

**Yukon Legislative Assembly  
Whitehorse, Yukon  
Monday, May 3, 2010 — 1:00 p.m.**

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

*Prayers*

## DAILY ROUTINE

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

Are there any tributes?

## TRIBUTES

### In recognition of Sexual Assault Prevention Month

**Hon. Ms. Horne:** May is Sexual Assault Prevention Month. I rise today to pay tribute to all of the people who work to eradicate sexualized violence and to those who educate the public about violence and sexual assault.

Mr. Speaker, the most recent Canadian statistics on sexual assault from 2004 show that sexual assault does not affect all Canadians equally. For example, being young and being a woman are risk factors for sexual assault. In 2004, 86 percent of reported assaults were women. While youth represented only 22 percent of Canada's population in 2004, they made up 58 percent of victims of sexual offences. Young women under 25 show the highest rates of sexual assault. More than one in three Canadian women report having had at least one experience of sexual assault since the age of 16. The Yukon's rate of sexual assault is more than double that of the provinces.

Statistics like these can help us understand the severity and prevalence of sexual assault, but statistics can't tell us how it feels to experience violence, nor can they tell us what it feels like to be blamed for being a victim of violence. This is all too often a common occurrence, especially for women who have been assaulted by someone they love.

Mr. Speaker, I encourage all of us to have more empathy, understanding and compassion for those who, through no fault of their own, have been victims of violence. Governments, organizations, communities and individuals must work together to speak out against sexualized violence and support those who have experienced it.

The government is acknowledging Sexual Assault Prevention Month through our assistance to equality-seeking women's organizations to deliver programming. The Victoria Faulkner Women's Centre and Les EssentiElles are partnering to present a program of activities and events for the month. Their campaign will address personal sexuality rights, responsibility and consent. Activities will include public panel discussions, a self-defence course and refresher, the distribution of fun stickers and buttons and grad kit materials, as well as a distribution of handbills outlining individuals' sexual rights.

On behalf of this government, I thank all the people involved in these efforts. I encourage everyone to participate in these events and to join the voices of men and women who

already speak out against sexualized violence in our communities.

**Mr. Elias:** I rise on behalf of the Official Opposition and the Third Party in recognition of Sexual Assault Prevention Month. Every day, women, men and children across this country suffer the pain and trauma of sexual assault.

Sexual assault is an unwanted act of a sexual nature committed by an individual without the consent of the victim. It can include anything from sexual exploitation, intimidation, unwanted sexual touching, molestation, rape, to injuring or endangering the life of the victim. It is an act that subjects another person to the perpetrator's desires. It's the abuse of power and the use of force or coercion, accompanied by implicit or explicit threats.

This crime occurs far too often and leaves long-lasting physical and emotional scars. Sexual assault not only harms the victims, but damages families, communities, and our way of life.

Survivors often suffer in silence because they fear further injury or are unwilling to experience further humiliation or lack faith in the criminal justice system. This feeling of isolation, often compounded with suicidal feelings, depression and post-traumatic stress disorder, only exacerbates the victim's sense of hopelessness.

No one should face this trauma alone. We as family, friends and mentors can empower victims to seek the assistance they need. There is help and counselling available. Sexual assault happens every day in this country and around the world. Sexual violence is still a major cause of injury and trauma throughout our country and can impact all people, regardless of age, gender, ethnicity, race or economic status. It violates the fundamental rights and safety of the person, along with their physical and psychological integrity.

It is time to reaffirm our commitment to continually improve our prevention programs, build public awareness and improve our effectiveness in addressing the needs of survivors of sexual assault. We must focus on preventing violence by changing attitudes and beliefs that perpetuate it. Together we can pledge never to commit, condone or remain silent about sexual violence.

Today we pay tribute to these victims who, through their strength and courage, have survived and are there for the support of other victims. We thank the many NGOs and agencies throughout the Yukon that are there for support and counselling.

We would like to pay tribute to all front-line workers and counsellors for their dedication, hard work and their ongoing effort to raise awareness about sexual assault and violence, help victims and heal lives. Thank you, Mr. Speaker.

### In recognition of National Hospice Palliative Care Week

**Hon. Mr. Hart:** I rise in the House today in honour of National Hospice Palliative Care Week, which takes place from May 2 to 8.

*[French spoken]*

This week is an opportunity to pay tribute to the men and women who strive to give patients with life-limiting illness more life to their days.

*[French spoken]*

Here at home, the professionals at the palliative care unit of the Department of Health and Social Services work very hard at supporting patients and medical health professionals.

Last year, the staff at the palliative care unit visited nine communities to provide either information sessions or educational workshops, or both. They offered 11 workshops throughout the territory and gave support to dying people in seven communities outside of Whitehorse. The palliative care unit components complement the work that Hospice Yukon does in Whitehorse.

Hospice Yukon is run mostly by volunteers and focuses its attention on Whitehorse. The palliative care unit offers hospice supports to the communities. The program provides consulting services and professional education. It supports volunteers and communities with training and assistance. The team consists of a volunteer coordinator, a registered nurse and a social worker. Their services are open to everyone — patient, family or medical professional. You don't need to get a referral from a doctor; you can contact them directly.

The Canadian Hospice Palliative Care Association, which organizes the week, chose this year's theme, "Discovering your voice". It's about helping people understand what hospice and palliative care is and the value it can bring to people's lives. The association is encouraging people with life-limiting illnesses, their caregivers and family members to talk about their experiences with hospice and palliative care. This way they can share what it means to be at the final stage of life.

This can take courage, Mr. Speaker, because it's not easy in this society to talk about death and dying. Here in this very House, we have seen an example of the kind of courage I mean, with one of our own colleagues speaking openly and honestly about the final stages of his life. We can all hope for such wisdom and acceptance when our turn comes.

I invite my colleagues in this House to salute the people who work to improve the lives of the dying, whether that work is hands-on with the patients and their families, or providing support to physicians and communities.

I would like to thank the volunteers and professionals working in hospice and palliative care for their time, their devotion and their caring. They work hard so that others may die with dignity, surrounded by their loved ones in a setting of their choice, but most of all, they always remember that they are dealing with a living person, rather than a dying patient. Thank you, Mr. Speaker.

**Mr. Hardy:** Mr. Speaker, I rise on behalf of the NDP caucus and the Liberal caucus to pay tribute to Hospice Palliative Care Week. This one-week campaign focuses on raising awareness about the end of life and the supports and care that exist for those nearing death, for families and friends who are grieving. Hospice palliative care does not hasten or delay death, but offers practical, emotional and spiritual supports to the person. Care can be provided at home, in hospitals, in long-

term care facilities or in residences where this type of care is the only focus.

At this time I would like to offer a word of thanks to Hospice Yukon Society and their volunteers and workers who do such an important job of counselling and supporting people with life-threatening illness and their loved ones coping with loss. I know they do very good work as I have been visiting their offices recently.

This year's campaign theme is, "Discovering your voice." Voice is extremely important. Hospice palliative care enables the wishes of the dying and their loved ones — that their voices are heard. Quite frankly, in our culture, we don't talk much about death even though it is our most important moment next to our birth. We walk our lives in its shadow, in its inevitability, but we probably talk more about the weather or about the hockey games or the Stanley Cup than we do about death, and that is an absolute shame, Mr. Speaker. Most are scared of death. Most people truly try to avoid it in their language or their discussions. They treat it as a stranger. Yet, it is going to happen to all of us.

It's very interesting to note that when you raise the subject of death — and I challenge everybody in here and everybody out there to try this with their friends, with their acquaintances in social settings: bring up the subject of death and bring it up in various ways, not to affront somebody, not to scare somebody, but as something that needs to be talked about, and watch the reaction. Watch the reaction of people around you. Almost guaranteed, they will try to change the subject. They will try to move away from you. They will not understand why you are engaging in something that we are all going to experience — and we have experienced in the past, if you believe in reincarnation or, if not, you're still going to experience it — and in discussions around death and what people do believe in and what is available for people. We have all encountered it in our lives already, whether it's with our parents, our grandparents or great-grandparents, whether it's with our friends. As we age, it becomes more and more something we have to deal with, not just on a yearly or decade time frame, but it comes down to months and even weeks in which we know of people who have passed away.

Some philosophers and religious leaders say that we must spend our life preparing for our death, and that's not a morbid thought, Mr. Speaker, but a life affirming thought. Death then gives our life meaning. It gives importance to our daily lives. It challenges us not to be caught up in pettiness, but to love; not to be caught up in material gain or accumulation, but to live with guts and go for our dreams, whatever those dreams are.

One of the leading voices way, way back in the '60s, a doctor, Elizabeth Kübler-Ross, challenged the medical profession in a speech in the United States with regard to death and near-death studies. She was a pioneer in this area. She authored the book, *On Death and Dying*. She talked to Holocaust survivors, AIDS people, orphans and others. She really, really pursued this area and actually brought into the forefront in her teachings how death is treated in many different cultural contexts.

Here is one quote she said that I believe speaks to what I've already said: "If you have lived fully, then you have no regrets, because you have done the best you can do. If you made lots of goofs — much better to have made lots of goofs than not to have lived at all. The saddest people I see die are people who had parents who said, "Oh, I would be so proud if I can say 'my son the doctor.'" They think they can buy love by doing what mom tells them to do and what dad tells them to do. They never listen to their own dreams. And they look back and say, 'I made a good living but I never lived.' That, to me, is the saddest way to live." Now, these words were said many, many years ago and they are words to live by.

Mr. Speaker, if we engage in the debate of death, if we recognize it as a part of our cycle — birth, living, dying and death — if we recognize the importance of it and that we're all going to face it, maybe we would live a better life on this Earth; maybe we would help more people; maybe we would give more of our time and energy and not just take for ourselves. Because always remember, Mr. Speaker, death takes the body, but never will take the spirit. It is the spirit in what we do in this life. Thank you.

### In recognition of World Press Freedom Day

**Mr. Cardiff:** Mr. Speaker, I rise on behalf of the Legislative Assembly to pay tribute to World Press Freedom Day, which the United Nations General Assembly declared to be held on May 3.

On this day we reflect on the trials and the tribulations and the threats, the maimings and the murders that journalists suffer as they unearth and expose uncomfortable truths. The theme of this year's World Press Freedom Day is "Access to information." Information is the oxygen of democracy, and detailed information is an essential element of democracy and good government. The public has a right to know about the actions and the decisions of their leaders at all levels. A free press plays an essential part in this.

Now, I just want to touch on a couple of high-profile stories over the past year that were exposed due to, first, the existence of access to information laws and second, due to the tenacity of journalists to persevere through the often arduous channels to access this information.

In the United Kingdom, the dedicated efforts of one journalist, Heather Brooke, exposed the parliamentary expenses scandal that rocked the political establishment. Ms. Brooke was successful because the law was on her side, and she was committed to struggle past numerous obstacles erected in her path by those keen to avoid public scrutiny.

Despite more dangerous conditions and the death of colleagues, the Mexican press continues to investigate and break powerful stories of corruption and misuse of public funds. Journalists from *El Universal* newspaper have used freedom of information laws to expose colossal corruption scandals involving the misdirection of agricultural subsidies where funds, which were to support small farmers, ended up in the pockets of senior government officials and influential drug traffickers.

Have we gone far enough? Do the people in the media have guaranteed access to information? We still have a way to go to create open and transparent societies. It is a goal that re-

quires constant vigilance, and many challenges still persist in other countries and in our own backyard to create freer and more open societies.

On that note, we applaud the Speaker's rulings about documents surrounding the Afghan detainee issue. This ruling could have far-reaching implications in Westminster-style parliaments across the globe, and it is a good step toward greater openness.

On Monday, May 3, World Press Freedom Day, Amnesty International is calling for the lifting of restrictions and liberation of all journalists who have been repressed for their peaceful exercise of the right of freedom of expression. Since 1997, the World Press Freedom Prize has been announced on this day as well. This year's award was bestowed upon Mónica González Mujica. Ms. González was born in Chile in 1949 and spent four years in exile following the Pinochet military coup of 1973. As a journalist, she investigated human rights violations and financial misdeeds of General Pinochet and his family, which earned her imprisonment and torture from the regime. Upon her release, Ms. González went back to investigate, reporting on the abuses of the military dictatorship. She continually suffered harassment, detainment, and court cases against her, but was not silenced. She is now the director of the Center of Journalism and Investigation in Santiago. We would just like to say that it's people like Ms. González and the other people who work in the press who work diligently and hard to expose these issues, and we support them in doing that. Thank you.

**Speaker:** Any further tributes?  
Introduction of visitors.  
Returns or documents for tabling.

### TABLING RETURNS AND DOCUMENTS

**Hon. Mr. Lang:** I have for tabling the 2009 annual report of the Yukon fire marshal's office.

**Speaker:** Are there any further documents for tabling?  
Any reports of committees?  
Any petitions?  
Any bills to be introduced?  
Any notices of motion?

### NOTICES OF MOTION

**Hon. Mr. Hart:** I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to review the policy and program options dealing with chronic inebriates by:

(a) forming a multi-disciplinary task force of front-line agencies comprised of representatives from the departments of Health and Social Services, Justice, Yukon Hospital Corporation, Emergency Medical Services, the Royal Canadian Mounted Police and the Salvation Army, to work with First Nation governments, social agencies involved with individuals with severe alcohol problems and addictions, physicians, the private sector and other organizations, both at the Yukon and

national levels, who have the experience in addressing these issues; and

(b) investing \$201,000 under the northern strategy funding to develop a socially inclusive program dealing with chronic inebriates, examining all aspects of the problem, including facilities existing and needed, land-based treatment programs, scope of programming, legislation, current research, cost and access to cheap intoxicants.

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

THAT this House urges the Government of Yukon to work with the governments of Canada and the United States, and any agencies or industries involved in the development and implementation of safety standards for oil and gas drilling in Beaufort Sea, to ensure safeguards and contingency plans for spills are in place for all future oil and gas exploration and development.

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

THAT this House urges the Government of Yukon to:

(1) work with the City of Whitehorse on the proposed city transit plan to provide riders with:

- (a) direct access to downtown locations without transferring;
- (b) easy access to bus stops;
- (c) no breaks in service;
- (d) a more convenient schedule;
- (e) extended service hours;
- (f) express routing;
- (g) better weekend service; and

(h) ultimately, a more frequent and reliable service all around for Whitehorse residents to be able to utilize a much-needed form of transportation; and

(2) assist the City of Whitehorse with financial support to deliver a planned year-long pilot transit project as soon as possible.

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

THAT this House urges the Yukon government to encourage the Yukon Energy Corporation to work more closely with the Yukon First Nations and Yukon municipal governments to research, develop and invest in environmentally sustainable energy options such as geothermal, biofuel and wind power for communities that are currently not connected to the electrical grid and depend on burning diesel to generate electricity.

I also give notice of the following motion:

THAT this House urges the Yukon government to make it a priority to reach a formal agreement with the municipality of Dawson and the Tr'ondëk Hwëch'in government to replace the structurally unstable Art and Margaret Fry Recreation Centre with a new building that better meets the important recreational needs of the community.

**Speaker:** Thank you. 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: Carcross Visitor Reception Centre

**Mr. Fairclough:** The Department of Tourism and Culture is planning to open the Carcross Visitor Reception Centre this week. This building is known to contain asbestos and mould. Back in 1990, asbestos was identified and removed from the crawl space. More asbestos was removed from this building in 2007.

As recently as last month, more asbestos was discovered in this building. Is the Minister of Tourism aware of this new discovery?

**Hon. Ms. Taylor:** Yes, indeed, the Department of Tourism and Culture is aware of this matter. We were made aware of this matter. We were made aware of this matter about a week ago — last week. We are working with representatives from Highways and Public Works, the Property Management branch, the Public Service Commission's Staff Development branch, and we are actually in the process of securing an environmental consultant to assess the facility and to ensure that the health and safety of the employees is adhered to.

**Mr. Fairclough:** The asbestos was found quite by accident by a contractor who was working in the crawl space of the Carcross Visitor Reception Centre. The material that the contractor found was analyzed by a laboratory in Vancouver, and I have for filing the laboratory analysis report, dated March 17, 2010. It identifies the asbestos.

Mr. Speaker, there is a risk to workers at the visitor reception centre if they are not protected against the potential hazards of asbestos. What is the Minister of Tourism going to do about the new discovery of asbestos in this building, and how is she protecting the workers?

**Hon. Ms. Taylor:** First of all, I want to ensure that the government's first priority and the only priority is the health and safety of government staff, including the visitor information centre staff. What we've done to date is that an Occupational Health and Safety report has been filed with our committee for follow up. Property Management division is in the process of securing the environmental consultant — an independent consultant — to review the file, including what we are to assess, including visual assessment of all the accessible areas of the building, a physical assessment of the wood structural members, collection of a complete set of air samples, a collection of surface bulk samples of materials, and also a visual assessment and sampling of all respective materials.

We are working with Wildland Fire Management to try to secure an alternative facility. In fact, I believe we are working with other agencies as well to try to find an interim facility, so we do have a healthy and safe workplace for our employees in the meantime.

**Mr. Fairclough:** Asbestos has been discovered in the crawl space of this building. The full extent of the asbestos is not known because the contractor who accidentally found it

only grabbed a handful. Workers are at risk if they are not aware of the hazards, and workers in that building deserve to be protected under the circumstances.

The Department of Tourism and Culture is planning to open this building to the general public this week. I believe it is tomorrow and that may not be a good idea, Mr. Speaker, because no one knows the full extent of the hazards they may encounter while working in this building.

So why is the Minister of Tourism and Culture allowing workers into the Carcross Visitor Information Centre when it still contains asbestos?

**Hon. Ms. Taylor:** Let me be very categorically clear that, no, those individuals are employees. Yukon government employees will not be going into the facility until we have all assurances that it is a safe workplace for all of these respective employees.

We have in fact secured an alternative building — an alternative space. We're working with Fraserway, for example. My apologies — I referred to wildland fire before. But in fact we have been able to secure an alternative space in the meantime, so operations will go ahead. The opening will occur. I believe it is on May 6, if I'm not mistaken, and our employees will go into the interim space until such time as we have the results back from the independent environmental consultant and until such time as mitigation has taken place, if in fact that is what is required.

#### **Question re: *Civil Forfeiture Act***

**Mr. Inverarity:** Last week the Justice minister was busy telling this House the government was firm in its decision to barge ahead with Bill No. 82, *Civil Forfeiture Act*, without public consultation. A few hours later, the Premier announced that the government had flip-flopped on the bill and would not pass it this sitting. We know the Premier has a habit of running other departments from the corner office, and this is just the latest example.

The government has pulled the bill back and agreed there will be public consultation. Can the minister tell the House when that public consultation will begin?

**Hon. Ms. Horne:** Here we go with the corner office again. I'm also in a corner office, and I presume the member is talking about my corner office. We just decided to take this out for public consultation last week. We're in the process of planning and developing the process to go out for consultation, and that will take time.

**Mr. Inverarity:** I think I wanted the other corner office, because at least we get answers there.

Mr. Speaker, the government was going to push Bill No. 82 through the Legislature but suddenly changed its mind, thanks to the hard work of many Yukoners. This government was forced to back down, and that's a good thing. The government has finally agreed to let the public have its say — something that should have happened right from the start.

When will the public consultation begin, and what form will it take?

**Hon. Ms. Horne:** Mr. Speaker, perhaps the member opposite of the Liberal Party should go to a new question instead of reading the same questions that were presented to the

House. As I just said, we are going through the process of developing the consultation period and how it will be done. The reason for this bill not going through the House is that the members opposite in the Liberal Party did not work with us. They did not represent their constituents to bring forward their concerns.

**Mr. Inverarity:** I think after 10 pages of questions, or the 27 questions we have asked on this — this will make 30 questions that we have asked on civil forfeiture — that we have done the heavy lifting, but what we are really looking for are answers to the questions, and they are really, really simple questions. The questions are these: when is the minister going to start the consultations on the bill and what form will those consultations take? Pretty simple question.

**Hon. Ms. Horne:** I could add to the "simple", but as I just said, we are going through the process of developing the consultation period and it is unfortunate that this bill was so misconstrued to the public by the members of the Liberal Party. This was a good act but we will take it out for consultation.

#### **Question re: *Substance abuse***

**Mr. Hardy:** Those were spell-binding questions and answers.

I was pleased to hear the Minister of Health and Social Services in the budget debate last day and in reply to my questions about substance abuse. I also appreciate the motion that was read in today, but let's be honest about motions. Unless there is a guarantee to call the motion for debate and vote on it, it is nothing more than words on a paper. It doesn't give us enough information in that regard. Now, he recognized that there is a very serious problem with extremely high rates of substance abuse in the territory and resulting death. The minister said that this government is going to address this situation and that this situation has to stop. He added that it would be looking at alternatives on how to deal with the situation. Just to get some real clarification: could the minister please elaborate on what he envisions as alternatives to dealing with addictions?

#### **Speaker's statement**

**Speaker:** Before the minister answers the question, I would just like to take a moment to remind the Leader of the Third Party, please, to not comment on previous questions. He knew that.

Minister of Health and Social Services, please.

**Hon. Mr. Hart:** I appreciate the question from the member opposite. As I stated previously, and as was stated by the Minister of Justice, we have to change the way we deal with inebriates that has been basically operating for the last 20 years. We're in a process right now as identified in the motion. We're looking at having a committee struck with all the stakeholders involved right across the department, right across the government, including the Yukon Hospital Corporation, physicians and the general public to just ascertain what we need to do, what types of facilities we need to look at, what types of facilities we already have and where we can utilize some of these issues.

We're also looking at other facilities in other jurisdictions — at those possibilities. We will be looking at those possibilities to see if, in fact, Mr. Speaker, we can utilize some of those facilities. But it's very apparent that we will have to put some sort of legislation in place sometime in the immediate future in order to ensure we can deal with inebriates in a public place.

**Mr. Hardy:** You know, Mr. Speaker, sometimes we get too locked in on the person affected by addictions and we don't look at a broader context of those who surround that person and how, within their society, with their peer groups, their family, they either contribute or try to assist to get that person off the addictions or actually contribute to that person staying addicted.

That is a point that is often very much missed in many of our discussions. We have a tendency to think of structures and buildings and I truly believe that, in order to make change, the change has to involve those around. I see you're signaling for the question, so my question is very simply: is the minister considering in a broader context how treatment really needs to happen so it is not just focused upon the person who's addicted?

**Hon. Mr. Hart:** We are looking at trying to deal with the situation, not only on the government side with regard to societal issues and dealing with issues as they relate to the communities and getting the help of the family in trying to address this very critical situation, not only here in Whitehorse but right throughout the Yukon — I might add, right throughout the nation. We are doing that.

Right now we are working on a land-based treatment aspect, and we're hoping very much to also use that facility as part of our process in getting there. We are moving quite well along that line. Again, that's only one tool. But it's necessary for us to go out and deal with the situation.

As I stated in the motion, it's important for us to get all of those involved in dealing with the inebriates in our society to address it and to take away the stigma that it's a crime; it's now a sickness — that we've got to look after these individuals. We can look after them not only medically, but also assist them through our social workers and/or our EMS people.

**Mr. Hardy:** One of my questions of course was around land-based treatment centres, and we were kind of hung up on that. I'm going to be really, really frank here. Land-based treatment centres do have a place. We don't have any here. We've been asking and asking and asking for years. It hasn't happened to any degree.

I also want to talk a little bit in a broader context again. It's not just land-based treatment centres that we need. We have communities that have for many years been what we call "dry communities." It's a community-based treatment centre in many aspects of what we're seeing there, but there are many parts within that community-based treatment centre that need to be helped, assisted, funded and developed.

My concern around this is — again, we are focusing upon little chunks that we need to talk about in a bigger context. I have a very simple question. Is the minister going to call the motion so we can have greater debate about this?

**Hon. Mr. Hart:** Mr. Speaker, I read the motion in as a government motion, so I fully intend to bring it forth as a motion.

#### **Question re: Substance abuse**

**Mr. Hardy:** Okay, Mr. Speaker, I want to put out some ideas here. Last week I mentioned a wet day centre as an example. These facilities allow alcohol consumption on the premises in managed doses or in specific areas. They are meant to accommodate people who are disadvantaged and would otherwise avoid accessing a shelter or similar service, generally because they would have to relinquish their alcohol.

Individuals will often drink everything they have rather than wasting it before entering a drop-in or overnight shelter. The term "wet centre" or "wet shelters" refer generically to those programs that allow alcohol on the premises, whereas wet day centres refer to those that specifically only operate during daytime hours, and wet hostels are those that operate solely over the night. Is this something that the minister is in favour of and would consider doing?

**Hon. Mr. Hart:** As I stated, we are going to get together with all of the stakeholders involved with this serious situation here in the Yukon. We are going to take it out and deal with the situation, amalgamate as much information as we can, and prioritize that information to ensure that we can get out and reach as many of these individuals as possible and as quickly as possible.

I will reiterate what I said earlier — this is a big change to what we've been doing in the last 20 years. We can't carry on the way it has been in the past. It is imperative that we move and change the system. It is imperative that we change the aspect of being drunk in a public place from a criminal situation to that of a disease.

**Mr. Hardy:** I am very, very glad after all this time that the minister is recognizing how imperative this is; however, we should have started this quite a long time ago.

Another suggestion is called "damp shelters". These shelters offer similar auxiliary services to the wet shelter. Health services, career development, et cetera, all need it, but do not allow alcohol on the premises. Damp shelters will not pour out alcohol that clients have brought to the facility. The shelter confiscates alcohol upon entry, but returns it to the client on departure. Alcoholics with no homes are the targeted population for using these centres.

Many damp shelters will refer to themselves as wet shelters in practice, as well as in literature. Damp shelters may be overnight hostels or day centres. They are being done — both the wet shelters and damp shelters — in Winnipeg, Vancouver, Seattle and a multitude of other places, and they're extremely successful.

Will the minister consider this solution as well?

**Hon. Mr. Hart:** I thank the member opposite for his question and his suggestion. As I stated earlier, we will be looking at other jurisdictions, what's working in those other jurisdictions and, as I stated, we will look at what types of facilities we can bring here into the Yukon and put them in our Yukon context to deal with them and provide the services, not only here in Whitehorse, but throughout the Yukon.

I must stress, Mr. Speaker, that it's important that the process we put in place is available to all Yukoners.

**Mr. Hardy:** Now, finally, Mr. Speaker, we're talking about harm reduction here. Guess what? A few years ago, we had the substance abuse summit where we brought 200 people together — a wonderful, wonderful exercise and engagement with professionals and public by the government, by the opposition members. We all agreed upon this. We have done the work. We have the studies. We know what direction we should be going in but we haven't moved forward from what was recommended at the substance abuse summit and the action plan that came out of it.

So, in some ways, I feel like we're reinventing the wheel. Instead of moving forward and making things happen, what we're doing is going back to ask people all over again where we're at and what we're doing.

I think it's really time now that we move forward and make things happen. Will the minister respond to that?

**Hon. Ms. Horne:** I'd like to respond to the member opposite on what we are doing from the substance abuse summit. We have taken all the recommendations into consideration. In our common-client project, we've been working to do exactly what the member opposite is speaking about. This has been under development for the last couple of years and it is ongoing.

I would just like to outline some of the things we are doing in the Department of Justice to address these societal issues. We've reinstated the Sarah Steele detoxification centre; we have started the Community Wellness Court, the therapeutic court; we have undertaken a major consultation on corrections that resulted in a new client-focused program; we have a new *Corrections Act*; we have the new women's annex; we are building a new treatment and correctional facility. Last summer we launched the new *Victims of Crime Strategy*; we have committed \$1.3 million over the next three years to improve services to victims; we have a new *Victims of Crime Act* that is before the Legislature. By systematically changing the way we do corrections in Yukon, we are doing exactly what the member opposite is questioning.

#### **Question re: Workers' advocate**

**Mr. Fairclough:** I have a question for the Minister of Justice. In 2007, this government fired the workers' advocate. This individual was appointed directly by the Minister of Justice. The individual in question was also a campaign manager for the Yukon Liberal Party in the 2006 election. Managing a campaign against the Yukon Party one year and losing their job the next — an interesting chain of events. The employee was fired by this minister in 2007. The government accused him of peddling his hours. They questioned his honesty and his trustworthiness. An adjudicator has recently ruled that the minister was wrong to fire this person. Why did the minister question the former workers' advocate's honesty and trustworthiness?

**Hon. Ms. Horne:** Are there no political boundaries with the Liberal Party? The Minister of Justice does not fire personnel. How low can we get with the Liberal Party? Are there no political boundaries?

**Mr. Fairclough:** Perhaps the minister has forgotten her history? Mr. Speaker, the workers' advocate managed the 2006 election campaign for the Yukon Liberal Party and a year later was fired by the Yukon Party government and accused of being dishonest and untrustworthy.

I should mention that the individual in question worked as a workers' advocate from 1997 to 2006 and was very good at his job. It was only after his high-profile involvement in the last election that he was fired.

When this individual was fired, he filed a grievance for wrongful dismissal. The grievance was upheld by an adjudicator in 2009 and a recent settlement included a substantial payment to the former worker. Can the minister confirm that the grievance was indeed upheld, and can she tell us the cost to Yukon taxpayers for this politically motivated firing?

**Hon. Ms. Horne:** I was about to call a point of order there — uttering deliberate falsehoods. As I said, this does not fall under the minister's purview — to hire or fire individuals — and I will not comment on this question.

**Mr. Fairclough:** The government accused the former worker's advocate of double-dipping. It was wrong. The adjudicator didn't buy it and Yukoners are now on the hook for a big settlement. The government basically accused the individual of fraud, and, guess what, Mr. Speaker? It couldn't prove it. That's not a surprise to me. When you have no case, you can't prove it. Someone now has to pay this six-figure settlement. Is the money now coming from the Department of Justice, the Public Services Commission, or the workers' compensation fund? Where is it coming from?

**Hon. Ms. Horne:** As I said earlier, this does not come under my purview. I have nothing to do with the hiring and firing of employees. I am glad to see that our process works, that it was taken through the correct processes and the results are as announced by the member opposite.

#### **Question re: Workers' advocate**

**Mr. Mitchell:** Mr. Speaker, I also have questions for the Minister of Justice. In 2007, this government fired the workers' advocate. The individual in question was appointed directly to the position of worker's advocate by the Minister of Justice. This was her employee. The employee filed a grievance against the government after he was fired, alleging he was wrongfully dismissed.

That grievance was recently upheld by an adjudicator. The government failed to make its case. Now taxpayers are on the hook for a six-figure payout.

Can the Minister of Justice confirm the government just paid out over \$165,000 to the individual in question?

**Hon. Ms. Horne:** I again reiterate that I'm glad the grievance process does work and that the employee did receive results, but again I reiterate that I do not hire or fire employees. To put this as a political ploy is really deplorable — that this comes into play as a political move by the government.

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

#### **Point of order**

**Speaker:** Does the Member for Kluane have a point of order? Please stand up.

**Mr. McRobb:** Yes, I do. Point of order, Mr. Speaker. The Justice minister just accused us of putting this question in the context of a political ploy. I firmly believe that has been ruled out of order before.

**Speaker:** Anybody else on the point of order?

### Speaker's ruling

**Speaker:** From the Chair's perspective, there is no point of order, but honourable members, strong words will beget strong words. If somebody stands up and makes an accusation, there are going to be strong words coming back. Honourable members, keep that under consideration.

The Leader of the Official Opposition has the floor.

**Mr. Mitchell:** Well, there will be strong words, Mr. Speaker, that's for sure. This minister is indicating that it was a "test case" to see if the system works. Well, we know that they don't want to talk about this, because they just lost their case.

We also know that Yukoners are now on the hook for more than \$165,000.

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

### Point of order

**Speaker:** On the point of order, Minister of Justice.

**Hon. Ms. Horne:** Point of order under 19(h): I did not say this was a "test case".

### Speaker's ruling

**Speaker:** No, there is no point of order. It's simply a dispute among members.

Leader of the Official Opposition has the floor.

**Mr. Mitchell:** The workers' advocate is appointed by the Justice minister, but the budget for the workers' advocate office actually comes from the Workers' Compensation Board. One of those two groups, or the PSC, has just had to write a pretty big cheque. If it's Justice or PSC, taxpayers are on the hook and that's bad enough. If it's the Workers' Compensation Board, employers are on the hook.

We're sure Yukon companies that pay their WCB premiums will be happy to learn their money is going to pay for this government's mistake.

Can the minister tell Yukoners who is paying the \$165,000 — the Yukon government or the Workers' Compensation Board?

**Hon. Mr. Fentie:** Well, Mr. Speaker, here we go again. The latest wild accusation coming our way from the Liberal benches is now that we have fired a former Liberal campaign manager. My goodness, Mr. Speaker, what does that have to do with due process — the process in a personnel matter that no minister gets involved in? If a minister did, that would be wrongdoing, Mr. Speaker. That's why ministers do not involve themselves in such matters.

Now, obviously due process in this particular instance was followed, as it should be. The results are as they are, Mr. Speaker, but to suggest that the reason the individual — on whatever basis and whatever case was made to terminate employment — was because the individual was a former Liberal

campaign manager is absurd. Obviously he didn't do very well as a Liberal campaign manager, however. They are on the opposition bench.

**Mr. Mitchell:** Mr. Speaker, as the Premier says, "Here we go again", and we'll keep going. The individual was a campaign manager for the Liberal Party. A year later he was unjustly fired by the Yukon Party government. We think the public can put two and two together, Mr. Speaker.

Yukoners are now on the hook for \$165,000. No one believes that officials just took it upon themselves one day to launch this investigation without some prodding from the corner office. We do believe that the decision to fire this individual —

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

### Point of order

**Speaker:** On a point of order, Member for Porter Creek North.

**Hon. Mr. Kenyon:** Mr. Speaker, on a point of order, I mean, imputing motive is one thing; stating it in this House is totally out of order.

### Speaker's ruling

**Speaker:** I agree. There is a point of order. "Prodding from the corner office" is intimating that the members of the government were taking part in something that was clearly illegal. So, honourable member, please don't do that. You have the floor, Member for Copperbelt.

**Mr. Mitchell:** Well, Mr. Speaker, politics are certainly wrapped up in this one way or another.

The government didn't prove its case and now it has to pay up. All Yukoners have to pay up. That \$165,000 could have been put to use in education or health care, but it has instead gone to pay for this unjust firing. The workers' advocate was fired by letter in October 2007. The letter accused the employee of being dishonest and untrustworthy, but that turned out not to be right.

Will the minister table the letter that was used to fire this individual?

**Hon. Mr. Fentie:** Mr. Speaker, now that we're plotting and prodding along, maybe the Official Opposition, the Liberals, would table their evidence, that the corner office, whichever corner was involved — there are four corners. We would like to know which corner — that would be very helpful in this matter.

Secondly, please provide the House, and indeed the public, what evidence the Official Opposition, the Liberals, have — especially their leader — with regard to a firing on the basis that the individual was a former Liberal campaign manager.

Maybe the members could go further and provide the evidence on accusations that we gag all our employees. This is the stuff that's coming from what is being represented by the Liberals as an alternative to government. Thank God they are in opposition.



**Question re: Whitehorse Correctional Centre media access**

**Mr. Cardiff:** It seems appropriate to ask this question today, actually.

A new policy at the Whitehorse Correctional Centre has caused considerable consternation and confusion among members of the local media. It has also caused concern among civil rights advocates and members of the public who cherish freedom of speech and freedom of the press.

One of the reasons given by Justice officials for this draconian policy is that the Whitehorse Correctional Centre staff do not have the time to arrange media interviews with inmates. Will the minister tell us how many media requests per day, per week or per year correctional staff get for interviews with inmates?

**Hon. Ms. Horne:** I do not have the details as to how many requests there are from the media. As everyone knows, the media policy in question has been raised in this House over the last short period as to its appropriateness.

I am able to report that on April 15, the Deputy Minister of Justice wrote to the director of investigations and standards asking him to review the policy and to report back on its appropriateness and its application, and that response should be coming very shortly.

**Mr. Cardiff:** The problem is that the policy remains in place, and the policy says that staff will not permit the entry of media persons into a correctional centre for the purposes of interviews with an inmate. It also says that staff will not forward telephone messages from media representatives. Inmates are told to contact the media through telecommunications, regular mail or the phone, but these forms of communication are monitored or recorded.

The correctional investigator of Canada says this new policy is more onerous than what is used at federal penitentiaries and may infringe on the civil rights of inmates under the *Canadian Charter of Rights and Freedoms*. How confident is the Minister of Justice that this policy does not infringe on the *Charter* rights of inmates and won't be challenged in the courts?

**Hon. Ms. Horne:** I just answered that question. We have written to ask the appropriateness as to the application of the act, and we expect a response very shortly.

As far as we know, it does comply with the *Canadian Charter of Rights and Freedoms*. I know that the member opposite said that it may not, but we are checking into this and its appropriateness.

**Mr. Cardiff:** Mr. Speaker, on April 9, one Justice official told the media, and I quote: "We don't have the resources to waste time on arranging interviews for inmates." On April 14, the media was told that they can circumvent the policy by not identifying themselves to the staff as reporters when they visit inmates at the correctional centre. On April 22, the Justice department stopped enforcing the policy of banning reporters from the correctional centre. Will the minister tell us when the policy will be rescinded so that reporters don't have to tell white lies to the staff to circumvent it?

**Hon. Ms. Horne:** Mr. Speaker, that's a slight on the integrity of the Justice officials. We do not have any proof. I would like to see the proof that the employee in question did exactly say that to the media. That is a slight on their integrity. The rights of the inmates are very important to us, and we ensure they do follow the *Canadian Charter of Rights and Freedoms*. We are checking into the media policy, and we will report back on that when we do have a reply. Thank you.

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

**ORDERS OF THE DAY**

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

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

*Motion agreed to*

*Speaker leaves the Chair*

**COMMITTEE OF THE WHOLE**

**Chair (Mr. Nordick):** Order please. Committee of the Whole will now come to order. The matter before the Committee is Bill No. 20, *First Appropriation Act, 2010-11*. 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. 20 — First Appropriation Act, 2010-11 — continued**

**Chair:** The matter before the Committee is Bill No. 20, *First Appropriation Act, 2010-11*. We'll now continue with Vote 15, Department of Health and Social Services. Mr. Hart, you have 11 minutes left.

**Department of Health and Social Services — continued**

**Hon. Mr. Hart:** Firstly, when we were last in conversation with the member opposite, he was asking for some activities with regard to the THAF funding. I have for tabling a letter indicating the items for that, but also one for the Third Party and one for the Independent.

As you have no doubt heard, a young man died on Sunday in our detox centre. The death of this young man is tragic and I can only imagine the anguish this has caused. My deepest sympathies go out to his family and his friends and to the staff at detox who knew and liked this individual well. This event has moved them very deeply, Mr. Chair.

This death comes so closely on the heels of the inquest into the death of Raymond Silverfox. It only serves to strengthen

my commitment to finding a better way to support and serve those members of our community who are struggling with alcohol dependence.

Alcoholism is a health problem and social problem. It is not always a justice problem, rather it is a problem related to social justice. The best strategy for us is to move forward with plans to create a new option. That is not a jail or a hospital or what we sometimes refer to as the “drunk tank”, but one that ensures that appropriate medical and counselling supports will be available for those who need them.

We need someplace that will provide support for withdrawal, after-care and rehabilitation. We need consolidated programming in a place that supports all of these activities. More importantly, we need someplace where people truly care about these individuals and want them to succeed. To that end, I brought forward a motion for a taskforce to look at options. Alcohol and Drug Services has a mandate to help individuals and communities reduce the harmful effects of alcohol and drug addictions. It provides safe withdrawal supports, awareness and education sessions, referral to treatment, self-help groups and other support services. It is involved with prevention and prevention is a big issue with regard to all aspects of disease and health.

There's a strong base upon which to build. Last week I asked my officials to begin exploring options on what it would take to set up a medically based detoxification service that would provide 24-7 supervised evaluation and withdrawal management in a community residential setting — who should be involved, what new legislation may or must be required and what's the latest research out there, what it says and what are the directions that we should move forward in. Even before that, we were in the process of reassessing and evaluating our programming. We know that there are several examples of programs that work here in Canada and the United States, and we will closely look at those options, as was stated here in the House today.

For some months now, Alcohol and Drug Services has been engaged in an internal review on how it works as a unit and has looked at systems and program evaluations. What we need now is to look at an overall solution to this serious societal problem and how to work with others to create this strategy.

Chronic inebriates are the most marginalized in our society. We need to view this problem through the lens of social inclusion and through the lens of compassion. I will ask the Health and Social Services Council to play a role as community advisors to me in this process. This is not a problem that we can wash our hands of. We can't walk away from these individuals who need our help. Whether they want it or not, this is a societal problem and this government has to take the lead on finding solutions with the aid of deliberations of the task force.

I will not speak any further on the death Sunday. An internal review will take place. This is a standard procedure in the case of any death. In addition, this matter is still being investigated by the RCMP and there will be an autopsy and an inquest.

**Mr. Mitchell:** I do thank the minister for adding some more information to the information he was providing at the

end of Thursday last. First of all, it is indeed a tragedy that another young person has died in the detox centre. It is certainly poignant on the heels of the Silverfox inquiry, as the minister said, and we won't go any further than that either. It just reminds us all that we have to do better.

I obviously don't have the Blues from 40 minutes ago, when the minister read his notice of motion into the record, but I'm sure he probably has a copy of his notice of motion with him. It certainly sounded inclusive of all government departments, the RCMP, NGOs, the Yukon Hospital Corporation and obviously the medical community. We think that's a good thing.

I was wondering if — I was going to ask this question anyway, prior to the minister bringing forward the notice of motion, but I think I'll just ask it now and sit down and let the minister answer.

Does the minister, recognizing this is a newly announced initiative by way of the notice of motion — but the minister says he has had his department officials working on this idea for some time. Does the minister have any time frames that he can bring forward toward indicating when the formal part of this process will start and the timelines for carrying forward on the process?

Also, when the minister was last on his feet, he talked about asking the officials to investigate what it would take to set up a medical detoxification centre, how we would be involved and so forth. There is more than one approach, obviously. We had previously been asking, last Thursday, about the possibility of setting up a dedicated centre.

In an interview in Friday's *Yukon News*, Dr. Tadealli, the president of the Yukon Medical Association, said, “Some have suggested Whitehorse needs a detoxification centre staffed by doctors and nurses.” He is suggesting that that might be too costly; instead, he wants a bigger emergency room for Whitehorse General. Elsewhere in the interview, I think he said that fully 25 percent of the admissions to the emergency room are dealing with inebriates.

Does the minister have any thoughts on whether this should be part of an enlarged emergency room for Whitehorse General Hospital, which is obviously a multi-year construction project, or if it should be a separate, but closely located, type of facility so that the medical expertise — should someone go into severe medical distress — would be close at hand but not have to necessarily separately staff the entire facility? Have the minister's discussions with departmental officials gone that far?

**Hon. Mr. Hart:** I thank the member opposite for the question. I will say that, yes, I indicated that we were investigating options with regard to a certain type of facility here in the Yukon previous to today's motion. Right now, I also indicated that we'll be involving many stakeholders. The member opposite indicated we are covering a wide variety, including Yukon Hospital Corporation, and we are including physicians, in addition to other governments, in the process.

I don't want to predetermine the type of facility and/or time frames at this moment. I think it's very important that we seek the information from these individuals. In the interim, my officials will look at other jurisdictions and see what's avail-

able out there, and we will bring that information to the task force and allow these individuals to review the same and provide their input and get their suggestions on how we're going to move forward on this solution.

As far as the exact time frame, I'm hoping to move as quickly as possible. Once the task force is set up, we will give them their mandate, ask them to go out, do the research, and come back with some actions and options on what we can look at. From there, we'll sit down and determine what's available to us.

We will ascertain what we have available in current infrastructure. We'll ascertain what we have available here in the way of current services, and we'll deal with how we need to enhance those facilities to ensure that we take care of inebriates in the best possible way and to, basically, move away from the past process of dealing with inebriates in the Yukon.

The idea there, again, is to deal with them as individuals versus criminals.

**Mr. Mitchell:** I thank the minister for the additional information. We would wholeheartedly agree that the less we can deal with individuals through the criminal system, when clearly individuals are suffering from health issues and socially driven issues, the better off we'll all be. We'll leave that for now and we look forward to the minister informing us in a timely way of how the progress is going on this. The minister certainly has a lot on his plate because there are a number of different strategies — the wellness strategy, the social inclusion strategy and now this — so it's going to be a busy time for the department and for the minister.

In the briefing, we were told that a new mental health facility is in the planning stages. We would like to ask where, what capacity — are we talking about a residential facility for people who have extended problems or issues? In other words, what we understood it to mean was something other than the secure rooms that have been built at the hospital for emergency situations.

There are, from time to time, a number of individuals who suffer from mental health problems, who currently have to be sent out of Yukon to be in any kind of a residential setting when they need support beyond that which can be provided in a home setting by families, but not the sort of acute crisis where somebody is hospitalized. Obviously, when people are receiving treatment away from home, out of the territory, that just makes it that much more difficult and that much more stressful than if there can be something provided here.

Can the minister give us an update on what is being planned in terms of whether or not this is a residential facility and whether or not there are any particular locations that are being considered about which he can share the capacity and possible costs?

**Hon. Mr. Hart:** With regard to mental health issues and a facility, we are currently in discussion with Highways and Public Works in dealing with a housing process and also space planning.

Currently, that process is underway. We are unaware of just exactly where we are as far as timelines go. I will say though that currently in the Yukon, we have no forensic ability

here for assessments of mental health. It's not intended to bring that type of service here to Yukon. We don't have the technicians and the hospital doesn't have the ability to deal with these individuals on a long-term basis and neither do we here in the Yukon. That is something that we will have to depend upon other jurisdictions and other facilities for in order to handle our individuals who are afflicted by this disease and who require basically 365-day care. It's unfortunate, but it's a very expensive venture for the Yukon and we just don't have the facilities here. We just don't have the numbers, we don't have the ability technician-wise, and also professional-wise to have an individual in the Yukon to do this type of service.

I will say that the recent opening of our unit at Whitehorse General Hospital was done fairly quietly. I was there for the opening day. We could run anywhere from two to three clients on a regular basis in that facility. We have two lockdown facilities in that unit and we have two secure units within that six-bed unit and just basically two regular hospital rooms in there. Again, that unit is secured from the rest of the hospital and it is shutdown so these individuals can't bother the other patients. But it does allow them some movement within their unit itself and it is basically self-contained. We have sufficient nurses there now to operate that facility on a 365-day basis.

I had a chat with several of the staff there and they are very pleased with that facility. They are very happy that their input was taken into consideration with the design of those facilities. I must say that the hospital has also worked with its own security situation to help address that particular area of concern that came to light a little over a year ago. They have now basically addressed that issue in addition to the secure unit itself.

**Mr. Mitchell:** I thank the minister for that response. I will just ask a follow-up question for clarification because the facility within Whitehorse General Hospital for up to six beds is a very specific facility for a particular need, dealing more with an acute situation. The minister said his department was dealing with Highways and Public Works and the Housing Corporation, looking at space planning for the possible development of this more residential facility. He went on to say that we have no forensic capability in Yukon for diagnoses and it's unfortunate but people would have to go Outside.

I'm still operating under the understanding that what the minister is talking about is that, while we could not diagnose people here, if people went out for diagnoses, there would then be possibly something created here so they could return to Yukon sooner and be in this sort of transition supervised residential facility until they're able to live independently or with family. Is that the object of this program?

**Hon. Mr. Hart:** That's our long-term goal — our long-term objective. You know, we've been looking at a coalition facility for ADS and Mental Health. Part of our planning will be affected by the replacement of No. 2 and No. 4 Hospital Road. Right now the construction industry is working at maximum. Therefore, the plans for replacement are affected by that. We currently have been advised by the local contractors or construction companies that they are pretty much at maximum and we are not wishing to press the issue on this matter, but it is affecting our process as it relates to this type of facility.

**Mr. Mitchell:** I thank the minister for the clarification. I'd like to ask some questions about timelines for the wellness strategy and the social inclusion strategy.

Now when it comes to the wellness strategy, the health oversight committee last met on February 17. At that time the minister asked the other members of the committee to come up with some priorities of areas that we felt should be addressed. My notes had actually indicated that we would be meeting again in about a month's time — that was the commitment at the time — and that we should bring those back with us. When the sitting was going to commence and we had not yet had an opportunity or been asked to meet again, the Member for Mount Lorne and I both responded in written form to the minister with suggestions on areas that should be looked at.

Can the minister provide us with an update on how things are now proceeding in the development of a wellness strategy? Is it in some way awaiting another meeting of the health oversight committee, or is this process moving forward regardless? Also, is there another anticipated meeting of the oversight committee being scheduled?

**Hon. Mr. Hart:** On social inclusion, as the member indicated earlier, we are having a very busy session. The symposium results are being consolidated right now, so we're looking at tabulating that information that we received in the symposium. We are doing community tours; we're in that process. We anticipate that will be completed by the end of June — I have been advised that at the end of June we will be finished with the community tours.

The other thing is that we'll be continuing on with the Bureau of Statistics on reviews and dealing with interviews, as well as compiling information for the general public. We anticipate that that information will be leading up to a fall symposium, where we will be in possession of a draft report. From that draft report, we will sit down with the stakeholders and determine a list of priorities and make a recommendation for implementation of those priorities to commence in 2011.

With regard to our wellness program, yes, in February we did ask the members of the oversight committee to supply us with some information with regard to wellness. We are currently in the process of recruiting for leadership of the wellness program and we will be convening a meeting of this in the very near future.

I do not think it's necessary at this time to have a specific meeting of the oversight committee but, if the member opposite wishes to provide us with additional information with regard to wellness, we're more than willing to accept it. I would like to offer my thanks to the member opposite, as well as the member of the Third Party, for his information provided to us. I'm pretty sure that, once we get moving along this process, both members will see their input will be utilized in our wellness program in the process of ensuring that all Yukoners can basically be educated in the form of prevention, nutrition and also physical activity to ensure their health is improved.

**Mr. Mitchell:** I do thank the minister for the information and the update. From our perspective, there's no requirement to await another meeting of the oversight committee to move forward on these. I was just trying to determine where

that process was at as well. I haven't received a written response from the minister to the letter I wrote in March, prior to the beginning of the sitting, but if he would like to respond in writing, that would be appreciated. I'm not going to provide probably a lot more ideas because there were four areas there and I think he only wanted two priorities. If we have 27 priorities, we probably don't have any, so I'll leave it at that.

Can the minister provide an update on where the government is at toward meeting its commitment from its 2006 platform on working toward at least a trial of a collaborative health care model of providing health care? I know the minister has struggled with differing views from the nursing community and the medical doctor community, but perhaps the minister could provide us with an update on where they're at with the discussions.

**Hon. Mr. Hart:** We've had several meetings with all the medical professions involved in trying to come up with a collaborative care process. We've had a couple of specific developments in that area. We've moved along. We've listened to the concerns and issues raised by both physicians and nurses, as well as other medical professions. The planning group includes, like I said, physicians, a nurse, a physical therapist, an occupational therapist, a pharmacist, social workers and dietitians, in addition to other government representatives in the process.

Improvements in collaborative care can occur in a number of ways. Currently, we are working through the chronic disease management program where basically we have a nurse, a physiotherapist, a pharmacist and others as needed to provide services to patients in physician offices in order to improve the quality of diabetes care. This is just one of the items we're working with.

Again, we continue to work with all those in the medical professions to try to determine a way in which we can come up with a process that will provide collaborative care for Yukoners.

**Mr. Mitchell:** Moving on to another area, this is an area I've asked the minister about in the past. There have been some stories in the news over the last week pertaining to it, and that is the progress of the consultation on how midwifery could or should be regulated in Yukon and under what sorts of settings midwife-assisted births could and should occur. Can the minister provide us with an update on where the department is at with this process?

**Hon. Mr. Hart:** Recently, the public consultations on midwifery were extended until May 14 to allow sufficient information for those individuals to provide further input into the consultation process and to get that input from them.

Once we have that information we will sit down and ascertain the information that we got. We currently have, I think, approximately 30 responses with regard to midwifery, but there was a specific group that wanted additional time and that was provided to them.

**Mr. Mitchell:** With the extension of the consultation period to May 14 for input, can the minister, beyond that, give us some timelines as to how long it's anticipated the depart-

ment then needs to work on this before they can come to some decisions?

It takes nine months for the gestation of a baby and it's taking quite a bit longer than that for the gestation of this process. We're just wondering when there might be some decisions that could lead to either changes in legislation or regulations that would impact how midwifery would be licensed and/or regulated in Yukon.

**Hon. Mr. Hart:** There is a wide variety out there on the consultation process.

We don't want to predetermine what the results of same will be. The additional time was allotted to provide the individuals time to submit their issues with regard to midwifery. We will await that information. We will assess the information when it is received. There may be, in some cases, issues we can address fairly quickly, but right now we have a split process in regard to the information received to date. It will take us some time to review that information and come up with issues on where we can move.

Mr. Chair, conceptually, midwifery is to be supported, but the issues around it are complex and need to be resolved at the consultation around the table and, again, with all those involved in the delivery of babies and the security and public safety of those individuals throughout Yukon in mind.

**Mr. Mitchell:** I don't mean to minimize the complexity of the issues, but they are not unique to Yukon. Many other jurisdictions in Canada and the United States have dealt with them. In fact, I have a grandson, who is almost three years old, who was delivered by a midwife but in a hospital setting, so jurisdictions do deal with this. Obviously, there would be a great deal of information on the record as to how it's done elsewhere.

Is the minister suggesting that, because of the small number of midwives and the small number of people looking for midwife-assisted births, that's what's making it difficult? I'm just not certain why the minister says it's complex and difficult. We had this discussion a year ago and we're still having it.

**Hon. Mr. Hart:** Yes, midwifery is available in many other jurisdictions, but in many different forms, with many different restrictions. In many areas, you obviously have to be registered in the process. There are certain parameters, especially in Quebec, for example, where it has to be attached to a hospital in order for you to take advantage of midwifery.

The other different aspect for us is the vast distance we have in the Yukon, especially in our rural communities.

I'm also hoping that we will be able to look at providing some services in and close to our regional hospitals when they get built. Some of the key areas to look at and some of the key concerns that have to be addressed or checked into are basically liability, credentials of the individuals, as well as regulation and, as the member indicated, fees with regard to this process.

Currently we are out there to see what the input from the general public is with regard to regulation in that process, as well as other issues. We are looking at this process very carefully. We have had several presentations for this service in the Yukon. We have had individuals request the information and, as such, this is why we are going out for consultation. When

we complete our consultation, we are hopeful to have this information. Once we are in the position to move forward, we will make our recommendation and go from there.

**Mr. Mitchell:** I'll move on to some other areas.

Mr. Chair, over the last month or so there were quite a lot of concerns raised — actually over the last three months — by Autism Yukon, as well as other parents of children with disabilities, but in particular the focus of perhaps the most frequent correspondence that we've seen has to do with parents of autistic children. Now we know that there was a meeting held by the minister and the Premier on April 1 with these parents, and the parents did note in their letter back to the minister that this government has long recognized the importance of providing families with more services, but also indicated that over the past couple of years the policies — to use their words — “have gone off course.” It says, “Families increasingly find the practices of the department deviate significantly from the government's stated plans.”

I'm going to read a few bullets from that letter into the record. I know the minister and his officials are familiar with it.

“Families at our emergency meeting April 1 reiterated their commitment to work with government to make this happen. They outlined some clear priorities stemming from the plan: Families need to be the drivers of the treatment process.”

I'm quoting, Mr. Chair: “Efforts by [the minister's] staff to offload responsibility for services to other departments or sources of funding should be stopped.

“The therapist who has helped many Yukon families and professionals build a proper treatment program for children should be given a firm, longer term contract to continue to work with families and the department. Her work forms an excellent base for autism services in Yukon.

“The speech and language therapist has also developed excellent services for families, and her contract should also be continued on an ongoing basis.

“Improve efficiencies by building local capacity through recruitment of private service providers rather than having behavioral, occupational or other therapies delivered solely ‘in-house’ by government employees.

“Improve the level of surveillance to allow governments and others to appropriately plan and respond to anticipated increases in autism rates.

“We need respectful and thorough transition to adult services that embraces the same self-directed philosophy that was developed in the under-18 work plan.”

Mr. Chair, the minister has committed, along with the Premier, to maintain the existing services for the current fiscal year.

It's unclear whether or not there is still an intent by this government to change the method of the provision of services in future years. When I've previously asked questions on this topic, the minister has assured us that there will be no cuts to funding, that there have been no cuts to funding levels. We're not simply talking about the dollar amounts, but the concerns expressed by many of the parents were not a concern about whether the dollars in the budget would be the same as the previous year, but rather whether those dollars this year and in

future years would be committed to continuing with this parent-driven, external-expert provided form of service provision.

Can the minister give us some indication whether that is more than a one-year commitment or if this policy is under review beyond the current fiscal year?

**Hon. Mr. Hart:** With regard to autism, I would like to just stress that we are dealing with families of children with disabilities. We are receiving extreme pressure, not only from Autism Yukon right now, but from others in this area of children with disabilities. Currently, autism takes up approximately 25 percent of the budget, and yet they only make up around 20 percent of those actually in the program.

We are looking at providing assistance, as I stated. We are not looking at any cuts in the program with regard to Autism Yukon or families with children with disabilities. It's something that we do regularly. We have, in fact, as the member opposite indicated, had a discussion with Autism Yukon. There was a commitment made to look at the situation with regard to the contracts on longer terms with certain professionals.

That was reviewed, and we are also looking at reviewing their plan in the process and coming back to that and looking at assessing what will be needed.

The important aspect here is that we are allowing the families to maintain their role of importance to the health care of their individuals and their process. We have acknowledged that and we've indicated that we will commit to going forth on that process in dealing with providing assistance and care to those members with autism.

I will stress very strongly that it's not just autism; we are facing, in all categories of children with disabilities, issues with regard to funding, and not just funding, but providing expertise in all areas — muscular dystrophy, Down's syndrome, you name it. We have a whole list we have to deal with and we have to provide the same care and attention to all those parents, as much as we do for autism. As I indicated previously in the House, as the member also indicated, we have not cut the funding to these individuals. We have not cut the funding to these individuals. We have maintained that process, and we are currently looking, again, at providing those services and looking to ensure that we do provide the best service we can for the children with disabilities in Yukon.

**Mr. Mitchell:** That's what we all want, of course — to provide the best services possible. Again, we are not talking about the dollar levels so much as way in which the funding is being spent — whether it is parent-driven or whether that has changed over to a model where the department hires people and tells them, "Here are the people you must use for the provision of these services." I believe, in the public statements, the commitment was that the decision to hire individuals has been postponed for the current fiscal year. We are still unclear what is happening in the out-years.

Mr. Chair, because in the venue of Question Period, sometimes we don't really get to the meat of these questions, I would like to ask the minister about these letters that have gone out from the minister's department but under the auspices of the Yukon Bureau of Statistics, conducting a survey on behalf

of Insured Health and Hearing Services, under the authority of the *Statistics Act* and the *Health Care Insurance Plan Act*.

As my colleague, the Member for Vuntut Gwitchin, has passionately stated in Question Period, these letters have shocked and frightened his constituents, or some of his constituents, based on the language in the survey — as well, based on the nature of his own constituency.

We can tell you that there are other Yukoners, not only in Old Crow, but in Whitehorse and in other communities, who have gotten these letters and have been equally either frightened or outraged. The minister said that this is a process that has gone on sort of forever and will continue to go on. We're not convinced — let me rephrase this. We know that the department has the right to determine whether people are entitled to insured health services. That's not at issue here. It's the nature of a survey and a letter and the wording in the letter that has been seen as offensive by many Yukoners.

In particular, it's the indication with a photocopy of Yukon health care insurance plan update card attached, and it says, "If you do not sign and return this card, your health care could be cancelled" — the nature of that being included as part of this is what is frightening people. Has the minister had an opportunity to review this information and consider whether or not in the future this letter should be redrafted and the information be requested in a different manner than the way in which it has been? We've heard of these letters going to nine-year-olds, two-year-olds. Does the minister expect that nine-year-olds and two-year-olds are going to enter into correspondence with the minister's department? Clearly, there's sort of a shotgun approach being used here that doesn't appear to be working well.

**Hon. Mr. Hart:** I think I've stated it in the House many times with regard to this: to be eligible for Yukon health care coverage, a person must be a Yukon resident. It is required under the law. It is that simple. The Yukon government must take steps to confirm that people on our health care system are Yukoners, again, as defined in law. It is not fair for Yukon taxpayers to have to pay for the health care of those individuals who are not Yukon residents. The government has sent out letters like this for the past 10 years as an administrative activity to confirm that people who are on the Yukon health care list are in fact Yukon residents.

It is necessary for us to do this to ensure that those individuals to whom we send out the information are Yukoners and are at the appropriate address. Mr. Chair, it is important that this information goes out. It is important that those individuals with health care cards in the Yukon are Yukon residents. It is required by law; it is in law.

Now, Mr. Chair, each one of these letters of the survey from the Bureau of Statistics has several numbers attached to the bottom of the list for those individuals who are concerned. I believe it's an 800-number, so they can therefore contact those individuals and seek assistance if they are concerned about their health care or any issue with regard to that service.

I received this notice in the mail myself. It's addressed to me and, of course, my household, which includes, in my case, my wife. I signed it and indicated the information was correct and sent it off. The information requested is minimal. And, yes,

it does say the word “could”. As I stated, if individuals have a concern, there is a 1-800 number on the bottom of that survey and individuals can contact that number and seek additional information, should it be needed.

I think the underlying factor here is — and it has to be taken into consideration — that in order to obtain and utilize Yukon health care, both here and abroad, you need to be a Yukon resident. This is an important aspect, and is something that’s needed in order to ensure that we are paying only for health care services for Yukoners.

**Mr. Mitchell:** Going back to this again, there’s no doubt — we’re not disputing the minister’s assertion that the government has the right to determine whether or not people are entitled to insured health care. What we’re asking is, has the minister had some time to consider whether this survey method — which seems to have been either frightening or offensive to a number of Yukoners, and I don’t believe this precise document is the document that has always been used — might be rethought and redrafted?

We would also ask this: is it the minister’s assertion that under the *Health Care Insurance Plan Act* the department has the right to send something out and describe it as “updating its administrative files” and a response card and a survey, as it has been described in public, and that they have the legal right to include within that the statement that if you don’t return this you could lose your health coverage and it could be cancelled?

**Hon. Mr. Hart:** Yes, if you are not a Yukoner, then you don’t get Yukon health care. It is that simple.

**Mr. Mitchell:** Mr. Chair, with all due respect, we don’t think it is that simple. We agree that if you’re not a Yukoner, you are not entitled to Yukon health care. The question I asked was this: does the minister feel that this format and way of asking the question is a legally correct way of proceeding to tell people that they can lose their health care?

**Hon. Mr. Hart:** I will try to do a couple of things here. One, I guess one way of dealing with this is that we could have premiums, and that way we can assure that everybody out there gets it. But since we don’t have premiums in our health care system, this is one way we have to utilize the service in order to ensure that those individuals who are holding health care cards are actually Yukon residents. And yes, this is what we need to do. If in fact you are a Yukon resident, you deserve to have Yukon health care, but if you are not a Yukon resident, then it’s not fair that Yukoners have to pay for your Yukon health care, either here or abroad.

**Mr. Mitchell:** Well, I don’t think we’re looking to hear from the minister that the alternative would be to charge premiums, so we’ll just let that go, since the minister has previously assured us that we’re not going to have health care premiums under this government.

Can the minister provide us with any information as to what will be provided in the future in the building currently built as the women’s transition centre, when it’s turned over to the Department of Health and Social Services? When this building was first being announced by the Justice department, it was indicated that its future use would be to provide some form of health services for the minister’s department, and that’s well

over a year ago. We’re wondering if the minister has come to any decisions as to what that use would be.

**Hon. Mr. Hart:** As I stated, when we get the task review board out on the issue of inebriates, one of the issues to be considered is determining what facilities we do have and what facilities we do need, we anticipate that this building will be one of those issues that will be looked at. There are several competing interests in this building; many of them have to do with ADS and alcohol. All of these issues will come into play, so we are looking at all types of uses for this facility. We anticipate, as we did before, utilizing the facility in some sort of way or another as it relates to alcohol and drug situations.

**Mr. Mitchell:** Well, the minister says there are several competing interests for the use of the buildings, so there must be a list. Could the minister provide us with the different, possible uses of the building that he has considered so far?

**Hon. Mr. Hart:** As I indicated previously in this process, if we provide the member with a list, somebody may be forgotten and therefore we would predetermine just exactly what that use is going to be. We are going to be looking at a wide range of items with regard to dealing with this social issue. We think that, quite frankly, there is still some time for us to review the uses for this facility.

There is a possibility that we can enhance this current building if need be. But in essence, our main concern right now is to deal with the situation at hand, move along in that task force, get moving on that as soon as possible, try to get as much impact as we can to ensure that we can move on that issue. In addition, Mr. Chair, to moving on several of our other issues as they relate to social inclusion in addition to wellness, we are looking at several issues. There are several issues that relate to chronic inebriates, and again, it is a matter of working in cooperation and partnership with all those concerned to come up with a solution. Basically, we believe prevention and dealing with the situation on a more humane basis versus a criminal basis is the approach, and it will provide us with the best possible solution.

**Mr. Mitchell:** When it comes to extended care in Whitehorse in particular — we know what some of the options are in other communities. For example, we know that McDonald Lodge is slated to be rebuilt or replaced following the completion of the proposed hospital in Dawson City so that’s several years down the road. It tends to run at a pretty high rate, looking at the stats in the budget in terms of its usage.

We know, as the minister stated last week in his opening remarks, about the aging demographics in Yukon, and we know that Copper Ridge Place is now fully built in terms of having opened the final pod there of 12 beds, I think, a year ago or so. Additional beds are due to be opened this fall in the Thomson Centre.

Can the minister provide us with any information on what the next steps will be for expanding seniors extended care or multi-level care in Whitehorse beyond this pod at the Thomson Centre?

**Hon. Mr. Hart:** With regard to extended care, this is a very important issue to us here in the Yukon. It’s even more

important to this minister, as a member of my family utilizes this service.

Extended care — we are hoping that the extension or the opening of the Thomson Centre will fulfill our needs for the next couple of years with regard to extended care, in addition to reducing the pressure on the hospital and acute care beds being utilized for extended services. That is currently underway.

We are also looking at the possibility of expanding our services through the Thomson Centre and, dependent upon the completion of the nurses and specialists residence building, more of the Thomson Centre may be available to us to deal with providing some additional rooms or beds with regard to extended or additional care beds.

For the member opposite, in comparison with the rest of the country, we are fairly well off as it relates to providing this type of service. In addition, our facilities are quite good at providing services throughout the Yukon. The replacement of McDonald Lodge will go a long way in assisting the northern region. I know, Mr. Chair, that a substantial number of rooms are used in the McDonald Lodge for citizens of Old Crow, citizens of Mayo, citizens of the area surrounding Dawson City. Many of those services are provided through respite care, and those services are very important there. I have been through that facility a couple of times. I've conversed with many of the residents and staff in McDonald Lodge, and the individuals indicate that they are very, very happy with the services provided there — especially the fact that they are services that are available much closer to their home rather than having to go to Whitehorse.

Interestingly — you'll have to forgive me, Mr. Chair, I forget the name of the elderly gentleman in the McDonald Lodge who was from Old Crow, but I had a good conversation with him and he was there for respite. He indicated he was very happy with the facility and glad that it was located in a small town. He is somewhat reluctant to come to Whitehorse but this provided him and his family with a great opportunity. The services provided to him and his family were excellent and did provide him, again, with the break that was needed.

The Thomson Centre does have plenty of expansion possibilities. There are two other pods still remaining in that facility that could be expanded into. Again, we have several years in which to work with that. I will state, Mr. Chair, that I do plan to meet with the local physicians here and other medical staff to address the situation of extended care.

At the AGM of the physicians here in Whitehorse, this issue was brought up, and to that end we've indicated that we will try to get a meeting where we can get the feedback from the local physicians with regard to providing extended care and what type of extended care. We look forward to those meetings, and we also look forward to getting their input so that we can look forward to the future.

The Thomson Centre issue has been received very well by physicians. In addition, the continuance of our palliative care has also received a very positive response from the local physicians.

**Mr. Elias:** I've got some riding-specific health questions in general debate to ask the minister today. One of them is

about the Old Crow Health Centre and some infrastructure deficiencies with the building. It has been brought to my attention by some of the constituents that the building itself, in terms of the replacement of the attic vapour barrier — there's a list from the constituents that I've got here, and there is apparently a need for repair of a leaking heating fuel tank in the system.

What happens is that when that leaks, it causes the air quality in the building not to be too healthy. Apparently, the air quality in the building was tested in the summertime when the windows and doors were open and it's warm. But they were suggesting that maybe air quality testing can happen in the winter months between November 1 and March 1.

Some of the other things were the remediation of the abandoned oil tanks outside of the building and the surrounding soil. I guess there's an old spill outside that needs to be remediated.

As well, as a result of the vapour barrier being compromised, drifting snow has come in from the wintertime, melted and caused the roof to sag. The way it was fixed or addressed was that they drilled a hole through the roof, and now the vapour barrier has been compromised. As a result of that, it seems that a mould issue has been confirmed by an independent environmental group. I understand it's not that bad of an issue with the mould right now.

There are a few spores being found but it is the bad *Aspergillus/Penicillium* species, and also the *Cladosporium* species of mould. Apparently, these are dangerous to people's respiratory health.

Anyway, there has been a list of infrastructure deficiencies with regard to the Old Crow Health Centre. I couldn't find anything in this year's 2010-11 operation and maintenance or capital budgets for any or all of those deficiencies to be addressed. Maybe if the minister could elaborate on how he's going to address these issues within the Old Crow Health Centre, that would be great.

**Hon. Mr. Hart:** With regard to the Old Crow Health Centre, I'm not totally aware, obviously, of some of these issues, but regarding the issue of mould, we will look into that as soon as possible and try to address that issue.

We do have money available for all our health centres in the capital budget, but Highways and Public Works, in their Property Management division, do their assessment. They make allocations to the centres for correcting these facilities.

In addition, it may be helpful if the member opposite were to provide us with a list in written form and we would then contact Highways and Public Works to obtain information as to when this issue could be done, especially as it relates to tanks and to a previous oil spill and mitigation, because that is obviously something that is not our responsibility. It would be something that would have to be looked at through either Environment or through Highways and Public Works.

As I said about the mould issue, we will look into it ASAP and get back to the member opposite on it. Regarding the other issues, if he could just provide them to us in a written form, we will forward them on to Highways and Public Works and obtain a response for the individual.



**Mr. Elias:** Yes, I do actually have a draft letter that I've written this morning to send to the minister. He will be getting that, probably hand-delivered by the end of the week. I just want to make sure that it addresses all of my constituents' concerns. There is another issue with regard to the health centre. I know this might not be under the purview of the minister, but it's with regard to having nurses come to the community and living in such — basically, there's not enough room to have a nurse with a full-fledged family — you know, with children and everything like that. I was just wondering if the minister is aware of any plans for his government to construct any new Yukon Housing units that are capable of housing a nurse's entire family. Because, again, we do have some Vuntut Gwitchin doctors who are going through their — what is it called?

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

**Mr. Elias:** Internship — thank you — as well as some of our own citizens who are working to becoming nurses, but they do have families and they recognize this could be an issue should they decide to move home and work in the community. So the living quarters — whether it's an apartment or a separate building — seem to be inadequate and hopefully, in terms of long-term planning, that could be addressed.

Again, with the Old Crow Health Centre, I did send the minister a letter some months ago with regard to the process of recognizing, again, one of our elders with some infrastructure in Old Crow, and that is was 33 years plus that he actually worked in the Old Crow Health Centre or nursing station. You know, maybe a suggestion to the minister is that maybe we could — believe me, I have canvassed the community. I have talked to the leadership of the community. I have talked to this family. I have talked to the gentleman at hand. The renaming of the Old Crow Health Centre to the "Stephen Frost Sr. Health Centre" seems to be incredibly appropriate. I realize there are some issues to deal with, with renaming of buildings in the Yukon, but maybe if we could dedicate this building or any subsequent new buildings to Mr. Frost for his long-standing service to the community and to the health centre itself, it would be a great honour.

I just hope that the minister is working through that process and can give me some updates on those issues. I will be sending the letter to the minister with regard to the infrastructure deficits that my constituents feel need to be addressed immediately with the health centre — the renaming of the health centre — and what else did I mention? — the mould, as well as what some of my community members see as inadequate living quarters for a nurse or a doctor who may end up in Old Crow and has a husband or a partner with a number of kids. If the minister could address those concerns, that would be great. Thank you.

**Hon. Mr. Hart:** As I indicated, when I get the letter from the member opposite, we will forward that information on to Highways and Public Works and ask them to check into it for us and get some details on the response so we can get back to the member opposite.

On the mould issue, we will check into that as soon as possible and get something back to the member opposite.

With regard to the housing facility for a nurse and/or doctor, we haven't yet received anything with regard to a concern — with regard to a larger facility for that purpose. However, we'll check into it for the member opposite to see if there is anything in the plans with regard to Old Crow. If there is something being planned, we'll have to check with Yukon Housing Corporation and work from there.

With regard to naming the health centre after the individual, as I mentioned to the member opposite previously, the protocol states the individual has to be deceased. I'm sure he doesn't want you running around calling him deceased. We could check into providing a plaque for the member opposite, dedicating the facility in the gentleman's name until such time as he does pass away. Right now, I just have to double-check my protocol and just make sure I can do that. If that indeed is the case and that would suffice for the member opposite, I will give him that in writing, and we'll go from there.

**Mr. Elias:** Yes, again, just to reiterate, this is in regard to housing. We do have some citizens who are going through nursing schools, and we already have doctors and internships that see this as a possible deterrent to moving their families to Old Crow. That's why I brought that up, so maybe it could be in the infrastructure capital plan for the minister's department.

I was also asked to mention, and I forgot to mention, actually, about the — I'm not sure of the history of the health centre in Old Crow, but apparently back in 1984 when the new addition was put on — I think it was 1984 — the old building was still there and it was renovated at the time. So it seems to be that part of the building that's causing the most amount of trouble.

So the question from the constituents is, is there a useful lifespan, or has this building run its useful life? That's one of the questions I forgot to ask.

In terms of renaming the Old Crow Health Centre to the Stephen Frost Sr. Health Centre, there was a process that has already been gone through that could maybe be used as a precedent, and that was the dedication of the Old Crow airport to Mr. Alfred Charlie that recently happened this year.

The Hon. Premier was in Old Crow and it was a wonderful ceremony, appreciated by the community, to recognize the leadership from Mr. Charlie over the years. Maybe that process could be called upon to recognize the long-standing commitment of Mr. Stephen Frost Sr. and maybe dedicating that building to him, recognizing his service. As the minister says, it is too bad the policy has to be that you have to pass away to be recognized, but maybe change the policy.

I would just like to thank the minister for addressing some of those concerns. I won't get into the health survey that has been discussed on the floor of the House but I will be addressing that in a different manner. Thank you very much for the minister's time and to the officials and everybody in the Health department for the excellent work that they do. The programs and services gap that exists in the community of Old Crow is recognized as a work in progress.

My constituents cannot just pick up the phone and make an appointment to get their teeth fixed or their eyes looked after or see a doctor immediately. You have to plan for these kinds of

things in my community, and sometimes we don't see an optometrist or a dentist for six months at a time, so those are the kinds of things that my constituents have to deal with. I appreciate the minister's time, and hopefully he can get back to me on that. He will be receiving a letter from me shortly. Thank you very much, Mr. Chair.

**Hon. Mr. Hart:** I thank the member opposite for his questions and his time. As I indicated, we will check into the situation with regard to the dedication, and provide him with a follow-up. In regard to the housing — again, we will check that out and get back to the member opposite. In relationship to the old and new part of the building — again, that is something that will be handled through Highways and Public Works. They will do their assessment of this facility, which will probably include the lifespan of the building and everything else, in addition to apparently the sagging roof.

So, again, I'm not an expert in that field. That's something that, again, will be referred to Highways and Public Works, and we'll await their response.

**Mr. Cardiff:** I am pleased to be here today to enter into general debate on the Department of Health and Social Services, Vote 15. I'd like to thank the officials for their time here today, as well, for coming in to assist and provide answers. I'm not sure where to start today, but a logical place seems to be to start with one of the issues that has been most on our minds and on the minds of Yukoners. I'm wondering whether or not the minister can provide — because I understand how difficult it is. I know that it's difficult to get across the question during Question Period in such a short time. However, I'm going to try and be brief in getting the question across. I suspect that the answer could be longer than it is in Question Period because it's not an easy question to answer.

I'd like the minister to tell us what the process was, what discussions, what studies and specifically, what that process was between the government — the minister's department — and the Yukon Hospital Corporation in the decision to build the hospital — to replace the hospital in Watson Lake and to build a hospital in Dawson City? I'd like to know how the staff at the facilities in those communities or here in Whitehorse and how the union — the organization representing those workers — contributed to the decision made by the hospital board and the Yukon government — whether or not the Yukon Medical Association or the Yukon Registered Nurses Association contributed to the decision. What recommendations on building the facilities were sought from other sources, i.e. studies or rationale that was provided?

**Hon. Mr. Hart:** I believe I went through this question with the Member for Copperbelt on a substantial basis and he is right. It is probably going to be a lot longer response than the member opposite's question. I will attempt to go back in history a little bit here and provide the member opposite with some history on many of the issues relating to the Watson Lake hospital — how it came about and where we are today.

As I stated before on this issue, the Watson Lake hospital came about when the government was looking at a multi-use facility in Watson Lake. It was decided to build that facility adjacent to the current hospital. When that decision was made

to utilize that process, the government put monies aside for a facility in Watson Lake and also one for Dawson City. I think as the member well knows, we've had many Question Periods in the House and many years' discussion with regard to that particular building — where it is, how much it costs and so on and so forth.

However, when we were looking down there at the Watson Lake facility hospital, we found at that time that there were several issues that required the government to address the cottage hospital in Watson Lake and bring it up to code.

I believe that the assessment was done, and it was felt they needed a hospital much more than they needed a multi-use facility there. I believe that's when they determined they would sit down and have a look at what was needed.

There was a decision that had to be taken and it was also visionary. The decision was that both facilities urgently needed replacing in Watson Lake. This became more evident, so we proceeded with the Watson Lake hospital on the actual Watson Lake multi-level facility. In community meetings there was clear support for that hospital. Visionary in the sense that this is about the future; this government has confidence in the future of the Yukon and we need to plan for it now, I think, as was indicated previously. Thus we went into the process with regard to looking at this facility as a hospital.

We went to the Yukon Hospital Corporation and asked them if in fact this facility could be converted into a hospital — would they consider looking at taking over this facility and managing the Watson Lake facility as a hospital under their direction?

We've done this because we are fully aware that the Yukon Hospital Corporation is fully conversant and experienced in operating hospitals. It's under their mandate — it's within their mandate. Thus, we asked them to look at that facility in Watson Lake to ascertain whether they could do the same.

Now, with that in mind, we looked at working on that process. We announced that we were looking at that. We looked at providing assistance in the form of our hospital staff going down and talking to the Watson Lake staff and garnering their attitude and information on the possibilities of the Watson Lake hospital going over to the Yukon Hospital Corporation.

Now this is not to say that there wasn't a little bit of muffled noise at the beginning for sure. There were some disgruntled staff and there were some disgruntled people. But we, the government and the Yukon Hospital Corporation, went down and met with staff, the citizens of Watson Lake, and the council. We did that on several occasions.

Once we were well underway and working on this process, we entered into an agreement with the Yukon Hospital Corporation wherein we would transfer the management of that facility to the Yukon Hospital Corporation on April 1, 2010 on the condition, of course, that the Yukon Hospital Corporation would do an assessment of the shell that's adjacent to the Watson Lake hospital — an assessment of whether it could be converted into a hospital, to ensure that that facility could be operated as a hospital and provide services to the citizens of Watson Lake.

A contract was let out, and consultants were hired to do an assessment of the facility to see if it could be converted into a hospital. Work was undertaken, and that work was done and completed by the consultants. It was identified that that shell could be converted into a hospital and meet the needs of the citizens of Watson Lake and replace the cottage hospital that was built in 1979.

Now, there was mitigative work that would be required on that facility to ensure it would meet hospital standards versus multi-level and, as such, there was some seismic work that had to be done. There were some issues in relation to construction on the roof that had to be completed and some alterations in the interior of the building to accommodate the second floor, in order to be utilized as a hospital, in addition to some structural work to the front of the facility in order to accommodate the Emergency Medical Services, that being the ambulance.

So that work was completed. With that aspect being underway, the Hospital Corporation hired a consulting firm. That consulting firm has extensive experience and expertise in dealing with hospitals and health facilities throughout Canada and the U.S. These individuals came up to Watson Lake. They met with the citizens, they met with the staff involved, and they met with Hospital Corporation. They looked at what was going to be required and how it could be fitted into that footprint that was being assessed there for Watson Lake and they came up with the design and the structure for that facility.

The Hospital Corporation looked at that issue. They brought that process to their board of directors and indicated that they could utilize that current facility as a hospital and, in fact, that hospital could be built for less money than building it from scratch. I'm not sure of the actual details, but there was a savings in that process by utilizing that shell. As such, the board of directors decided to move forward with regard to the hospital in Watson Lake and, in addition to that, we committed and Yukon Hospital Corporation committed to provide an option for every employee there to either move over to the Yukon Hospital Corporation or they could stay with the government, depending upon what choice they had.

Now, a substantial amount of work was undertaken and, as I mentioned, a lot of work was done by the Hospital Corporation, by the consultants with regard to how the facility could be utilized. In addition, we worked with not only ourselves, but with both unions involved with regard to the transfer of employees.

We had to work with actuaries; we had to work with pensions. We had to work with many, many issues as they related to staff. My hat is off to the Public Service Commission and the Yukon Hospital Corporation for the amount of work that they physically had to go through in order to provide each employee with their options on, I believe it was, November 1. We gave them until February 10 to make their decision. So, again, a substantial amount of work was done in order to provide it.

The transfer proceeded as planned with two letters of offers of employment being hand-delivered to Watson Lake staff — one offer of employment from the Yukon Hospital Corporation and the other from us. I apologize, Mr. Chair. I guess the

actual final date was February 12 and not February 10 of this year.

Anyway, the transfer occurred on April 1, 2010, after the approval of both Management Board and Yukon Hospital Corporation Board, and the transfer agreement and the funding package took place.

Now, if the member opposite would remember, I believe the chair and the CEO provided a listing of numbers; specifically, how many people stayed with the government and how many people transferred to the Yukon Hospital Corporation. I'm not quite sure of the exact numbers, but I understand it was — where 22 staff stayed on with the Yukon Hospital Corporation and five staff remained with Yukon government. There were two staff remaining on long-term disability and two staff that could be accepted by either party. In addition, I understand that the Yukon Hospital Corporation would be hiring additional staff to those that were coming over to the Hospital Corporation. They indicated at that time, again, that a substantial amount of work went into consultation with the locals.

I was at several of those meetings, Mr. Chair, both in the hospital and in the community itself. Once we got them involved in the process, so that they could see that their input was being utilized, we got a total buy-in with regard to the Watson Lake hospital. We got overwhelming support for that process to continue along those lines. As such, I believe on April 10 of this year, the official opening and transfer took place in the community of Watson Lake. A large gathering took place there and staff in the community celebrated that process and it was well-attended — I understand over 100 people were at that facility. It took place and again it was well-received by the majority of those in attendance, as well as those who live in Watson Lake itself.

So that is pretty much the full transition as it goes and as it relates to Watson Lake Cottage Hospital, as indicated previously by witnesses here in the House.

Once the facility is completed, enhanced services will be provided that weren't previously carried on in the Watson Lake hospital.

In essence, the Hospital Corporation did its due diligence, did its work, hired consultants to do assessments and made recommendations to their board. A substantial amount of work was done on their behalf, as well as the Public Service Commission, in addition to working with the two unions concerned to ensure that the transfer of this process, if it were accepted by the Hospital Corporation, would take place and would be done as smoothly as possible.

I'm happy to say that it did take place; a majority of the staff did go over to the Hospital Corporation and a majority of them are happy. Yes, there are a few who did stay with us, but many of them are close to retirement and decided it was best for them to look at it from that process. I look forward to the member opposite's further questions.

**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. 20, *First Appropriation Act, 2010-11*, Vote 15, Department of Health and Social Services.

**Mr. Cardiff:** I thank the minister and the officials for the answer that was provided to the question. There are still many, many questions around this issue. The minister indicated a few things in his answer, one of which was that the consultants actually did a design for the building.

If the consultants did a design for the building, I'd like to know if there's a design — normally you design a building around the services that are expected to be provided in a building.

The minister indicated as well that there would be enhanced services provided. I'd be interested, as many Yukoners would be, in what enhanced services are going to be provided in the proposed facilities — the number of beds, whether or not there will be overnight beds and what types of surgeries.

The minister indicated last week that in Watson Lake and Dawson City there would be family facilities. He said right now they were focusing on family physicians for both those facilities and they're in the process of working with the Yukon Hospital Corporation on those needs and dealing with meeting the requirements in both those small communities.

I believe that the chair and the president indicated that the government would also be providing services in those facilities. The services we've talked about, or the New Democrats have raised, that we feel are important to a collaborative care approach are things like physio or occupational therapy, mental health services, public education and other prevention programs, mental health services and continuing care services. The minister was talking about — he used the term multi-use. I believe it was originally proposed as a multi-level care facility. The purpose of a multi-level care facility is so people don't have to come to Whitehorse for that level of care in a facility like Macaulay Lodge or Copper Ridge Place.

I heard the minister say that the hospital in Watson Lake was needed more than multi-level care services in Watson Lake. The Premier will remember as it was something that the Premier championed when he was on this side of the House — the Signpost Seniors request for a multi-level care facility in Watson Lake. I'd like to know as well whether some of those services are going to be provided in this facility or if there are plans for another facility that would deliver those services in Watson Lake?

**Hon. Mr. Hart:** Many questions. I'll try to see if I can cover many of them. As I indicated previously, the hospital contacted a consultant to design the hospital and the services required for that hospital, based on information provided to them by the Hospital Corporation. They would identify the number of beds, et cetera, that would be required and that they could handle, along with all the services needed to handle that number of beds.

Yes, there was a design provided and that design included consultation with the Yukon Hospital Corporation and staff as to what's required and what's needed in order to manage a facility that can handle a 10-bed output for the citizens of Watson

Lake. Now, the member opposite talked about dealing with seniors. That facility is basically independent living, similar to Macaulay Lodge. That is something that was discussed with many of the seniors down in Watson Lake. In fact, we brought those seniors up to view the facility in Haines Junction and to ascertain whether or not that type of facility could be accommodated in Watson Lake and meet the needs of the seniors there in Watson Lake. We made two trips to that facility.

We had several conversations with the seniors in regard to this facility. Concurrence was provided through Yukon Housing Corporation. We built a facility for seniors similar to the one in Haines Junction and similar to the ones that we're also building currently in Teslin and Faro. That facility is being utilized to provide service to seniors in the Watson Lake area. In addition, Mr. Chair, we did provide additional monies to the Help and Hope for Families Society to assist them in their endeavours to provide assistance to all individuals in need.

We have an arrangement with the Yukon Hospital Corporation whereby we work closely together to ensure that the facility can accommodate both of our needs, when and as needed. The 10-bed facility is anticipated to be fully operational sometime well into the new year. So we'll look forward to what comes out of that, but we anticipate that additional services, as was indicated here by our witnesses to the Legislative Assembly, are intended and that the Hospital Corporation will provide services such as a dietitian; we're looking at providing chemotherapy in this facility; we're looking at providing physiotherapy; and we're also looking at providing lab tech services in the Watson Lake facility. In addition, they're looking at upgrading their e-health system to accommodate the transfer of X-ray material to and from Watson Lake. That's being done in conjunction with Northwestel to really enhance the services, so that we can get quick turnaround to the Watson Lake facility to ensure and deal with all these issues as they relate to providing services to Watson Lake.

The Hospital Corporation is currently working on the governance structure for that facility. It will be accredited and, once accredited, that facility will also be utilized fully for First Nation services.

We are looking at providing all these issues relative to the Hospital Corporation. Again, this is something that Yukon Hospital Corporation makes a decision on. There's going to be an aboriginal program in the Watson Lake hospital, similar to the one that's here in Whitehorse, but not as large — again, relative to the size of the hospital. Again, that service is dependent upon what monies will be available from the aboriginal program to assist in providing the First Nation services in Watson Lake.

The member opposite was inquiring about programming that we provide. Well, we will be providing many services in this facility, in addition to that being in the hospital. I think that was presented also by the witnesses and identified in their process in the House here a couple of weeks ago. We will be looking at providing community nursing out of this facility. We're looking at providing some preventive programming, whether it is to quit smoking — you know, we're looking at educational aspects as they relate to health. We're also looking

at providing a dental program out of this facility. We're looking at providing telehealth. These are just some examples of the programming we anticipate will be handled out of this facility, in addition to the program being provided by the Yukon Hospital Corporation. In addition, doctors' offices and such will be handled out of this facility. Again, that was something that was also mentioned by the witnesses here in the House a couple of weeks ago.

I think I covered most of the questions the member opposite asked. If I missed one or two, he can maybe restate them and I'll try to see if I can come up with a response.

**Mr. Cardiff:** I thank the minister for the information. Some of the things I didn't hear, I guess, are whether or not the facility is going to provide mental health services, detox services and continuing care services. With regard to mental health services, are there going to be qualified personnel to deal with some of those? Are there going to be people who are trained, like psychiatric nurses? Are there going to be psychiatrists, either in the community or available to come to the community, if needed?

Are there going to be physio or occupational health services provided either by the Hospital Corporation or the government in this facility? I guess it's my understanding from this whole discussion — whether it's with the minister or with the chair and the CEO of the Hospital Corporation — that there will be specialist clinics in the facility as well. Are the plans similar to what's happening across the river here with regard to accommodations for visiting physicians or visiting medical professionals, so to speak?

**Hon. Mr. Hart:** I thank the member opposite for his questions. With regard to mental health, detox and continuing care, in the long term, yes, our objective is to provide all of these services within this facility.

With regard to detox, as I mentioned previously to the Member for Copperbelt when he asked this question, we'll be dealing with inebriates through our task force and dealing with all the stakeholders to bring forth an issue and a solution that we can put right across the board throughout the Yukon — something we can utilize not only here in Whitehorse, but something that can be accommodated in Dawson City, Mayo, Watson Lake, Teslin and throughout our communities in the Yukon.

Once that process is underway and that group has identified some solutions on which methods the government should look at, we'll proceed in that area and try to alleviate a situation that has basically been in process for many years now. It's just unacceptable right now, especially given the recent two deaths in our community.

I will be meeting with our local physicians with regard to that subject of continuing care. That's a subject that I also discussed with them at their AGM. It's also where we brought up the Thomson Centre. It was received with great glee, so to speak. I indicated that it was important that I get their feedback on continuing care, because it's something that we're going to be looking at in the future here in the Yukon. In the not-too-distant future, we're going to be facing large numbers of seniors here in the Yukon, especially even if you take our own

stats. By 2018, over 50 percent of our population will be in that category. It's important that we work with them, get their input to determine that process.

The Thomson Centre will alleviate the requests for extended care for the next couple of years, but that doesn't solve our long-term problem. The Thomson Centre does have the capacity for a couple more expansions, but that's an issue that I hope to discuss with them to try to get some input and some direction on just exactly which areas we should go into in the future relating to continuing care.

Obviously, I hope to discuss with them the subject of continuing care in relation to Dawson City. The plan is that when the Dawson City hospital is completed, they would then commence on replacement of McDonald Lodge, thereby providing another very important service to the citizens of northern Yukon and providing a very important service to Old Crow, Mayo and the surrounding small communities. It is a very important element for that area. When I talked to the First Nations, they were very supportive. They asked to have some input. Many of their members would be utilizing that service and, as such, they felt that was an important element to improve and provide that additional care for their community.

Thus, once we have completed the hospital, we will commence on the replacement of McDonald Lodge and provide updated services for that community.

I think I got most of the member opposite's questions. I'll sit down and wait.

**Mr. Cardiff:** I thank the minister for those answers. The minister talked about McDonald Lodge in Dawson City. When I asked the previous question, I asked about multi-level care and continuing care in Watson Lake. I know that was one of the things that was high on the priority list for people in that region. I think the reason that it's an important issue to the people in that region is the same reason it's an important issue to the people in the region serviced by Dawson City, that being Mayo and Old Crow. The reason it's important is because, if you're in a continuing care facility — if you're in a facility and you're a senior citizen — actually, I don't believe you even need to be a senior citizen. I think you just need to be a person who needs services — someone who has medical challenges and requires a certain level of care. It's about being close to your community and being close to your family.

What the minister indicated is that what they've done in Watson Lake is to look at more of an independent living facility. We're challenged with many needs in this area. The minister has indicated that this is one of the big challenges. The reason I think it's a big challenge is because hospitals aren't able to provide, through their mandate, the level of care and the services that are required for some of these people who need what we call "continuing care". And the reason it's a multi-level care facility is because there are different levels of care required.

The minister may recall this. How do we deal with this issue of where people are warehoused to some extent? Or, let's put it this way: because there is no continuing care facility in Watson Lake and maybe Macaulay Lodge or Copper Ridge Place don't have any beds available, and the Thomson Centre is not open yet, but you have a senior citizen who has an acci-

dent and needs medical attention, they end up in the hospital. It can be the Watson Lake hospital or it can be the Whitehorse General Hospital. Because there are no beds available, they end up staying in one of those hospitals. They end up staying there for three or four months, because there are no beds available. The problem with that is that because it is an acute care facility, some of those things that I have talked about and asked the minister questions about, such as rehabilitation therapy, physiotherapy, interaction, mental stimulus and counselling, aren't available in an acute care facility. As a result, there is very limited rehabilitation; they don't get the exercise and there is no recreation programming. What happens to people in this situation is that they get depressed. They lose weight and they decline. If they had been able to go to a multi-level care facility, they might have entered as a level 1 or level 2 long-term care candidate.

But what happens is because they don't receive that care — and part of that stimulation is being in your community and I'm not sure whether the minister is listening to me or the Member for Southern Lakes. Hopefully, he's hearing what it is that I'm saying.

What happens is that they become depressed and they deteriorate, and they actually require more care when they finally get to that multi-level care facility, such as Copper Ridge Place, or if there was one in the communities. We've got McDonald Lodge in Dawson City, we've got Macaulay Lodge, we've got Copper Ridge Place. But part of it is being engaged in your community. It's receiving all those services that are available in a multi-level care facility, but it's also being engaged in your community. It's about your family and your neighbours being able to come and visit you.

If you're from Watson Lake and you end up warehoused in a hospital in Whitehorse or in Watson Lake for awhile and you deteriorate, and Copper Ridge Place is the only place that you're going to get the care you need, that doesn't allow for that engagement in the community, and I know there are many communities.

If we're talking about setting these hospitals up as regional centres — Watson Lake, Dawson City and Whitehorse — I just want the minister to provide some rationale — because it was a high priority — for this type of service in Watson Lake. Now it seems to have been shuffled to the back burner.

We heard the CEO of the Hospital Corporation talk about the need for a large investment at the Whitehorse General Hospital. We know we need a large investment in alcohol and drug services; the minister acknowledged that in his motion today. He just indicated that the Thomson Centre could be expanded a couple of times. So there are all these challenges, but are we going to provide those continuing care facilities on a regional basis as well?

**Hon. Mr. Hart:** I was listening to the member opposite for quite awhile, and I think it probably came down to his last request — I'm not sure. I will try to go into some of these issues.

As I've said before, we anticipate the Thomson Centre opening will ensure access to bed space; it will take care of our interim continuing care needs for the next couple of years. It

will also alleviate the pressure on the acute beds in the Whitehorse General Hospital so that the Whitehorse General Hospital can be utilized for its purpose of acute care. It will also reduce our cost of keeping that individual in a continuing care bed versus a hospital bed.

No question about it — the member opposite talked about an individual being housed in a hospital while awaiting a bed in one of our continuing care facilities.

I'm aware of this, because this has happened to me and a member of my family, where I did have to wait for approximately a month until the Copper Ridge facility opened so my mother-in-law could attend that facility. As such, it's there. It's very important that we take care of our individuals as much as possible. In many cases, we have to utilize our facilities here in Whitehorse, either the Whitehorse Hospital, or in many cases, Copper Ridge Place, because those are the only places that have the services available for those who require total services. Whether they live in Dawson, whether they live in Beaver Creek, there may not be an opportunity or choice for those individuals to stay in their community, other than to come into Whitehorse. At least it is a facility. We do have a waiting list. There's no question about it. But as I stated, we anticipate that the opening of the Thomson Centre will alleviate that pressure for the next couple of years on an interim basis and assist us in that area.

For the member opposite, we are also increasing our home care, especially in the rural areas. I believe we have five new FTEs being allocated for home care — additional individuals — throughout the Yukon. All of this is focused on the rural areas. Again, these are liaisons to provide assistance to those people in the rural areas to remain in their homes as long as possible and to deal with provision of the process.

I know we can get into line-by-line, but this is over a half million increase to what we already provide in home care. So this is a substantial improvement. We are also looking — the person sitting alone needs to be attended. The member opposite talked about being in a situation where they can't get out of bed and exercise, or they don't get the service.

Again, I think that these are issues that can be alleviated by the opening of Thomson Centre, because these facilities will have the services required to move individuals around.

In addition, we anticipate that part of social inclusion will be dealing with individuals — seniors, for example — who are isolated in similar circumstances such as these. We are looking at social supports, community nursing, and capacities that can be expanded to ensure that we can assist those individuals who are in this position and can be assisted through our process to help them make it through life and enjoy the process and feel a part of the community versus living in one small apartment. We are looking at that. Again, we anticipate that we will be able to handle our process with the expansion of Thomson Centre.

We have a very good process as it leads to individuals moving into our extended care facilities. Again, it's all based on priority, on health conditions and we work with both the physicians, Yukon Hospital Corporation and our extended care facilities to ensure we can move people as quickly as possible

and keep the hospital stays for individuals as short as possible. Again, that's something that's worked on collaboratively with all those involved, and we're hoping to maintain that.

Again, we are working with the Yukon Hospital Corporation regarding the Thomson Centre; we are working with our physicians with regard to extended care; we are working with our community nursing stations with regard to extending home care and providing those services, especially in rural areas, to all Yukoners.

**Mr. Cardiff:** I thank the minister for that answer. I think it's important to understand the focus of providing services on a regional basis. In some other jurisdictions, they're actually closing down medical facilities in smaller communities. I guess it's about providing an appropriate level of service — something that's sustainable and is something that's actually going to make a difference in the community. I'm going to leave this area for now. I more than likely will return to it. I wanted to raise with the minister — in the time that we have left today — what my colleague raised today in Question Period: the minister's motion. The minister's motion talks about forming a multi-disciplinary task force of front-line agencies.

The term that is used in here is "chronic inebriates". I guess the term fits, but so much of what we've seen and heard in the last little while really seems to criminalize people with drug and alcohol addictions — they have to deal with the justice system — and just the way that they're treated. It's almost like it is criminalized to some extent.

The second part — and I note there are all the front-line agencies and the commitment to work with First Nation governments and social agencies involved with individuals with severe alcohol problems and addictions.

The second part of the motion talks about investing \$201,000 under the northern strategy funding. So I am assuming because this motion has come forward that the government has applied for this money under the northern strategy, has actually been successful, and that a decision has been made.

So there is a \$200,000 commitment to develop a socially inclusive program that is going to deal with people who have drug and alcohol addictions, and it is going to examine all aspects of the problem, including facilities existing and needed, land-based treatment programs, the scope of programming, whether or not legislative changes are needed, current research, costs and access to cheap intoxicants.

The Member for Whitehorse Centre brought up the concept — and I guess maybe we're at too early a stage for this — of wet shelters or damp shelters. It's almost like a safe injection facility for drug addicts. It's about a safe environment for these people. That's what we were talking about.

I raised last week, as well, the idea of putting people in a drunk tank and not providing the care they need. They need to have more support. So while I view the minister's motion as progress, I also see it as another way to kind of delay the inevitable — that we know we need to support these people more. We know we need to provide them with a safe environment and that medical detox facilities are really what are needed and will alleviate the pressure.

It's my understanding that the police have been calling the ambulance and the Emergency Medical Services on a more regular basis, and that's a positive thing. It can be viewed as a positive thing or it can be viewed as a negative thing. I'm glad they're calling before something tragic happens and that people are getting some form of care and they're being checked, so we don't have any more tragedies on our hands — although it appears not to be the case. But that's what gives urgency to this issue.

It's about providing a protective and supportive environment for the patients, the people with the addictions. It's about getting the appropriate care and it's about alleviating that over-use of the hospital and the ambulance services for substance abuse problems. The other thing that's important is to have some form of immediate follow-up care — after-care — and this is why it's about involving communities as well.

The problem is that while we invest this \$201,000 of northern strategy funding, I don't really see what's going to change. The Minister of Justice gets up and answers this question, and says, "We opened the Sarah Steele Building." Well, the minister knows full well that that happened long before the *Yukon Substance Abuse Action Plan*. It happened six or seven years ago, basically, and here we are. The minister is saying that this is the answer. Well, obviously, it's not the answer, because we're not addressing the issues.

My question to the minister: what are we going to do while we're studying this problem? How long is it going to take to study this problem? What are the time frames the minister sees as being reasonable? What are we going to do in the meantime and what is the government prepared to invest on an ongoing basis, because the \$201,000 is a one-time northern strategy to just study the problem. What's the government prepared to do on an ongoing basis to address this issue, because it has been an ongoing issue for many, many years and needs to be addressed? We need to do something now.

**Hon. Mr. Hart:** Well, for the member opposite I'll just read a few of my notes for him and then I'll try to go back and address some of his earlier comments.

Currently the Department of Health and Social Services has received \$1.4 million under the Health Canada drug treatment funding program to enhance document standards and practices for ADS, as well as to enhance and further develop and existing evaluation mechanisms. This year we will be allocating \$447,000 for this project. The final projects will be an addict services standard manual that is based on best practices or evidence based on practices and a program evaluation plan and mechanisms that will measure treatment and detox service program outcomes. Again, this is standardization in conjunction with the Department of Health for Canada and we're working on standardizing this information so that we can utilize this information as it relates to the services provided by detox.

We have also been informed by Health Canada that the Yukon is one of the jurisdictions in Canada that is in the lead in terms of making progress on this project and we attribute that to basically our size — that being small, but also the fact that our numbers are smaller than other jurisdictions — but we don't consider that a success story per se.

We're also providing additional funds to the Skookum Jim facility for services for youth.

The member opposite was discussing issues brought forth by the Member for Whitehorse Centre with regard to a certain facility — I think it had something to do with wet facilities. I think I understood what the member opposite brought forth earlier this afternoon during Question Period.

I will try to go back to the issue I portrayed earlier today, and that is that we'll be looking at the other jurisdictions while the task force is underway. Our officials will be looking at other jurisdictions on an ongoing basis, dealing with this situation to determine what these facilities look like. In some cases, there has to be extensive work done on the legal side. We may have to change. In other jurisdictions, they have specific laws in relation to picking up individuals who are inebriated.

Many jurisdictions, including Winnipeg and British Columbia, have specific laws in relation to picking individuals up to ensure that we're not — because right now the individuals have to come into our detox centre of their own will — on their own accord. But in some cases, as the member opposite knows, for the safety of the individual's well-being, we have to take them into custody in order to protect them. In some cases, that requires a facility that is somewhat protected and provides protection for the individual, but also the people who are looking after that individual.

I have personally looked at a few of these facilities. I think we can look at some of these issues that can and might be used in the Yukon. Again, as I said earlier to the Member for Copperbelt when he asked this question, I don't want to pre-empt what this task force is indicating. If I indicate, for example, that I like the Winnipeg model and they decide, no, they like something else, then where is that going to be? I'd like to see these guys come out and advise us what's there. We'll provide the information, as much research as we can provide them, so they can make that decision and come up with it.

The staff at the detox centre are extremely, extremely saddened by the situation that happened on Sunday morning. I can tell the member opposite to a "t" that this individual is well-known to our detox staff. He has been there many times. So we are — our staff are just as — I don't know how else to put it — saddened. They feel that the situation has to change to allow the situation, as the member opposite says and as I mentioned in my speech the other day, to be decriminalized. Yes, there are attributes of drugs that are criminalized, but the actual addiction part is something that has to be looked at and it has to be changed. The member opposite said for many years — through many parties, I might add, not just this one. It is a situation that we are certainly looking into. I can tell the member opposite that we have been looking at trying to deal with a separate way of looking at this.

I know I asked him to look at it weeks ago with regard to dealing with, for example, the Sarah Steele Building and looking at some sort of facility like that that could have an attachment and not an attachment to a jail — no attachment to Whitehorse Correctional Centre, for example, or something like that. Again, those are things that we're looking at.

We're also being very cognizant of costs, and we have to look at what we have. Maybe we can utilize what we already have and put some of those facilities that are being handled Outside into a Yukon context, and utilize some of the buildings that we have to provide the services to support these individuals. Also, as the member opposite indicated, it's a very important service.

Again, what we were looking at with the Sarah Steele model was not only whether we have a place to put them when they are in the intoxicated state — we have people, experts in the field who know how to handle these types of individuals, and can go and talk to these individuals and console with them to deal with their situation versus just being thrown in a drunk tank and left there to dry out. But as I mentioned earlier, there are going to have to be some changes and some legislation put into place so our people can actually go in there, do some follow-up with these individuals and try to assist them and counsel them with their addiction and work with them in the process. Now this may require, as I said earlier, something to allow our people to keep these individuals in our care or under supervision for longer than it takes for them to get sober, but that is something that we will have to do and utilize. I think, quite frankly, that is something that we can do. I think it is something that we're looking at and it is something that we're hoping to get more information about.

I think that when we look at these other jurisdictions, we'll be able to look very closely at providing the information to the task force. We will be able to do some assessment of this individual work on our own. I think the input from the RCMP and the input from the First Nations is going to be very valuable toward what type of service, what type of solution and what type of facility will best provide a solution that, as the member opposite said, will deal with the individual as an individual versus — if I can put it bluntly — just another drunk on the street.

In many cases, it's a societal issue that has to be dealt with here. It's not just my issue as the Minister of Health and Social Services; this is an overall larger, bigger issue from a societal point of view.

As the member opposite said, it has been going on for many years. That's a societal issue; that's a big change we have to input, and that's why I think it's important to get as many people in there and get as much input as we can. But I also recognize the member opposite's issue of dealing with it. Our term of the immediate future is that it's better to try to improve the protocols and practices we have right now, rather than just jump into something undetermined.

Those other facilities, those other jurisdictions — it worked for them, but it didn't happen overnight. I checked.

The Winnipeg model has been going since 1972. It went through some excruciating pain in the beginning, okay? Excruciating. It took a lot of people to get onside with that facility in order to make it the successful process that it is today.

Now, I will also state that, even if we have medical attention, that does not guarantee — does not guarantee — that we will not have a death at those facilities. We have medical attention in the hospital; that does not guarantee we don't have



deaths at a hospital. So providing medical attention does not guarantee that we will not have a death in one of our facilities, because you can have facilities — people can be checked out in our hospital and sent home and there may be something that the hospital is unaware of, something that our detox centre is unaware of, other people's detox centre is unaware of — and that individual passes away. This is a very important issue.

I think, quite frankly, it's important that we let that review go through the process to ensure that that protocol takes place and we determine exactly what happened in this particular case and how we are going to proceed with it. I think that the member opposite brought up some very good points. They highlighted a few areas in there. It may well be something similar to what the member opposite indicated, that turns out to be an area that we go to.

I think if we build the building, they will come. The building doesn't answer the problem. The problem, as I indicated, is a bigger problem. The member opposite indicated it's a bigger problem. It is a societal change. It's a big societal change for us members. It's a societal change even for me, as a minister sometimes, when I drive down Main Street and I see someone huddled over on the sidewalk. It's a whole new ballgame when you're dealing with it — the concept that that individual needs your assistance.

Just like under the *Child and Family Services Act*, if you know that there's a child being abused, you have to report it. It doesn't matter who you are. It's your obligation to report it. In other words, if we just moved that over a little bit, it's our obligation to assist that individual who's sitting on the sidewalk huddled over. It's not our process to throw them into the RCMP drunk tank. Whether it's 75 degrees above or it's 25 below, that individual is still there. We still have to work and deal with that individual. He still has to go to the hospital. He still goes to our RCMP tank — and all of those facilities cost money. Where does the direction of our money go?

Over time, in the long term, if we go along this method and change the attitude toward these individuals, we're going to save that money. We're going to save that money on EMS issues — for example, the ambulance not having to be called out every time you get there. We can have paramedics go, check it out and the situation 85 percent of the time can be handled by paramedics — and I believe that's a very important thing. I think that's a very important issue here that could be handled. In Winnipeg, for example, they use the local paramedics from the fire hall. They are on call and they've reduced their ambulance time by over 400 percent just strictly by bringing the paramedics in, but again it didn't happen overnight. It took time. It took time to convince the paramedics to go there. It took time to convince all those individuals in question to assist inebriated people; to assist people who normally they just throw into the drunk tank.

Again, that is a change of attitude for those individuals — those professionals. This gets back to our societal issue and societal change — we have to change that. We in this Legislature have to change that. We in Health and Social Services have to change that. We in Justice have to change that. That is our responsibility. We are leaders in the community. It is up to

us to bring forth issues that will assist those individuals in trying to alleviate their addiction, whether it is alcohol or drugs. That is something that has to be done. We need to do that here in the House and we need to do that service for all those individuals out there. Again, as I said in my motion, I do not want to pre-empt any of the solutions that come out of that. I think it will be very important.

I think it will also be very important for us, in the interim, to do an assessment of what we have for facilities here currently. What we need for facilities will come out of this group. In addition, we will check other jurisdictions to ensure that we can take the best practices from each one and make a Yukon concept that will achieve our goal of providing a service to those individuals who need our services.

Seeing the time, Mr. Chair, I move we report progress.

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

*Motion agreed to*

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

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

*Motion agreed to*

*Speaker resumes the Chair*

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

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

**Mr. Nordick:** Committee of the Whole has considered Bill No. 20, *First Appropriation Act, 2010-11*, and directed me to report progress.

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

**Some Hon. Members:** Agreed.

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

**Hon. Ms. Taylor:** I move that the House do now adjourn.

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

*Motion agreed to*

**Speaker:** This House now stands adjourned until 1:00 pm tomorrow.

*The House adjourned at 5:29 p.m.*

#### **The following document was filed May 3, 2010:**

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Yukon Fire Marshal's Office 2009 Annual Report (Lang)