

**Yukon Legislative Assembly
Whitehorse, Yukon
Monday, April 27, 2009 — 1:00 p.m.**

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

Prayers

DAILY ROUTINE

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

Tributes.

TRIBUTES

In recognition of National Victims of Crime Awareness Week

Hon. Ms. Horne: I rise today to pay tribute to National Victims of Crime Awareness Week, April 26 to May 2. This year's theme is, "Supporting, Connecting, Evolving".

This important week reminds us to think about the issues facing victims of crime and the services that exist to help them. Depending on the nature of the offence, victims of crime often face a number of challenges. I would like to recognize the people who support victims of crime and the services that they offer.

Community connections are so important in order to better meet the needs of victims and their loved ones. No one expects to experience violence in their community but, either through personal encounters or media accounts, we've all seen and heard accounts of the devastating aftermath of criminal activity. In close-knit communities here, we witness the impact that crime has on individual family members, friends and even entire communities. There can be long-lasting physical and emotional consequences.

Mr. Speaker, we can support them by providing referrals to programs and services or simply by listening. This government takes the needs of victims very seriously and is working hard to ensure they are receiving the best possible services in every respect.

Having toured and met with our victim services unit, I know that Yukon has service providers who are highly skilled and deeply committed to assisting victims of crime.

National Victims of Crime Awareness Week reminds us to take stock of the past, reflect on the present and work toward a better future. By working together to help victims respond to the aftermath of crime and resume their full participation in society, we all stand to benefit.

Günilschisch. Thank you.

In recognition of National Immunization Awareness Week

Hon. Mr. Hart: On behalf of the House, I'd like to pay tribute to National Immunization Awareness Week, April 25 to May 2.

I rise in the House today in honour of National Immunization Awareness Week. This week is dedicated to raising aware-

ness among Canadians about the importance of keeping their immunizations and those of their children up to date.

Cette semaine a été choisie pour sensibiliser les Canadiens à l'importance de tenir leur carnet de vaccination et celui de leurs enfants à jour.

Many factors affect immunization needs, including occupation, foreign travel, underlying illness and age. Immunizations protect us from everything from cholera to yellow fever. While many of the vaccine-preventable diseases are not prevalent in Canada or the Yukon, Yukoners are world travellers. Immunizations protect us from deadly diseases wherever we are.

We are a healthy country, Mr. Speaker, and as such it is easy to grow complacent about our health. In our lifetimes, we have seen the devastation and pain that polio can cause. Today, this disease is practically non-existent in Canada, all because of immunization.

When immunization rates drop, disease rates rise. Diseases then can spread quickly among vulnerable and unprotected populations. This is as true at home as it is in countries outside of Canada.

Lorsque les taux d'immunisation baissent, les taux de maladies augmentent. Les maladies peuvent alors se répandre rapidement parmi les personnes vulnérables et celles qui ne sont pas protégées. C'est aussi vrai ici que dans les pays étrangers.

Immunization programs, especially when coordinated with other countries, have been very successful. For instance, thanks to a concentrated worldwide vaccination effort, smallpox was declared eradicated in 1980.

New developments are constantly pushing back disease. For example, the new HPV vaccine will help reduce and even eradicate certain types of cervical cancer.

Canada's National Immunization Week coincides with the sixth Vaccination Week in the Americas. This initiative of the Pan American Health Organization seeks to strengthen immunization by encouraging mass vaccination campaigns.

Governments around the world encourage immunization and spend public money on it because it makes sense. It is much better to prevent than to treat a disease that can maim or even kill people.

The Yukon medical officer of health encourages Yukoners to get their immunizations and keep them current. This process doesn't end at childhood. Adults should check their health centre about bringing their immunizations up to date. Keeping our immunizations up to date is the best way of ensuring that we avoid a resurgence of preventable diseases. Immunization keeps us, our families and our communities healthy.

Thank you, Mr. Speaker.

Speaker: Are there any further tributes?

Introduction of visitors.

Returns or documents for tabling.

Are there any reports of committees?

Are there any petitions?

Are there any bills to be introduced?

Are there any notices of motion?

NOTICES OF MOTION

Mr. Mitchell: Mr. Speaker, I give notice of the following motion:

THAT this House urges the Premier to attend the Association of Yukon Communities Annual General Meeting, as has been the practice with past leaders of the Yukon government, in order to have a minister present who can answer questions from Association of Yukon Communities members on all Yukon government departments.

Mr. Fairclough: Mr. Speaker, I give notice of the following motion:

THAT this House:

(1) congratulates the Yukon government for finally complying with section 95 of the *Workers' Compensation Act* and publicly announcing the two-year-old changes in the Workers' Compensation Health and Safety Board investment policy through an order-in-council; and

(2) urges the Yukon government to produce orders-in-council in a more timely manner in the future.

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

THAT this House urges the Yukon government to follow the British Columbia education policies and make the Yukon territorial exams voluntary, as is the case with their B.C. equivalent.

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

THAT this House urges the Standing Committee on Rules, Elections and Privileges to convene immediately to consider proposed changes to the Standing Orders of the Yukon Legislative Assembly so that the needed changes can be made before the current sitting of the Legislative Assembly ends on May 14, 2009.

Speaker: Are there any further notices of motion?

Is there a statement by a minister?

This then brings us to Question Period.

QUESTION PERIOD

Question re: Yukon Teachers Association AGM, minister's attendance

Mr. Fairclough: Mr. Speaker, last weekend the Yukon Teachers Association held their annual general meeting here in Whitehorse. Our congratulations go to Katherine Mackwood on her election as president and all others elected to the executive.

I am, however, disappointed that the minister was absent and unavailable to address the membership. The address by the minister has, over the years, become an integral part of the AGM. Many members were offended by the unexplained no-show.

The minister, on several occasions, referred to YTA as one of his major partners in education. This particular partner is a major player in our education system, with well over 700 members. Why did the minister not attend?

Hon. Mr. Rouble: Indeed, the Yukon Teachers Association is a very valuable component of Yukon's education system. Teachers, students and their parents form one of the most triangles of information that we have out there.

I congratulate the Yukon Teachers Association on their very successful annual general meeting. I understand that they had several very good discussions. I've had the opportunity, the pleasure and privilege of attending their meetings in the past. Unfortunately, my schedule precluded me from attending this year's meeting.

I did make an offer that we could have a department official there to discuss other issues. Unfortunately, my schedule did not allow me to attend this year's meeting.

Mr. Fairclough: The minister should have been there. Now, last Friday evening, members of the YTA who are retiring were recognized and honoured for their many years of service and dedication. Friday evening was a time set aside to honour retirees and, again, the minister was absent — so much for 25 to 30 years of faithful service.

The presence of the minister would always be a reminder that the many years spent in the classroom were recognized and appreciated. This was a snub, Mr. Speaker — a very calculated and deliberate snub. Shame on the government for treating the YTA members with such disdain.

Will the minister stand and issue an apology to YTA members for his flagrant acts of disrespect?

Hon. Mr. Rouble: Mr. Speaker, I'm really not sure where to start with this one. The premise for this question is so far removed from reality, but we'll try here.

As the member opposite knows full well, ministerial schedules are filled to capacity and then some; there are often two, three and even four times the number of events that we can possibly attend.

A minister of this government was in attendance at the event on Friday. The teachers certainly have my thanks. As I conveyed on Thursday morning to the Yukon Association of School Administrators, I gave out my heartfelt thanks — thanks on behalf of the government to all of our teachers and administrators — and asked the school administrators to pass along my thanks for their continued dedication and for the significant number of years of service of some of our retiring teachers.

Mr. Fairclough: Unbelievable, Mr. Speaker. Education, as the minister said, was a high priority and yet he was not there. This minister has shown great disrespect to First Nations by not only ignoring the education reform project recommendations on governance models but unequivocally stating that his government would never share governance.

Then we have the francophone board. They are now taking this government to court to get their constitutional rights upheld. Now, Mr. Speaker, he has offended and insulted many within the YTA. Talk about self-destructing. This minister is becoming unglued. What does the minister intend to do to remedy the deteriorating state of affairs in the department?

Some Hon. Member: (Inaudible)

Point of order

Speaker: Yes, on the point of order.

Hon. Mr. Cathers: The characterization made by the Member for Mayo-Tatchun of another member of this Assembly “becoming unglued”, I believe, is very clearly in violation of the Standing Orders and I would ask you to have him retract that statement.

Unparliamentary language

Speaker: Yes. I agree. Honourable member, please retract that statement.

Withdrawal of remark

Mr. Fairclough: I retract the statement.

Speaker: Thank you very much. Are you finished with your question?

Mr. Fairclough: I asked a question.

Hon. Mr. Rouble: Thank you, Mr. Speaker. Once again we see the Liberal Party’s practice for this Assembly. If they can’t complain about the policy and if they can’t complain about the product or the results happening in today’s Yukon — what do they do? They attack the person.

Mr. Speaker, it’s no wonder people don’t want to get involved in politics. We see this type of personalization of debate day after day after day. Would the Liberal Education critic please ask me a question about policy? Would he please ask me a question about budget allocations? Or do we just want to sit here and have a debate about name-calling day after day after day?

Yukon people deserve more. Let’s raise the bar a bit.

Question re: Commission scolaire francophone du Yukon, court action

Mr. Mitchell: While this government has made a habit of going to court with First Nations, they moved on to a new target last fall. The government is now in court with the Yukon’s francophone school board, the Commission scolaire francophone du Yukon. Last fall the board took the extraordinary step of going to the courts in its battle with this government.

This court action is the latest step in a long process of dealings. Several years of negotiations have not led to significant developments.

The minister often talks about how well he works with his partners in education. One of those partners is fed up with the minister; they’re not partners at all. Partners work together and not in front of a judge. Why is the minister in court with one of his partners, instead of working things out as he should be?

Hon. Mr. Rouble: This government has taken extensive efforts to work with Yukon First Nations, school councils, our francophone school board, with parents and teachers. It is unfortunate — very unfortunate — that we find ourselves in this situation. As the member knows full well, this is now a matter that is before the courts and it would be inappropriate for me to comment on it or debate this issue here in our Legislature.

Mr. Mitchell: Well, it’s not inappropriate because the court is not currently sitting and our Standing Orders, as we

noted last week, refer to that. However, the minister can use that as an excuse.

Shortly after the lawsuit was filed, the minister gave an interview to a local paper, and now he doesn’t want to talk about it. In the interview, the minister said he found the lawsuit disappointing. The minister said he thought progress through negotiations had been made and that the concerns of the school board were being addressed. When asked for an example that progress was being made, however, the minister could not provide one.

The fact that the government has been in court with the francophone school board is further proof of the failure of this government to properly manage our education system. Why did the minister allow the relationship with a so-called partner in education to slip to this level, where the only conversation is through a judge?

Hon. Mr. Rouble: The member opposite knows full well the situation that we’re in right now. Is it disappointing? Yes, of course it is. This is a matter that is now currently before the court, and as such, this government will respect the process that has been initiated by the l’Association franco-yukonnaise and we will work through this process to bring closure to the issue.

Mr. Mitchell: Mr. Speaker, there’s an old saying, “The emperor has no clothes,” and it applies here. The minister keeps insisting that everything is fine in his department; the reality is quite the opposite. The Kwanlin Dun First Nation announced last week they are drawing down education. The Auditor General released a scathing report this spring which exposed the government’s practice of inflating graduation rates. The minister can’t be bothered to attend the annual meeting of the Yukon Teachers Association held this past weekend.

Mr. Speaker, the system is falling down around the minister and his only responses are, “We’re working with our partners in education,” or “We can’t address it because it’s before the courts.”

The francophone school board is in court with this minister. Is he even going to try and sort out this matter or is he of the same my-way-or-the-highway school as the Premier and content to say, “If you don’t like this, sue us”?

Hon. Mr. Rouble: The Leader of the Liberal Party has brought out several different issues here. Unfortunately, he has not also identified those steps the government is taking to address these issues. The member opposite does talk about the Auditor General’s report, but he doesn’t often recognize the action plan that was tabled by the Department of Education as a means of addressing the concerns.

The members opposite complain about issues that have been brought up for years but don’t often recognize recent programming change designed to address them.

We don’t hear them talking about New Horizons; we don’t hear them talking about the school growth plans; we don’t hear them talking about programs like the innovators in education program; we don’t hear them talking about the British Columbia enterprise information system; we don’t hear them talking about the solutions that have been brought forward.

Instead, we hear them bringing out the same issues day after day. We're making progress on these issues; they're being addressed; the product is in our budget about our commitment to address this. Let's continue on with looking for solutions on how to improve the educational outcomes for all Yukoners.

Question re: Privatization

Mr. Hardy: Over the years we've watched and witnessed Conservative and Liberal governments sell off publicly owned corporations or privatize many programs that are delivered in our country, on federal and provincial levels. Both the Conservatives and Liberals are guilty of this.

In B.C., our neighbours are waking up to the nightmare of their elected government embroiled in a secretive sell-off and/or privatization of people's assets — that's the Liberal government down there. I'm referring to the B.C. Crown corporations, B.C. Rail and the privatization of B.C. Hydro and the delivery of energy.

We are concerned that Yukon government might also be embarking on the same path toward a sell-off of Crown corporations to the private sector. Can the Premier assure us that publicly owned corporations such as Yukon Energy Corporation are not for sale?

Hon. Mr. Fentie: The Leader of the Third Party is entirely correct. No, they are not for sale.

Mr. Hardy: I am always worried about any kind of direction that governments are going in and I look at the past history. It was the NDP government that negotiated with the federal government for the transfer of NCPC to the Yukon people. The NDP created Yukon Energy because we've always felt that something so important to our development as power generation must be owned by the people, for the people. We cannot totally be sure when another government comes into power. Unfortunately, many right-wing governments have a long-established pattern of secrecy and behind-closed-door dealings around this and we are witnessing it with the Liberal B.C. government right at this moment.

My concern here is the promotion of P3s and the denial of looking at a health care review, which opens the door for private health care, looking at the *Corrections Act, 2009* and the statement made by the Justice minister regarding not closing the door for private delivery of jail facilities and programs by future governments.

Speaker: Ask the question, please.

Mr. Hardy: Has the Premier had any discussions whatsoever regarding the sell-off of Yukon Energy Corporation with any persons or businesses?

Hon. Mr. Fentie: This is an interesting approach by the third party. I will reference the fact that the NDP was the government of the day that purchased NCPC and is correct to a certain degree. What the member didn't say, though, is that the NDP government spent the money of the corporation on everything but energy. And that is a problem; however, I'll leave that to historians to determine what that was all about.

Secondly, to reference the health care review as a means to privatizing the health care system, I have to comfort the member. That's not what it is at all. The most important part of it is so that Yukoners are aware of what the health care system is

costing and some of the challenges in it, but the fundamental principle here is to ensure sustainability of the health care system, as we've been very clear in stating.

If the member is referring to the Yukon Hospital Corporation's involvement in health care, I would encourage him to look at the legislation governing the Hospital Corporation and its mandate. It's there to deliver health care through one or more facilities in the Yukon.

As far as discussions, we're in rationalization processes in other matters dealing with energy in this territory — certainly not selling the corporation.

Mr. Hardy: You know, I was on the board of directors of the Yukon Development Corporation and Yukon Energy Corporation, and I can assure the people of this territory that we, under an NDP government, did invest in energy in this territory. The biggest investment was giving it back to the people of the Yukon. The windmills up on the hill were an investment. We can list a ton of initiatives around that, but we won't get into that. The NDP has always stood for publicly owned utilities across this country.

Now, we are very concerned about the accountability of the Hospital Corporation to the Legislative Assembly because, unfortunately, the questions directed at the minister in this Legislative Assembly have been dodged, and it creates a great deal of worry for us as to who is really accountable.

We're also worried about the Yukon Minerals Advisory Board —

Speaker: Order please. Ask the question, please. Your time is up.

Mr. Hardy: I need more time, I know. I'm sorry. I will ask the question. I want assurances that this Premier has had no discussions whatsoever in privatizing, in any way, shape or form, the Yukon Energy Corporation.

Hon. Mr. Fentie: First I'll answer the question. No, we're not involved in any process to privatize any public corporation in the Yukon, whether it be energy, hospitals or whatever the case may be. At the risk of being somewhat mischievous, I have to mention that when the Leader of the Third Party refers to an investment in energy under the guidance of the NDP government those many years ago, I would submit it was the energy needed to pack the bundles of money down to Watson Lake to spend on a defunct sawmill. There was little investment in energy infrastructure or its maintenance or development all through that period.

It's this government that has embarked on rationalization. We have a strategy before us that clearly references roles and responsibilities in structural matters, options to meet our energy needs on the demand side and into the future. We've invested in the extension of the WAF grid to Pelly, removing thousands of tonnes of CO₂ from our atmosphere, putting a mine site on the grid, putting a community on hydro and taking it off diesel. We're continuing to invest in Yukon's energy future as a wholly owned public utility.

Question re: Landlord and Tenant Act review

Mr. Cardiff: The *Landlord and Tenant Act* is a very old piece of legislation, to put it mildly. It should be history. It no longer offers real protection to either landlords or tenants. It

has been declared the worst piece of housing legislation in Canada. Two years ago, this minister told us in the Legislature that the department was doing an internal review of the *Landlord and Tenant Act*. In November — this was last fall — the minister stated that the review is being critiqued by the department and that a report would be coming as soon as the critique was done.

Has the review been completed? Where is that report?

Hon. Mr. Lang: The overview has been done and the department is working on it. It will become a public document.

Mr. Cardiff: That's not good enough. We know the document is available and it is out there. We would like to see it on this side of the House as well. In February of this year, another report was given to this government. It was an evaluation of the *Landlord and Tenant Act*. It was researched and written by volunteer members of a working group who have a direct interest in housing and tenants, such as the Chamber of Commerce, several women's groups and the Anti-Poverty Coalition, to name a few.

Does the minister recall receiving this report? Will he tell us what his department's response was to its recommendations?

Hon. Mr. Lang: I was at those meetings and the individuals did do a presentation to the department. We committed to work with that group to answer their concerns.

Mr. Cardiff: Well, I hope it doesn't take as long to respond to them as it did to respond to the internal review. There are several issues with this act that have been outstanding for too many years. We don't have minimum standards for housing to consider tenant health and that protect good landlords. We don't have mechanisms to investigate and enforce standards. It doesn't have a fair eviction process like other jurisdictions in Canada, Mr. Speaker. Its archaic language is the butt of jokes. There is plenty of information out there to revise the *Landlord and Tenant Act*. We can give him, and I am sure he knows, of many disturbing examples of abuse of this act. It only takes his will to revise that act.

Is the minister now prepared with recommendations for the revision of the *Landlord and Tenant Act* that he is ready to take to public consultation?

Hon. Mr. Lang: In addressing the member opposite, we are working on it. We are working with the concerned groups and as we do that inside the department, the public will be notified of what comes out of those discussions. I would say that we will wait. We will do our review. We will do the critiquing. We'll work with the concerned individuals and work with a reply.

Question re: School staffing

Mr. Fairclough: Recently I asked the Minister of Education a question regarding FTE allotments for the 2009-10 school year. I essentially repeated my question three times, and yet the minister would not answer.

He has had time to get the information and to get up to speed, so will the minister tell Yukoners the FTE allotments for each school in the Yukon?

Hon. Mr. Rouble: Each year, the Department of Education goes through a process involving our superintendents, schools and others in allocating the FTEs or full-time equiva-

lents. Last year when we had this debate, the member opposite got on the floor and stated that 15 teachers were to be eliminated. He said 15 teachers were to be eliminated.

Well, we know the Liberal Party's predictions on that one certainly did not come true. This year, we see the same allocation of 476 or so teachers for education. The number of teachers in our system has not been cut; it's the same number of teachers as last year. The department staff and our school staff will continue to make the allocations of teachers to the schools as are necessary.

Mr. Fairclough: That's not what the schools are saying. It was such an easy question for the minister; I thought I'd start off that way.

Each school has a number of positions assigned to it. I have to try to get the minister clear on this. There are a fixed number of teaching positions, a fixed number of remedial tutors and a fixed number of educational assistants. That is the school's allotment. The administration then uses that information to plan the next school year.

The Minister of Highways and Public Works likes to say that it's a timely time. The schools need that information; councils need to know and the members of YTA need and deserve to know — so it is a timely time.

What are the staffing allotments in terms of FTEs for the next school year? I want the minister to be clear on it.

Hon. Mr. Rouble: Those are exactly the issues that are worked on right now with our superintendents and with our school principals. Each year, we go through a process in Yukon's education system of looking at population trends, grade trends, the school growth or decline; we look at issues such as teacher retirements or teacher transfers and the needs in our schools.

Mr. Speaker, we have certain flexibility in our schools where the schools can respond to specific issues they have and make decisions there. As well as the allocation of classroom teachers, we also have music teachers, experiential education programs, librarians, and counsellors in our schools. Each year, the schools and the Department of Education staff sit down and go through this process. That's the process that they're going through right now.

Mr. Fairclough: Why couldn't he be clear on that, Mr. Speaker? The thing is, a lot of these positions get moved around and schools do lose positions. Out of all this, I really believe this minister has been failing Yukon students. The Auditor General's report made that very clear and here is the minister's response — even today, he says the numbers are the same. But that's not what we're hearing from the schools. Golden Horn Elementary School — cut; Selkirk Elementary School — cut; Takhini Elementary School — cut; Jack Hulland School — cut two teaching positions. This is even with a growing enrolment, Mr. Speaker. Grey Mountain School — cut; Robert Service School — cut; and Eliza Van Bibber School — cut.

Will the minister confirm that this is a complete list or are there more?

Hon. Mr. Rouble: No, Mr. Speaker, I will not confirm anything that member opposite is talking about.

Last year, Mr. Speaker, that member got up on the floor and said that 15 teachers were to be eliminated. Mr. Speaker, the Liberal opposition's Chicken Little approach to issue management didn't come true last year.

Some Hon. Member: (Inaudible)

Unparliamentary language

Speaker: Yes. You are right. But go ahead, articulate it.

Mr. McRobb: Mr. Speaker, it has been ruled out of order to make any references to cartoon-like characters, and I believe that Chicken Little is a cartoon-like character.

Speaker's ruling

Speaker: The honourable member is right. In the future, don't use those references.

Minister of Education, you have about 15 seconds left to answer.

Hon. Mr. Rouble: Mr. Speaker, the Liberal Party's predictions last year didn't come true and I would not hold a lot of hope for their predictions that are going on right now. Mr. Speaker, there is a draft process going on and there is a certain amount of give and take from the Department of Education and the schools. We will ensure that issues are addressed.

Question re: Education standards

Mr. Fairclough: I would like to respond to the last question but I can't. Last week was Education Week in Yukon. Last weekend was also the AGM for the Yukon Teachers' Association. The minister was a no-show. This week, more than any time in the year, is a time to clear the air and set the tone for the future. I have tried countless times to convey to the minister of Education the importance of inclusiveness in the governance of our education system. I have tried to impress upon him that the top-down approach has disappeared in Canada, except for the Yukon. Micromanagement does not work, is not working, and will not work.

The minister even refuses to discuss the topic, even though every report and study strongly suggests that it should happen. The Auditor General clearly indicated that the Yukon was failing its students, and all of the points made by her in her report clearly point to one thing: the minister.

Will the minister ask the Premier for another portfolio, as he has clearly demonstrated he can't lead this one?

Hon. Mr. Rouble: I appreciate the constructive comments coming from the Liberal Party. Their constructive approach to governance in this territory is recognized by many people throughout the community. When I walk down Main Street, people often come up and say, "Boy, we really love those constructive comments that the Liberal Party has about making education better."

Education Week was last week, and it was a tremendous week to celebrate what's going on in Yukon schools. It was a tremendous week to recognize things like school growth plans, the innovations in education fund, the opportunity that I had to meet with students with a newly formed advisory council to hear students' perspectives on education.

It's time to meet with the Association of School Administrators; it's time to have an open house at the Department of Education, where the public and nearly everyone is invited to come and hear about the current issues in education.

The Department of Education has a lot to be proud of. There's a tremendous amount of hard work put into this system by our teachers, administrators and the professionals working in education. I recognize the work they're doing and the differences they're making. They're doing a heck of a job.

Mr. Fairclough: Let's look at some facts: the Auditor General was scathing in her report on the state of education in the Yukon, all of which comes back to point at the minister. Our graduation rate is lower than any province in Canada; the gap between First Nations and the rest of the student population is totally unacceptable; the only school board in the Yukon has started legal proceedings against this minister; and several First Nations are very seriously considering drawing down education. There's at least one community considering forming its own school board.

The minister may be well-intentioned but he's clearly failing, which is shown by 42 percent of other Yukon students who are also failing in their educational aspirations.

Will the minister ask the Premier to be transferred to another ministry and for a new Education minister to be put in place? Will he do that?

Hon. Mr. Rouble: I recognize that the member opposite isn't asking me to change a policy. The member opposite isn't asking me to change a budget item. Instead, the member opposite is, once again, having issues with me personally.

Now, I can only respond to what's coming from the member opposite and what's coming from the Liberal Party, and I'll ask again: would the member please raise the level of debate in this Assembly so that we can address the policies and priorities? And if he has some constructive options, some other suggestions or some changes, let's discuss those.

Mr. Fairclough: We've been asking questions of the minister for quite some time now. What we want to do is move ahead and ask a new minister these Education questions.

I have to address my final supplementary to the Premier because, no doubt, he'll pop up anyway, as he has done in the past weeks. The Minister of Education is clearly not fulfilling his ministerial duties and responsibilities. We know that he's not, and the public knows that, and the public has issues with this minister.

The education system needs attention now. Our teachers and all those involved in education, including parents and students, deserve nothing less than the very best. They need a minister with vision and a commitment to carry forward. They deserve a system where various parties can sit down — not for a meeting, but to discuss and decide issues that will shape our system for years to come. Now this minister, Mr. Speaker, —

Speaker: Ask the question.

Mr. Fairclough: — has failed that, so will the Premier shuffle his Cabinet and allow other members of his caucus to tackle the very important issues of education?

Hon. Mr. Rouble: Mr. Speaker, \$400,000 for the F.H. Collins school replacement; money in the budget for the B.C.

enterprise student information system in order to increase the tracking and information gathered around students; investments in teachers — Mr. Speaker, we have the lowest student/teacher ratio in Canada, I believe; the best number of computers per student, I believe, of any jurisdiction in Canada; investments in Yukon College to encourage and help support them to run a master of education program to provide additional training; training at Yukon College also for educational assistants so they can provide additional changes in the classroom; contributions in the budget to assist with school growth plans so that members in the community can have a significant involvement in their school.

Mr. Speaker, I appreciate the issues that the member opposite is bringing forward. Let's work together to identify the solutions and ensure that those solutions are communicated to others rather than just ignoring what is happening in today's Yukon education system.

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

ORDERS OF THE DAY

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

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

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

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

All Hon. Members: Agreed.

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

Recess

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

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

Department of Health and Social Services

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

Hon. Mr. Hart: I am pleased to present the 2009-10 budget for the Department of Health and Social Services here today. The largest budget in Yukon history is not only an investment in difficult economic times, it is also an investment in the people of Yukon in their health, wellness, and in the future

of health care and the social services system that we are proud of. A strong, healthy economy, strong healthy communities and strong healthy citizens go hand in hand.

When we were elected to office, we committed to achieving a better life for Yukoners, and this budget continues to build on that commitment in concrete and tangible ways. We are fortunate to be able to not only maintain the level of investment that this government has made in the Health and Social Services portfolio, but to further increase it. This commitment recognizes that our health, continuing care and social services are continually evolving to meet the needs of all Yukoners. This is an investment in the basic social services infrastructure that supports the social fabric of our communities and prepares for our future needs.

The planned O&M expenditures of the department are expected to increase by \$20,037,000 — a 10-percent increase from last year's main estimates, for a total budget of \$229,246,000. Of this total increase, 45 percent belongs to the health services program, which translates to an 11-percent increase to overall health services budgeted for 2009-10.

The second largest increase of \$4,189,000 belongs to the Hospital Corporation. This increase represents 21 percent of the department's budget increase and an increase to the Hospital Corporation's budget of 14 percent.

Social services programs have received an increase of \$2.9 million, or 15 percent of the department's increase, and the family and children's services program received an increase of \$2.299 million, representing 11 percent of the department's increase.

This year, the capital expenditures of the department are projected at \$8.79 million.

The health, continuing care and social services sectors are constantly challenged by many factors. Health care expenditures in all other jurisdictions across the country have been increasing. With an aging population, this trend is expected to continue.

A significant portion of the costs associated with the department's expenditures are statutory, and are therefore affected by factors such as price and utilization rates that are not directly controllable. Costs can shift dramatically because of the national factors and increased costs in provinces where we purchase services. We are all feeling the effects of the global economic downturn and social services costs can also be expected to increase, and priorities will shift in the changing economic times.

It is during these challenging times that it is important that we ensure our social safety net is in order. This budget prepares us for these challenges by anticipating our needs and building the foundation of a strong social safety net infrastructure. Anticipating and responding to our needs requires a sound planning process. Over the past year, the Department of Health and Social Services has engaged in a strategic planning process that will guide future decision making and priority setting in order to respond to the financial and program challenges that lay ahead.

Along with this, the Health Care Review Steering Committee is engaging Yukoners in a dialogue on findings of the *Yukon Health Care Review*, which examined health care sus-

tainability over the next 10 years. These processes are not mutually exclusive but are planned to complement each other in a way that brings together the best possible information to guide future planning and decision making.

The Budget Address presented by the Minister of Finance already outlined a number of major budget highlights for the department. At this point, I would like to draw your attention to just a few observations. I did mention some of our activities in general debate and I would like to mention a few more here.

There is increased staffing for family and children's services. A number of new positions to enhance the quality of services have been identified, including a child welfare specialist and staff development coordinator. There are also plans for a mobile youth probation officer for the rural communities as part of the regional services reorganization and two new adoption workers.

There is a pan-territorial mass-media campaign as part of the territorial health system sustainability initiative. Yukon is leading an overall pan-territorial mass-media collaboration with the Northwest Territories and Nunavut.

There are four awareness and education campaigns aimed at smoking, FASD prevention, elder abuse and sexual health.

There is a pan-territorial oral health initiative as part of the territorial health system sustainability initiative — a pilot project, targeting clients between the ages of zero and five years of age and their parents and caregivers to improve the oral health of children across the north. In the Yukon the program consists of the monthly preschool clinics, educational programs for parents, brushing programs at daycares and the application of fluoride varnish for the prevention of dental caries.

A preschool therapist was hired in August of 2008 and has since had 198 children attend seven preschool clinics and provided educational talks to 117 parents at 10 parent programs. To date, a total of 554 children and infants have been seen through this program.

Under the territorial health access fund, the department is developing a nutrition framework aimed at improving the understanding, awareness, education and practice of healthy eating. The Drop the Pop awareness program under the territorial health access plan is part of health promotion. This initiative aims to improve the consumption habits of youth by encouraging the replacement of pop with other healthy choices. The program will be enhanced in 2009-10 by making funds available to schools to host activities and events that will promote healthy food and drink choices.

Yukon HealthLine 811 is, again, a program under THAF. This toll-free health service was launched in June 2008. It provides access to health care advice, symptom relief and way-finding information on a 24/7 basis from anywhere in Yukon. This service provides Yukoners with alternatives for seeking health care advice, obtaining the information when it is needed and avoiding unnecessary trips to the emergency department.

Since its launch it has been a huge success. From mid-June 2008 until the end of January 2009, a total of 5,218 calls were answered by nurses at HealthLink BC. Visits to the emergency room at Whitehorse General Hospital have also decreased. The service will be enhanced this year with a dial-a-dietitian fea-

ture, injury prevention initiatives. These, again, are THAF initiatives.

A framework for injury surveillance and analysis of emergency room visits will be completed by the new fiscal year and will inform the development of a targeted injury prevention activity throughout the Yukon.

Community dental health initiatives — again through THAF — encourage and support the regular visits of dentists to our rural communities. To date, dentists have logged 164 days in service and it is anticipated over 180 days of service by fiscal year-end in communities that would not normally receive regular service. The current contracts of dentists have ensured regular visits to 13 Yukon communities.

This initiative also supports the continued recruitment of dental therapists who provide preventive, diagnostic and restorative services to children and youth in school settings.

The Hospital Corporation has grown and matured over the past number of years. New programming, initiative ideas, newer and more sophisticated technologies and excellent staff have all made Whitehorse General Hospital a first-rate acute care facility.

The Hospital Corporation and the department have partnered in a number of important health initiatives in the past and this budget contains new joint initiatives over the coming year. It is now timely to explore an expanded role for the corporation throughout the Yukon. Over the next year, planning for the hospitals in Watson Lake and Dawson City will involve the Hospital Corporation as a major player. This is part of our health infrastructure development, and I'm pleased that the corporation is involved in this process.

Forced growth costs in the health sector continue to account for a significant increase in spending for the department and a \$6.5-million increase due to these factors is expected over the next year. This includes significant increases in physician claims and Pharmacare costs.

A major increase in reciprocal billings is also expected, reflecting new rates for in-patient services and Outside hospitals. This increase also reflects a new four-year agreement with the Yukon Medical Association. This budget also contains expenditures for the final year of the current territorial health access fund initiatives. These initiatives have resulted in unprecedented new and innovative programming in health system development for the Yukon.

The successful impact of this funding is the basis of our negotiations with the federal government for a renewal agreement, and we are optimistic that our business case will be seen by Ottawa as a win for everyone and will be supported.

On the social services side of the department, I want to point out to the members that a significant portion of the increase in spending goes directly into the pockets of those on social assistance and to our low-income seniors.

This contribution should help shoulder the impact of a declining global economy, which typically impacts low-income and fixed-income individuals and families the hardest.

This budget also contains increases to various NGOs, increases to childcare, increases to family support to those with children with disabilities and increases for various mental

health services. This budget is one that is responding to the needs of our community today and is also anticipating our future needs and building infrastructure so Yukoners can continue to achieve a better quality of life.

These are but some of the things we've done and that we continue to do to provide health services and social services to all Yukoners. I'll now take time to entertain questions from the members opposite.

Mr. Mitchell: I would just like to start by thanking the minister's officials for the technical briefing we had several weeks ago and for the information handouts. I do think this department brought the most officials I've ever seen at a briefing, and that's very helpful when that level of support is provided.

We did receive an update just at the beginning of lunch-time today. If I ask a question that was answered in that update, I apologize. I have gone through it but I might forget that we've been updated on a couple of things.

For the minister, I guess here we are in another duet. Hopefully, this one will stay off of YouTube. I think I will start by asking some questions about the territorial health access fund which expires at the end of 2009-10. In the briefing, the officials indicated that there are some 58 to 60 people whose employment is directly as a result of this funding from Canada. Negotiations are, of course, ongoing with the Government of Canada regarding renewal of this funding. I am wondering if the minister can provide an update of the progress that has been made or when their negotiations are expected to conclude.

Hon. Mr. Hart: The member opposite is correct. We have approximately 60 FTEs tied to this funding. I think that also indicates the importance of renewing this funding, along with all the programs that are attached to the funding, especially those programs that would not be available to Yukoners had we not received this special funding — not only for the Yukon, but right across the north.

That also demonstrates the issue with regard to how important it is to get this renewed. The importance of working with our partners, the N.W.T. and Nunavut, on bringing our business case to Ottawa — for the member opposite, we have been working with the Health Canada officials now for approximately two years on this particular case. We basically have the support of Health Canada with regard to our business case and we will be bringing it forth to the minister early this summer. We're bringing it forth to ensure that we'll also be backing it up with visits in regard to ourselves to the appropriate ministers in Ottawa to shore up our case for getting the THAF renewed. It's very important that we get this program renewed. We have expressed that to Ottawa on several occasions, as well as the Health minister. She is fully aware of our situation and the importance of THAF in the north, as she was the previous minister.

Regardless of that situation, we are working very closely with Health Canada officials on our business case and we feel we will be able to put forth a very strong case for its renewal and continuation of the agreement here in the north.

Mr. Mitchell: Mr. Chair, I thank the minister for the response. We will look forward to progress reports. I know that

earlier in this sitting, the Premier asked both the Leader of the Third Party and me if he would support a motion of the importance of this funding, which we did do. I believe that has probably gone forward to Minister Aglukkaq, so hopefully it will be a positive outcome.

The minister talked in his opening remarks of the \$229.4-million O&M budget being the largest budget in the history of the Department of Health. I was looking at some figures recently, and I think as recently as 2001 — some eight years ago — the budget was just half of that — \$115 million — so we've certainly seen a large increase, much larger than any population change we've experienced, which speaks to some of the issues raised in the report that the minister referenced — the *Yukon Health Care Review*.

In that review, and I quote from page 11 for *Hansard*, it noted: "The most notable concern is the cost pressures that results in expenditures in the health care sector growing at a rate significantly faster than the revenues available to Yukon." It says, "The report clearly demonstrates that the growth in Yukon Government health care expenditures will outstrip the growth in Yukon Government revenues as well as the anticipated growth in GDP. If nothing is done to control the rate of growth of health care expenditures or increase revenues to fund it, the growth in the health care expenditures will result in a funding gap that could be as much as \$250 million by 2018."

We do recognize that this is a serious issue. However, I want to note for the record and to the minister that quite a number of people have approached us in the Official Opposition with concerns after having studied this report that it is a report of the *Yukon Health Care Review* but this report, and indeed the questionnaire that has gone out, places quite a focus on this fiscal sustainability issue. There is concern among members of the public that the focus is on the cost of health care rather than on the importance of the quality of health care.

There are people who are concerned the government is looking for where there can be increases in fees, program services and so forth. For the record, in the report there is a suggestion that there could be premiums put in place and that could raise some \$8.5 million a year. That is one of the recommendations in the report that the government may want to consider that.

The Premier has made some references in Question Period last fall to the fact that that's off the table. I will just ask the Health and Social Services minister if he can confirm that indeed — regardless of what comes back in the surveys or in the public consultations, can the minister confirm for the record that the government will not be implementing and has no intent of implementing and no plans to implement new user fees for health insurance in Yukon?

Hon. Mr. Hart: As he is stating, this is currently out for consultation. It's expected to wrap up; the end of this month, I believe, is the last public meeting with regard to the review.

We are anticipating a draft finding of the result by the time the Legislature rises on May 14. We are fully expecting to receive submissions after the closing date because we anticipate that we are going to get lots of interest from the general public

and those questionnaires will be coming in probably after that date regardless. Thus we will submit a draft report in the House prior to its rising and we will look at a further closing date a little later on once we feel that we've got sufficient numbers of the questionnaires in and that we won't have a lot of questionnaires coming in after the close-off date.

With regard to the question of the member opposite, the results of the consultation are just that. They will be recorded as whatever they come in as and the member opposite will see those results, obviously. With regard to the installation or implementation of a fee for health services, that's something that will have to be determined by the Cabinet and not by me, and we will go from there.

The member has indicated previously the Premier's situation, but I will add that that is a decision to be made by Cabinet.

Mr. Mitchell: Well, I'm a little concerned because that sounded a lot less categorical than the Premier's statements in QP, when this report first came out. The Premier was pretty close to a read-my-lips type of statement, and I sense now that the minister is referring to it almost as a historical reference, but a determination will have to be made by Cabinet. When the minister is next on his feet, maybe he can clarify if it's off the table or not.

I have a further question regarding this review that's going on. When this process was established, the minister or the Premier wrote — I don't recall whether the letter came from the minister or the Premier — to each of the opposition caucuses and explained that there would be a process of the steering committee, which is the committee that's out there right now, as I understand it, chaired by Dr. Reddoch and an oversight committee from the Legislative Assembly.

The opposition parties were invited to each put forward someone to serve on the oversight committee. We certainly had some doubts about this. We wanted to make sure we weren't simply being asked to endorse something that might be a lot less than popular but in good faith we did that and, in fact, as health critic and as leader, I volunteered to serve on that committee. I had previously seen a timeline as part of the health care review information that went out. I think it was perhaps in the newspaper or advertisement or maybe even in the survey. That timeline indicated when various things — that flowchart — would be occurring. Those dates have sort of fallen by the wayside somewhat.

I am wondering, since there was never a lot of clarity as to the role of the oversight committee, can the minister tell us when those of us who volunteered to be on the oversight committee can expect to be called upon and what the nature of that process will be?

Hon. Mr. Hart: With regard to the oversight committee — the steering committee is the one doing the basic consultation process with the assistance of the secretariat, basically to get out to the general public, to get the impact back, get the information, to prepare the information and the results of that consultation and submit a report to this House, as was indicated in the fall.

The overseeing steering committee was not intended to be overburdened with work. We were looking to ensure that the members opposite would get to see what was going to be in the report so the draft report wasn't a surprise. We were not trying to pull the wool over anybody's eyes with regard to the report. The issue here is to ensure the report is recorded and provided, as per the steering committee, and is submitted to the House.

What I was trying to say to the member opposite is that we got a late start getting going and so we're not going to be able to provide a finished report to the House prior to its rising, but we will provide a draft report. As I said, we anticipate we will get many questionnaires in after the closing date of April 30 — I believe that's the date — and thus will have to put some additional time in to actually finish the report.

Mr. Mitchell: I thank the minister for the clarification. I look forward to the opportunity to see the information once it has been completely compiled.

The minister noted that mains to mains there was increase of some 20 percent, I think he said, or is it \$20 million? I think it was \$20 million, not 20 percent, in the budgets, year to year, comparing mains.

However, in the total forecast from 2008-09, including all supplementary amounts, that was some \$226 million to the \$229 million that is now in the mains. We're looking at a simple one-percent growth, which obviously is less than the growth in cost and less than the growth in population. I expect that we will have to see additional funding throughout the year. Who knows where this particular budget will end up at the end of the year?

Bringing me back to some of these funds, we discussed the territorial health access fund. The wait times reduction fund, which was \$4.5 million over five years and started in 2008-09 — is the government working with Ottawa to try to get extensions on that or to have this become a permanent fund or in any way to continue to address wait times because, although progress has been made in some areas, in other areas — particularly people who are waiting for specialist services either to come up here or to go Outside to B.C. or Alberta — there still are some significant wait times. I am sure the member opposite probably hears from constituents on a regular basis about their wait times and so do the members on this side.

Hon. Mr. Hart: For the member opposite, our officials are working with Ottawa — for sure with regard to renewal of this particular funding. Obviously, given the current economic times, health issues have sort of dropped by the wayside and economic issues are now taking a greater importance on the Ottawa scene. As such, it has been very difficult for us to raise this issue any higher than what we've got to date because of the current economic situation.

We are fully aware of that but we continue to press forward with the officials in Ottawa in the hopes of renewing this particular fund. It has resulted in great services here to all Yukoners — especially in knee and hip replacement.

Mr. Mitchell: Last year when I asked the minister — either in general debate or in Question Period — regarding progress for the full reopening of the Thomson Centre, the minister indicated the first priority was to staff the final wing or

pod of 12 beds at Copper Ridge Place. For several years it had not been possible to fully staff that. It has briefly opened and then closed, and he was going to focus on that before the Thomson Centre.

He also indicated there was some significant capital funding that would have to be spent in terms of rehabilitating the Thomson Centre. The 12 beds at Copper Ridge Place are in fact reopened, so I'm wondering if the minister can provide us with an update regarding reopening the other sections of the Thomson Centre.

I do note in the statistics on page 11-21 of the budget documents the six-percent change in Yukon population aged 55 and over and the six-percent change in those receiving the pioneer utility grant and seniors income supplement and as such. We appear to have, as I've noted for several years, an aging population. I think we've all seen anecdotal evidence of it — three-generation families living in our neighbourhoods where elderly parents live with families and, as the minister knows, inevitably that eventually leads to more people needing senior care in a facility. Those 12 beds at Copper Ridge Place are probably not going to be sufficient for Whitehorse, and we have similar situations in the communities. Starting with the Thomson Centre, can the minister provide an update?

Hon. Mr. Hart: Mr. Chair, with regard to Copper Ridge Place, I'm very happy to say that we were very successful in obtaining the necessary staffing requirements to open that facility — maybe not as early as I wanted to but that was finally achieved and opened on January 15 of this year. Section D is now open and we are filling that as we go.

We took up some of the slack from Macaulay Lodge, as well as addressed those who were in there the first time, when it was opened and then closed. With regard to that, again, we are moving along there. It's fully operational, and the staff at Continuing Care is providing excellent service to our individuals there.

As I stated, we are working with the Hospital Corporation on the Thomson Centre. We are working with their consultant because the hospital is in need of expanding their emergency operations room, as well as the lab technician room, so they are looking at the possibility of the Thomson Centre providing some room for those services. Right now, as I said, the professionals from Vancouver will be in there to assess that situation for us, as well as the Hospital Corporation, to ensure that the right footprint is required to enhance the Thomson Centre so that it can meet the needs of the hospital, as well as the other services.

We are looking at one small portion of the Thomson Centre for continuing care and possibly palliative care.

Mr. Mitchell: I'd like to follow up on this a little bit because, as I look at those statistics, the numbers are quite astounding. I have sort of been asking about this for three and a half years now. I started with the acting minister, and I moved on with the former minister. I've referred to it several times as being like an "iceberg" where 90 percent of it is under the surface, and we're only maybe seeing 10 percent on the top. It takes so long to get the process going to build new facilities. We've seen seven years go by and we haven't opened up the

new Whitehorse Correctional Centre. We've seen the multi-level care facilities. It's not a simple thing — or apparently it isn't for this government — to build a new facility.

I'm just noting that, year to year, from the forecast of what we believe the final numbers would be last year to this year, the population aged 55 and over shows an increase of 398 to the estimates this year. If we go back two years to the actuals of 2007-08 to this year, it's an increase of 678. We're seeing with some of the facilities that we have, 12 more beds or rooms in Copper Ridge Place, nine in Haines Junction in the seniors facility that has been opened there, and I believe there is planning for 12 in Watson Lake. It just looks like we're going to have a real shortfall here down the road. To keep it on a somewhat light motif, by the time the minister and I get there, there may not be room at the inn for us. I am concerned about this and that we need to move more expeditiously in this planning process.

Again, I will ask about McDonald Lodge. It is an aging facility. We have discussed it during Question Period. I believe the Member for Klondike indicated in a motion speech a week or two ago that the plan was to build a new hospital in Dawson first and, following that, they would move forward on the McDonald Lodge replacement. Again, we are concerned. Can the minister tell us of other plans to create additional significant numbers of some form of seniors housing? It may not all have to be the extreme level that Copper Ridge Place has. There are lots of different stages that hopefully people can move through before they reach that stage. It just seems to me like we are falling behind on the planning process.

Hon. Mr. Hart: They're falling behind right across Canada. It's not an issue that is prevalent just in the Yukon. I'm fully aware of the situation here also. I had a meeting with the Golden Age Society on Friday regarding this exact situation. Concern was brought to my attention with regard to assisted care facilities. That seems to be what they're looking for.

The government's main mandate, shall we say, or requirement is to provide acute care facilities to Yukoners. That's a requirement we have and must do. I believe with Whitehorse General Hospital, Watson Lake and the proposed one in Dawson City, they will achieve that.

We are trying to work with the private sector with regard to dealing with assisted care facilities, and we'll be looking at that process and providing some options to see where that can be pursued.

In many jurisdictions outside of the Yukon, the private sector is pretty much the only game in town. This is obviously one of the reasons why we're, shall we say, heavily besieged with people from Outside coming to the Yukon.

I think that we'll have to face that situation with regard to our care facilities. I think, as I stated, we'll look at trying to get our items identified and our priorities straight. We do have a deficiency in an assisted care facility, yes. But on the priority stage, I think we're looking at providing places, such as Macaulay and Copper Ridge and ensuring they are there for those people who really need it the most, as well as McDonald Lodge in Dawson City.

As the member opposite indicated, we are providing a seniors facility in Haines Junction. I was in Watson Lake on the weekend, and I saw that the grubbing and scrubbing is already done for the facility down there. I expect that that building should be underway this summer, and I look forward to that one being constructed.

Again, that helps to ensure that this government is meeting its commitment of providing seniors with the ability to stay in their homes as long as possible — or, in their home towns, at least. We're also looking at a similar facility in Teslin.

Mr. Mitchell: The Teslin one had been talked of before; I guess it's in the conceptual or planning stages now. I'm not sure if it's a budgetary line item regarding Teslin, but when the minister is next on his feet he can probably clarify that.

I'm still concerned that in the City of Whitehorse where we have some 24,000 or 25,000 people living now, that is where we are going to really have some shortfalls pretty soon — unless I'm living in an unusual neighbourhood, because I can look up and down my street and I can identify half a dozen homes where there are seniors living with their adult children who are my age. At some point, it's great that they can live with their family; that's obviously the most desirable and with home care, we can help to facilitate that, but the problem is going to persist.

I didn't hear the minister give a timeline on a replacement for McDonald Lodge and recognizing there was some reference made to it by the Member for Klondike, I'd like to hear the Health and Social Services minister identify what year he anticipates that moving forward and what year it might therefore be expected to open.

I think I will just let him answer that and then we'll move on from there.

Hon. Mr. Hart: For the member opposite, with regard to Dawson City, we will be concentrating on the cottage hospital for Dawson City once we get the response back from the consultant as to what the footprint is going to look like. We will commence the construction of the facility in Dawson City. A year after that facility is built, they will be commencing on the McDonald Lodge replacement.

Mr. Mitchell: We are getting into some kind of complex scenarios, now, and I guess since the minister has made reference to both the hospitals in Watson Lake and Dawson City, I will ask some questions about them. The hospital in Watson Lake started out some five or six years ago as a multi-level care facility and then was later identified as a health care centre in successive budgets and now, I think, even in this year's budget it is referenced that way.

Then, there were the announcements that, as per one of the possible recommendations in the health care review, on a trial basis — and I don't know how we do this on a trial basis — this project in Watson Lake was being transferred to come under the responsibility of the Yukon Hospital Corporation. In Dawson, there was an announcement made that a hospital would be built. When we've asked questions about it, we've been told more or less, well, that's the Yukon Hospital Corporation that's looking into this. Surely they don't decide on their own to simply explore avenues for other hospitals and, there-

fore, the department simply pulls back and says, "Well, we don't have to worry about that any more because the Hospital Corporation is considering it." Until a decision is made to build a hospital and place it under the control of the Yukon Hospital Corporation, what's there now has been provided under the Department of Health and Social Services. In Dawson, it's not a hospital, so it continues to be the nursing station.

I am concerned, as I have expressed in the past, at the difficulty of our getting information on this. There was an announcement made some months ago — I think it was in February — by the chair of the Yukon Hospital Corporation about plans to proceed with the construction of the new residence for the visiting nurses and doctors, to replace the existing facilities. I think they indicated around \$15 million or \$16 million. In the news media, when the chair was interviewed, he indicated that would be paid for by taking our loans through the private sector — bank loans.

At the end of the day, the cash flow to the Yukon Hospital Corporation in large part comes from transfers from this government — not solely, but it does come from transfers. Certainly, when we move on to looking at hospitals, we need a replacement for the existing hospital in Watson Lake or a first-time hospital in Dawson City. Hospitals don't support themselves by generating revenue. There may be some revenue that flows from it but they are not going to provide revenue that will pay off a loan.

Ultimately, the loans will get paid off over time via transfers from the Government of Yukon and there is interest being paid. I don't know what the rate of interest is. We've written to the chair — I wrote to the chair back in February — asking questions about details of the loan, the terms of the loan, what bank is involved, what are the terms of the loan in question, and I also asked if the corporation had first approached the government for the money and if not, why not? And what was the government's response?

I haven't received a response to that letter and, in fairness, there is no obligation for the chair of the Yukon Hospital Corporation to respond to a letter from an MLA, although one would hope that he would. However, what disturbs me is that if I ask these questions of the minister, I get told it's in the act and they have the ability to do so and they're doing it.

So I'm pretty certain that the minister will be kept informed of these things from the Hospital Corporation, and this is a perfect example. The minister is here with two officials, and we have no opportunity, until perhaps some future date after this trial year, to ask questions of the chair of the Hospital Corporation. We certainly don't have that opportunity right now.

So I'm going to ask the minister to answer some of those questions — what he can tell us about this loan. Because as I look at it, we've seen some \$5 million spent in Watson Lake. There was that request for proposals last fall, in terms of converting the shell that is there now into a potential hospital. The request for proposals provided a number of \$25 million. The Premier in this Assembly said he wasn't worried about what the cost was; it might be more than \$25 million. He said: whatever it takes.

So let's say \$25 million. Let's say that's what it ended up being in Dawson, which is a bigger community than Watson Lake — that's \$50 million. He has publicly stated \$15 million will be spent building this new building. This could be some \$65 million or more that is more or less being borrowed off the books. It's not going to appear in main estimates; it's not going to affect the surplus/deficit position of the Government of Yukon because the Government of Yukon isn't borrowing the money and it won't own the buildings.

But at the end of the day, there is going to be an obligation to repay it and that obligation is going to come ultimately from the Government of Yukon. We don't really appear to have accountability here unless the minister would like to try to return here in this Assembly — along with his officials on a regular basis when we're debating the main estimates — with the chair of the Hospital Corporation. Not that we can necessarily question the chair directly, but the chair would be able to make sure the minister had those answers.

I am going to ask the minister: did the Hospital Corporation and the minister discuss the possibility of the government — which has some \$160 million in net financial resources, I believe, available to it — to finance these directly? Because the government doesn't have to pay interest; they have money sitting there. The Hospital Corporation, regardless of how favourable a rate they get — even if it is two percent — two percent of some \$15 million is some \$300,000 a year over the course of 10 years — that is \$3 million and that is a lot of interest.

Hopefully the minister can clarify this and give us an indication as to whether we can expect to see the chair of the Hospital Corporation in here more than two hours of an afternoon once a year.

Hon. Mr. Hart: With regard to the Watson Lake hospital, he is correct. In the original process it was intended to be a multi-care facility. Once they decided to attach it to the hospital, a firewall had to be put up between there and the hospital.

It was then that they discovered also, at that time, that the hospital itself was actually in need of major repairs and thus the priority for the hospital became the big issue. That is where we're at today with the Hospital Corporation looking at getting their experts in to look at the footprint of the existing building as well as the current building that's attached to it. We did sign an agreement with the Yukon Hospital Corporation, for one year to allow them to review the case on their behalf and to make their assessments of the Watson Lake facility and deal with the situation in Watson Lake. As I've stated earlier in the House also, we've had several negotiations with the Town of Watson Lake, with the staff down in Watson Lake, in addition to working with the town and council. We've had very good turnouts in Watson Lake with regard to the hospital in Watson Lake. I believe that once people have seen what we're doing — and we're continuing to keep them informed as to the progress and it has been very well received and we seem to be moving along quite well on that particular side.

We are anticipating hearing something sometime around the end of May or the first part of June with regard to that facility, what is going to be required and what is going to be neces-

sary for the hospital as far as making improvements and making the footprint into a hospital.

With regard to the facility for the visiting specialists, that was a decision. Again, it's a business case put forth by the board of directors for Yukon Hospital Corporation. They made the business case to us; they're the ones who made the recommendation to provide for that facility. We in turn will lease space from the hospital in order to basically get — for example, the Department of Health and Social Services will be able to centralize many of their facilities in there to assist, in addition to providing living services for the specialists as well as our agency nurses who come in during the summer. Again, it is a very important issue for us during the summer periods when it's difficult to house our agency nurses who are just here for short periods of time, anywhere from six weeks to eight weeks. They become a very valuable component to our rural nursing program and, as such, we feel that this facility will definitely provide us with a great advantage, especially in our rural areas, and it will be a facility and service that is being provided by the Yukon Hospital Corporation.

Yes, they will, in a way, be receiving money directly from us, but it will be coming in the form of a lease. In return for that, we will get the valuable, needed space to centralize our facilities and provide better service.

Mr. Mitchell: Well, we got some answers to some parts of it. I just want to point out to the minister that the history that he provided of what occurred in Watson Lake — and I'm not going to dispute it. I understand that fairly late in the process of building what was going to be one kind of facility, it was discovered that the other facility was in much worse shape than what had been previously understood or known, and it became problematic to try to combine or link up the two facilities, as originally planned.

That might be the result of some poor planning. Nevertheless, that is the reality of what happened. But none of those facts lead to a requirement that it be turned over to the Yukon Hospital Corporation. That is in and of itself a decision. We can make that decision or we cannot make that decision. In other words, the government could have carried forward having discovered that, and said that we have a problem and apparently we need to replace the existing hospital, and now we're going to undertake examining how we go about doing that and how we can convert the new structure that has been built. The problem that exists does not lead automatically to the decision of moving it under the control of the Yukon Hospital Corporation.

What concerns us on this side of the House is that in doing that, we lose a level of accountability because, as the minister knows, at least during the 30 days or so that we sit in the spring and the same in the fall, that if we want to, members on this side can come in here on a daily basis and ask questions of this minister about something such as that structure in Watson Lake or the need to replace the old hospital with a better hospital or what it going to cost to convert a building that was designed for one purpose into something that is quite a different purpose.

If this plan goes forward on more than the one-year trial basis — and it is hard to imagine that after a year the govern-

ment is going to turn around and say, "Okay, now we're taking it back," — we don't have the opportunity to question the Hospital Corporation. The minister has said that if this becomes a permanent situation after the coming year, then he's committed to bringing the chair in on an annual basis, like the chair of Workers' Compensation Health and Safety Board or Yukon Energy Corporation and Yukon Development Corporation.

Well, that gives us a once-a-year, two and a half-hour window. That's not much of a window, because a lot of things can occur during the year. It makes it very difficult for us to provide accountability oversight, which is our role on the opposition side.

Secondly, it means that all of these monies are occurring off the books of the Government of Yukon. If that hospital — or whatever facility it is in Watson Lake, the former multi-level care facility that will be converted into a replacement for the existing hospital — proceeds as laid out, then the \$5 million spent to date and the \$2.5 million in the current year budget, I believe, toward examining and engineering how to convert this — that's all going to be adjusted and it's going to disappear off the books of the Government of Yukon and reappear in this arm's-length Crown corporation that's not accountable to us — that concerns me.

It would concern me if it were happening at the Whitehorse Correctional Centre. It concerns me when governments move areas of responsibility away from this Assembly and into another venue where the elected members of this Assembly are not in a position, on an ongoing basis — indeed, right now, on any basis — to ask questions to hold government accountable.

It concerns me when we hear answers in this Assembly about the process in Dawson and about good meetings that are being held by the Yukon Hospital Corporation, which has gone up there to look into where the location should be and what kind of facility should be there, whether it's a hospital that could require — from what we understand — four physicians in order to rotate and have the coverage; there will be other specialists and so forth.

There are large O&M responsibilities that come with a decision like that, yet we're not in a position to ask questions about this in this Assembly because the minister has said that, on a trial basis, the Hospital Corporation is looking into it. Apparently, the Hospital Corporation will make the final decision, and then they'll phone up the minister and say, "Minister, guess what? We've decided to build a hospital there. And then we'll be coming back to you for increased funding for the Yukon Hospital Corporation to operate it."

So again, I want the minister to explain to us how we are going to have ministerial accountability, since it is the Government of Yukon that has the responsibility, as the minister mentioned in his previous response, to provide acute care services to Yukoners in health services? How are we going to achieve that when it's this second-hand, third-hand relationship?

I'm very concerned about this, Mr. Chair, and I want to be clear about something. I don't want to hear a response — and this minister doesn't tend to give those; the Premier does but, to his credit, this minister doesn't — I don't want to hear in his

response that we, in the opposition, don't believe that the people of Dawson, Watson Lake or any other community, aren't deserving of good health care. We believe exactly the opposite: they are deserving of good health care. It's how do we determine, in this Assembly, what they are getting and what it's costing, ultimately, the taxpayer? So I want the minister, when he's on his feet, to answer that direct question.

Hon. Mr. Hart: With regard to the hospital situation, with regard to Watson Lake and the Yukon Hospital Corporation, we're looking to rationalize the acute care facilities throughout the Yukon. It is also one other reason why we are dealing with a situation in Dawson. We believe that the Yukon Hospital Corporation has the ability and knows how to run a hospital. It has the ability to purchase things in a manner that will enable us to supply all three facilities with appropriate health care needs and do it at a savings in efficiencies that will basically enable all Yukoners to receive acute care in all three communities. That is the main reason we're looking at the Hospital Corporation assuming the responsibilities for both these facilities.

As mentioned also with regard to this, the Yukon Hospital Corporation has the mandate to operate more than one hospital throughout the Yukon. That's in the act.

The member opposite talked about accountability. The Yukon Hospital Corporation has a board of directors, and that board of directors is made up of a wide cross-section of Yukoners, who represent all areas of the Yukon and all factions of the Yukon. It's headed by a chair and a CEO. Those individuals are accountable to the Hospital Corporation and I think the member opposite uses the term maybe loosely or maybe we're not catching it up. I don't believe that saying that they are not accountable is the appropriate way to deal with it. They are accountable to their board of directors, to their CEO and to their operation. They make the decision on behalf of their corporation. They are a Crown corporation and not a corporate corporation.

With regard to dealing with the corporation, as I stated, they take the decision before their meetings and they bring up their decision with regard to Watson Lake and with regard to Dawson City and they have had discussions with the board of directors with regard to this hospital. It is necessary to do that.

As I indicated to the member opposite, should the Hospital Corporation decide to take on the situation in Watson Lake and it is a feasible situation for them — I am hoping that it is — then there will be no problem in me requesting for them to attend and to provide not only the chair but probably the CEO to come into the House and provide us with witnesses with regard to the Hospital Corporation and dealing with the decisions they made.

In addition, we have a contribution agreement with the Yukon Hospital Corporation, which is an item that is there. That's something we have to be accountable to here in the House. With regard to the Hospital Corporation, yes, of course we're accountable. But let's not lose sight of the fact that they're accountable through their board of directors, through their chair and through their CAO. They are accountable through that process. Those people represent a wide cross-

section of Yukoners. Again, that's a very important item to get out there.

With regard to the Hospital Corporation itself, we have a contribution agreement with them. We signed a three-year agreement with the Hospital Corporation and that is the method whereby this House does have a direct relationship with regard to the Hospital Corporation.

For the member opposite, Health and Social Services has a very good working relationship with the Yukon Hospital Corporation. If the member is looking for something specific, I'm sure we can obtain some of that information with regard to it. Until such time as the Hospital Corporation is actually in control or in management of the facility in Watson Lake, we as Health and Social Services operate the facilities both here and in Dawson City.

Regardless of the hospital being built in Dawson City, we will have to operate a health service station in Dawson City for community nursing. So it will be there anyway.

I'm hoping that we can work with the Hospital Corporation on its building, to utilize some of its space and, again, take advantage of that facility, whereby we can make the most of it. Hopefully, it will be a win-win situation for the whole works of us.

Mr. Mitchell: Well, let's follow the bouncing ball here a little bit. Under the *Canada Health Act*, it is Yukon that is responsible for providing health care to its citizens. The Government of Yukon holds a responsibility. The act doesn't speak specifically of a hospital corporation; it speaks of Yukon — the provinces and the territories.

The minister says that, on a trial basis, they are going to delegate the responsibility for two more communities that they didn't previously service to the Yukon Hospital Corporation. The minister says that the board of directors of the Yukon Hospital Corporation is responsible to the Hospital Corporation — is what he actually said, if he refers to *Hansard*.

The board of directors is responsible to the Hospital Corporation, and the chair and all of the members of the board of directors are appointed by Cabinet. Interestingly enough, these particular appointments are not considered by the Standing Committee on Appointments to Major Government Boards and Committees. Whether that is an oversight or whatever, this is not one of the Crown corporations where members of the Assembly consider appointments thereto.

There appears to a disconnect. The Government of Yukon is responsible for providing health care. The Government of Yukon, as Commissioner in Council — as Cabinet — single-handedly makes the decision on whom to appoint to the board of directors. Then the minister says that the Hospital Corporation is responsible to that board of directors. I am trying to see what role the eight members on this side of the House play in this process because it appears to be pretty limited. We have no input in choosing a board of directors. We are not able to contact the board of directors directly and require, request or expect a response from the board of directors. The minister is saying that he is charging the Hospital Corporation with going out to Dawson City and Watson Lake and consulting with the

public and determining how health care is provided and what form of hospital it will take.

At the end of the day, through all of these agreements and through the borrowings that will occur — in particular, if the Hospital Corporation is to borrow the money for these health care facilities like they are with this residential building — there's a liability being incurred that inevitably flows back to this Assembly to fund. I'm trying to determine how we get to ask questions, how we get to be holding accountability on those expenditures, because we're not going to be going line by line on anything having to do with the hospital and the funding to it in Dawson and in Watson Lake or asking questions about policies or how it's being staffed or anything else, because it's not going to happen in here. I'm not saying that there's no accountability and that the board of directors won't be accountable in some way, I'm saying I can't figure out how it tracks back to this Assembly. It appears that a whole area that we have been responsible for over the years is no longer one that we have any opportunity to be responsible for — and certainly not now, because right now the minister has not decided to bring the chair of the Hospital Corporation during this sitting or, for that matter, during the fall sitting, a promise he made a few weeks ago.

It feels like the puck is being passed back and forth here. So again, I want the minister to explain how, as an elected member of this Assembly, I'm going to be able to ask questions about this, or for that matter, if there should be an elected member from Watson Lake or Dawson who sits on the opposition benches, how they're going to ask these questions and get any kind of meaningful answer, because it appears as if we're out of the loop.

Hon. Mr. Hart: Mr. Chair, to the out-of-the-loop member across the way, the vehicle for providing acute care in the territory is the Hospital Corporation — that is what it's through and it's through the act. Two other communities should be able to expect the same standard of care that Whitehorse gets currently. The opposition can ask the questions with regard to the department and can get the answers, obtain the answers. We can request technical briefings with the hospital if there is something specific.

We don't want to politicize the process. We want to ensure, again, that we're providing good health services to all Yukoners. In the end, that's our mandate. This government's mandate is to provide good acute health care services to all Yukoners and all communities in the best means possible.

There is no change in the current facility. There is no change in the program from what has been in the past. The only addition is Dawson City. There is no change in the process with regard to the mandate. Yes, we are looking to assist the Hospital Corporation with the management of the Watson Lake hospital, but we see efficiencies taking place there, because they know how to operate a hospital. We feel that is a very good method through which to do that.

Again, we've entered into an arrangement with them for that one-year period, to allow them time to review the situation, see what their needs are, look at the existing facility, see what

kind of footprint is going to be required, and make it happen that way.

With regard to any kind of borrowing facilities, that is between the bank and the corporation. I am sure the member opposite knows full well what is expected there. The banks don't lend money to anybody just on a whim. The only thing, as I said, that has really changed is that there will be two small hospitals working with the major hospital here in Whitehorse.

I think the member opposite also asked with regard to the pressure on our senior facilities — there are going to be huge pressures on our Whitehorse facilities if we don't start working with these smaller communities to ensure that we can avoid the medevacs from Watson Lake and from Dawson City and deal with some of the smaller medical situations in those communities. We are enabling the clients to stay close to home or in the area. For example, Dawson City could handle the residents from Mayo and Stewart Crossing and such. In fact, I would go so far as to say including those from Old Crow, because there are several Old Crow citizens who are actually staying at McDonald Lodge.

I think the issue there is that we're looking at trying to keep our efficiencies where we can. We are trying to let the experts run the hospital. We do provide the service. As I said, there is a contribution agreement that is signed by ourselves and the hospital with regard to a three-year agreement there, enabling them to maintain their services. As I said, if and when the Hospital Corporation decides to take over the Watson Lake hospital, I will be more than happy to request the CEO and chair to come into the Legislative Assembly so that they can sit here as witnesses for the members opposite to respond to questions, much the same as the other corporations do, and provide the members opposite with information.

I don't see any reason why not. In fact, I have talked to both the individuals and this is not a problem for either one. Until such time as we enter into an arrangement whereby management of the facility will go to them, then we will move to that stage. I have no problem in asking the individuals to come to the Legislative Assembly to provide responses to the member opposite and, for that matter, the entire House — questions with regard to decisions made by the Yukon Hospital Corporation.

Mr. Mitchell: Well, there were a number of different portions of the minister's response that I think I need to take issue with. First of all, the minister said that with regard to Watson Lake, nothing has changed; with regard to Dawson City, that would be new. But the minister is apparently forgetting that with regard to Watson Lake something has changed because, in the past, it wasn't the Yukon Hospital Corporation that was responsible for the hospital in Watson Lake. So something has changed very dramatically.

Secondly, the minister said that the Yukon Hospital Corporation has the experience and expertise to run these hospitals. What the Yukon Hospital Corporation has, based on its past experience, is the experience and expertise to run a major health care centre — the major centre in Yukon — and that is, by the minister's own description, very different from the nature of a hospital in Watson Lake or Dawson City. So the ex-

perience may or may not be transferable, but it is certainly a different experience.

Now, I'll remind the minister of what he said, because I found the page in *Hansard* — page 4156 — when we asked this question on April 7. First we said, will he bring the chair in at least annually to answer questions? And he said yes.

Then, when we asked some more questions, like would he bring the chair in during this sitting — because our questions are current; this trial period is currently underway — the answer we got then was — I indicated that we would be looking forward to that process coming to the House once the Hospital Corporation has completed its reviews and we have a memorandum of understanding with the Yukon Hospital Corporation for the transfer of the Watson Lake Hospital. That investigation is underway. If it proves to be successful, and the Yukon Hospital Corporation wants to participate and take over the Hospital Corporation — and I believe he meant to say the hospital but he said "Hospital Corporation" — then yes, we will look at requesting that the Hospital Corporation, through its chair, visit the House on an annual basis to account for its expenditures there.

That certainly leaves us in limbo for the coming 12 months because, while this experiment is underway, while the decisions are being made based on the Kobayashi & Zedda study from last fall and the new study that's going on right now looking into the feasibility of designing a hospital in that existing shell in Watson Lake, we won't have that visit. But the decisions will be getting made based on the investigations that are now the responsibility of the Yukon Hospital Corporation operating this under a trial basis.

I hope the minister understands why we're seeing this as difficult. This minister has some experience in the past of being responsible for this facility in a previous incarnation when it was going to be a multi-level care facility. As I recall, eventually because he determined that he wasn't even able to be accountable for that because he was not "in the loop" — to refer back to that expression — he, on behalf of his department at the time — which was Highways and Public Works — declined further responsibility. The minister has some experience of what it's like to be asked to look after something and not have the ability to do so. In this case, we don't have the ability on this side of the House to ask questions of the Hospital Corporation; we may have the ability at least a year from now, on an annual basis for some two and a half hours.

Based on our experience with the other Crown corporations, Mr. Chair — the Yukon Energy Corporation and Yukon Workers' Compensation Health and Safety Board — many issues may arise during the year, yet we get one shot a year to ask questions about it. A major issue could occur or a major announcement could be made the day after this eventual annual visit, and we'll be waiting 365 days to ask a question, because we won't be able to.

We've seen ministers right across on the opposition benches — we've seen every minister who has been responsible for one of these Crown corporations tell us on this side at some point or another, "That's a question you have to direct to the corporation — it's at arm's length."

Again, we have a lot of concerns about this and I'd like the minister to explain to us, on something as important to Yukoners as their health care — generally speaking, health care and education are the two areas we get the most contacts from constituents on, saying we have a concern — we're going to get two and a half hours once a year, maybe. That's not good enough. I think the minister knows that; he should know that. If the minister had had an opportunity to sit in opposition, he would have already realized that.

I want this minister to reconsider this, or find a way, or commit to us that, when we ask questions about this, we're not going to be told that you have to ask that of the Hospital Corporation.

I wrote a letter on February 17; it's a polite letter to the chair of the Hospital Corporation; and I am waiting some two and half months later for a response.

How does the minister expect us to do our due diligence and ask these questions? I will ask one more while I'm on my feet to be very specific — the Hospital Corporation has announced publicly that it is going to borrow the funding for the nurse residence and the minister has told us here today how they will lease back space and that will be how the revenue flow will flow from the departmental budget to the Hospital Corporation. Is the minister going to directly fund the construction of these health care facilities in Dawson and in Watson Lake through the minister's budget or is it simply going to be the Hospital Corporation borrowing money? Has that determination been made? Will the minister be transferring large quantities of funding to the Hospital Corporation to construct the facilities or will there be borrowing involved by the Crown corporation?

Hon. Mr. Hart: I know he has been going on for some time about questioning but I will try to be — nothing has changed. Okay? Nothing has changed with regard to the situation today from what it was 10 years ago. It's the same as when the Liberals were in, it's the same as when the NDP were in, and it's the same when we came in. Nothing has changed. The Hospital Corporation is operating the same way it has been. We have changed nothing there.

The member is correct with regard to dealing with Watson Lake. I said if, in fact, the Yukon Hospital Corporation takes over management of the Watson Lake hospital, then yes, it will be a different situation because we are currently in charge of looking after that facility.

It's about maintaining standards. It's about ensuring that we have the same standards in our institutions throughout the Yukon, so that we can be there and it can be maintained through that aspect, in dealing with one entity managing the facility, i.e. the Whitehorse General Hospital.

Now, I've also had some discussions with several physicians with regard to the possibilities for the Watson Lake facility, as well as the Dawson facility. And I must say, for the member opposite, I have had nothing but encouragement from the physicians with regard to making both of these areas a cottage hospital facility. It has been well received by the medical profession with regard to that. In fact, when we spoke to the

staff, for example in Dawson City, we had positive reception with regard to those facilities.

I will add again that we will still have to maintain health facilities in Dawson City as Health and Social Services. So we will try to work with the Hospital Corporation to take up space within this new facility so that we can provide those services.

Space in Dawson City, as the member opposite well knows, is very difficult at the best of times. So we will look at trying to achieve that process. We will not be abandoning our service, mandate or requirements for the citizens of Dawson with the hospital. We will just be enhancing that process for them.

I talked to many physicians with regard to this and it has been received very positively. With regard to my previous portfolio as the Minister of Highways and Public Works, yes, I did sign the letter. I think the member opposite saw the letter at that time. The situation today has the appropriate expertise looking at that situation and especially people who are fully aware of what is required in a hospital. They will be providing the expertise to the Hospital Corporation for them to make a sound decision on what to do with that building, as well as provide them guidance as to what kind of footprint is going to be required in Dawson City.

Now, with regard to dealing with the member opposite's question about monies: we haven't gotten anywhere near that situation. We are strictly in the planning stage with regard to Dawson City as well as Watson Lake. At such time as we get the specific report that the member opposite indicated, we will make assessments from those reports and I am sure that the Hospital Corporation will sit down with us and make a recommendation as to which one to follow, based on the advice provided by the consultants from Vancouver.

Mr. Mitchell: I beg to differ with the minister but I think some things have changed.

For example, Kobayashi & Zedda, local architects, were hired last fall to examine the existing shell of the new building that we have some \$5 million into and begin giving consideration as to what sort of functional changes might have to occur were it to be redesigned as a hospital versus how it was originally designed, because there is a footprint, there is a building, it's up, there are underground services — but they're not necessarily located where you need them, as I'm sure the minister is very well aware. The plumbing is not necessarily where it needs to be, in terms of where a kitchen would be in a hospital or in terms of where an emergency room in a hospital should be. The elevator shaft sizes may or may not be the right size — the doorways and the actual outside elevations.

Now, the RPG study from Vancouver, we understand, is a needs assessment. But now those studies, as near as we can tell from what the minister has said, are undertaken on behalf of the Yukon Hospital Corporation. So, as an example of what has changed, we would like to see the results of both of those studies. We could ask the minister if he has seen the studies yet. The minister could be telling us on these or future studies — the one done in Dawson — “Well, you'll have to ask that question of the Yukon Hospital Corporation; they've commissioned the study.”

How do we request seeing the study to try to determine if the public monies are being well spent, considering there will be transfers of funds as there are now to the Yukon Hospital Corporation for these facilities?

Does the minister commit that he'll simply make those studies available to us or is he going to respond in this House and say, "You'll have to ask that of the Yukon Hospital Corporation" of which we have no ability to ask anything?

So that is something that has changed. I'll allow the minister to respond to that specific question.

Hon. Mr. Hart: When I said nothing had changed, I meant in terms of accountability — the same as it was 10 years ago — there is no change. Nothing has changed. We have not signed over the keys to the Hospital Corporation. They have not requested it. We are still being transparent; we share the studies that we have with them with regard to that. They've asked for additional studies and they are getting additional studies done. We are waiting for that information to come with regard to that. The member opposite asked me if I had seen it — of course I haven't. But when the reports are provided, I feel no problem. They are paid for by public taxpayers' funds. They should be and they will be available. Not "should be", they "will be". I have no problem tabling documents that are paid for through our contract services and provide them — why not?

Chair: Order please. Committee of the Whole will recess briefly.

Recess

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

Mr. Mitchell: I will try repeating one portion of one of my questions before I get specific. If the minister has said that nothing has changed, can the minister inform this House what are the terms of the loan that the Hospital Corporation is taking out for the construction of the new nurses and visiting physician residence. It is a bank loan in the neighbourhood of \$16 million; that's what the chair has said publicly. We wrote to the chair but didn't get a response regarding the terms of the loan, what bank is involved and what are the terms. What is the amortization, over how many years, and what is the rate of interest? The minister probably has a briefing note somewhere that refers to it and that would be very helpful.

Hon. Mr. Hart: I don't have the information in front of me. As far as I know, nothing has taken place with regard to the facility, other than the fact that the bank, from what I understand, has approved the loan to go ahead with the construction of that facility. For the member opposite, I understand that the tender is about to go out with regard to that. They have already put out an expression of interest for the construction of that. Once that is underway, then I'm sure that the Hospital Corporation and the bank will get together and figure out what is going to happen.

Mr. Mitchell: Mr. Chair, I know the minister has owned probably more than one house in his lifetime and so have I. It has been my experience that before you go ahead and purchase a home — or construct a home, for that matter, since I

have also purchased and constructed commercial facilities — you don't get a go-ahead and you don't put things out to tender and then get back with the bank and say, "By the way, just how much money are you going to loan me, what are you going to charge me and how long do I have to pay it back?"

Since the tender is soon going to be out and the decision has been made to proceed, I'm pretty certain that the bank must have given a guarantee to the corporation that they've approved a loan or the corporation couldn't go out on that kind of hook.

I would have to think that the minister has been curious enough to become informed of just what that is, since he has indicated that he's going to be a tenant — his department would be leasing some of the space in that building — and he'll need to know what those costs are going to be. Perhaps the minister could look through his documents, confer with officials and come back with a better answer than "they'll eventually get together with the bank and figure it out."

Hon. Mr. Hart: For the member opposite, as I indicated, I don't have the information in front of me. He's absolutely correct; I have owned more than one house — many, several. Regardless of the situation, I've been advised that arrangements have been made between the corporation and the bank with regard to funding for that building and they've indicated that process to me.

The reason I know is because I had to sign a letter ensuring that the corporation could borrow the monies for that actual facility. As such, they've gone through and they are in that process, but with regard to the actual total details, I don't have them in front of me, as I indicated earlier.

Mr. Mitchell: Mr. Chair, we'll just try one more follow-up on this then. The minister says he doesn't have the information in front of him, and I accept that he obviously doesn't when he says so. Let's just see how much things have or haven't changed. Will the minister commit to bringing that information back to the House and tabling that information? If the minister requires it, I'd be happy to table a written question tomorrow if the minister will commit now that he's prepared to provide that information to the House. I'm certain he can find that information with a phone call, and he would have it within hours if not minutes.

Hon. Mr. Hart: I will endeavour to obtain the information for the member opposite.

Mr. Mitchell: Mr. Chair, I thank the minister for that, and we will certainly hold him accountable for doing so.

Let's move on to some other areas. The children's receiving home is going ahead. Its total cost is projected to be \$1.2 million. When will this facility be open?

Hon. Mr. Hart: We've demolished the existing facility, and we're in the process of preparing a tender for this summer, to take place with the construction of the facility. Again, I will state that we are going to use the super green structure with regard to this facility, and we anticipate that by the time it's complete, it will probably be early in the spring when it's available for us to use for the youth. But right now, both the male and female youth are well looked after in their current facilities.

Mr. Mitchell: I want to go back to a previous statement that the minister made a little while ago, where he indicated the increasing pressures and demands that they are anticipating and forecasting for health services at Whitehorse General Hospital as one of the reasons why they have to sort of outsource some of this work to the proposed two hospitals — or to be perhaps more accurate, to try and maintain those levels in those communities so there is less demand on Whitehorse General Hospital.

I find that interesting because I noted when the minister was talking, under “insured health services,” outpatient visits to the emergency room were 23,882 actuals in 2007-08; the forecast for 2008-09 was 24,000 and for the current budget year, 2009-10, 24,000 for zero-percent change. Similarly, surgical cases, in-patient, were 673 in 2007-08, but the forecast for the year completed was 700, and estimates for the current year is 700, for a zero-percent change. There is a projected three-percent change of day surgeries, some 50 additional day surgeries. Maybe this has to do with some of the increases in the visiting specialist services, but it doesn’t appear that the minister’s department is actually forecasting an increase in outpatient visits — certainly not emergency room or in-patient surgical cases. I actually find that kind of interesting because we have had some population growth but, as I referred to earlier, we have had an aging population and anything I have ever read about health care — and I think there is some references to it in the *Yukon Health Care Review* — indicates that with an aging population we anticipate greater reliance on the health care system.

Can the minister explain why these numbers are flat in terms of the estimates for the current year?

Hon. Mr. Hart: We are not anticipating any change with regard to the outpatient aspect, as the member opposite indicated. As the population ages — as he already mentioned — we anticipate that is going to grow, not only in the outpatient but even local.

Mr. Mitchell: Looking at another area — Skookum Jim, the shelter program for youth at risk. Is there money in the current budget for a one-year extension of that program?

Hon. Mr. Hart: Yes, we did extend the Skookum Jim contract for one year.

Mr. Mitchell: That’s what I thought, and I’m trying to reconcile that with the update we were provided with today from the department that indicate the Skookum Jim Friendship Centre youth outreach program note, that these funds are not in the 2009-10 budget.

So is this a case where there is a contribution agreement for one year, but the money doesn’t show in the mains and will have to show in a future supplementary budget?

Hon. Mr. Hart: That is correct.

Mr. Mitchell: This raises an issue where there were some questions earlier in the sitting — I’m sure the minister recalls — where some local non-government organizations expressed concern about changes in funding that they were seeing when they examined the budget; and the minister assured us that there are multi-year agreements and that they are not reflected in the mains but they will occur.

My question for the minister is this: if the Government of Yukon is determined, in advance of tabling main estimates, that they have either multi-year agreements or they intend to extend an agreement on a one-year basis, then why don’t they show that funding in those estimates rather than telling us: don’t worry, be happy, they’ll show up later in a supplementary budget? I can understand why that happens the first time, when a new program is undertaken mid-fiscal year. Obviously, that then gets reflected later in a supplementary budget, but I’m somewhat concerned when there are multi-year contribution agreements, which there are, for example, for Kaushee’s Place, the Yukon Women’s Transition Home, which appears, I believe, as a decrease in this main estimate, but we’ve been assured that it will exist in other budgets during the year, or this Skookum Jim Friendship Centre youth outreach program, which appeared as a decrease but we’re being told it will appear later. What’s the rationale for not including those in the main estimates?

Hon. Mr. Hart: As I stated earlier when queried in Question Period with regard to funding to NGOs, we have signed multi-year agreements with the Yukon Women’s Transition Home, or Kaushee’s; we’ve also signed with Help and Hope for Families Society in Watson Lake and a long-term agreement with Dawson City Women’s Shelter. We’ve signed a three-year agreement with them, as well as just entering into an agreement with the Child Development Centre for a three-year agreement in that particular area.

We’re currently working with many other NGOs and associations we have agreements with, and we’re also looking at a strategy for dealing with our NGOs on a long-term basis, which we are currently working on and hopefully bringing forth so we can alleviate this situation.

I will say it was very important to get these four major NGOs dealt with on a multi-year basis so that they could secure their funding and know where they are going to be for that period of time so that they weren’t worried about, come March 1, whether they were going to have funding depending on whether the House sat or not. It was important to get that information to them. I personally delivered — actually — the contribution agreements to all of those, which were gratefully accepted. So if the member opposite received a comment from them on that, I would be very surprised, but I did personally deliver the contribution agreements to all four of those facilities and received favourable comment from the CEOs handling those particular NGOs.

Mr. Mitchell: To clarify, we weren’t hearing directly from the particular NGOs but rather from other organizations within Yukon, such as the Anti-Poverty Coalition, which when they first looked at this budget had some concerns.

Just to clarify because all we have on this side, Mr. Chair, to operate from is the main estimates that are tabled that we have in front of us. We quote statistics in here based on the statistics in the estimates and then members opposite say that the member is wrong and that it is not a decrease, it is an increase. Well, we are stuck looking at these.

So just to go through them: the Skookum Jim Friendship Centre where it indicated a 79-percent decrease under family

and children's services; the Yukon Women's Transition Home Society, which indicated a 13-percent decrease; Salvation Army under Social Services, which indicated a 69-percent decrease — those in fact are simply reflective of a main estimate to a main estimate, but they're not reflective of the funding that those organizations will receive within the fiscal year. Is that what I believe I'm hearing?

Hon. Mr. Hart: As I stated previously, this is correct. These additional funds will be provided from other sources within our variance report to cover off these issues for these particular items.

Mr. Mitchell: Then if the shelter program under family and children's services is being funded again by Skookum Jim, can the minister tell us: is this a decision to carry forward for the foreseeable future with this approach rather than a dedicated facility, like the Angel's Nest facility that a whole number of organizations and First Nations have been trying to develop? Or, is the minister open to transitioning to a different kind of facility in time, rather than the phone-the-cellphone-number-when-you-have-a-problem-at-night approach that's in place now?

Hon. Mr. Hart: Currently, we're looking at trying to do an assessment of the homeless facilities throughout the Yukon. That's going to be done by us. We'll do that assessment in conjunction with other departments that are in need of similar services. In doing that, we will come forth with an option of just how we're going to deal with the situation.

We are also currently looking at dealing with our anti-poverty situation in the Yukon. We've had some consultations already. So we're working on that particular field in order to try to address the situation and encompass everybody that we can.

Mr. Mitchell: Moving to another area — the Sarah Steele Building is there for dealing with people who require programming for substance abuse. It used to be referred to as "detox". There is \$6,000 in renovations for this building. We understand that this building has perhaps more difficulties that need to be addressed beyond the \$6,000. Could the minister provide us with some information regarding the long-term plans for this building?

Hon. Mr. Hart: The Sarah Steele Building has received many repairs over the past three years. This year we are looking at a small amount. As the member opposite knows, we have several issues with regard to the current facility. We have been providing the necessary maintenance and changes as required for that facility. We are currently looking at our overall building needs and assessments with Highways and Public Works. We're looking at what kind of facilities will be needed. Right now, our priority is the receiving home, which we are working on for the youth. We are also looking at our space plan with the broader emphasis and the needs that are going to be required in that area. Obviously, the Sarah Steele Building — once the facility across the way is built, then we might be in a much better position to deal with the Sarah Steele Building issue and look at that as one of our higher priorities in trying to get an assessment done on facilities.

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

Recess

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

Mr. Mitchell: I would like to see if the minister can explain to us in a little better detail the concept of the new shared treatment facility that is being envisioned for the Whitehorse Correctional Centre — costs, type of services that will be available, and to whom it will be made available. Earlier this sitting, during Question Period, the answers indicated — the Premier, in particular, indicated — that this wouldn't simply be services for inmates, for residents of Whitehorse Correctional Centre, but rather that this was going to be shared and made available to other Yukoners. I'm interested in hearing some more on that.

Hon. Mr. Hart: Health and Social Services is looking at taking over the women's transition home at the Whitehorse Correctional Centre. Once the new jail is completed, that facility will be made available to us.

We are currently in desperate need of facilities, obviously, for Health and Social Services, and we feel that this will provide us with a much-needed facility because we can add on to this facility. It has been constructed in such a manner that we can add on to it, so we can put on additional rooms.

We are looking at it as a follow-up, for example, to our Sarah Steele program for alcohol and drugs. We are also looking at it for additional space for dealing with mental patients, for example, who have not committed any crime but may need someplace to be taken care of.

So those are two of the basic items we plan to put in that facility once it is turned over to us, to assist us in our programming and to provide a service that is much needed. Again, if you look at these facilities, we can look at them providing as shared and just taking up the efficiencies of the facility itself.

We see it as a positive aspect for the Department of Health and Social Services. We are hoping, very much, that we can take advantage of that building and provide services, especially in the alcohol and drug situation, for the follow-up, which we think is very important to ensure that our program is successful. Again, we are not looking at moving the Sarah Steele program there, although we're also hoping by that time that we have a different building and call it something else.

We'll have something else anyway just to provide better services for those who need it. But our main focus will be a follow up from drug and alcohol services and also utilizing the facility for mental issues or mental patients — especially those who haven't committed a crime but just require assistance.

Mr. Mitchell: First of all, I'll offer a suggestion to the minister. If the Sarah Steele Building is replaced with a newer facility, I'd like to suggest that the minister not call it something different but retain the name, because it was actually named after the late Sarah Steele, who made some significant contributions in Yukon to health care and care for women who were at risk. I think that it might be appropriate to actually keep

the name. I would just offer that as a free suggestion to the minister to keep him out of trouble, so to speak.

Regarding the facility that will be located at the Whitehorse Correctional Centre, a lot of numbers have gone around. We've heard this total cost of \$67 million from the Justice minister, and maybe more. Does the Health and Social Services minister have available — because some of the officials have worked in more than one area — a cost of the women's transition facility; I'm not sure of the official name now — but the amount of money that has been spent on that particular facility to date or will be spent for it to be completed?

Hon. Mr. Hart: I don't have the specific numbers for that particular building. I will say that that is a minimum of three years away. All I know is that, upon completion of the new jail, that facility will be transferred to Health and Social Services.

Mr. Mitchell: Well, I'm interested in how the minister envisions this working, because he has talked about efficiencies and he is talking about using buildings in more than one way. The two examples he gave were for a place to treat — presumably residentially — mental patients who had not necessarily committed a crime or, as the case may be, may have committed an act but have been found not criminally responsible for the act by virtue of their mental state, which would imply a pretty secure facility. He also suggested it might also be sort of simultaneously used as longer term follow-up for people who had been through programs at the existing or future Sarah Steele facility. These seem like very different uses. One would require a fairly secure type of facility and the other not necessarily focusing on that aspect for people who need treatment for substance abuse on an outpatient basis. Can the minister give us a little more detail on how he plans to do this — having these two different uses coexisting?

Hon. Mr. Hart: As I have stated, I feel one of the major functions of this facility will be to utilize it for a follow-up for patients with drug and alcohol issues.

I also indicated that the other possible use would be for mental patients who have not committed a crime, but basically are there. There are several incidents where people have mental issues that do not require intensive — shall I say — hold facilities for them to be in. The big, key issue there is that we need to have the ability to be somewhat flexible in that facility, so that we can make the best use of the facility itself and also make the most of the space that is going to be available to us.

As I stated, we had been aware that we can add on to that facility. It has been built in such a manner that it can be done. So when we get closer to that day, obviously, that is something we can look at. But I think, in essence, the key aspect here is that we'll be looking at a major use to be follow-up for our drug and alcohol and back-up for our mental health issues.

Again, if we have more room and space, we'll look at other uses for the particular services that we can provide and that can be utilized by the jail itself.

Mr. Mitchell: I'd like to explore this a little further. I had an opportunity to look at the main estimates for capital under the Department of Justice while the minister was on his feet. In fact, the 2008-09 forecast is \$500,000 for the women's

transitional living unit, which is the official name. The 2009-10 estimate is \$719,000, so a total of \$1.219 million. I'm not certain how much would have to be spent on the succeeding year, but it's a relatively small portion of the \$67 million that is being forecast for this WCC. So the cost efficiencies of sharing it are fairly minimal in terms of at least the capital side.

We have had a great deal of concern expressed to us by Yukoners about the statements they've heard in the House about this facility being used for treatment of all sorts of people, particularly dealing with people who have had substance abuse problems, be it alcohol or prescription drugs or non-prescription street drugs, at that facility.

For one thing, Mr. Chair, it's quite possible that people who have these problems have had past experiences with being incarcerated at the Whitehorse Correctional Centre and now they will be asked — according to the minister's plan — to go back up to that same building and property. If you were taking a bus, got into a taxi or if you were being dropped off by a friend, you would pretty much be saying, "I need to go to the Whitehorse Correctional Centre," and that might be very, very difficult for some people who previously had to spend some time up there, perhaps because they had been abusing substances and had been caught doing so.

Similarly, there are some statistics that would show that people who have suffered various forms of abuse — be it spousal abuse, sexual abuse and so forth — have a higher incidence of finding themselves dealing with addictions, because substances are abused as part of a coping mechanism and then people become addicted.

It would seem that people could be asked to go to a facility that might, just a few metres away in another part of the facility, be housing the person who had committed a crime upon a victim who is now seeking treatment or a person who has committed a similar crime, even if it is not the actual perpetrator of that crime.

We have had a lot of concern expressed to us that this is not going to (a) lead to a positive treatment outcome; and (b) there may be people who simply will not want to go there and be at that location. It may be too difficult for them and there may be people who will therefore not be pursuing these treatment options because of where they are located. We have raised this issue previously. Has the minister not considered these and if so, is he willing to reconsider whether this is a good idea?

Hon. Mr. Hart: This minister thinks it is a great idea. Once the facility is turned over to us, it is a separate facility.

I think the member indicated he was at the briefing for this facility. The whole thing is that the key word is "multi-purpose" facility, a treatment and corrections centre. I think that it all depends on which way one looks at it. As I stated earlier, we are looking at it as the follow-up to our Sarah Steele program. That will be the key element to be utilized in this facility; however, we do feel that it can be utilized for other issues with regard to this particular aspect. The member opposite mentioned abuse. I'm not sure that we would send anybody who has been abused to this particular facility; however, yes, the jail is located there and the young offender facility is

nearby, but so are five baseball fields, a college and a cultural centre — all within that facility or very close by. So, with regard to whether people want to go there or don't want to go there, I think we'll have those issues. Regardless of where we put the facility, we'll have the people who don't want the facility next to their yard. The member opposite knows full well that the NIMBY syndrome will go big if you want to move it from that spot to put it anywhere else within Whitehorse.

I will say, though, that we will be very happy to accept that facility, because as I said, we're in desperate need of facilities. We think that it'll provide us with a great area in which to provide programming. It'll provide us with some options in which we can be a little flexible. The member opposite talked about specific situations — a member of the public not wanting to go there for traumatic reasons. I'm sure the Department of Health and Social Services is not made up of dictators and that we could accommodate a specific situation and do it other than at the spot allocated for that purpose. But as I stated earlier, our focus is to look at it as a follow-up for our drug and alcohol program, a backup for our mental patient requirements and if we have more space, then we can look at further uses for the facility.

Mr. Mitchell: I'm certain that the Department of Health and Social Services is made up of very well-meaning, dedicated people. I won't repeat the word the minister used, because I think it has been previously ruled of order in this Assembly. I know the minister didn't mean it in that way.

However, when the minister refers to the five baseball diamonds and the college and the neighbourhood, yes, it's in the City of Whitehorse and you can say it's proximal to a lot of places, but those five diamonds are separated from the facility by the streets, not to mention the fences. Although a lot could be debated as to whether it was the best decision to relocate it at that location or not, that train left the station long ago regarding the college and such. I think there is a difference in a facility that has been used for a particular purpose within a compound, so to speak, even if you start moving the fence around.

I'm still uncertain. This will no longer be used as the women's transitional living unit, but will there be people who are serving time at the Whitehorse Correctional Centre also be receiving treatment in this facility, going to group meetings and so forth — 12-step programs — simultaneously to other people who are receiving treatment who have no relationship to the Whitehorse Correctional Centre other than the physical location, or is this a "first we do this and then, after we decommission it, we do that".

Hon. Mr. Hart: The latter is my understanding of the whole process. Once the facility is built, the facility is turned over to us. The fence is built and we put in the landscaping, the trees and everything else to break the difference between the two facilities, and we utilize the facility in the manner that will provide us with the best programming and also provide the programming for Yukoners.

Mr. Mitchell: I am wondering if the minister — certainly the officials must know the answer and can help him if he doesn't. With all this landscaping and so forth around this soon-to-be-picturesque facility, what is the actual physical dis-

tance between where that building will be located and where the new Whitehorse Correctional Centre is going to be? How many metres apart will they be?

Hon. Mr. Hart: I don't know. I didn't go and measure it out myself. I understand it is about 100 yards — somewhere along those lines. But I can't provide the specifics, and I won't.

Mr. Mitchell: It sounds like it's going to be close enough that there are going to be issues, and I hope the minister has answers for those people who are not going to be comfortable receiving programming at that location. It sounds like what's intended to be some sort of cost-efficiency measure is going to require a duplication of services for those people who say, "I can't go up there. That's too upsetting to me." You're still going to be maintaining these same programs and services somewhere else if people are resistant to going there, and that's a concern.

I'll move on to some other areas. I'm trying to move through this somewhat efficiently because, after today, there are only 11 days left in this sitting, and some of those are assigned to other tasks. The wait-list for optometrists — or, excuse me, not for optometrists — for ophthalmologists. I just corrected somebody the other day on that, then I read "optometrist" in my notes and I couldn't come up with the word. It's late in the day. Ophthalmologists — in terms of specialist services. As the minister knows, I did have a constituent who wrote to me about lengthy wait-time, and I thank the minister for whatever part his role was in the fact that that had a positive outcome.

I know that there is no way of putting anybody at the top of the list and it may just be that the person had reached the top of the list or it may be that there had been an oversight, and therefore, that something was done. It is one of the areas where we hear that the wait-lists are long and I'm wondering, since it's not one of the areas for the wait-time funding and the health access funding, what's being done about that?

Hon. Mr. Hart: Yes, I did receive his letter with regard to the case study. I was very glad to see that the constituent actually received his care prior to getting the letter, and I did get a letter from the member's constituent saying he didn't know whether it was a coincidence or whatever it was. What has happened is that we have received assurance now for an ophthalmologist to come up on a regular basis and that has helped reduce the time from what it has been. This individual will be coming up now, I think it's May 1. There will still be a waiting time, Mr. Chair, but it won't be as long as it has been.

Mr. Mitchell: I thank the minister for that. I want to note for the record that this minister is better than most at getting back to us with responses to letters that we send on behalf of constituents. That speaks well of department officials, but I also appreciate the minister taking the time to do so.

So much for the nice part; there are some tough questions too. One of them I have to ask is regarding this medevac contract. Why was it not opened up for public tender this year, as was previously promised several months earlier and as was recommended in the health care study? I'm having some problems with this health care study, because it seems to be serving

as a bit of a smorgasbord for this minister and his department. On the one hand, the report was tabled and we were promised that there would be this public consultation process, which is currently ongoing. On the other hand, we see a series of issues that are raised as possibilities in this report, such as the possibility of the Watson Lake hospital being moved under the auspices of the Yukon Hospital Corporation. I'm not sure if the Dawson one was even mentioned in here or not.

Some of the other issues that have been mentioned, such as the possibility of user fees, we're getting announcements prior to the consultation process being completed. It doesn't seem to be a logical process because, on the one hand, the report says these are some of the things we should go out and consult about. On the other hand, the government is making announcements before the consultation process is completed. I think despite the positive feedback that the minister was referring to, I understand that the steering committee was caught a fair bit by surprise by the announcement of the Dawson City facility in the midst of their public consultations.

If the minister can at least tell us why the decision was made, following a promise to publicly tender that document that was made to potential contractors not to do so this year and to offer an extension, then I would appreciate hearing that.

Hon. Mr. Hart: As I have stated in the House with regard to this question on several occasions — we were asked by an interested party to provide additional time to enable these individuals to prepare for this contract. Now, we indicated that we were going to put the contract out earlier this year but it was felt that too much information was required. In fact, our contract people indicated that because our source list really didn't exist for medevacs, we would have to give more time. There just wasn't enough time to meet the contract regulations in order to go out and properly give individuals sufficient time to prepare their bids.

With that in mind, we extended the contract for the one year with the concurrence of the current operator, and advised them of the reason thereof so that we could get there.

In the meantime, we have hired a consultant to provide us with the expertise required to develop the terms of reference for this tender to ensure that not only is it done in a fair, open and transparent way, but that all of the factors are taken into consideration and our contract law is upheld and our internal trade agreement is not superseded by putting out the tender.

The big issue for us — and I've stated this before — is that we cannot have a break in service. We have to have medevac service all the time. So part of this tender will have to include some sort of a transition period, if there is another applicant that is successful. But the big thing we'll have to do is ensure that the appropriate equipment is in place — will be in place — so that, as I said, we will not see a break in service — not only the service here in Whitehorse, but being able to service our rural areas, such as Dawson, Faro and Watson Lake, to basically bring items into Whitehorse here.

Those are very important issues that had to be taken into consideration. This is to provide the best acute care that we can for all Yukoners. I think that is the main reason we have had a request for the additional time from a couple of proponents. As

such, we have extended it for one year. It will be out to tender this fall. We're anticipating that the terms of reference will be completed over the summer and we'll put the issue out to tender in the fall of this year.

Mr. Mitchell: In the interest of time, I'm going to move on to some other areas. In the main estimates, some of the statistics that are provided under Health and Social Services, adult services unit, financial services — so, social assistance — the 2007-08 actuals showed the average monthly caseload of 512 people. The 2008-09 forecast was 553; the 2009-10 estimate was 677, which is a 22-percent increase according to the statistics that have been provided.

Can the minister provide us with information as to how these projections or estimates were made? Is this done by some sort of consideration of downturn in general economic conditions, or why is there such a large change being estimated for the current fiscal year?

Hon. Mr. Hart: I don't have the data in front of me but I will provide the member opposite with the response as to how it was arrived at.

Mr. Mitchell: Just to clarify, the minister doesn't have all the information on how it was determined in front of him or he doesn't have — because the data is right in the budget. Like, it is one of the charts in the budget and, when I photocopied it, I didn't catch the page number but I think I could probably find it fairly quickly and I imagine that the —

I can see that the minister now does have the data in front of him.

I see that the minister now does have the data in front of him, but it's the interpretation — no doubt the officials could perhaps explain why they're forecasting such a significant increase — that I'm interested in.

Hon. Mr. Hart: As I said, I will provide it to the member opposite once I get it.

Mr. Mitchell: We'll look forward to that.

Last fall in general debate there was some discussion of nursing and how it's organized in the Yukon. I asked if the minister was looking toward changing the ratio of full-time to less than full-time and permanent to temporary or contract positions. This was one of his objectives: changing that policy.

The minister said at the time that, currently, Whitehorse General Hospital has just gone through a review of their nursing. In essence, this review is being conducted by some Outside individuals who are experienced in handling this situation in other jurisdictions and hospitals. Once the results of that come in, I'm sure it will identify what steps are necessary for Whitehorse General Hospital to move forward in that particular area.

We are now some five months or so later; I'm wondering if the minister can provide us with an update on how they're going to address this in the future, in terms of contracting and temporary positions versus full-time positions.

Hon. Mr. Hart: I understand that the hospital has completed its plan as well as its business plan for the next five years and I think I've received it. I could provide the member opposite with a copy of that, if he wishes.

Mr. Mitchell: We do look forward to receiving that, hopefully in the not-too-distant future, because the use of a

temp agency is not necessarily maximizing the benefits and advantages of attracting and retaining health care professionals to Yukon.

I'll ask again for an update on how the patient navigator positions are proceeding with Capital Health Authority. They had some challenges. I know that we're trying to operate this in Edmonton, Vancouver and Calgary; it is working apparently in Edmonton, but not so well in the other cities. Does the minister have an update on that?

Hon. Mr. Hart: With regard to that, we have had some success in Vancouver and Edmonton, and we're still experiencing difficulty in getting a program off the ground in Calgary.

Mr. Mitchell: Does the minister have any timelines when this might be remedied?

Hon. Mr. Hart: I can't give the member opposite a timeline because I don't know when it's going to be. We've had some difficulty since the fall, and I don't even know if it's a situation we can remedy. But we're working on it, as I stated, and we hope to have a solution to the problem, and we'll see what we can do.

Mr. Mitchell: I'm wondering, when I look at the statistics under alcohol and drug services related to substance abuse and detox, admissions are indicated to be flat from 2007-8 to 2008-09 forecast to 2009-10 estimate with the exact same number of 778. The in-patient treatment, however, is being forecast to go down from the 2008-09 forecast by some seven percent and the in-patient treatment of hours is down some 300 hours, by nine percent, and the outreach preventions community meetings and consultation are going down. I am wondering, are we actually having less substance abuse going on? Less recidivism or is this a budgetary consideration? Why are these forecasts in terms of the treatment going down when the admissions are forecast to be the same?

Hon. Mr. Hart: These are very slight changes in the percentage, thus we have projected a flat process because it could go up and it could go down.

I will say that, no, our drug and alcohol abuse is not going down. That's obvious, but these are small variations that are identified here, and thus we've done the "flatline" on it because they could go up, and they could go down. It all depends on what we actually get.

Mr. Mitchell: I'd like to move on to another area. That is actually the *Child and Youth Advocate Act*, for which we had first and second reading in this Assembly. The reason I'm moving to that area now, Mr. Chair, is, again, there aren't that many days in front of us in this sitting, and because we have what is commonly referred to as the "guillotine", anything, once it comes into Committee of the Whole, will automatically be considered passed at the end of the final sitting day, May 14.

We have no guarantee when or if we're going to get to debate this act. We have some concerns about parts of this act, and we've heard from First Nations that have some concerns, which are similar, but I would have these concerns even if it weren't for the First Nation concerns. The fact that such a high

percentage of children in care in the Yukon tend to be First Nation children —

Some Hon. Member: (Inaudible)

Point of order

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

Hon. Mr. Cathers: The Leader of the Official Opposition is speaking to matters other than the matter under debate. He is speaking specifically to a piece of legislation that has been tabled in this House and is sitting on the Order Paper. I would encourage you to remind him of that and refer to the topic at hand during his debate.

Chair: Mr. Mitchell, on the point of order.

Mr. Mitchell: On the point of order, Mr. Chair, I am providing this preamble because I want to ask a question about policy. It is a question of policy for me to ask why the government has decided to do something one way versus another. That has traditionally been allowed within general debate of a department.

Chair's ruling

Chair: On the point of order, we are presently dealing with Vote 15, the Department of Health and Social Services. A lengthy debate on an act that is presently on the Order Paper would not be in order, but if the member is pulling it back toward Health and Social Services and will focus on that, I will suggest that he can continue for a short period of time.

Mr. Mitchell: I don't want to get into a lengthy debate. I want to ask the question of why the termination has been made, since in so many other jurisdictions, such as Saskatchewan, Manitoba or Alberta, the child and youth advocate has the ability to receive and review complaints or concerns or initiate and investigate complaints they receive. Why is that not going to be the case in this legislation?

Chair's statement

Chair: Order please. The Chair has given some leeway toward Health and Social Services and the *Child and Youth Advocate Act*. That's on the Order Paper. The Chair feels that doesn't have anything to do with Health and Social Services; that's better discussed during the discussion on the *Child and Youth Advocate Act*.

Mr. Mitchell, you have the floor on Vote 15.

Mr. Mitchell: Let's return to Vote 15. I'll return to the health care facility in Watson Lake that is going to perhaps — based on the studies that are being done — be converted into a replacement for the existing hospital facility — the cottage hospital in Watson Lake.

Last fall in debate, in asking questions about the money spent to date, the minister indicated approximately \$4.9 million had been spent to that point in time. Then the minister also indicated that there was still temporary heating for that amount of money, for just under \$5 million. The building was getting temporary siding and had a temporary heating system in place. There is \$2.5 million in the current estimates, I believe, according to the departmental briefings, for engineering and design

work on the newer, expanded role for this facility. Can the minister provide us with an update on just how much money has now been spent to date on this facility?

Hon. Mr. Hart: I don't have a specific amount. We'll just have to get back to him.

Mr. Mitchell: I must say, Mr. Chair, I am somewhat surprised because I would have thought that this would readily have been anticipated as a question that we would ask from this side of the House since we have been asking it for five years.

Perhaps as we continue to debate, the officials can find that number. I'll ask another question about it, which is a functional question. Is there now a more permanent heating infrastructure in the building or is it still operating with a temporary heating infrastructure?

Hon. Mr. Hart: Yes, the temporary siding has been completed, as well, and it still continues to utilize the temporary heating facility.

Mr. Mitchell: I'd like to go back to the Yukon Health Care Review. One of the recommendations in the health care review was that the government should consider renegotiating the contract with Yukon pharmacists, that there were perhaps some savings that could be achieved there and some significant amount of money was projected in this report.

Under Pharmacare, it was a flat amount over five years of \$675,000 per year times five years. So that's some \$3.8 million in a five-year period. Since the government seems to be moving forward with various other recommendations within this review, has the government decided to go back and renegotiate that contract or to continue with — I believe it's simply operating as a continuous extension of an older contract.

Hon. Mr. Hart: There has been no change in the pharmaceutical contract with our local pharmacists since 1997. It has been a contract that has been provided. A 30-percent option is provided to those. That was negotiated way back in 1997, and that is plus the prescription fee. That's what we've been working under since that time. With regard to that, we are also working with the other jurisdictions in Canada, trying to get a national pharmaceutical strategy in place with the hope of trying to streamline some of the issues, which will enable us to provide pharmaceutical drugs at a reasonable price using a standardized process across the country.

Mr. Mitchell: The minister shouldn't be surprised at the questions. One of his advisors is one of the five authors of the report. It seems like it wouldn't be a surprise to be asking about some of these issues.

Another one that is in the report is something that we in the Liberal Party announced as something we would be looking at implementing on a trial basis in our platform — and the government did as well. It's the expansion of collaborative or team-based multidisciplinary primary health care delivery as a model where it could be demonstrated that the model will work with chronic care patients and/or in clinical models in an effort to ensure better and accelerated access to primary care.

That is certainly one that would involve physicians, nurses, nurse practitioners, pharmacists and physiotherapists, where Yukoners could go to a location and not have to have an appointment and then wait to get an appointment with another

specialist and then after that be referred to yet another specialist, which is difficult for elderly people; it is difficult for people experiencing health difficulties; and it is certainly intrusive of a work situation.

I am wondering where this has gone, because it was in the platform of the Yukon Party some two and half years ago. What is happening on that?

Hon. Mr. Hart: The department had a meeting about three weeks ago with a working group and part of that process was to get together and determine when and how the group will meet and where they can commence trying to move this project forward. We have met in the past on a couple of occasions, but we anticipate that the next meeting will be shortly with the emphasis of trying to move toward something that will be cost savings for all Yukoners.

Mr. Mitchell: I hesitate to ask for a definition of what "shortly" means, but if there's a time frame, we would appreciate hearing it.

I would point out that it's not only — because the minister is talking about cost savings and cost effectiveness — an issue of cost savings or cost effectiveness. There are studies that have appeared elsewhere that indicate that you also get better outcomes. In other words, it's not only a less expensive way of providing health care, but it is a better way of providing health care, in terms of this being a more holistic approach. If the minister has an answer for a time frame, that would be great; if not, I will move on.

Hon. Mr. Hart: We are looking at trying to get it done shortly. Really, our issue and our responsibility are to get the physicians together to get to the meeting. So we'll be working with them to negotiate when we can get the working group together so we can advance the issue.

Mr. Mitchell: There's another area I thought I would mention to the minister and ask a question about. On the steering committee that's out consulting with Yukoners on this report — we have doctors, we have nurses, we have other health care professionals — there is not a pharmacist designated to be on that committee. I have had a local pharmacist — I won't name any names in here, but certainly a well-known pharmacist — recently express to me his concern concerning the contract I previously mentioned to the minister, as well as the other issues in this report, that a key or integral part of the provision of health care are the pharmacists who are providing Yukoners with access to their prescription medicines, and he was very disappointed that this conversation would be going on with Yukoners without the participation of a pharmacist.

Why did the minister, when he appointed the steering committee, not include a pharmacist in the group?

Hon. Mr. Hart: We have to keep the committee short — the issue of the pharmacists being on the actual committee. Actually I believe the major concern from the pharmacists was whether they should have been involved in the original review itself, not the actual consultation that's going on.

I did meet with the Pharmacy Society of the Yukon with regard to their concerns, so they did bring forth those issues to me. I did explain to them one of the better ways for them to come with the process was to ensure that they got their com-

ments in during the consultation process, because all the items would be provided and heard. I suspect that part of the review we are going to get is some concerns from the pharmacists along those lines.

Mr. Mitchell: This pharmacist was disappointed and the minister is correct. He was disappointed not only in the consultation process and the steering committee to have no pharmacist represented on that group, but also in the initial health care review.

I am wondering, in looking at some of the other issues in the health care review, whether there has been any consideration in terms of supported and assisted living. The minister said early that he viewed the government's responsibility as being largely the more acute care. The examples he used were Macaulay Lodge and Copper Ridge Place. Yet I have heard discussions in the public meetings that the minister and I attended and in talking with someone who attended that meeting afterward through the Anti-Poverty Coalition, on the streets in Whitehorse and around Yukon in general, that there are other models besides the acute care models that Yukoners are interested in being able to have available to them — in particular supported and assisted living. When I asked about that in terms of Whitehorse, the minister indicated that was more the private sector's responsibility. The private sector is only going to take it on if they see a way for them to make a profit doing so.

Is the minister discussing with his colleague, the minister responsible for the Yukon Housing Corporation, or for that matter, the Premier, the possibility of using more of the \$50 million for affordable housing that is available over the next couple years from the Government of Canada to somehow — whether it be through the government itself or with the private sector — provide more of the supported and assisted living? I think the minister agreed with me earlier this afternoon that we had a need for more rooms, beds, and so forth, but not necessarily just the acute care ones.

Hon. Mr. Hart: I did indicate to the member opposite that there was a demonstrated need for assisted living for the seniors. I also indicated to him that that was a question brought forth to me and a concern from the Golden Age Society when I met with them on Friday. They were also asking at that meeting about issues with regard to affordable housing and what we were going to provide them in regard to the \$50 million as well. Yes, we are working through the Ottawa officials from CMHC to try to figure out just exactly what the parameters of that funding are, how it works and what's required. Right now, there are some announcements: shovel-ready; get ready. We have projects shovel-ready but we haven't seen a dime of any of that money yet.

We're working with the officials there to try to get that information so that we can take advantage of the situation and hopefully utilize those monies where possible in Yukon.

Mr. Mitchell: I'd like to explore this a little bit further because in the *Yukon Health Care Review*, there was the suggestion that the government and/or the Hospital Corporation — it's under financing opportunities — may wish to consider the use of P3 for future health construction projects that adhere to the *General Administration Manual*, policy 1.19, which estab-

lishes a clear process for an organization to use in identifying, evaluating, selecting and entering into a public-private partnership. Such a policy needs to include a comparison to traditional financing models in order to ensure the most effective financing tool is employed.

Last fall in Question Period, and I think again this spring, the Premier said that there would be no P3s when it comes to the provision of health care, I think it was education, and certain other services that are currently provided publicly.

Can the minister explain — he suggests that these are services that are elsewhere traditionally provided by the private sector and then he agrees that they are looking at ways in which to use this housing money to help to provide these services and to find out if that's acceptable to Canada.

We have already seen the example of the Hospital Corporation going out and borrowing money to privately contract a project. How would this not be a P3? What is the model for this supported or assisted living that he sees in the private sector using public funds but it is not a P3?

Hon. Mr. Hart: Now I am confused. There a role for the private sector for seniors housing. Not all seniors are living below the poverty line. Many seniors have the wherewithal and means to have condominium-style living. That service is available.

I was in Kamloops recently and I had a look at three of these types of facilities and I must say that they all ranged in varying styles of what is available. In most cases — all three cases, in fact — the major difference in the units was the size of the units, but they all carry basically the same outlet, the same style of living, and basically they all provide the services for those, but it's paid for and these people pay for their space in the building. So for assisted living and for seniors who do have the capability — and we do have many seniors in the Yukon who have the wherewithal to pay for this type of service and they do have all of this in their mind.

I mean, one only has to look at the number of condominiums that are built downtown here in Whitehorse in the last two or three years. You just have to look at it. I went and had a look at the one across the street, Mr. Chair. I was blown away at the price they got for it, but seniors bought that and they're in that place. There again, that's private sector providing a service to people who don't want to live in their home anymore but they still want a nice apartment and a place to park their vehicle.

So it's available right here in Whitehorse now and we've seen the demand. So there is a role for the private sector and it is there right now for them to participate at that level.

When it comes to the other aspect of providing services of affordable housing, yes, then we have to sit down with the federal government and work out what the actual parameters are and what is going to take place.

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

Chair: Mr. Hart has moved that Committee of the Whole report progress.

Motion agreed to

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

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

Motion agreed to

Speaker resumes the Chair

Speaker: I will now call the House to order.

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

Chair's report

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

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. tomorrow.

The House adjourned at 5:30 p.m.