Old Crow, Mayo, Keno, Carmacks, Haines Junction, or even Whitehorse. What else does it say on page 18? "The inclusion of a maximum annual co-payment or cap on costs is also recommended."

Then we get to long-term care facilities. Now, this one — this one is downright offensive, Mr. Speaker. Continuing care services: "The daily accommodation rates charged residents living in the government's continuing care long-term facilities should be reviewed by government with a view of adjusting them upwards to more closely reflect the rates charged in the provinces. In establishing new rates, consideration should be given to gradually increasing the rates over an extended time period, and possibly grandfathering existing residents until they leave the facility."

I'm not sure what they mean by "leaving the facility". It's fine to grandfather rates for existing residents, but does this government and their representatives in this study think that the next people to move in — the people who will be seniors five years later than the current seniors — are going to have a

greater ability to pay than the current residents? So, you grandfather it, perhaps, for the residents who are there now, and then when the next crop of people reach that point, where they need to be in McDonald Lodge, Macaulay Lodge or Copper Ridge Place, you tell them, "Guess what? You're under the new regime. You're going to pay more."

These are more of the "just recommendations" that this government doesn't intend to implement, but they are throughout the study. So there seems to be a real disconnect between the recommendations in this study — all of the ones that speak to coming up with more revenue on the backs of Yukoners — and the political promises that are being made by the Premier, who is quick to make them, as opposed to letting the Health minister address these issues. It's the Premier who is promising that there are no plans to do this. And we've seen what happens; there have been no plans to do lots of things by lots of politicians over the years. Then they get a mandate, and they do them.

They had no plans to build a hospital in Watson Lake. They had a plan — it was to build a multi-level care facility. Apparently, they didn't have a set of blueprints, as the Premier said earlier today, because previous Health ministers kept re-drawing the blueprints. They have a plan to try to see if they can fit a hospital into the shell that was never designed for that purpose. And they have awarded the contract to a very well-known architectural design firm. I laud the fact that a Yukon company has the contract to look at how we can shoehorn a hospital into a shell that was built for another purpose.

But I think any architect would tell you that when you design a building, you want it to be purpose-built. Form follows function, not the other way around. You don't build something and then say, "Well, what do we have here? Maybe it should be a hospital. Maybe it should be a soccer stadium. Maybe it should be a retail complex. We don't know. We'll figure that out later."

Big shoehorn, as the Member for Mayo-Tatchun says. Yeah, a shoehorn that squeezes larger elevators into smaller elevator shafts, for example. That will be the shoehorn, because they turned a \$5-million multi-level care facility into a \$30-million sinkhole. It says that the government should develop a long-range plan for residential long-term beds at the Thomson Centre or a new facility. We agree, but this Yukon Party government hasn't been able to get the Thomson Centre open for the past six years. This Yukon Party government can't fully staff Copper Ridge Place. The former Health minister — and he's pleased to be here for this debate today; he's particularly pleased to be the former Health minister — made the grand announcement of how soon they were going to open the 12 beds at Copper Ridge Place. Well, they opened them and then they closed them again. It was more like a night in a motel, where you check in and then you check out. We spoke to people who were actually moved into the rooms and then had to be moved back out of them again. That's what we did with seniors.

They've struggled to keep the emergency room open so we've seen what has happened with health care under the former minister's watch, which is why we have a new minister.

The Member for McIntyre-Takhini says it all started to fall apart when he left. Well, we can't speak to that. We don't know if he was patching all the holes in the leaky boat while he was there, but we've seen the boat go down. Perhaps Somali pirates commandeered that one too.

This report suggests there should be a collaborative health care model. We do support that idea; we support the idea of collaborative health care. We supported it in 2006; we supported it in our campaign platform; we supported it when we asked questions in this House. Now this study, on page 19, talks about, "The government should proactively encourage the expansion of collaborative (or team-based multidisciplinary) primary health care delivery model where it can be demonstrated that the model will work with chronic care patients and/or in clinical models, in an effort to ensure better and accelerated access to primary care in a more appropriate and more cost effective manner."

Why did the government have to wait for two more years, since the last election, to see this in yet another report? Because they had something similar in their platform — after we published ours they published one that used similar wording. Since the government side believes in it, and the opposition sides believe in it, we're not certain why they've had to spend two years waiting for another study.

Mr. Speaker, there are things in this report that we do agree with. I have mentioned the continuing care at the Thomson Centre, which is on page 19. Also on page 19 it says, "Where projections indicate a future demand, the government should continue to invest in expanded home care, community support programs, and supported/assisted living. Intervention and care at this level is proven to keep individuals out of the acute care and facility-based long-term care system and in doing so provides a better level of appropriate services at a lower cost."

Well, we agree. I had that debate with the former Health minister two years ago when I suggested that more and more people in our aging population were taking their own parents into their homes and that the government had to look toward how to assist those people. I also suggested that inevitably those people would reach a point as they age when they might not be able to stay in the homes of loved ones and we would therefore need more beds and more seniors' facilities — that is what we would need. What was the government's response to this?

They gave a statistic that said at the time that there was nothing to prove that we had an aging population or more people staying here. Well, you could probably look up and down your own street, Mr. Speaker, and find that. We all know that there are people who are retiring in Yukon and not moving Outside and we're going to need adequate facilities in place to support them. We have seen what the planning process is in this territory. We have seen that for four years there was work done toward building a multi-level care facility in Watson Lake. That was supposed to assist aging people who needed a higher level of care, and it has never opened its doors. It has never opened its doors and now, according to this government,

it never will. They're now going to build a different facility there and yet another seniors' facility in its place.

I've given some examples of some of the increased fees that are in this report. Chronic disease and disability benefits, page 17: "The government should consider introducing changes to the Chronic Disease and Disability Program that would result in a deductible and co-payment along similar lines to the drug programs that currently exist in the provinces."

"Where non-insured health programs," on the same page, "and services are offered to Yukoners that are reasonably comparable to the program and service levels provided elsewhere in Canada, these programs should be offered at user fees comparable to those paid in other Canadian jurisdictions." I don't know how the Health minister and the Premier, when you go through these recommendations can claim that this is not full of recommendations to increase fees for Yukoners.

Now, there are some things that we don't agree with. For example, we don't support P3s for the hospital. We have had this little dance that the Premier does sort of inside and outside the lines to say that his government is definitely not for P3s when it comes to hospitals, jails and schools. However, this distant entity known as the Yukon Hospital Corporation, which is the governing body for the hospital, they could be for it — that has nothing to do with the Premier, other than naming the chair of the corporation and constructing the board and then meeting with them. And there is this little thing called health policy which this report speaks to where it says, on page 25: "To improve accountability, the Minister of Health and Social Services, in consultation with the Board Chair, should be providing the Chair and Board of the Hospital Corporation with an annual letter of expectation that provides the Hospital Board with a written mandate and articulates the Minister's expectation for the board, as well as the Minister's obligations to the Hospital Corporation."

So let's not pretend that there's this arm's-length entity and that the minister or Premier wakes up in the morning and is shocked to hear on the radio things that the chair of the Hospital Corporation says. Right in this report, it indicates how policy is supposed to be done. It doesn't operate in the absence of the government laying down the ground rules. In fact, this report says the government needs to do more of that. It also says, "the Department of Health and Social Services should continue to develop an accountability plan on an annual basis for the Government and Minister that identifies the Department's strategic direction and planned actions to achieve that direction. The plan needs to include the identification of measurable indicators that can be used by the government to assess performance and outcomes." Well, we can certainly support that, Mr. Speaker. We certainly support that.

There are some very serious trends that this report speaks to. We don't disagree. It says, "the proportion of territorial spending" — this is on page 105, although many of these recommendations and information appear on multiple pages — "the proportion of territorial spending on health has risen by over 80 percent in the last 30 years in Yukon, significantly faster than the Canadian average growth of 22 percent. While this can largely be attributed to Yukon 'catching up' in its abil-

ity to provide a level of services comparable to elsewhere in Canada, it is clearly impacting overall use of government resources. As the projection of expenditure on health grows Yukon government must structurally diminish expenditures on other priorities.”

That’s a problem; no doubt about it. I believe the Deputy Minister of Finance, in the briefing, and in speaking with members of the media, was quoted as saying, “It’s like if you have two children, and you increase one of their allowances, then you have to cut back on another child’s allowance.” So we understand that there are limited resources. And yes, Mr. Speaker, in reply to the good-faith statements made by the Minister of Health and Social Services, we on this side of the House do understand that this is a very serious situation. This Assembly needs to come to grips with the fact that health care costs have been rising and Yukon has not been receiving as much money as it needs, or will not be, starting in the current year, based on the figures in this book, on a go-forward basis, to meet the gap that may be created.

It says here, on that same page 105, Pathway 1 and Pathway 5, “If health care expenditures and revenues grow at current rates, Yukon will have a health care deficit of almost a quarter of a billion dollars over the next ten years; a shortfall that Yukon has neither the tax base to draw upon, nor the fiscal flexibility to absorb.”

Well, I agree with the Health and Social Services minister and I agree with the authors of this report that there is no way we can make that up on the backs of Yukoners. There is no way that we can make that up on the backs of 33,000 people or whatever it is — 16,000 or whatever the number of taxpayers.

So of course we need Canada to address that gap. We don’t disagree. But we do disagree with some of the recommendations that are in this report. We disagree with the user fees. We disagree with changing the chronic disease program. We disagree with fees for out of territory medical travel.

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

#### Quorum count

**Hon. Mr. Cathers:** Mr. Speaker, pursuant to Standing Order 3(2), there does not appear to be a quorum present.

**Deputy Speaker:** Order please. There doesn’t appear to be a quorum. I will ring the bells for five minutes.

#### Bells

**Speaker:** Order please. According to Standing Order 3(2), if, at any time during the sitting of the Assembly, the Speaker’s attention is drawn to the fact that there does not appear to be a quorum, the Speaker will cause the bells to ring.

I have shut off the bells and will now do a count. There are 14 members present. A quorum is present. We will now continue debate. I believe the Leader of the Official Opposition has the floor.

**Mr. Mitchell:** Thank you, Mr. Speaker.

I do appreciate that the Member for Lake Laberge counting on — well, he must have counted on more than his fingers if he cut the new total — it would have taken some of his toes as

well. He wanted to make sure or ensure that all members had an opportunity to participate attentively in listening to the debate.

I thank him for that because I always appreciate it when he asks for his colleagues to be present to listen and support him, as I know he’s eager to be here to support the new Health and Social Services minister, since he couldn’t get it done when he was Health and Social Services minister.

What else does this report say? More of these items that the Premier indicates are just some sort of discussion items and they would never think to put them in place. This one I know will be of particular interest to the Leader of the Third Party, the New Democrats, because I’m sure he’ll have something to say on this as well, so I’ll provide him with a page reference, just to keep it handy: page 24. It’s referenced elsewhere again, but it’s certainly referenced on page 24, “Financing Opportunities”, “The government and/or the Hospital Corporation may wish to consider the use of P3 for future health construction projects that adhere to the GAM policy 1.19, which establishes a clear process for an organization to use in identifying, evaluating, selecting and entering into a public-private partnership.”

So there it is, Mr. Deputy Speaker, and for the Leader of the Third Party — not only the Hospital Corporation but this report suggests that the government may wish to consider using a P3 model for future health infrastructure construction. Again, this arm’s-length report — the chair is the former long-time Deputy Minister of Finance and, prior to that, of Health and Social Services; and the report co-authors on the committee are the current Deputy Minister of Health and Social Services, the current Deputy Minister of Finance, the chair of the Yukon Hospital Corporation Board of Directors and a former director of the Whitehorse General Hospital First Nations health program.

Let’s just consider its independence: the first two positions, Deputy Minister of Health and Social Services and Deputy Minister of Finance, serve at the pleasure of the Premier. If they serve at the pleasure of the Premier it certainly sounds like he was displeased with some of the recommendations, or perhaps that was just a political statement. It’s hard to believe the Premier would appoint a committee and they would come back and tell him things he didn’t want to hear. Not this Premier; he doesn’t like hearing things he doesn’t agree with. We’ve heard that.

He tells the opposition all the time that he disagrees with the concept of opposition members actually questioning him, asking questions on behalf of Yukoners. Oh yes, and the chair of the Yukon Hospital Corporation Board of Directors, who is also appointed by the government.

These are the people telling us that the government should consider a P3. And then the Premier stands up and says, “Where is the opposition getting this information from?” Well, from page 24 — because I wouldn’t want the Premier to have to spend too much time reading his copy.

So I think we’ve talked about P3s. The Premier says, “Not for health care, schools or jails.” So clearly out of the 43 recommendations, he’s definitely rejecting that one. There are not too many left, actually, that will raise any money, that’s for



sure, once you finish all of the list that the Premier is rejecting — and rejecting before he takes it to public consultation. That's kind of an interesting approach, Mr. Deputy Speaker.

We'll be quite forthright — we oppose these fees. We disagree. But it's the Premier and the Health and Social Services minister who want to engage in a dialogue on the findings and recommendations of *The Yukon Health Care Review* and who wants to form a steering committee with an oversight committee and wants to go out to the public. But he has prejudged his own report. He has told us he won't do it.

Now there's another one and that speaks to the Watson Lake hospital, or whatever it's called this week. The name has changed so frequently from a multi-level care facility to a health care facility and now it is a hospital. It started out in the Department of Health and Social Services several Health and Social Services ministers ago — excuse me, it started out in the Department of Highways and Public Works. I get confused when I look at how often this has changed and I see that it brings a smile to the face of even the Health and Social Services minister as he thinks of its storied history.

I believe that he had the titular responsibility for it when he was previously the Minister of Highways and Public Works. I believe, according to the finding of the Auditor General's report on Highways and Public Works, it more or less said he punted that one back to the Health and Social Services minister of the day, the former Member for Klondike, because this minister found that, in fact, his own department officials were not being invited to the planning meetings and the department, therefore, couldn't manage a project where changes were being made into the design and the expenditure without the knowledge of this department. He did the only thing he could; he said, "I wash my hands of this." It must have been like *Groundhog Day*. It must have been just his own personal nightmare when he agreed to take on the responsibilities for the Department of Health and Social Services, and here it is, rearing its head again as a shell yet to be stuffed with its filling — a shell yet to be stuffed with a hospital inside.

What does it say on page 21 of this report, "Yukon Hospital Corporation/Watson Lake General Hospital — The government should examine if the transfer of Watson Lake Cottage Hospital to the control of Yukon Hospital Corporation will improve the alignment of responsibility for acute care service delivery in the Yukon and in doing so also improve the effectiveness and efficiency of these services."

Well, you know, we disagree with this recommendation, Mr. Deputy Speaker, not because it may not improve the alignment of responsibility but rather because we are concerned about what it will do to accountability. We can't support it if it is going to mean, at the end of the day, that responses to any questions that we ask about that hospital in the future, if the responses are going to be, "The members well know that this is being done by an arm's-length corporation. We can't answer those answers in this House and the members are attacking the good work of citizens on the corporation." If that is going to be the result, if the result is going to be, "we can't answer," then we don't want to see that happen.

Responsibility has to be here. There has to be a minister in this House who is going to be responsible for massive cost overruns. Oh yes, the Minister of Highways and Public Works has assured us that it is within budget — we have only spent \$5 million to date — \$5 million.

Of course, the entire budget was \$5.2 million, so I really look forward to seeing how the last \$200,000 is going to complete the structure and get the doors open and operational, because the first \$5 million didn't even get it clad to the weather. Now it's being redesigned as the first \$5-million installment into another \$25 million for a hospital whose for which plans have yet to be drawn. Although the Premier did assure us we won't have to worry about the budget for that one, because he publicly stated it will probably cost more than \$25 million — it doesn't matter — he's going to do it. That's accountability; that's fiscal management. Perhaps the plan is to be so behind schedule that he'll see what portion of the \$36.5 million in bad investments has matured by the time he gets around to actually putting the building into service.

You know, it's interesting, Mr. Speaker, we've previously heard the Premier talk about how healthy the surplus is and he talked about \$165 million, I think, in net financial resources, although I will point out that that's the number for the beginning of the year, and at the end of the year the projection is \$142 million. But that's another interesting sort of dichotomy. On the one hand, the Premier tells us we're in great shape and we've got loads of money; we've got so much money we don't miss the \$36 million we've parked into a long-term — well, it's not a bond yet, but it's parked, that's for sure — or the \$6.2 million that's just a bookkeeping entry, which everybody else calls a "writedown" to reflect potential current value as of last March 31. He's not worried about that because we've got so much money, and then the government puts out a report and says: "Big trouble. We don't have enough money. We can't pay for health care. We need user fees." Which is it? Do we have lots of money, or not enough money? Or is it just a question of priorities?

Now, the report has mentioned the difficulty in recruitment and retention of health care professionals, and it doesn't have a whole lot of recommendations. It does speak to it.

Now again, the medevac contract. The report does suggest that this has been sole sourced for the last several years, and that there might be savings if it were to be publicly tendered. We support that recommendation; we don't know why it ever went to being sole sourced. It used to be tendered — at least there was an invitational tender to those carriers that could provide that service. The report even goes further than what we used to recommend, saying to put it out to tender because it actually says that it should be tendered Outside where there are more potential bidders. We think there needs to be a public tender of this and all such contracts and that there are savings to be found there.

We hope the government will learn from the error of its ways and carry forward with using public tenders on more and more of its projects. We saw how this got off the rails in Watson Lake when they did it otherwise.

The minister made reference several times during his opening remarks about the invitation to the Official Opposition and the third party and Yukon First Nations to participate in the oversight committee, which would oversee the work of the steering committee. We're not really sure what that means; we don't know whether this means an all-party committee plus First Nation representatives going out to talk to Yukoners or just simply in terms of overseeing the work of the steering committee on health care sustainability, including receiving the report on what they heard for ultimate presentation to the Yukon Legislative Assembly next spring.

Yes, we will participate, but we will speak out, if it turns out that we're being included to rubber-stamp decisions that government is making without the opportunity to address those issues directly. So we will see just what this government means by including us on the oversight committee. But like all invitations extended from the other side — and there aren't very many of them — we will start by accepting them at face value, and we will agree to participate, and then we will see how it goes.

So we do recognize that there are some serious issues with providing health care in the Yukon. We recognize, as the report has pointed out, that technology is becoming more and more expensive; that specialist services are becoming more and more expensive to obtain; that the expectations of Yukoners, as all Canadians, in getting health care have increased over time, in terms of the level of care that Yukoners expect and do, in fact, deserve. So we understand that there are real fiscal challenges, and we're willing to work with the government in meeting those fiscal challenges. But if this is the business case the government is planning on taking to Ottawa, and if this case is full of suggestions for balancing the books on the backs of Yukoners, we won't support that. But if the government wants to include all these fees in here, and then if they want to look across the aisle here and wink at us and nod and say, "Pssst, we don't really mean it. This is for Ottawa. Don't worry, be happy, we won't charge it," then I don't think their case is going to work very well. It'll be interesting to see how they intend to present this.

This business case certainly tries to make the case for charging an awful lot of additional fees, including that user fee that hasn't been there since the mid-1980s, when the NDP/Liberal coalition government —

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

**Mr. Mitchell:** I'm hearing corrections from the Member for Whitehorse Centre, and I believe he's correct — when the NDP government of the day, with the support of the Liberal members — thank you for that — said they would eliminate the user fees for health care.

Now, I do want to just point out one more time that, on page 12 of the executive summary, it says: "While the report identifies almost \$129.5 million in potential new health-based revenue sources in the *Action for Change* section over a 10-year time horizon, the health care funding gap referenced previously would still not be closed." So the report is suggesting as much as \$129.5 million in new fees to be paid by Yukoners, and it says that that still won't be enough. "In the worst case

scenario, assuming that THAF funding is not renewed, applying the \$129.5 million in potential new revenues against the \$350 million funding gap identified would still leave a significant \$220.5 million funding shortfall." So we understand that there are serious challenges here, and I think that the Health minister was referencing those. There is a fiscal challenge, and we're not certain how, as we've stated, he's going to make this case with Ottawa if this is the briefing that's intended to go, full of these recommendations, which his Premier has said he doesn't believe should go forward. So that's a challenge in itself. There's an inherent conflict within this report with what the Premier is stating publicly, and it's why we're questioning just how much Yukoners should rely on those public protestations on behalf of the Premier.

In any case, we know there are other people who want to speak. We're looking forward to the work of the committee, and we wish the Premier luck in lobbying his federal counterparts for additional funding so that we can provide the level of health care support to Yukoners that they need, expect and deserve.

Thank you. Merci, monsieur le Président.

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

**Hon. Mr. Cathers:** Yes, that would be a good question for the Leader of the Official Opposition — the one that he just said off-microphone — which I will not repeat.

It's a pleasure to rise on this motion. We listened to a very long rambling introduction by the Leader of the Official Opposition. It wasn't very clear on their position and talked about many peripheral issues and of course had what we usually receive from that member — numerous statements that do not reflect the facts and are, quite frankly, at odds with the facts. But I will not waste my time in refuting those points or discussing them because they were, quite frankly, not worthy of that time.

What I'd like to talk about in this — of course, the motion before us today is to talk about moving forward with this report that has been done. A key part of it is engaging Yukoners in a dialogue on the findings and recommendations of *The Yukon Health Care Review* that reviewed current and long-term sustainability of the public health care system in the Yukon over the next 10 years.

A key part of this that has to be recognized is the fact that engaging the public in this discussion is important — giving the public an understanding of the challenges that are being faced and what possible decisions and options are open to government. Of course, the members have tried to reflect this report in a way that does not reflect what its intention was. The intention of this report was to provide an assessment based upon reviewing the system, reviewing the challenges, reviewing what had been done in other jurisdictions, considering that and presenting options for public discussion.

As the Premier has indicated — some of them from a political point of view, from a policy point of view on behalf of the government — some of those options are not palatable nor do we think they will be palatable to the public. However this

is presenting the public with the information — the raw facts, the information, the views and the options that are out there from a purely technical standpoint and allowing them the opportunity to decide what they believe is appropriate in what they wish to see in the system.

Now I'd like to talk about some of the work that has been done under this government in investing in health care because members should not forget that a key part of the context is the cost of health care, the growth in cost, and the fact that in many cases we have made investments in areas. One thing I would point to is that during the six years this government has been in office — and of course I will mostly focus on my time as Minister of Health and Social Services — we focused on a number of areas and investments that may cost more in the short term but are designed to reduce long-term cost. Those include things such as the fact that this government has invested far more money in health promotion initiatives — which are known, based on the best evidence around the world, to reduce the long-term cost to health care.

We invested far more money in such initiatives than any previous Yukon government ever has and significantly increased the funding in that area. And that includes things such as significant investments in campaigns to help people quit smoking and to encourage them, if they are still smoking, to reduce their use around others. Of course, the “This I can Do” campaign is currently ongoing to help people in that manner. That includes, as well, investment in healthy living initiatives and health promotion. So these are some of the examples.

Another two areas I would highlight of areas where we have made investments aimed at reducing long-term cost are things such as the health human resources strategy, which is aimed at attracting, recruiting and retaining health care professionals, and a key emphasis under that multi-year \$12.7-million strategy was to fund Yukoners seeking education in health professions — building our own local capacity, of course, and investing in training Yukon citizens.

Another two areas that I'd like to highlight are the establishment of the 811 number, Yukon HealthLine, which was launched on June 17 of this year, and it's one of the initiatives that I'm most pleased to have been able to see under my time as minister responsible. “Through a partnership with HealthLine Services British Columbia, Yukon residents can now call 811 and be connected to knowledgeable, specially trained registered nurses who can answer questions 24 hours a day, seven days a week,” and help callers determine if they can treat a problem safely at home or should seek medical attention. And this, in the first few months alone, resulted in over 2,500 callers being assisted through this service and a measurable reduction in the demand at the emergency room, so it has worked as it did in British Columbia and we're very pleased with this area because that reduction in usage at the emergency room reduces the cost of emergency room visits. It also reduces the time that those who are at the emergency room for a genuine emergency spend waiting to be served in that area — so again areas where, by making an investment, in the long term we will save costs.

Another area: the telehealth network, the expansion that earlier this year, in January 2008, was implemented. I was

again very pleased to be able to put that into place and appreciate the extensive work that went in from departmental staff in launching that and also the Hospital Corporation for their involvement in that area.

Connecting the Yukon through that live high-speed digital video link, providing the ability for transmission of medical images and things such as counselling through those services, is a way to better serve Yukon communities and to reduce the need for travel as well as improving access to services in communities and being able to deal with problems sooner rather than later. As well, as work is done in national connectivity, it provides potential down the road for transmission to Outside specialists of secure images through that network. It has been useful for things such as mental health counselling and for the diabetes collaborative, focusing on improving services in communities, and it reduces in-territory travel costs.

I would note for members that when talking about the numbers, I was reviewing the numbers from my time as Minister of Health and Social Services, which of course began in late 2005 and continued until the middle of this year. During that time — the 2005-06 mains, the operation and maintenance main estimates for that year — were just in excess of \$170 million for the Department of Health and Social Services.

By the 2008-09 fiscal year, that had increased by some \$39 million to \$209 million in this year's operation and maintenance main estimates. This is indicative of the very significant investments that we made during that time and new programs that were put in place — such as the services to children with extreme disabilities program, which is \$418,000 in this its first year of operation. It provides services and supports to families to help better care for a disabled child at home. It is aimed at improving the ability of children to function within society and to improve the ability of their families to care for them at home rather than having to place them in continuing care or another area within government care because of a lack of ability of the family to take of them. It is also aimed at preventing families from being strained beyond their means to take care of their child and provide the necessary support for things such as cerebral palsy, Down's syndrome, muscular dystrophy and so on. It is designed to be flexible since the Yukon has a small number of children with any type of disability but a wide variety of disabilities and they all require this help.

So these are areas, as I have indicated, that we have invested in and that increase of \$39 million in annual spending on Health and Social Services during the period from the 2005-06 main estimates to the 2008-09 main estimates is indicative of some of those increased investments, the increased spending on childcare, as well — these all form a part of that. However, what must be recognized is that there is also upward pressure, as every jurisdiction faces, on the base cost of operating the health care system. And though we made investments that are aimed at improving outcomes, dealing with problems sooner to prevent increased complications and costs down the road, to some extent the costs will still grow.

Therefore, in dealing with these challenges, it is important that Yukoners be involved in these discussions, that Yukoners see the raw facts and the options that have been provided by

experts independent of any considerations that would occur within the minister's office and simply providing the facts to the public for their consideration.

Other areas, going back to what comprises that investment, include: the health human resources strategy — as I indicated which, of course, has key components including the family physician incentive, designed to attract new graduates from a Canadian medical school by providing a \$50,000 incentive over a period of five years.

This, of course, was complemented by the investments that we made more recently, in 2007, when — I believe it was May that we announced the funding; yes, May of 2007 that I announced the funding to Yukon Medical Association for four separate areas, including renovating and expanding space in existing medical clinic buildings to accommodate new physicians with a criterion stating that “renovations must increase space for at least one new physician who qualifies to have hospital privileges.”

A second portion is to provide “start-up funds for physicians who want to establish a practice in the Yukon.” Third, is an increased support for physicians who are preceptoring resident physicians in the Yukon, and providing the ability to give them a stipend. A preceptorship is when a qualified physician oversees or supervises a student during a period of residency. As well, the department began working to a greater extent than with the Yukon Medical Association in recruitment and retention.

These are a few examples, and over that time, when I took over as Health minister, we had 56 family physicians in the Yukon in general practice, and when I left, we had 63. That is due in part to these investments and, of course, to other work that is done within the community as a whole.

That increase of seven physicians over that time has resulted in the Yukon going from the situation it was in late 2005, where we had a shortage of access to family physicians and a number of Yukoners who could not see a family doctor, to the point we are today, where we are the only jurisdiction in Canada that does not have an orphan-patient problem. Yukoners have access to family doctors. There are challenges in rural communities with access, but we do fund physicians going to rural communities to improve that access. In Whitehorse, there are doctors who are accepting patients and have vacancies, which is not the case in every other jurisdiction in the country.

These examples — these investments we've made have paid dividends because every Yukoner who did not have a doctor three years ago and does today, when they need those services, they certainly see a benefit through that. Those are investments that I'm proud of and this government is proud of. However, we must also recognize that with these areas — while they do improve health outcomes for people who otherwise might not have been getting treatment they needed — there will be some incremental increases to the cost. It's also important to recognize that in these areas they have been funded — the entire health human resources strategy was funded through the territorial health access fund. So the Yukon government must make the business case to the federal government for this funding or else we will not have the resources

to continue that important program and the others that were established under that funding.

Other areas under the health human resources strategy include, for doctors, the medical education bursary provided to Yukon students which helps Yukon students seek education as doctors. As well, it includes the nursing education bursary which is the one area where there was a previously existing program, but we doubled the support and doubled the number of applicants who could be accepted under that.

The health professions education bursary which was created for other professions was something we created. All of those programs — the health human resources strategy was launched in 2006 and programs rolled out throughout that year and 2007. Another area includes the nurse mentoring program, which is something that had been asked for by nurses from many governments for many years. We were the only government to act on that and provide the ability for nurses to mentor others and to support that within continuing care, the hospital and community nursing.

Under the bursary programs, as of September this year, the announcement of bursaries for the new year brought the total of the three programs to 41 Yukoners who had been assisted and received health education. That's something again that provides direct benefit to Yukon citizens and to those who receive that, and we're very pleased with that.

Again, medical travel — the increase to the out-of-territory subsidy — was increased from the previous level of \$30 per day to \$75 per day and made effective on the second day of travel outside the territory, rather than the fourth day — again, an area that benefits Yukon citizens.

But all of these costs, of course, do have some upward trend. Again, this is another area that is funded under the territorial health access fund. So it is a key part in developing — doing the work, doing the review of health care and ultimately presenting the business case to the federal government is key to being able to continue these valuable programs.

Another area related to the health human resources strategy, but not directly funded under it because it was funded through Education, was the establishment of the licensed practical nurse program at Yukon College.

Another area that we have invested in includes mental health. Members have stood in recent days and criticized that area. I remind members that under our watch we increased funding for mental health by over \$1 million in the annual allocation, including funding for a second psychiatrist and mental health clinicians, including a youth clinician based out of Whitehorse, rural clinicians based out of Dawson and Haines Junction and social workers. Again, all of those people make use of the telehealth network which enables them to spread their services to all Yukon communities, as the telehealth network is provided to all nursing stations.

Mr. Speaker, I see that unfortunately I am running short of time here. I had many more notes that I would like to talk about regarding investments. Members do have a tendency to forget the good work that has been done in these areas and the total cost of these investments. Other areas that I have mentioned include funding related to this: the funding provided to Yukon

Registered Nurses Association to support members with continuing nursing education. This is for those who are already nurses, giving them funding to assist them in improving their skills and keeping them up. In this year alone that amounts to \$210,000, which works out to \$583 for every registered nurse in the Yukon. Of course, it is allocated in individual amounts, but that's what it breaks down to per individual.

Another area that the increase in funding of \$39 million that I referred to has funded is the patient navigator agreement signed with Capital Health Authority in Edmonton, which provides, through the Northern Health Services Network — the Capital Health Authority in Edmonton is supposed to provide support to Yukoners receiving health care in Edmonton to help them access the care and services they need. This is another area funded through the territorial health access fund.

I have mentioned briefly — and I believe I'm running very short on time — the expansion of the chronic disease collaborative management program, which is another area of health promotion and healthy living. Again, it is funded out of the territorial health access fund. It began in 2005 and was expanded in subsequent years. It initially had a focus on diabetes and is now focused on helping health professionals improve the quality of care for people with chronic conditions and supporting health professionals working together to that end. It provides education and training sessions, clinical support for a chronic disease management nurse, and facilitates support.

In diabetes alone — Mr. Speaker, I see I'm out of time.  
Thank you.

**Mr. Edzerza:** I enjoy having the responsibility to speak to this potential destruction of our health care system on behalf of my constituents and all Yukoners. I believe the majority of Yukoners would not agree with the majority of the recommendations in *The Yukon Health Care Review* report of 2008.

I try to conduct my life in as positive a light as I can. I don't like being negative; however, my spirit tells me that I have to disagree with decisions that will hurt others. Having said that, I'd just like to talk about some potential solutions to the financial crunches that seem to be happening in the Yukon. For example, I believe the government needs to really prioritize their spending habits.

Let's look at \$31 million on upgrading the road in the Premier's riding. This road is not a main roadway in the Yukon. There are other roads that are of vital importance to be in top condition, and they aren't.

Talk about the \$3 million on a feasibility study for a railroad. That was like throwing \$3 million into the toilet and then flushing it. We got nothing out of it — absolutely nothing. \$5 million wasted on an extended care facility in Watson Lake and still no building and they are talking about putting another additional \$20 million plus into it. Already you can see the millions adding up, adding up. There are unidentified amounts spent on the Thomson Centre renovations which have been going on for several years with no completion date in sight and no identified users of the building. Again, we don't even know how much money was spent on the renovations to that build-

ing, but I would beg to differ that it would be in the millions. Unidentified amounts of renovation dollars on the extended care unit in Copper Ridge — again, with a large number of the beds empty.

This government really needs to take a look at exactly how dollars are being spent in the Yukon. I don't believe it is to their best interest to invent ways to make Yukoners pay for their mistakes or their lavish spending.

Citizens are getting more discouraged every day with how this government goes out to consultation and then does not listen to what they hear. The government has the habit of picking and choosing what they want to hear and disregarding what they do not want to hear. This, Mr. Speaker, I refer to as selective hearing — implement the government's choice and disregard what they don't agree with.

For example, the government did not listen to the concerns about the *Child Care Act* when they did consultation. The government did not listen to the *Forest Resources Act*. There are a lot of amendments that the general public wanted to have. Again, these were not honoured. The government disregarded what was heard on the *Education Act*. There was lots of consultation and they are still consulting going on five or six years now. I know the Education minister will stand up and say differently; however, they wanted First Nation involvement, but did not want them to have any say or authority over education. That is the problem.

The Yukon Party talks about partnerships but must maintain total control. How do you get a partnership when you must have total control over everything? It's a partnership that's going to be designed to fail, definitely.

If First Nations feel they have no sense of belonging, they will not participate, and rightfully so. Why waste the time? Mr. Speaker, the non-natives are now experiencing what First Nations have been going through for many generations, and that is trying to be heard and having a voice in what takes place in the Yukon. The non-native citizens are now experiencing the frustration of being ignored. The public demonstrations in this Legislature by numerous citizens of the Yukon, native and non-native alike, are clear indication and evidence that the public at large has a lack of trust in this government.

In April 2008 the Premier and Minister of Health and Social Services sat in a room, probably with closed doors, and decided they needed a health care review and commissioned it — not very consoling to me. The Premier asked that the committee explore ways to transform the Yukon health care system for long-term sustainability. The government referred to health care in the Yukon as “bungling health care costs” The government would like the general public to believe there would not be much change. However, the report is divided into four major sections: the Environment of Change; Markers for Change; Pathways to Change; and Action for Change.

Therefore I want to put on the record that this whole report, titled *The Yukon Health Care Review*, is 100 percent about totally changing the health care system in the Yukon. I might add citizens have been very comfortable with this health care system in the Yukon for many years and have grown accustomed to it.

Mr. Speaker, I could talk on this issue probably for days because it is so crucial and so important to all the citizens in the Yukon Territory to thoroughly understand what direction this government is going in. I spoke of a lack of trust and it has been demonstrated over and over again why people in this territory should not believe that this government will not take this report to heart and try to implement everything that is in it.

How can we as citizens really believe when the Premier or the government says, "We're not going to implement all these recommendations. Some of them we're not going to." Well, they have demonstrated very clearly that at the end of the day they have a majority and they will push through this Legislature whatever they see fit, whether or not there are 300 people protesting about the changes. They will do it.

I'm going to give others a chance to speak but in conclusion, Mr. Speaker, I would talk even more about this issue but my concern is not so much with some of the contents of this report but again I really lack trust in the government's ability to keep true to their word. That is where I'm having a problem because, like I said, they have demonstrated before that they did things they said that they wouldn't do. I do not believe them when they say they will not honour all the recommendations in this report. I've had personal experience in the Yukon Party government that would support why I really have a lack of trust in the word of not all but some of the people in government.

I would like to close by giving some advice to the Yukon Party. If they totally agree and want to move forward with the recommendations in this report, then I would say to them to shelve it for now and use it for the priority platform issue for the next election in 2011. The proof will be in the pudding. If they receive a majority government mandate, then I say they made the right choice.

Thank you.

**Hon. Ms. Horne:** This motion today deals with a very important topic of Yukoners' health care. I want to cover two related areas in my time here. The first area is what we are doing in health care and why that is important. I don't think it's fair to engage Yukoners in a dialogue on the sustainability of these initiatives without taking a few moments to talk about what those initiatives are.

The second is to discuss why we need to think carefully about the sustainability of these initiatives. I think, given the great importance all Yukoners place on health care, we need to work cooperatively on addressing this issue. My colleague, the Minister of Health and Social Services, has already spoken to this issue, and I would like to follow up on some points that he raised.

This government made a commitment in 2002 and in 2006 to build a better future for Yukoners. In each of these elections, a key plank was our commitment to improve Yukon's health care. We talked about our services for seniors and elders, including ways to keep them in their homes longer. We said that we would "Continue to increase the inventory of affordable housing for seniors and elders in the Yukon; continue to ensure that seniors and elders are able to remain in their home as long

as possible by increasing home care and other services; build seniors and elders housing that enables couples with different medical needs to continue living together as long as possible; enable elders and seniors to live in their own home communities as long as possible; complete the construction of the multi-level care facilities in Watson Lake and Dawson City and the seniors' facility in Haines Junction; consult with elders and seniors on the need for senior facilities in Teslin and other communities; continue to index the 35-percent increase in the pioneer utility grant; continue to support NGOs that provide support services to elders and seniors."

We have done that, Mr. Speaker, and more. One of the first things that I did as an MLA was speak to the Minister of Health and Social Services about consulting with elders and seniors on the need for senior facilities in Teslin and other communities. This was done. As an MLA for a rural riding that has limited options in the way of overnight in-facility care, I am keenly aware that elders and seniors really want to stay in their home communities. It is where their family and friends live, and they have social networks. In short, Mr. Speaker, that is their community and their home. Removing people from these loving, caring community circles and sending them to a facility in Whitehorse can be a very difficult situation, both for the elder and for their family. I think we have to recognize that for someone who has spent his or her whole life living in a small, close-knit community, the prospect of leaving all that is familiar and comfortable behind to move into a hospital room can be a very unsettling thought. I am pleased that our government is working on ways to help Yukoners stay in their home communities.

I suppose having people from rural ridings who understand why people live in small towns and why we should have access to medical facilities there too, makes us a more well-rounded and informed party and that's what we are. I guess that's why I am so disappointed in the approach taken by the opposition in their recent questions in this Assembly.

In a question earlier today, they made some curious statements about paying more. Maybe they don't hear us. They don't hear our government's response. Maybe they don't want to. Maybe we need to revisit, with the members opposite, the services provided by our audiologists. I get frustrated when I listen to statements like the one made today and then realize that those members voted against our budgets where we increased financial assistance to Yukoners for health care.

I for one am grateful that this government is looking at ways to improve the health care available to Yukoners living outside of Whitehorse in our rural communities. One simple thing that we have done that is popular with my constituents is implement telehealth. Funding for this initiative has been provided by Health Canada through the territorial health access fund. Yukon HealthLine provides Yukon residents with a new option for Yukon health line provides Yukon residents with a new option for accessing health care information right in their own homes. Yukon residents can now access health information and advice over the phone simply by dialing 811. This means that through a partnership with HealthLine Services British Columbia, my constituents can call 811 and be con-

nected to knowledgeable, specially trained registered nurses who can answer questions 24 hours a day, seven days a week. In the past week, I have spoken to several Yukoners who have accessed this information line and they are very, very pleased with the results they got.

The nurses will help callers determine if they can treat a problem safely at home or if they should seek further medical attention. The line is being answered by nurses in British Columbia who have been trained to take Yukon calls. As of July 14, people in rural communities who are calling their health centre after-hours will have the option to connect with the HealthLine. In the case of an emergency, they can contact the nurse on call. Just knowing whether or not a person has to get in their truck and drive to the hospital can make a really big difference, especially if they live a long way away from it.

As someone who drives frequently between Whitehorse and my riding, I can tell you that a phone call, even a long one, is a whole lot cheaper than a tank of gas.

Of course for those who do not have to make the trip into town, we have revisited our travel rates. The medical travel program provides the cost of travel and subsidies to eligible persons for medically necessary transportation. In May 2006 the medical travel subsidy paid to individuals who have to leave their home community to travel for medical treatment was increased to \$75 per day, and that is up from the previous \$30 per day, starting on the second day of travel instead of the previous fourth day of travel, and as well the rate paid per kilometre for personal vehicles used for medical travel was raised to 30 cents, up from the previous 18.5 cents. In July 2006, we implemented a medical travel subsidy for Yukoners living in rural areas around Whitehorse city limits who previously were not eligible for medical travel support. Zone 1 residents receive \$10 per round trip; zone 2 residents receive \$25 per round trip for eligible medical travel.

I would like to talk about what we are doing to attract and retain medical professionals here. We committed to implement a strategy for recruitment and retention of doctors and other health care professionals. We have several programs. For example, there is the family physician incentive program for new graduates. That provides financial assistance to physicians who recently graduated medical school in exchange for years of service in Yukon, which could amount to \$50,000 over a period of five years.

There is also the medical education bursary, which provides Yukon students attending medical school with \$10,000 in assistance per year. After graduation, if they enter medical residency in a Yukon family practice, they will be eligible to receive \$15,000 per year. Our government awarded 11 Yukoners with this year's post-secondary health and medical education bursaries. The two students receiving the medical education bursary are both in their first year at the University of B.C. and they are planning to be general practitioners.

The Yukon government is presently supporting eight Yukon medical students at universities across the country. That's a job well done. The five recipients of this year's health profession education bursary are all entering their first year of the practical nurse program at Yukon College. Another indi-

vidual is beginning her first year at the Southern Alberta Institute of Technology in Calgary in the diagnostic medical sonography program and one is in her second year at the B.C. Institute of Technology in the medical radiography program — well done. I think it's important that we grow our own doctors and nurses. I applaud this government for supporting these students.

We also have the nursing education bursary, which provides \$5,000 per year and doubles the number of applicants. The health profession education bursary provides \$5,000 per year for Yukoners training for health professions, including pharmacy, occupational therapy, speech language pathology and audiology, medical laboratory, medical radiology, nutrition and licensed practical nursing.

The nurse mentoring program helps new nurses learn from experienced professionals, especially in gaining greater knowledge of challenges faced in rural communities and other issues specific to Yukon. I understand nursing students from other jurisdictions have also come to Yukon to get experience in the north. One example of this is the funding of the licensed practical nurse program announced by my colleagues, the Minister of Education and the Minister of Health and Social Services. The Department of Education will contribute \$1.4 million over four years to support a local LPN program that will offer many benefits and encourages northerners who are interested in pursuing a career in a medical profession to remain in Yukon. This LPN program builds on our \$12.7-million health human resources strategy, which was launched in 2006 to assist in recruiting and retaining Yukon health care professionals. The two-year program will be transferable to other institutions if students wish to pursue a registered nursing program and it is anticipated the program will graduate 12 students every two years.

I would like to comment on some of our efforts in training and retaining Yukon students. I understand that of nursing bursary recipients who have graduated, approximately 60 percent have returned to practise in Yukon. Nurse mentorship has been undertaken over the last year in community nursing, continuing care and Whitehorse General Hospital and is now expanding to community health services. This allows new nurses or nurses new to particular tasks to learn and receive support from more experienced professionals. I think this is a job well done.

These are a few of the things we are doing. Some of these items are expensive to deliver; some are not. As we look to the future, we face some challenges with escalating costs to deliver health care in Yukon. This pressure is true at the national level, and Yukon is experiencing the same demands as those other jurisdictions. I think we do need to hear from Yukoners on how to move forward.

I support this motion in its call for a steering committee on health care sustainability comprised of health care and medical professionals, Finance and First Nation officials and that it be established to undertake this dialogue with Yukoners and prepare a report on what they hear.

I also support the call for an oversight committee on health care sustainability comprised of the Minister of Finance and the Minister of Health and Social Services. I think it is appropriate that an invitation be extended to one representative from the

Official Opposition, the third party and Yukon First Nations to participate on this committee.

I urge all members of this Legislature to support this motion.

Günilschish, Mr. Speaker.

**Mr. Fairclough:** I will be brief in my response to the Minister of Health and Social Services' motion today. Normally, we don't deal with motions on a Monday, Tuesday or Thursday; normally it is on a Wednesday. We asked that the government bring it forward on a Wednesday to deal with this important matter. Perhaps their private member — the only one they have on that side of the House — could forgo his motion so we can deal with this government motion.

I think it's important, because there is much business to be dealt with here in this Legislature, and the government should not be imposing this type of motion upon us. They said it was urgent and necessary to have it dealt with today, but basically what is taking place here in this motion is that a couple of committees will be formed out of it — a steering committee and an oversight committee. We agree that we can sit on an oversight committee and watch this go through, but I am just wondering why the minister brought it to the floor of this Legislature anyway?

Well, they tabled a review; they put it on the floor of this House. Everybody's got it and I think the government side forgot to read the contents of it. They were shocked to see what was being recommended. So the political strategists upstairs put pencil to paper and this is the move that was recommended — to bring it back to the floor of this Legislature, appoint a committee to go out and deal with this matter.

We say — and it's said by my colleague from Copperbelt — is this really a position of the Yukon Party and what are they saying now — versus after an election is called when things are going to be happening here. I really believe that this was thought out — bringing it to the floor to appoint these committees — as a result of the shocking news they heard in that review. It's called "damage control". That's what I call it. I know the members opposite know that. I know the minister has been put in a very difficult position in having to deal with this matter because, in my view, the health issues in the Yukon were not dealt with properly by the former minister, who got fired over his lack of attention to this matter. Now the present Minister of Health and Social Services has to deal with the fallout on this. It's unfortunate we have come to that point.

I heard the Member for McIntyre-Takhini say that this government doesn't uphold its promises, in many cases. Remember when they said they were going to lower the power rates in the Yukon Territory? Well, what happened? Our power bills went up. Everyone's bills went up. The municipalities are paying more, the First Nations are paying more, and people across the territory are paying more. That's contrary to the promise that the Yukon Party made.

So when the Member for McIntyre-Takhini says that the general public is losing trust in this government, it's for good cause. We know it, and I know that members opposite know that. You can read it on the faces of the members when we talk

about it in Question Period — when we talk about proper consultation. We can see it on the faces of the members opposite, and I know they're fearful of the results of this, because with the power rates, they were taking money out of Yukoners' pockets.

Well, guess what happened here, Mr. Speaker? This review, which the government is now trying to distance themselves from, is taking money out of people's pockets again. They're asking for a health premium of \$54 a month for every Yukoner. They're calling for a \$250 charge every time a Yukoner uses a medevac and so on. It's unfortunate that they had to go to this length to do this damage control.

It will stick to the Yukon Party. This is what they want to do. No matter what they try to do about forming committees and getting everybody on board and having it go out for who knows how long, it's going to take to do another round of public consultations.

Remember the promise of bringing forward an *Education Act* review, which was mandatory in 2000 and started in 1999? Well, the Yukon Party killed that one too. What they did with that was to raise expectations of Yukoners and say, "We're going to go out and do an education reform project." So a lot more was done in that. What are the results of that? Nothing. You know, now we've got the New Horizons — that's the next step to that. You know, they're re-branding all of the reviews and initiatives that they've done; they're wasting time, trying to buy time I guess, and I think perhaps the members opposite know exactly what's going on, and I know something's going to form here, because most of the Yukon Party — the control of the Yukon Party — is talking to their next speaker to make sure that they combat what is being said here. The fact of the matter is that this review was digging into Yukoners' pockets. We all understand that there's a rising cost for health care in the Yukon, and we've suggested, from this side of the House, small things that the Yukon government could have done. One of them I've mentioned in almost every sitting, from time to time, and it was brought forward by the doctors, was asking for a simple thing like ultrasound equipment in the nursing stations to avoid the expense of sending somebody from the communities into Whitehorse. That's a cost saving, and why can't we do more of that? Why can't the Yukon Party take seriously the suggestions of members from this side of the House, follow up with the doctors and see if, in fact, the words that we have said are true and make sense, as far as cost cutting in the territory. Why can't they do that? This is damage control, Mr. Speaker, by the Yukon Party.

It is unfortunate that the present minister, right now, has to deal with all the fallout and all the mismanagement of the previous minister when he was Minister of Health. It is unfortunate, but we feel for him. As far as participating on an oversight committee, if that is what it takes, we in the Official Opposition say, "Yes, we would." We will do that, but we also know the commitments of the Yukon Party. Public/private partnerships, fee increases and charging Yukoners for medevacs are not right. We disagree with those types of recommendations, and I think the ministers should recognize that. What is the steering committee going to go out and talk to



Yukoners about? Is this going to be a P3? Should we have P3s? Or should we have increases in fees? I don't think so. That is what we have said too. We will talk about making our health care in Yukon better than what it is. We can look at efficiencies, and we can give that direction to the steering committee — but it is obvious what the Yukon Party government want to do. Even though they are bringing forward a motion which is supposed to be urgent and pressing in this House, have taken all afternoon to debate, knowing this is a waste of one day —

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

### Point of order

**Speaker:** Order please, order. On the point of order.

**Hon. Mr. Cathers:** The Member for Mayo-Tatchun seems to have gotten far off the motion, pursuant to Standing Order 19(b), and has also just stated that he has forgotten what the motion is. He just suggested that this has been brought forward as a motion of urgent and pressing necessity, when in fact it was called as government business. I would urge you to remind the member of the topic under debate.

**Mr. McRobb:** On the point of order, Mr. Speaker, there is no point of order. Discussion has been wide ranging here this afternoon. Several of the government members have engaged in debate that was wide ranging in relation to the motion and we're merely reciprocating, and the government should not complain when we do it on this side.

### Speaker's ruling

**Speaker:** There is no point of order actually. It's simply a disagreement among members.

Member for Mayo-Tatchun, you have the floor and you have about 10 minutes left.

**Mr. Fairclough:** Thank you, Mr. Speaker. I'm hoping not to take up that time at all. I really believe that what the Yukon Party is doing is trying to do some damage control the best they can on this. It's going to stick to them, Mr. Speaker. There are many people who have met about *The Yukon Health Care Review*. Even the president of the Yukon Medical Association says it's an extensive document and we agree with him; there's a lot of information in there — that it comes from a financial perspective and it does not come from a health perspective.

That is a major statement made by the president of the Yukon Medical Association. I know that the Yukon Party realized this. Somebody had to put pencil to paper to try to do some damage control and that's what we see here. But if this motion gets voted for — because the Yukon Party has a majority and it will go through — we said we would participate on the oversight committee.

Thank you.

**Mr. Hardy:** Thank you, Mr. Speaker. As I said earlier today, I cannot accept many, many of the recommendations that have been brought forward in this review. I cannot accept the government's duplicity and denial that they would not have those recommendations implemented in the future, because I just don't trust that word. As my colleague just before me indicated, the president of the Yukon Medical Association has

mentioned that this came from a financial perspective, and that exactly is what the mandate was that was given to the review committee. What we read in here is that one of the first mandates was to look at it from a financial perspective. Well, we can take any program that we have and turn it into economics — economics in a sense on how we lower costs and how we lower service, but not talk about what it is supposed to be doing for the people of this country.

Our health care system defines Canada. It separates us from many countries around this world. It definitely separates us from our neighbours in the United States. We have a far less expensive system that provides health care to people of this country no matter what their income level. Documents like this and behaviour from governments that steer a review committee in a financial perspective to look at health care in this direction only push us toward an inferior system — a system that does not serve the people of the country. I will not stand in this Legislative Assembly or outside of it and support anything like raising costs for seniors or for people who have so very little in society — the poor. I will not do it.

I know where the health care system came from. The NDP has a long, strong history of creating a public health care system that started in Saskatchewan under Tommy Douglas, and then the Pearson government brought it in federally through the pressure from Saskatchewan to make it across Canada. But over the last 20 years there has been huge erosion in our health care system. The erosion started by creating a crisis. The crisis was the withdrawal of financial support in that system. Now we have the concerns of the financial side of it. The federal government has a role to play to ensure that, instead of cutting taxes for the rich and the corporations, as they do, they should be taking those taxes and putting them into health care systems and other social programs that define Canada and the people we are.

I do not like hearing that the health care system has to be treated like a business. It is not a business. It is a necessity of our lives and it defines us as people. We care for each other, no matter what their income and no matter what their circumstances. I have seen a failing of this system over the last 20 years because of ideology that we have to go out to the free market to solve these problems. And the free market is driven by profit, Mr. Speaker: that is not going to get you a lesser cost and better service. If anything, it's going to add to the cost.

I have been fortunate to grow up in a country that my parents and other people in this country have created, that has allowed us to have social programs that have benefited all. And over the last few years I have watched the attack on those social programs, the erosion, and it's always the excuse that we cannot afford it. We're one of the richest countries in the world, and we do not pay our percentage in the health care system that many of the countries that are not anywhere near as rich as us do. Look at the other countries and how much they contribute to their health care systems. We fall far short, and yet we deliver a program, we deliver a health system, that is almost second to none, and it's because of the professionals in the health care field who care so deeply about what they're doing and work so hard with less and less resources.

And those resources are being taken away by politicians. And then the politicians scream, "Crisis — our revenue. We're not sustainable." Why aren't we sustainable? Let's ask that serious question: why aren't we sustainable? I don't hear anybody asking it in here. I hear all the other questions about how we have to have user fees, we have to charge for out-of-town travel, we have to have the private sector in long-term continuing care. I can't believe some of the language in this.

"Raising the residential long-term bed rates, as suggested elsewhere in this report, may also have the benefit of levelling the playing field." "Leveling the playing field" — oh, I love that term. For who? For the people you're caring for? For the seniors who have contributed all their life to this country? Of course not. Increasing the cost for them — absolutely — when they're sick and old and dying, let's increase the cost to them. It goes on.

This scenario would allow private or not-for-profit suppliers of long-term beds to enter the market; thereby alleviating some future pressures on government for lower level care beds.

Where does that statement come from? Where are the facts backing that? What's it doing in this report? Show me where private for-profit care is better than our public care. Show me. It is not there. We have the president of the Canadian Medical Association doing another tour over in Europe to find ways to privatize. Well, he is going to look for private initiatives. Is he going to look for the countries that do it publicly and do it well and take those ideas and bring them back to Canada? I don't think so. He is on a private seeking mission. Is that serving people of this country? No, it is not.

There are statements in here — I read one this morning, "Analogous to an individual household, the Yukon Government cannot increasingly spend more on health care without either increasing revenues or reducing expenditures in other areas. It is as simple as that!" It is not as simple as that. I can't believe anybody would call that simple.

There have been many, many studies and reports that have come out over the last many years. There have been many submissions to this government from the medical professions out there, whether it's the nurses association, the medical association or unions — whatever — on how to change the system we have to lower costs and give better delivery of care to the people. How many of them have been taken up? Very few. This report and the people who sat on this body were mandated to look at it from a financial perspective. We failed because we had to look at it from a human perspective. It is about what we value in our society and what we care for and who we care for.

As many know, I have been through the medical system in the last two years in areas and aspects that I never in my life would have imagined. I owe my life to the health care system that we have in this country. Because I owe my life to it, I will defend it. It was the care I received, never worrying about things like do I have enough money; do I have to sell my house; do I have to run my credit card up until I can't afford anything else; do I have to make decisions based on the finances for my family and myself here — never having to worry about that, but knowing that the people who cared for me were

doing it because they believe in it and there wasn't a financial condition attached to it.

It's because of that that I stand here today. It's because of that, as well as my fundamental belief in social programs that a country or territory is responsible for, and that the taxes that we pay into those bodies will ensure that it's for everybody else, that I stand here. I want to see that, Mr. Speaker, not for myself — I've benefited a thousand times over — but for everybody else out there who may get sick. For all the professionals working in the field, one of the hardest fields — unbelievably hardest fields — I could ever imagine is health care; caring for others. They should know that they don't make decisions based on finances. They make decisions based on helping others.

We can go through this report and there are some really good suggestions in here. We need to focus on those, but we need to broaden it. This goes to the motion. We need to engage the public, not just about this review, but about really what we value as Yukon people for our health care system. Do we want to add costs to seniors? Do we want to add costs to people who have not much income? Do we want to add costs to just about every aspect of the health care system, such as user fees of every type? Is that what we value? Is that how we're going to break this down now? Are we going to say that that is not what we're going to do? We are going to find ways to deliver better health care and we're going to do it working with everyone to keep the costs down as much as we can. We are also going to recognize that this is part of what we pay taxes for. This is part of what we, as people, want to see in our society.

I want to know that my neighbours down the street can go into that hospital and not have to pull out their credit card, their savings or their food money — whether it's for drugs that they need to keep them alive or help them through pain, or to get looked at by a medical professional, or to get some kind of test done, or to be medevac'd out or sent Outside. The financial question is: are we as a people and as a government willing to pay the costs to look after others? That is really the financial question. All this other stuff erodes it.

I've seen this argument time and time again, year after year after year. It always turns into finances: we can't afford it, we can't afford it, we can't afford it.

We're not paying a great amount of our wealth into this compared to many other countries. But if you want to look at costs, maybe we need to look at where some of these costs are and address those that are quite a bit different.

Just paging through this, one is the drug program. I was shocked to see the cost of prescriptions to the Government of Yukon, on a \$100 acquisition of a drug in our pharmacies here, compared to British Columbia: the difference in cost on \$100 is \$41 more. In Yukon we pay \$41 more than B.C. for a \$100 prescription. Does that make sense? Does that make sense? Identifying those areas on where we are maybe being taken to the cleaners is something we need to look at. I think the report says, if we adopted B.C.'s model — which may or may not be possible; it is something to look into — we would save up to \$1.6 million a year right there. So much of the report focuses on making people pay and that is what worries me.

There are a lot of areas and a lot of suggestions in here that are very good, as I have said, but I can never support P3s. They always cost more and we always lose control of the quality. I cannot support privatization. We do have privatization up to a certain level already, and it has been increasing steadily over the years. I think we have to stop it at some point because it's costing us more, not less — privatization in so many fields, whether it's long-term care, dental, Pharmacare — so many different areas. We don't even have a national Pharmacare program yet — promised for many, many years — to deal with the escalating cost of drugs. Yet it has been identified as probably the single biggest cost item that we're going to be facing. We haven't even sat down and figured that out yet, and yet we're already talking, once again, of implementing costs to the people.

I had better deal with the motion. The motion is a little confusing. I had seriously thought about bringing forward a friendly amendment to make it clear. I think it was drafted up fairly quickly. I didn't bring an amendment forward; I didn't have enough time to craft it in a way that I hoped would have been acceptable to the House.

The NDP will participate in an oversight committee, but we hope the oversight committee has a little bit bigger role than was identified here. We hope that the minister broadens the consultation that goes just beyond this review, but should make sure the people have information from any of the other studies that have been out there, whether it's the Romanow report or many of the other studies and reports that have been given, so that we can take a better view of our health care system and really and truly identify who we are as people, because that's what the health care system is about. It is who we are as Canadians.

Thank you, Mr. Speaker.

**Mr. McRobb:** I have a few comments that I'd be very pleased to put on the record. First of all, this is a matter that is of concern to just about every Yukoner. It affects the working people, unemployed people, retired people, and business people — like I said — everybody. It also impacts people's ability to afford their retirement.

As you know, Mr. Speaker, in this day and age, people need a lot of money saved up in order to even afford retirement. If the government is going to increase the cost of health care for its citizens, it will have an impact on the cost of retirement which, in turn, will impact the amount that each person in the territory would need to save in order to afford retirement.

As we know, this comes at an especially bad time with the global meltdown of the markets and the earthquakes to the financial system. Many Yukoners have lost part of their savings as a result. Their retirements are already threatened. They certainly don't need any additional threats to their retirement as a result of increased health care costs in the future.

I've heard from constituents on this matter. I've heard from other Yukoners on this matter. This really is one of those pocketbook issues that affect all Yukoners and it should not be taken lightly.

I was rather dismayed during Question Period in the past couple of days. The Premier had the opportunity to say no to the fee increases, but chose not to.

Instead, Mr. Speaker, he used all qualified response. What do I mean by qualified responses? Well, let me give you an example. To use the phrase "we have no plans" preceding the remainder of this sentence simply means there are no plans in place. To also use the words "at this time" is another qualifier that simply means "at this point in time". It does not bind the government from not making a decision later in the day, the next day or the next week — whatever. Those are what I mean by qualified words.

I listened intently today to several instances in which the Premier qualified his responses that there would be no fee increases, et cetera. Well, that is nothing to stand on, because it is hollow. He had the opportunity to bury this report but chose not to. Many of us in here are wondering why.

I also want to put some concerns on the record on having to deal with this motion today. We know it's a government motion, brought forward by the Health and Social Services minister, but it occurred on a day of regular business, which means it's one less day we have in which to review all of the remaining legislation on the Order Paper, and that includes a large supplementary budget that hasn't even commenced debate yet. The supplementary budget speeches haven't even begun yet, and it's quite ordinary for the speeches to easily consume two days of House time by the time the final speaker concludes. Everybody typically likes to get up for 20 minutes in a budget reply speech. And then general debate and the departments — Mr. Speaker, bringing forward this government motion today really cuts into the diminishing amount of time available in this sitting to deal with the other very important matters.

I expressed this concern this morning to the Government House Leader. Did he reflect and reconsider the approach? The answer is no. What I suggested to the Government House Leader was that the government could use next Wednesday — which is scheduled for government private members' business — and merely forgo debate by not calling a backbencher's motion and in its place calling this government motion. We would have happily debated this motion at that time because it wouldn't have reduced the remaining time we have to deal with a supplementary budget, the *Forest Resources Act* and the multitude of other pieces of legislation on the Order Paper.

Well, Mr. Speaker, that's a problem in itself. One has to wonder about the urgency to set up a committee to review this. Why was it necessary today to do that? This didn't require debate in the Legislature. Why didn't the Premier call a meeting with the other leaders of the opposition parties and just resolve it? There could have been a simple agreement without having to spend today debating this motion. Was that even attempted? No it wasn't, Mr. Speaker. There have been several previous speakers who have alluded to this exercise as another example of the government not being very productive in how the time is spent in this House.

I am sure by the end of this sitting there will be a mad rush to try to complete the review of all the various bills. This is one

of those times that we'll point back to. Why was it necessary to do this? It absolutely wasn't. As far as the report itself goes, several previous speakers were granted latitude to reference the report and I expect I would be given the same privilege. I refer you, Mr. Speaker, to page 12 of the report.

In the middle of the page it says, "The report also asserts that Yukoners participate in and assume some responsibility for contributing to the fiscal sustainability of health care." Well, many Yukoners can't afford to assist in financially propping up the Yukon's health care system. I'm very surprised that the Yukon Party would even make that suggestion. It wasn't in the campaign document, which I have here in my hand. I've reviewed the section on health care spending. There is no such commitment in that document. There is nothing that even suggests that's what this government was going to do. So it raises a question: does the Yukon Party have a mandate from the public to take such draconian measures? I would suggest not.

A second point made by the Member for McIntyre-Takhini — I heard him earlier this afternoon suggest that if the Yukon Party wants to increase health user fees, it should run on that point in the next election and ensure it has a mandate before it ever increases Yukoners' cost of health care. That's an excellent point, because it has no mandate now. It has the power of government now. It can do it legally but not necessarily morally, because it did not run with a mandate to increase health care costs in the territory.

Now I know there's a House rule against using props in the Legislature and I'm not sure if holding this Yukon Party election platform in my hand constitutes a prop, but it sounds like it certainly was a prop to get elected, Mr. Speaker, and I would think a lot of Yukoners who voted for the Yukon Party are becoming increasingly disappointed with its performance.

The head of the Yukon Medical Association was interviewed very recently. He indicated there were only three members of the association who met with the board and only for about two and one-half hours. And that is the extent of the YMA's input. Well, that is not what the Yukon Party said. There is a contradiction there, Mr. Speaker. Who is right and who is wrong? Well, I know who I would believe.

The head of the YMA also commented that it is an extensive document, it comes from a financial perspective, that it does not come from a health perspective for us — he said. Okay, so it is all about money. It is all about money, Mr. Speaker. Well, now that we've gotten to the crux of the matter, let's put it into context. If it is all about money, why weren't Yukoners asked if they were willing to risk their health care system in the territory before the Premier engaged in his \$36.5 million pyramid scheme? Why weren't they asked about it then?

### Unparliamentary language

**Speaker:** The reference to "pyramid scheme" — honourable member, we've discussed that before. I would ask you not to use that terminology, please. You have the floor.

**Mr. McRobb:** Thank you, Mr. Speaker. Were Yukoners asked if they would risk their health care system and bring on user fees before spending \$25 million on a hospital in Wat-

son Lake? Well, again the answer is no. Yukoners weren't asked. You know, Mr. Speaker, I recall countless instances when the Premier and his colleagues have stood up and pronounced this Yukon Party government will consult Yukoners on issues important to them. Well, obviously health care user fees aren't important enough to the Yukon Party. Otherwise, they would have asked Yukoners.

Earlier today I raised a question about the public consultation process with respect to the *Forest Resources Act*. There were lots of holes in the process used. It turns out that most of the respondents to the draft act complained about the lack of proper consultation process.

You know, Mr. Speaker, this whole issue of consultation is one that I really think we should explore someday, because the government's typical response is to say the opposition wants consultation on this issue and doesn't want consultation on that issue, and then characterizes the opposition as saying it doesn't know what it wants and then dismisses its concerns. Well, I would love an opportunity to stand up for about 20 minutes someday and address that matter, because it's so full of holes, it looks like a sieve. I would like to bring some clarity to that remark, as well as a number of other comments we've heard lately from the Yukon Party members. But it seems we don't quite ever get the opportunity to do that. We don't always get the opportunity to respond, and that's the type of unfair process that is all part of the House rules we must live by and which you enforce, Mr. Speaker.

After 12 years, I have some regrets about those rules, but try to get them changed. It's very difficult, when the chair of the committee doesn't call a meeting for more than a year, to change the rules. I know I should get back to the motion.

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

### Quorum count

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

**Mr. Edzerza:** There doesn't appear to be a quorum in the House, Mr. Speaker.

**Speaker:** Order please. According to Standing Order 3(2), if, at any time during the sitting of the Assembly, the Speaker's attention is drawn to an apparent lack of a quorum, the Speaker shall cause the bells to ring for four minutes and then do a count.

### Bells

**Speaker:** Shut off the bells and I'll do a count. There are 15 members present; a quorum is present. We will now continue debate.

Member for Kluane, you have the floor — three and one-half minutes left. Thank you.

**Mr. McRobb:** Thank you very much, Mr. Speaker. I would like to thank the MLA for McIntyre-Takhini for ensuring there's a larger audience to hear the final three minutes of my speech this afternoon. Obviously he returned the favour for my acknowledgement that he made some excellent points earlier today, as did other members on the opposition side.

So far in the past 15 minutes we've established this is all about money. It's not all about improving the health care system in the territory; it's all about money. We've connected it to the \$36.5 million in lost investments. We've connected it to these sudden announcements of a large capital project in Watson Lake and who knows what else is involved because the government keeps us guessing on this side of the floor by withholding a lot of important documents that other more accountable and more open governments would have ensured that all members had — but not this Yukon Party government. We saw another example today; we saw an example yesterday. There is pretty much an example a day of how this government is not open and accountable or transparent.

Mr. Speaker, I will give a credit for finally tabling this document, but how long did the government have this document before it was tabled? September — oh my, that's a couple of months ago, Mr. Speaker. Well, that explains a few things I have been wondering about since the opening day of this sitting; that explains quite a few things. Okay, now the whole picture is getting clearer. I'm starting to connect the dots — yes, exactly. It is no wonder why I look across the way and have seen that wild horse look in members' eyes.

They were sitting on this bombshell of a report, and they knew they had to table it sooner or later, and they all chose later. Obviously it was a group decision, involving all nine MLAs and ministers and they decided to not release this at the outset of the sitting — to not release it along with a public accounts report — until virtually the midway point of the sitting. That was a Yukon Party decision. It could have done better. It could have tabled it even before the start of the sitting.

Had it done the right thing, it would have brought down copies to members in the opposition benches back in September because Yukoners deserve as much time as is possibly available in order to consider these options.

**Speaker:** Thank you. If the member speaks, he'll close debate. Does any other member wish to be heard?

**Hon. Mr. Hart:** First of all, I'd like to thank all members for their comments with regard to the motion. I would like to stress that, for the past approximately six and a half years, we've increased the health care money by 63 percent.

There has been a substantial amount of money put toward health. I would also like to state, just for the member opposite, that I too have had great use of the medical system, both here and Outside, and I feel that it's a very, very important item, not only for all Yukoners but it has also been very important to me. I also feel that's one reason why we need to get out and get the input from all Yukoners with regard to health care, and it's also very important to get the information out to Yukoners to see what the health care costs are.

This report, despite what some of the members have indicated — "The review shall consider the strengths and weaknesses of the health care system in Yukon in the context of an environmental scan. This will take into account, but will not be limited to..." — there are about 10 items in there, one of which was financial.

I would also remind the members opposite that this is basically the status quo. If we don't increase anything, this is the status quo value that will result and that's where we'll be in 2017.

Additionally, the member opposite complained about bringing this forth. We feel that it is a very important item and has to be brought forth. There was also some statement about wasting time. I will remind that member also that he complained about it and proceeded to take his full 20 minutes to comment, with probably only five minutes toward the motion.

In any event, Mr. Speaker, I thank the members for their comments. I look forward to their support on this motion. I also look forward to the members opposite submitting someone for the oversight committee and I look forward to their results.

**Speaker:** Are you prepared for the question?

**Some Hon. Members:** Division.

#### Division

**Speaker:** Division has been called.

#### Bells

**Speaker:** Mr. Clerk, would you please poll the House.

**Hon. Mr. Fentie:** Agree.

**Hon. Mr. Cathers:** Agree.

**Hon. Ms. Taylor:** Agree.

**Hon. Mr. Rouble:** Agree.

**Hon. Mr. Lang:** Agree.

**Hon. Ms. Horne:** Agree.

**Hon. Mr. Hart:** Agree.

**Mr. Nordick:** Agree.

**Mr. Mitchell:** Agree.

**Mr. McRobb:** Agree.

**Mr. Elias:** Agree.

**Mr. Fairclough:** Agree.

**Mr. Inverarity:** Agree.

**Mr. Cardiff:** Agree.

**Mr. Edzerza:** Disagree.

**Clerk:** Mr. Speaker, the results are 14 yea, one nay.

**Speaker:** The yeas have it. I declare the motion carried.

*Motion No. 575 agreed to*

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

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

*Motion agreed to*

*Speaker leaves the Chair*

#### COMMITTEE OF THE WHOLE

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

**Bill No. 59 — Forest Resources Act — continued**

**Chair:** The matter before the Committee is Bill No. 59, *Forest Resources Act*.

Do members wish to take a very brief recess?

**Some Hon. Members:** Disagree.

**Chair:** Mr. Cathers, you have the floor.

**Hon. Mr. Cathers:** Mr. Chair, seeing the time, I move we report progress.

**Chair:** It has been moved by Mr. Cathers that Committee of the Whole report progress. Do members agree?

**Some Hon. Members:** Disagree.

**Some Hon. Members:** Division.

**Count**

**Chair:** Count has been called.

*Bells*

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

All those in favour of the motion please rise.

*Members rise*

All those opposed please rise.

*Members rise*

**Chair:** The results are eight yea, seven nay.

*Motion agreed to*

*Speaker resumes the Chair*

**Hon. Mr. Cathers:** 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 now stands adjourned until 1:00 p.m. tomorrow.

*The House adjourned at 5:18 p.m.*