

Yukon Legislative Assembly
Whitehorse, Yukon
Tuesday, February 15, 2011 — 1:00 p.m.

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

Prayers

DAILY ROUTINE

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

Tributes.

Introduction of visitors.

INTRODUCTION OF VISITORS

Hon. Mr. Fentie: I would ask the indulgence of the House to turn our attention to the gallery for some very special introductions for some distinguished guests here in Yukon. I begin by introducing Sheila Fraser, Auditor General of Canada, Mr. Andrew Lennox, who is the Assistant Auditor General, and Jerome Berthelette — I apologize for any mispronunciation. Please welcome the distinguished guests to the gallery.

I see we have one late arrival from the Auditor General's office. My apologies to the House, but I'd also like to introduce a gentleman in the Auditor General's office, who has worked for a long time now extensively with Yukon, Mr. Eric Hellsten. Welcome.

Applause

Speaker: Is there any further introduction of visitors?

TABLING RETURNS AND DOCUMENTS

Speaker: Under the tabling of returns and documents, the Chair has for tabling a report of the Auditor General of Canada, entitled *Yukon Health Services and Programs — 2011, Department of Health and Social Services*.

Are there any further documents for tabling?

Hon. Mr. Hart: Mr. Speaker, as part of my obligations under the *Health Act*, section 6(1), I am pleased to table today the report, entitled *Dimensions of Social Inclusion and Exclusion In Yukon* for 2010 — as of 2010, annual update to the last comprehensive health status report of 2009. In accordance with the act's expectations, this report includes an assessment of social conditions of residents of Yukon.

Speaker: Are there any reports of committees?

Are there any petitions?

Are there any bills to be introduced?

Are there any notices of motion?

NOTICES OF MOTION

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

THAT this House urges the Yukon Party government, in the interest of truly working collaboratively and cooperatively with all parties, to follow the protocols established by all parties during in-session House Leaders' meetings by:

- (1) providing the other House Leaders with proper notice of any ministerial statement to be called on that day; and
- (2) identifying the subject matter of any such statement.

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

THAT this House urges the Yukon government, in the interest of truly working collaboratively and cooperatively with all parties, to give all members the courtesy of following the protocols established by all parties during in-session House Leaders' meetings by:

- (1) providing the other House Leaders with proper notice of any ministerial statements to be called on that day; and
- (2) identifying the subject matter of any such statement.

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

THAT this House urges the Yukon government to take the necessary steps in order to implement the recommendations made by the Auditor General of Canada in her report, *Yukon Health Services and Programs — 2011, Department of Health and Social Services*.

I give notice of the following motion:

THAT this House urges the Department of Health and Social Services, the Department of Finance and the Yukon Hospital Corporation to act upon the recommendations of the Auditor General of Canada in her report, *Yukon Health Services and Programs — 2011, Department of Health and Social Services*, by working together to determine appropriate reporting requirements of the Yukon Hospital Corporation and preparing an amendment to the *Hospital Act* to enshrine appropriate reporting requirements in legislation.

Speaker: Are there further notices of motion?

INTRODUCTION OF VISITORS

Hon. Mr. Fentie: Mr. Speaker, further introductions if I may. I would like to introduce Charlene Taylor, director for the Auditor General's office and Mr. Ghislain Desjardins, media relations manager for the Auditor General's office. Welcome.

Applause

Speaker: Is there a statement by a minister?

MINISTERIAL STATEMENTS

Labour market framework

Hon. Mr. Rouble: Mr. Speaker, I would like to announce the labour market framework. The framework includes four specific strategies, including the comprehensive skills and trades training strategy, the immigration strategy, the recruitment and retention strategies and the labour market information strategy.

These four strategies and supporting action plan were developed using a consensus-based model. Four working groups with up to 70 stakeholders, representing nearly 45 organizations and government departments, participated in their development.

Mr. Speaker, it took a considerable amount of background research and stakeholder discussion to identify the issues, challenges and indeed the solutions.

I'd like to take this opportunity to express my thanks and appreciation to all those who participated in the strategies and, in particular, to the staff at Advanced Education for a job well done.

The strategies are intended to ensure that Yukon has an inclusive and adaptable labour market and to support and encourage economic growth. A strong labour market will lay the groundwork for a higher standard of living for all Yukoners, now and into the future. The strategies will be implemented to address a range of existing challenges faced by the labour market, including worker shortages, globalization, an aging population and increased competition. They represent a proactive approach. Along with the action plans, with their long-term goals, they are designed to weather labour market changes and economic downturns.

Yukon has one of the lowest unemployment rates in the country. There are great opportunities for job-to-job movement as well as for advancement. The comprehensive skills and trades training strategy will assist us in developing those groups that are currently under-represented in the workforce, including people of First Nation ancestry, youth, older workers, people with disabilities and women in trades.

The immigration strategy is critical to the health of the Canadian and Yukon economy. If our economy is to continue to grow, diversify and prosper, immigration must play a central role in supporting our economic development.

Recruitment and retention strategies are very important in securing an effective workforce, right from hiring the right people in the right jobs, to keeping them here. Retention strategies strengthen the ability of businesses to attract and retain their workers. Once the right staff have been recruited, retention practices provide the tools necessary to support their continued employment.

The labour market information strategy is the cornerstone of the labour market framework. Timely, accurate and accessible information will ensure that all strategies are based on the best available information so that sound decisions can be made. It will also help guide people in making decisions as they plan their future careers.

I encourage all members to read carefully through the strategies and take a look at our economic future.

The strategies are available on the website at www.labourmarketframeworkyukon.com, or if members prefer, I can provide them with a hard copy.

I'd like to extend my thanks again to everyone who contributed to the labour market framework. Thank you to all. We look forward to continuing to work together in the future in order to create healthy, prosperous communities.

Mr. Fairclough: I want to thank the minister for bringing forward the labour market framework announcement today.

It has been a long time coming, and we're pleased to see the Yukon Party government finally bringing forward recommendations from the various stakeholders.

We would also like to extend a sincere thank you to the four working groups representing the different organizations and the government departments who were able to participate in the development of this framework. We look forward to this framework providing a basis for unemployed workers in the communities outside of Whitehorse that have seen larger unemployment numbers to receive specific skills training and specific job creation in these communities. Unfortunately, we must correct the minister's previous statement. This is not a proactive approach, rather, a much-needed, asked for, reactive approach to what Yukoners have been asking for this government to do over the past eight years. We have to play catch-up now because of this government's lack of planning. The framework was set up in 2008 and now, three years later, the government is finally reacting. The first strategy — the comprehensive skills and trades training — is something that we've been advocating for this Yukon Party government to deliver for many years. Mine training has been the foremost request of Yukon First Nations over the past eight years of this government's mandate.

There are two things that are not addressed in this framework that are of concern to us, and those are the lack or shortage of housing for employees and the recent announcement by the Government of Canada on the 20-percent reduction of the current number of skilled workers being admitted to Canada. Participants in this group raised the concern over the lack of housing, and we have yet to see a solution presented by this government on how they plan to deal with the influx of population and the housing demand that this would create.

We also have concerns over how this Yukon Party government plans to tackle the announcement from their counterparts in Ottawa earlier this week on the 20-percent reduction of skilled workers being allowed into this country.

Mr. Speaker, we are pleased to see the Yukon Party government finally working with stakeholders to come up with strategies for the much-needed and asked-for comprehensive skills and trades training.

We do hope the Government of Yukon lives up to its responsibilities and concentrates on the two concerns that arise from this announcement. Thank you.

Mr. Cardiff: I rise to respond to the minister's announcement of the labour market framework. We, too, are pleased to see that this is finally here and that it's being released. We, too, would like to thank all of those who participated in it.

It's quite a substantial document. There are dozens of documents as part of the framework and hundreds of pages that were just released this morning. It will take time to read, analyze and reflect before we can give a substantial response.

Having said that, I believe it is appropriate to make a few remarks on the subject, which is basically work and jobs and how the Yukon is prepared to meet the various challenges in a very complicated context. There is a bigger global economic

context, which includes global trade, trade agreements and trade dispute panels. There's the need to make a transition to a low-carbon future and bring renewable energy on line in a big way quickly.

There is the Canadian context and, in every jurisdiction, we all have to grapple with the implications of an aging workforce. In the Yukon context, there are issues like unequal development and unemployment in rural Yukon. There's aboriginal unemployment; there are gender issues — women being able to achieve executive positions and women entering trades, as well as men entering non-traditional jobs; creating policies around the mining economy, the mineral resource economy. Large projects are coming to the territory, like pipelines, and how we can maximize local benefits, including jobs, and we do that through the labour market framework and the training. We'll be analyzing the framework to see how it measures up to meeting these and many other challenges.

I'd like to talk about a couple of issues that are critical to the Yukon, developing our labour force. One was talked about earlier and that is how the federal government is setting immigration policy and reducing the number of immigrants coming to Canada who can become residents or citizens while increasing the number of temporary foreign workers who are short-term labourers. I look to the example of the Yukon nominee program and the growing Filipino community as a way that we would like to move forward. We would like to see immigrants come to the Yukon who want to be here, who want to work, to put down roots and be part of our community. We want to see that people who come here to work have an opportunity to become citizens of this country and of our territory. What we don't want to see is an expanding pool of cheap disposable labour. We don't want to see workers from around the world coming to Yukon to work at mines, or on construction projects, or seasonally in the tourist industry who are treated as second class citizens, who have no job security, who don't have labour rights and don't have the health and safety protections.

We need to guard against that kind of gross exploitation that has happened in our country before. The Canadian Labour Congress has been raising this issue for years and recently spoke out about this issue in relationship to tar sands projects. Anyone who flies regularly to or from Vancouver has no doubt rubbed shoulders with workers going back and forth to the Yukon to work. They return home to the Lower Mainland or wherever on their time off and fly into the Yukon to work. We want these workers to become residents. We don't want a fly-in economy. We want people who work here to pay tax here, settle down here and contribute to the territory's vibrant culture. Thank you.

Hon. Mr. Rouble: I appreciate the comments coming from the members opposite. Indeed, by recognizing that we have a growing and prosperous economy in the territory, there are obviously going to be challenges ahead of us. I would also, again, like to thank the many people in the community — whether it has been in a Yukon First Nation, in a private business, in a not-for-profit organization, in one of the advocacy organizations — for their dedication and commitment and con-

tribution over the last two years that they have been working on this. Indeed, by bringing this diverse group of people together, we're able to come up with better strategies that will help Yukon for the future.

Just like one has to go out and sharpen their skates before a big game, so too must we sharpen our existing programs and take a look at some of the existing programs that we have — for example, the student financial assistance grant that has grown from \$4,640 to over \$5,200 under the Yukon Party watch; take a look at the growing number of programs available at Yukon College, including the degree-granting programs; take a look at refining the community training trust funds and the industry training trust funds that provide training opportunities for Yukoners throughout the territory; and especially now that we have devolved issues like the labour market development agreement and the labour market agreement and how we can better use programs like the Targeted Initiative For Older Workers, or the programs to provide opportunities for people with disabilities.

Again, these are important tools that we do need to refine, as the members opposite mentioned, in order to meet the growing needs in the territory. Also, we're recognizing that immigration is an important issue, as is welcoming people into the territory. As we have seen a growth in the territory's population from 30,000 people to 35,000 or 36,000 people, we also need to welcome people coming from other parts of Canada and indeed from other parts around the world, and to welcome them with open arms and to embrace them into our community, and to ensure that everyone recognizes that Canadian and Yukon labour laws affect those new immigrants coming into the territory as well — that they are not some kind of second-class citizens.

The laws of general application, the regulations, the labour market laws we have certainly apply and afford protection to them too.

I appreciate the supportive comments coming from all members. I recognize that we have a plan tabled before us, and I look forward to working with all my colleagues and all Yukoners on implementing the plan, the strategies, and the action plan so we can continue to build a prosperous Yukon.

Speaker: This then brings us to Question Period.

QUESTION PERIOD

Question re: Auditor General report

Mr. Mitchell: I have questions for the Minister of Finance about the Auditor General of Canada's report on the Department of Health and Social Services. In 2008 the Auditor General of Canada looked at this government's \$36-million investment into asset-backed commercial paper. She said, "We concluded that the investments were not in compliance with the *Financial Administration Act*." What was the Premier's response? He said that it was just her opinion and that they had others.

Let's fast-forward to 2011 — another report from the Auditor General, and it says the department is not in compliance with the *Financial Administration Act*. Does the Premier

accept the Auditor General of Canada's findings, or does he dismiss them as just her opinion?

Hon. Mr. Fentie: Firstly, I must inform the Leader of the Official Opposition, the Liberal leader, that the function of the Auditor General's office is indeed to provide an opinion, and that's the way it is.

The Liberal leader might not agree with that, but that is in fact the way it is.

Secondly, when the Auditor General reported on such matters as asset-backed paper, the government did act immediately and implemented a policy to ensure that this type of investment practice did not continue. In regard to the investment itself, we all know what the country went through, in terms of this particular issue — the exchange of short-term notes and the long-term notes well behind us — and I'm pleased to say today that the investment has now earned the Yukon some \$1.9 million.

Mr. Mitchell: We'll leave that discussion of what it has earned for another day, Mr. Speaker.

Yukoners will be going to the polls this year. The Premier may or may not be leading the Yukon Party into that campaign. One of the main issues in that campaign will be trust and good governance. Voters will have a choice between the Yukon Party that makes a habit of not being in compliance with the *Financial Administration Act*, and the Liberal Party that believes following the law is an important part of providing good governance.

Just yesterday in this House the Premier said, "Non-compliance, by the way, is a risky proposition..." Why should anyone trust this government when it is cited repeatedly for not being in compliance with the *Financial Administration Act*?

Hon. Mr. Fentie: Mr. Speaker, you know, the Liberal leader has just stated something that does create an issue of trust. The statement of being cited repeatedly flies in the face and is inconsistent with all the evidence before us.

This government now, in its ninth year in office, has tabled nine budgets. We have behind us a number of public accounts tabled before this House, all duly audited. I challenge the member to stand up and point to the evidence that shows repeated notifications of non-compliance. He can't do that. It is about trust, and that is what Yukoners are listening to today. Who is to be trusted? Those who do the good work, manage the finances appropriately, have them duly audited, present them to this House, or those who suggest that what's in the public accounts is something else?

Mr. Mitchell: Mr. Speaker, we're not allowed to use props in this House, but I would suggest the evidence is on our desks. As the Yukon Party heads to the polls with this Premier at the helm, the question of trust does come up again and again. The Auditor General of Canada has just released a report that says that health care spending has not been in compliance with the *Financial Administration Act*. This is not the first time the highest auditor in the country has criticized the government for its spending habits. We are still trying to get back our \$36 million investment that did not comply with the same act.

On February 3 in his budget speech, the Premier said, "If this isn't good, prudent fiscal management, I don't know what is." I'll leave Yukoners to judge what is.

We believe following the rules is important. Yukoners can't trust a government that doesn't comply with legislation. Why doesn't this government follow the *Financial Administration Act*?

Hon. Mr. Fentie: The member is now making reference to a lot of hard-working officials who are charged with the responsibility of following all acts, all policies, all regulatory processes that are in place. On behalf of those hard-working officials, I can say to them with the greatest confidence that the Yukon Party government would never do that. We would respect the hard work they do and we know they follow, to the extent possible, all matters that they're required to.

As far as trust of Yukoners, when the Yukon Party government took office, this territory was in desperate shape financially, economically, socially, environmentally. Quality of life was in a terrible situation and we had an exodus of our population — most importantly, those aged 25 to 40. Over the last eight years plus, going on nine years, that has dramatically turned around.

It's the highest population on record, a growing tax base, hundreds of millions of dollars of investment from the private sector flowing into the Yukon, a financial position second only to Alberta in this country. This territory, under the Yukon Party watch, can finance future operations because we have the fiscal resources available and we created them.

Question re: Old Crow school bus

Mr. Elias: Mr. Speaker, there's a long-standing children's safety issue in Old Crow that the education minister has failed to resolve. Today, there is an opportunity to fix it and I hope he will take that opportunity. The 33 children who attend Chief Zzeh Gittlit School have only a 21-seat hotel-style shuttle in which to get to school. That shuttle is in constant disrepair. It consistently has no heat, no hazard lights, and it's not big enough for all the students who need it. Mr. Speaker, there will shortly be a C-130 Hercules aircraft flying freight from Inuvik to Old Crow, including other vehicles. If he wanted to, the minister could put a new school bus on one of those flights. Will the Minister of Education take advantage of this opportunity and finally get a safe school bus to Old Crow?

Hon. Mr. Rouble: Mr. Speaker, the Member for Vuntut Gwitchin and I have had an opportunity to discuss this issue a number of times. We've gone through things like the *Education Act*, the policies regarding school busing, and I think members have recognized that the school is within walking distance of citizens and students in Old Crow. It is part of how it was designed and part of where it was put. In fact, many members in here have argued to have a school within walking distance of their own constituents.

I have reminded the member opposite on a number of different occasions that it is not the Department of Education that provides that type of shuttle service. It's not the Department of Education that owns that transportation van. We work very hard with Highways and Public Works to ensure that inspections are carried out on all school buses and school-related vehicles and that that's done in a very timely basis.

I don't have anything in the budget that answers the member opposite's question. There's nothing in the supplementary

that addresses that question either. I don't have the news that the member opposite is looking for.

Mr. Elias: The Minister of Education should look at section 47, paragraph 2 of the *Education Act*. Maybe things will get a little clearer for him. I just got off the phone with the manager from Western Canada IC Bus Inc. He has a CE series 34-passenger in stock for \$90,000, ready to go.

He said he can deliver that bus in two days to Whitehorse and we could do this no problem, get it to Inuvik on the plane and on to Old Crow. Just for the minister's information, this manager's number is 1-800-661-9316. Maybe he should give him a call. This is an excellent opportunity to get the children of Old Crow the safe, standardized school bus they need to replace the damaged and unreliable hotel-style shuttle currently in use. I've repeatedly raised this issue with the minister in the past and now the problem is easier to fix than ever.

Will the minister commit to getting a school bus to Old Crow on this aircraft?

Hon. Mr. Rouble: Wow, that'd be pretty easy, wouldn't it? Pick up the phone, call your favourite car dealer and buy a van, just like that. Is that really how the Liberal Party would demonstrate leadership?

Yukoners are certainly looking at the government party now and the opposition parties. They're looking for the option of the leadership of the next government, and they're looking for what kind of leadership is demonstrated. On one side, we have a government committed to fairness, to equity, to at least following our contract negotiations and bidding practices. On the other side, we have the Liberal Party, who when one member finds a specific need in his community that he recognizes, he picks up the phone and calls his buddy, the car dealer, and now wants me to cut a cheque for it and have it delivered.

You know, is there a particular colour he'd like me to buy?

Some Hon. Member: (Inaudible)

Hon. Mr. Rouble: The leader says yellow. Well, I guess they're all in it together. I guess the Leader of the Liberal Party condones this kind of approach to conducting the business and operations of government. They're all in it together, Mr. Speaker.

Mr. Elias: Well, Mr. Speaker, I don't have an apologetic bone in my body for standing on the floor of this House for the kids in the Chief Zzeh Gittlit School. They deserve to have a safe, reliable school bus just like everybody else. This time last year, the Member for Mount Lorne and the Minister of Tourism and Culture walked with me from the airport to the school. I'm sure those members remember how cold that walk was. The temperature today in Old Crow is minus 32 Celsius. Students shouldn't have to choose between walking in those temperatures or taking a shuttle that is unreliable, unheated and that fails the safety standards we expect for school transportation. That Hercules aircraft will make five trips to Old Crow. Let's get a safe, reliable school bus on one of them. Don't just say no.

Will the minister finally take action and use this chance to get these students a proper, safe and reliable school bus?

Hon. Mr. Rouble: Mr. Speaker, I appreciate the zeal with which the Member for Vuntut Gwitchin brings forward

the issues that are pertinent to his community. We've been through this issue a number of times. I've provided a number of consistent answers on this topic. We do not provide school bus transportation in the community of Old Crow. The citizens in Old Crow and the students of Chief Zzeh Gittlit School live within walking distance of that school. As such they, like other students throughout the territory who live within walking distance to a school, are expected to walk to school.

Question re: Palliative care program

Ms. Hanson: New Democrats have raised, a number of times, community concerns about mental health services funding. We were pleased to see that there seems to be a turnaround by the minister on funding for mental health programming. We cannot say why there was a turnaround, but we're happy that there is one and that mental health services are no longer threatened.

I guess the question now would become, how long the funding will continue so there is some certainty for patients and staff.

In the budget briefing on Health and Social Services, another program with time-limited funding — palliative care — was indicated to us would continue without question. So my question for the minister: what criterion was used for continuing with the palliative care program and will this same criteria be used to dispel the uncertainty with respect to the mental health program?

Hon. Mr. Hart: With regard to the member opposite's question on palliative care, as we've indicated in this House on several occasions, that particular program was provided under the THAF funding, which was successfully garnered by our Premier along with the other jurisdictions in the north to ensure that we could provide that type of care here in the Yukon. We are providing the palliative care process through the THAF until 2012. We expect and anticipate it will be carried on through to 2014, but regardless, we will continue that service and provide this service for palliative care for those individuals through our base funding.

Ms. Hanson: It's good to hear that response with respect to palliative care. I guess the question then applies to other short-term programming. Funding from Canada, as the minister has indicated, is often used by the territory to try out new programs that may or may not be continued. In other words, these programs are actually pilot projects that are time limited. We presume that accountability dictates that each pilot program has written, measurable objectives. We also expect that there is some kind of evaluation system built into the program to determine whether it has reached the stated objectives.

On the basis of the evaluation, we would assume that the territory then determines if it will continue or not when the funding from Canada is finished. Can the minister confirm that that is the case — that programs financed by Canada have evaluation systems that the Yukon establishes and uses before allocating the funding to these time-limited programs?

Hon. Mr. Hart: On all projects where we deal with the Government of Canada, we assess and do the programming and ensure that the services that are provided to Yukoners are the best that are available and that are being financed through

not only the Government of Canada, but through us. Again, that is to ensure that our Yukoners receive the best service possible, depending upon which program is being provided.

Ms. Hanson: I'm encouraged by the words of the minister. I'd like to go a little bit further on this though, because I would hope that the minister will not enter into funding agreements with Canada for pilot projects that have little chance of meeting their objectives. Long-term planning and decisions on funding should be evidence based. We believe accountability demands that. Otherwise, this government is taking credit for innovative programs that are paid for elsewhere and that leave staff and clients with uncertainty when the pilot is finished. Not only program funding from Canada needs to be monitored. Evaluations for regular territorial programming serve to give taxpayers assurance that their money is being spent wisely. Could the minister tell us if there is a system for evaluating the success of the objectives for Health and Social Service programs such as alcohol and drug services, children in care, or pharmacare programs?

Hon. Mr. Fentie: I really shake my head sometimes when I hear the opposition talk about the investments that we have negotiated with Canada. We keep repeating for the members opposite the issue that is a fundamental principle in this country; it's called "comparable services" or "access to comparable services", measured by comparable levels of taxation.

That is a fundamental principle, and we're so serious about it that we actually walked out on a Prime Minister of this country. The three territories made a stand in that regard, because we firmly believe in that principle and we wanted to ensure our citizens have that comparable access to services.

Now as far as the reporting and the measurements and all that goes with it as the Leader of the Third Party has just brought up, we're so serious about it that we have ensured that the Auditor General's office, as it relates to other matters, fully reviews, on a planned, go-forward basis, departments and programs to give us an independent oversight so that we can even improve and enhance that program delivery and services to Yukoners. That's why we do what we do. It's all about making sure Yukoners have rightful access.

Question re: Highway improvements

Mr. Cathers: Mr. Speaker, last year over \$800,000 was invested in repaving the Mayo road — or north Klondike Highway as it's officially known — with asphalt north from kilometre 223 where the previous year's paving project had ended. I want to again thank the Minister of Highways and Public Works for that continued investment in improving this highway. The 2011-12 budget for Highways and Public Works includes \$2.4 million for BST pavement rehabilitation, and I understand this included money for a project north of Fox Creek. Will the Minister of Highways please tell me what work will be done this year to improve the highway between Fox Creek and Fox Lake?

Hon. Mr. Lang: Mr. Speaker, this year's projects will certainly be looking at Fox Lake and Fox Creek. That'll be a 10-kilometre commitment. We'll also be looking at Braeburn, which is a smaller component to that. It's 2.5 kilometres in the Braeburn area.

Mr. Cathers: I thank the minister for that detail on Fox Creek. He anticipated my next question. I was going to ask him what was being done at Braeburn. Is the minister able to identify where, in relation to Braeburn, it is? Is it just north of the lodge in that bumpy section of road? If the minister doesn't have that detail, could he get back to me?

Hon. Mr. Lang: I'd have to get back to the member opposite on that. I'm not clear where it is. It is just a 2.5-kilometre commitment to the Braeburn area.

Mr. Cathers: I thank the minister for that and again thank him for that investment in those road projects.

During the budget briefing by Finance officials, they indicated that \$150,000 is included in the 2011-12 budget for another road project: engineering work on the Hot Springs Road. Is the minister able to tell me what that engineering work will include and whether they plan to contract a private sector firm to do all or some of that work? If Highways and Public Works is having that engineering work done by a contractor, can the minister tell me when that contract is expected to go out for tender?

Hon. Mr. Lang: On the Hot Springs Road, we're going the next step: we're doing design work and survey work, geo-tech testing, quantity calculations, final design, environmental assessment and permitting, if required, on final design — and quantities, as well. There will be a specific contract prepared. There will be a contract and it will be let out in the near future.

Question re: Emergency medical services

Mr. Elias: I have a question for the Cabinet Commissioner for Community Services. He is responsible for emergency medical services and ambulance services in rural Yukon, and he has had a lot to say in recent weeks about the level of health care services in rural Yukon. He said that this Yukon Party does believe in rural Yukon, and we back up our words by our actions. Well now, this week, Dawson City residents are living without ambulance service past 4:30 p.m., and over the Christmas holidays, there was an extended period of time where Dawson residents had no ambulance service at all. The Cabinet Commissioner says his promises are backed up by action. What steps has he taken to resolve the latest ambulance problems in his own community?

Hon. Mr. Lang: We do take EMS service very seriously throughout the territory. We certainly work with our communities, our municipalities and also the unincorporated communities. We have, in the past, increased the funding to our communities, working with our volunteers, working with our communities to make sure we maximize the services in those communities.

Certainly, in the City of Dawson and Watson Lake we added paramedics to the mix, so we have two paramedics in Dawson City who work on a regular basis, and of course we have volunteers to complement that service. Those are both in the community of Dawson City and Watson Lake.

Mr. Elias: The Cabinet commissioner has had lots to say about health care services but no one can challenge his statements. He has the opportunity to be a part of the solution here today yet he's silent. It confirms he has taken no action whatsoever —

Some Hon. Member: (Inaudible)

Point of order

Speaker: Member for Klondike, on a point of order.

Mr. Nordick: The members across know full well that that responsibility to speak in the House on that subject is not my responsibility. Asking me a question that I am not allowed to answer is not allowed in this Assembly.

Speaker: On a point of order, Leader of the Official Opposition.

Mr. Mitchell: The member does have the ability to answer based on being the Cabinet commissioner for that portfolio. He doesn't have to, but he can.

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

Hon. Mr. Kenyon: I believe the Chair has ruled many times that any minister may speak to any question. That is well-established in this Assembly.

Speaker's ruling

Speaker: From the Chair's perspective, there is no point of order. It is simply a disagreement among members. Final supplementary.

Mr. Elias: No, I'm continuing my question.

Speaker: Okay, carry on then.

Mr. Elias: In 2007, ambulance attendants in Dawson and Watson Lake walked off the job in protest over their treatment by this government. Where was the Member for Klondike then? Nowhere to be found. That dispute dragged on for months before it was resolved. In 2009, there were similar problems in Mayo, and that community had no ambulance service either. Again, for the commissioner responsible, the MLA for Klondike — he should get on his feet and let Yukoners know what he is doing to resolve these ambulance blackouts in his own community.

Hon. Mr. Lang: Certainly, as we grow into EMS, we've had issues in all our communities and that's why we put the paramedics on the ground in Dawson City and Watson Lake — to give it the solid foundation that the service needed. Certainly, in the community of Dawson, we have 15 volunteers in Dawson and we have nine in Watson Lake. So we have staff in both communities — volunteers and paramedics. Then we have even gone further. We're working with the volunteers in EMS and we work with the RCMP in our communities, community nurses and volunteer firefighters. So we have quite a component of individuals who work with us on EMS, to make sure our communities are well-covered.

Mr. Elias: Actions speak louder than words, Mr. Speaker. What has the Member for Klondike done to resolve these ambulance problems for the residents of Dawson? Nothing. While Dawson goes without ambulance service, the community of Beaver Creek is experiencing similar problems with an ambulance that doesn't work properly. A family ended up driving all the way to Whitehorse with a sick baby. This ambulance problem has been going on for two years. The mother of the child said her community is not considered a priority.

Again, for the commissioner, who says this Yukon Party does believe in rural Yukon and that they back up their words with action, when will Beaver Creek get the service it deserves?

Hon. Mr. Lang: We as a government take emergency ambulance service very seriously. There was an issue in Beaver Creek with an ambulance that had some mechanical problems — some electrical problems. That ambulance has been replaced, so they have an ambulance in place that does the job. This government does take ambulance service very seriously in our communities and no government has ever re-sourced emergency medical services like this government has.

We have paramedics in Dawson City and Watson Lake — they are covering. We have an agreement with community nurses, RCMP and the volunteer firefighters. So we're covering all our bases. As far as the ambulance in Beaver Creek is concerned, it was an electrical problem. That has been resolved by replacing the ambulance, and the ambulance with the electrical problem has been brought to Whitehorse to be fixed. So that has been done.

Question re: Yukon Housing Corporation mortgage portfolio

Mr. McRobb: Yesterday, I asked the minister responsible for the Yukon Housing Corporation simple and straightforward questions about protecting Yukoners' housing loans. Instead of responding in kind, the minister resorted to his usual approach of avoiding the question and attacking the messenger. In the course of his doing so, he put on record some contradictions that I'd like to explore today.

First, the minister stated that the Housing Corporation never had plans to sell off its housing loans portfolio. Then, he said there was a plan, but he didn't read it. This minister has some 'splainin' to do. Which version should Yukoners believe — no plan, or there was a plan, but he didn't read it?

Hon. Mr. Kenyon: I suppose the shorter answer is the plan is in the budget that the members opposite have said that they'll vote against. No matter what we say, no matter what we do, on principle, they'll vote against it.

But I do point out for the member opposite again that there is a very significant difference between Management Board, which is a committee of Cabinet that makes financial decisions on behalf of the government, and the Management Board Secretariat, a division or branch of the Executive Council Office, which looks at a variety of proposals and does analysis. They did such analysis for the Housing Corporation, and the decision was made very promptly not to take it to Management Board. It never came to Management Board; it never came to Cabinet; and in fact the government put \$7 million into last year's budget, which the member opposite seems to have not bothered to read — but he did vote against it.

Mr. McRobb: Mr. Speaker, those are all part of the Yukon government and this Yukon Party is supposed to be in charge. This is the same minister who told this House he doesn't read his corporation's board minutes. Now we discover he doesn't read its plans, even though the sell-off of hundreds of Yukoners' mortgages was being considered without their knowledge. Yesterday in this House, he said, and I quote: "The

corporation has no plans — never has and never will — to sell off any kind of a mortgage portfolio.” Then he said, “I’ll state again for the member that such a plan was looked at by Management Board Secretariat ...” Mr. Speaker, these are direct quotes from the minister responsible for the Yukon Housing Corporation.

Can the minister tell us the level of involvement by his officials into the development of this plan?

Hon. Mr. Kenyon: No, I don’t normally see the minutes of the corporation. But, interestingly enough, after the Member for Kluane made that point in the last session, I did ask to see some of the minutes, particularly the ones during the very short-lived Liberal regime — the shortest lived majority government in the history of the Commonwealth of Nations. You have to be really trying to do that one.

What I found was a Liberal minister, acting on behalf of the Liberal Cabinet, who was at many of the meetings and did give very distinct direction to the board. This is something we don’t do. We don’t give direction to the board; we don’t Google government employees; we work very carefully and respect the work of our public servants; we don’t go after them — certain words that I can’t use in this Assembly — and we don’t make wild accusations in this House, as the member opposite has, claiming that the Government of Yukon was posting job applications in a sex shop.

On this side of the House, we’re responsible to give the facts. That responsibility seems to be absent on the other side.

Mr. McRobb: I guess the minister’s inbox is nine years high. Now, he tells us that a plan to sell out Yukoners’ doesn’t exist, but it was reviewed by this government. Now it turns out that this non-existent plan was prepared by his own officials, but he didn’t read it. Yukoners know better than to trust this government, and this is another case in point.

Documents provided through access to information proved this is true, yet this minister remains in denial. We also know that officials met with this minister to discuss these matters.

For the record, will he now answer this specific question: when did he meet with officials to discuss the plan to sell off Yukoners’ mortgages?

Hon. Mr. Kenyon: Again, for the member opposite, we are responsible on this side of the House for dealing with fact and reality. In fact, what the member tabled as his proof was a Management Board Secretariat analysis done by the good members of the Management Board Secretariat — public service employees who do an excellent job and really shouldn’t be subject to that sort of accusation in the House. That is in incredibly bad taste.

It never came to Cabinet and it was never discussed at that level. However, I do have to point out for the member opposite that he missed \$7 million in last year’s budget and claimed that it didn’t exist, or he didn’t read it. There is another \$7 million in this budget, but he won’t read that either. He didn’t read last year’s; he didn’t read this year’s. Mr. Speaker, when it is 10 minutes to 2:00 on this side of the House, it’s still 2001 on the other and that’s scary.

Speaker: Question Period has now elapsed.

Notice of opposition private members’ business

Mr. McRobb: Pursuant to Standing Order 14.2(3), I would like to identify the item standing in the name of the Official Opposition to be called on Wednesday, February 16, 2011. It is Bill No. 114, standing in the name of the Member from spectacular Kluane.

Mr. Cardiff: Pursuant to Standing Order 14.2(3), I would like to identify the item standing in the name of the Third Party to be called on Wednesday, February 16, 2011. It is Bill No. 113, standing in the name of the Member for Whitehorse Centre.

Speaker: The honourable member is also allowed to do a promo for his riding if he so chooses, as did the Member for Kluane.

Acting Government House Leader’s report on the length of sitting

Mr. Nordick: I rise pursuant to the provisions of Standing Order 75(4), to inform the House that the House Leaders have met for the purpose of achieving agreement on the maximum number of sitting days for the current sitting. The House Leaders have not reached an agreement on the maximum number of sitting days for this sitting.

Speaker: Accordingly, pursuant to Standing Order 75(3), I declare that the current sitting shall be a maximum of 30 sitting days, with the final sitting day being Monday, March 28, 2011.

We will now proceed to Orders of the Day.

ORDERS OF THE DAY

GOVERNMENT BILLS

Bill No. 23: Second Reading — *Third Appropriation Act, 2010-11* — adjourned debate

Clerk: Second reading, Bill No. 23, standing in the name of the Hon. Mr. Fentie; adjourned debate, the Hon. Mr. Fentie.

Speaker’s statement

Speaker: Before the Hon. Premier speaks, while the Clerk is up giving announcements on proceedings of the day, I’d ask all honourable members to respect the orders of the House and be quiet while the Clerk is giving that information.

The Hon. Premier, I think, has five minutes left.

Hon. Mr. Fentie: Where we left off was in a discussion with members opposite, the Official Opposition and the Third Party, about the budget documents themselves and what they all mean. It certainly relates to constructive debate, if we’ll ever get there. The Liberals and the NDP in this House are going to have to come to terms with what’s in the budget documents.

We were doing an overview of the glossary, explaining to the members opposite that there are a number of elements of accounting requirements under public sector accounting guidelines and full accrual accounting that will generate, from time

to time, variances during the course of the fiscal year. We've gone through that with some of the second reading speeches. As I opened my remarks, I laid out, in general terms, areas of expenditure that are required during the course of the fiscal year. They include environmental liabilities, increased physician claims and increased hospital claims, collective bargaining agreement obligations and solvency matters, both for the Hospital Corporation and Yukon College.

What we find very interesting in that regard is, moments after the second reading speech was delivered in regard to environmental liabilities, here's what the Liberal leader said, "The Premier talks about the environmental liabilities and how they couldn't be booked because they were unknown, but the Premier could have stood here in this House last spring and said that it's only prudent and proper procedure to book \$1 for those environmental liabilities."

Then, up popped the Leader of the Third Party, the Leader of the NDP, and jumped right in, in defence, I guess, of the Liberal leader who has just stepped in it, and said that, "The Minister of Finance made several comments and she would credit the Leader of the Official Opposition ..." — that's a good one, an NDP crediting a Liberal; it's hard to tell them apart these days — "...with respect to just having the credibility to book items with a nominal value amount so we can acknowledge and the government acknowledges as a budgeting planning exercise that they are aware of these obligations."

Mr. Speaker, here's the problem — in the budget documents themselves, as we pointed out, page 10-14, for the fiscal year of 2010-11, what did we find? Environmental liabilities, \$1; exactly what the government said it was doing to signal the potential of variances during the course of the fiscal year when it comes to environmental liabilities. The Leader of the Official Opposition — the Liberals — and the Leader of the NDP said we did not do that.

I want to go further. Yesterday, in the opening speech for second reading, here's what was stated by the government side — by me.

By matter of convention and courtesy of the Legislature, the adopted practice of the Yukon government has been to identify a \$1 vote for environmental liabilities. I need not go further, Mr. Speaker. The point is that we're trying to have a constructive debate with the Liberals and the NDP who refuse to accept the facts that are before them.

Now, let me point out what they said to the public, because this is where it comes down to the issue of trust and the fact that the Liberals and the NDP are in this together. They said that the opposition parties will be using the upcoming sitting in the Legislature to lay out their visions for the territory.

Is that it? Statements that are not even consistent with what was put before them moments before they stood up and made these wild statements. Mr. Speaker, it is about trust. No Yukoner can trust the Liberals or the NDP with the finances of this territory; they refuse to accept the facts. They refuse to accept the fiscal position of Yukon and they refuse to tell Yukoners in their view what that fiscal position is. That's not trustworthy, Mr. Speaker; that's empty. That's empty criticism. There is a file out there called "useless information."

What we need here is the Liberals and the NDP to stand up and tell Yukoners how they would have managed the finances of the Yukon over these last nine years. What would the results have been under their management? Nothing.

Speaker: Are you prepared for the question?

Some Hon. Members: Division.

Division

Speaker: Division has been called.

Bells

Speaker: Mr. Clerk, please poll the House.

Hon. Mr. Fentie: Agree.

Hon. Mr. Hart: Agree.

Hon. Mr. Kenyon: Agree.

Hon. Mr. Rouble: Agree.

Hon. Mr. Lang: Agree.

Hon. Ms. Horne: Agree.

Hon. Mr. Edzerza: Agree.

Mr. Nordick: Agree.

Mr. Mitchell: Disagree.

Mr. McRobb: Disagree.

Mr. Fairclough: Disagree.

Mr. Inverarity: Disagree.

Ms. Hanson: Disagree.

Mr. Cathers: Agree.

Clerk: Mr. Speaker, the results are nine yea, five nay.

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

Motion for second reading of Bill No. 23 agreed to

Mr. Nordick: 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 Acting Government House Leader that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole. Are you agreed?

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. 23, *Third 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. 23: *Third Appropriation Act, 2010-11*

Chair: The matter before the Committee is Bill No. 23, *Third Appropriation Act, 2010-11*. We will now proceed with general debate.

Hon. Mr. Fentie: It has been an interesting second reading discussion — really, really astonishing in terms of how the Liberals and the NDP expect this side of the House or Yukoners to put any credence into what is required representation of the Yukon public, because what has been put on record, frankly, is worse than laughable.

Let us hope in Committee that we can turn that around and demonstrate to the Yukon public, at least on their behalf, that the Official Opposition and the Third Party actually have some credibility that would place some shred of trust back into the Yukon public.

Bill No. 23, *Third Appropriation Act, 2010-11*, is also referred to as *Supplementary Estimates No. 2, 2010-11*, I am more than pleased to refer this bill to Committee of the Whole for debate.

The *Third Appropriation Act, 2010-11* provides for sums required of some \$25.664 million, which is consistent with the amount previously identified in the special warrant. It has been suggested that the special warrant was not necessary. Well, Mr. Chair, I discussed at some length during second reading, though I now stand with some reservation that anything said in terms of debate, any documentation presented to the opposition members, means little. However, in second reading, some of the risks the government faced, had a special warrant not been issued, were substantial, and frankly, these were risks the government was simply not willing to take.

While the Legislature conducts its business, the special warrant ensures that government officials have the requisite legal authority to make the expenditures delegated and entrusted to them. That's the instrument or the purpose of the instrument known as a special warrant. The members will have the opportunity very shortly to raise questions in general debate and/or line by line, department by department with me and various ministers who are seeking appropriation increases. Therefore, there is no need to go into great detail at this time.

On the expenditures, the *Third Appropriation Act, 2010-11*, provides for \$25.664 million for increased expenditures as identified under the sums-required column, offset by the sums-not-required column of some \$38.584 million. My comments will be limited to the sums required.

For the Department of Environment, \$5.116 million is identified to recognize a reasonable estimate of the Government of Yukon's known environmental liabilities. At this point, at the risk of being repetitive, I'm going to be delving into this issue, because this was the very crux of the problem here yesterday, even though budget documents before the members opposite, as far back as the estimates as tabled for 2010-11, showed a \$1 allocation for environmental liabilities in the main estimates of 2010-11. That was on page 10-14. Also, in the speech delivered in second reading right here in this House, there was detailed reference to the \$1 item as a signal for possible further environmental liabilities needing to be booked

during the course of the fiscal year, an explanation of standard practice. That is how business is done as we do our books.

What did we hear from the opposition? First, the Liberal leader stood up and said that's what we didn't do. The Liberal leader actually stated to this House — right here in this House — that's what we didn't do. Mr. Chair, let me refer to the printed word, and if the member has a problem with how *Hansard* records what he says, I suggest the member refer that to another venue.

Mr. Chair, here's what the Liberal leader said: "How can Yukoners really trust in this Premier's estimates that we're going to have a surplus this coming year and rebuild the savings? The Premier talks about the environmental liabilities and how they couldn't be booked because they were unknown, but the Premier could have stood here in this House last spring and said that it's only prudent and proper procedure to book \$1 for those environmental liabilities."

At this point, Mr. Chair, let me reference page 10-14 of the main estimates for fiscal year 2010-11. And if the member cared to take the time necessary to refer to that page he would then require, or understand, that there's a requirement to stand before the House and correct the record. Yes, there it is on page 10-14.

Some Hon. Member: (Inaudible)

Point of order

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

Mr. Mitchell: The honourable member has asked me to stand and correct the record, so I thought I should take the first opportunity to do so.

Chair's ruling

Chair: Order please. On the point of order, that is not a point of order. If the member has a point of order, please state the point of order first, and then back up the point of order with an explanation. Mr. Fentie, you have the floor.

Hon. Mr. Fentie: The Liberal leader went on to say, "We can't estimate them ..." Well, you didn't have to; it was already in the main estimates. "We can't estimate them, so we won't put an amount in the budget that might be too high or too low. The \$1 is to telegraph — to tell all who read the budget — that there will be a number before year-end."

Well, there is, Mr. Chair; it's in this supplementary, so let's follow this through. The main estimates, page 10-14 — the \$1 reference for environmental liabilities; *Supplementary Estimates No. 2, 2010-11* — Bill No. 23 — \$5.116 million of booked environmental liabilities. The member does have a real problem here with trust.

Then up pops the NDP leader. Hearing this from the Liberal leader, I guess the NDP leader thought, "Well, this is good. Let's criticize the government for this very difficult situation — this mistake they have made in failing to inform the Yukon public about a \$1 booking for environmental liabilities, which, by the way, was already in the budget documents and referenced in the speech before this House, moments before the two leaders in opposition jumped to their feet in righteous indignation.

Here's what the NDP leader said: "The Minister of Finance made several comments — and I will credit the Leader of the Official Opposition ..." The NDP leader has just credited a Liberal leader who has stood on the floor and has not even related the facts to the Yukon public, and the NDP leader has now credited that. Trust, is it? And "the Liberal Party" — my goodness. I guess the NDP leader is looking for assistance and has turned to the Liberals. "... with respect to just having the credibility to book items with a nominal value amount so we can acknowledge and the government acknowledges as a budgeting planning exercise that they're aware of these obligations."

Could I ask the NDP leader: what then is on page 10-14 in the main estimates for 2010-11? How does that relate to *Supplementary Estimates No. 2, 2010-11*, Bill No. 23, that clearly states that the government is booking a \$5.116 million environmental liability, as was signalled back when the main estimates were tabled?

Does the NDP leader want to correct that statement? Does the NDP leader want to stand up before the Yukon public and demonstrate this issue of trust in the public of the leader and the NDP and the Liberals and reference the fact that was an incorrect statement, possibly too enthusiastic in listening to the pearls of wisdom coming from the Liberal leader, and jumped far too soon?

That is not constructive debate. By the way, that's a slap in the face to all Yukoners who heard these two leaders state, when this House was announced to be reconvening on February 3, that they would be using this sitting to demonstrate to Yukoners what their plans are for this territory and its future. This is what we get? This is an outrage, an absolute outrage that this institution and the Yukon public is subjected to this nonsense.

The good of this supplementary: it meets our environmental liabilities, as we demonstrated and signalled we would in the main estimates of 2010-11. Those environmental liabilities are very important. We clearly account for them so the Yukon public can trust in what their actual liabilities are overall.

Furthermore — and this is getting really astonishing, when it comes especially to the NDP, those champions of universality in health care — this supplementary required an increased allocation of funds to cover the needs of Yukoners when it comes to physician claims. Simply put, for the members opposite, that means Yukoners, during the course of the fiscal year, have to go see a doctor.

The NDP, the champions of universal health care — and they take issue with an expenditure like that? And the NDP leader states to the public that the NDP is going to get to the bottom of this deficit. Yes, sir, that deficit. Frankly, the Yukon Party government created a savings account to be used in times of need and, when Yukoners need to see the doctor, that's a need we are going to address. In the supplementary is a substantial increase for the Department of Health and Social Services to address physician claims.

By the way, there's a further increase for hospital visits. I don't know what the opposition parties in this House think that's about, but by having a savings account that allows us to

address those kinds of needs for Yukoners when they have to go to the hospital, the Yukon Party government is going to stand up and represent the public interest and ensure that Yukoners can actually go to the hospital when they need to.

Now, we hear constantly the issues of the social safety net, especially coming from the NDP. Well, in this budget there's a significant increase for social assistance. If the opposition takes issue with variances during the course of the fiscal year, variances that change the main estimates up or down, whatever the case may be, how can they explain what they would do in the context of the position they've taken when it comes to increased needs for health care, increased needs for social assistance? This comes down to their statements that they would provide the public exactly what they would do, and here's the golden opportunity for them. A number of days have gone by in this House and we have heard nothing but this whatever you'd call it — reflection of non-factual information about a \$1 item in the budget. Is that their plan?

Yukoners deserve much, much better.

I need not go on about what's all in the supplementary budget, Mr. Chair. It is areas of expenditure required by government, including employee wages, including taking care of solvency issues for pension funds at the Yukon Hospital Corporation and Yukon College. We, the Yukon Party government, in every fiscal year that we've managed the finances of the Yukon Territory — and we're in our ninth — have always met the needs of Yukoners during the course of a fiscal year. We can do so because we created the fiscal room and capacity in the Yukon that allows us to meet those needs.

Now it's up to the opposition to stand on the floor and say to Yukoners what they would do, present to Yukoners how they would have handled solvency issues, how they would have handled increased health care needs, how they would have handled employee wages and how they would have handled environmental liabilities. Please, Mr. Chair, would the opposition correct the record and demonstrate to the Yukon public that they have at least one shred of credibility when it comes to financing and arithmetic.

Mr. Mitchell: Well, that was interesting, Mr. Chair.

That was fascinating and I am sure that Yukoners are listening with rapt attention to the tone set in this House by the Premier for the last two weeks, and it carries forward today — the high-road, high-level, non-partisan approach that this Premier espouses when he's out speaking at Business After Hours or on the radio, but not when he's in this House. We're not going to get down to that level, Mr. Chair, because that's not what Yukoners are looking for.

But I do need to correct the Premier on a few things. First of all, the Premier has twice today quoted from *Hansard*. Just as the Premier likes to give us advice about budgeting and how to read a budget, I'm going to give the Premier some advice on reading for context.

Some Hon. Member: (Inaudible)

Mr. Mitchell: The Premier says he can hardly wait; he is eager to learn how to be a better scholar and read for context.

Well, we'll just assist the Premier with that. Of course, we heard the Premier's opening remarks yesterday where he explained that there was \$1 budgeted for environmental liability. Of course we heard that; that's what we were referring to on this side when we said there was another way. So I'm going to read the item again to the Premier so he will understand what was said. On page 7401 — the Premier apparently was in such a hurry to quote that he didn't read to the end of the paragraph — I said, "How can Yukoners really trust in this Premier's estimates that we're going to have a surplus this coming year and rebuild the savings? The Premier talks about the environmental liabilities and how they couldn't be booked because they were unknown, but the Premier could have stood here in this House last spring and said that it's only prudent and proper procedure to book \$1 for those environmental liabilities. We can't estimate them" —

Some Hon. Member: (Inaudible)

Mr. Mitchell: Excuse me, Mr. Chair — I believe I have the floor, but it's hard to hear over the Premier who wants the floor both standing and sitting.

The Premier went on to say, "We can't estimate them, so we won't put an amount in the budget that might be too high or too low. The Premier told us the \$1 is to tell all who read the budget that there will be a number before year-end." The Premier did say that, and I was repeating it. But he could have said, "And likely just from that amount alone, this won't be a surplus budget."

I went on to say, "If he had done so, he would have fewer critics." Now, the point of it is, we were saying, yes, you can put a \$1 line item in the budget. I don't have the numbers in front of me, but I think the environmental liabilities booked from the previous year were around \$2.8 million. So, if the Premier had just booked \$2.8 million the previous year, it's probably pretty likely that it wouldn't be \$1 or \$10 or \$10,000 the next year.

The Premier could have put a number in there that was his best estimate of what the liability would be. That might not have been convenient for the Premier. So let me refer to what the Auditor General said today, because this is pertinent. The other item the Premier went on to speak about a little later in his remarks was the unknown cost for medical travel. The Premier has just repeated in this House this afternoon: would the members opposite not be willing to pay for these costs of medical travel for the unknown cost that would be incurred when Yukoners get sick?

Of course, as I said yesterday, he's creating a straw man because what party would ever stand here and say that? The Premier is both asking and answering the questions. What did the Auditor General find for this excuse as to why, not only were the amounts increased in two supplementary budgets when she did her review, but in 2008-09 and 2009-10, even beyond the supplementary budgets that were tabled, she found the department spent even beyond that. She said that was not in compliance with the *Financial Administration Act*.

Then the Auditor General went on to recite the department's explanation, which the Premier has cited. She said that, according to the department, the overspent amount in both

years was due to costs from other jurisdictions that the department did not budget for. What did the Auditor General say? She said that an estimate of these costs should be made before the year-end so the department can request supplementary estimates for any additional costs. In other words, the government knows as the year progresses that there is medical travel. In the case of the largest overage in the budget, it was because of the medical travel and yet the department knows when medical travel is requested because officials have to authorize the travel. It is not an impossible exercise to come up with a better estimate for that.

What we said last year — we had so little confidence in these main estimates when they were tabled — was those estimates a year ago provided for less money to be spent in these areas — less money to be spent in Health and Social Services, in the main estimates — than what the sum total had been including the supplementary in the previous year. We said in the spring of 2010-11 that we did not have confidence in this Premier's budgeting exercise because the Premier — in several departments, but in especially in Health and Social Services — was budgeting less money than what that department had required the previous year with all of its supplementary budgets included. The Premier basically mocked this side of the House and said, "apples and oranges" and "the members don't know what their talking about."

We said the \$2.9-million surplus would never hold because the Premier was not providing good enough estimates, based on previous years, of what medical O&M would cost. In point of fact, that turned out to be correct. This Premier was wrong. He was wrong the year before because, in fact, this department did require more money to provide health to Yukoners. What we said to the Premier then and what we say now is, "Simply budget for what you know is most likely going to be the case instead of being so concerned with creating a positive bottom line that you present estimates in this House and then come back twice more during the year and say, 'We spent more money than we anticipated and we need yet more.'"

You know, it was this Premier who said for years that he would not table deficit budgets. We actually agree with this Premier; there are times when having saved money over time, you're going to spend that money; otherwise, you would have an endless savings account. That's not a problem here because there is no endless savings account; it was some \$200 million in net financial resources around five years ago.

It was \$135 million, I believe, three or four years ago. It is now \$18.2 million, and that's simply based on where the line was cut off and projected back in December. We don't really know for sure that it won't dip even lower by the end of the year.

The Premier tries to have it both ways. He says on the one hand these are the most accurate estimates. Then he says on the other hand that things change, there are things that can't be booked and so they're going to change. What did we say last year when this budget was tabled? We said to the Premier that there is going to be a settlement. Presumably, the Premier didn't want to have a strike, so there is going to be a settlement with our employees.

The Premier knew there was going to be a settlement. He didn't have to necessarily specify what it was. There could have been contingencies in this budget but, in fact, what he stands here now and says — and stood here yesterday and said — is that they couldn't put anything in the budget because it would reveal their hand for negotiations, that they didn't want to let the government employees have any idea they might give them a raise.

Mr. Chair, I think we knew on both sides of this House that, at the end of the day, the employees would be given an increase commensurate with, at the least, the cost of living and inflation. There was never any doubt about that, which is why we never had any doubt that the \$2.9-million surplus was an imaginary surplus. It was an “imagine the future” surplus, but it wasn't a surplus that would ever hold up.

Now I will commend the Premier about one thing — he has finally stopped standing in this House and trying to say that a deficit isn't a deficit just by his say-so. He has acknowledged that in fact he has run deficits for two years in a row. He has listened to the public response of not having confidence in the information that he provides them, so there are new words in the budget speech this year. It says that of course we will spend the savings in times of need, because he realized the folly of his words when he said he wouldn't.

This supplementary budget confirms our claim last year that the Yukon Party government underestimated health care costs by millions of dollars. It moved from \$230 million to \$257 million, which — surprise of surprises — was a little more than the total that had been spent the year before.

Why ever did the government think that it would suddenly take a downturn? The government likes to tell us that we have had population increases. Did the government think that with an increased population we would spend less money on health care? The government has been telling everyone who will listen that there is increased mining activity. Did the government think that with increased mining activity, there wouldn't be the need for additional health care — that there might not be people who are hurt in the workplace who would need health care? That's why we call into question this government's ability to forecast.

You know, when I read through and listened to the Premier's remarks yesterday, he had an explanation for everything. He had an explanation for the environmental liability, for which he was not prepared to book any amount other than the token \$1. He had an explanation about the Yukon College and Yukon Hospital Corporation emerging pension liabilities — something he had talked about many times over the previous year — so he knew that those liabilities existed. He had an explanation about increased health care costs, which we had said would exist. So the real question for this Premier is this: since he knew all these facts going in, why didn't he work harder to present a budget that would have included room for the expenditures that everyone in Yukon, besides him, recognized would be necessary?

Before the Premier gets to his feet again and starts claiming that, by questioning his budget, by questioning the financial direction of this government, we're criticizing officials. I want

to point something out for this Premier. The officials create a budget based on the direction provided by the Minister of Finance and his colleagues. They don't sit down in some back room and create a budget and then phone the Premier up one day and say, “Mr. Premier, good news. We've written your budget.” There is constant back-and-forth consultation with the Minister of Finance, the Minister of Health, the Minister of Community Services and every minister who sits on the government side and serves on Executive Council. They are responsible for providing direction and for indicating what their priorities are. The officials then do their best, based on the direction they're given, to provide a budget that answers the requirements as presented by the government of the day.

If Yukoners are to believe the Premier's view of how budgeting works, the Premier is suggesting that there is no input from the elected members, that all is done only by the officials, as if the government were just running on autopilot without any political governance whatsoever. That's not how it works and the Premier knows that.

The officials can only do the best they can do, provided with the direction that the government gives them. If the government says, “Our priority is to only spend this much money over here because we want to spend more money over here,” then that's what the officials are charged with coming back with.

So let's not keep claiming that every time there is criticism of the spending trajectory or the spending decisions of this Minister of Finance, that it's simply members of the opposition criticizing officials. If the Premier wants, I can stand here all afternoon or until we break to meet with officials, and I can read the Premier's own words back to him when he was in opposition. He had lots to say about the spending trajectory of the government of the day, prior to when he was in government. He had lots to say when he served with the NDP, not only when he served as this minister, but when he was in opposition. He had lots to say from the perspective of two different opposition parties about spending trajectories of the day. First he criticized the Yukon Party and then he criticized the Liberal Party when they were in government.

Does the Premier want us to believe that what he really meant back then was that he was being highly critical of the officials of the day? Is that what he was doing when he challenged those budgets and those spending trajectories? Was he criticizing officials? Because that would be shameful. We're not criticizing officials either, and the officials know it. This Premier should stop making those assertions, because Yukoners are tired of hearing them.

I think that pretty much answers both the partial quotation that the Premier was having so much fun with twice today, where we've pointed out that the purpose of what I said yesterday was to point out that the Premier could have said, when he told Yukoners that there's \$1 in the budget for environmental liability, that no doubt there will be more money spent on environmental liability and the \$2.9-million surplus won't stand. He didn't say that.

The Premier could have said, “No doubt there will be unexpected additional health care costs, and that will cause us to

spend more money and again reduce the surplus or move into deficit." He didn't say that.

He stood here and told us how much money he was proud to be putting into the budget for Health and Social Services and he indicated it was going to meet all the needs of Yukoners. When we said at the time that that would not be sufficient and that this Premier was not providing Yukoners with an accurate picture, he said, "Shameful. Criticizing officials." Well, for the officials, let's be clear: we are criticizing this Minister of Finance and his colleagues for when they stand here in the spring and talk about surplus budgets, and then stand here in the fall and talk about deficit budgets.

Again, the Premier might have got away two years ago with saying, "Times changed. We hit hard economic times. We had to spend money to stimulate the economy." That might have worked in 2008-09 and it might have worked in 2009-10, but can this Premier explain how, for the third year in a row — when we were right in the heart of the world economic downturn to which the Premier refers, and yet we were receiving record amounts of money through the additional stimulus programs that the Government of Canada was providing — tens and tens and tens of millions of dollars or additional funding — he can stand here and say that we will have surplus budget?

Then he spent all those millions of dollars and more and provided us with a deficit at year-end, and then comes back to Yukoners and says that it was because we had to deal with the economic downturn. He knew about the economic downturn for over a year before that. Suddenly he tabled a budget in the spring, and then said, at the end of the year, that his budget didn't account for the economic downturn and so they spent more money. At the same time, they borrowed money through two Crown corporations.

I'll say again for the Premier — I'll ask him — since we want to finish with the question that he'll perhaps refer to, why did this Premier, in the spring, tell Yukoners that we would have a surplus budget when he had provided estimates for health care O&M that were less than the total that had been spent the previous year, including supplementary budgets? Why did he do so, when he knew there would be a need to eventually book an environmental liability — though, granted, he didn't know what the amount would be? Why did he claim, here we are, without building any contingencies for those two items or for paying the employees their contractual wage increases, which he knew would be coming, and try to tell one and all and the chambers of commerce and the media how this was going to be another surplus year? He should have known better. Why didn't he?

Hon. Mr. Fentie: I see the Liberal leader is very sensitive about these comments regarding officials. He should be because they've Googled them and, in many other instances, have demonstrated a real lack of understanding of what officials actually have to do. The member's dissertation of how budgets are constructed is not even worthy of comment, but I'm going to have to point a few things out. First, the member did quote from *Hansard*, page 7401, and didn't even quote that correctly because the Liberal leader did insert, at his conven-

ience, a few things in his so-called quote of what's written in *Hansard* — so much for that.

Now, the member delved into expenditures from the previous year and made reference to the fact that there was some sort of issues around the *Financial Administration Act*. On page 49 of the *Public Accounts*, the item referred to by the Liberal leader is duly noted and booked — a \$3.7-million.

Now if we can separate — unshackle — the Liberal leader and the NDP leader, we may be able to get to a constructive debate. It's pretty hard to tell them apart these days. On page 49, that was duly noted.

Now, let me refer to the Auditor General's report of our public accounts. It's not our words. It's not my words. It's the Auditor General's written word. I reference the last paragraph. This speaks directly to another statement that the Liberal leader just made on the floor of this House. It goes on to say — and I will quote this without inserting anything — "Further, in my opinion, the transactions of the Government and of those organizations listed in Note 2(a)," which, of course, are items within the consolidated statements, which would include Yukon Housing Corporation, Yukon Hospital and so on; it goes on to say, "to the consolidated financial statements that have come to my notice during my audit of the consolidated financial statements have," — and I'm going to have to repeat this a couple of times — "in all significant respects, been in accordance with the Government's powers under the *Yukon Act*, the *Financial Administration Act* and regulations and the legislative authorities and by-laws governing the organizations listed in Note 2(a)."

The member just stated on the floor — and if he wants to have *Hansard* brought in here, we can do that — issues that are clearly refuted, not by the government, but by the Auditor General. Furthermore, in the context of openness and accountability, the government even put it in its public accounts — duly noted it. So, I don't know why the Liberal leader continues to go down this road, but it certainly isn't demonstrating much in the way of a plan for this territory, based on leadership.

Mr. Chair, the pension issue. The Liberal leader just stood on the floor and said, "Well, what's the big deal? The member knows — the leader, the Finance minister knows — that there are going to be issues of pension solvency — knows it's going to be. It's going to happen, no matter what. I guess the Liberal leader knows better than actuaries. Well, we wait for the actuarial report. It just so happens they come in during the course of the fiscal year, and accordingly, once the actuarial report or reports have been received, we duly make the adjustments, if any are required and when necessary. By the way, that is part of the pension regulation process.

So I guess the Liberal plan for managing the finances would be to book a pension amount by guesstimation, not by actuarial report. Okay, we're getting somewhere. We've got platform 1 of the Liberal plan for the finances of the Yukon, and that is to book pension amounts by guessing at them and, what the heck, the actuarial reports — what do they mean? So, platform plank No. 1, financing financial management of our pensions by the Liberals — guesstimation. Will the Yukon Party government — let's be clear — take a much different

approach? We take the approach of waiting for the actuarial reports to be presented, as required.

What else have we got here, Mr. Chair? The stimulus issue — we all recall the heady days of when it was quite chic, at the time, for the Liberal leader to stand and accuse and criticize the Yukon Party government of doing nothing in the midst of the worst global economic downturn and financial meltdown we have experienced since the Depression. Well, Mr. Chair, all through that, the government was stimulating the economy, working in partnership with the Government of Canada, through the economic action plan for Canada, which resulted in millions more dollars brought into this territory for further stimulus.

At the same time, we were meeting these health care needs, waiting for actuarial reports for pension solvency, booking our \$1 signal for environmental liabilities. By the way, this gets back to the officials issue.

The Liberal leader wouldn't even give the courtesy to the officials in the Department of Environment to do the work of assessing what will be the required environmental accounting in any given fiscal year. The Yukon Party government doesn't take that approach. We'll wait until those officials do a thorough analysis and assessment of what the requirements will be when we book in any fiscal year the environmental liabilities that are the responsibility of the Yukon government.

At this point, let me remind the Liberal leader of something. There may be instances where environmental liabilities are not the responsibility of the Yukon government and the Yukon taxpaying public.

Under the second plank for the Liberals in financial management, they would again guesstimate what the environmental liabilities are — what the obligations and responsibilities of the Yukon government and the Yukon taxpayer are. When it comes to environmental liabilities, they would guesstimate them, putting Yukoners even further in jeopardy of taking on liabilities that might not even be the obligation of the Yukon.

That's why we do the work of the assessment and book the environmental liabilities that are the result of the assessment accordingly.

We have two platform planks now for the Liberals and financial management — guesstimate pension solvency and guesstimate environmental liabilities. Yukon Party government's financial management approach — wait for actuarial reports on pensions to determine if there are solvency issues and, once known, what is required of government to address them; and allowing the Department of Environment officials who do the hard work — to whom the Liberals wouldn't even give the courtesy to — of doing the analysis of environmental liabilities in any fiscal year and then book them accordingly.

So Liberal financial management on pensions and environmental liabilities — guesstimate the pension solvencies, guesstimate the environmental liabilities.

The Yukon Party financial management actuarial reports for pensions and allow the environmental officials to do their work of assessing what environmental liabilities there are.

I could be here a long time, Mr. Chair. Unfortunately, we will be wrapping up here shortly to allow witnesses to come

into the House, but I think it comes down to this: what the Liberal leader is saying is that the Yukon Party government presents a budget document that is not the actual fiscal position of the Yukon. If that's the case, we'll leave the Liberal leader to explain that one but, frankly, the Liberal leader, if that's the position, because he states it over and over again — if that's a position, then what is the financial position of the Yukon? When will the Liberal leader enlighten us and provide that position? We know how they would do it with pensions and the solvency issue; we know how they would do it with environmental liabilities.

On the health care front, they would also do it this way: they would tell Yukoners that we know what we're doing; we know what the costs of health care will be in the coming year; we know how many heart attacks there will be; we know how many vehicle accidents; we know how many visits to physicians; we know how many visits to hospitals; we know what the health of each Yukoner is in the coming year and we will book those recorded amounts according to that information and knowledge we have of the health of Yukoners.

So, third plank: the health of Yukoners will be clearly booked and accounted for at the start of a fiscal year by the Liberals, regardless of what might happen through the course of the fiscal year. Pension solvency issue — guesstimate; the environmental liability issue — don't even bother giving the courtesy to department officials of the Department of Environment to do the analysis — guesstimate; and dictate to Yukoners what their health is. That's the third plank. Wow, that's quite the financial management. The only way the Liberal leader is going to get out of this is to stand up on the floor of the House and tell Yukoners what — if the Liberals don't believe that the budget documents before us are the actual fiscal position of Yukon by way of the estimates presented to this House, then go ahead and tell Yukoners what that fiscal position is. Let me recite for the House what it is: Yukon Party fiscal management has taken this territory a great distance.

Upon coming into — oh, I guess the NDP leader thinks it's funny; let us go back to the heady days of the NDP government and Liberal government. The maximum amount of fiscal capacity this territory had was in the range of \$500 million and we were not fully booking the leave liability of government employees. That was a qualified audit each and every year. We were not booking that, and we did not have the means to meet the challenges of the Yukon Territory. What was the result? Double-digit unemployment, exodus of our population — especially those 25 to 40 years old; or skilled people left this territory — a totally debunked protected areas strategy that drove investment and industry out of this territory. It was a complete debacle. Where are we at after nine years of Yukon Party government financial management? Well, we have a fiscal capacity of \$1 billion; we have a savings account. We are one of only two jurisdictions in Canada that can say this: we are not in net debt position.

We have a savings account that allows the Government of Yukon, because we have the fiscal resources available, to finance future government operations. That said, I look forward

to further constructive debate and ferreting out what the Liberal fiscal plan is.

I move that we report progress.

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

Motion agreed to

Chair: Pursuant to Motion No. 1273, adopted by the House on February 10, 2011, the Committee will receive witnesses from the Yukon Hospital Corporation. In order to allow the witnesses to take their places in the Chamber, the Committee will now recess and reconvene at 3:30 p.m.

Recess

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

Pursuant to Motion No. 1273 adopted by the House on February 10, 2011, Committee of the Whole will now receive witnesses from the Yukon Hospital Corporation. I would ask all members to remember to refer their remarks through the Chair when addressing the witnesses, and I would also ask the witnesses to refer their answers through the Chair when they are responding to the members of the Committee.

Appearance of witnesses

Chair: Mr. Hart, would you like to introduce the witnesses?

Witnesses introduced

Hon. Mr. Hart: The witnesses appearing before the Committee of the Whole today are Craig Tuton, the chair of the Yukon Hospital Corporation, Joe MacGillivray, chief executive officer of the Yukon Hospital Corporation, and Kelly Steele, the chief financial officer of the Yukon Hospital Corporation.

Chair: Would the witnesses like to make an opening comment?

Mr. Tuton: First of all, I'd like to thank the Assembly for providing us the opportunity of speaking with you today. The Yukon Hospital Corporation has had a very busy year and we're very excited to talk about the progress that we have made throughout the year.

Our 14-member board of trustees is made up of community members, First Nations, nominees from the City of Whitehorse, rural municipalities, the public sector, physicians and other hospital staff. These people are very hard-working, caring individuals from within our community who meet regularly to ensure that all Yukoners have access to the best possible hospital services.

We have the following mission statement for the corporation: to provide quality acute care for the life and the health of Yukon people. This means for all Yukoners and we have been making significant progress to improve the acute care services that all Yukoners receive. The corporation has demonstrated that we can operate a quality hospital program at Whitehorse General Hospital, and on April 1, 2010, the Watson Lake hospital program was transferred to the corporation. Since that time, we have been working very hard to ensure that the residents of southeast Yukon receive that same safe, affordable

hospital service closer to their homes. We are currently providing these services out of an aging facility while the new hospital is being built and we have made significant progress in that regard since last April.

A permanent facility administrator was hired this past summer. Currently, we have only two job vacancies in Watson Lake and only one of those two is a registered nurse position. We have implemented a physician privileging system in Watson Lake and we have a medical chief of staff representative in Watson Lake regularly to work directly with our local physicians. As well, Watson Lake was one of the very first sites to receive the new teleradiology capability. We have also put in place new information technology systems, and new laboratory equipment has been purchased and will increase our local capacity.

We are working with an independent consultant and the Liard First Nation on a new First Nation health program for the Watson Lake hospital. First Nation health liaison workers have been hired and are now working in the Watson Lake hospital. As well, we continue to prepare for our accreditation in 2014. We have purchased new training equipment. We have new air medevac protocols that have been developed and we are soon to have centralized sterilization and laundry services from WGH to provide a better support for Watson Lake hospital.

Last year when we appeared before you, we talked about how hospital services in Whitehorse had changed over the past 100 years. From our beginnings in 1901 as an eight-bed hospital, to 120 beds in the 1970s, and to our current facility which has 49 in-patient beds, supported by leading edge diagnostic, laboratory, and First Nation health programs.

With the continued growth and development of the Yukon economy and the corresponding population increases that have also occurred, we are facing a situation where the in-patient and outpatient services at WGH are under a great deal of pressure to meet the growing needs. We are finding that more than one-third of the time, we have all of our in-patient beds full at WGH. This means that patients are now being held in the emergency department or our short-stay unit while we wait for a hospital bed to become available. This is also starting to impact the elective surgeries that we perform at WGH, as many surgeries require a hospital bed for patient recovery.

Now, we're not in the same situation that many hospitals find themselves in down south where patients are kept in the emergency department for up to three or four days while waiting for a bed, but we are starting to feel the same pressures that other jurisdictions are feeling. Just yesterday, we announced a joint initiative with the Yukon government to strategically plan for the future at the WGH campus.

The facilities strategic and master planning process will allow us to diligently plan our facilities and programs to meet the many demands that we're facing here at Whitehorse General Hospital. If I may, I will outline just a few of these pressures: a growing and aging population, more complex disease and dysfunction including mental health disorders and addictions, potential for pandemics and super bugs, additional requirements around patient confidentiality and privacy, the increased use of specialist services, new diagnostic technologies such as the

establishment of an MRI program, and increased difficulty in accessing services from B.C and Alberta due to similar pressures in those jurisdictions.

This facility planning process will help us identify future trends and needs and how these will impact on our services. It will also provide us with an in-depth analysis of our current facilities and their usage, with the final product being a well-thought-out and achievable Yukon Hospital Corporation facilities plan that diligently prepares our organization for the future. In conjunction with the new hospital facilities in Watson Lake and Dawson City, this will put the corporation in a new position to be able to care for all Yukon patients when they have the need to call upon us.

WGH is a respected and valued provider of health care services in Yukon. We have an excellent staff. While other provinces are struggling to find trained professionals, WGH has managed to maintain the trained health care professionals that we require to provide services for Yukon patients. That isn't to say that we don't have shortages, but we have been very successful in recruiting to date and I believe that this is due in large part to the Yukon being a desirable location for people to move to, to raise their families and to make their lives.

In October, as you are aware, the Yukon Hospital Corporation/WGH was selected and honoured to be one of Canada's top 100 employers. WGH joined more than 2,750 employers who applied to be one of Canada's top 100 employers for 2011. We are the first Yukon corporation to receive this distinction and it is a tangible indication that we are definitely on the right path, that we're doing the right things to ensure that we remain successful as an employer in the years to come.

This competition rates employers in eight key areas: the physical workplace, the work atmosphere and communication, financial benefits and compensation, health and family-friendly benefits, vacation and personal time off, employee engagement, training and skills development and community involvement. Recognition as one of Canada's top 100 employers will be a valuable tool for us in the recruitment and retention of nurses, physicians and other health care providers and staff in the coming year.

We currently have 144 physicians who have privileges to work at our hospital, and this number continues to increase. This includes our family physicians, our resident specialists, and the many visiting specialists who come to Whitehorse and provide services out of our visiting specialist clinic. Having adequate and skilled physicians is a necessity when running hospitals. The Yukon is very fortunate to have a stable, skilled and committed professional group of physicians who provide clinical leadership across the territory.

The trends are very clear — the Yukon is growing and the demands for health care services are increasing along with that growth. The corporation is working hard to address these needs. We are investing in health care in a number of ways through expanded programs and services at WGH and the recently announced campus planning process; construction of our new staff residence and health services facility we are shortly taking ownership of; construction of new hospital and health

services facilities in both Watson Lake and Dawson City; and by helping to put the Thomson Centre back into operation as a continuing care facility.

The Yukon Hospital Corporation is extremely pleased to have the support of the people and businesses within the Yukon, and their generosity never fails to amaze me. We have the privilege of having three fundraising partners in the Yukon, and they have been very busy over the past year. Of course, these are the Yukon Hospital Foundation, the Run for Mom and our Hospital Auxiliary.

Whitehorse General Hospital has benefited greatly from the work of these groups and the past year has certainly been no exception.

We have had several purchases that have been made possible through the generosity of Yukoners. These include a new digital X-ray unit in the WGH medical imaging department; a new YAG laser in the visiting specialists' clinic for the ophthalmology specialists who travel here to work; a CVC analyzer in the WGH laboratory; and a third ultrasound unit.

The results were announced in the fall that the next major fundraising campaign for the Hospital Corporation is an MRI machine. The purchase will be cost-shared with the Yukon government splitting the cost of this equipment. In four short months, the foundation has already managed to raise over \$750,000 toward this purchase. The pressure is on, of course, to complete what was originally launched as a three-year program in just two short years.

The Yukon Hospital Corporation is not only working to improve diagnostic treatment services in Whitehorse and Watson Lake; we have recently worked with the Yukon government to improve the X-ray services in each of the communities' nursing stations. This project saw the old film equipment replaced with digital equipment that utilizes WGH processes to have the X-ray images interpreted and reported on. Through this partnership, we have been able to improve the overall speed and quality of service delivery for all of our Yukon patients.

We are proud of the services that we provide through the Whitehorse General Hospital and certainly now in Watson Lake, and we look forward to opening the new Dawson City hospital to better serve north Yukon.

As you can see, we have done a lot of work over the past year, but there is still very much more to do. I know that you have questions that you would like to pose to us, and I look forward to our discussions this afternoon.

Thank you, Mr. Chair.

Mr. Mitchell: Mr. Chair, first of all, I would like to thank the three witnesses: the chair, the CEO, and the CFO of Yukon Hospital Corporation, not only for their attendance here today as witnesses, but more importantly, for the work that they do throughout the year in guiding the corporation forward and also as representatives for the work that all of the health care providers — the doctors, the nurses, the technologists, the dieticians, every last employee that the Hospital Corporation has in their and our service — for the work that they do, which, as Yukoners know, is excellent work indeed.

For any of us who have had occasion to make use of the service, the care that is provided and the caring way in which it's provided here in Yukon is second to none. As recently as Sunday evening, I was visiting a friend in Whitehorse General Hospital, who had been Outside and treated at another facility, where he did receive excellent care, but he was so glad to be home and in the care of Yukoners.

In fact, last spring, I had occasion to receive excellent care in the emergency room at Whitehorse General Hospital. Not only did I receive care, but the hospital even arranged for me to share a room in the emergency area with a roommate who was a leader of a nascent political party. They went above and beyond the call in arranging that. Considering the medicines we were both on at the time, we no doubt had a very interesting and entertaining conversation, if only I could remember it. I look forward to shortly giving back the hardware that was loaned to me by an excellent surgeon, Dr. Storey — I'll name him, since he has provided excellent care to so many Yukoners — so that when we get that MRI, if I ever have occasion to need it, I'll be able to take full advantage of it.

I do have a number of questions for the witnesses. Unless I specify who it's to, they can choose among themselves who is the most appropriate one to answer.

I will quote from the *Yukon Health Care Review* in 2008 and the ensuing 2009 *Taking the Pulse* final report on accountability: "To improve accountability, the Minister of Health and Social Services, in consultation with the Board Chair, should be providing the Chair and Board of the Hospital Corporation with an annual letter of expectation that provides the Hospital Board with a written mandate and articulates the Minister's expectation for the board, as well as the Minister's obligations to the Hospital Corporation."

I would ask: has this been done? If it has been, when was it first implemented, and can the witnesses provide these documents, if not today, then in the near future? I would encourage it to be the very near future, since we may be debating Health and Social Services shortly. Obviously, there is an interconnection between the Hospital Corporation and Health and Social Services.

Mr. Tuton: The short answer to your question is yes, it has been implemented and it has been implemented for this year. We do not, however, have a copy of that with us today, but we can certainly provide it to the member.

Mr. Mitchell: Thank you, Mr. Chair, and just to ask a supplemental, will this year be the first year for which it has been done?

Mr. Tuton: Yes, it will be.

Mr. Mitchell: Pensions — and we know that there's a considerable amount that has been in the budgets of late to address pension issues at a number of institutions, not only at the Yukon Hospital Corporation, to ensure that the pensions are fully topped up according to the statutory requirements. What is the current status of the hospital employees' pension plan?

Mr. Tuton: The pension plan, as you're aware, has been an issue for us at the corporation for the last number of years.

I must say that when it was identified as a concern, the Government of Yukon, through the minister and the department, were very quick to step in and help the corporation in turning that deficiency around. The last couple of years have been — we've been very fortunate. We've actually got back into double-digit returns, which is something that we haven't seen for a number of years. We anticipate that if we were to continue along the vein of double-digit returns, soon we would not have that issue. However, since we have had the issue, the Government of Yukon has contributed — and I'm going to try to get as close to the number as possible — about \$12 million to the pension to ensure that it remains solvent. From a go-forward concern, we're in good shape and we're hoping that the federal government this year will be providing an opportunity for us to look at that deficiency with a letter of credit, rather than dollars.

We are hoping we can hear back on that issue as soon as possible.

Mr. Mitchell: Well, if the corporation is able to receive double-digit returns on an annual basis, as is hoped for by the chair, I think that I will be turning over my pension plan to the corporation to manage as well. I do know that some of the increased returns, of course, are following a downturn. There is a lower bar from which to make the comparison.

Could the chair or the CFO just elaborate a little bit, as opposed to saying that it is hopeful that it will soon be there? What is the remaining disparity or shortfall, if it's known? This would be following the \$1.019-million increase that is in the supplementary budget that is in front of us now.

Mr. Tuton: I think perhaps Joe may want to jump in here with a comment; but, first of all, I would like to point out that part of that due diligence that the board does with the fiduciary responsibility surrounds, among other things, the pension solvency. We recognize that there may be opportunities that we weren't taking advantage of, so part of that process was changing our money managers.

We weren't necessarily happy with the performance of our money managers and we made a change. That change has certainly been reflected in some of our earning power. I'll ask Joe if he would like to comment further.

Mr. MacGillivray: What does happen is that every year we have an actuarial evaluation of our pension plan that identifies the position at that point in time — at the end of December of each year. What happened is that the evaluation identified that, for 2012, we anticipate a shortfall of \$2.1 million and then that reduces in 2013 and 2014. As Craig has said, the hope is that we will have the opportunity, rather than actually putting additional funds into the pension plan to cover these shortfalls — we'll have the opportunity to cover those with a letter of credit going forward.

To date, as we've said, we have just under \$12 million of special payments that have been made and, in large part, the reason that we have this shortfall is because of the downturn in the economy. Last year, our return was 16.8 percent. In the year that has just ended — in the calendar year that has just ended — we were 11.5 percent.

So if we continue to see substantive returns like that, it won't be long until we actually turn this around, and the next evaluation will show a better position going forward.

Mr. Mitchell: I thank the witness for that answer, and I believe that the idea of the letter of credit has been employed in at least one jurisdiction — I think it's Manitoba — but I think it was legislated. So there may be a role for us to play in that as well. We look forward to hearing that.

Maybe just a follow-up question because you're getting such good returns: can the chair or the CEO illuminate us on the policy direction that's given to the investment facility that the corporation is using? In terms of bond ratings, for example, is it triple-A or triple-B? I know that the other corporation that the chair of this corporation had chaired for a number of years was pretty conservative in their approach. They didn't get caught up in asset-backed commercial paper, for example, but it's the ratings of any bonds that I'm particularly interested in.

Mr. Tuton: No, we do not have any investment in asset-backed commercial paper.

We do, though, have a policy around bonds, and we do have the ability to accept triple-B bonds, but that isn't the norm or the standard. Triple-A bonds is the norm and the standard. We do have an investment in Canadian equities, just under 10 percent. We have U.S. equities, which is a little lower than that. We also have international equities and bonds.

Some Hon. Member: (Inaudible)

Chair: Mr. Tuton, would you repeat that, please.

Mr. Tuton: We do not invest in real estate. We don't have a policy for that.

Mr. Mitchell: Except for the land up at the campus area perhaps. There was some dispute for a period of time whether that was owned by the Hospital Corporation or the government, but I think that has been resolved.

I hope there is at least a cap on the amount in your policy for triple-B bonds. It didn't work out that well for a number of investors in the last meltdown to be in those bonds.

Moving away from the financial, we've asked this before: regarding nurses, is the hospital still hiring nurses, permanent and part-time or on call?

What is the rationale for doing so, and what percentage of the workforce is hired in that way? What are the annual expenses for contract nurses?

Mr. MacGillivray: I'll respond to that one. We do have a few nursing positions we're currently recruiting for. This is both due to some turnover within both WGH and Watson Lake, as well as some new positions that we have established for clinical nurse leaders at the Whitehorse General Hospital. We have, I think, significantly reduced our use of the agency nurses this year. I think, in part, we have just seen some better success in recruiting. This doesn't mean that we still don't have some shortages. We are still short in a couple of areas, but with very small numbers.

One of the things we're preparing for at this point in time is that as we hire clinical nurse leaders within the organization, we know that is going to create other vacancies. So there will be some movement within the organization as we have these new opportunities that are filled. I don't have a dollar figure for

you today as far as the agency nurse usage, but it has gone down significantly from last year.

Mr. Mitchell: I thank the witness for the response. In particular, I know there was a period of time where we were hearing on a too-frequent basis, I guess I would put it, of shortages of OR and ICU nurses. Has this been addressed to the corporation's satisfaction?

Mr. MacGillivray: Recruiting specialty nurses and maintaining adequate numbers of specialty nurses within all of our operations is a challenge and it's going to remain a challenge for some time. We have been fairly successful in the operating room over the past 18 to 24 months, but we're starting to see some pressures there right now and I think that will continue. We're going to see that this is a bit of a cycle that we go through. We have actually had some pretty good success in our intensive care unit and we hope to have that continue.

I don't want to tell you that the picture is rosy, as far as recruiting in some of the specialty areas because as a very small organization with very small numbers of staff, all it takes is one or two people to leave or to end up on sick leave and we can have some fairly significant impacts on our service delivery. We do have difficulty at recruiting casual nurses though and I think that's just a matter of where the market is today, and casual nurses are remaining very difficult to recruit.

Mr. Mitchell: I thank the CEO for the information provided. This is probably for the chair, but I suppose anyone can answer it: the loan facility that was established that we spoke of last year was still in the planning stages, one might say, back then. Now, we've seen the building across the way on Hospital Road that is for nurses and visiting specialists rise up and is obviously nearing completion. We know that the total facility for the loans was somewhere in the order of \$67 million or \$70 million that was authorized by the Health minister. That would include the money required for the two hospitals in Dawson and Watson Lake. I would ask: what is the current status of the loans? That is, how much has been borrowed to date? How much interest is being paid on an annual basis, both in dollars and percentage? If there is a maximum amount beyond that, of which we were previously aware, it would be good if we could be informed. Also, how is the corporation planning on paying the loan back?

Mr. Tuton: The actual dollar value, to make it correct, is \$69,449,060 and that is broken down. If you would like a breakdown of that, we can provide that. Presently, we have drawn down on that amount approximately \$12 million, and that is for the new residence and lease space. I believe the last question was how do we propose to repay the loans? That will be through agreements with the Department of Health and Social Services, which will include a contribution amount as well as a lease amount for those spaces.

Mr. Mitchell: That will lead to some related questions on the new residence building. I'm not sure if I could just refer to it as the "residence"; it's simpler than the full name. What is the final estimated price tag at this point? I think we had heard a figure of \$17 million in the past. I see the CEO is nodding but, to get it in the record, I'll ask for a response.

In terms of the building, could we get a bit of a description as to what's in the building and how much space is being rented back by the Department of Health and Social Services or being rented, and at what rate — is it being rented per square foot or per square metre — whichever way that you have that number down?

Mr. Tuton: The actual dollar for the new residence and commercial space — or the “residence”, as you can refer to it — is \$17,796,989. The square footage of the lease space, which is the bottom two floors, is approximately 22,000 square feet. The lease rate that we use is \$37.50 per square foot. The top two floors, which are the resident floors, we expect to take ownership of by week's end. We expect to have our furniture starting to move into those residences in that period of time.

Our first use of the facility for residential purposes is by the 15th of March of this year, which means that the original construction finish date is approximately six weeks behind, which over a scope of two years is excellent.

Mr. Mitchell: I thank the chair for that information. The chair has answered whether it's on time. It's not too far behind being on time. I will ask if the project is still on budget for that \$17,796,989. Is the Department of Health and Social Services committed to fully leasing the 22,000 square feet of space? Is that \$37.50 a triple net rate? What does that include or is it an all-inclusive rate? A gross rate or a triple net rate, I guess I would say to the chair.

Mr. Tuton: The rate is inclusive with one exception: the department is responsible for its own janitorial in their two floors.

They are leasing the full 22,000 square feet. They are anticipating being in the bottom two floors by mid-June of this year.

Mr. Mitchell: And the question: is it still within that budget?

Mr. Tuton: Yes.

Mr. Mitchell: I thank the chair for those responses. The Watson Lake hospital project — the *Whitehorse Star* reported yesterday, and I believe it has been reported in other news services over the past week in kind of a staggered coverage of the announcement, that the Hospital Corporation has awarded a \$17.194-million contract to the Whitehorse branch of Dowland Contracting Ltd. to build the new Watson Lake hospital and health services facility. Construction is to begin immediately, with the facility slated to be completed by March 31, 2012. Dowland has also been the contractor for the construction of a new hospital in Dawson City. So I have a series of questions relating to the new hospitals. I'll do them one at a time so you don't have to take copious notes.

I've asked this before, but I've never quite gotten the full picture.

It's difficult between government, which was responsible for some decision making, and the Hospital Corporation because the project transferred during the time that it was first envisioned to now. From the perspective of the Hospital Corporation, how is the decision made for what level of facility to build in these two additional facilities? One I recognize is the replacement of an existing cottage hospital, but it's certainly

much more than what that hospital was and the other replacing a community health care nursing facility. So what studies did the Hospital Corporation undertake to determine the kind of facility they felt was appropriate for each community?

Mr. Tuton: We commissioned RPG Consulting out of British Columbia to do the functional plan and the assessment. That plan was completed July 16, 2009, which provided the board with the information that it required to move ahead with the design of the new facility, so that was done and completed July 16.

Mr. Mitchell: That RPG study — and I don't believe we ever have received a copy of that although I think we've discussed it before — was it based on the Hospital Corporation providing direction to RPG on the level of services it hoped to provide in those two communities, or did that study actually take a ground-up view of what sort of services would be appropriate for those communities and make recommendations based on their consultation of looking at the sort of services that should be provided? In other words, how much direction did the board and the corporation provide to RPG as to what it was they were looking for?

Mr. MacGillivray: When we asked RPG to come in, there were actually two slightly different processes. RPG was already involved in an assessment that KZA was doing in Watson Lake of the shell that already existed — was looking at whether the shell was suitable for usage as a hospital and was trying to determine what a hospital program in Watson Lake should look like in order to be prepared for the future trends that were projected.

So, in Watson Lake, RPG looked at trends, looked at forecasts, looked at the previous usage in the existing hospital, and came up with recommendations around what would be suitable and appropriate for the community going forward. In Dawson City, because there was not a hospital program in place, we contracted directly with RPG, had them go to the community and again look at as much data as possible. There was a hospital program there previously, so they looked at whatever information they could glean. They looked at projections for the community going forward — various statistics available through WGH — and came up with, again, a program that they felt was suitable for the community as it exists today, but also as it's envisioned to exist in future. So they were looking at a time frame of 10 years down the road as well. So the intent with their functional plan is to provide us what we need to build a facility that will meet the needs of that community for today and into the future for the next decade.

Mr. Mitchell: I thank the witness for the answer. I asked some questions last year, and it was sort of early days, and I think there were remaining uncertainties that maybe now can be answered. Can the witnesses provide us with some information on the anticipated staffing for each of the new hospitals — it may be different in the two communities, so specific to each — in terms of doctors and nurses? What types of doctors? Are they all family practitioners, for example, or what other types of doctors or specialists that are anticipated as being hired and employed at these two facilities, along with technologists and radiologists and so forth in each hospital?

Mr. MacGillivray: So where we've ended up is with very similar programs being developed for Watson Lake and Dawson City. We have 40 staff currently that — currently there are 37 staff in Watson Lake. There are three new positions that we are in the process of recruiting and those will be in place for when we're actually opening the new facility in a year's time.

We envision a very similar program in Dawson City. What this means is, at any given time of the day, we will have an RN and an LPN on staff. There are three physicians, at minimum, required in order to provide services in this facility around the clock; potentially four physicians in those communities. It's going to come down to our ability to recruit and retain physicians in those communities and so we may actually see some sort of a blended model where there are resident physicians supplemented with some rotating physicians as well and that's what has happened in some other northern communities.

We have not fully nailed down the final model that we'll be using in Dawson City. In Watson Lake we had an existing program, which we took on and we continued. There are some options or some opportunities for us to change the nursing model somewhat in Dawson City, as we develop that program further. So we do have almost a two-year window now to make some final decisions before we're actually in there recruiting.

Mr. Mitchell: Are we fully staffed now in Watson and in Dawson, both in physicians and in nurses? In the opening remarks I think there was a comment made about being short two positions, one of which was an RN in Watson Lake. We've heard of difficulty in finding replacements for the doctor who is on sabbatical leave in Dawson, so perhaps we could just learn whether we're fully staffed and, if not, what are we short in Dawson and Watson, both doctors and nurses?

Mr. MacGillivray: Currently in Watson Lake, I believe we have two vacancies. One of them, though, is a new position that we are just in the process of hiring, so really there is one vacancy in Watson Lake from positions that existed previously. We have three resident physicians in Watson Lake currently who are supplemented with another three or four who travel in periodically to provide relief. In Dawson City, we're not currently involved in service provision there, so I can't provide you any information on the current staffing levels, although I know that there has been some question with physicians there taking some time off.

Mr. Mitchell: In budget responses over the last few days, one of the members on the government's side — and I apologize, I don't recall whether it was the Member for Klondike or the Member for beautiful Southern Lakes; it was one of the two — indicated in a discussion on debt and debt servicing that we should be looking at the children born in these two community hospitals, who would be looking to pay off debt into the future, not just children born this week in Whitehorse General Hospital.

My recollection for last year was that the witnesses said that they were not planning on hiring an ob/gyn or any other specialists, so they were not planning on birthing occurring within these hospitals, although just as it does now at facilities in the communities, sometimes nature has its way. Is it still the plan not to offer those services in the two hospitals?

Mr. MacGillivray: At this point in time, we don't envision there being any births happening in either Watson Lake or Dawson City. As you have mentioned, there will be the ability to deal with emergency births, but we just wouldn't have the volume in those communities at this point in time to support programs in either of those communities. It is something, though, that we would like to look into further as time progresses and, potentially, as the populations in those areas change.

Mr. Mitchell: I believe we also learned last year that there are no plans to have a general surgeon or any specialist surgeons or surgeries made available, other than perhaps on a visiting basis at the two hospitals — is that correct?

Mr. MacGillivray: We don't envision there being surgical services per se offered in those facilities. However, there are some minor procedures that the family physicians will be able to perform in those communities. We also hope to have our visiting specialist program extended to both Watson Lake and Dawson City. That will allow specialists to go to those communities and provide services where it makes sense — where there's a cost benefit and where there's a benefit to patients. So rather than having patients travelling to Whitehorse to see a specialist, they may be able to actually see some specialists in those communities.

Mr. Mitchell: So to follow up, I presume that the model is still for Whitehorse General Hospital, as the largest comprehensive hospital in the Yukon, to continue to serve all Yukoners, not simply Whitehorse residents, for many services. We'll get to the anticipated improvements in Whitehorse General Hospital, which are being done on behalf of all Yukoners, not just the residents who happen to live within the municipal boundaries of the City of Whitehorse.

Regarding the model, once there are three hospitals in place, it has been cited that with the increase in mining activity and so forth across Yukon and certainly in the Klondike and also in southeast Yukon and more to come — there has already been one case where somebody on an emergency basis — an injured worker was treated in Watson Lake, and this is often cited as something that could occur in the future.

What sorts of protocols are being developed between the Hospital Corporation and EMS — the paramedics — to try and determine how the decision path will be made as to, for example, if somebody should be injured in the Keno district — whether you medevac that person first to Dawson, where you may be able to adequately treat them, or you may find that they need further treatment and now you have to medevac them to Whitehorse or beyond versus simply directly heading to the facility with the surgeons and the ICU and all the rest of that expertise? How will that be coordinated?

Mr. MacGillivray: Over the past 10 months since we've had the responsibility for Watson Lake, we've had many discussions with Emergency Medical Services and the ambulance providers on how best to provide services going forward.

Obviously, within small communities the nurses and the EMS volunteers and staff work very closely together and so, in smaller communities where there's an emergency need, patients will undoubtedly be going directly to either the Watson

Lake hospital or the Dawson City hospital. When we have accidents that occur between the communities or in the rural areas, there are going to have to be decisions made. Those decisions will be made with the best intelligence that we have at the time. EMS has their own dispatch and that dispatch will be working closely with Whitehorse General Hospital physicians and the physicians in the receiving communities to ensure that when we have a need the patient is getting to the right level of care in the right time. By and large, we envision that when there's an accident in the rural areas, those patients will be coming to Whitehorse primarily if a medevac is required; however, if they're transported by ground there's very good opportunity for them to go to one of the community hospitals.

Mr. Mitchell: I thank the witness for that information. There has been a lot of information to digest over the last couple of days, between the Auditor General of Canada and announcements made by the corporation and the Department of Health and Social Services, and the chair spoke of it in his introductory remarks.

There was the announcement about the need to plan for future growth on the campus and I congratulate the corporation for taking on this visioning exercise.

A year ago, the chair was indicating here and elsewhere that there were probably improvements required for Whitehorse General Hospital — expansion and improvements, emergency ICU and other areas, expansion to accommodate the MRI — somewhere to the tune of \$50 million. I believe this was the figure that was first put out there. We've all been involved in the fundraisers and contributed. Hats off to the excellent team and the corporation that looks after that, as well. They've done an extraordinary job under Mr. Kent's direction, raising money.

The new MRI — the Auditor General made reference to it in her report today. Have we got any figures yet as to what the cost-savings will be from doing them in Whitehorse beyond the cost-savings? We all know that there are great medical benefits to having that ability to do that here and do early diagnoses rather than sending somebody out, and certainly in emergency cases. But what are we spending now on that and what do we anticipate saving by having it done locally?

Mr. MacGillivray: There has been an initial business case prepared around MRI programming in Whitehorse. What we found was that currently there are about 500 MRI scans that are processed every year on Yukon patients. These patients are receiving these scans Outside.

We know that when we have a program that's implemented locally, our volumes typically go up. We saw this with the CT scan when we put it in in 2002, and we've seen it elsewhere as well. So we anticipate the 500 scans that occurred last year will increase when we have a program locally.

When you look at the costs associated with those scans, the actual reciprocal billing costs are slightly over \$600 per scan, and then there are travel costs in addition to that. So you end up with a total cost of approximately \$1,500 a patient. You very quickly come up with three-quarters of a million dollars a year spent on MRIs in the past. We anticipate that volume to go up and you can see there is a business case to actually have an

MRI program in Whitehorse and to be able to provide those services here.

Mr. Mitchell: Thank you, Mr. Chair, and I thank the chair for that information. Just to be clear, it's good that there's a business case, but I also think there's clearly a health benefit to being able to do that locally and we heartily endorse moving forward with this.

Just a couple more questions, because there are other members I know want to ask their questions as well. On the accreditation of Whitehorse General Hospital, I believe there was a date given of 2014 when this needs to be completed. Can the witnesses provide any information on how that is proceeding? Have they run into any difficulties or have they learned anything in addition that needs to be done in order to get the accreditation completed?

Mr. MacGillivray: The accreditation process, with Accreditation Canada, is a three-year process. Whitehorse General Hospital was due for accreditation in May of 2010. Because we're in the middle of a restructuring — we had just taken on responsibility for Watson Lake hospital — we had discussions with Accreditation Canada. We went through a mini survey process, I guess, at that point in time — provided them some information and that allowed them to extend our accreditation for one year.

So we're currently in a four-year process, or a three-plus-one. Our accreditation process at Whitehorse General Hospital will occur — the survey will actually occur the last week of May. In Watson Lake, because it's a new facility we've taken on — typically when a new facility enters into the accreditation process, there is a primer that's provided first. So in 2012, Watson Lake will receive that primer survey and that will allow them to identify or us to identify any deficiencies, things that we can work toward before we have a full accreditation process, which will happen there in 2014.

Mr. Mitchell: I have many more questions that I would love to ask, but in the interest of time, I think I'll just ask one more. I thank the witnesses in advance for their answers so far and I'll be paying close attention to the questions asked by other members.

The Thomson Centre: could we get an update on the renovations, the cost to date, as well as what is yet to be spent? I think we've heard figures in the realm of \$3 million for the capital expenditures. We can see in the budget — both in the supplementary budget and in the main estimates — we can see what is there toward some O&M expenditures going forward, but primarily, the renovations that have occurred and been necessary — what are the full costs and the remaining costs, if those are known?

Mr. Tuton: Back in September of 2010, Graham Construction was awarded the general contract for the renovations of the Thomson Centre for phase 1. That totalled \$2,221,000. In February of 2010, we awarded the design contract to Stantec architects for \$431,700. We expect completion of this project to be at the end of March of this year. We're expecting that the facility will be ready, operating by May 15, 2012.

I just wanted an opportunity — and I had indicated in a very earlier question from the member regarding the total amount of lease space — I think the question was, is the Department of Health and Social Services leasing the entire bottom floor? My response back to you was yes, they were; 22,000 square feet. That part of it is correct; however, there is another 2,000 square feet, which would bring the total up to somewhere in the 24,000 square feet range, that the Hospital Corporation is using as a daycare for the staff of WGH. I just wanted to clear the record and correct that.

Ms. Hanson: I would also like to express my thanks to the chair of the Hospital Corporation and the executives who are present today. We often forget the important role that is played by committee members in putting themselves forward to serve on what I'm sure is a very challenging task, being part of the Hospital Corporation over the past few years and as you plan forward.

I go back to the principles that were set out as the *Yukon Health Care Review*, September 2008, a report that reflects a lot of the concerns of both Yukoners and professionals alike around the long-term sustainability of health care in the Yukon. I would like to get clarification from the representatives here with respect to what I understand as a forward planning model that's a physician-based model. One of the recommendations in the *Yukon Health Care Review* under health care delivery models was that the government should proactively encourage the expansion of collaborative or team approach multidisciplinary primary health care delivery models where it can be demonstrated the model will work with chronic care and/or in clinical models to deal in a more appropriate and cost-effective manner.

I raise this because we've seen across the country where there has been a shift and we know that many medical practitioners these days are trained to work in a collaborative care model, but it does require a shift in thinking. I would be interested in hearing how the design of the Watson Lake and the Dawson City facilities are going to reflect that when we're talking about a staffing model that is still focused on RNs and LPNs. I don't hear anything with respect to nurse practitioners in that, and the scope of practice as we know, as you know, is quite extensive.

I'll be very interested to hear how you plan in the future, in the interest of sustainability, and the cost drivers, as we've seen today in the supplementary budget for Health and Social Services — one of the big cost drivers is physician claims — how are we going to deal with this?

Mr. MacGillivray: We did spend a fair bit of time talking about this very topic while we were planning both the Watson Lake and the Dawson City hospital. The reality is, though, in Watson Lake there is an existing program that was in place and was being transferred to us with an existing physician and nursing model in place.

When I answered the question previously about Dawson City, I did note at that time that there had not been a final decision made on the model, and this is exactly what one of the considerations is: whether or not it makes sense from the perspective of the community that we're speaking about, Dawson City, whether or not there is a business case, whether or not

there's a care model that makes sense with regard to nurse practitioners rather than, or in conjunction with, registered nurses or another layer within the health care system.

We have, though, implemented some additional pieces within Watson Lake. I made mention previously of one position that we were currently recruiting that was a new position — and that is a combined laboratory/medical imaging technologist. So this is something that has not existed in the communities previously and that we are currently recruiting. We are quite pleased that we have actually had a good response to this recruitment. What this is going to allow us to do is to add another layer within that facility and another layer of expertise, I think, quite responsibly, so that we can provide enhanced laboratory and enhanced imaging services in Watson Lake and eventually in Dawson City.

These people would be working very closely with the physicians and the nurses there. It may not be a traditional nurse practitioner, collaborative type model, but we are looking at different levels of expertise that we can incorporate into those hospitals going forward. We have also just hired a dietician in Watson Lake, who will be part of the programming. With the lab X-ray capacity, I think it very much will change the level of services and the cost effectiveness of services provided there going forward.

Ms. Hanson: Thank you for that response. I appreciate it and it's great to be seeing this multidisciplinary approach that's being taken with respect to the planning of other aspects of the health care continuum. But I guess I come back to the issue of — you know, we design things form to function. In the September general meeting, the floor plans for the two facilities were sort of laid out. If we design it for physicians or we design it for a broader model of care that a nurse practitioner — we've spent the money first. I guess my question would be to you — in making the decision to go with a physician-based approach, was there regard given to experiences in similar-sized communities in northern Ontario or elsewhere to form the decision to go with the more costly physician-based approach to health care delivery in all communities?

Mr. MacGillivray: One of the early decisions that was made in the process, both for Watson and Dawson, was that these would be hospital programs and, as such, we would have physicians available in those communities 24/7. So as soon as we made that decision, then it does curtail some of the opportunities going forward.

One of the things that I should have mentioned as well, previously, is a new program that will exist in both facilities, a First Nation health program with First Nation liaison workers there.

So this is another area we have added to the service delivery in order to provide more culturally appropriate services to the First Nation patients in both facilities. There was a decision early on, as I have said, that, as hospitals and facilities where we were going to be keeping people — as in patients — there needed to be physicians available 24/7 to provide that clinical leadership.

Ms. Hanson: There was a reference earlier this afternoon to pensions and status of the pension plans. One of the

recommendations of the *Yukon Health Care Review*, under the whole issue of managing human resources, had to do with the portability of pension plans from Whitehorse General Hospital to Yukon government. I'd be interested if you could clarify for us whether or not there have been those exploratory talks to allow for health care professionals to more easily transfer their skills between institutions — you know, while maintaining their pension status. I think this is really important in a small jurisdiction like the Yukon — that people have the ability to flow back and forth between employers without penalty.

Mr. MacGillivray: When the employees at Watson Lake hospital were transferred to the Yukon Hospital Corporation, a group transfer agreement that was put in place. This allows for those staff — specifically the staff who transferred on April 1 — to move their pensions. So that protection was provided to those staff members. There is also a divestiture regulation that allows them to be protected for their years of service because it will now be split between two organizations. So that has actually taken place for the transferred staff from Watson Lake.

At the time we were doing this, we did look at a broad pension transfer agreement. What was found was that because the Hospital Corporation is subject to solvency requirements and the superannuation plan is not, there would be significant additional costs associated with the Hospital Corporation side of the pension plan. So, while we have a solvency deficit, it did not make sense, because of those additional costs, to actually enter into a pension transfer agreement. It may be something that we would consider again when the pension plan is no longer in a solvency deficit.

Ms. Hanson: I have had some issues raised with me by people, both inside and outside the hospital system, with respect to mental health services and their delivery in the hospital.

In part, the concerns address the issue of staff safety in the area that has now been created for the provision of mental health services. I was wondering if you could comment on what provisions are currently in place to ensure the safety of both staff and patients, and if this has been an issue for some time, and what the remediation process is?

Mr. MacGillivray: Interestingly enough, the secure medical unit that opened a year ago now in Whitehorse General Hospital was designed and constructed as a result of concerns for staff safety. Previous accreditation processes had identified that both staff and patients were at increased risk by having a mixed population within the hospital and that we should establish a stand-alone ward. So the secure medical unit was established and has been in place going on a year now. My belief is that we have improved safety both for patients and for staff with this stand-alone ward. It is a very busy ward currently. We are finding that it's not very often that the secure medical unit is not full, so I think it's definitely meeting a need. As we go forward, I wanted to note, though, that it is not a psychiatric unit within the hospital.

It is a secure unit where we can better address both patient and the staff needs from a safety perspective.

Ms. Hanson: I just wanted to clarify — earlier it was confirmed that there is now in fact a mandate letter or a letter of expectation between the minister and the hospital board, and I was also pleased to see, again, that this is part of the recommendations of the *Yukon Health Care Review*. So, we'll see it slowly unfolding over time, which is great. I wanted to clarify whether or not the subject matter of this news release — did this originate as a result of this new mandate letter? Was this a part of the expectations of the board that has been set out by the minister? How did this come about?

Mr. Tuton: Certainly, planning is a part of that memorandum of understanding. It's something that we have started to take — or give a much higher priority over the last number of years. This is just timely. When we were here last year, we indicated the pressures that were happening around, more particularly, our ER, but certainly around all of the other areas of the hospital.

This now provides us an opportunity to take that next step further, but yes, it is part of that understanding.

Ms. Hanson: That answers the questions I have. I believe my colleague from Mount Lorne has a couple of questions if that's okay. Thank you very much to the witnesses.

Mr. Cardiff: First of all, I'd like to thank the officials for coming once again this year and for the briefings that they've provided in between appearances here in the Legislative Assembly. I have some requests that are still outstanding and I'll provide a copy of the letter to them. If they could make that available, I would much appreciate it.

In the health review, there's a section regarding physician specialists. It talks about the local availability of specialist services provided either through resident specialists or visiting specialists as appropriate and possible, which should be expanded where it can be demonstrated that they are likely to improve Yukoners' access to these physicians' specialist services and it is cost-effective and feasible to do so.

There is — the next bullet says, "The Specialist Service Committee, (which currently assesses wait lists, volumes of services being provided in and out of the territory, and medical travel trips/costs and patterns of use in other jurisdictions), should be assisted in the development of quantitative and qualitative assessment tools that would improve how the committee assesses which new specialties are required to improve Yukoners access to care. The tools developed should lead to an evidence-based process that assists the committee in arriving at sound selection decisions based on access, cost-effectiveness and medical appropriateness and feasibility." This isn't the first time this issue has been raised.

I wrote the minister a letter earlier this year, asking him to take into consideration the request of a constituent — and it's not just one person; there are a group of people in the Yukon suffering from renal failure asking the government to look into the provision of hemodialysis here in the Yukon. It might be that the letter was misdirected to the minister. Maybe it should have gone to the Hospital Corporation because I feel that's where a hemodialysis unit would probably best fit — in a specialist clinic within the confines of the hospital.

A hemodialysis unit — one of the arguments that could be made is that the diagnostic tools improve the diagnostic capabilities and improve what medical services can be delivered here in the Yukon, and it improves the diagnostic capabilities. A hemodialysis machine is a life-saving tool for people.

Some of the arguments that — I don't like using the word "arguments", but some of the rationale for doing this is that there are people in the communities who, for one reason or another, have to have this equipment in their home; they have to have backup power to be able to have it function. They can't come to Whitehorse from their community because they need this treatment on an ongoing basis — either daily or every couple of days — so they can't even travel to Whitehorse from a community because if they need the treatment, it's not available here in Whitehorse.

So I'm just wondering whether or not the Hospital Corporation, given the committee looking at specialist services — whether or not this has even been looked at. The rationale that the minister provided for not doing it is basically a numbers issue, that there aren't enough patients to make it cost effective.

But I think that it's not necessarily a quantitative issue, it's a qualitative issue. It's about the quality of life for Yukoners, not just living here in Whitehorse, but also living in rural communities, who might want to travel to Whitehorse to receive services. I would be interested in your response to that.

Mr. MacGillivray: I think I'd like to start by just speaking a little bit about visiting specialists who do come to the territory. We've seen an enormous increase in the usage of visiting specialists and the visiting specialist program at Whitehorse General Hospital. The numbers in the past 10 years: we went from 1,594 patient visits to over 5,300 patient visits, and we expect the current year to see over 6,500 patients in the visiting specialist clinic at Whitehorse General Hospital. There has been a huge expansion to that program.

We have just recently increased the number of knee-replacement surgeries that we're doing at Whitehorse General Hospital through visiting services. We'll soon be receiving the services of a physiatrist coming here. Pediatric services are being provided there that weren't previously.

We've had ophthalmology services increased to provide additional cataract surgeries. We have, soon, a new neurologist who will be attending, who specializes in MS. We've had some increases made recently to our cardiology services. So clearly the specialist committee and the specialist services at Whitehorse General Hospital are indeed being increased and bolstered through this program.

With regard specifically to hemodialysis, though, it's not the specialists committee that's dealing with that one. It is another group under the *Health Act* that makes recommendations to the department and to the minister, called the Technical Review Committee under the *Health Act*. I think hemodialysis has been reviewed a couple of times over the past 10 years and the need for or the appropriateness of having a hemodialysis program here in the territory. We have two types of dialysis that are provided. There is peritoneal dialysis, which is typically something that patients can do themselves with support within

hospital periodically, and we have hemodialysis, which is a hospital-based program historically.

There have just been some new technologies that have resulted in the ability for home hemodialysis to actually occur. What this means is that patients who are being supported right now out of B.C. are being supported to do home hemodialysis here in the territory.

As you mentioned in the letter, it is unfortunately a numbers game to some degree in that we need to have a certain critical mass of patients in order for us to actually run a program here, to keep up the skill sets of the nurses and the doctors who are associated with the program and to maintain a program in the territory. The very unfortunate scenario with this technology is that, when you need hemodialysis, you need it now. In the past, patients who need hemodialysis have had to leave the territory. As a result, we just don't have a large number of those patients at this point in time.

Now with this new technology with home hemodialysis, the reality is that we may not ever have the critical mass of hemodialysis patients to run a program in Whitehorse. The last time this was reviewed by the Technical Review Committee, that's where they landed — that home hemodialysis was actually providing a good local opportunity for some of these patients so that they no longer needed to leave the territory. This isn't necessarily a good option for all patients, but it's another opportunity now for patients who require hemodialysis services.

Mr. Cardiff: Thank you to the witnesses for that. I guess just a brief follow up: what happens if somebody's passing through the territory or they're travelling from a community and they get bumped on a flight or something: are you able to provide emergency services for patients who would be in that situation? If they were travelling and they had left their home in a community, they're travelling to Vancouver where they could receive those services, but they end up getting bumped off a flight or the flight doesn't leave, those services are then available at the hospital on an emergency basis only?

Mr. MacGillivray: Each situation would be unique unto itself, but we do have the ability to provide support to these patients in an emergency situation. Typically there are some things that you can do in the short term to help these folks along until they can actually get to a full hemodialysis unit.

Mr. Cardiff: All right. I'm going to leave that because I think it would be something that would be worth looking into. I don't think it's just necessarily locals who would be in this situation; it could be people who are visiting the territory.

As I indicated at the beginning, I provided a letter to the witnesses looking for information about the studies that were done by RPG, including the functional plans and the cost of those contracts; the organizational charts for Whitehorse, Dawson and Watson Lake hospitals; and I believe the chair provided the cost of the repairs for the Thomson Centre in his earlier remarks. But with regard to the other two, are those available and can they be provided?

Mr. Tuton: I apologize. We actually dropped the ball there, and I apologize for that. However, just as soon as we get back to the corporation, we'll make sure those are looked after.

Mr. Cardiff: The only other question I have relating to the Hospital Corporation — the new facility across the river is to provide accommodation for visiting physicians. But on an ongoing basis, when it comes to staffing, both the hospital here in Whitehorse and the hospitals in Watson Lake and Dawson City — I'm really glad to see the Hospital Corporation is going to have an on-site daycare. I think that's a valuable service to employees and people working in the health care field.

That's one of the hurdles you have to get over in Watson Lake and Dawson City, but the other one is housing. In order to attract qualified people to work in these facilities, housing becomes an issue much of the time.

I'm just wondering whether or not the Hospital Corporation has a plan or whether they're working with the Housing Corporation, because it's not just for the hospital. If the economy is doing as well as government would have us believe, and people are flocking to the territory, the housing market is going to be tight, not just in Whitehorse, but in Watson Lake, Dawson City, and in other communities. So we need to ensure that those housing needs are provided in order to attract those people to come and work here. So I would just like some assurances that you're working with the Housing Corporation and the government to ensure that those housing needs are being met.

Mr. Tuton: You're quite correct in stating that housing is an issue, and it's a concern. In Watson Lake it's not as much of a concern because we do have eight units in Watson Lake, which is adequate for what we need today. However, Dawson is another story. You're quite right that all of the reports and studies we see regarding the economy and the anticipated future growth in the population in the Yukon would also indicate that if those numbers were to become fact, then one of the issues is definitely going to be housing. To that end, we are already talking with the Yukon Housing Corporation about our present and future needs in Dawson.

Mr. Mitchell: I have just two or three more questions. I'll try to be brief, because I know the Member for Lake Laberge also has questions. Regarding severely intoxicated persons at risk, beyond those persons who now will be transported by law enforcement officers to the new secure facility — once it's complete — that will be attached to the Whitehorse Correctional Centre, there are still all those people who either self present at the emergency room or are brought by friends, neighbors and relatives who won't be automatically diverted to the Whitehorse Correctional Centre. I've been told by countless doctors and nurses — even while I've been a patient at WGH, I've actually had entreaties from doctors and nurses asking that something be done because it's simply overtaxing the facility. We've seen figures of as much as 25 percent of the emergency room patients, at different times, being severely intoxicated persons at risk.

Does the corporation have a suggested solution to this beyond those people who will be diverted from what used to be colloquially referred to as the "drunk tank" at the cells, to the more supervised facility at the Whitehorse Correctional Centre

because a lion's portion of this may not involve law enforcement at all. How do we relieve the pressure from the hospital?

Mr. MacGillivray: The reality is that many of these patients need to be in hospital. Often we find that when people are intoxicated, they fall down and hurt themselves. There are diagnostics required. They need the services of a physician so, going forward, we envision that there is going to continue to be a large volume of intoxicated individuals coming to Whitehorse General Hospital, Watson Lake hospital and Dawson City hospital when it opens. As a result, we've entered discussions currently with the Department of Health and Social Services about some minor renovations we can make within the emergency department currently to better provide services to accommodate these patients. We have also been looking at some things that we can do to better monitor and ensure that we provide the safest, most appropriate care for these patients as well. Often these are some of the sickest patients that we see coming into our hospital.

Because patients we see coming into our hospital have comorbidities that are exacerbated by intoxication and other things that are going on. So these are not people and patients who would be appropriately dealt with elsewhere. So we do have some work underway currently within the existing hospital and it's definitely going to be one of the things that we're focusing on with the planning process that we've just initiated recently for the Whitehorse General Hospital campus.

Mr. Mitchell: I thank the witness for that response. So what I'm hearing is that the problem is not going to go away, but it can be better managed with some changes and re-design of the facility. I won't pursue that now in the interest of time.

Mental health patients: we know about the secure area — the secure room — the number of beds for people who are suffering from acute mental illness, who may need to be in a secure portion of the hospital. There is also the issue of more long-term care for mental health patients and it's sort of a hidden disease. One of my colleagues told me of a relative of his who has virtually been living at the hospital for various periods of time, for lack of there being some other facility.

Does the hospital have any plans as part of this new campus concept to try to address that with a separate facility, or how to deal with people who need some kind of care but are better off in the community where they have access to visits of friends and neighbours, rather than Outside, which currently often occurs, for more residential situations?

Mr. MacGillivray: Mental health illness is definitely one of the most difficult things for us to deal with in an acute care setting and as a community. We at Whitehorse General Hospital and in the rural hospital facilities will be dealing with patients who have acute mental health needs. What that means is typically short-term intervention during the acute phase of the illness.

This is best supported with community programming and so this isn't something that we necessarily see as part of the WGH campus planning process, although it may be, in part, dealt with through some recommendations that come forward. It's too early to know at this point in time. The reality is,

though, that this is a very complex and difficult disease to deal with and we do rely currently on services outside the territory and services that we do have within the territory — and even then we do acknowledge that there are some gaps.

Mr. Mitchell: Mr. Chair, I'll just ask one more, because other members want to get back into the Q&A. I just want to add my voice to that of the Member for Mount Lorne regarding the situation for hemodialysis. As recently as when I was visiting the medical ward to see a friend on Sunday, a patient actually saw me waiting outside the room and came out of her room, having recognized me, and said, "Please can you advocate for an actual expanded dialysis program at Whitehorse General Hospital, because the need is there." She was obviously a kidney patient, someone who has partial renal failure, and I guess I would just say that while I understand that there are new advances in this home dialysis capability, not all patients may be good candidates for providing that sort of care for themselves or have family members who can assist them with it. So we hope that, despite this numbers game that has been spoken of, the hospital will reconsider and continue to monitor whether there is a place for this at Whitehorse General Hospital. Thank you.

Mr. Tuton: I think that's a fair statement and it's also one that is a subject that we review from time to time. Certainly, based on what we hear today, we'll continue in that vein.

Ms. Hanson: I have just one last question that I want to ask the witnesses this afternoon. In the discussions last April, as I recall, when we're talking about the Watson Lake hospital, there was some discussion that currently the pharmacy arrangements in Watson Lake are in the private sector. There's a privately owned pharmacy. As I recall, there was some discussion of moving the pharmacy into the Watson Lake hotel and I'd be interested — hospital, sorry. Hotel — God, that's dating myself.

With respect to the Watson Lake hospital, what are the plans regarding the pharmacy? Is it a Hospital Corporation-run pharmacy or will it be a lease arrangement? Can you elaborate on that please?

Mr. MacGillivray: There has been space identified in the Watson Lake facility that's being constructed for pharmacy services.

I think our first preference would be for this to be run by a community pharmacist if that can be accommodated. This is in part, I think, why we have pharmacy services being provided in association with the physicians offices in small communities — it really is a service to those communities. So, if we don't have the volume and there isn't the interest from a community pharmacist, then I think we'd be looking at a similar option as what is currently in place in that community.

Mr. Cathers: I'd like to thank the witnesses — if the Chair would excuse my informality — Craig, Joe and Kelly. Thank you for coming here this afternoon.

I have a couple questions. I'd like to begin first of all by acknowledging that with all the pressures that exists in health care and the difficulty of the field, although the Yukon system certainly is not without its challenges, that the speed with

which patients receive care at Whitehorse General Hospital particularly in the emergency room and in waiting for surgeries, certainly compares very well to Outside facilities. The corporation, the board and the staff should be proud of the quality of service that is provided there.

Also, again, congratulations — it should not be forgotten that it was being named one of the top 100 employers in the country. Those achievements are certainly worth recognizing.

I have a couple of questions regarding the facility. The talk about the pressure on the emergency room, of course, has been an issue for some years. Mr. MacGillivray mentioned that minor renovations were going to be done to accommodate some of the acutely intoxicated people. My first question is if he could elaborate a little on the detail of that.

Secondly, the overall issue of whether the emergency room needs to be expanded or renovated, in particular the ability to separate patients coming in for emergency reasons versus those coming in through a walk-in method of arriving at the room — whether that overall project is being looked at as part of the campus review, as I think I might have heard from the chair during the earlier testimony. Thirdly, what is the expected date for the opening of the new facility built for the residential use of visiting specialists and others?

Mr. Tuton: Just to give you a little bit of an idea on the pressures that we see around the emergency room — if I can refer to back in the 1999-2000, we had just under 20,300 visits to the ER. That increased in 2009-10 to just under 25,400. We're anticipating a further increase projected into 2010-11. So that gives you an idea of the pressures that we have there.

We also, though, have the same kind of pressures on medical imaging. That same time period — if we look at 1999-2000 — there were just under 7,000 visits to medical imaging and in 2009-10, there were just under 14,000 visits, which relates to an 87-percent increase. We're projecting a further 18-percent increase for 2010-11, for just over 16,000 visits to the imaging.

Look at our lab. The lab back in 1999-2000 had just under 12,000 visits and in 2009-10, it had 22,600 visits, which was an increase of 91 percent and we're anticipating another increase for the 2011 period. You can see that the numbers have been dramatically increasing over time and we certainly expect those to continue. In part it is because of the new equipment and the new kinds of diagnostic and laboratory work that we're able to do there.

As I mentioned last year, it is an issue that is presenting us with concern. It is an issue, though, that I think we're better able to deal with through our master plan committee, which involves many different stakeholders from not only the community, but also health providers, First Nations and others, who will help us take a look at what this means, what those projections are in fact in dollars, and help us try to plan a beneficial way to reach those results.

I'm not sure if Joe wanted to add anything to that.

Mr. MacGillivray: Mr. Chair, there was a question about when we'd have the new residence ready for specialists to actually stay in, and the answer is we'll actually have it occupied by the end of March. There was another question

around what were some of the renovations we're looking at in the emergency department, and we're looking at combining a couple rooms so we can have some dedicated space, potentially putting in another bathroom — which is important with this patient group — and improved monitoring through some central monitoring and some camera systems that we can put in.

Mr. Cathers: Thank you for that answer. That speaks to another issue related to ER admission volume. I recognize that the corporation has probably not had as long to take a look at the Auditor General's report as the department has, but since the figures originated from the Hospital Corporation I'm assuming the witnesses have them relatively accessible.

I was particularly drawn to what's No. 68 in the report from the Auditor General speaking to the alcohol-related emergency room admissions in 2009-10 at Whitehorse General Hospital. That's on page 17 if anyone is searching for that. According to the Auditor General's report, the corporation reported that there was a total of 1,744 alcohol-related emergency room admissions in that year, representing 679 individuals, with fully 33 percent related to 22 common users of that facility — clients that appeared frequently — and understanding that that is certainly a problem that has been well known for years and will continue to be a challenge, no doubt, going forward.

My question specifically is whether there are numbers on the alcohol-related admissions for previous years and, if so, what are they? Secondly, has there been an increase in the last year — and perhaps going back further — related to changes the RCMP has made in procedures regarding how they handle intoxicated people? I don't know if that's even something you'd have numbers on, but if that is, I'd be interested in knowing whether there has been any marked increase in changes as a result, and, if so, if we have quantifiable numbers on that.

Mr. MacGillivray: We did provide those numbers to the Auditor General's office. When we did, though, we also noted that there is an under-reporting or an under-counting of this patient group. The problem is that when somebody comes in with a broken arm, it's logged in our ICD coding as a broken arm. Sometimes it doesn't happen that it's coded that this individual is also intoxicated or was intoxicated when they broke their arm. So we do have an under-reporting; we know that. We have actually gone through a short process of manually monitoring the number of patients who come through, and those numbers were significantly higher than what we captured through our system. So there are some shortcomings to that system.

Did we see increases in volumes when the RCMP and the detox program changed some of their policies? The answer is — absolutely. There is no doubt that we had increased volumes coming directly from those facilities, and it's something we have already had some discussions about with both the RCMP and the Department of Health and Social Services. Clearly, the task force and the recommendations that they made are geared toward trying to better accommodate this patient group.

It's something that — through the interim solutions in our emergency department — ultimately a new emergency depart-

ment in the long term can deal with this patient group in a much better way.

Mr. Cathers: Thank you for the answer. Going back a couple of years, I recall there was an issue of pressure on the operating room and consideration of adding another shift. My first question: has that been added and, if not, has it been looked at in this point in time? Secondly, recognizing the increases that were cited in special services and, in fact, the significant enhancement in what has been available in recent years in the territory, what is the current number of surgeons we have here and what is the current number of specialists we have coming into the territory to provide procedures?

Mr. MacGillivray: We absolutely have pressure in our operating rooms. We run two operating rooms at Whitehorse General Hospital. There is constant discussion at this point in time around whether or not there is need for a third and what that third operating room should look like — whether it should be a full operating room or something that's a little less.

What do I want to say? Specifically, it's a room that would be geared toward doing scopes, so putting a third scope suite in the hospital. What we're finding, though, right now, is that really one of the bottlenecks in our system is the in-patient beds. We have had increased surgeries occurring as a result of visiting specialists coming up. We went from zero knee replacements occurring in Whitehorse just three years ago to 30 in the current year. This is a significant increase that is having an impact on our in-patient capacity as well. So, one of the things that we are going to be considering through the planning process — the master planning process that we just announced — is whether or not there is a need for a third operating room within the facility and also what we need from an in-patient bed perspective and a short-stay perspective in order to support those operating rooms.

The number of surgeons — yes, we have had an increase. We have four general surgeons now operating out of Whitehorse General Hospital. This is a very positive move, because it just provides much better support to the community and a much better lifestyle, I believe, for these physicians from the days when we only had one. So, four is a very welcome addition. We also have two ob/gyns and support through the anaesthetists who are in the territory and, obviously, from the visiting services as well.

Mr. Cathers: Thank you, Mr. Chair, and thank you for the answer. I think that largely has answered most of the questions that I have. I will turn it over to other members for perhaps wrap-up comments. I would like to thank the witnesses for the answers this afternoon and commend the long-term look that's being taken at facilities and this overall campus approach, recognizing the increase that has been sighted in some of these areas, which I know very well of course is just one example and one snapshot of the various pressures on the hospital — realizing that we're in a facility that was designed some years ago based on the perceived needs at that point in time and the efforts that have been done including the current minor renovations being made to the emergency room. I realize very much the challenge that that poses for the corporation in a planning process and a management process. I commend the

efforts that are being taken to make do as best as can be done in the current facilities and to look at future needs.

One thing related to that is the secure medical unit for mental health purposes which was done — another example, of course, of changes that took some time to come to fruition, but I realize the challenges with that and the work involved and the costs that were involved from a capital side. I would be interested to know whether the O&M projections — I recall the estimated cost being somewhere in the \$700,000 increase as the associated costs with running that, which is obviously yet another significant increase in the services provided through the facility — have turned out to be accurate or if those numbers are even broken out in data you have available.

I believe that would be my final question. So with that, again, I would just thank the witnesses for their answers this afternoon and thank you for the efforts that you and your staff are making and that the board is making in dealing with the challenges the Yukon health system is facing. With all the challenges and with all the problems, it certainly compares very well with the quality of services we're delivering to any other jurisdiction in the country. I commend you, your staff and the board for that.

Mr. MacGillivray: When the secure medical unit was first established, there were additional funds in the range of \$900,000 that were provided on an operations basis. There's also \$200,000 in renovations capital funding. So the full \$200,000 was used for the renovations that occurred and we have found that the additional O&M funding that we received has been adequate to support both the additional staffing there, as well as improved and increased social work services within the facility, specifically for that patient group.

Mr. Mitchell: In referring back to the *Taking the Pulse* health care review report on page 59, under the submission by the Yukon Medical Association — and it was Dr. Tadepalli, Dr. McNichol and Dr. Anderson who made the submission — they expressed a concern that the hospital does not have a strategic plan and that this has a negative effect on committee work such as the technology committee and specialist review committee. Has the hospital since then developed a strategic plan to address those concerns?

Mr. Tuton: Most definitely we do have a strategic plan, one that was just reviewed in 2009 and takes us to 2013.

It does address those concerns. The strat plan is something that the board reviews annually. We look at what shortcomings there are, if any, and look at ways to rectify that. I think that should answer your question.

Mr. Mitchell: Again, from that same section referring to mental health, it states that there is no commitment by government to develop a proper care facility for the mentally ill — two beds are not enough. There are no treatment programs available. A 10- to 15-bed facility would be nice. I believe it's now six beds. Is that correct — the expansion? Have discussions with the YMA come to the conclusion that that's now sufficient, or is there still, as I asked earlier, a need for an additional proper facility for the mentally ill on a longer term basis?

Mr. MacGillivray: I want to be clear with this. The secure medical unit that was established within Whitehorse

General Hospital was a reallocation of five in-patient beds within the hospital. So we had 49 beds and we remain 49 beds. We've just reallocated five of those beds to the secure medical unit. This allowed us to better deal with the patients that we currently had in our facility, and it was not intended to be a psychiatric unit or to actually increase our capacity with regard to that patient group. So, no, this has not addressed those comments.

Hon. Mr. Hart: On behalf of Committee of the Whole, I'd like to thank Craig Tuton, chair of the Yukon Hospital Corporation, Joe MacGillivray, chief executive officer of the Yukon Hospital Corporation, and Kelly Steele, chief financial officer of the Yukon Hospital Corporation, for appearing as witnesses here today.

Chair: The witnesses are now excused.
Witnesses excused

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

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, please?

Chair's report

Mr. Nordick: Committee of the Whole has considered Bill No. 23, entitled *Third Appropriation Act, 2010-11*, and directed me to report progress on it. Also, pursuant to Motion No. 1273, Craig Tuton, chair of the Yukon Hospital Corporation, Joe MacGillivray, chief executive officer of the Yukon Hospital Corporation, and Kelly Steele, chief financial officer of the Yukon Hospital Corporation, appeared as witnesses before Committee of the Whole from 3:30 p.m. to 5:30 p.m.

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

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

The time being 5:30, this House now stands adjourned until 1:00 p.m. tomorrow.

The House adjourned at 5:33 p.m.

The following Sessional Papers were tabled February 15, 2011:

11-1-200

Auditor General of Canada, Office of the: *Yukon Health Services and Programs – 2011, Department of Health and Social Services* (dated February 15, 2011) (Speaker Staffen)

11-1-201

Social Inclusion and Exclusion in Yukon 2010; Dimensions of: Report from the Department of Health and Social Services pursuant to the Health Act (section 6(1)) (Hart)