

Yukon Legislative Assembly
Whitehorse, Yukon
Tuesday, April 28, 2009 — 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.

Are there any tributes?

TRIBUTES

In recognition of National Day of Mourning

Hon. Mr. Hart: Today, April 28, is the National Day of Mourning for workers who have been injured or killed on the job. This national day of remembrance was founded by the Canadian Labour Congress in 1984 and was entrenched by both the Yukon and federal day of mourning acts.

As stated at today's Day of Mourning ceremony, we need to do more than remember those who suffer. We need to commit to keeping ourselves and others safe at work.

Comme il a été dit aujourd'hui à la cérémonie du Jour de deuil yukonnais, il ne suffit pas de se souvenir des personnes qui ont souffert. Il faut s'engager à assurer notre propre sécurité et celle des autres au travail.

It was encouraging to note that in 2008 there was a slight drop in the reported injuries, even though we had an increase in the size of our workforce. However, there were still 2,000 injuries reported in Yukon workplaces, out of a labour force of approximately 18,000, and we lost another Yukoner to a workplace fatality.

These injuries and this death are not statistics — these are our co-workers, our children, our loved ones and our neighbours. Hundreds more will be injured in Yukon workplaces during the coming year. Some will never fully heal, and some may die. We must not let that happen.

At today's Day of Mourning ceremony, we stood together as individuals and as a community to commit to not letting these injuries happen and to keeping each other safe.

Mr. Speaker, words alone are only the starting point. The commitment we all made at today's ceremony only has a meaning once it has been put into action. When we gather at the Day of Mourning ceremony one year from today, let us each be able to say that we made a difference, that we kept one another safe, and let our reward be that not another Yukoner lost his life and not one was seriously injured in workplace incidents in 2009.

Thank you, Mr. Speaker.

Mr. Fairclough: Mr. Speaker, I rise today on behalf of the Official Opposition to pay tribute to National Day of Mourning. April 28, 2009, is the 25th anniversary of the Day of Mourning for workers killed or injured on the job. We in the Yukon join with the rest of Canada and many countries around

the world to honour the millions of lives that have been forever changed by workplace injuries.

We mourn those workers who have been injured, killed or suffered illness as a result of occupational accidents and hazards. These men and women are victims of unsafe workplaces. All workplace deaths and injuries are preventable. Although there have been some improvements to our unsafe working conditions on the job, we still have far too many lives that are unnecessarily lost or irrevocably affected by injuries because of workplace accidents. We must all do more to save lives and prevent needless suffering.

All workers have the right to work in a safe and healthy environment. We must all commit to continue the struggle to force employers and government to fulfill their obligations to make every workplace a safe and healthy one. We must also continue seeking stronger health and safety protection and standards and better enforcement in our workplaces. Safety on the job must be a priority for everyone, and responsibility for safety belongs to each of us.

Both employers and employees must follow workplace safety procedures. By working together, then, and only then, can we hope, not only to prevent and reduce but also to eliminate workplace deaths, injuries and disease. An injury to one is an injury to all.

As our youth enter the workforce we must educate them on how important workplace safety is, not only for themselves but their fellow workers. It is a sad fact that young workers are most at risk for workplace accidents. Last year, one worker was killed and over 2,000 were injured on Yukon job sites. There have been 381 workplace injuries reported to date so far this year in the Yukon, and that's way too many. On this Day of Mourning, let us join together as individuals and as a community to renew our commitment to our workforce to improve the health and safety conditions on the job and keep each other safe.

We would like to take this opportunity to thank the many Yukoners who have shown their support for our workers and their families by wearing the Day of Mourning pin and attending the ceremony held at noon here today in the foyer of the Yukon government building.

As we observe this Day of Mourning we pause to reflect and honour all workers who have been injured or killed on the job and we mourn with the families that they have left behind.

Mr. Cardiff: It is my honour to rise on behalf of the NDP caucus and pay tribute to the 25th anniversary of the Day of Mourning for workers killed or injured on the job, April 28.

This day commemorates the day in 1914 that the Ontario Legislature passed the first comprehensive *Workers' Compensation Act* in Canada. This Day of Mourning is significant for us all. We all have someone who has been affected by workplace injury or even death among our family and friends. Few things are more devastating than having a parent or child killed or disabled simply because they went to work that morning.

While the worker is making a living for themselves and their family, he or she deserves the greatest protection possible. Unfortunately, that's not always the case. In particular, some of

those people at greatest risk in the workplace are children and youth. Young workers are more likely to be injured or killed on the job than older workers, and half those incidents occur within the first six months of employment.

Over 50 percent of young workers in Canada receive little or no health and safety training at work. More young people die of injuries than all other causes combined. In the Yukon, two out of three Yukoners aged 15 to 24 are working. There are over 85 workers aged 14 or younger in the Yukon. The physical safety of our children and our youth must be a priority of occupational health and safety laws and regulations.

There are international conventions ratified by Canada on child labour prohibiting children under the age of 18 from working in jobs that harm their health, safety or morals. Convention 138 defines age 15 as the minimum age for work, and although many countries have ratified this convention, Canada has not.

We have an opportunity in the Yukon to join many other jurisdictions in passing legislation that will protect our children and our youth.

We had that opportunity last fall when we discussed a private member's bill called the *Young Worker Protection Act* that would establish a minimum working age, protect young workers from certain dangerous occupations and ensure that there is adequate training and supervision.

If anybody has any doubt about the importance of this initiative, I would ask them to go to a Web site called the Canadian LifeQuilt. It's www.youngworkerquilt.ca. It's unique and it's a permanent memorial dedicated to thousands of young women and men between the ages of 15 and 24 who have been killed or injured on the job. The quilt commemorates with photos and stories 100 young workers killed on the job. It's impossible to look at these hopeful youngsters' faces and not be disturbed that they were not protected. It would make us want to act in protecting all other children and youth as they're work, so let's do that.

Mr. Edzerza: I rise today to pay tribute to this Day of Mourning for injured workers. The Day of Mourning was established in 1984 by the Canadian Labour Congress in memory of those injured or killed on the job. The purpose was to raise awareness of workplace safety. Unfortunately, it has been recorded that Yukon workplaces are among the most dangerous in the country. Mr. Speaker, there have been 406 Yukoners hurt on the job so far this year. It is the opinion of myself and others that that is 406 injuries too many.

Mr. Speaker, it is our traditional belief that each individual is responsible for their spirit. This includes protecting it from harm, injury or death. Each individual who is at work can and must take the necessary precautions to ensure safety. This task can be as simple as wiping up spilled water. By collective thinking and respect for each other at work, we can make a difference. Let's work together and stamp out injuries and deaths in the workplace. It can be done, because accidents are preventable.

Speaker: Are there any further tributes?

Are there any introductions of visitors?

Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Mr. Mitchell: I have for tabling today a letter to the chair of the Yukon Hospital Corporation regarding the planned construction of a new residence for visiting nurses and doctors.

Mr. McRobb: I have a document regarding disclosure for tabling.

Speaker: Are there any further 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. McRobb: I give notice of the following motion:

THAT this House urges the Yukon Party government to work, as promised both in public statements and in the Legislative Assembly by the Premier, in a productive and non-partisan way with all members on the Public Accounts Committee.

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

THAT this House urges the Yukon government to act on the recommendations of the Canadian Teachers' Federation and the Yukon Teachers Association and recognize teachers on call as employees under the *Education Staff Relations Act* or the *Public Service Act*, which will define them as members of a bargaining unit.

I also give notice of the following motion:

THAT this House urges the Select Committee on Whistleblower Protection to complete its work and bring forward its recommendations during the 2009 fall sitting of the 32nd Legislative Assembly.

Speaker: Are there further notices of motion?

Hearing none, is there a statement by a minister?

This then brings us to Question Period.

QUESTION PERIOD

Question re: Health care premiums

Mr. Mitchell: Mr. Speaker, last fall, the government released a review that looks at the future of health care in the Yukon. One part of the plan is quite simple: raise taxes on Yukoners to cover rising costs. According to this report the plan is to raise \$13 million a year out of the pockets of Yukoners. This includes a new health care premium to be paid by all Yukoners of \$54 a month. It includes jacking up rates for seniors living in Copper Ridge, making seniors pay more for their drugs and charging Yukoners \$250 every time they need to travel out. It is \$13 million in new fees that Yukoners would have to pay every year.

Yesterday the Minister of Health said these fees were still being considered by Cabinet. This is not what the Premier told

Yukoners last fall. Why does the response to the question of fees change depending on who is answering it?

Hon. Mr. Fentie: Mr. Speaker, I am going to have to request that the Leader of the Official Opposition once again correct the record. The report he refers to does not in any way dictate that there are going to be tax increases, fees increases or any other matter of the sort. There is, however, in the report a list of recommendations of possibilities. The fundamental purpose of the report, however, is to ensure sustainability for the health care system in the long term. It includes our ability to make the business case before Canada on the continuance and/or renewal of the territorial health access fund. It has nothing to do with raising fees, as the member is articulating them, at all.

Mr. Mitchell: Mr. Speaker, yesterday during debate on the budget and the Department of Health and Social Services, the Health and Social Services minister said, "With regard to the installation or implementation of a fee for health services, that's something that will have to be determined by the Cabinet and not by me, and we will go from there." Last fall, the Premier said the opposite; he said a decision had been made: no fees. "The government has no plans for fee increases, that's not on."

It's clear the Premier and the Minister of Health and Social Services are not in agreement on this issue. That division is obvious. We know the Premier sometimes overrules his ministers, and this is another example. Yukoners don't want to pay these fees. Why are they still being considered?

Hon. Mr. Fentie: What's clear here is the fact that the Leader of the Official Opposition simply is mistaken. The Leader of the Official Opposition doesn't even know what he's talking about. The fact of the matter is, in the democratic process, at least under this government, Cabinet does make decisions and that's how the process works. So of course the minister would present that to the House. It's not the minister's position to dictate matters of decision; that's a fact. It is the Cabinet that makes those decisions. This is a democracy and this government — this Yukon Party government — is proud to lead it.

Mr. Mitchell: Mr. Speaker, two ministers stood up. I wonder what the other answer would have been.

Mr. Speaker, yesterday the Minister of Health and Social Services said that he knows what the Premier promised, but this is a decision to be made by Cabinet. He told the Premier to butt out. It's clear the minister doesn't like the fact that the Premier waded into this debate last fall and said there would be no fee increases. One minister said fees are being considered and another says they are not.

One of the new fees the government is looking at is a health care premium. It would cost each Yukoner \$54 a month. For a family of three or more, the cost rises to \$108 per month. It's one of the recommendations. The Liberal caucus does not support this tax increase. Yukoners do not support this tax increase and it should be ruled out right now.

Will the Premier and the Health and Social Services minister just say no?

Hon. Mr. Fentie: Mr. Speaker, this Leader of the Official Opposition certainly has demonstrated time and time

again that he has a very limited understanding of the recorded word, what was said here in the House, what is said in the public, or in fact in any venue in this territory. We all know that and we've demonstrated that time and time again when the member, the Leader of the Official Opposition, has been caught in those mistaken —

Some Hon. Member: (Inaudible)

Point of order

Speaker: On a point of order, Member for Kluane.

Mr. McRobb: What I'm hearing is basically a personal attack. You have ruled against personal attacks. The member is sticking to the issue; the Premier is turning it into a personal attack, and that's going to probably incite a riot if it's allowed to continue.

Speaker: Does anybody else want in on this point of order?

Speaker's ruling

Speaker: There doesn't appear to be one from the Chair's perspective.

Hon. Premier, you have the floor, and you have about a minute left.

Hon. Mr. Fentie: Thank you, Mr. Speaker.

Therefore, given the work done to date — and the health care review, which is quite extensive, and indeed, very enlightening — all Yukoners can be made aware of the situation in the health care system. We're now out discussing these matters with Yukoners.

Is the government intending to raise fees? No — as has been articulated in this House before, and will continue to be articulated in this House.

Is the government going to raise taxes? No; in fact, we've done the opposite as a government. We've reduced taxes for Yukoners, putting more money back into their pockets.

We've even assisted others in the area of the social fabric of the Yukon, such as seniors, those in need, women and children — the list is very extensive, Mr. Speaker, and the Official Opposition has opposed that. For the leader to stand and say they oppose tax increases is laughable.

Question re: Swine flu outbreak

Mr. Mitchell: Mr. Speaker, many Canadians are becoming concerned about the possibility of a major flu outbreak in this country. Yukoners, as might be expected, are understandably expressing some nervousness as well.

There appears to be conflicting messages given by authorities. The federal government has issued an advisory on travel to Mexico. The World Health Organization says that it doesn't matter any more; the virus has already entered Canada.

Some medical authorities are issuing anti-viral medication now while others are saying that we must wait and issue it to those most in need when and if it is needed. None of these conflicting messages instills confidence in the general population.

Can the Minister of Health and Social Services update us on Yukon's preparedness should we have an outbreak here?

Hon. Mr. Hart: We have currently confirmed that there are approximately 13 cases in Canada. However, there are no cases in Yukon. The Yukon's medical officer of health, Dr. Hanley, is regularly in communication about the national situation, as are other members of the health emergency preparedness team underway here in Yukon.

The Yukon is working closely with the Public Health Agency of Canada, which in turn is working with the health officials from the United States and Mexico to investigate the outbreak of swine flu throughout North America.

Mr. Mitchell: Mr. Speaker, one area of concern is the availability of medications. It appears from various news reports that medication for this particular viral strain is becoming increasingly difficult to obtain. Some people fear the possibility that these drugs may not be available when they need them. That creates an even greater demand for the drugs, thus further aggravating the problem.

What contingency plans are there for securing adequate amounts of these drugs should there be a major swine flu outbreak here in Yukon?

Hon. Mr. Hart: This issue is being addressed. Currently, all the cases in Canada are considered mild, and in fact, many of those cases are not even being treated at all. As such, they are not even requiring medical attention; they're staying at home and they're being watched by their physicians in the process, especially those cases in Nova Scotia and the two in British Columbia.

With regard to being in the process, I can remind the member opposite that I took part in a national conference call on Sunday with regard to this situation right across Canada. That included speaking with the minister responsible for health.

Mr. Mitchell: I will clarify for the minister that we're all hoping there isn't a major outbreak. Yukoners want to know what our state of preparedness is.

There is another concern that Yukoners want clarification on. In a worst case scenario, where there are worldwide demands for these medications, are there policies or plans in place as to which patients should receive them? Will the very sick, the elderly and the young have a priority?

We understand that a major outbreak is so far appearing unlikely, but nevertheless these issues are being raised and should be addressed. Will the minister explain if these issues are dealt with at the federal or the territorial level, and if at the territorial level, then what precisely are the plans that will be followed relating to these matters?

Hon. Mr. Hart: We're following a national process with regard to process and communications on this particular issue. Our medical officer, Dr. Hanley, is handling it on our behalf as the lead agency with regard to our communication regarding the national policy and what takes place. We will follow his lead with regard to priority for those who need it, provided it actually shows up in the Yukon.

Question re: Legislative debate priorities

Mr. Hardy: I learned of a friend's favourite quote just very recently, and it's from Voltaire. It says, "Il faut cultiver son jardin", which has a double meaning. It means, "Clean up your own backyard and cultivate your garden."

These are very appropriate words, given how the current debate of the public's business has been degraded by the actions of some members in this Assembly. The government, with their evasions and non-answers, is a shame; but the Liberals, with their unending calls for resignations and running around to meetings, spying on who's there and who's not, that's a shame too. Even the media, which I know we're never supposed to talk about, trivialize many of the serious debates that should be happening in here and reward this kind of action by publicizing it.

I will put on the floor today that we have far bigger issues to deal with, like uranium mining, like the Peel watershed, like health care, like the economy — many issues.

My question is — I can't ask the Liberal leader this, but will the Premier accept this challenge and work with his caucus colleagues to do their bit to clean up and cultivate the Assembly?

Hon. Mr. Fentie: Of course. In fact, since 2002, upon being elected to office and entering this institution, the government side has been endeavouring to do that, and we will continue to commit ourselves to ensure that this institution is functioning at the highest standard that is required. I would encourage all members in the House to follow that lead.

As far as the member's point about so many other important issues, I share that concern. There is a serious, serious problem globally, when it comes to the recession that we're experiencing. The government has been prepared, each day of this sitting, to address those issues, to demonstrate to the House and to Yukoners what it is we're doing. Unfortunately, the Official Opposition, who are here to also represent Yukoners, have either decided not to engage in that debate, or they're fearful of it because of the record that this government can demonstrate to the members opposite. So I certainly share the Leader of the Third Party's concerns. It's time to start debating the priority business of the Yukon public.

Some Hon. Member: (Inaudible)

Mr. Hardy: It's not patty cake. That's the kind of response we get in this Legislature that degrades it, when the Liberal members make these kinds of comments off microphone. I'm asking a serious question here.

There's a report on the occupations that Canadians have respect for. Journalists are ranked seventh from the bottom, just ahead of real estate agents. Guess where politicians ranked? Second last, below new-car salesmen, but above used-car salesmen. Think about that one.

The Public Accounts Committee has been punted around by the government and the Liberals to the point that it cannot do its important business, and yet everybody in here says that they want to question the Yukon Hospital Corporation; they want to question Yukon Energy Corporation; they want to question Yukon Housing Corporation, but they both have shut down the Public Accounts Committee.

It is a shame, Mr. Speaker, because if that committee were up and running, we could question those departments and those corporations. So my question is this: before we finish this sitting — we have three weeks left — can the three party leaders

commit to getting the Public Accounts Committee back on track at least?

Hon. Mr. Fentie: Well, of course, Mr. Speaker, and the government members are more than willing to do exactly that. The challenge before us, however, is that with the replacement of the former chair, who is now the Leader of the Third Party, by the Leader of the Official Opposition, the committee has become politicized. We understand that. I think the Leader of the Third Party is referencing that. The government side and its members, however, will do everything it takes to ensure that the committee functions as it is mandated to do. That is why, Mr. Speaker, this government, after years of the Public Accounts Committee not even meeting, took the time to get it back up and running and let the committee do its work, and we'll continue to deliver on that commitment.

Mr. Hardy: You know, Mr. Speaker, I can give you an example. Last night my colleague from Mount Lorne and I attended the Peel Watershed Planning Commission meeting. There were over 150 Yukoners there debating extremely serious issues around mining and the environment.

There were over 150 Yukoners there debating extremely serious issues around mining and the environment in a very critical area. We've heard heated debate on this. You know what? I didn't see a single Liberal member there.

Some Hon. Member: (Inaudible)

Point of order

Speaker: On a point of order, Member for Vuntut Gwitchin.

Mr. Elias: I attended the entire first session of that planning meeting, so he should get his facts straight. I have been following this issue for the last three years and I haven't seen —

Speaker's ruling

Speaker: Order please. There is no point of order. It is simply a dispute among members.

The Leader of the Third Party has the floor.

Mr. Hardy: Well, I was there at the public hearing when all of the people were there; I did not see one there. I stand corrected if there was one there. I'm amazed they haven't mentioned it earlier. But I also did not see any of the ministers from the Yukon Party either. Now, does somebody want to jump up and correct that one? Is that an issue? No, it's not. The issue is what is being debated. It's not about who shows up at what meetings and what has been going on. So can we get the Standing Committee on Rules, Elections and Privileges back in order? Can we get the Public Accounts Committee back on track? Can we get whistle-blower legislation brought forward? Can the three party leaders make a promise today, that we will sit down before the sitting ends and get these committees back on track in order to show the public that we can work together?

Hon. Mr. Fentie: Well, the short answer, Mr. Speaker, is yes, I, as the Leader of the Yukon Party and Premier of the Yukon Territory, have already committed to do that, but I'd like to make a point here with respect to the process that's ongoing, which is land use planning.

I welcome the fact that other members in this House attended public meetings, but we have to recognize that the commission is charged with the duty and a responsibility that they have undertaken to go through that process. We're at a stage where the commission must engage with the public at this time to get their feedback and their input into this land use planning process.

But there is more. Governments — when this public process is done — then must engage both public and First Nation governments on what would be brought forward as the recommended land use plan. So the government side will not interfere in these public processes, these mandated processes that have risen from the UFA and our final agreements here in the territory. We will act when it is our responsibility and duty to do so, and we will do that in accordance with First Nation governments who also have a responsibility in this area.

As far as the leaders of this Assembly getting together, we on this side are always open to that. I would encourage the Official Opposition to recognize that.

Question re: Ranch Ehrlo

Mr. Edzerza: Mr. Speaker, Ranch Ehrlo is an institutional setting for youth located in Saskatchewan. The ranch has residential and educational programs at the Pilot Butte Campus in the City of Regina. It is the Buckland Campus outside of Prince Albert, and it's Corman Park Campus outside the City of Saskatoon. Is the Minister of Health and Social Services familiar with this institution?

Hon. Mr. Hart: Yes, we are familiar with the situation there.

Mr. Edzerza: Ranch Ehrlo serves three age groups: 12 years and under, about 10 percent of their residents; 13 years to 18 years, about 70 percent of the residents; and 18 years and over, about 20 percent of the residents. It has been brought to my attention by several families throughout the Yukon that their children are being sent to this institution.

My question to the minister is this: how many children from the Yukon have been sent to this facility over the years?

Hon. Mr. Hart: I don't have the specific number for over the years. We do send children to these facilities, because these facilities have the appropriate personnel there to look after the children we're sending there.

Mr. Edzerza: Children from Watson Lake, from Whitehorse and from other areas in the Yukon have been sent to this facility. Mr. Speaker, it appears Ranch Ehrlo has become a treatment centre of choice by the government for Yukon children in care. A child can be referred to this centre for a stay of a few months up to several years. I have been contacted by a family whose three children have been there for three years, and there is no fixed date of return. That's unbelievable. Will the minister assure Yukon parents that they will not be separated from their children for such lengthy times, and that all efforts will be made to reunite the families?

Hon. Mr. Hart: Mr. Speaker, I can't talk about specific cases with regard to the individuals he may be speaking of, but I will assure him that, through Health and Social Services, we are working with that institution to ensure that these children are getting the appropriate care and that they do return

to their appropriate families at the first opportunity that's available to us.

Question re: Yukon Development Corporation, chair remuneration

Mr. McRobb: Last week, we learned that the part-time chair of the Yukon Energy Corporation and Yukon Development Corporation was paid about \$95,000 in 2008. When the individual was first appointed in 2004, the Yukon Party's Cabinet spokesperson said he was to be paid a maximum of \$38,000. The information revealing the real pay of \$95,000 last year became public only after a very formal and tedious, six-step process, to which Yukon Energy Corporation objected. Thankfully the Yukon Utilities Board ordered the information to be disclosed.

This is the type of information that should be disclosed on a regular basis for all to see. We've been stressing that point for the past week through questions and a notice of motion. Will the minister do the right thing and have this information disclosed each year in the corporation's own annual report?

Hon. Mr. Cathers: What the Member for Kluane should be aware of is the fact that the Yukon Utilities Board process, including hearings, such as the one underway now and the future phase 2 cost-of-service hearing, are a very important part of the accountability structure and a very important part under the *Public Utilities Act*. They are a very important part of ensuring that accountability to taxpayers and to ratepayers, Mr. Speaker.

What I would point out, in fact, is that the Yukon government supports the Yukon Utilities Board doing exactly what it's doing — doing its job and providing that accountability. As the member is aware, through that accountability process, this information is being discussed right now. It has been made available. We will let the Yukon Utilities Board do its work as it is legally mandated to do in its quasi-judicial role.

Mr. McRobb: This minister has no jurisdiction on that matter. We are calling on the minister responsible to be proactive and have this information disclosed on an annual basis. Citizens should not have to wait several more years only to jump through all the formal hoops to get an order from the Yukon Utilities Board to see these figures.

Five years ago the Yukon Party said the individual would be appointed for only one year at a cost of \$38,000. Five years later he is still on the payroll and it costing nearly \$100,000 a year, not counting expenses, for a part-time job. Did the Yukon Party say anything publicly to explain this salary discrepancy? No, Mr. Speaker, they kept it secret until it was forced out in the open. This government isn't open, transparent and accountable. It is closed, secretive and evasive.

Again, will the minister responsible do the right thing and have this information disclosed each year in the corporation's own annual reports?

Hon. Mr. Fentie: Mr. Speaker, here we go again with these insinuations of secretive government. Now the Member for Kluane is suggesting that even the Yukon Utilities Board process is not sufficient, and I guess from the conclusion the member draws, it might also be secretive. I have to challenge the member in regard to this issue of "secret".

In 2005, I believe, right here in this House this very member asked this very chair this very question, and that very chair, who is the chair today, answered that question in this House. He provided the detail the member requested. How can this be a secret to that member when it's the member himself who asked the question here in the Assembly?

Mr. McRobb: That question was not asked; the question is about reporting this information. Last week we learned that the chair of the Yukon Energy Corporation/Yukon Development Corporation was in effect double-dipping for this position. He was getting paid by Yukon Development Corporation and by Yukon Energy Corporation. The government disclosed only the Yukon Development Corporation portion, and it was capped at a maximum of \$38,000 per year.

But the Yukon Energy Corporation side of the equation is uncapped. That begs the question: what good is it capping only half of the salary for this position if the other part is left open-ended?

Hon. Mr. Fentie: I do believe that the Member for Kluane is very confused on this matter. By the way, this is the type of information that is part of why we bring the corporations before this House; that's what it's about.

The member has just suggested that a citizen appointed to a board is double-dipping. I find that a very serious accusation. I have a statement to make for Yukoners: beware, beware, should you choose to be appointed to a board or a committee in this territory because you will be Googled by the Official Opposition.

Question re: Yukon Development Corporation, chair remuneration

Mr. McRobb: I have more questions on what some Yukoners are calling "White Watergate." We know that YEC was ordered by the regulator to provide the information about payments to its board chair but only after it put up roadblocks to that information. We've discussed the YEC side of the equation but on the YDC side, the government still has not provided the amounts paid to the chair for each year.

We know that 2004 would be a partial year because he wasn't appointed until November. We would expect pay for 2004 would be pro-rated, but that information is still kept secret by the Yukon Party.

Let's now focus on what has happened in each year since 2004. The OIC stipulated a maximum of \$38,000 for the YDC side. My question is simple: will the minister tell us whether or not YDC paid the maximum amount to the chair for each year since 2004?

Hon. Mr. Fentie: You know, Mr. Speaker, I think the best way to handle this is the short answer. That's exactly what the chair of the Yukon Development Corporation Board was paid: the maximum amount allowed.

Mr. McRobb: Okay, Mr. Speaker, what do we know so far? It's time to take stock.

Last year, the chair was paid \$95,000, not including expenses. Yet the minister is unwilling to account for all of that money, in spite of that Yukon Party commitment in 2004 to not pay the chair more than \$38,000.

According to published government OICs, there was a gap in the service of the current chair. His second annual appointment expired on November 5, 2006, and he was not reappointed until March 16, 2007 — a gap of about four and a half months, Mr. Speaker.

Can the minister confirm that there was in fact a gap in service, or was this like the situation with the recent investment policy at Workers' Compensation Health and Safety Board, in which the minister just didn't get around to notifying the public as required?

Hon. Mr. Fentie: Mr. Speaker, there are no gaps in service when it comes to citizens who sit on boards. There are regular meetings, there is a certain process that is followed, as always, but that's not to say that this member and other members don't do other work.

Is the member suggesting that time provided and work conducted is not worth some sort of remuneration from the Energy Corporation itself? The government has been looking into this matter in great detail, having inherited a structure and a situation that we all recognize should be looked at thoroughly, as we are allowing the Yukon Utilities Board to do. We have also proceeded with rationalization of the overall system and we've also tabled a strategy that clearly demonstrates that the government is looking into roles, responsibilities and so on.

The Member for Kluane is actually making accusations here in the Assembly, Mr. Speaker — accusations toward citizens who are conducting work that they have been mandated to do. I would suggest that the Member for Kluane recognize that those citizens out there — Yukoners in general — take a very dim view of this approach by the Official Opposition and the member.

Mr. McRobb: Obviously, the Yukon Party government doesn't like it when we bring some flame to its toes. We are not accusing officials or public members of doing anything. It is this government's record that we're contesting.

Getting answers from this government is like pulling teeth. What happened to that promise of being open, accountable and fiscally responsible?

Just this afternoon the Premier said the chair was paid in full each year for the Yukon Development Corporation appointment. We learned that the OICs were discontinuous; there was a gap of four and one-half months in the appointment of this chair. I think there are lots of Yukoners who would be interested to find out what happened in this case, whether the chair really was paid for a full year's salary when he took four and a half months off — he wasn't appointed by an OIC —

Speaker: Order please. Ask the question please.

Mr. McRobb: Can the minister tell us whether this person was paid in full for 2006 and 2007?

Hon. Mr. Fentie: I think the Member for Kluane should rethink his strategy, because this is another example of the Official Opposition singling out now the energy board, the corporation and the Development Corporation. We've heard how they've singled out the Yukon Hospital Corporation. We've heard how they've singled out members from the Workers' Compensation Health and Safety Board. We've heard all sorts of this type of approach by the Official Opposition,

and each and every time the facts demonstrated clearly that the real gap that exists is with the Official Opposition.

Speaker: The time for Question Period has now elapsed.

Notice of government private members' business

Hon. Mr. Cathers: Pursuant to Standing Order 14.2(7), I would like to inform the House that the government private member does not wish to identify any items to be called for debate tomorrow, Wednesday, April 29, in the interest of expediting debate on the budget.

Speaker: We will proceed to Orders of the Day.

ORDERS OF THE DAY

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

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

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

Chair (Mr. Nordick): Order please. I now call Committee of the Whole to order. The matter before the Committee is Bill No. 15, *First Appropriation Act, 2009-10*, Department of Health and Social Services. Do members wish a brief recess?

All Hon. Members: Agreed.

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

Recess

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

Bill No. 15 — *First Appropriation Act, 2009-10* — continued

Department of Health and Social Services — continued

Chair: The matter before the Committee is Bill No. 15, *First Appropriation Act, 2009-10*, Department of Health and Social Services. We will now continue with general debate.

Hon. Mr. Hart: I want to take this opportunity to clarify some of the exchange that we had yesterday regarding the hospital and accountability.

While the Hospital Corporation is answerable to its board overall, the responsibility for the public interest and health care rests with me, and I want to make that clear, Mr. Chair. I said yesterday that we are well aware of what the hospital's plans are and I am prepared to keep the House advised in a general way of what is happening. Specifics are for the chair of the board and the CAO to respond to; however, my commitment is in addition to the audit of the Yukon Hospital Corporation financial statements by the Auditor General of Canada, paid for

by the Yukon government. It includes the tabling of the financial statements in the Legislative Assembly annually, tabling of the Yukon Hospital Corporation's annual report in the Legislative Assembly, the lengthy and detailed work that's done in concert with Health and Social Services and the Yukon Hospital Corporation to determine the annual operating budget of the Yukon Hospital Corporation, along with the joint work that goes on around initiatives like the wait-time reduction strategy.

Added to this are a number of other reports from Health and Social Services that detail Yukon health expenditures for Pharmacare, out-of-territory travel, out-of-territory physician services, et cetera. It is clear, Mr. Chair, that there is already a very high level of accountability, to say nothing of my additional commitment to have the chair and the CAO available to the Legislative Assembly. To imply that there isn't accountability does a disservice to the men and women who sit on this board of trustees and the professionals who provide such excellent health care to Yukoners.

Mr. Chair, here is where the hospital is at at the moment regarding the urgent need to replace No. 1 Hospital Road — which, by the way, is threatening to cause us some difficulty with recruitment and retention, as those quarters are nearly completely unfit for visiting health care professionals. The corporation is at a point where they are finalizing, with my department and PMA, the amount of space to be included in the new staff residence. The concept is for four floors, 13,000 square feet per floor, with 10,000 on the main level for office space. The Department of Health and Social Services plans to take the first two floors, rationalizing their existing office space. As we heard yesterday, much of our infrastructure is well past its useful date.

The rental agreement will fund the mortgage required for the structure, which will be paid off in a period of 12 to 15 years. It's not unreasonable to expect that Health and Social Services will occupy that building for the next substantial period of time. The corporation is in preliminary negotiation with a number of banks. There are some agreements in principle, but nothing has yet been finalized.

The building is expected to cost in the vicinity of \$16 million. When I have further information, there will be no issue with respect to its disclosure.

With respect to the oversight committee the member opposite asked me about yesterday, I am advised that the report on the consultation will be provided to them very shortly for their consideration and for tabling in the House.

With respect to the Watson Lake hospital project, I am pleased to provide more cost detailing, as requested by the member opposite. The total costs incurred for 2005-06 to 2008-09 for construction of the two buildings on the hospital campus in Watson Lake are \$4,711,478, which consists of \$4,603,478 for the Watson Lake health facility cost as well as \$108,000 for feasibility and related costs to the use of a shell for the hospital.

The budget for 2009-10 is estimated to be \$2.5 million, which consists of \$100,000 to finish the feasibility study, and \$2.4 million for a new design, sitework and construction costs.

Here is a breakdown of the fiscal year costs: Watson Lake health facility hospital, 2008-09 — \$393,000 for final design

contract payments and to make the shell weathertight; 2007-08 — \$1,199,964; 2006-07 — \$1,228,615; 2005-06 — \$1,781,899, for a total of \$4,603,478.

The cost of the feasibility study to determine plausibility and related cost for the use of the shell for the hospital in 2008-09 is \$108,000. The total for 2008-09 — \$501,000 — consists of a feasibility study, and contracts, as I indicated earlier, for making the shell weathertight. The budget for 2009-10 — \$2.5 million — provides for the finishing of the feasibility study, new design, sitework and construction fit-out.

There were questions regarding the outpatient navigator program. I'm pleased to be able to provide more detail. On occasion, there are patients outside of the Yukon who need assistance. For example, they may be discharged from hospital and unable to return home immediately. In these cases, Health and Social Services contracts with We Care Home Health Services in Vancouver and Burnaby.

We Care provides services such as changing dressings, administering medications, assisting patients to the airport or to their hotel room. They do not provide overnight services.

Northern Health Services Network is in partnership with the other two territories and the Capital Health Region in Edmonton to provide similar services. Northern Health Services Network is the same as We Care, although they will also procure clothing for the patient if required, and they are the only service that will also attend medical appointments with the patient, if required.

Discussions are underway for a patient navigator currently in Calgary, as I mentioned yesterday.

I would like to provide the member opposite with a little more detail on the collaborative care issue. I'm advised the department has invited the multidisciplinary group of health professionals, including a member from YMA, occupational therapy, YRNA, pharmacy, nutrition, physical therapy and social work to attend a collaborative care planning meeting on June 12, 2009.

Lesley Bainbridge and Louise Naismith from the College of Health Disciplines, UBC, will be present on that day to facilitate the discussion.

Finally, Mr. Chair, with regard to the social assistance rates and the reason for the variation that the honourable member opposite raised yesterday — I am advised that the average number of paid social assistance cases per month in the 2008-09 fiscal year increased by 13 percent when compared to the 2007-08 fiscal year. The increase reflects, we believe, a rising unemployment rate — admittedly small as it is — from a year ago from 4.5 to 6.7. Through discussions with our federal/provincial counterparts, most jurisdictions in the country are reporting similar increases in their social assistance caseloads.

The social assistance caseload increase in Yukon is closely tied to the unemployment rate. Also, in July of 2008, you will recall that my government saw to it that the social assistance rates for items of basic needs were increased by approximately 25 percent. The increase in social assistance rates also increased the eligibility threshold of applicants. Additional low

income applicants and families could qualify for social assistance based on the increase threshold.

Mr. Chair, I have asked my officials to take a look at this, because the social assistance caseloads have risen almost every month since July because, in part we think, of the rising unemployment rate, the fact that there are new territorial regulations and up to 50 percent of the earned income can now be deducted.

I believe those were the issues raised yesterday that needed some further clarification, and I hope the member opposite was writing fast enough so he could get that information.

Mr. Mitchell: I thank the minister and the officials for getting that additional information since yesterday. The minister now has a copy of the letter that I wrote to the chair of the Yukon Hospital Corporation back in February, so he can see the nature of the questions we're asking. I'll take it from the minister's response that the financing for the proposed building is not yet finalized and therefore he can't provide us with additional details, although I would think it would have to be finalized prior to going to tender on actual construction.

I noticed that the minister now has added up the costs to date on the Watson Lake hospital/health centre/multi-level care facility at around \$4.7 million; I think it's \$4,711,000. I noticed that last year when I was asking this same question, the minister said \$4.9 million. When the minister is next on his feet, I'm wondering if he can let us know how we saved \$200,000 between last fall and this spring. This seems to be a rare instance of the budget shrinking after it has been spent, which seems a little unusual.

I don't have too many more questions for the minister, at least at this time, because I know that the Leader of the Third Party wants to get into the debate, but I do have a couple more regarding this health study, the *Yukon Health Care Review*.

The reason I keep going back to this, Mr. Chair, is that on the one hand, the Premier tells us it's just a document that's a review, and it doesn't mean anything that's in it is going to happen; there's consultation, and they're out talking to Yukoners. Then on the other hand, among the things that we've seen in the review that have happened is to do this transfer of the Watson Lake hospital to the Yukon Hospital Corporation, and further, to have the Yukon Hospital Corporation go out and look into what kind of hospital they want built — not government, but what the Hospital Corporation deems necessary — for Dawson. That's something that was in the review as a possibility that has now become a reality. Other things in this review have come to fruition. So that's why we look at it and express concerns, particularly when it comes to all these proposed user fees.

There are some other things that I want to ask about. I asked this last year and I want to go back to it and that is, when it comes to health programs and services and non-insured health programs and services, the report says, "Where non-insured health programs 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." Later the report says, "Yukoners are not exempt

from participating fairly in the provision of their health care services."

Now there is a philosophical assumption there, Mr. Chair, which is that we should simply equate ourselves with other jurisdictions in Canada. I think that this jurisdiction — as are all jurisdictions — is unique. We have unique problems that deal with travel, with distance from specialists, with difficulty in the case of one community — Old Crow — requiring people to fly out of their community unless a specialist or other medical practitioner is going into the community. This may cause people to have greater costs incurred in getting medical services than does somebody in Vancouver or Toronto, who could be referred to somebody in the same clinic as their family practitioner. It could be that they go to see their family physician and they get an appointment for the following week at the same building.

So I'm concerned, and I've heard from a lot of people who are concerned, about this cost-driven approach that sort of says it should all be at parity or equal because the determinants up here are not the same as they are elsewhere. So I'm interested in the minister's answer and whether he believes that we should be looking at what programs are costing across Canada, and we should be implementing the same level of user fees as might be in place in Ontario or British Columbia, where the reality of the lifestyle and the economics are very different.

I also want to expand that in terms of the medical treatment travel program because the medical treatment travel program is something that Yukoners depend on, and sometimes it's after a wait of many months, to go Outside for treatment that's not available here.

So any user fees that may be implemented could act as a deterrent for people actually pursuing the health needs that they have and it could cause people to postpone or defer seeking treatment because they are concerned about the costs. So, if the minister could answer the two questions related, I think he sees where I'm going. I'd like to hear his response.

Hon. Mr. Hart: The whole idea behind equalization payments basically is to obtain reasonable parity between the jurisdictions. That's the main reasoning behind equalization. It is true that we have greater costs but the federal government has already taken this into account. It is also a major reason why we and our sister territories, Northwest Territories and Nunavut, are working strenuously to get our THAF program renewed by the federal government, because that program provides critical funding for all of the north, especially when it comes to medevac flights.

In addition, the member opposite indicates dealing with special situations in Old Crow. In Nunavut, nothing gets done, period, unless you're on a plane. Even for something as simple as the dentist, you have to get on a plane and go to Iqaluit or someplace that's closer that has that service; it requires a plane. If the services aren't available in Iqaluit, they have to go to Ottawa. As far as dealing with monies for medevac services, they are substantially higher than ours and the Northwest Territories. Thus, it becomes very important again for us to ensure that we continue working with Health Canada and their officials on getting the THAF renewed so that we can continue

providing the services that we have with regard to the services on the medevac side as well as programming that is being provided through that program. In addition to this we have another program for reducing our wait times, which again is another program that we are working with the federal government on renewing.

Recommendations in the report — as the member opposite indicated — are just recommendations. The whole report is a recommendation.

What the report is trying to stipulate and demonstrate — and I think it has done a fairly good job of it — is what the actual health care is costing Yukoners. That is the report.

For the member opposite, nothing from the recommendations was deleted from that report. The entire report is being submitted to the public comment. According to the chair, we're receiving a substantial number of responses to the questionnaire, considering what the normal return is on this type of questionnaire.

That is something we'll obviously have a look at. The member opposite will get to look at that information when it's brought forth to the House. As indicated yesterday, it's unfortunate it will not be a final report, because we got a late start, but there will be a preliminary report we can table in the House. Both parties will see the results of that report. I've been advised there are several contrary opinions that have been submitted on the report.

We will view that report and see what comes out of it. We anticipate that there will be many questionnaires that come in after the actual deadline date. We will continue to monitor that situation and add to that list as it goes on.

The member opposite did indicate that medical travel is extremely expensive. We have been very mindful of this fact. We are also mindful of the fact that in the Yukon we don't have the numbers for a specialized specialist to be here in Yukon. We just don't have the numbers. It becomes much more beneficial for us to ship the client out to receive those services. We have a very good reciprocal agreement with the provinces of British Columbia and Alberta with regard to providing those services.

I might add that I am very careful when I am in British Columbia, receiving services from them, because I am also very mindful of the fact that I've probably jumped the queue because of our arrangement. One only has to talk to individuals who come from another jurisdiction to find out just how good the health care is in the Yukon.

With regard to that member's questions, I hope I responded to some of the questions with regard to health care. As I said, the report is recommendations made by that Health Care Review Committee and we are just trying to bring the report out to demonstrate to Yukoners what the cost of their health care is and to also demonstrate the sustainability factor that has to be taken into consideration.

Like it or not, the health care facility needs the cash in order to run the programming. We have to have the cash if we're going to maintain that process.

Like I said, we are working feverishly with our sister neighbours with regard to the THAF funding and we're very

hopeful we can get that program renewed for all of us so we can continue to get the federal government to provide assistance with regard to ensuring that Yukoners can maintain a great health care system, as it is today.

Mr. Mitchell: I just want to go back to one of the comments that the minister made within that response — and I do thank him for the response and the clarifications — but one of the comments he made was something to the effect that — and I don't have it written down — that's what equalization is all about: to create this level playing field. That is why we are concerned when that is his response to the question I asked about what's on page 17 of the health care review, talking about that these programs should be offered at user fees comparable to those paid in other Canadian jurisdictions and that's what leads to the concern two pages later, the statement on health insurance premiums, that the government should consider the introduction of health care premiums to assist in financing the increasing costs of existing health care services in Yukon and from the expansion of any new health services.

Now, as we debated in Question Period today, last fall the Premier said no, it's not being considered. The minister yesterday seemed to leave the door open with his responses; he said that ultimately that was a decision for Cabinet. He didn't say no, this government will not, during the remainder of its term, introduce any health care premiums because the Premier has taken it off the table. I will ask the minister again for clarification on these two different sounding responses. Will the minister stand up and say absolutely regardless of what comes back from the surveys and such that are out there now, that the introduction of health care premiums is off the table?

Hon. Mr. Hart: I will discuss this situation somewhat — I will try to keep it brief just so that he doesn't take it out of context again.

The member opposite asked yesterday if I was going to increase the fee or implement a fee. I don't have the authority to implement the fee. The response was that it is not my decision to make that issue. That is something that has to be done by Cabinet. So let's ditch it with that. I'll end it with that.

Mr. Chair, with regard to the actual review itself — it is a review. It is going out to the public to get comments. Those comments are coming back and will be provided for the members opposite and they will see the responses from the general public with regard to those items in the recommendations.

I have not even seen any of the comments. I have only been made aware that there are a substantial number of responses to the questionnaire — a substantial number. So there will be lots of information to decipher and lots of information to tabulate and put into place, so that we can prepare a preliminary report to be tabled in the House, as per the motion that was done last fall.

As I stated earlier, it obviously will not be complete because we got a late start, but the meetings are underway. The stakeholders have been identified. We have had very productive meetings through all of the process, and the chair has indicated that it has been a very enlightening process for him, as well as dealing with the issues in the communities.

Mr. Hardy: It's nice to enter the debate. First off, I'd like to recognize the questions that the Liberal member has asked. I find them to have been very well thought out and well crafted. I will try not to repeat some of those questions, so that the minister on the other side doesn't feel like he's like a parrot that has only three lines and he just keeps saying them over and over and over. There will be some redundancy in my questions, but I do want to also recognize that the minister has responded quite well to many of the questions asked. He has also brought more information forward today that I think is helpful for us to understand what this government is doing and planning to do, and the direction they're going regarding health care.

I do have quite a selection of questions I want to ask, many of them very short and the answers are probably not very in-depth. The reason I'm going to ask them in this manner is because I have no interest in going line by line through this. I would prefer to do all my questions in general, so if the minister feels at some point that I'm doing line by line, it's often a decision that the opposition will make, in that they want to do all their questions in general and just deem all lines passed. That is just so he understands that's my position. I have asked the other member if that's what his wish is too. I'm not totally sure, but I hope that it is, so that we don't have to bog ourselves down going through it line by line.

I'm going to start very simply. I'm going to pick up where it has just left off, and that is regarding the review and the consultation and all the comments that the member is receiving — obviously he has indicated there is a lot of interest in this and that quite diverse opinions are going to be brought forward.

Does the member have any idea when that preliminary draft response would be introduced in the Legislative Assembly?

Hon. Mr. Hart: The outline provided by the secretariat indicates that they would like to have the thing completed and prepared for a preliminary draft report to be submitted to the House on May 12 or 13.

Mr. Hardy: Thank you for the answer. It really squeezes us of course, as you know, Mr. Chair. We are going to be down to — if it's the 12th or 13th, well I would almost want to drop all other business and just talk about the review. I think it's really important that we have that discussion in here, but we'll see how that goes since we're going to be out of the Legislature on the 14th. I believe that is the last day. However, we can continue that discussion outside of the Legislature as well; I hope that does happen.

Is the overview committee — an all-party committee — going to have an opportunity to see this before it comes into the Legislature?

Hon. Mr. Hart: Yes. The oversight committee will review the data before it is actually registered here in the House. The steering committee's role is to go out and do the hard work, compile the information, prepare it, distill it to the process. Our responsibility is to review it and to ensure that it is in a manner that can be tabled in the House.

Mr. Hardy: Thank you to the minister for that answer. I won't even ask for the date. I'm sure it is going to be a few days before this, hopefully.

There has been a lot of talk about medical travel. I have been a beneficiary of medical travel. I do know how unbelievably important it is to the health of Yukoners. I would just like to put it on record that I was treated unbelievably well. As well, I recognize the agreement that we do have British Columbia and Alberta — I think they are the primary ones — in regard to us getting medical services and specialized services that are not available here. It is first class and we are really treated extremely well out there. There are hardships around travel, and it always does cost families or individuals extra to have to go out, even though the previous Health minister increased the per diem — I'm not sure exactly what the term is to shorten the time that the person can apply for and the amount, I believe, as well.

That has a tremendous impact on so many people. I talked to a lot of people when I was Outside for approximately seven months, who found that change was very beneficial. I applaud the government and the previous Health minister for doing that.

In regard to medical travel, are there any other options? This minister has indicated that we're just too small for a lot of the specialized services and it just doesn't justify trying to establish something here. Are there any other options that we can do to lessen the health impact on the person travelling — because it's very difficult — and the cost to the government?

Hon. Mr. Hart: I thank the member opposite for the question. As I stated in some of the major aspects with regard to health, we don't have a choice because we don't have the numbers. Dialysis is a perfect example. We just don't have the number of clients; it's there. We are seeing the actual advancement of technology — telehealth, for example has come a long way. It is helping us reduce the factor.

If, in fact, we can get a facility in Dawson City, we can also cut down on medevacs because we won't be medevacing from Dawson City or, for that matter, Watson Lake, so we can reduce that cost also if the services can be held in those facilities. Those medevacs also include the monies that are spent on medevacs.

I would say that our best chance for reducing our cost of medevacs is probably going to come through technology, and that depends, of course, when it's provided. It also depends on the cost. Technology is expensive in the Yukon because we lack numbers.

The member opposite probably went out for his test — if it was an MRI, which we don't have at the facility here. So it's there. Even on his CAT scan — I think I was the first one to get the use of our CAT scan. I'd have to say it was quite interesting.

Again, the issue is the use. To have a technical person there, they have to go through so many people, so much time on those units, in order to maintain their accreditation. That's an important issue that has to be taken into consideration when we're looking at that type of facility. In some cases, we're able to offset this individual with other work, but in many cases, it makes it difficult for us to fill that position because there just isn't enough volume to keep that person busy. I would say, though, our best bet to reduce it is improved technology —

improved, as I say, through the television manner, or technology that allows us to see.

We are looking at now receiving information from Edmonton in our rural areas, which is becoming very valuable for results and getting it out. We're getting our results back within one or two days, because we have a technician in Edmonton who can look at our facilities in our rural areas. That has come a long way. We're looking to improve that, so that we have that service in all of our rural nursing stations, and we're hoping to get that completed by this year.

Mr. Hardy: We should almost do a study of the health in the Legislative Assembly because so many of us in the last while have been recipients of the good care that we do get from our health professionals here and the health professionals Outside. I hope it doesn't increase, frankly; it is difficult. Anyway, it does give us first-hand knowledge about the challenges that a lot of people out there face.

I am not going to talk about the review, contrary to the different approach of the previous member, only I would like to have a chance to see the results from the committee that is out there right now, and compile those and bring forward some questions for the minister at some later date.

I am going to move quickly now and start some very pointed and more specific questions.

I am going to go to the substance abuse action plan. I think it was in June 2005 when the plan was kind of completed. That is now four years ago. I don't have the figure in front of me but I think there were around 28 or 29 action items identified that the government was going to use to guide it in dealing with substance abuse.

Some of them have been done and four years later, some of them haven't. I'm just going to go down the list and ask the minister for the status and for the position of the government on some of these.

I have an older list here. If they've been introduced or moved forward, please correct me.

Establishing a community harm-reduction fund — has that been moved upon?

Hon. Mr. Hart: Just to help alleviate some of this thing, I am prepared to provide the member opposite with a complete report on all those items so he can have it, just to avoid doing it individually.

Mr. Hardy: I really appreciate that. I think it's far more beneficial than me going through it. Basically, I've identified 13 items that still require work or some decision made around them. If the minister is going to supply me with an update on it, I really appreciate that so we can move very quickly off that. I will wait for that. I guess my only question is how soon can I have that update and hopefully be able to address it?

Hon. Mr. Hart: I hope to get it to the member sometime next week.

Mr. Hardy: I thank the minister for that.

How about the *Child and Family Services Act*? Are there any timelines as to when it's going to be proclaimed?

Hon. Mr. Hart: We have a substantial amount of work to do on the act. We'd also like to do it in collaboration with the child and youth advocate to ensure that they are both

going along in a parallel process and that the child advocate will also be involved in the process, but regardless of the situation, we're looking at sometime later on this year or early in the new year.

Mr. Hardy: That was an excellent answer. At least there is some kind of a time frame in which we can expect this to come forward. The continuing spending trajectory in Health has been talked about a lot and the concerns about how much it's eating up the rest of the budget. Is that a trend across the country? Is our trajectory far greater than other areas, or is it less, or is it in the middle? And what are other provinces and territories doing? Has the department been looking at other approaches that try to address some of the trajectories that are being seen out there?

Hon. Mr. Hart: Yes, health care trajectories are between seven and 12 percent right across the country. In the Yukon, we're slightly less, but we're well within the process.

Mr. Hardy: Seven and 12 percent — whooh.

Has the minister responded — and if so, what is his response — to this kinship care report that came from Little Salmon-Carmacks First Nation?

Hon. Mr. Hart: I'm not aware if we've actually responded to that report from the Carmacks First Nation. However, I will state that I did have a discussion with a couple of the grandparents where that report was brought up. I indicated to them at that time that we would be looking at that situation when we looked at implementing the *Children's Act*. So that process I did talk to them about. As to whether we did an official response to the kinship care report, I can't advise the member at this time.

Mr. Hardy: Could the minister find out and just send me a memo on it, please — if they have or not?

The minister has indicated that is not a problem.

It is my understanding that 74 percent of the families in Family Services have one parent. Does this raise special consideration, or because of that extremely high number, is the approach in Family Services different from what it would be for non-single families? It is a very high number — 74 percent.

Hon. Mr. Hart: Yes, the number is high. All our officials are well trained and well aware of the different dynamics between single-parent families and those with two.

Mr. Hardy: In child protection, for instance, it's estimated for 2009-10 that the number of cases will be down in the regional services, while the number is up in Whitehorse. Could I get an explanation of that, please?

Hon. Mr. Hart: With regard to his question, he will note the numbers in both areas are fairly marginal as far as the increases. It's quite possible that the regional numbers, for example, could flip-flop next year; it all depends on what they are, what is coming out of the regional areas — and the same for Whitehorse.

Mr. Hardy: So would this be kind of an averaging trend over the last few years and it's averaging now?

Hon. Mr. Hart: This would be the averaging plus the aging of the demographic themselves.

Mr. Hardy: In child placement and adoption, how many children are available for adoption? It's an interesting

question because one of my constituents has asked me about adoption on many occasions; I think it's because they're trying to adopt. So anyway, how many children are available for adoption?

Hon. Mr. Hart: This is one of the questions that was brought up. There are currently 26 children in permanent care or custody awaiting adoption.

Mr. Hardy: How many applications are there for adopting — just as a comparison to how many children are waiting for adoption?

Hon. Mr. Hart: I don't have that number in front of me.

Mr. Hardy: If it's possible for the minister to supply that number, I'd appreciate it. On a percentage basis, are we similar to other jurisdictions with regard to children in care? Or, does the north, and Yukon in particular, have a higher percentage? If so, what would the minister — I mean, after all these years of study by the departments, I'm sure they have some ideas. If there is a higher percentage in the north, what would the factors be indicating why we have more children in care?

Hon. Mr. Hart: As with many situations in the Yukon, our numbers are small and it's very difficult for us to take out that number and compare. For example, if the member opposite remembers, we had two murder cases, I believe it was 2004-05. We were the murder capital of Canada, because we had an increase of three.

Again, this is much the case with our children in care. We just can't provide the member opposite with a number that will be relative on a percentage basis in comparison to other jurisdictions.

Mr. Hardy: Does the minister have any figures on how many First Nation children are in care?

Hon. Mr. Hart: I am just conversing with my officials here but apparently we don't compile that data based on ethnicity. We don't work out their background with regard to whether they are First Nation or not.

Mr. Hardy: Are not the First Nations involved in any kind of discussions around children in care, then, and does not the department have discussions with First Nations? It is a big issue with the First Nations, of course, to try to ensure that their children and future generations are cared for by other First Nations. I know there is a big issue about children going into care. I would hope that the department is working closely with First Nations and does have those numbers so they can formulate a way of addressing some of the concerns that the First Nations have about children in care.

Hon. Mr. Hart: We don't make a distinction with regard to whether it's a First Nation person or not when we are dealing with children. Under the new act, we will be contacting the First Nation with regard to a child of First Nation descent, and that will be done with all First Nations. We will still not compile that information. We are not in there to differentiate between First Nations and elsewhere. We'll be in there to ensure that the First Nation is involved with that First Nation child but we're not going to be keeping data of First Nation

children versus other children in the process. Our intent is to assist the child regardless of what the ethnicity is.

Mr. Hardy: I think there is no way to avoid not having those numbers because, under the new act, if you are going to identify children in care as being First Nation, and then you are going to contact and work closely with the First Nations, as the new act indicates, you are going to have to have some kind of tracking mechanism, some kind of way to know — I mean, you've got to know the numbers. I'm sorry; you have to, ultimately, in the end. It just can't be that loose, if you want to work closely with the First Nations, and you want to assist the children, because there are different needs here. Children have different needs, communities have different needs, and cultures have different needs.

It's a very difficult area, and it's difficult to talk about. I understand what the minister is saying, and I agree totally with him, that a child is a child, and we must give the best care we can, no matter what their ethnic background is. However, the minister has also indicated that under the new act, any First Nation child is going to be — the First Nation of that child, where that child comes from, will be involved.

Maybe I'm just looking for more clarification, because I do agree with the minister that a child is a child and we give the best care possible. If the minister could give me a little bit clearer answer on this, I'd appreciate it.

Hon. Mr. Hart: I will try to clarify the fact. Overall, we want to deal with the child regardless of where it comes from. We apparently have been advised we can obtain the information. I can provide the information to the member opposite via note, if that will suffice for him, to respond to this question. Our numbers are so small, I don't want to break it into who is African-American, First Nation or Oriental. We are just too small. It would be pretty easy in some cases to identify these individuals, so that is the reason why we are trying to avoid providing details on the specifics. I can provide the member opposite specifics if he wishes, if that will make him happy.

Mr. Hardy: I appreciate the minister's answer in this regard. I also don't want to have any of this information that could be used to identify children, cause harm. If the minister is willing to give me the figures in a memo, I would appreciate that. I'll move on.

There's a proposal from the Carcross-Tagish First Nation for future First Nation children in care, for the responsibility for that child's welfare to be devolved. Has the department looked at what kind of impact that would have? I know the Carcross-Tagish First Nation has been really talking a lot about this. Have there been discussions around how that would work in devolving that responsibility? Has it moved forward at all, or not?

Hon. Mr. Hart: Yes, we have seen the proposal provided by the Carcross-Tagish First Nation but to date we have received no negotiation on it for almost a year. They have not initiated anything further since our last review date with them.

Mr. Hardy: I thank the minister for that answer. It does help to clear up some concerns. In Ontario, they have some accountability policies for social workers, and I think

they use independent auditors in Ontario. Do we have anything like that up here?

Hon. Mr. Hart: We have a policy outlined for our professionals to follow. For example, any critical incident has to be reported, and they have an outline of a process, which they have to follow through on, in order to document that particular item.

Mr. Hardy: Moving on to fostering services — I probably have just one question in that area. Is there a strategy for encouraging First Nation foster homes? In the regions — I think about half are First Nation.

But it states here that a foster home is considered a First Nation foster home when either the head of the household or spouse or common-law spouse is First Nation in ethnicity. Is the department encouraging more foster homes, as we know that many children in care are First Nation?

Hon. Mr. Hart: Recruitment for foster homes is an ongoing process. We never have enough, and obviously the more that we can obtain in the process, we will follow through with. Emphasis right now is yes; one over the other matters not to us. Right now, as is stated, we have a shortage and so we are looking at trying to attract all the individuals so that we can place the many children that we have.

Mr. Hardy: There are some huge challenges, I think, in encouraging and assisting people to be foster homes, and anything the department can do, I think, is of benefit. I'm hoping that they've identified some of the problems — why people may be hesitant, and why people are getting out of foster home care, and how we bring new families, new people, in to pick up the slack. We've got a shortage. I think it's something we really have to work at. So what is the department doing to address that?

Hon. Mr. Hart: One of the issues that we're looking at currently in Health and Social Services is creating a senior management position, a First Nation person who can have a direct liaison with the First Nation to help us with assessing the situation and providing us with some opportunities on how we can move forward and improve the situation for First Nation foster parents. That's just one example.

Mr. Hardy: In the healthy families program, can the minister tell me what the success of this program has been and has there been an ongoing evaluation? Is there information regarding the success of this program and the uptake on it?

Hon. Mr. Hart: With regard to the program, it has been in operation for a couple of years. As with an evaluation of any program, it needs a few years for us to review, to make an evaluation of whether it's successful or not. I will ask my officials to provide the member opposite with a copy of the information we have with regard to this program and the status of it, in addition to the numbers.

Mr. Hardy: I appreciate the response from the minister. I noticed the budget for the youth justice renewal fund has a drop of 10 percent. Can the minister explain that? Is it a change in policy or why is there a change?

Hon. Mr. Hart: This is a personnel decrease of \$345,000 for 2009-10 due to one-time increases in 2008-09 for two youth probation officers to cover the region for three

months and departmental reallocation of personnel costs in 2009-10. We also have a decrease of \$65,000 in 2009-10 due to a one-time increase in 2008-09 of \$80,000 for fuel costs to offset one-time costs of \$15,000 in general operating expenses.

Mr. Hardy: There's an increase in the number of young offenders. I'm just looking at the estimated increases, but if I look at the actuals for 2007-08, it's 133 to 176.

That's the estimate for 2009-10. The 2008 forecast was 167. There seems to be a steady increase between the forecast and the estimate. There is a five-percent increase as well. What is the trend around that? What is the department doing to deal with an increase? What is the nature of the charges that young offenders are being incarcerated under or being put on probation for?

Hon. Mr. Hart: The differential from 2008-09 to 2009-10 is basically static. I mean, yes, we are proposing an estimated increase of approximately six, but in essence we're looking at it remaining similar to 2008-09.

Mr. Hardy: There is still quite a difference between the actual of 133 in 2007-08 and what is being estimated for 2009-10 or even the forecast of 2008-09. That is more than just a few numbers. From the actual to forecast, there is a 27 increase; from the actual to the estimate, you are looking at estimating a 43 increase. This is fairly substantial when you're talking about those numbers. I don't have the percentage breakdown but that is actually very substantial. I'm just wondering what is going on and what the department is doing. There seems to be quite an increase in that area.

Hon. Mr. Hart: Yes, the situation is that the actual to the forecast is different. I don't have a response for the member opposite so I will have to get back to him.

Mr. Hardy: Does the minister have a breakdown of the charges that young offenders are being incarcerated or put on probation for, and is there a comparison to other jurisdictions? Basically, what are the crimes being committed and is there a pattern here?

Hon. Mr. Hart: With regard to that question, in order to end up in our facility, they have to be a repeat offender or it has to be of a violent nature. Otherwise, because of the changes in the *Young Offenders Act*, it has to be, as I said, a repeat offender and it has to be of a violent nature.

Mr. Hardy: Are there any youth in closed custody?

Hon. Mr. Hart: I believe we have one in closed custody and one in open custody.

Mr. Hardy: I've often wondered about the young offenders facility. I've heard a lot of goofy stories and I would rather hear it from the minister to get the facts straight around this. Is the young offenders facility strictly for young offenders? Does that building also have other programs, treatment or usage — being used? What would be the ratio of the incarcerated people in the young offenders facility to the staff? Is it maximized? A final question — what is the percentage? If there are 20 rooms, what are we at? Do we have two people in there, five people or 12? If you could give me some more information about the facility, I just really want to know more about it.

Hon. Mr. Hart: For the member opposite, with regard to the young offenders facility, by law we have to keep them separate. That is a requirement. As such, we don't have much choice. We have to provide a facility that enables them to have the services that are required and as such, in many cases, such as currently, we have many staff there in relation to the actual offenders in the facility.

Yes, there is a bit of disconnect on that particular side. The facility can handle up to six and I am hoping that we don't get there, quite frankly. It is a very difficult situation because we still have to provide the services and we still have to have the service clients there to ensure that the services are provided to those young inmates.

With regard to aboriginal kids in care — again, apparently the answer is approximately two-thirds to one-third aboriginal to the rest, the ratio of aboriginal kids who are in care. Again we must be careful; I don't want to — here we are, we provide the information but the aspect is we want to ensure we're looking after the children, regardless of where they come from.

Mr. Hardy: There has been lots of talk and debate and discussions around the adult facility but very little around the young offenders facility, interestingly enough. That might be a shortcoming on the opposition side in that we have been so focused on the jail and programs, what's being offered and what isn't — all those questions. They're very legitimate questions, but sometimes we forget that there's another facility and it's really there to address some very difficult situations at a very young age. I think we've been negligent in not talking about it enough.

I'm going to ask just a couple of questions around it. I'm just starting to get an idea now about it. Knowing there are many First Nation children who may go through it, are there programs available that bring in First Nation elders or families or cultural counselling to assist the children who are incarcerated there?

Hon. Mr. Hart: Yes, we do have programming for those individuals and, to assist the member opposite, I'd be more than happy to provide him with a tour of the facility so that he can go and have a look first-hand at just exactly what is happening up there.

Mr. Hardy: I really appreciate the offer by the minister. I'd love to go up there and get a first-hand view and knowledge of what's happening there. I've often driven by it. I know about it but I think I'm like a lot of people in the Yukon: I haven't really paid as much attention to what may be happening in there and the programs and the conditions of the facility itself. I know it's not a really old building like the one beside it of course, so hopefully there are not a lot of issues.

I do also recognize, I mean I've seen the hockey rink out there and stuff like that and yes, it's true I'm not that young any more. But I'm very interested in what we're offering for the children who get into trouble, so I will take the minister up on that offer.

Child abuse treatment services — what success is there with regard to the services offered? Has there been an ongoing evaluation — again, a similar question — or an evaluation with regard to the program that's offered and provided to the child

abuse treatment unit? What kind of success do we have in that area?

Hon. Mr. Hart: Yes, we have ongoing reviews of our programming that take place in this particular area. Possibly after the break, I can give the member opposite further information.

Mr. Hardy: I'll come back to that. I'm just going to put it on record, so maybe a couple more questions then he could come back later.

What measures does the government have for the prevention of child abuse? What programs are being offered? What public information is being put out there, and what services are available for people who may feel that somebody could be in that situation? How is the program that's being offered now making the public, and children, aware of the signs and problems of child abuse? If the minister can elaborate on that when we come back.

I'll move on to alcohol and drug services. I started my questioning on the substance abuse action plan, but I do have a couple other questions about detox admissions. Here's a question I have: in-patient treatment increased to nine sessions a year, but the estimated number of clients to be served is down from the 2008-09 forecast. Can the minister explain that, please?

Hon. Mr. Hart: With regard to that, in relationship to the actual, admissions are flat-lining on the process. Our in-patient treatment is coming down because we are having success with the program.

Mr. Hardy: That is very good news.

Can the minister tell me what the policy is on what they call "double-diagnosis" clients? That would be mental health and addictions. How is that treated?

Hon. Mr. Hart: Yes. We do have cases where we are dealing with both those issues. Our staff are trained to recognize that particular entity and they do bring in the necessary expertise when it is required.

Mr. Hardy: Are there any training events and presentations regarding alcohol and drug problems that are held in school for our younger people? Basically, it's an outreach-in-education approach.

Hon. Mr. Hart: On that specific question, I can't provide a definite answer to the member opposite. Possibly after the break I can get back to him.

Mr. Hardy: Financial services — the member opposite has answered some of my questions already with regard to social assistance rates — the increases, the change in the economy — and that's perfectly fine; I understand that. We've all lived through many of those periods.

Historically, the department and social assistance have tried to do a lot of training to get people back into the workforce, back into engagement in our society. Can the minister tell me how many clients are being trained for work right now? What are the programs? What kind of training is offered for them to try to assist them back into our society?

Hon. Mr. Hart: We have had varying successes with programming. I have had discussions with the Whitehorse Chamber, for example. They tried a program with 15 individu-

als; however, their success ratio was not very good. As such, we had a discussion with them and with some owners and we have entertained a program where we would help out with the selection of the process — that is, Health and Social Services — and work together with the private sector.

Basically, our biggest stumbling block was the three-month factor. What happened was that, for example, if they needed a serious dental program or health program in that period of three months, then there was no option for them in the program. Basically, they would go back to social assistance to get their dental work done, whereas they couldn't if they were on the work program. The program has that 30-day training period to get there.

My issue with that was that it was fine for the 90 days, but what happens after? Are we guaranteed our job after the 90 days? Otherwise, it gets there. Once they get the 90 days in, then they can get on the employer's health program and then, hopefully, alleviate some of that stuff. Our success ratio in that particular area — we are working with the private sector on that and trying to overcome some of the issues. We are trying to see just exactly what comes out of that. We are working with them on that issue. We are going to see what comes out of it. As I said, the first trial was not successful, and they did it on their own. They went out with 15 and none of the 15 ended up in the workforce. In essence, they did come to us. Mind you, this is of course during the time when it was hard to find an employee in Whitehorse to do anything, even deliver flowers.

We're working with them to see what comes out of it and hopefully we will be able to get some successes out of it.

Mr. Hardy: I thank the minister for being very forthright in his answer with regard to training that they tried to offer or tried to put through and it wasn't very successful.

When I'm listening to that, I'm thinking of the immigrant workers program, which is obviously very successful and many employers are raving about it and are really supportive. It makes me wonder what's going on with the people who live here and were born here, who haven't been brought over, and why we can't integrate them back into our society — back into the work society, anyway — and where we're failing in that area and what programs or teaching needs to be done.

It may not just be training on how to work; it may be training on a lifestyle change, on what work really means to the person and the meaning of work — not just the fact that you learn how to do a certain task. If you still feel that you don't work, then there are obviously some challenges that we have and maybe approaches that we need to consider that are different from what we've tried already.

There are a lot of questions on social assistance. We've asked so many of them in the Legislative Assembly, whether they are rent increases, food benefits, or housing. There are so many and I really don't want to get into a debate about it because unfortunately for me, if I get into this debate, I will probably be here for five more days. I have far too much passion in this area, I guess, in going down this road. I don't want to do that today. I don't have the time to do that.

I do know what the government and the minister have indicated in the past and some of the changes have been made. I

do know the Anti-Poverty Coalition has been doing a tremendous amount of work in trying to deal with some of the poverty issues that we all know affect the health, education and well-being of people in poverty. I'm not going to go on any longer.

In regard to job referrals and assistance to get people on social assistance into the job market, what programs are offered, what kind of subsidies are offered or benefits are offered? What has been the target market that we are trying to direct people to?

Hon. Mr. Hart: I guess since becoming the minister, with regard to social assistance, I feel we've come a long way. I think this party has demonstrated with the substantial increase in social assistance rates in 2008, and I might also add that I did ask the officials to review the food allowance last fall and it was subsequently increased — effective the first of the year and, as such, reflects the increase in that process.

Again, I will state that that's based on a request from the Anti-Poverty Coalition, also, in addition to our own officials looking at the diet aspect of it — so from that side, I'd have to say we've come a long way in providing assistance there. With regard to everything there, it's very important to ensure that our low-income people are assisted and provided assistance where possible.

The member opposite indicated his interest in trying to figure out the difference between social assistance and the immigrant worker. I think we're all looking for that particular aspect. I think there's a mindset, yes. I think there's a little bit different mindset from an immigrant worker coming to Canada from elsewhere, where there's an opportunity to work, period, versus where they came from.

So, I think, quite frankly, this whole area is problematic. We need to rethink our strategy around poverty. We need to address the social visualization as well, and that's why I've asked the department to develop some options and provide some thinking about this issue, to give us a whole, basically, big picture of the situation when it comes to poverty. That's being worked on and we'll get there hopefully sometime in the near future.

We'll work on it but, in addition, we are providing a diet guide to assist low-income workers because we know that that's an important issue. It's a very important issue to educate low-income people on just how to eat properly and that is something that we're working on and we hope to get that out as our second phase in assisting low-income people also on social assistance.

Mr. Hardy: Just a couple more questions in this area. Does the minister have the percentage of clients who apply for SA who do not receive this or how many do, on a percentage level?

Hon. Mr. Hart: Obviously, I don't have that specific number in front of me, but I would imagine that, yes, we probably turn down some applicants because they don't qualify, for whatever reason. We have a process that we run applicants through. If they don't meet the requirements for SA, obviously they won't receive social assistance.

But as I stated earlier, with the change we have increased the process whereby applicants can earn more money and still

stay on the program. That's why we're seeing an increase of those on SA.

Mr. Hardy: I have a couple more questions on this area. Are there SA specialists who deal with FASD clients only? Do they have the training in this area?

Hon. Mr. Hart: We are dependent upon FASSY to provide us with some assistance with regard to social assistance claims. We are also working with our Canada Northwest FASD Partnership on the research on FASD, which recently met in January of this year, where we also met with the federal Minister of Health on this issue and basically reinforced our continuation of providing funding for the research on FASD, with a specification of dealing with all aspects of the program.

Mr. Hardy: Seniors services — some pretty general questions for the minister. These include the pioneer utility grant, or PUG; Yukon seniors income supplement; social assistance for 55 and over — how is the information regarding the benefits and eligibility for these programs conveyed to the seniors so that they can either apply or they know that these programs are available for them?

Hon. Mr. Hart: We have a wide range of brochures available for the seniors, plus we have staff who meet with the appropriate stakeholders and seniors to provide them with some indication of just what things are available and where to apply, for example, and how to apply.

I know personally that, at the Golden Age Society, there was a program to provide assistance in filling out income tax forms and those types of things.

Yes, we do provide programming for the seniors and we are providing individuals or officials who can assist these stakeholder groups and provide general information to the group.

Mr. Hardy: I thank the minister for the answer.

I just looked at this chart here. Man, we're getting old. I can't believe it. It's really increasing here. Okay. I guess I can't call myself a youth any more.

Approximately 20 percent of the total number of seniors in the Yukon apply and receive the pioneer utility grant. Is that the percentage of seniors living on their own? And if so, what is the makeup of the other 80 percent? Are they in Closeleigh Manor and Greenwood and other buildings in which they wouldn't qualify for the pioneer utility grant? I guess that's the question, quite simply.

Hon. Mr. Hart: Interesting question, obviously, because I don't have that kind of data available to me, but I would be perfectly willing to provide the member opposite a breakdown, were that information available.

Mr. Hardy: Thank you, Mr. Chair. I thank the minister for that.

Could he also show the breakdown of rural areas in relation to Whitehorse on who would get the pioneer utility grant?

Here's a question I know I have to ask; otherwise, I don't know if I could walk back into my office. Is there any thought to giving an allowance to grandparents caring for grandchildren who aren't foster children? This is a question that has been asked before; the question is going to be asked again.

Hon. Mr. Hart: Yes, on that particular question the member asked — he might have difficulty going back; I might have difficulty going back, because I think we're reporting to the same person.

As I mentioned, I had some discussions with grandparents on this specific issue, and we are working on this. Obviously, there are two sides to this issue that are difficult to deal with, but we are working on it.

As I mentioned, I have corresponded with this individual and indicated that we were working on this issue in conjunction with the new act. Hopefully we will be able to come up with a solution that will enable us to assist at least in some areas depending on what comes out of the review that we do.

Mr. Hardy: Thank you to the minister for responding to that.

Supported independent living — of the 42 people who receive supported independent living, does the department have what percentage is affected by FASD?

Hon. Mr. Hart: On that particular issue, not everybody is diagnosed, per se. Plus there are varying levels of FASD itself.

There's obviously, in some cases, the individual who is suffering from severe aspects of it. There are also cases whereby the individual has symptoms but they're not out yet. For the member opposite to ask this question directly, no I don't have a breakdown.

Mr. Hardy: Of course, we all know that FASD does take testing. I don't think the testing is as widespread or available as it should be, so it's hard to identify what the problems may be, and I understand that.

Is FASD considered a condition that allows for receipt of a territorial supplementary allowance — the TSA?

Hon. Mr. Hart: Mr. Chair, it actually depends on the degree of disability. In general, yes it is but, again, it's not quite a simple answer of yes. It depends on the degree of disability. On the severe side, they would be eligible.

Mr. Hardy: I thank the minister for the answer. In regard to continuing care, I think I heard the minister indicate — and I don't know if it was last week or the week before; I could stand corrected but I think it was during Question Period — that there was a full complement of nursing, LPNs and nursing assistance staff in all of our facilities now. I stand to be corrected on that, but could the minister give me details around what level of staffing we have in place now and a breakdown of all the facilities and what is available there?

Hon. Mr. Hart: I made an announcement a little while ago — he is correct — whereby we have a full complement of nurses in our communities — anything that we ourselves are responsible for. We have a full complement of nurses — but specifically in the communities.

Mr. Hardy: That is wonderful news and I compliment the minister for that. The program that is being offered at the college right now — the training for nurses; LPN I think it is — the licensed practical nurse training is a two-year program that is non-stop.

They don't get much of a break. I guess they go all the way through the summer as well. It's quite a commitment by many of the people who are taking that course.

Are there plans for those who graduate from the program to be offered employment within the government?

Hon. Mr. Hart: Obviously, this is a huge commitment by those participating. This is a trial program with regard to the college, but I will advise the member opposite this group will be our first recruitment of LPNs who come out of this particular program, and this will be our primary focus.

Mr. Hardy: That's good to hear. I know the program started when we did have a shortage and there was a lot of emphasis to put in place a program to address some of the concerns, especially in rural Yukon where sometimes it's hard to staff these positions on a long-term basis.

As anybody knows, people develop a relationship with their doctors and nurses that is really critical for treatment and for diagnosis, but also for the sense of security and care on behalf of the patient. It's really important to have that long-term relationship, I believe, in health care. It raises two questions for me.

I'm glad that the government's going to make it a priority to hire these people who are taking two years out of their lives to take this training and make this commitment to health care in the Yukon. What is the turnover ratio presently, and more specifically, in the rural communities? I think that there is possibly a higher turnover ratio there. I stand to be corrected on that; maybe the minister can inform me around that. How hard is it to get somebody back into the communities who can build that trust and relationship with the people they care for?

Hon. Mr. Hart: Yes, with regard to turnover in the rural areas, it's obviously high. This turnover is for a number of reasons. The number one reason, of course, is high stress. This individual is the only health provider in the community in many cases and, as such, it's a very stressful situation. In that vein also, we are having some good success in maintaining our nurses in some of our rural areas specifically. We've done it through job sharing — you know, splitting half the year up. We've been lucky in some cases. Some of the nurses like the wintertime and not the summer, and vice versa, so we've been successful that way.

But, in essence, we're continuing on recruitment. There is maternity leave, there are people who retire, there are people who quit and leave. We are continuing recruitment, so it really doesn't matter. We need assistance in continuing care here in Whitehorse. We're looking at facilities in the future in dealing with the situation in Dawson City possibly. Mind you, that is a couple years down the road but, in essence, we will be looking at giving these students priority and taking them on first. I believe that, by the time they graduate, we'll have positions open and be able to take a good portion of them.

Mr. Hardy: A couple of continuing care questions. How will continuing care be accommodated in Watson Lake and Dawson City when the new hospitals are built specifically around, of course, what the hospitals do deliver, which is acute care?

How are we going to accommodate the continuing care?

Hon. Mr. Hart: With regard to that, we are looking at providing assistance to seniors in Watson Lake.

For example, we took representatives to Haines Junction to look at the facility there. We got very favourable responses from the members after they saw the facility, and we're looking at building a replica of that facility in Watson Lake. In fact, they had already started scrubbing and clearing when I was down in Watson Lake last weekend. It has already been scrubbed and we anticipate that there will be a commencement of construction of that facility this summer.

We are also looking at the possibility of a similar type of facility in Teslin. That is still being worked on currently and we'll be adjusting that process there. I indicated yesterday that, once the hospital is built, the year after that we'll be looking at the replacement of McDonald Lodge in Dawson City and working on that one to improve the facilities there and address the situation for our northern clients.

Mr. Hardy: It's called grubbing, by the way, not scrubbing — just a correction. Is there a plan to have continuing care come under the jurisdiction of the Yukon Hospital Corporation? Has there been any consideration or discussions around that?

Hon. Mr. Hart: No.

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

Recess

Chair: Order please. Committee of the Whole will now come to order. The matter before the Committee is Bill No. 15, *First Appropriation Act, 2009-10*, Department of Health and Social Services. We will now continue with general debate.

Mr. Hardy: What else — I am not going to ask a whole pile of questions about every single building that is being planned or developed or not being built or being built, because I believe that the member for the Official Opposition covered that quite well and in-depth and the minister responded on many fronts.

I might have missed this, but I have to ask this question and that is: what the heck is happening to the Thomson Centre? I don't know if that was actually asked. I mean, that is a standard question in the Legislative Assembly. Where are we at with the Thomson Centre? Who is in that darn building? What renovations? Where is the mould coming from now?

Hon. Mr. Hart: Well, the member opposite should know that I have a standard answer for that one, seeing as I have been involved in the Thomson Centre probably since I got into this building.

With regard to the Thomson Centre, I wish to advise the member opposite that we are working with the Yukon Hospital Corporation, as well as their experts. I did answer this question for a member of the Official Opposition. In essence, I will respond. We are working with the Yukon Hospital Corporation because they are also in need of additional space for the emergency room, as well as their lab.

They are currently utilizing the services of their consultants to assess the Thomson Centre to see if it can be utilized to meet the needs of the expansion of the hospital. That is currently taking place, and we are expecting the results of that sometime in the fall, dealing with that particular facility.

In the meantime, the visiting specialists have been provided space in the Thomson Centre, in addition to space being provided to the diabetic program that's being run out of there, which is well attended. In addition, we're looking at some additional space, depending upon the results of the consultant, in that facility for a small pod for continuing care and possibly palliative care.

Mr. Hardy: A whole pile of questions have been asked about the review, of course, and I've already indicated that I'm not going to get into that debate.

I would like to have an opportunity, as a member of the oversight committee, to take a look at some of the responses to that. There were a lot of questions around basically having the medicare payments and stuff like that. We will wait for that debate to evolve. We won't do it right now; anyway, my colleague has already asked many of those questions.

I want to talk a little bit about mental health services. I don't have a lot of questions left; however, if the minister can just indulge me a little bit on this, I will just get the right pages here. Okay, what is the situation right now at the Whitehorse General Hospital for caring for mental health patients who may be a danger to themselves or others?

Hon. Mr. Hart: For the member opposite, I have been advised that they are in the process of construction right now. The adjustments have been made to the second floor ward to enable them to have six rooms available for mental health patients and two specific closed-off units. Right now, the Yukon Hospital Corporation has indicated to me that they are experiencing some difficulty in getting the doors. We have to have special doors, obviously, and that's a problem they hadn't counted on having to deal with, but the doors have been ordered. They will be a little while getting here.

In addition, they've indicated that they're still having a little difficulty getting the necessary staff involved. They are currently still short one or two staff with regard to filling it and providing full service. They have a good lead, and they've indicated to us that it would be nice if we could make some changes in legislation that would enable them to utilize psychiatric nurses, and we've indicated, obviously, a reception to that request. So we'll be working with them on a possible change to our professions act to enable them to utilize those services.

So right now, things are going along reasonably well. Yes, we're a little behind with regard to the actual construction, but again, that's a problem because they're having difficulties with the actual doors themselves. But as I've stated, they are on order, they will be coming, and it's just a matter of installation and then we're hoping, obviously, by that time, they will clear up the staff situation and we should be in a position to provide full medical services in our hospital.

Mr. Hardy: Is there any thought to supplying longer-term accommodation for mental health patients or is there a set time how long a mental health patient would be in that facility?

Hon. Mr. Hart: Right now we're dealing with the immediate situation with regard to mental health patients. We don't have a long-term plan out there with regard to those clients, as we have such small numbers right now that we're dealing with. In some cases, regardless, we will not be in a position to handle some of these clients and we will still have to be looking at services of other jurisdictions to assist us in these areas.

Mr. Hardy: What services are provided for families with members who have mental health problems, if any?

Hon. Mr. Hart: We do have services available for families. We provide counselling services both in a professional mode and also through our NGOs that provide that type of service to those who suffer from mental illness.

Mr. Hardy: Are those services available for families from the rural Yukon? Is there any outreach going in that direction and not necessarily them coming in this direction?

Hon. Mr. Hart: Yes, that is normally handled through our NGOs that provide the special services in our rural areas.

Mr. Hardy: Does the minister have a percentage of patients who are admitted to a hospital involuntarily?

Hon. Mr. Hart: That information is maintained by the hospital. Obviously, we don't have that type of information, but that would be within their data.

Mr. Hardy: Is the electroconvulsive, or ECT, used in Whitehorse? If so, is it currently being used? Has it been used in the past? Can the minister clarify that for me?

Hon. Mr. Hart: Obviously, from my time delay, you can tell that it's a situation I'll have to get back to the member opposite on because I'm unaware that it's actually been utilized here.

Mr. Hardy: I just want that clarified. I don't have the information either. Unfortunately, I do have past experience with friends who have had that type of treatment. My understanding is that it was always done Outside but that was many years ago. I just want to know if there has been a change and if it happens up here or not.

Regarding dental health, can the minister tell me if there has been a reduction in treatment necessary for children under the Yukon children's dental program? In other words, has it been successful under this program?

Hon. Mr. Hart: I recently announced a preschool dental program for zero to five-year-olds. It is basically to cover off those who are going to school. We feel we have achieved a very good result in our dental program for the kids, not only in Whitehorse, but in the rural areas especially. We think we have had a very good success ratio in that area, because we have been able to provide those services to the children in the schools.

We recently announced that we are doing an oral program for those zero to five that is being covered to assist children. Not that I have seen children born with teeth, but I am sure that I'm going to get asked that question. I suspect that we are trying to cover off the spectrum so that the children are looked after on a dental basis right through their youth.

Mr. Hardy: How many dental therapists are employed by the government now and has there been a reduction over the

last few years in dental therapists who are working for the government?

Hon. Mr. Hart: According to my officials, we have eight working full-time and there is one manager.

Mr. Hardy: Is that consistent with past practices and numbers?

Hon. Mr. Hart: No change from the past.

Mr. Hardy: I'm looking at road trips to rural communities — dental therapists' estimate for \$35,000 and for dentists, \$30,000. Has the problem of recruiting Yukon dentists to work in the communities been solved or do we still have contract dentists who do come from outside the Yukon?

Hon. Mr. Hart: Yes, we still contract outside of the Yukon for some services to be held in our rural areas, but we do have a local firm that does the majority of our larger areas within Yukon.

Mr. Hardy: Is there a substantial cost difference between using dental therapists and hopefully using the full scope of their training in relation to having dentists go out? Is there quite a difference in cost with basically in-house dental therapists? It's my understanding all the dentists we have are private dentists?

So we have contracts with them as well. Does the minister have the different figures and what it's costing us?

Hon. Mr. Hart: For the member opposite, we don't have the numbers right here, but we could provide him with those numbers and the differences.

Mr. Hardy: Mr. Chair, I thank the member for that answer. I look forward to that information.

When the dentists go out to the communities, they work on adults, as well. I just need some clarification around this — does the government offer support to visiting dentists for adult treatments?

Hon. Mr. Hart: Yes, we do.

Mr. Hardy: Can the minister explain?

Hon. Mr. Hart: Thank you, Mr. Chair. Yes, we provide facilities and space for that.

Mr. Hardy: There are no other extra incentives, like travel or anything like that?

Hon. Mr. Hart: That's all part of the contract.

Mr. Hardy: I look forward to the breakdown of costs.

Environmental health — when I was questioning the Minister of Environment, she indicated that Health and Social Services also had inspectors that did water testing and that I should direct some of my questions to the Minister of Health and Social Services. That's very nice of her. So I am directing the question to the minister: how many inspectors do we have, if we have any? What type of water testing do they do? How many tests do they do in a year?

Hon. Mr. Hart: We have four and a half FTEs working and doing our testing.

I don't have the exact number of tests that we actually do in front of me. I am not sure if we could compile all the information anyway but we do have 4.5 FTEs in the process doing our work for testing.

Mr. Hardy: When I was asking the minister this same question, I was trying to figure out what type of testing is done

specifically. She seemed to indicate that there was testing; that each of the departments do a certain amount of testing. I was trying to ascertain whether we were duplicating ourselves in each of the departments and how we compile that information. The Minister of Environment had indicated that they gather the information and they work with the other departments in regard to this.

The minister may not have this information before him at this moment — can the minister give me information regarding how many tests are currently being done? What is Health and Social Services actually testing water for? I am trying to find out how this testing is happening among all the various departments and how it is being coordinated. How does that information that Health and Social Services does under environmental health, how do they convey that information to — what the minister had indicated from the environment — the central gathering. How do they convey that and what kinds of communications exist between the various departments to have more of a centralized body of water testing?

Hon. Mr. Hart: With regard to the member opposite's question, yes, we are responsible for testing the water. We are the enforcers for dealing with the water issues and ensuring that public safety is taken into consideration. We issue the warnings. We do the testing based on what's there.

We could provide the member opposite with a breakdown of our testing and basically what we are testing for and send it to him at a later date.

Mr. Hardy: I appreciate that from the minister opposite. If I could just add on top of that a question: how many warnings have actually been issued and what locations have been identified as problem areas and if those warnings have been removed — if the problems have been addressed — are there still outstanding warnings out there?

I would really appreciate if he would add to that.

Health promotion is a big issue, and people think health promotion is the first step in trying to lower our cost in regard to health, and healthy living is one way to approach lowering those costs. Can the minister give me an update on the *Smoke-free Places Act* and where we're at with that and the regulations? Are we now at the stage where, if there are violations, we're able to address those violations?

Hon. Mr. Hart: We are working on phase 2 of the agreement. Basically, we're out on consultation on this. This is to deal with how the tobacco products are taken out of view of the general public. That's what we're dealing with right now under phase 2.

With regard to action, Health does go around and police the issue. We had a situation last year, but since then, we've invoked a fine. Since that time, basically, we haven't had to go out and deal with any situations since that particular fine was issued, and as such, basically, most members of the general public are following the orders as designed.

Mr. Hardy: I do appreciate the answer. I also appreciate the ability to breathe freely in many establishments throughout the Yukon now.

There's the QuitPack program. How many people took part in that? How successful has that been?

Hon. Mr. Hart: Obviously, we've had very good uptake on the program. I don't have the specific numbers in front of me, but again, we can provide the member opposite with the exact numbers.

Mr. Hardy: The sexual health program — what is the content of that program, and how is that program doing?

Hon. Mr. Hart: The content of the program is designed by professionals to assist in advising on issues and to ensure that adolescents are taught the specifics and that it's done in such a manner that the information is valuable to them.

I would say that, to date, the program has been very successful. We haven't been successful in eliminating everything per se, but I understand that we've issued 42,000 condoms, so either everything is very busy — anyway, those are just some of the issues we're looking at. We're obviously looking out there to ensure that our youth understand and practise safe sex because it obviously is a big deterrent to spreading sexually transmitted disease.

The intent is to practise safe sex and to ensure that the adolescents understand it. I believe that it has been very successful to date.

Mr. Hardy: I'm going to move on.

The healthy eating program — how many children and youth have taken part in those presentations? I just noticed here it says that presentations of healthy eating were made to several audiences and persons on-air.

Does the minister have any numbers?

Hon. Mr. Hart: Obviously, I can't provide a detailed answer because, as the member indicated, this was on-air. There are groups that were provided; the workshops were provided. I have to say that I also attended one of these sessions and it was interesting to watch the young people in the process.

Mr. Hardy: Quickly moving down here, under school health — what recommendations came out of the northern health and learning symposium that was held in the fall of 2008?

Hon. Mr. Hart: I don't have the analysis, but I will work with the officials who were involved in this particular program and try to get back to the member.

Mr. Hardy: I notice under communicable disease control, community health, there's a rise in the statistics for tuberculosis. Does the minister consider that significant, and what is being done in education to prevent the spread of TB?

Hon. Mr. Hart: Yes, there's an increase. We've had a couple of new cases that have been identified recently.

Mr. Hardy: What's being done?

Hon. Mr. Hart: We are following the process required. As the member knows, there's a substantial amount of work required to follow up with all the contacts made by the individuals who have tested positive. It can sometimes take as long as two years to address all of the issues and contact all of the individuals involved who have come in contact with the above-tested individual.

We are working closely with our officials, and they are working through the problems with British Columbia, who are assisting us. But as I stated, it can sometimes take as long as two years to go through the process. All of those affected are

being advised of what they need to do to ensure that they are not suffering from the ramifications of tuberculosis.

Mr. Hardy: Now, the Yukon Hospital Corporation — there has been a multitude of questions asked around this. I don't want to repeat all of those questions. Some answers were given; some weren't. But I do just want to pinpoint one thing, just for clarification here, and that is that the minister has indicated that in the future the Yukon Hospital Corporation will be coming before the Legislative Assembly. Is that correct?

Hon. Mr. Hart: I've indicated that, should the Yukon Hospital Corporation decide to take on the management of the Watson Lake facility, as well as Dawson City, in the future, then, yes. Once that transition takes place, I will have no problem directing the CEO and the chair to attend the Legislative Assembly to respond as witnesses, as do many other corporations that attend.

Mr. Hardy: I just want to get that clarified. I want to make sure that I did not mishear the minister's previous comments and did not, of course, misrepresent his comments in the Legislative Assembly — as we all should try to do.

I have other questions around the Yukon Hospital Corporation, but I'm not going to ask them at this moment. As I say, I think there have not been far too many questions, but enough questions, asked. The minister, at various stages, has attempted to answer some of them.

There is just a little bit on regional services. How many graduates of the Yukon College bachelor of social work program are working in communities as social workers or social service workers? If there are not any — it is my understanding that we received a letter stating that there are none — is there incentive for them to work in the communities? I know that there have been problems getting social workers to go out to the communities. We have lost a couple of regional social workers in the last year or two through retirement and illness. What are we doing to address that?

Hon. Mr. Hart: Yes, we do have some vacancies in our rural areas. We are covering those situations from Whitehorse. In the interim we are reviewing our situation with regard to these positions and actively trying to recruit for these positions, also, from Outside and to assist in ensuring that these services are available in our rural areas.

Mr. Hardy: Just a couple of quick questions — I do have a lot more but let's allow some other people to ask questions here.

Regarding transfer payments — we could probably do this fairly quickly with simple questions — why is the grant to Skookum Jim down 79 percent? Why is the grant to Salvation Army down 69 percent? Why is the grant to the Signpost Seniors down 48 percent? Three of them, very quickly.

Hon. Mr. Hart: I did answer this question previously but regardless of the situation I will oblige the member opposite.

The Salvation Army receives funds from two different sources from the Department of Health and Social Services. Community health provides an annual amount. Social services have a budget also of \$68,000. This funding was provided in 2008-09 and will continue to 2010. The additional \$150,000 for

this year's budget will be absorbed by the department and will basically bring them back to what they previously were.

In addition to the NGOs, we have provided Many Rivers, Help and Hope, the women's facility in Dawson, as well as Kaushee's Place with three-year, multi-year contracts and all base with funding. Skookum Jim stays at the \$222,000 provided and it was extended for one year. We've given them the additional funding and we're working that through our own process and basically reallocating the funds to assist that.

We have provided our NGOs — as I said, those four specifically — with three-year contracts in addition to the CDC. We recently provided the Child Development Centre, for example, with a three-year contract and that provides them with an increase in each of those years to reflect the monies that are due to their professional staff.

Basically, all of those NGOs received additional funding. I might add that I hand-delivered three of the four to them, and from the one I received a phone call indicating, shall we say, great enthusiasm on receiving the additional money, and also the three-year funding.

Mr. Hardy: Mr. Chair, I'm sorry to make the minister repeat himself. I had missed that part earlier on, if it was questions asked by the Leader of the Official Opposition.

I do just want to stand to thank the minister for his answers, and I definitely want to thank the staff who is with him today for providing him with all the information, and providing me, through him, with much of the information that I wanted. I'm also glad to see the staff, and I'm very glad to see the deputy minister present as well.

Mr. Edzerza: First off, I would like to thank the staff who work in this department, because I know from experience that it can be quite overwhelming. I say that because the Health and Social Services program deals with mental, spiritual, physical and emotional well-being of society. That is why it can be so overwhelming. Each one of those areas can be very, very draining. Unfortunately, because of historical events such as the mission schools, these areas are overloaded. We have to keep in mind that, I believe, over the years, were a huge number of First Nation people in the Yukon who are affected mentally, spiritually, physically and emotionally without any intervention. That's why a lot of First Nation people are incarcerated and their children are in care. We are overloaded with social problems.

There is real traditional clash here when we talk about how we correct these wrongs. There is a real traditional clash here. I will talk a little bit about that and maybe even give some suggestions on how we may want to as a society start dealing with some of those issues.

I am going to start out by talking about — I know that the medical health is a big issue in the Yukon. We have a large number of citizens who are becoming older, including me. I'm turning 60 and I think I have seen the doctor more times in the last two years than I did in the first 58 years of my life. That is just a reality and something that each one of us is going to have to accept. We've got a lot of miles on our bodies and they are not going to stand up forever.

We can expect that, yes, there is going to be tremendous strain on the health system from seniors in the Yukon Territory. That's a given. But I also want to talk a little bit about mental health. I know that the Leader of the Official Opposition and the Leader of the Third Party covered quite extensively a lot of the health issues. I believe I could probably talk as long as they did with regard to things that may not have been covered by their discussion.

However, I'm not going to take an awful lot of time here because I think there were a lot of things covered. But when we talk about mental health, I believe that, as a society, it is really downplayed. It's not taken as seriously as it should be. When someone has a broken arm or a broken leg, there is an immediate way to fix that. You can go to the doctor, and they'll do an operation or whatever. They'll put pins in or whatever it takes to mend that broken bone.

But how do you mend a broken spirit? It's not quite as simple.

In our traditional way we believe that, if someone is suffering from mental health issues, you will take away from being able to fight off terminal illnesses, for example. I heard this from my elders many years ago. When they said things like: your mind is important; your mind has to be healthy and, if it isn't, you will get all kinds of other sicknesses.

I believe that there is an awful lot of logic to that. An example is that if you are stressed out at work, for example, you may pass up a headache because it is just work and keep on going to work. But then you find out later that you may have a tumor or something that's developing in your brain. But you keep passing it off because we don't look at mental stress and mental health issues as a possibility of being a number one cause for a lot of the medical conditions of a person.

In our traditional way, that was one of the reasons why I believe that. In the medicine wheel, we talk about the mental, spiritual, physical and emotional parts of a person. It's not all just medical. Every part of that medicine wheel has to be functioning properly; otherwise, we're going to have other problems that we may not be able to fix.

Mental health is, in my opinion, one of the number one health issues that we have in the Yukon Territory. I know it certainly is among First Nations. It's not diabetes; it's mental health. I say that because I've seen so many people deteriorate to where they do pass away at a young age. As a matter of fact, today another Kwanlin Dun First Nation member who was a victim of mission school passed away this morning.

He was a very close friend of mine, somebody I really respected, and probably one of the best artists that I know. He couldn't get over the mental health damage that the mission school did to him. It's sad. It's sad to see that. I was sitting down taking tally just last week. I believe that there are six men from my grade 9 class who are not here today. They all went to mission school. They were all deceased as young as in their 20s. This man who just left us was probably maybe 50.

So we can see through those examples that mental health takes its toll. To date, I'm not convinced one iota that the Yukon Territory is dealing with this issue as best as it can. I think that an example of this is just how difficult it is to get a

land-based treatment centre in the Yukon Territory. It seems to be the most difficult and resisted endeavour I've seen in this territory.

I have some concerns. Like I said before, I agree that there has to be spending; there has to be a lot of spending to keep the economy going. But I do have major concerns with how the Yukon government prioritizes their spending. I know hospitals are important, but we already have a hospital in Watson Lake and there's a health centre in Dawson, I believe. How many facilities do we really have in the Yukon Territory to deal with the youth of today who are having a lot of mental health issues? None. We have to send them way the heck and gone across the country; we don't have a facility for them. I sincerely believe in my heart that we could have done away with one of those hospitals — proposed hospitals — and put a facility in place for the youth.

I keep on hearing people say over and over again that our youth are our future. Well, it's time the government started to prove that; put their actions where their mouth is and start supporting exactly that. Start supporting the comments that I keep hearing over and over by government.

I know that this is such a critical area and that is why I'm going to focus most of my discussions around this area. I say the same things to First Nations as I say to the government of the Yukon Territory — get off your butts and start doing something about this. I know people would just love for this to go away but it is not going to. It is not going to go away. I have heard people say over and over that they apologized to us and "What more do you want us to do?" Well, big deal. What is an apology? It is only words. What good does that do for someone who has suffered for 15 or 20 years with a broken spirit and nowhere to go to have any understanding of it?

How do you start to mend a broken spirit? It really starts with, I believe, options. I know that the government will say that we have the Sarah Steele Building — well, so what.

That's where the cultural clash comes in. I think this is a golden opportunity for the government to really show sincerity in developing partnerships with First Nation people. I might add that when I talk about a land-based treatment centre and I talk a lot about First Nation people being involved, that does not exclude the non-native people.

I can tell you today that I run a sweat lodge at my place. I have two of them. A lot of the people who come to my sweat ceremonies are government staff, and I honour them for coming. I just believe it is such a good thing. I've had RCMP come to them. It's all about being able to look after a part of your well-being that's not visible. You can't see somebody's thoughts or somebody's feelings. Sure, you can see a broken arm and fix it, but you can't just go out and touch somebody and fix such a thing as sexual abuse, for example.

Having said that, I would like to ask the minister how many mental health counsellors are employed by YTG.

Hon. Mr. Hart: We have 11.5 FTEs.

Mr. Edzerza: So, 11.5 — and there are probably, I would say, 4,000 clients in the territory who are First Nation. Eleven people don't seem to fit into the equation the way they should.

I will just put this on record again, because I feel so strongly about victims of residential schools and, as I said, losing a good friend today. It is now well known that the residential school system caused great harm from neglect and from the emotional, physical and sexual abuse of the students. The schools caused a weakening of traditional spirituality, culture and language, affecting generations of First Nation people, their families and communities.

The residential schools that operated from the mid-19th century to the late 20th century continue to have indirect effects on our youth today. The effects of residential schools on cultural identity, health, and well-being, and the ongoing tensions between the values of First Nation people and mainstream society, complicate the efforts of our youth to form identities and find their way in the world.

Having said that, I hope a lot of people who listen to the debate in this Legislature will realize that it's not as simple as maybe the Premier would put it — that we did an apology and we can't undo the past; get over it kind of thing. Well, it's not that simple. It's something that is, like I stated earlier, right from the early 19th century when it started.

So when we're looking at a hundred-plus years, 200 years of families going through trauma after trauma, it's understandable how we can't look after our children. But then we're penalized for that as well. What a lot of people don't realize is that when the children were taken away from the parents, the parents turned to alcohol. That's the only way they could deal with losing their children was to get drunk and stay drunk. They didn't realize at the time that was going to be used against them for time immemorial and it will be, because they will be branded with having addiction problems and unable to look after their children.

So I hope people are starting to develop a picture now as to why we're having such a difficult time in this territory as First Nation people. We're constantly told, "If you don't like the way we do things, then draw down;" or, "Take over Health and Social Services; take over child welfare; take over education." Again, it's just like the apology — they're just words.

Take over what? Take over what — with what? That is the question, I would say. I would gladly join a force that would start addressing all of the effects of mission school. However, my first question would be: with what? How am I supposed to do that? When, in fact, the government is spending \$1.3 billion this year on just one year's budget — that is about 100 times more than the First Nations got for the whole Yukon Territory land claim settlement — one year's budget.

People have to realize that I find it insulting for a government to say, "Take it over." I find it insulting because they know very well that the finance formula doesn't allow for that. I have been aware of that for some time. It is just adding another helpless suggestion on to somebody who is already helpless.

We basically have to take what is dished out to us by whatever government is in control in the Yukon Territory.

One of the things that I know would work the best would be to develop some partnerships. I would like to ask the minister if there has ever been any discussion about developing part-

nerships with First Nations on a cultural, land-based treatment centre.

Hon. Mr. Hart: A therapeutic community resource feasibility study is a Department of Justice-Kwanlin Dun project funded by the northern strategy. This therapeutic community resource study proposes a multi-use residential land-based facility or therapeutic community resource. The feasibility study explores that possibility for varied programs and a variety of clients.

It also explores management approaches that could support a multi-use land-based facility. The department is supportive of this project as it could be an alternative to low-risk inmates and for offenders on community supervision who require specific residential programming. The feasibility study is expected to be completed in the very near future.

Mr. Chair, we have provided Many Rivers with additional money to assist them with their counselling services for mental health services. In addition, additional money is provided to other NGOs who provide counselling for mental health issues.

Mr. Edzerza: Well, I can surely tell the minister today that it will be a blessing the day — and I do hope I live long enough to see something come into play that is really meaningful. I have reserved thoughts about mixing this in with the justice system. I don't really believe that was the intention of the healing programs within the justice programs.

As recently as two days ago, I talked with some people from Kwanlin Dun who were involved with this and were pretty surprised that there was even an indication that citizens off the street would be mixed in with the correctional facility type training and treatment programs.

In fact, for one individual who said they attended all of the meetings, it was the first time they heard it last week. I have some concern with that. I know from experience that any time we get into this, into mental health type issues, they can be — not only can be, but they are — very, very difficult to even get started on. I believe that it would take probably a minimum of five to six weeks just to get trust development started, and that's right at the very bottom of even being able to start to address these issues.

I'm a firm believer that a lot of why most treatment centres really fail at being able to achieve some of their goals is because they're too short. We're looking at the correctional facility having the treatment option. I don't disagree with that. I think it's a good thing, because if someone's going to be incarcerated for one or two years, they could have access to a lot of good things that may help them.

I do see some kind of a problem with having the general public being involved. After going through Bill No. 72 yesterday, I believe that there may be that possibility for the health program — and through partnership with Corrections — to work on having a land-based treatment centre at perhaps Teslin, Carcross or wherever. But the important issue for those involved to realize is that a lot of our traditional ways have to be done on the land. They can't be done inside of an institution.

I know for a fact that a lot of people I worked with voluntarily had the best success rate when we were out beside the lake somewhere talking or out along the riverbank somewhere

talking — away from everything else but the birds, animals and trees. That is where the most success came to be — when a person was totally relieved of a lot of the action going on around them and being able to totally concentrate on what their issues really were.

I don't know how many times I have gone to Whitehorse Correctional Centre as a volunteer worker with the Kwanlin Dun First Nation and asked questions like: do you know how many of your inmates are residential school victims? I was totally surprised when they said that they didn't know. The obvious question was: how do you develop programs for people you don't understand?

We need to seek understanding of this whole issue.

I'm probably going to talk about this until the day I leave this earth because I know that, through my own personal experiences, people can overcome a horrendous past — one that questions why I didn't spend years in a penitentiary. I'm thankful I never did.

But why me? How come I could experience a lot of the things the mission school people did and still feel healthy today? It has a lot to do with the traditional spiritual aspect of what I learned and what was taught to me. I can tell you today if that had never, ever entered my life, I wouldn't be standing here today — guaranteed.

So that's why I keep stressing to the government how important it is to really start to look at ways to involve traditional initiatives that will complement the health services program and the justice program.

I've mentioned it before that someone who runs a sweat lodge probably wouldn't get a dollar from the government to do it, yet a minister gets paid big dollars to run a church service. That is the difference — cultural difference.

A person who works with mental health — it is the sweat master who does that — really touches the points of mental health that you would never, ever get to inside of a mental health counsellor's office. Yet the same structure that we're taught and conditioned to believe in doesn't support the traditional ways of doing things. It just doesn't. There is so much to the traditional ways of doing things. I could take up the rest of the sitting and talk about something different every day regarding a traditional teaching or a traditional way that could benefit a lot of the people who are having severe issues with mental health. I know that this issue in itself should be looked at by government. The government should be able to say, "Well, yeah, there's no reason why we can't contract out services to traditional spiritual people."

One thing I want to put on record is that when I talk about traditional spiritual teachings, that's not a religion. Our traditional spiritual ways are not a religion, but a way of life. A lot of it is about how to govern yourself as a person. There's a lot attached to our beliefs that it's up to the individual to look after their spirit. Even if it was damaged when you were a child, you still have a responsibility as you get old enough to make decisions. It's your responsibility to do repairs of whatever happened. It doesn't matter what happened; you still are responsible.

So those are the kinds of teachings along that basis that a lot of the traditional ways cover. I know I have talked to professional mental health counsellors who have said to me, "We need you to come work alongside us."

I take that as a compliment and I'm starting to do that. I am working with professional people in Alberta and in the Yukon just to fill in the cultural gap, the cultural clash. A lot of the conventional ways that are used to deal with mental health are valuable. Some people go through a lot of schooling to obtain that expertise. But in our traditional way, a lot of the teachings that we have are not with a Ph.D, but we understand a lot of the issues of how the spirit was damaged and how we can start taking steps to mend and to repair this spirit.

So it is a very very delicate kind of health issue. It is not something that we are going to be able to understand in the next year or two, but I believe if the government of the day would start, right today, on a process of working together with First Nations and building that trust relationship, I think we can overcome a lot of barriers. It shouldn't be about who has the most money or who has the most education.

A lot of the traditional ways are valued through personal

Chair: Order please.

Seeing the time, the Chair will rise and report progress.

Speaker resumes the Chair

Speaker: I will now call the House to order.

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

Chair's report

Mr. Nordick: Committee of the Whole has considered Bill No. 15, *First Appropriation Act, 2009-10*, and directed me to report progress on it.

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

Some Hon. Members: Agreed.

Speaker: I declare the report carried. The time being 5:30 p.m., the House now stands adjourned until 1:00 p.m. tomorrow.

The House adjourned at 5:31 p.m.

The following document was filed April 28, 2009:

09-1-91

Residence for visiting nurses and doctors, construction of: letter (dated February 17, 2009) from Arthur Mitchell, MLA for Copperbelt to Mr. Craig Tuton, Chair, Yukon Hospital Corporation (Mitchell)