

**Yukon Legislative Assembly  
Whitehorse, Yukon  
Thursday, March 10, 2011 — 1:00 p.m.**

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

*Prayers*

**DAILY ROUTINE**

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

Tributes.

Introduction of visitors.

Returns or documents for tabling.

**TABLING RETURNS AND DOCUMENTS**

**Hon. Mr. Rouble:** I have the honour and pleasure of tabling the *Department of Education Strategic Plan 2011-16: Our Commitment to New Horizons* in both French and English. I also have for tabling a document entitled *Implementing the Education Reform Project Recommendations: New Horizons and the Department of Education Strategic Plan 2011-16*.

**Hon. Mr. Kenyon:** I have for tabling a House Joint Resolution No. 15 in the Legislature of the State of Alaska, entitled *Relating to collaboration with the Yukon and Northwest Territories through the Pacific NorthWest Economic Region and its Arctic Caucus to address common issues*.

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

Reports of committees.

Are there any petitions?

Are there any bills to be introduced?

Are there any notices of motion?

**NOTICES OF MOTION**

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

THAT this House do issue an order for the return of all needs assessments, feasibility studies and operational, maintenance and staffing projections completed before political announcements were made that new hospitals would be built in Dawson City and Watson Lake.

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

THAT this House do issue an order for the return of all cost estimates and contracts, including all changes and increases to the same, related to the proposed new emergency medical services building/Whitehorse ambulance station.

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

THAT this House urges the Minister of Health and Social Services to designate four to six beds as palliative care upon the scheduled opening of the Thomson Centre in order to provide:

(1) medical, practical, emotional and spiritual support to Yukoners facing death;

(2) respite care and emotional support for families caring for dying relatives at home;

(3) proximity to Whitehorse General Hospital for staff efficiency; and

(4) savings in health care.

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

THAT this House exercises its powers under section 15(1) of the *Child and Youth Advocate Act* and requests the child and youth advocate to review and make a report to the Legislative Assembly on the implications of the federal government's proposed Bill C-4, *Youth Criminal Justice Act* amendments for Yukon children and youth; and

THAT the terms of reference of this review and report include, but not be limited to, the potential impacts of Bill C-4 on:

(1) Yukon children and youth, particularly those suffering from FASD and other cognitive disorders and mental illness;

(2) Yukon's criminal justice system, community rehabilitative programs, and community justice options like diversion; and

THAT the child and youth advocate transmit a report to Members of the Legislative Assembly by April 11, 2011.

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

Is there a statement by a minister?

Hearing none, that brings us to Question Period.

**QUESTION PERIOD**

**Question re: Energy policy**

**Mr. McRobb:** Mr. Speaker, one of the experts in town trying to help sort out this government's energy problems is university professor Dr. Mark Jaccard. The professor was critical of the Yukon Party's current energy strategy. He said, "It's not a plan that really moves you anywhere at this point. It talks a lot about study and encouraging people and so on, and I have seen plans like that for 25 years."

Mr. Speaker, this is the same energy strategy published in January 2009. As the now Independent Yukon Party member constantly reminds us, those were the good old days when he was still the Minister of Energy, Mines and Resources. The government says its energy strategy is great. The experts say it isn't. Whom should Yukoners believe? This government or respected experts?

**Hon. Mr. Rouble:** Mr. Speaker, the energy strategy that this government has tabled is based on the principles of sustainability, energy security, self-sufficiency, optimizing benefits, climate change coordination, leadership of the Yukon government and partnerships with others.

It creates the objectives of conserving energy and using it more efficiently, increasing the supply and use of renewable energy, and meeting current and future electricity needs and managing responsibly our oil and gas development. That's our responsible approach to addressing this issue. I'm sorry if it doesn't excite or energize the Member for Kluane.

**Mr. McRobb:** This Yukon Party government says its energy strategy is the best invention since sliced bread, but according to a leading energy expert, it's more like toast. In fact, the professor is so unimpressed by this strategy that he has raised the prospects of civil disobedience to force environmentally responsible energy policy to get the attention of government. People are left scratching their heads trying to reconcile this government's rhetoric with its own actions. This government refused to extend the rate relief program because subsidies were contrary to conservation. Then, after this House adjourned, it extended the subsidy program. What exactly is this government's conservation policy with respect to electricity subsidies?

**Hon. Mr. Rouble:** Speaking of reconciling rhetoric, one always has a challenge with knowing the current position of the Member for Klwane, whether it's reflective of the initiatives he was putting in place when he was the Cabinet Commissioner on Energy as part of an NDP government, or now part of his current position as part of the Liberal Official Opposition.

Our position on this has been very clear. We've been working with utilities in Yukon and also with Yukoners. The reason we're having this debate today is because of the charette and the planning exercises that are being held by the Energy Corporation. It's important that we have these discussions and engage Yukoners to talk about our energy future, to talk about the options that are before us, to talk about the challenges that must be overcome and to mobilize Yukoners to take the appropriate actions necessary to achieve our common objectives.

**Mr. McRobb:** I can agree with minister on one point: this government's energy policy is indeed a charade. This government can't have it both ways. It can't champion proper price signals to promote energy conservation and champion bill subsidies. These two are polar opposites. It has to be one or the other.

It's no wonder Yukoners are confused about this government's policy, and it's no wonder the professor is cynical.

Why isn't this government willing to debate its position on conservation and subsidies? Why does it wait until the House is not in session to announce subsidies that completely contradict its position as evidenced in *Hansard*? What is this government's position? Does it favour true price signals to promote energy conservation, or does it favour subsidies? Which is it?

**Hon. Mr. Rouble:** Wow, Mr. Speaker, the Liberal Party calling the principle-based energy strategy a charade. I guess they don't believe in conserving energy or using it more efficiently. I guess they don't believe in increasing the supply of renewable energy. I guess they don't believe in the other objectives that I've outlined here. The government has taken action on many energy fronts, whether it's working with the Energy Solutions Centre or working to build our energy infrastructure, as we've seen with the investments in Mayo B and the Aishihik project.

This government has taken action. Instead, what do we hear from the opposition? Opposition to everything. Their contrary position has become very tiresome. One only has to take a look at the budget to see what's going on. One only has to look

at the activities of the Yukon Utilities Board and see the GRA progress to know where we're at in Yukon's energy strategy. The Government of Yukon, the Yukon Party government, is taking action to respond responsibly to our growing energy needs in the territory.

We're going to work with Yukoners and mobilize them to take the necessary action to ensure that we're meeting our energy futures now and into the future.

#### **Question re: Water management strategy**

**Mr. Elias:** I have some questions for the Environment minister. Canada is home to one-fifth of the world's freshwater supply. Having a safe, secure drinking water supply, healthy aquatic ecosystems, and reliable water supplies for a sustainable economy are key to Yukon's future quality of life. Yukon depends on having a healthy and sustainable water supply for the environment, for our communities and for our economic well-being. A comprehensive knowledge about the state of our water regimes at any given time needs research, partnerships and a strategy. Will the minister start the process of coordinating the development of a comprehensive territorial water management strategy?

**Hon. Mr. Edzerza:** That's exactly what we're doing.

**Mr. Elias:** Knowledge of Yukon's water supply and quality is the foundation for effective decision-making. Without good information to start with, we cannot make good decisions for Yukoners today and for future generations. This isn't the first time I brought this issue forward. When I asked two years ago, the Community Services minister mentioned a number of water initiatives that would best fit under a strategy, but he wouldn't commit to developing one. I hope the Environment minister will display leadership when it comes to our essential water sources.

We need to manage our water resources through a comprehensive territorial water strategy. Will the Environment minister launch the development of this important strategy?

**Hon. Mr. Edzerza:** I believe I probably answered this question three times over the sitting, but again, the department understands that a water strategy is of importance. It's a work-in-progress, Mr. Speaker.

**Mr. Elias:** I haven't seen any public consultation.

A made-in-Yukon water strategy would advance a number of goals, including ensuring that: (1) each and every Yukoner has access to safe drinking water as a basic human right; (2) critical aquatic ecosystems are maintained and protected; (3) our water supply is effectively managed to support sustainable economic development; (4) we conduct and share the research and planning necessary to manage our water; and (5) our partners are empowered, informed and fully engaged in water stewardship in our territory.

These are important objectives and I'm inviting the minister to show some leadership on the floor of the House today on how he's going to manage to accomplish this. Will the minister coordinate the development of a comprehensive territorial water strategy with our partners in federal, First Nation and municipal governments?

**Hon. Mr. Edzerza:** The Yukon government departments with water management responsibilities have recently

completed the water management framework initiative which focused on better understanding the roles and responsibilities of the Yukon government's water management regime.

Some internal program improvements and the enhancement of collaboration between programs are currently underway. However, given the multi-governmental responsibilities of water, input from other governments and stakeholders is important to address the issues identified.

At the western premiers conference in June 2010, the premiers, including our Yukon Premier Dennis Fentie, established a new strategy to conserve and manage Canada's fresh water supplies as set out in a water charter, including making water conservation and protection a priority and cooperating and sharing information on water conservation and quality. That is taking the bull by the horns and providing leadership in this area.

### Speaker's statement

**Speaker:** Before the next question, I just want to remind the honourable minister: don't mention individuals by name, please.

### Question re: Airport activity

**Ms. Hanson:** Every spring, the skies above Whitehorse are abuzz with the sound of pilots training and recertifying to fly helicopters. This year the skies above our beautiful city are expected to be busier than ever due to the current mineral staking rush. This does raise some problems, however. These test flights run from April to June.

They occur more than 12 hours a day, seven days a week. They cause considerable noise and pollution but, worst of all, they occur over residential neighbourhoods. This is a serious safety concern. These pilots practise take-offs and landings, sharp turns, sudden descents and other tricky manoeuvres.

Can the Minister of Highways and Public Works tell us why these test flights occur over residential areas?

**Hon. Mr. Lang:** That airport has been there for about 50 years. We encourage them, if they're doing that, to go outside the residential areas and, in most cases, they do.

**Ms. Hanson:** That may be the case, and it's an encouragement, but the reality is that particularly helicopter flights are doing their training above the downtown area of Whitehorse. Yukoners do like to get outdoors and enjoy our very short springtime. We like to sit outside on our decks and work in our gardens or play with our kids. Some of my constituents say these activities — the flying off the clay cliffs, particularly below there, at the top of Eighth and Seventh Avenue areas of Whitehorse Centre — are loud sounds and strong fumes of helicopters filling the air from morning to night, day after day.

Can the minister tell me why these test flights cannot occur further away from residential areas?

**Hon. Mr. Lang:** That is maybe another thing the NDP could shut down — the airport.

**Ms. Hanson:** I would expect something a bit more with gravitas from the minister responsible for this area. This is an issue that has been raised by members of my constituency in downtown. This is a quality-of-life issue for many of my con-

stituents in the downtown area of Whitehorse Centre. They don't see why they should have to put up with the noise pollution and danger of having helicopters flying so low overhead. When a Whitehorse Centre resident — and perhaps it was this minister who said this to her — raised this issue a few years ago, she was told to stay someplace else during the springtime. I hope the minister might have developed some sympathy by now. I hope he has a better answer today for persons or the many downtown residents who find low-flying helicopters dangerous and disruptive.

Will the minister commit to looking into other places where these helicopter pilots can practise their flying skills more safely and less obtrusively?

**Hon. Mr. Lang:** I find interesting the Leader of the Third Party and her comments in this House. That airport has been there for 60 years. In fact, it has been there longer than she has been in the Yukon. The people use it respectfully and cautiously. On fixed wing, they're encouraged to work outside the city limits.

I'm saying to the member opposite: everybody in this community uses that airport.

By the way, four jets fly over my house every day — every day, Mr. Speaker. I'm not going to shut that down. They're for the service of all Yukoners. I will work with the airport, but the airport is where it is, and there are airplanes and there are helicopters. I'm not about to shut down the international airport.

### Question re: Wolverine mine cave-in

**Mr. Cardiff:** Mr. Speaker, we learned yesterday that a tragedy was narrowly averted at the Wolverine mine. On February 16, there was another cave-in. Five hundred tonnes of rock came crashing down in an area where workers had been working. Luckily no workers were in the vicinity at the time of the cave-in.

In August, Energy, Mines and Resources approved Yukon Zinc's mine development and operation plan, version 2010-12, subject to some conditions. Yukoners want some assurances that the mine is safe. I want to give the Energy, Mines and Resources minister, who permits mines in the territory, an opportunity to speak to Yukoners about this latest incident.

What steps is his department taking to ensure this mine is safe?

**Hon. Mr. Rouble:** This is a very serious issue that the company has taken to heart and, additionally, government agencies, such as Energy, Mines and Resources and also Yukon Workers' Compensation Health and Safety Board and their operational health and safety folks have also been very active in. It is very fortunate that there was no one hurt in this area where people were not working. It was an area that had not been yet re-supported, but an area where they were planning to do additional work. The Department of Energy, Mines and Resources is working closely with the company. Additionally, the company has worked with Occupational Health and Safety. Occupational Health and Safety has gone in and provided their confirmation that work can continue in areas that have been identified within the mine site.

**Mr. Cardiff:** There have already been two deaths at the Wolverine mine, and we don't want to see any more. Last

April, a young man, Will Fisher, died when a tunnel collapsed. Yukoners want some assurances that the mine is safe, so I have the same question for the minister responsible for Yukon Workers' Compensation Health and Safety Board — I want to give that minister, who is responsible for health and safety in Yukon workplaces, an opportunity to speak to Yukoners about this latest incident. What steps is his department taking to ensure this mine is safe?

**Hon. Mr. Hart:** As we've stated previously in this House, Occupational Health and Safety was immediately on-site, in conjunction with the RCMP, to review the situation where the individual suffered his mishap. They were there for the whole duration of that review. In fact, they ensured that no one was working underground until such time as Occupational Health and Safety was happy with the conditions there.

**Mr. Cardiff:** It's unfortunate the minister doesn't even get it. I'm talking about what he's doing and what the department is doing to make it safe after the latest incident, not the one that occurred last year. Last year a 25-year-old, on April 25, was killed by a cave-in at Wolverine mine. Shortly afterward, as the minister just stated, Yukon Workers' Compensation Health and Safety Board went there with the RCMP. They did an investigation. They released an interim report on the fatality, and they announced that a more thorough investigation would be conducted.

A board representative recently said in media reports that the investigation into the death last April had been completed and it is in the hands of the Yukon Department of Justice. When did Justice receive the report from OH&S and RCMP inspectors? What does the report say, and when will it be released to the public?

**Hon. Mr. Rouble:** In this particular case, additional work has been done by the engineering staff involved, by the geological staff involved, by the people doing the shoring-up of these areas and additional inspections going on by occupational health inspectors to ensure that it is permitted appropriately and to ensure that the appropriate permits and certificates are in place in order for work to proceed. The company has been working very proactively with all the agencies involved, whether it is the Government of Yukon or Yukon Workers' Compensation Health and Safety Board in order to ensure that their mine is being built to the highest standards.

#### **Question re: Motions for production of papers**

**Mr. Elias:** Yesterday in Ottawa, the Harper government was found to have breached parliamentary privilege on two separate occasions. As the *Globe and Mail* noted in an editorial today, the government has scorned Parliament and shown a lack of respect to the people entrusted by Canadians to represent their interests in refusing requests for detailed information on the cost of legislation.

Here in this Legislature there are almost 60 information requests on our Order Paper for information from this government and not one has been answered.

Why has this Yukon Party government, for years, refused to provide members of the opposition and the public with the basic information on what they are up to?

**Hon. Mr. Fentie:** Well, I guess respect for the forum of democracy, our Legislative Assembly, has just been demonstrated.

Frankly, all pertinent information for this Assembly, for the members opposite, for the public, is made available through the appropriate processes, channels, and so on. But if the Official Opposition, the Liberals, choose to use this in a manner that is not intended, that is their business.

But let me remind the House and Yukoners of something: even in debate, in this Legislature, when we only have to sit a maximum of 60 days in a calendar year, the Liberals have failed — failed in all these years to fully debate a budget. I think the problem and respect for this House sits right over there on the Liberal benches.

**Mr. Elias:** First and foremost, I'll take no lessons from this Yukon Party Premier. Yukoners are craving openness and accountability in this democracy. Our requests on the floor of this House for information were done in the public's best interests.

Requests for budget information, health care studies, education reform, investment policy, our territory's financial position, energy studies, audits and reports, public safety studies, environmental test results — every single one of these requests for information was ignored by this Yukon Party government. Why has this government not responded to these requests and chosen to keep this information from the public?

**Hon. Mr. Fentie:** In the context of respect for this Assembly, the Member for Old Crow has just stated every single request has been ignored. But the member also referenced the fact that the financial position of the Yukon has been requested. What in the name of this Assembly and democracy and on rational thought is the budget — the budget that the Liberals have failed in nine years to fully debate? The problem the Liberals have is that they don't have time for democratic processes and constructive debate. They're too busy running around, trying to find a way to get the office.

**Mr. Elias:** We've made these requests on behalf of the public we serve, and this government's response is always no. The Premier wants to know what I vote against? I'll tell him right now what I vote against. I vote against the secret privatization of our energy future. I vote against copping out on climate change. I vote against our terrible graduation rates. I vote against democratic deficits. I vote against \$36.5 million of bad investments. I vote against the lack of compassion and accountability of this Yukon Party government.

You know what, Mr. Speaker? This Yukon Party did this before, and they will do it again. This Premier needs to get on his feet and give one good reason to Yukoners why he has refused almost 60 information requests from the opposition members.

**Hon. Mr. Fentie:** I think the reason has just been presented to the public by the Member for Old Crow. If that is the approach that the Liberals take in constructive debate, I don't think I need to expand on that whatsoever.

Mr. Speaker, all those lists of votes, apparently, which the member has voted against, have never been on the floor of this House for a vote. Good luck to the Liberals. We're still waiting

for their plan. So far, what have we got? Opposition to building health care facilities. A big issue with a leaky sewer pipe that turns out to be a frozen waterline. A hiring office at an adult store. Dealing with officials and public employees in a manner that is inconsistent with the authority vested in us as elected members. I could go on all day, Mr. Speaker. I think the Liberals are in a big predicament. They have no plan; they have no vision; they have no focus; they have no purpose, and Yukoners don't know what they stand for. Good luck in the coming election.

**Question re: Motions for production of papers**

**Mr. Mitchell:** My colleague, the Member for Vuntut Gwitchin just asked the Premier a question three times, a serious question, and he got the usual deflection and diversion and no answer, so we'll try again.

Let me repeat the point the Speaker of the House of Commons made in his ruling yesterday. Parliament has an unconditional right to demand information from the Cabinet. Over the last five years, this government has taken its lead from the Harper government when it comes to providing information to the public. Mr. Harper deals with the public on a need-to-know basis and we have the same attitude here in the corner office.

There are 59 requests on our Order Paper that this government has not responded to. Why has this government chosen to ignore every one of these requests for documentation on behalf of Yukoners?

**Hon. Mr. Rouble:** It's always interesting to hear the opposition complaining about not receiving information. They did get a copy of the Department of Education's annual report. Earlier today I presented both the English and French translation of the Department of Education's strategic plan. The other day I was told by the Liberals that we hadn't done anything in order to respond to the concerns raised by the Auditor General of Canada.

When one takes a look at the report, on pages 8 through 11 of the preface, there are responses to 11 of the recommendations.

Now, the opposition can bury their heads in the sand all they want, but just because they have a lack of information about what is really going on, or a lack of awareness, doesn't mean that nothing is going on. They just have to pull their heads out of the sand, take a look at what is going on, read the reports that are actually given to them, and then we can get on with constructive debate.

**Mr. Mitchell:** The Education minister has now made it 0 for 4. Talking about heads in the sand — answer the question that is asked. Stop telling us that it is up to you to decide what information will be provided. The public expected more from the Harper government and from this government as well. They promised voters they would be fully open and accountable. The Speaker of the House of Commons threw the book at the federal Conservatives yesterday because they continually ignore requests from the opposition for information. It would have been reasonable to expect at least some progress to have been made in response to these more than 50 MPPs in the past four years, yet this government has come up empty.

What good reason does the government have for refusing to provide the information we have been asking for?

**Hon. Mr. Kenyon:** It is interesting to watch the Liberal leader in the Yukon so avidly supporting his federal counterpart, the Iggy Opposition.

I think perhaps if the member actually read the websites where most of this information is posted, if he read the documents we regularly table in the House, if he or his colleagues attended — rather than staff — regular departmental updates and briefings that are offered and took adequate notes, and didn't sit there and say they were possibly holding the truth back because the member can read body language —

Perhaps it's about time the members are concerned about things that are placed on the floor. When are the Liberals in this House going to debate the over 1,000 motions that they have placed on the floor of this House? Are they asking things that could seriously be debated in this House, in a democratic fashion, or are they just having a little bit of fun over there?

**Mr. Mitchell:** Well that's 0 for 5, Mr. Speaker. Deflection, diversion, but no answers. We know that the final answer of the day — because that's when he likes to pop up — will be the Premier's. The Harper government breached the privileges of Parliament by hiding information from Parliament and Canadians. Government is not above the rules. The Speaker reinforced the supremacy of Parliament in having a right to demand all information necessary for its role, so I would urge the Premier, take a look at the Speaker's ruling. In fact, I would urge all the members across the way to take a look at it. Several of the requests we have made relate to issues that are each their responsibilities.

Instead of putting up a brick wall, will the Premier start answering some of the 59 outstanding requests for information we've made on behalf of Yukoners?

**Hon. Mr. Fentie:** Let me remind the Liberal leader that this institution, this Assembly, also has a Speaker, and if the Liberals take issue with the government side and its presentation of information requested, take it through due process before this Assembly's Speaker. The problem here is the Liberals are scrambling to at least find some semblance of a position they can present to the Yukon public.

Mr. Speaker, the requests for information that are of substance, that are factual, are always responded to. When it comes to accountability, the opposition — especially the Liberals — are to be held to account for not debating the public's business. They have never, ever finished fully debating the public's business and, in short, the most important part of the public's business, the budget. They just vote against it; they know not what they do. Good luck in the coming election.

**Speaker:** The time for Question Period has now elapsed. We'll proceed to Orders of the Day.

## ORDERS OF THE DAY

### GOVERNMENT MOTIONS

#### Motion No. 1310

**Deputy Clerk:** Motion No. 1310, standing in the name of the Hon. Mr. Fentie.

**Speaker:** It is moved by the Hon. Premier

THAT pursuant to section 18 of the *Conflict of Interest (Members and Ministers) Act*, the Legislative Assembly reappoint David Phillip Jones, Q.C., as a member of the Conflict of Interest Commission for a three-year period.

**Hon. Mr. Fentie:** As I'm sure all honourable members are aware, the Conflict of Interest Commissioner is an officer of this House and plays a key role with respect to the *Conflict of Interest (Members and Ministers) Act*. He assists members of this Assembly and members of Cabinet to understand their obligations under our conflict of interest legislation. He assists members and ministers in identifying areas of possible conflict and providing them with the advice on preventing conflicts from occurring. He may investigate any complaints that may be made by members under the *Conflict of Interest (Members and Ministers) Act*. The Conflict of Interest Commissioner also plays a role with respect to employees of our various caucuses and Cabinet offices as well as deputy ministers. The motion before us today is to reappoint the current Conflict of Interest Commissioner, David Phillip Jones, Q.C. for a fourth three-year term.

Mr. Jones was first appointed by this House in 2002, succeeding Yukon's first Conflict of Interest Commissioner, the Hon. Ted Hughes. His appointment was renewed by members of this Assembly in 2005 and in 2008. His current term expires in May of this year.

Mr. Jones certainly brings a wealth of experience and training to his position. He has a legal practice in Edmonton, which focuses on administrative law. He is also a neutral arbitrator and mediator in both labour and commercial matters. He is the co-author of Jones and De Villars *Principles of Administrative Law* and is the co-editor of the *Administrative Law Reports*, as well as the author of numerous other articles.

Mr. Jones studied economics and political science at McGill University. As a Rhodes Scholar, he studied law at the University of Oxford in England and has taught law at both McGill University and the University of Alberta. Given Mr. Jones' past service to this House and his qualifications for the role of Conflict of Interest Commissioner, I am pleased to be sponsoring this motion before us today.

**Mr. Mitchell:** I will be brief, because the Premier has outlined the curricula vitae for the Hon. David Jones, Q.C., and we rise to support his motion.

Mr. Jones does bring great expertise and experience to the position. He has served Yukon well over the past three terms — nine years — and we look forward to benefiting from his advice and counsel over the next three years. We will be supporting this motion.

**Ms. Hanson:** The members of the New Democratic Party caucus support the reappointment of Mr. Jones for a further three-year term. His advice to members and ministers over the years about whether a particular matter would or would not constitute a real or apparent conflict of interest and what steps need to be taken to avoid such a conflict have, I'm sure, been invaluable.

Mr. Jones said in his last report the concepts about what constitute a conflict of interest do evolve over time and that we need to ensure our *Conflict of Interest (Members and Ministers) Act*, which was originally enacted in 1995 and amended in 1999, keeps pace with the times.

We look forward to working with Mr. Jones.

**Mr. Cathers:** Mr. Jones, as other members have noted, has served this Assembly and the territory for almost nine years in the role and has continued to do a capable job. I'll be supporting his reappointment.

**Speaker:** If the honourable member speaks, he will close debate. Does any other member wish to be heard?

**Hon. Mr. Fentie:** I want to thank the members opposite for their input.

Mr. Jones has certainly served this Assembly and this territory well. I think it is only fitting that he be reappointed again for the next three-year term. Thank you.

**Speaker:** Before putting the question, the Chair must draw the members' attention to section 18(4) of the *Conflict of Interest (Members and Ministers) Act*. That section requires that a motion to appoint a Conflict of Interest Commissioner must be supported by at least two-thirds of the members of the Legislative Assembly present for the vote. In order to ensure the requirements of section 18 of the *Conflict of Interest (Members and Ministers) Act* are met, the Chair will call now for a recorded division.

**Speaker:** Madam Deputy Clerk, please poll the House.

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

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

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

**Hon. Mr. Kenyon:** Agree.

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

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

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

**Hon. Mr. Edzerza:** Agree.

**Mr. Nordick:** Agree.

**Mr. Mitchell:** Agree.

**Mr. McRobb:** Agree.

**Mr. Elias:** Agree.

**Mr. Fairclough:** Agree.

**Mr. Inverarity:** Agree.

**Ms. Hanson:** Agree.

**Mr. Cardiff:** Agree.

**Mr. Cathers:** Agree.

**Madam Clerk:** Mr. Speaker, the results are 17 yeas, nil nays.

**Speaker:** The yeas have it. I declare the motion carried by the required support of two-thirds of the members of the Legislative Assembly present for the vote and that David Philip Jones, Q.C., has been now reappointed as Conflict of Interest Commissioner.

*Motion No. 1310 agreed to*

**Hon. Ms. Taylor:** 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. Committee of the Whole will now come to order. The matter before the Committee is Bill No. 24, *First Appropriation Act, 2011-12*. We'll now proceed with general debate on 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.

### Bill No. 24: *First Appropriation Act, 2011-12* — continued

**Chair:** The matter before the Committee is Bill No. 24, *First Appropriation Act, 2011-12*. We will now proceed with general debate in Vote 15, Department of Health and Social Services.

#### Department of Health and Social Services

**Hon. Mr. Hart:** I apologize, but I'm going to sit. I'm pleased to have the opportunity today to speak to Committee of the Whole on the Health and Social Services operation and maintenance expenditure budget for the year 2011-12 in the amount of \$262,611,000. I would like to draw your attention to some of the highlights of the programs, services and major initiatives that we will be focusing on over the coming year.

The department is actively planning to move forward on the recommendations of the report of the Auditor General. We have accepted all of those recommendations. We will be outlining our implementation plans as well as steps already taken during our discussions with Public Accounts after the completion of this sitting of the legislative session.

However, I would like to say a few general words about the report and what it means for the budget perspective. What the Auditor General said in her report, in essence, is that we have to have more careful business cases to support the expen-

diture of public funds. These business cases must be rigorous; they must have benchmarks, performance measures and a careful risk analysis.

We in my department are faced with a wide array of ongoing demands and an infinite set of fresh demands, but with a finite amount of resources to meet those demands. We are doing better than most jurisdictions in maintaining the relative share of expenditures as a percentage of the GDP; nonetheless, Health and Social Services consumes more than one-quarter of the budget. New endeavours must be funded from efficiencies within the system or new targeted funds from Ottawa.

The Task Force on Acutely Intoxicated Persons at Risk delivered its final report on December 31, 2010. The department accepts the report's recommendations and has begun to work on implementation planning. In assessing what we can do for the development of a sobering centre, a medical detox model is an important part of the plan. We will be working closely with others as we explore how we might accomplish this.

Work on the wellness initiative commenced in January 2011. The wellness framework will set out a broad action of achieving wellness among different groups in the Yukon, such as children, young adults and persons with disabilities in different settings, such as workplace, schools and the community at large. The strategy itself will focus initially on children, youth and families. This strategy will reflect the best available evidence, coupled with the vision and priorities of Yukoners and will be complementary to the social inclusion strategy, the renewed active living strategy and the healthy aging strategy. This initiative is undertaken as an important part of our response to the health care sustainability review.

Work on the social inclusion and poverty reduction strategy is proceeding as planned. We are confident that the strategy will be completed by the summer and will provide us with a framework on how the government can move forward in addressing the pressing social challenges that impact the most vulnerable citizens of our society. The *Whitehorse Housing Adequacy Study*, done as part of the social inclusion work, as well as the recently released *A Home for Everyone: A Housing Action Plan for Whitehorse*, developed by the housing task force of the Anti-Poverty Coalition, are helping us to identify priorities and develop programs and services to assist those wanting to make better lives for themselves.

This government expects to be announcing significant progress shortly in all these areas.

Addressing various social housing issues and challenges is a priority of this government. Health and Social Services is working closely with Yukon Housing Corporation on a number of initiatives brought forward by various community groups and interests. Over the coming year, we will continue our work with NGOs and stakeholders.

Our government is continuing to follow through on its commitment to provide services and supports to children with disabilities and their families through its collaboration with Autism Yukon, FASSY and other community groups and through our involvement in forums such as the Canadian Northwest FASD Partnership.

We are also continuing to engage and work with First Nations on implementation of the *Child and Family Services Act*. This government has also made a tangible commitment to work with the Government of Saskatchewan as they explore clinical trials for MS sufferers based on the still controversial liberation therapy developed by Dr. Zamboni in Italy. Discussions with Saskatchewan are ongoing as we await responses to their health research centre's request for proposals, now expected for the end of April of this year, after which there will be a one- to two-month period needed to conduct a peer review.

Once the peer review has been completed, submissions for funding will be considered by the Saskatchewan government. The level of our government's commitment will depend on how the funding process will unfold.

Insured Health Services has introduced an innovative initiative by establishing the Weight Wise program in Yukon in conjunction with Alberta Health Services. There are currently 39 patients awaiting the start of the second offering of this program, anticipated this spring.

Insured Health Services has successfully recruited pediatric services in Whitehorse and sees a pediatric service available to Yukon residents on a monthly basis. Insured Health Services has also been successful in recruitment of rural physicians. This year we'll be seeing the opening of 19 new beds in the Thomson Centre, which will help alleviate the demand we are currently experiencing for long-term care beds. Preliminary renovation work at the Thomson Centre will also allow us to proceed with a further 10 beds at a later date.

I would now like to draw your attention to specific budget highlights. Over the coming year, total O&M expenditures will increase by 14 percent, which will include a 14-percent increase in the transfer payments and will be accompanied by a revenue increase of 33 percent.

All major program areas will see increases. The department is working with Yukon Hospital Corporation and the Canada Health Infoway to move forward with plans for additional electronic health information systems in Yukon and in developing a legislative framework for personal health information. Electronic health information systems are an important part of modernizing the health sector and improving patient care. Yukon is embarking on a territorial-wide e-health project to provide patient information electronically to clinicians and care providers through an interoperable electronic health record.

With respect to the \$3.614 million capital budget, \$3.196 million has been allocated between a number of Canada Health Infoway-funded projects. \$2.836 million will be allocated for the development of an integrated health record system, including phase 1, and subject to the approval of the business case for phase 2. \$360,000 has been allocated to complete Panorama, which is a system that will enhance our ability at both national and local levels to manage communicable disease outbreaks, immunization, vaccine inventory, family health, health alerts and workloads.

Canada has approximately \$8 million earmarked for improved Yukon electronic health record projects over the next

few years. This allocation is offset this year by the recovery of \$2.279 million for the e-health Canada Health Infoway project.

This budget provides an eight-percent increase for an additional \$3.581 million to the Yukon Hospital Corporation for the 2011-12 budget of \$46.405 million. This is primarily made up of a total of \$3.117 million in operation funding and \$2.18 million for the Watson Lake transfer. Funding for the transfer includes costs associated with the transfer of personnel, new proposed positions, a new First Nation health program, and corporate overhead. This figure also includes capital for ongoing equipment replacement and upgrading.

There has been a decrease of \$977,000 to address the Yukon Hospital Corporation employees' pension plan deficit, originally entered into in December 2006, which concludes with the final payment on March 30, 2011, prior to the start of the 2011-12 fiscal year.

This budget also contains funding for the cancer care navigator program, which continues in partnership with the Yukon Hospital Corporation, and which assists Yukon residents diagnosed with cancer to navigate the health care system. \$41,000 has been allocated for the continuation of this program. I also wish to note that this was a federally funded program that this government picked up when Ottawa ended this particular program.

This budget also includes \$80,000 for the community clinical dietitian. The role of the community dietitian generally is to develop population-based programs and services, including information campaigns. Again, I wish to point out that this is another initiative funded through federal dollars.

The department values the work and contribution of many NGOs that provide service on our behalf. Responding to the individual needs of each NGO is a challenge each year, given that we must all work with limited resources in the ever-increasing demands.

This year's budget provides for \$111 million in transfer payments to community partners, such as parents of children with disabilities, the Yukon Medical Association, Yukon Hospital Insurance Service, childcare operating funds and NGOs.

The NGO funding will support the work of organizations, such as Help and Hope for Families Society, FASSY, Many Rivers Counselling and Support Services, Yukon Women's Transition Home Society, Salvation Army and the Dawson Shelter Society.

While the social inclusion strategy will establish the groundwork for future investments, this budget provides \$14.14 million for social assistance and supports the most vulnerable citizens of our communities. This is an increase of \$2.8 million, which takes into consideration the following factor: Yukon's growth in population. We are at the highest population level since the gold rush, with a nine-percent increase in cost and an eight-percent increase in caseload numbers.

This budget contains a total of \$3.4 million for the territorial health access fund, highlighted by some of the following initiatives: \$406,000 for the palliative care model; \$168,000 for healthy living and healthy eating; \$207,000 for the wellness and aging strategy; \$140,000 for the Yukon health line; \$1.082 million for the chronic conditions support program; \$435,000



for mentorship; and finally, \$120,000 for the telehealth program.

In addition, \$1.6 million has been allocated for the medical travel fund which supports Yukon medical travel needs. I would like to note that the funding for the territorial health access fund is 100-percent recoverable from Canada. As part of the condition of this funding, the federal government requires that we thoroughly examine our medical travel program to determine if there might be better ways to run the program and manage our costs. I want to underscore that this is not a cost-cutting exercise.

The medical travel review currently underway does not include a review of the medevac program. The decision to send a patient out of the territory for urgent medical needs has been, and always will be, a medical decision. The consultants will be looking at administrative processes and providing advice on such things as better tracking, reporting on medical travel activities, reason for medical travel and stats on the types of services the patients are receiving Outside.

This information will better inform health managers and groups such as the specialists committee and the decisions they make regarding the medical travel program.

This budget sees an increase to physician and hospital claims that are reflective of a changing demographic and population increases. A \$5.1-million increase has been forecast to address the growth in physician claims, as there is continued growth in patient visits, the number of physicians and the complexity of patient cases. A \$4.9-million increase for hospital claims is also being anticipated. Both the number and cost of claims is increasing as population and health care needs of the Yukon change.

These increases are necessary to meet the health care needs of a growing Yukon population, yet as a percentage of GDP, we are still significantly better off than most jurisdictions.

At this time I would like to take the opportunity to provide clarification to a statement I made in Committee of the Whole on February 21, 2011, during our discussions on the 2010-11 supplementary budget. In explaining the \$7.907-million increase to Health Services, I mistakenly indicated that there was an increase of \$7 million required for salary increases, when in fact, the correct explanation should have included the following: there was an increase of \$7,000 for salary increases in the management category, and not \$7 million. It could have been the drugs.

The above information now correctly explains the line item for health services in the supplementary budget for 2010-11, for the members opposite.

Returning to this year's budget: we have included in this budget for continuing care an increase in personnel of \$1.75 million, and a \$957,000 increase in other O&M for the opening of the 19 additional beds at the Thomson Centre.

Additional O&M includes service contracts such as dietary, laundry, pharmacy, nursing and general supplies, equipment rental, communications, training, and non-consumable assets. The estimated timeline for the first residential admission to the Thomson Centre is slated for May 2011. With respect to

the capital budget, I've already drawn your attention to the Canada Health Infoway projects.

In addition to this, a total of \$151,000 in capital is allocated for repairs to facilities, including the young offenders facility, Youth Achievement Centre, group homes and the Sarah Steele Building. This budget also provides for \$34,000 in capital, allocated for the purchase of program equipment for number of facilities. A total of \$203,000 in capital is allocated for equipment purchases in a number of program areas, including chronic diseases, extended health, hearing services, dental health, communicable disease and environmental health. A total of \$457,000 is allocated for renovations and equipment to maintain the 13 health care centres.

My government values any opportunity to work collaboratively with First Nations. \$110,000 in funds has been allocated in this capital budget to complete the installation of video conferencing in First Nation offices under the northern strategy telehealth expansion project.

That concludes the highlights for 2011-12 budget for the Department of Health and Social Services. I look forward to the opportunity to respond to questions from the members opposite.

**Mr. Mitchell:** First of all, I'd like to thank the minister for the overview as presented and I'd like to thank the department officials for the briefing that was provided back in February. It was much appreciated. We did receive a fair level of detail in the briefing and that is very beneficial to our understanding of the spending that's in the estimates. I'd like to thank all the officials — there were quite a number there, and one who is usually there but couldn't be.

I'd also like to thank the health care workers across Yukon in the 13 community health care centres the minister was just referring to, plus at the Whitehorse General Hospital and the Watson Lake hospital, the doctors, the nurses and medical imaging technologists, and the dietitians. All the people who work in our health care system are very dedicated, compassionate and caring, and I think all of us who have had the opportunity or occasion to make use of the system are very appreciative of the very personalized care that we receive in Yukon.

I'd like to start with just some general questions revolving around the estimates. I appreciate the minister has indicated that, mains to mains, there's a 14-percent increase from 2010-11 to 2011-12.

I'm going to mainly concentrate on O&M today because the capital budget is relatively small and the O&M budget is the biggest O&M budget across government. Of course, this department represents virtually 25 percent of the total budget we have in front of us. The O&M estimates are \$262.6 million, and that, at first glance, does appear to be a healthy increase from the 2010-11 main estimates of \$230.8 million. We also know that after two supplementary budgets in 2010-11, we have now spent, or are forecast to have spent, over \$257.7 million in the fiscal year that is about to end.

That means the main estimates are in expectation that we will spend only \$4.9 million more this coming year than we have spent in all of last year with those supplementary budgets

included. Meanwhile, as the minister has pointed out, wages have increased, with a new YEU contract.

The other costs have increased; prescription drugs have increased; the number of visiting specialist visits are projected to increase, supplies, physician fees, et cetera, and Yukon's population has grown, as the minister indicated — I think by over 600 people, primarily in Whitehorse, although also in some other communities. In fact, \$4 million of the increase in main estimates to main estimates in the Health budget alone is simply due to the collective agreement, so it's not money that's to provide increased or new services, but rather is the result of the fact that our hardworking employees have successfully negotiated a new agreement and those costs have to be included.

My first question for the minister, because we've seen how large the supplementary budgets for health care have been in two budgets, in 2010-11: how confident is the minister that he can get the job done for this amount of money?

**Hon. Mr. Hart:** We also are looking at one-time expenditures in the supplementary in allowances for pension, as well as — both the hospital and the physician claims had money already set aside for them in the recovery — in the supplementary.

**Mr. Mitchell:** Just to follow up on that, can we expect to again see sizable health budget increases in supplementary budgets in this coming year? That has been a pattern in the past and it certainly was last year.

Or is the minister saying no — that, obviously, there will always be some unforeseen circumstances, but he doesn't think we will have large or significant supplementary amounts that will need to be voted?

If we are going to see significant supplementary budgets in 2011-12, where is the money going to come from?

**Hon. Mr. Hart:** We don't expect any large issues with regard to a supplementary in the future. However, I will state that we anticipate the differential for the physician claims and hospital claims — the amount difference is about \$5 million for the whole department.

**Mr. Mitchell:** The minister referred to the Auditor General's recent report, entitled *Yukon Health Services and Programs — 2011, Department of Health and Social Services*, and the minister indicated in his opening remarks that the government is following up on all the recommendations and intends to implement action to do so.

One of the concerns that was expressed by the Auditor General in paragraphs 86 and 87 was that the department "...overspent its budget by \$1.4 million in the 2008-09 fiscal year and by \$3.7 million in the 2009-10 fiscal year. As a result, the department is not in compliance with the *Financial Administration Act*." The Auditor General went on to say, "According to the department the overspent amount in both years was due to costs from other jurisdictions that the department did not budget for. While the inter-jurisdictional guidance for hospital and medical care insurance states that provinces and territories have up to 12 months to invoice for services after a patient has been released, an estimate of these costs should be made before the year-end so the department can request supplementary estimates for any additional costs."

My question for the minister: what sort of changes in practice or procedures is the Department of Health and Social Services putting in place so that they can better estimate these costs during the year?

Does the minister believe that the increases, main estimates to main estimates, are sufficient to cover these amounts, since those amounts increased so much in the supplementary budget? If not, since it's obviously impossible to know these costs until late in the year or the year following, will this inevitably, yet again, lead to supplementary budgets to cover these costs of some significance? I'm not asking the minister if there is going to be any money at all that's required, because estimation is just that — it's estimation. It's not a precise science. It appeared to me from what the Auditor General was saying in conversations I had with her that perhaps the government was being overly optimistic in past years on just where these numbers would play out.

**Hon. Mr. Hart:** I'll try to respond as best I can to the member opposite's question. We are talking with British Columbia and Alberta to try to get a better estimate of the number of patients. Again, I will state that both those jurisdictions have indicated they, too, are having difficulty in maintaining their health systems. They've indicated to us that they can assist if we can provide them with the resources to have an FTE there to fill it out, but of course the member opposite knows that's not obviously conducive for us to work with.

What we have been doing, though, is working very closely with B.C. and British Columbia to see if we can try to get a better reporting structure. But, again, as I've indicated in the House many times, our reciprocal agreement allows them one full year in which to bill us for patients. It does come to light for those patients whom we're unaware of being Outside. As I mentioned to the member opposite during our last sitting, our agreement with both jurisdictions for intensive care beds has gone up substantially from what it previously was. We're also going to work with stats Yukon on a computer modelling system to help with assisting in the process. It will take us some time to work toward that, but we are working with them in a manner to try to monitor that situation, as well as meet some of the conditions of the Auditor General's report with regard to monitoring this type of expense to the Yukon.

As I stated, too, previously, it's really impossible to know for any great certainty what items are going to fall and just exactly what they're going to be. For example, we had two patients in the month of December who cost approximately \$2 million. We were totally unaware of what these were — and these were for babies. They go out and we take care of the situation. The client goes out, but we don't know, for example, whether they're in intensive care or acute care or whether they're in there for two days or five days.

I will say, main estimates to main estimates, there's an increase of almost \$10 million to account for volume increases. Late billings after the year-end are not always to predict, as I said. A lot of billings come well after the year-end. In addition, we've seen mental health cost increase due to the capacity issues of our neighbours in providing that service to the Yukon. They are stretched to the limit in many of their issues too.

I will say, though, that our agreement does allow many Yukoners to get into the queue in both British Columbia and Alberta on a very quick basis. I don't think I want to brag about it because I don't particularly think the residents of B.C. and Alberta would think too kindly of that. I would like to say that we are treated very well by those two jurisdictions, and I wish to keep that working relationship very good because I believe that in talking to any Yukoner — all you have to do is talk to them and if they went Outside and they are participating in any other health facility in Canada, except for Quebec, many of them are going to say that the Yukon's is far superior to that provided by any jurisdiction in Canada, save for Quebec.

Again, we are looking at trying to get a better handle on this thing. We are hoping to work with Statistics Canada — in fact, we are getting some sort of computer modelling system in place to help us with the monitoring. Regardless, even when we do get some of the IT information in place, there are still going to be issues where we have patients, and we are going to be totally unaware of just what their actual costs will be.

Regardless, we have to provide health care. In 2008, the member opposite indicated that we were overbudget, but we also had to provide health care services under another act.

I'm not going to tell a patient, "No, you can't come into the hospital because we are overbudget. You'll have to wait for another three months." I don't think that would be very acceptable, and I don't think that is something that any government, quite frankly, is going to do. I think our supplementary budgets come in. We are aware. We keep Finance fully informed on where we are at, when we can. As I stated to both the members opposite, as well as to the Auditor General, these bills come in. We don't know what they are until they actually get here. I just gave the members opposite a quick example of what just two clients can cost us. It is a very substantial process, and it's a very expensive issue when it comes to health care in the Yukon.

**Mr. Mitchell:** I do thank the minister for the response and all the information. Just to make sure we're on the same page here, we're certainly not suggesting to the minister that we should leave Yukoners untreated or deny travel because the amount hasn't been budgeted for — not at all. We're just trying to get to the issue of: is the budget in front of us sufficient, adequate and realistic to do the job? For example, if I look on page 12-31, with some of the stats on medical treatment outside of Yukon, I see that in 2009-10 actuals, we had 1,983 clients — or separate travel that we were billed for, for going outside Yukon. But in 2010-11, we estimated 1,875. So we had 1,983 actual trips in 2009-10, but the government came in and estimated that there would be fewer in 2010-11 — 1,875. However, it's now forecast that, in fact, it's 2,000 trips in 2010-11. The population of Yukon has grown. We have more industrial activity.

We have actual operating mines and we've seen that those can be dangerous places to work, but we're estimating the exact same number of clients for 2011-12, for 2010-11. The same number we actually now have as the forecast of what the trips out were is what we're using for our estimates for the new

budget. That's why we look at it and question if this is a realistic estimate or an optimistic estimate.

If the natural growth of industry and the population growth are going to lead to an inevitably larger number of people who require treatment, and a percentage of those will require treatment outside of Yukon, then should we not simply budget for that? I think that's what the Auditor General's report was getting at. It's not a question of deciding we have run out of money in the budget so we won't treat Yukoners. That's not at all what we're suggesting. We're saying perhaps the budget for this department should be larger, because we suspect during the course of the year that we will again incur additional costs.

For example, Mr. Chair, we have on page 12-20 of the mains, under Total Social Services, a 2010-11 forecast of \$30.47 million and an estimate for 2011-12 of \$30.42 million. Now I recognize that it's an increase from the mains, but in fact, if we have more people living here, if housing costs have gone up — the average house in Yukon, according to the report that was just released from the Department of Statistics, was I think \$404,000 for the average price of a house sale in Whitehorse in the fourth quarter of last year. Similarly, we know that rents have gone up. Even if we only have the same number of social service recipients, there's going to be a greater cost per recipient to meet those needs. Another example: is it realistic to expect to hold the total health service expenditures in 2011-12 to \$100.21 million when 2010-11 is forecast already to exceed \$100 million? That's what I'm getting at.

Are these numbers sufficiently large to cover the true, expected costs? I do appreciate that the minister said that they are asking the Statistics branch to develop a computer modelling system. I think that is a very worthwhile idea. I don't want to minimize the importance of health care by using a simile, but for example, when we go to the cafeteria for lunch, they make a certain number of sandwiches and a certain volume for bowls of soup. They don't actually know how many people are going to show up on a given day, but there is an expectation, based on past experience that they will have so many customers.

Similarly, I appreciate that when the minister says that two patients alone cost the system \$2 million that may indeed be exceptional and extraordinary, but across 36,000 Yukoners, we must be able to realistically project the volume of medical travel based on past experience. That is what I am getting at. Short of having the new modelling system in place, what I'm asking is: has the department now, as a result of the Auditor General's report, and the fact that we had to increase Health spending significantly in two supplementary budgets in 2010-11 — it was the lion's share of those budgets — has the department gone back and sharpened their pencil and tried to account for these patterns?

**Hon. Mr. Hart:** I will try to respond to the member opposite's question. With regard to what the member opposite was discussing previously in his response to me, looking at the past is not always a directive for the department. That's why we are looking at this computer modelling that will take into consideration many issues and assist us in determining our forecast issues for the department with regard to medical travel.

We are looking at all kinds of issues as they relate to what the member opposite indicated, the population increase, as well. What we're going to be taking into consideration also is, with the completion of the new resident facility here in Whitehorse, we know that we are going to be able to accommodate more specialists coming to the Yukon. Those specialists coming to the Yukon will reduce our costs, again, to coming back when it comes to medical care because they'll be getting that service here in Whitehorse.

Now, it may not be 100 percent of the care provided, but in essence, it will provide that process. That is, we anticipate that, in conjunction with Whitehorse Hospital Corporation, we will increase our specialists coming to the Yukon and provide services to Yukoners and improve the services that are provided to all Yukoners. I'm very cognizant of the fact that the Auditor General indicated, for example, that it was important for us to look at, as I say, providing better forecasting. We are looking at all kinds of issues as they relate to what the member opposite indicated are difficult to measure, so we will work with our group in dealing with providing the funding, as I mentioned.

We're looking at the modelling forecast. It will help us with dealing with and taking into consideration, not just the past but the issues of working with the Whitehorse General Hospital, our visiting physicians and specialists and also looking at the better practices that are being provided here by the local doctors. The doctors are doing much more interactive preventive work with patients here in Yukon and doing it on a regular basis. As I mentioned in my preliminary comments, we are working on an in-territory Weight Wise program, which we picked up from Alberta. That program has a waiting list already for this spring and it's a very valuable program. This program was previously conducted in Edmonton. That service was provided to those individuals, again, on a medical basis.

We look forward to that program, which again is just an example of some of the items and programs being provided right here in the Yukon to Yukoners to reduce that medical expense. It will also be offset, we believe, to some extent by the increase in population and some of the aging aspect. It's a bit of a saw-off in that particular aspect.

We're also looking at the medical review to help us deliver more efficient services. On that particular issue, that's exactly what we're looking at doing. We're not looking at touching the medevac aspect of the program. As I also stated in the opening, we're looking at either maintaining or increasing all the funding to our programs throughout Health and Social Services.

Currently, our programs are well-utilized and we have minimal or no waiting list on some of our alcohol and drug programs. We're working closely with the physicians on those matters to ensure that we can provide good services to Yukoners.

Also, with regard to Health and Social Services, social assistance claims are starting to decline, and we are expecting them to stabilize with the growing economic climate that is coming into the Yukon. As I also stated in my opening address, we have provided for a \$2.8-million increase in social assistance. I also would like to say that it was this party that instituted the first increase for social assistance in many, many

years, as well as indexing it to the CPI to ensure that it at least keeps up with the cost of living as it relates to the individuals who are here living in the Yukon.

In addition, there are many new treatments, many new medicines and developments that are happening. New issues are being brought up every year. In fact, I just saw recently that isotopes can now be produced in Vancouver and they don't have to utilize atomic or nuclear waste as previously done in Ontario. I am very encouraged by that particular aspect. They can also produce them using a much cheaper process.

It does have to go through a little bit more testing. But I'm very encouraged by that particular mode. I think that again demonstrates there will be some remuneration benefit to Yukoners, as well as other Canadians, when it comes to receiving care with the new developments and the increase of IT, as well as new ways of developing. It's also one of the reasons why we're working with the Government of Saskatchewan on the MS model, when and if it is accepted by the end of April. We know that, for example, in the Yukon we have several MS patients who are looking to this program as a way and means of assisting them with their program. I must say that it's important to reiterate that it has to be tested. It has to be clinically approved by the scientific field and morally accepted by the doctors before any tests will be undertaken here in Canada. Regardless, I think it's important for us to at least get on the edge and tag along with one of our other jurisdictions to pick up on some relief for some of our clients who are affected by this debilitating disease here in Yukon.

I look forward to working with the jurisdiction of Saskatchewan, and I look forward to hopefully ensuring that some of our Yukoners can form part of the clinical tests that will take place there following the end of the review, which is anticipated probably at the end of May or first part of June.

**Mr. Mitchell:** I do thank the minister for the response. I want to assure the minister that we're not trying to be difficult with this. It's just that our job is to test the budget and challenge the numbers, ask questions and satisfy ourselves as to whether we're confident in the numbers that are in front of us. Although I think the Premier and another minister today made references to attending briefings, I'm pretty certain I've attended most every briefing I've been responsible for. I do find them very interesting and it's important.

It's our job to ask these questions, just as it's the minister's job to bring forward the budget and that's all that is meant by the questions that are being asked. I know that it is not the best day for the minister to debate this budget. I do appreciate that.

I'm going to divert for a moment because the minister went into something that I would have asked perhaps later, but to stay on the topic the minister raised, which is of the experimental therapy — I think it's called the "liberation therapy" for multiple sclerosis.

I know, having spoken to the medical community about this, because I've had friends who have suffered from this disease, I've had family members who have suffered and passed on from this disease, so it is something that I have a great deal of empathy for and optimism toward an eventual cure, that this is still experimental and risky. Without wanting to discourage

any Yukoners who are holding out hope for this treatment, I know that there are some in the medical community who are skeptical about it or concerned about associated risks.

The minister made reference to taking part in some of the trials that are due to be run by the Government of Saskatchewan. The minister had previously announced that that would be happening, or perhaps it was a response to a question in this House last fall. Could the minister just elaborate a little, because the minister in his last response made reference to the fact that, once the review has satisfied itself that they can go ahead with clinical trials in Saskatchewan, then we would be making funding available for a certain number of Yukoners to participate. Has that number been set as to what it would be? Does the minister have more he can tell us about the review process that is going on in Saskatchewan prior to authorizing clinical trials on humans?

**Hon. Mr. Hart:** I'm going to respond to this question and then I am going to ask for a brief five minutes. The Government of Saskatchewan has put out a call for proposals for clinical tests that will close at the end of April, as I stated previously.

These proposals have to be approved by the Government of Saskatchewan and by the scientists and I would guess, in talking to the Minister of Health from Saskatchewan, at minimum by a medical association from at least the University of Regina and other experts in the field who are working with them. I understand there are possibly other people who are working with them on this issue.

Regardless of the situation, all that research has to be gone through and approved by the doctors and scientists to ensure the safety of not only the experimental process but the clients, and to ensure that the work and testing being done is scientifically done and can be scientifically proven. That is really the key issue. There is also the morality of the issue for this particular aspect.

When it comes to the situation of the inclusion of Yukoners, once we know, once we have seen if the Government of Saskatchewan has accepted it, discussions will take place with our officials on how we may participate in their process.

I don't know what that's going to be. I'm not a doctor. I'm not a scientist. I don't pretend to be. But I'm also fully aware that many MS patients here in the Yukon, despite what they have seen on TV and despite the member opposite indicating several people in the medical field don't feel this is — that's why we're going through this process. That is why there are currently seven testing stations already — three in Canada and four in the United States are currently going on right now and are expected to be completed sometime — I believe — the end of May. They are taking a very close look at this therapy, a very close look at the results. It takes in both the Canadian and U.S. jurisdictions, and we look forward to that information.

In fact, that's one of the reasons that the provinces — all the provinces, including Saskatchewan — indicated they would not participate in any clinical studies until the research was completed by those individuals and met the scientific and medical strategies provided by that jurisdiction. That was the

clarification for the Saskatchewan model at the time we were down there.

The Newfoundland model was really — nearly all they were doing is looking at monitoring those who had taken the therapy in other jurisdictions in the world, and that's all they were doing. There was no scientific — you know, you get the placebo, this is the real McCoy. Again, that's the real problem in dealing with this particular therapy and how the clinical things run.

So as I mentioned regarding MS, no, I have no specific numbers on how many MS patients there will be in the Yukon. I have to work with the local MS facilities and their group. They too are asking me the same question, but until such time as we know what the RFP pulls out, and it indicates what the procedures will be, and how we can participate in those procedures and whether those procedures can take place here in the Yukon, or whether they have to take place in Saskatchewan — that's something that has to be determined yet.

Right now, this item has to go through a peer review. The funding proposal will go. The Government of Saskatchewan has already indicated that substantially more money will be laid out for this particular purpose. They have an inordinate number of MS patients. But, to be fair, given the size of the Yukon, ours is just as high. That is one reason why we indicated that we are very interested in looking at tagging along with the Saskatchewan model. Of course, I will not know what those requirements are going to be until such time as the RFP is out and the peer review has been completed and the officials of Saskatchewan say to us, "If you want to participate, we can assist by having somebody come to the Yukon," or "If you want to participate you are going to have to come to Saskatchewan." That has not been determined yet. Depending upon how we are doing to do this — or what the requirements are going to be will depend upon working with the MS association. We will look at providing our assistance based on what comes out of that and what agreement comes from our officials working with the Saskatchewan officials.

**Chair:** Do members wish a brief recess?

**All Hon. Members:** Agree.

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

*Recess*

**Chair:** Order please. Committee of the Whole will now come to order. The matter before the Committee is Bill No. 24, *First Appropriation Act, 2011-12*. We will now continue with general debate in Vote 15, Department of Health and Social Services.

**Mr. Mitchell:** I do thank the minister for that update. Just for the record, while I expressed concern and the fact that we have to be cautious in pursuing the liberation therapy, I certainly don't want to discourage Yukon from participating if it is found to be safe and effective. I guess it would before we know how effective it is because there are, after all, trials. I know that the government will have to use their judgement. I guess, in terms of doing a double-blind study, that would be

pretty difficult since the therapy is actually surgery, and I can't imagine that just incisions will be made and nothing done. It's not like a drug treatment where you can really hold that kind of trial. I think they're going to study people who receive the treatment versus those who don't.

I'm going to move to another issue. Yesterday, in motion debate on Motion No. 1340, the government supported my amendment to the motion that included the wording "without the imposition of health care fees", and in addition, the motion was also amended by another member to say "or premiums". That motion, however, did not come to a final vote and so it's not really binding on this House. I'm not sure that motions are ever really binding on this House; they urge the House.

I just want to ask the minister today, for the record, to guarantee to Yukoners that the Yukon Party government will not impose any new user fees or premiums on Yukoners for accessing health care.

**Hon. Mr. Hart:** For the member opposite, I think we are on record, both the Premier and I, that no premiums will be charged for health care in Yukon.

**Mr. Mitchell:** Well, that brings us to the conundrum in which we find ourselves, I guess. That is the ever-increasing costs of providing health care to Yukoners. I think in 1987 health care spending was some 9.7 percent of the Yukon's budget; in 2006, 18 percent of the budget; 2011-12, around 25 percent of the Yukon budget. I know this was a question asked in the 2009 *Yukon Health Care Review* and the *Taking the Pulse* document that followed.

Then we also met at least once as an all-party oversight committee — I think it was called — with the minister and the Premier and the representative of the NDP — I think it was the Member for Mount Lorne — and myself. Actually, I'm not sure if it was the Member for Mount Lorne or the late Member for Whitehorse Centre. But we did meet to talk about this. There was talk of future meetings, and I believe the Member for Mount Lorne and myself both wrote letters to the minister with some suggestions. But I guess the overall question is: what are the government's plans on how we can get health care costs under control while maintaining a level of service that Yukoners expect, require and deserve as members of the Canadian Confederation?

We know that the 2008 health care review identified a multi-million dollar gap going forward in the funding that we receive from Canada for health care — the Premier is commenting off-microphone, and I fully agree with him that it has to do with the adequacy of what Canada contributes. It is also being driven, if there is a gap, by the fact that our costs are rising so fast. Part of that is that each new treatment that comes along — each new drug therapy — is sometimes that much more expensive.

I would ask where the government is at with discussions with Canada and any other approaches they're looking to take to meet this challenge.

**Hon. Mr. Hart:** The member opposite asked a very important question with regard to dealing with the sustainability of the health care system. In many ways, he has also answered his own question with regard to dealing with the federal

government. Maintaining our funding levels with Ottawa, at least until 2014, is very important. It does that. But I will state for the member opposite that we form part of a leading group on dealing with the 2014 renewal of health care with Canada.

Negotiations are currently underway with all the jurisdictions because we understand we have to look at getting this work done as soon as possible to ensure that the health care for Yukoners and for all Canadians is looked at now and into the future.

The member opposite refers to the study for health care in the Yukon. That study comes up with a few suggestions on how a government could look at receiving additional fees or revenues to assist with the breakdown. In that report, even if we added up all the items in that report, there is still a huge gap, regardless of whether we could charge all that money or not.

That leaves us with the dilemma of dealing with the ever-increasing cost of health care. As the member indicated, drug costs are quite high. We also know that our whole population is aging at a great rate, and that is something that's there. It also brings up a couple of big and important issues, some of which I recently discussed with my fellow colleagues in the western provinces and the territories, and that is the fact that obesity is on the rise in Canada and especially in our kids.

We have obesity on the rise throughout our populace. We believe, like in the discussion on FASD, prevention is a very important aspect in trying to keep obesity and diseases like FASD down. It's important that people understand how this arrives. It is important that they take the steps necessary to alleviate the pressure on the system as well as the pressure on themselves.

I was taking part in a conference in Vancouver on FASD. FASD is a completely preventable disease, but it's not. I can't have a policeman running around the entire territory policing every young lady drinking. That is just not another reasonable aspect. But it is important to understand that they get the message out that it is and it does have an effect on their pregnancy — while they are in the duration.

I was also listening to a couple of other speakers as they relate to this program, where we are as far as the research goes. I'm proud to say the Yukon is one of the standing members of the partnership for this research and has been for well over 11 or 12 years and the whole partnership itself recognized its 10th anniversary just this past weekend in Vancouver. There were approximately 1,000 people there. There were representatives there from all the provinces and territories of Canada, 23 states in the U.S. and 14 other countries. FASD is now something that is being seen, not only just in Yukon, but right across Canada and throughout the world, and we're seeing that research being done. We're starting to share some of the information with these jurisdictions; we're looking at trying to — again, our aspect that was brought up — the important part was looking at prevention.

I think that focusing on prevention is also an important aspect — not just for stopping smoking. You know, I believe that we spent a substantial amount of money on smoking prevention advertising over many, many, many years. But it took a long

time before it actually sank in. I can remember getting on a plane when smoking was still allowed. Maybe I'm old, but I can still remember getting on Air Canada and the front of the plane was non-smoking and the back was smoking. I don't know how that division stayed, but it seemed to be workable. But look at how long it has taken us to get something like that across. Look at how long it has taken us to get that message across to the general populace. Now we're even taking the non-smoking into public places, parks. British Columbia is looking at taking it into parks and everything. We're seeing a substantial amount of prevention going out there.

I must remind members opposite that it took a long time for the general public to buy in. It took a long time for them to buy into the fact that it causes cancer. It took a long time for them to buy into the fact that it affects their health. I will say that a lot of it has come about because many of the baby boomers who smoked have seen the effects of it directly. That's probably what is sending many of them over.

However, we still have many young girls who take up smoking. In fact, in the Yukon, that's something we can't be proud of — that smoking among young girls in Yukon is actually on the rise, in comparison to the rest of Canada. So we are looking at ways and means of trying to deal with that situation when we look at prevention.

We can look at prevention when it comes to teen pregnancy. I remember as a young man, trying to go to the drug-store to get one of those magic little pieces of paper and having to feel like somebody in the liquor store, but it was very difficult. Now we make it less than difficult.

We put funny sayings on them, we put them at sporting events, and we get them out there in the effort to reduce teen pregnancy. But it still happens. We still have teen pregnancies, even with all the prevention and all aspects that are available to youngsters, we still see it. We still see the sexual diseases that are transmitted among young people. It is high — still high, even with the protection that we provide them and the sexual education that is provided to these young people in schools. Prevention is something I talked to the Auditor General about. How do you measure it? How do you know if it is successful? That is the example that I gave — smoking. How did she prove that? For the last 30 years, we spent umpteen millions of dollars on preventing smoking — how did she prove that the action met the goal? They can't; it's difficult. So the question is: what do we do?

The member opposite has looked at it, and I believe that we have to look at doing a wellness movement — again, trying to cut down on obesity in our young people, cutting down on diabetes in our young people. In the north, we have diabetes that affects our First Nation people very, very much. Again, it's diet control. When I was in the north, I was totally taken aback that these individuals will drink Coke by the litre bottles — the litre and a half bottles — and not drinking milk or water, for that matter. Yet they'll bring that expensive beverage in from the south. So getting prevention out there, using the wellness movement, and getting an improvement of the diet of the individuals — we're working in the schools. Many of the schools have already developed their own program for getting rid of the

sugar. We're looking at many issues, in addition to helping them. The wellness strategy will address, basically, the risk factors that contribute to obesity, heart disease and other chronic conditions.

The department will complement the healthy aging strategy and the social inclusion strategy and invite all Yukoners in all sectors to work together in a pursuit of wellness. No one sector has a solution by itself. In other jurisdictions — for example, Health and Social Services is broken out from the health wellness facility. There is a Minister of Health Wellness and there is a Minister of Health and Social Services, so they're split and their goal on the health and wellness aspect is prevention, looking at ways and means for communities to be healthy, dealing with the issues as they relate to young people, and again, trying to combat what they see on TV and as far as drinks go — sugar drinks that is — and I think it's very important that we work with these individuals to get them moving again. Get some sort of physical education back into our programming so that the kids get out and we get to play a little bit more ball hockey and more activities.

We need more activities for all our Yukoners, from age five to 65 — to 75, for that matter. We are working through many programs; we support the kids recreational fund to help kids have physical activities. We also do Food for Learning for the children in our schools. We want to ensure that the member opposite knows that also — that kids, when they come to school, if they're not getting a breakfast at home, if they're not being supervised at home — I always have an interesting conversation with my wife when I go home, because she's a teacher, and it's amazing the stories she tells me about her kids. I'm totally amazed at how some of these young people actually ever make it through the education system when there is nobody at home to look after them, there's nobody there to ensure they get to school, there's no truancy officer who runs around and, even if there was, what are they going to do? Fine them? They can't afford to pay.

It's really a difficult situation, and it's difficult to get everyone onside. I think it is important that the parents understand that they are an important part of their children growing up. I also think it is incumbent upon us to give them every venue that we can to allow every Yukoner a chance to participate in physical activity and to improve their own well-being. I feel that those are two key aspects in working toward this gap that we are looking at in the future. I think the key aspect, unfortunately, is just what we get from Ottawa, and how we negotiate that deal through our other jurisdictions and territories as it relates to the federal government, and how that money is going to come back because every jurisdiction in Canada — in fact, the other two territories are even worse off than we are when it comes to the health situation as it relates to travel, as it relates to services in their territories. It is very difficult for Nunavut, for example, to even maintain a physician. It's a very different situation where they are.

I look forward to working on ways in which we can improve the physical aspects for all Yukoners.

One of the main items that I picked out of the review of what we heard on the Yukon health system was that many in-

dividuals indicated that it was important that the individual understand that they look after themselves. It is a responsibility to look after themselves. I think that's an important aspect that was identified in that study. When I was at some of the meetings and talk to Dr. Reddoch that was a very important message. People should be responsible for looking after themselves, to ensure that the costs are kept relative for all Yukoners. I will say that I will leave it at that for right now. We're very involved with regard to negotiations with the federal government on renewal of the 2014 health agreement with the other jurisdictions, and the Yukon is part of the lead on moving these negotiations forward.

**Mr. Mitchell:** I thank the minister for the response. I think he might have answered six or seven questions I hadn't asked yet, but I will compliment him for bringing it back at the end to the fact that he is talking about one of the solutions, or one of the ways, to address the gap, which is prevention and a wellness approach to help keep costs down. He gave some examples in terms of FASD, diabetes, obesity and heart disease, and I think they were good examples. I am glad he clarified that he can't have a policeman follow every pregnant woman around to prevent their ingestion of alcohol, because I think there was a previous Yukon Party Health minister a number of years back whose proposed solution was to incarcerate expectant mothers to prevent them from drinking. That was not a very forward-looking plan either.

Just to ask a follow-up question while we are on the topic of the gap and the agreements that need to be renegotiated by 2014, the THAF and the THSSI funding I believe were running out. Is there currently a gap between 2012 and 2014, or is there an agreement in place to maintain the funding in that interim period? Otherwise I think the funding would be short somewhere around the \$5 million per year mark.

**Hon. Mr. Hart:** I will try to be direct and succinct on the member opposite's question. The program THSSI actually expires in 2012; however, we are actively involved with the Minister of Health. We've had many discussions with her in regard to this. We are reasonably confident that this is going to be extended to 2014, because that is when the major health program is scheduled for renewal for the rest of Canada and the territories.

**Mr. Mitchell:** I thank the minister for the response. Just for clarification, is it the Health minister who is leading the discussions for Yukon, or is this a discussion between the Finance ministers and the Prime Minister?

**Hon. Mr. Hart:** This is a joint meeting of the deputy ministers of both Health and Finance.

**Mr. Mitchell:** I thank the minister for that clarification and his response. Getting back to the numbers, both statistical and financial, in the budget in front of us, on page 12-35 there are some statistics regarding mental health care. I'm just looking for a clarification. The numbers of direct and indirect clinical hours — and there are footnotes attached to this. We'll start with the comparables — 2009-10 actual, 10,944 direct and indirect clinical hours; 2010-11 estimate, 10,000 hours; 2010-11 forecast, 10,000 hours; 2011-12 estimate, 7,000 hours.

Now, I know that the footnotes indicate that in 2009-10 and in 2010-11 there was an increase in program delivery due to the additional resources made available by time-limited funding. At one point, until a short while ago, we were being told that some rural mental health treatment programs that were, I guess, time-limited or sunseting, were going to be allowed to expire.

Then the minister indicated publicly — I think there was a news release — that the department had found the funding within its resources to carry forward with these programs. Were these estimates for 2011-12 simply prepared before the announcement of the restored funding? It would be wonderful to know that the mental health of Yukoners was so improved, but we do know mental health issues and mental health disease are very difficult problems in society, not only in Yukon but across society. If you break your arm or you hurt your leg, you go to the doctor and look to be treated and everybody sort of accepts that. There's a stigma attached to mental health. There shouldn't be, because it's no different from any other kind of health issue, but there is.

If anything, there's probably an under-reporting of the scope of the problem and the need that's there. Are these numbers simply an error in the statistics and, if so, that's fine, or is there actually a plan to have fewer treatment hours in the coming year?

**Hon. Mr. Hart:** The budget were prepared prior to the direction to amend the health care so that mental health patients will receive that care as they have been in the past.

**Mr. Mitchell:** I thank the minister for that clarification and I'm going to presume then, when the minister is next responding, if the updated estimates will be 10,000 hours again or whatever number, but it's not a decrease and that's good to know. We do appreciate that there's always timing issues with the preparation of a budget.

I'm sort of poring through my notes here to try to cover off a few topics at once. I want to go back to the issue of mental health. I know that at the hospital, to deal with acute mental health issues, the government opened up the secure wing, which I believe has four or five beds to deal with people suffering from acute mental health issues who need to be in a secure environment.

However, we also know that there is another issue, and that is the issue of people who need more long-term treatment residential options.

Currently we don't really have a residential treatment option in Yukon. We send people out, when we're able to arrange that and when it becomes obviously necessary. In many cases, there are people who simply fall through the cracks and don't go Outside. It's difficult because, when one is Outside, one is away from family and friends, and that's often the support network someone suffering with mental health issues requires. Does the department have any going-forward plans to address this issue? Has the department investigated the possibility, for example, of establishing a residential treatment program, where people who are having extreme mental health difficulties can be truly supported for a period of time before they're able to



exist outside of a supported living situation, perhaps with other supports, on their own?

**Hon. Mr. Hart:** I think I will try to approach it somewhat differently in response, but I will try to give the response the member is looking for. The Whitehorse hospital has a mental health unit that is secure from the rest of the hospital. It is actually six rooms; it has its own nursing station; and it has two secure rooms in that unit. In other words, there are two rooms in which they can hold an acutely mentally ill patient until such time as that patient can be transported to an area where they can handle that individual on an ongoing basis. Whitehorse General Hospital does not have a program for long-term mental health illness.

In the Yukon, we do not currently have this program available to us. We utilize the services of other jurisdictions right across Canada. These are very highly specialized facilities. They require highly specialized individuals, and they also require highly specialized staff to work with these individuals to ensure that the mental health of these individuals is looked after.

The forensic patients of Yukon are evaluated for their dangerous aspects, and they need to be confined to highly specialized facilities.

On an annual basis, I sign many, many contracts for many hundreds of thousands of dollars, and I have asked this question many, many times. The economies of scale are just not here for that type of service.

I would love to have it. I'd love to do it — the member opposite indicated that it's nice to be close to family — but in many cases it is the family that caused the problem. We need to have this individual looked after and the family can't look after the individual, so we have to go out and, as I said, it's very specialized and every case is different. For every case we try to adapt the best service that we can for the client. Each individual client is different.

It's kind of like — and I hate doing comparisons — dialysis in Yukon. There are just no economies of scale for us to have dialysis machines here for the number of clients that we have. In many cases, for example, Whitehorse General Hospital has great difficulty maintaining technicians, because they don't get enough time in that one particular technology. What happens is they have to train them in other aspects so they can use them in two different technologies and maximize the use for the hospital.

Otherwise, for example, what was happening is, they would train. Then, of course, they couldn't get enough hours, so they left. We do our best. I think, as the member opposite even indicated once before, Yukoners have a tendency to provide the best service we can with the resources that we have. I don't think we have to look very far other than the Festival of Trees to see what the Yukon gives to medical care. Since the program has come into place, the amount of equipment that has been provided to the hospital is substantial. MRI is the new one on the list. They just recently got the CAT scan. They got the mammography.

I can tell the member opposite that I've talked to several physicians across Canada who have been here and looked at

our hospital, and indicated to us that it's a wonderful hospital. It's small, but it's wonderful. Everything is there. I look forward to looking at that.

As I said to the member opposite, I sign these contracts all the time and I have asked the question many times: can we do it ourselves? The case just isn't there for us to build a facility. You know, we could probably build a facility, but it would be extremely, extremely difficult for us to staff it and to continue staffing it. We have the services of Vancouver General Hospital or St. Paul's Hospital close by when we need them. Those places need those kinds of services nearby and those specialists who can go and drop in and visit the centre and provide the services to these individuals who need it the most.

As I said, it is a very specialized field; a very specialized, demanding aspect. We are talking 24 hour-a-day care, 365 days a year. I don't know how else to say it, but for us — we are in the process of trying to get the specialists to come here. Where we can and where it is feasible for us to do it, we do it.

But cardiac — same thing — we still don't have the numbers to put in a cardiology facility here in Whitehorse. We have to send them out. We don't have it here. Why? Because we don't have the numbers and secondly we don't have the expertise. To draw an expert in that field to the Yukon, I'm afraid we would have to promise the moon and we don't have one here to give away. I hope that answers the member opposite's question.

**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. 24, *First Appropriation Act, 2011-12*. We will now resume general debate in Vote 15, Department of Health and Social Services.

**Mr. Mitchell:** Before we recessed, I think we were talking about some mental health issues and the minister is actually posing a rhetorical question — can we do this ourselves here in Yukon? — and indicating that it was cost prohibitive due to economies of scale that weren't present. I guess I could ask a follow-up question because the minister said he'd looked into this a number of times. There are two issues here. One is the simple economics where one could say it's cheaper to do it this way sending people out versus doing it here. We've had that discussion many times over the years when it comes to things such as MRIs, but we finally came to the conclusion that there actually was a business case here in Yukon for an MRI. There's also the more subjective side of it, which is where are our outcomes better? That is, it may be more costly to do something within Yukon than to send people out, but there may be better outcomes doing it the other way.

I hope that the minister will also look at the business case over time as to what we might be able to do here in Yukon. I appreciate the minister indicated there's some expertise that we would require that won't necessarily be present.

The minister was talking about the number of beds and actually identified it as six in the secure unit in Whitehorse General Hospital. That brings me to other questions about Whitehorse General Hospital. In fact, with these beds segregated — because they weren't six additional beds; they were six beds of the 49 that existed, according to what I've been told. Whitehorse General Hospital certainly is at times up against it, and I know that the government has suggested that overflow can be provided in Watson Lake and Dawson City once those facilities are completed, but that isn't always practical, for example, if there has been complicated surgeries and other treatment provided to a Yukoner — whether that Yukoner is a Whitehorse resident or a Watson Lake resident or a Mayo or a Dawson resident — and then when they are going to be followed up and they might be in ICU, they need to be here because this is where the other expertise is and this is where the surgeon — for example, if a surgeon is involved, they can continue to visit them when he or she makes their rounds.

The Yukon Hospital Corporation is now responsible for the hospital in Watson Lake — which does exist, as has been frequently pointed out by members opposite. There is a hospital there, albeit not the new one that is being built. So they are responsible for the full year's funding now in the coming year for Watson Lake, as well as, quite possibly, some expenditures in Dawson as things are developed there and that facility moves forward.

The 2010-11 main estimates for O&M for the Yukon Hospital Corporation were \$42.8 million, but the forecast of what we have spent has now increased to \$46 million. Considering all the new responsibilities, the growth of population, the additional specialists' visits we anticipate having, as the minister mentioned earlier, why are we budgeting only \$46.4 million for 2011-12? Is this going to be sufficient for the Yukon Hospital Corporation?

**Hon. Mr. Hart:** One-time only costs were incorporated with regard to the Watson Lake facility. There was also a reduction in the pension of almost \$1 million that won't be included in that process as well as wait time for daycare.

**Mr. Mitchell:** Moving back to the hospital, we have heard from the chair of the Yukon Hospital Corporation and the CEO over the past two years, as well as the announcement of the plans toward a new campus to accommodate the increased needs at Whitehorse General Hospital.

We have also heard that there is, at times, a lack of available beds and insufficient room in Emergency and ICU. Has the government been approached for additional funding to address some of those needs by the hospital and, if so, what have the requests been, going forward?

**Hon. Mr. Hart:** There have been preliminary discussions with the Hospital Corporation on their needs on a variety of issues with regard to the Whitehorse General Hospital. As the member opposite indicated, we're concentrating right now on the residence facility, because it will provide residence for the seven specific nurses as well as the visiting specialists. It's deemed as a very important draw point to bring physicians and specialists here to the Yukon, even if it is on a monthly basis, to service Yukon clients.

**Mr. Mitchell:** While we're on the topic of the visiting specialists, earlier this afternoon the minister indicated that one way in which they hope to keep costs down or get better value from the money that's being spent is to increase the number of visiting specialists, the number of types of visiting specialists and the frequency to Yukon so we are not paying the extra cost of travel Outside.

The government also stated as recently as yesterday during motion debate that they intend to use the new rural hospitals to provide for visiting specialists to hold clinics in these rural communities. Has the government examined the logistics of doing this? For example, specialists come up here for a set number of days and it's difficult enough to arrange that. There's either a lengthy drive to Dawson or Watson Lake, a big portion of two different days for the specialist to get there, or the requirement to fly the specialist to those communities, using charter flights.

So will these visiting specialists be spending more time on each visit to Yukon to accommodate the day's travel each way to Watson Lake and Dawson — or part of a day, if they are chartered by air? Has the government studied the cost of using air charters, for example, to bring these visiting specialists to rural communities when they visit? What would the cost of doing that be? Has there been any investigation of this, or is this simply an idea going forward that this government hopes to do?

**Hon. Mr. Hart:** We are following up again on this issue with the Whitehorse General Hospital with regard to the specialists. We will be incorporating their ideas into this, as far as meeting the needs of visiting either Dawson or Watson Lake. In addition, we will be asking our consultants to review this issue under medical travel to make that assessment as to whether or not there is some value in getting some specialists, depending on demand, in Watson Lake or Dawson City and also whether the doctor flies on a scheduled flight or, as the member opposite indicated, takes a special charter flight. It all depends on what comes out of our negotiations with Whitehorse General Hospital and the consultants doing the work on medical travel.

**Mr. Mitchell:** Well, of course, while there are scheduled flights to Dawson, there aren't any scheduled flights to Watson, so that determination will be fairly straightforward, at least as to what the costs might be in terms of a per-flight basis, although hopefully the government can negotiate a good rate. Then, when the government said this was one of the things that would be happening at the two new hospitals, it is just a possibility because there really hasn't been a business case or a study done to determine whether this is cost effective, both in terms of the physicians' time and the costs of getting them there.

I have asked this before, both of the Hospital Corporation and of the minister. I've never received a clear answer, so I'll ask it here in general debate. What needs-based assessments were done prior to the government announcing that they would build the two new hospitals: one a brand new hospital; one a replacement on a different scale for an existing hospital?

What assessments or studies were done before the decision was made to transfer responsibility for these two facilities to the Yukon Hospital Corporation and before a decision was made to build them? I know from the chair of the Hospital Corporation that he referred to him commissioning RPG Consulting out of British Columbia to do a functional plan and assessment. We've actually asked for that document two years in a row and never received it from the Hospital Corporation. We've also asked for it from the minister; perhaps between the minister and the Hospital Corporation, somebody can send us a copy.

That is a functional plan that was completed on July 16, 2009, which, according to the chair, provided the board with the information that it required to move ahead with the design of the new facility. That is a plan that was done after the decision to build the new facility in Dawson and Watson Lake had already been made.

I'm looking for what the plans were that led to the decision on the part of government, before the additional decision was made down the road to transfer the responsibility to the Hospital Corporation. If the minister can name the study or who did the study and provide us with a copy, we can probably save all kinds of time in Question Period.

**Hon. Mr. Hart:** With regard to dealing with the Watson Lake facility, as I mentioned previously and also has been discussed in Question Period many times, the Watson Lake hospital has been there since 1979. It always has provided cottage hospital services to the citizens of Watson Lake.

The member likes to bring it up in the House also that originally there was a concept of a continuing care facility there that was going to be built, but when we looked at matching up the facility or attaching it to the existing hospital we found that the existing hospital was past its prime. A decision was made to look at re-evaluating our need with regard to the continuing care facility and looking at the greater need of providing a hospital — an upgrade of a hospital facility for the citizens of Watson Lake. We went through that process. We had several evaluations done of the shell that was attached to the existing hospital.

We had several evaluations done of the Watson Lake hospital itself as to the life-expectancy process. We also looked at what we could do in working with the hospital itself and whether we could utilize that shell that was built there previously. I'm not going to get into the long run of where it was. I'm merely going to say — because the member opposite will remind me many times, I'm sure — it was deemed that the shell could be utilized for the hospital in Watson Lake. As such, it was deemed that they could go ahead and look at replenishing the Watson Lake facility. We were looking at the needs of that hospital and what would be required. So, for obvious reasons, we looked at asking the Whitehorse General Hospital to look at this facility for us. They're used to running hospitals. They know what's required. They operate a facility.

They make the operation of the day-to-day services of the hospital here and are fully aware. We also feel that they would be able to take advantage of purchasing equipment and things like that, as well as supplies that the Watson Lake hospital

could utilize and take advantage of that. The facility itself — again, there was a substantial amount of consultation done with the community of Watson Lake on several occasions. I might add that there were a substantial number of issues dealt with by both staff and the union with regard to working on the situation. To that end, we asked the Whitehorse Hospital Corporation to enter into an agreement to look at the feasibility of the Watson Lake facility and see if they could look at taking over the Watson Lake facility in addition to the Whitehorse General Hospital.

Thus we entered into the one-year agreement while the feasibility study was undertaken by the Whitehorse General Hospital to do an assessment of the Watson Lake facility and whether or not they could accept the building and operate the facility and do it in conjunction with the Whitehorse General Hospital.

The Yukon Hospital Corporation had several consultants review the situation and come up with ideas. They provided the Hospital Corporation with many issues related to dealing with the Watson Lake facility and how it could be incorporated, and what issues had to be looked at prior to the Yukon Hospital Corporation taking over that facility.

There were a few issues that had to be looked at and addressed. I will say that we did look at a couple of the building issues in regard to the structure — that's the new and the existing structure. They had to be dealt with.

They were brought up by the Hospital Corporation and an agreement was made, whereby we would address those issues for them. After they were done, then the Hospital Corporation would take a further look at the process. While we were doing that, we worked with the PSC, both unions, we worked with the Hospital Corporation, and we worked with the staff — working with them to ensure that all their needs were being addressed and looked at. There were some issues with regard to some of the long-time YTG staff. However, the Yukon Hospital Corporation, after their due diligence, recommended to their board that they would assume responsibility for the Watson Lake hospital and carry on with that facility and with the idea of following through with the final construction and dealing with the whole process of working on the Watson Lake hospital facility.

There were some questions with regard to the pension. We did have to make some adjustments in order to accommodate a certain number of staff, in order to make it applicable. An offer was made to every staff member prior to the transfer. I'm happy to say that a goodly number of the staff of the existing Whitehorse hospital decided to move over with the Whitehorse General Hospital. There were a couple of staff members who decided to stay on with YTG and we have accommodated those staff members in other positions within the Department of Health and Social Services, thereby ensuring again our nursing facility and health care facilities for Watson Lake were maintained. We had some corporate history with regard to the town itself.

We look forward to many of the adjustments that were made. The Hospital Corporation has made many trips down to Watson Lake. They have made many trips to the community. There have been many discussions with them — I must say, all

to a very positive aspect with regard to the Watson Lake hospital.

Now, in the past, with regard to the facility itself, the government was responsible for hiring physicians for the Yukon. The Whitehorse Hospital Corporation is responsible for the operations of the Whitehorse hospital and, as well now, the Watson Lake and soon to be Dawson City facility. That will be their responsibility. It has always been the Yukon government's responsibility to hire physicians and health care individuals for the Yukon. We have seen some cases in the past where it has been very difficult because of the lack of qualified physicians and/or nurses and, also, the high competition among even our own jurisdictions with regard to those health professionals.

I am happy to say that we have been very successful to date in hiring both physicians and nurses to staff our facilities throughout the Yukon. Those individuals are providing the greatest amount of service to all Yukoners. Again, as I stated previously, I feel they are providing the best health care service in Canada, save Quebec. I look forward to working with the Whitehorse Hospital Corporation, ensuring that we continue to deliver those good services, ensuring that we work with them on a long-term plan on just what is going to happen with the hospital itself. In fact, we are working with the hospital on its long-term plan of what its needs are going to be as they relate to the building itself, as they relate to the MRI, as they relate to construction, as they relate to dealings with the emergency room, as they relate to the size of the hospital itself.

These are all issues that we are working on with the Whitehorse Hospital Corporation to ensure that we get the best possible care that we can for Yukoners, and also so that we can provide the best possible service in our hospitals to the clients who have to utilize that service. I'm very, very happy that the Yukon Hospital Corporation decided to take on the Watson Lake facility and I'm here to say that they currently hired somebody to administrate that facility on their behalf. The morale in the Watson Lake facility is very good and the doctors who go to visit Watson Lake and ones who are there have indicated there's a substantial turnaround to this facility and the services that it provides the community. It is well-thought-of and well-appreciated by the citizens of Watson Lake and the surrounding area and they look forward to a very happy day when they can turn the key on their new facility in Watson Lake.

**Mr. Mitchell:** I appreciate that the minister is trying to stick to the briefing notes and the information he's choosing to put on the record. First of all, he says the Watson Lake cottage hospital has been there since 1979 — agreed. That's not in dispute. Just to correct the chronology a little bit here: the *Yukon Health Care Review*, dated September 2008, did recommend that the Yukon government should, quote: "examine if the transfer of Watson Lake Cottage Hospital to the control of Yukon Hospital Corporation will improve the alignment of responsibility for acute care service delivery in the Yukon and in doing so also improve the effectiveness and efficiency of these services." We don't have a problem with that either. It's a good question to ask. There is a Hospital Corporation; it oper-

ates under the *Hospital Act*. The act provides for the Yukon Hospital Corporation to administer more than just the Whitehorse General Hospital. We don't have a problem, if there are going to be other hospitals, that the corporation be the oversight organization that administers them.

There may well be economies of scale because of their expertise. However, around the same time that this question was even being asked in the health care review, the Yukon government put out an RFP for a consultant to examine whether the existing shell, as it's described frequently, that was initially intended to be a multi-level — or, as the minister says, "extended" — health care facility, could be incorporated into or repurposed as part of a new hospital — a replacement facility for the old cottage hospital. Yes, the minister has explained about the difficulties that were found after the commencement of construction on the extended health care facility with the existing hospital and why this examination was occurring. The interesting thing was that in the RFP — and I believe the successful company was Kobayashi & Zedda Architects of Whitehorse — but the RFP itself identified with a possible cost of \$25 million. That was identified in the request to examine the possibility at the time.

Now, as a result of seeing that, which was on a government website, we asked a number of questions of the Health minister and the Premier in this Assembly as to how the decision process occurred from the multi-level health care facility to a request to examine the possibility of building a hospital with a potential budget of \$25 million. On at least one occasion — I think it was in 2009; I identified the date yesterday in the motion debate — the Premier responded by saying, "So we've made a conscious decision on behalf of health care for Yukoners. What's it going to cost? Whatever it costs this territory to provide health care services to Yukoners will be the cost."

The minister has now identified that once the decision was made to incorporate the Watson Lake hospital under the umbrella organization of Yukon Hospital Corporation, and as part of that process, a number of trips were made to Watson Lake, doctors and nurses and other health care professionals were consulted. There were agreements that had to be made because people were working under the employ of the Government of Yukon and they had to accept a transfer to work for the Yukon Hospital Corporation. The minister has explained all of that, but nowhere in the explanation did I hear a name of, or the date of, or the existence of a study that was done before the government announced that it was going to build a hospital.

This was before we were discussing whether it would be run by the Yukon Hospital Corporation or the Government of Yukon. Nowhere has anyone in this House identified a study before the functional examination that was undertaken by Kobayashi & Zedda Architects to examine the utility of the existing shell, so to speak, which was there to address issues such as: were elevator shafts the right size? Were doorways the right size in the existing shell? Was the plumbing that was incorporated under the slab on the ground level able to be accommodated into something that would be useful for a hospital, as opposed to an extended health care facility? How would the issues of admitting be addressed, which would need to occur

and now does occur on a second level? So unless the minister, when he stands again, can say, “Yes, there was a study. It was provided to the Government of Yukon. It is dated such-and-such a date. It was done by this consultant, architect, medical professionals, and we will turn it over the members opposite”, then we are going to come to the conclusion that no such study was ever done. Without giving us the whole history again of how many times the government talked to the people of Watson Lake in coming to the decision to transfer the responsibility to the Yukon Hospital Corporation, which is not in dispute in this House, on what study the Yukon Hospital Corporation took to determine a functional design for a hospital that had already been announced with a provisional budget of \$25 million, we can only conclude that no such study was ever undertaken. If the minister can correct us on that, we would much appreciate it.

**Hon. Mr. Hart:** We have provided the member opposite several times with the chronology of all the issues as they relate to the Watson Lake hospital, while we were in the process of dealing with it. In addition, I did say that a substantial amount of work was completed on the existing hospital with regard to its status and what was required. When we looked into that situation, we found that that hospital was in a state of disrepair and that it required a substantial facelift, to the point that it would be too expensive to operate.

We did work with our staff; our PMA did the assessments on what’s needed with regard to that in addition to the information that was provided by consultants with regard to the status of the existing shell, as well as dealing with, as the member opposite indicated, the structural aspects of the facility and whether or not it could be utilized for a hospital to go in. The decision to go with a hospital, again, was based on the fact that the hospital would be needed, as the existing hospital was found to be in a state of disrepair and it required modernization and a change. Thus, we looked at the possibility of salvaging the shell that was next to it with the idea that it could provide hospital facilities. I must say, we were unsure of whether that could be the case.

That is why the information was taken and studies were provided by the consultants to do an assessment of this facility, not only for us, but for the Hospital Corporation, to ensure that they could utilize this facility as a hospital. They did look at all of the items that the member opposite indicated with regard to that facility and to ensure that it could be completed.

With regard to dealing with the process, we also looked at the structural aspect. There was also seismic work that had to be looked at with regard to the Watson Lake hospital. That was looked at for that facility to ensure they could have the facility.

The member opposite indicated the second floor — there was also a big issue with regard to the second floor for the entranceway. So a substantial amount of work had to be done on the ground level in order to utilize the facility as a hospital and in order to get the emergency vehicle, the ambulance, to come up and be able to be utilized on an easier basis, as compared to the original design.

A substantial amount of work was completed; a substantial number of items were assessed by both us and the Hospital

Corporation to assess the value of that particular unit. I might add that the Hospital Corporation did its due diligence during the year of the agreement to ensure the facility would be sufficient to handle the Watson Lake hospital and to ensure that they would have the ability to operate that facility and that there would be no surprises in there.

They did indicate to us that if there were, then they would not be taking over that facility. We allowed them to utilize all the information that we had with regard to the existing facility and its building history. We also allowed them to do additional work, which they did with regard to providing that information. I believe the Hospital Corporation on a couple of occasions here in the House indicated that process and also indicated what they have done to ensure that due diligence was done for the operation of the Watson Lake hospital.

**Mr. Mitchell:** Well, there appears to be a missing link in the minister’s chronology. Perhaps we should take a field trip to Kenya and we could look for it in Olduvai Gorge where the Leakey family was so successful over the years in looking for missing links, because there seems to be one here. I’m going to leave it alone because the minister is not going to answer this question. I’ve asked it enough different ways. It appears that there never was an initial needs-assessment done before the decision was made. There were a lot of studies and assessments done after the decision was made and a budget was identified.

To move on to some other areas that perhaps the minister can answer, there are some examples given in the budget documents that were provided and the summaries that were provided during the budget briefing — another briefing that we attended for the Department of Health and Social Services — that identified increased funding for NGOs. There was some identification for FASSY, for the Salvation Army, for Help and Hope for Families Society in Watson Lake and the Yukon women’s transition home. I know that the Yukon Anti-Poverty Coalition was told awhile ago to expect a funding increase in 2011-12, but this is not identified specifically under NGO increases. What is the increase to YAPC, if there is one, and where does it appear in the budget?

**Hon. Mr. Hart:** Yes, the Yukon Anti-Poverty Coalition is getting an increase to their budget.

**Mr. Mitchell:** Is there an amount that the minister has at his fingertips, so to speak, that he can identify for the record?

**Hon. Mr. Hart:** The Anti-Poverty Coalition is getting \$25,000.

**Mr. Mitchell:** By the way, regarding some of the information that the minister was putting on the record before we recessed, he made reference to children not being able to learn and having some personal knowledge of it, being that his wife is a teacher and the stories she comes home with — I would echo those concerns because, as the minister knows, my wife teaches in much the same area of special education as his does.

I also hear reports, even insofar as the fact that, in taking children out of class to deal with the Reading Recovery program — and the minister knows that’s an intensive, one-on-one program and that each Reading Recovery teacher, who only works half-time on that aspect of their job, can only have four

students at a time that they're dealing with. My wife is having to schedule, when she removes a child from the class to get that intensive instruction, around the need for a teacher to have provided a meal to that child, so they're capable of learning. Among all the other responsibilities the teachers are undertaking, it's feeding students in the classroom.

I know the Education minister will also be concerned about these issues — that if kids come to school hungry, they're not able to focus, they're not able to learn, they're distracted and don't have adequate nutrients travelling through the blood supply. We have to also address those issues.

As we have previously discussed, there was \$100,000 in Bill No. 23, the 2010-11 supplementary budget, for "operational funding for the Riverdale youth centre". I'm taking that off the briefing notes that were supplied for the supplementary budget. We had some discussion on this before regarding the fact that there is no Riverdale youth centre to date, and there hasn't been an announcement of there being one.

We don't see any money in the 2011-12 main estimates for a Riverdale youth centre, nor has the government announced a new youth centre. Considering that there was \$100,000 in operational funding in the supplementary budget for 2010-11, is there, in fact, funding in this year's main estimates, what is the amount of the funding and when can we expect that announcement that there actually is going to be a youth centre? Or can we not expect one until there is a campaign?

**Hon. Mr. Hart:** As I indicated earlier, the money was to be given to the Riverdale community for planning and to develop their business case to bring forth a situation to inform us what kind of programming would be provided, where it would be provided and how it would be administered within the Riverdale community.

That is underway. That is what that money was for. It is intended to ensure that they can move forward with these issues and that they can hire a consultant to ensure that all the issues are addressed and that they put forth the best business case they can to have a community centre in Riverdale.

**Mr. Mitchell:** Well, just to follow up, was there a date by which the society or the organization is required to provide that business case for the funding provided to them, and what is that date?

**Hon. Mr. Hart:** The money is, as I indicated, for start-up money for programming for the fall and a long-term plan. That is what the funding is for, until such time as I know exactly what it is for — and then it will go from there. No, I'm corrected — they tell me it's the spring. So, anyway, it's just a matter of ensuring that we have a good business case and we have a long-term plan that can be met and meets the requirements for the Riverdale community, and that it has an opportunity to succeed and provide services for the citizens of Riverdale.

**Mr. Mitchell:** Well, perhaps funding for this is something that will show up in a supplementary budget later this year. I'm wondering if there are any other such studies being undertaken, perhaps for Porter Creek or other areas, or is this the one and only study in terms of a new youth centre — or, for that matter, for other rural communities as well?

**Hon. Mr. Hart:** This will be used as a pilot project and is one of the reasons why we want to take the time to ensure that it is there because it may be something that other communities can utilize in their situation. This is why we are looking at this, and we want to make sure that it is something — not off somebody's desk, but something that can be used in other jurisdictions.

**Mr. Mitchell:** Moving on to other areas, regarding 811 service, we were told by officials at the briefing that we have to start looking at what we can afford, and we need to get to 2014. That, I think, refers to the fact that this is one of the services that was funded by THAF and THSSI and we're awaiting a renewal.

So the simple question is, will this service be continued or is that dependent upon whether or not there's a renewal or extension of funding? Has the government done any evaluations of this service to determine whether they're getting good value from it?

**Hon. Mr. Hart:** As with any plan or any programming under the federal program of THAF and THSSI, an evaluation has to be completed and provided to the federal government on the value and service provided.

**Mr. Mitchell:** Has the government made any decision to carry this program forward on an interim basis when the current funding runs out or is that fully dependent upon doing this evaluation? When will the evaluation be completed?

**Hon. Mr. Hart:** We will do the evaluation. That assessment will be done. When the evaluation is complete, then a decision will be made. An evaluation has to be done prior to the determination of the THAF agreement.

**Mr. Mitchell:** The minister, earlier on in debate or in his introductory remarks, spoke about the Thomson Centre and indicated that the first bed should be made available in May of this year. That was the target date. Can the minister provide a date that this 19-bed pod, as it has been referred to, or wing, will be fully operational? What additional plans are there for adding other services within the Thomson Centre? Will it strictly be used as an extended care facility or are there any other plans, such as hospice care — or palliative care, rather — that may be included?

**Hon. Mr. Hart:** Renovations to the Thomson Centre are scheduled to be completed sometime late March or early April.

We had some difficulty with regard to the building. The contractors indicated that there will be a slight delay. Project timelines are now being finalized. We had originally looked at the middle of April. We are now looking at the middle of May. Continuing Care will require a minimum of five weeks to get ready and plan for admissions in order to get staff acclimatized to their facility they are going in. We will not open the facility to 19 people to roll in the door. It will be done using a phased-in process. First of all, we have to get our people lined in. We already have the staff in place and they are either working at one of our continuing care facilities currently now or some have indicated that they want to transfer to the Thomson Centre when it opens. After the facility is complete and renovations are in place, they will be there.

As I said, we're looking for the first resident to be admitted sometime mid-May and we can go from there. We're anticipating they'll be able to hopefully see the grass come up on the other side. Maybe they will have to look through the fence, but at least they'll see the grass.

**Mr. Mitchell:** The statistics on page 12-26 for intermediate care show — for example, the 2010-11 estimate for Macaulay Lodge showed an average occupancy rate of 98 per cent, with an average number of people on the waiting list of 12. That was pretty similar — eight months on that waiting list. In fact, the forecast was that the average number of people was 11 with six months on the waiting list. It shows zero for 2011-12, with a footnote, and that's because of the opening of the Thomson Centre.

Does the government feel that opening these additional beds will be sufficient to fully eliminate any waiting? Because there appears to be, as the minister has said of the demographic, an aging population with more and more seniors looking for accommodation in Macaulay Lodge. Will this be sufficient or is the government planning other facilities to also fill this need?

**Hon. Mr. Hart:** With regard to the continuing care for Thomson Centre, we are looking at all of our continuing care facilities. We are looking at the individuals who are in, for example, Copper Ridge, and who might be able to be placed down at the Thomson Centre to make more room at Copper Ridge. We feel that the 19 new beds, once open, will accommodate a good portion of the waiting list that is there. We also have — or are in the process, or will have completed by May — an additional 10 rooms within the Thomson Centre that could be utilized at a future date for that.

**Mr. Mitchell:** The new health care offices that are being incorporated into the doctors and nurses and visiting specialists clinic — which offices of the Department of Health and Social Services are going to be relocated to that building?

**Hon. Mr. Hart:** It will be corporate and regional services.

**Mr. Mitchell:** Moving to another area, on September 21, 2010, we brought forward a motion, standing in my name, to advance the cause of the Northern City Supportive Housing Coalition to build a supported living facility in Whitehorse. Now, the government at the time refused to support the motion because they claimed that the coalition lacked detailed business plans. It appears that the government didn't have detailed business plans for the two rural hospitals when they made the decision to build them. There seems to be a bit of dual standard there. But since then, in January, the Northern City Supportive Housing Coalition did provide a business plan, together with a number of letters of support and pledges of donations in kind of both services and personnel from other organizations — support from the Mayor of Whitehorse and support from a number of other organizations and NGOs.

When I last asked about this, either the Housing minister or the Health minister — perhaps both — indicated that the government was reviewing the business plan and providing advice to the organization about the plan. Can the minister enlighten us on where this process is now and whether the gov-

ernment has had their questions answered? If not, what are their additional questions? What hoops does the organization yet have to jump through to satisfy the concerns that the government may have with the proposal to date?

**Hon. Mr. Hart:** I'm pleased to advise the member opposite that we have met with the officials only this week with regard to their business plan, which we have accepted, and both Health and Social Services and now Yukon Housing Corporation will be doing their due diligence on the business plan and making an assessment, as we would with any other program.

**Mr. Mitchell:** Well, that is indeed good news that things have advanced. Can the minister provide us with a timeline of how long they will need to study the plan before making a decision on whether they can financially support this proposal or whether more work is needed? What is the timeline we're looking at?

**Hon. Mr. Hart:** We anticipate it will take a couple of weeks for Yukon Housing Corporation to do their due diligence on the proposal. Then it will go through the normal process with regard to funding.

**Mr. Mitchell:** I thank the minister for that response. We will look forward to hearing more about this when a decision is made.

Again, getting to other reports, there was the report from the Task Force on Acutely Intoxicated Persons at Risk, which was dated December 31, 2010 and made public in January of this year at a joint news conference, along with the second report, having to do with policing in the Yukon.

There were a number of recommendations in the report on severely intoxicated persons at risk. I will refer the minister to recommendation 4: "A new sobering center should be created in downtown Whitehorse to be used as the facility where acutely intoxicated persons at risk are accommodated when they are detained under the Yukon *Liquor Act* or its replacement. The philosophy of this institution should be consistent with the social mores and human rights of today and should function under a harm reduction model."

The report goes on to say, "A new facility which removes care and management of a person detained while acutely intoxicated from the RCMP cells is universally desired." It talks about the fact that RCMP personnel are not trained to treat or even assess the medical needs of acutely intoxicated persons.

The report says "Option #1: The question of where this new facility should be located is significant. Our recommendation is that it should be downtown, close to the common drinking areas. People will ultimately be released from detention and should have close proximity at that time to their social networks and personal resources. Additionally it will be easier to co-locate the new sobering center with Detox and with easier access to Alcohol and Drug Services (ADS) staff and resources if it is located in the downtown core.

"Option #2: Department of Justice is in favour of locating a new detention centre at Whitehorse Correctional Centre (WCC). They are well advanced in planning, with good attention to staffing and resource access. This plan has several dis-

advantages from our point of view. First and foremost, Whitehorse Correctional Centre is a jail.”

Despite their best intentions, detention there will still be viewed as punishment. It will be difficult, if not impossible, to create a new societal perception within the confines of a jail. There are additional items and options here in the report, but I don't want to read it all.

Simultaneously, with making public the report itself, as part of the news conference that was held in January, it was announced there would be a modification to the new Whitehorse Correctional Centre that's currently under construction and that there would be a secure facility for intoxicated persons at risk attached to the Whitehorse Correctional Centre. This would appear to be directly in opposition to the recommendation in the very report co-authored by Dr. Beaton and Chief Allen that was being announced simultaneously with the other announcement.

Now, I will say for the record that it is obviously an improvement to have a secure facility with medical supervision located anywhere compared to, as the Premier referred to it, the old drunk tank. However, we think that the recommendations in this report bear a lot of merit. When we were in the briefing, department officials indicated that additional options for a downtown facility were still being considered and to stay tuned — that there would be an announcement shortly. There was no explanation that could be provided as to where the funding would come from. The minister has made some references to this as well.

Another component that was recommended in the report is that the newly created sobering centre should be co-located with an expanded detoxification facility and that a shelter should also be built or created in close proximity to this.

When I previously asked the minister how this was going to be done, the minister indicated they were working with NGOs — non-governmental organizations — to try to come to a solution and that there was an expectation there would be an announcement in the not-too-distant future.

I asked the minister what NGOs the minister's department was working with, and the minister compared it to not announcing names in the Assembly of individuals because they're not in a position to respond. I would have to say I don't accept that analogy. We understand why we don't name individuals in the Legislature who aren't here to respond, but if the government is working with non-governmental organizations to jointly provide a service to Yukoners, then this is the very place we have to ask that question. We could ask it of the NGOs, but we'd have to ask it of every NGO in the Yukon to determine which the NGOs are.

It's the government we have to ask the question of because the government is going to have to come up with the solution.

We've heard again and again that there's a need for at least one shelter in downtown Whitehorse. The Salvation Army, which provides 10 beds, is frequently full, particularly in the wintertime. All 10 beds are occupied and there are additional people sleeping across chairs or on tables. That is not acceptable.

One possible solution is the one I previously referred to, the Northern City Supportive Housing Coalition, which hopes to provide 20 beds for Yukoners who are without a decent place to live or any place at all. That would certainly take some of the pressure off, but it may not be the only solution. I am interested in learning from the minister what is being done. There is nothing we can see in the budget or in the long-term capital plan to address this, other than a promise from the minister.

Mr. Chair, seeing the time, I move that we report progress.

**Chair:** It has been moved by Mr. Mitchell that Committee of the Whole report progress.

*Motion agreed to*

**Hon. Ms. Taylor:** Mr. Chair, I move that the Speaker do now resume the Chair.

**Chair:** It has been moved by Ms. Taylor that the Speaker do now resume the Chair.

*Motion agreed to*

*Speaker resumes the Chair*

**Speaker:** I will now call the House to order. May the House have a report from the Chair of Committee of the Whole?

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

**Mr. Nordick:** Committee of the Whole has considered Bill No. 24, *First Appropriation Act, 2011-12*, 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., this House now stands adjourned until 1:00 p.m. Monday.

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

#### **The following documents were filed March 10, 2011:**

11-1-171

Department of Education Strategic Plan 2011-2016: Our Commitment to New Horizons (English and French versions) (Rouble)

11-1-172

Department of Education Strategic Plan 2011-2016 and New Horizons: Implementing the Education Reform Project Recommendations (Rouble)