

**Yukon Legislative Assembly
Whitehorse, Yukon
Wednesday, March 9, 2011 — 1:00 p.m.**

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

Prayers

DAILY ROUTINE

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

Tributes.

Introduction of visitors.

Returns or documents for tabling.

TABLING RETURNS AND DOCUMENTS

Mr. Cardiff: I have for tabling a document about the ecoENERGY program.

Speaker: Are there any further returns or documents for tabling?

Reports of committees.

Any petitions?

Any bills to be introduced?

Any notices of motion?

NOTICES OF MOTION

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

THAT this House urges the Yukon government to ensure a sufficient supply of staff housing is available in all Yukon communities for government workers and to ensure that the existing stock is maintained in an acceptable condition in compliance with the territory's building and health codes.

Ms. Hanson: I give notice of the following motion for the production of papers:

THAT this House do issue an order for the return of a status report on the "Actions to be undertaken" contained in the Yukon government *Climate Change Action Plan*.

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

THAT this House urges the Harper regime to renew the popular ecoENERGY retrofit — homes incentive program in order that:

(1) total federal, provincial and territorial government revenues of \$5 billion a year are generated;

(2) federal, provincial and territorial governments can collect more than \$2 in taxes for every \$1 paid out in retrofit incentives;

(3) 350,000 person-years of employment are created in communities all across Canada; and

(4) an average of 22 percent energy saving per house are delivered and three tonnes per year of greenhouse gas per house are saved.

Speaker: Are there any further notices of motion? Is there a statement by a minister?

This then brings us to Question Period.

QUESTION PERIOD

Question re: Health care facility costs

Mr. Mitchell: Later today, we will be discussing a government motion about health care. This government has told the Yukon public that its decision to build new hospitals in Watson Lake and Dawson City will end up saving Yukoners money on medical travel. It has provided no proof of this beyond promises from the Premier. Can the Minister of Health and Social Services tell Yukoners what studies were done to determine these cost savings and what is the total of those cost savings?

Hon. Mr. Hart: We have been working closely with the Whitehorse General Hospital on this situation. We are also dealing with specialists coming into the Yukon and having them indicate to us that we work together on ensuring that the hospital services will provide a return to the Yukon for their investment in those two facilities.

Mr. Mitchell: So what we just heard is that there were no studies done, but they are going to work on it now.

The reality is that the government did no studies at all to determine what the potential cost savings of these new hospitals might be. The commitment that they will save money is simply a promise from this government, and we all know what that is worth.

A previous Yukon Party health care minister who now sits on this side of the House was in charge of these projects when the capital budget ballooned from \$5 million per building to \$25 million per building. He quit on the Premier shortly after.

With increased capital costs come increased costs to operate the facilities. Can the minister tell Yukoners what it will cost to operate and maintain these two new facilities each year?

Hon. Mr. Hart: Just to remind the member opposite again, the hospital in Watson Lake has been there since 1979. It is not a new facility. The citizens of Watson Lake have enjoyed a hospital since that period of time. We are upgrading that facility to ensure that they continue to get that kind of service. Also, it is to ensure that the surrounding area, which, I might add, is approximately 250 miles — it goes from Dease Lake, British Columbia, all the way to Cantung, which is being served by that hospital — as well as the perimeter on the Alaska Highway, is also served by the Watson Lake hospital.

Mr. Mitchell: Mr. Speaker, we are well aware that there has been a cottage hospital for many years in Watson Lake, but the \$25-million, newly planned facility is an entirely new structure. We have never been opposed to providing improved health care to rural Yukoners; what we do oppose is this Yukon Party government announcing they will build major new facilities without any needs-based assessments to determine what level of facilities they should be building.

While the motion later today is an attempt to portray this government's health care plan in a good light, the handling of the two new hospitals shows the government is operating without a plan. We know the government had to borrow all the money for these buildings because of its poor fiscal management. It also had no idea what the cost savings, if any, associ-

ated with the new buildings will be, and it doesn't have much of an idea what it will cost to run the facilities. Finally, the government has no idea where the staff will come from to operate these buildings.

What is the government's plan to staff these facilities?

Hon. Mr. Hart: As we stated many times on this question, we had debated the cost of the facility of Watson Lake, and in fact, we have provided the Whitehorse Hospital Corporation with the funding that was provided through Health and Social Services for the operation of that facility to ensure that they can carry on with the operation of the Watson Lake hospital.

Their CEO has reviewed that information and has provided us with a breakdown of that costing. Again, we have debated that costing in this House many times, and the member opposite did question the Whitehorse General Hospital, through their board system, when they came into the House with regard to that question.

I look forward to the board's continued attendance here in the House to answer many of these questions with regard to both the Watson Lake hospital and the new Dawson City hospital.

Question re: Emergency medical services building

Mr. Elias: I have a follow-up question for the Minister of Community Services. I asked the minister last week about the cost of the new emergency medical services building this government is in the process of developing at the top of Two Mile Hill. The minister said yes, the government was building it, and yes, it was budgeted for. The minister is not telling us the whole story. He's holding back some critical information.

The new emergency medical services building will actually be considerably more expensive than the current \$8.7 million that is identified in the budget. The Budget Address documents confirm this. Will the minister now tell us what the real cost of this building will be?

Hon. Mr. Lang: In fact, EMS is working with Property Management on the footprint of the new EMS structure at the top of Two Mile Hill. We have budgeted for this year and budgeted for next year. I am told that we can build the footprint for the amount of money that is budgeted.

Mr. Elias: Mr. Speaker, the Yukon Party keeps breaking its promises. The EMS building is going to be more expensive, and it says so on page 4 of this government's own long-term capital plan. This government said in 2006 that they were going to move quickly and work with the City of Whitehorse on a joint planning initiative to advance this construction project. This government did no such thing, in spite of all the promises it made. The Yukon Party stalled this project for years until the city finally gave up waiting and went ahead on their own, in spite of all promises made.

Now Yukon taxpayers are on the hook for a second building — hardly a good use of public money. So will the minister confirm that the real costs of this project will be closer to \$13 million and not the \$8.7 million that is identified in the budget?

Hon. Mr. Lang: The member opposite is correct — we did work with the city for a period of time on a plan as to how we could integrate EMS into the existing emergency facil-

ity they had at the top of Two Mile Hill. Over an assessment of what existed there, it did not pan out that they had the right footprint for what we needed in the growing community that we are servicing.

The fact that we are building an EMS building at the top of the Two Mile Hill is exactly what this government committed to do. The government has money in the budget for the footprint to start the project this year and will finalize the footprint next year, regardless of what figures the member opposite puts on the floor. They aren't correct, Mr. Speaker. The figures are in our financial plan, and we will build the EMS building at the top of the Two Mile Hill to facilitate all of the individuals who live in our subdivisions at the top of the hill. The need is there; we already have a facility there to service that part of the City of Whitehorse. So we are moving forward; we have money in the budget; we are going to build an EMS station at the top of the Two Mile Hill.

Mr. Elias: This has Yukon Party bad planning all over it. They promised one building to Yukon taxpayers and they broke that promise. This was another Yukon Party campaign promise that was simply thrown out the window. Yukoners don't like the broken promises and the reckless spending. Yukoners deserve the whole story — not just part of the story — that this minister wants to keep to himself. The government dropped the ball on the emergency medical services building in spite of their campaign promise. The project is long overdue; the costs are escalating; the budget allocation is too small to finish the job; and the government won't reveal the true costs.

Where is the rest of the money going to come from to finish the emergency medical services building?

Speaker's statement

Speaker: Before the honourable member answers the question, Member for Vuntut Gwitchin, when the honourable member uses terms like "keep to himself" the implication, of course, is that members are withholding information. I don't think the honourable member meant that, but just be careful in the future.

The Minister of Community Services has the floor, please.

Hon. Mr. Lang: Thank you, Mr. Speaker. I'm repeating myself here as minister responsible for EMS. We are building an EMS building at the top of Two Mile Hill, whether the Liberal Party likes it or not. The resources are in the budget. There's a two-year plan. Property Management is going to oversee the construction and the building will be built.

Question re: Energy policy

Mr. Cardiff: Last week my colleague, the Member for Whitehorse Centre, failed to get any straight answers from the minister responsible for the Yukon Energy Corporation about the Gladstone diversion project, so I'm going to give him another chance today.

As currently conceived, this project — which proposes to connect two separate watersheds with a canal — faces some major environmental and political challenges. The federal Department of Fisheries and Oceans says the proposal is "likely to result in significant impacts to fish and fish habitat."

In a letter dated September 30, 2010, DFO also says the proposal raises potential international transboundary river issues, but as recently as January, the president of YEC was still speaking publicly about this proposal as if it were a serious option, despite Department of Fisheries and Oceans' strong reservations.

Will the minister responsible for YEC tell us how much public money the corporation plans to spend on this project this year?

Hon. Mr. Fentie: The first problem that the Member for Mount Lorne has, Mr. Speaker, is the fact that the NDP call this a "project". It is nothing more than a concept and an item of discussion. The Energy Corporation will continue to look at alternatives and options so that we continue to meet the energy demand and needs of Yukon today and into the future. To suggest here on the floor that this is somehow a project is entirely incorrect and patently false. Indeed, Mr. Speaker, it is nothing more than a concept.

What else is very clear here is that our regulatory and assessment processes work very well. When these types of concepts come forward, it is clear that the Department of Fisheries and Oceans and all other regulatory processes and required processes, which anything like this must go through, work very well. That's why the Yukon Party government believes in the stringent regulatory regime that we have. It's balanced, but it also protects.

Mr. Cardiff: The Energy Corporation says on its website that it did a number of technical studies last year to determine whether this project is feasible. The studies include impacts on fish and fish habitat, birds, vegetation, wildlife, First Nations, land and river system, land uses such as hunting, fishing and recreation. In an article in one of our local papers on January 9, 2011, the president of YEC is quoted as saying, "The science is finished." If that's the case, will the minister responsible for Yukon Energy Corporation tell us how much public money has been spent to date on this proposal?

Hon. Mr. Fentie: In every operating year, the Energy Corporation will expend resources in looking at options and alternatives, as they should. As far as this particular concept, there are more studies to come, more discussion to come, along with other options and alternatives which are many. In fact, there's a major public discussion going on right now in the Yukon on energy. I'm sure the NDP is interested, as they should be, but I would hope that they could get their facts straight and recognize that we're not talking about a project here, we're talking about a concept. That's dramatically different.

Mr. Cardiff: I will help the minister out a little bit here. The Yukon Energy Corporation said it spent \$3.1 million on the proposal that has little chance of going forward because DFO believes it will cause irreversible damage to fish and fish habitat. It raises troubling transboundary water issues. The letter that DFO sent said that the plan should be revised to eliminate the inter-basin water transfer and reduce the negative effects on fish habitat. The whole proposal is based on the inter-basin transfer of water, so how is it going to go forward?

Will the minister advise the YEC to stop throwing public money at this folly and move on to proposals that are environmentally sound, don't involve transboundary water issues and have some hope of getting regulatory approval?

Hon. Mr. Fentie: I appreciate the offer of help, but the Yukon Party government does not need help from the NDP, frankly, on any matter. We all know why. The history of the NDP on energy, on the economy, on industry — their position on mining, claiming that it is unregulated and privileged — is all a problem for the NDP. So, no thanks for the help, but the Yukon Party government will continue to support our Energy Corporation — our public utility — and that's a lot more than we will ever get out of the NDP.

Question re: Mental health services

Mr. Cathers: Lately it's hard to turn on the national news without hearing more about Charlie Sheen. Rather than us laughing about it and treating it like entertainment, it would be more appropriate for everyone, including the national media, to use it to bring attention to the fact that mental health problems, especially when coupled with addictions, can destroy lives and careers.

Whether someone is rich and famous or poor and anonymous, mental health problems are serious and should be treated as such. Many people with mental health issues can be helped, so today I'd like to ask about mental health programs.

When I became Minister of Health and Social Services, the Yukon had only one psychiatrist and a backlog of patients needing help. I approved the contracting of a second psychiatrist to address those needs. Will the minister please tell us how many psychiatrists the Yukon currently has contracted and approximately how much money his department currently spends on providing Yukon citizens access to psychiatric services?

Hon. Mr. Hart: We provided \$200,000 in capital in 2008-09; we're also providing a little under \$1 million for O&M, which will flow in 2010-11, and the hospital has implemented a secure medical unit within Whitehorse General Hospital for these funds.

We have four psychiatrists now working in the Yukon. I don't have the specific number of what that value is, but I could provide that to the member opposite at a later date.

Mr. Cathers: When I was Minister of Health and Social Services the Hospital Corporation asked for assistance in renovating the hospital to provide a more secure ward for people in the hospital who had mental health issues. Prior to the renovation, people in hospital for treatment of a mental issue were mixed in with all other patients, which created a safety risk and did not provide patients with mental health needs treatment that was directly focused on their problems. I agreed to provide the hospital with funding for the renovation and support for the increased cost of operating it, and that work was completed on the current minister's watch.

Will the minister please tell us what the capital cost of the renovation was and how much increased funding to the hospital has been provided to help them operate the secure medical ward?

Hon. Mr. Hart: For the member opposite, as he will no doubt be aware, there was funding provided for this secure

unit. It did take some time for us to get the appropriate hardware in order to segregate that section of the hospital. As such, we did encounter some difficulty with regard to obtaining the special doors that were required.

In addition, we had to make some adjustments in regulations to allow for psychiatric nurses to be made available here in the Yukon so that the hospital could utilize that legislation in hiring individuals to staff this particular unit. We are very happy with the facility. It includes six rooms — two solid bed units, which are secure units, and four rooms that again are secure from the rest of the hospital and it is fully manned.

Mr. Cathers: Recently the Minister of Health and Social Services announced continued funding of programs created under the territorial health access fund for rural mental health, early psychosis intervention and conflicts client care. I commend the minister for continuing these necessary programs, which were started when I was Minister of Health and Social Services. The cost of these programs alone is approximately \$700,000 — adding to the cost of increased psychiatric services and the cost of a new mental health ward that demonstrates increased annual funding for mental health services of over \$2 million. That number doesn't include other investments made when I was minister and under the current minister's watch.

Will the minister please tell us how much annual funding for mental health has increased over the level it was at in 2002 under the Liberal watch?

Hon. Mr. Hart: As the member opposite mentioned, we have increased our funding substantially. I am very proud of our officials who have been able to come up with money to carry on with our early psychosis program, which is costing us approximately \$750,000 to \$800,000. In addition, we are looking at other issues as they relate to mental health to improve our services in the form of counselling, especially in the rural areas, through our Many Rivers program, as well as the social workers and psychiatrists who visit there.

We are also using telehealth to enable us to work with our rural clients, and we look at continuing to add to our services throughout the Yukon, including Whitehorse, for improving the services to mental health patients.

Question re: Education report by Fraser Institute

Mr. Fairclough: Mr. Speaker, this government likes to take credit for good things happening in the territory: the high price of metals, the amount of exploration occurring in the territory, resulting from high metal prices. Anything good, whether they had a hand in it or not, they like to point out the good, though they never want to talk about or deal with the bad, as in the bad review from the Fraser Institute on education in the territory. It is one thing to receive a bad review and work to make improvements, but this government cannot seem to get it right in education.

The Education minister has been receiving bad reviews as far back as 2007. This minister likes to wrap himself in good reports he receives on mining, but chooses to ignore the bad ones on education.

Will the minister accept responsibility for the bad education report from the Fraser Institute, as he did with the good report on mining?

Hon. Mr. Rouble: The Government of Yukon has taken great strides in the area of education throughout the territory. We followed up on the unfortunate results of the Liberals' *Education Act* project — their review — and we were left with quite a situation. We went to work with our partners in education and other Yukoners, rolled up our sleeves and have really done the hard work.

I'm pleased to see the changes in the education system, whether it be the investments in the classroom, the increased number of teachers, the increased number of educational assistants, the increased amount of curriculum that is locally produced, the increased work going on at our facilities, whether in Yukon communities or here in Whitehorse.

We're taking great strides to increase the reporting back to Yukoners about what's going on in Yukon's education system that is demonstrated through the recent annual report. Again, that will be demonstrated at the upcoming education summit, which will be held on April 11 to 13, where we will have an opportunity to have a dialogue about the many issues of importance to Yukoners about their education system.

We have a number of different ways to provide feedback to parents about the performance of their students and to provide the community with information about what's going on in their schools and to all Yukoners about what's going on in Yukon's education system.

Mr. Fairclough: This minister has been promising to review the *Education Act* and bring new policies forward to improve the education system. Since the beginning of this government's mandate, in eight and a half years he has yet to deliver. The minister made commitments to improvements in 2006, yet still received another bad report from the Fraser Institute in 2007. In May of 2008, he promised to use the institute's report as a reference point, yet today he chooses to ignore another bad report card. At least his colleague, who now sits on this side of the House, recognizes the need for improvement demonstrated by the Fraser Institute report.

This government is at the tail end of their mandate. Yukoners have lost trust in this government. Will the minister take responsibility for his poor report card from the Fraser Institute and work to improve his results?

Hon. Mr. Rouble: I am proud to see the growth, the changes and enhancements that have been made to Yukon's education system, whether it is looking at the school growth plans, which involve the community in the direction of the school; whether it is the creation of full-day kindergarten to provide earlier childhood education learning opportunities; whether it is putting in place things like the Yukon student information system so that we have a statistically valid way of tracking performance of Yukon students throughout their entire education career. There are a number of different initiatives going on in Education. I hope the member opposite will be paying greater attention in budget debate so that he too can be made aware and have a fuller appreciation of what's really happening out in Yukon's education system today.

Mr. Fairclough: We do pay attention, and we ask good questions. It is the answers that are coming from the minister that are questionable. This minister is not delivering on

promises made — period. Yukoners are tired of empty promises. This minister has received a bad report card, not once but more than twice, from the Fraser Institute. The Auditor General was also hard on the minister. There were a number of recommendations coming from the education reform project based on tremendous input from the public, partners, stakeholders; yet the minister has not implemented a majority of these. Perhaps if he actually acted on recommendations and reviews given to him, we would not be looking at a poor report card yet again.

Will the minister accept that bad education report card from the Fraser Institute? Will he do that?

Hon. Mr. Rouble: I just want to bring the member opposite's attention to the annual report that the Department of Education has provided, which provides an update on the status of responding to the areas of concern identified with the Auditor General's report. We've recognized that those were valid concerns brought forward by the Auditor General, and we have responded to them and the steps taken that identified them in the annual report. In addition, we'll be holding another education summit. This is our third one, and I hope this time — the third time — is the charm and that the Liberal Party actually attends our education summits, because they haven't shown up for briefings in the past and they haven't obviously read the information that has been provided to them. Additionally, in the very near future we'll be tabling the department's strategic plan as a go-forward basis. Yukoners have been very involved in this creation; we look forward to launching that and also an update to our website, which will provide additional information and additional reassurance as to how the Department of Education has been responding to many of the initiatives brought forward in the education reform project.

Question re: Energy policy

Mr. McRobb: One of the huge issues facing our territory is how best to supply future energy demand. As the Premier knows, Yukoners are presently engaged in this discussion and decisions made now will affect all residents far into the future.

A global rebound in commodity prices, coupled with a modern-day Yukon gold rush, largely to the credit of our local recipient of the Canadian Prospector of the Year award, will create new energy demand from the mining sector far in excess of our hydro capacity.

This energy deficit will continue to grow with additional industrial customers. Unless something is done soon, we'll continue to meet increased demand with diesel generation. So far, this government has been talking wind and conservation, but many people doubt this government's agenda is to truly go down this soft energy path.

So let's hear it from the Premier. What's his solution?

Hon. Mr. Fentie: Mr. Speaker, I'm quite flattered that the Member for Kluane would think that an individual such as I would have the solution to a very challenging issue, not only in Yukon, but globally. It is quite flattering, but I would point out to the Member for Kluane that much is being done today — much more than has ever been done in the past when it comes to meeting the energy deficit in the Yukon. The biggest project ever undertaken in this territory by our Energy Corporation is

well underway. Finally, after decades, we will have the Whitehorse-Aishihik-Faro grid connected.

Another example is how industry has invested in our public utilities infrastructure. Another example is our Yukon energy strategy and its linkages to the *Climate Change Action Plan*. Another example, which I hope the Member for Kluane has chosen to access, is the 20-year resource plan the Energy Corporation has placed into the public.

Much is being done. Does that mean there are no challenges ahead? Of course there are, and that's why the Energy Corporation and the government are doing the work we are today.

Mr. McRobb: The Premier mentioned the Energy Corporation's resource plan; however, many view that plan as outdated and simply inadequate in terms of the bigger challenge that faces our territory. Our territory would be better prepared to meet the energy challenge if the Premier hadn't created the scandal with his secret parallel negotiating process to sell out Yukon's energy future to a private company from Alberta.

Let's go back to his November 7, 2008, letter to ATCO, which I'll file now. This letter set back energy planning for years. The Premier's letter stated his caucus gave its full approval to proceed.

Will the Premier now confirm or deny that his caucus gave its full approval to proceed with ATCO?

Hon. Mr. Fentie: Mr. Speaker, this brings up a very important point, which has to do with the trustworthiness of any individual in this House and the statements made. We all know the facts of the matter, as the Member for Kluane does. He even questions Energy Corporation officials on the matter, so we know about all that. Of course, there were discussions about energy for Yukon.

Yesterday, the Member for Kluane stated that a trailer or house in Beaver Creek had sewage leaking under it. Well, the fact of the matter is that it had a frozen waterline. The Member for Kluane cannot be trusted; the Liberals cannot be trusted. They are all in it together and this is a clear example of the problem here. The Liberals say anything; the facts don't mean a thing.

Speaker's statement

Speaker: Before the member asks his last question, Hon. Premier, I will exercise the same caution to you as I did to the Member for Vuntut Gwitchin. We are presuming that each and every member in this House is honourable. Just keep that in mind in terms of answering the questions.

Mr. McRobb: Mr. Speaker, Yukoners deserve to know if, in fact, the whole caucus gave its full approval to proceed with its plan to privatize our energy future.

That's what the Premier indeed stated in his letter. We all remember back when the Premier's right-hand man, his former Energy minister who is now the Independent member, resigned over the scandal and headed a movement to dislodge the Premier from his post. The Independent member soon challenged this Premier to stop hiding behind officials and admit he was solely responsible for the ATCO negotiations. It is documented

on page 4826 in *Hansard*, which reads, "...the Yukon government's talks with ATCO have always been about the Premier's involvement and the Premier's actions." For the record, will the Premier now clarify this point — did his caucus fully approve, or did he act alone?

Hon. Mr. Fentie: I have a question for the Member for Kluane. Did the caucus of the day approve the burning of millions of dollars of more diesel instead of using water out of Aishihik Lake? We all know what that shoreline issue was about for the Member for Kluane. Did the caucus of the day approve that?

Some Hon. Member: (Inaudible)

Point of order

Speaker: The Hon. Member for Kluane, on a point of order.

Mr. McRobb: On a point of order, Mr. Speaker, you have ruled on this matter in the past, and the Premier is neglecting that ruling. In addition, the Premier is personalizing debate by referencing my property at this lake, which was completely cleared with the Conflict of Interest Commissioner, so the Premier needs to be called on a point of order on this matter.

Speaker's ruling

Speaker: From the Chair's perspective, although I've cautioned honourable members in the past, in this instance, from the Chair's perspective, it is simply a dispute between members.

Hon. Premier, you have about a minute left.

Hon. Mr. Fentie: Thank you, Mr. Speaker. No matter what the issue may be, the Liberals have a very big and significant problem with the Yukon public. One must be factual in their dissertations, no matter what the issue may be.

So on the energy file, great progress has been made by the Yukon Party and our Energy Corporation during the nine years of our mandate. We intend to make further progress in dealing with the energy challenges of Yukon.

By the way, when the members opposite list commodity prices, they forget to list devolution, the advancement of land claims, political stability and the policies of the Yukon Party government.

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

ORDERS OF THE DAY

GOVERNMENT PRIVATE MEMBERS' BUSINESS

MOTIONS OTHER THAN GOVERNMENT MOTIONS

Motion No. 1340

Deputy Clerk: Motion No. 1340, standing in the name of Mr. Nordick.

Speaker: It is moved by the Member for Klondike:

THAT this House urges the Government of Yukon to continue to ensure that Yukoners have access to a standard of

health care that is comparable to the standards in other jurisdictions in Canada by:

(1) encouraging existing medical clinics and practices to expand their services and attract more health care professionals to reside in the territory in order to improve Yukoners' access to family doctors;

(2) sponsoring the education of Yukon health care and medical professional students and providing incentives for them to return and practise in the territory;

(3) encouraging visiting health care and medical specialists to offer their services in the territory by providing them with the access to appropriate medical facilities, including office space and residences, such as the new staff residence/health service facility being constructed on Hospital Road;

(4) establishing regional health care facilities throughout the territory, such as regional hospitals being constructed in Dawson City and Watson Lake, in order to provide rural Yukoners with access to an appropriate level of health care;

(5) utilizing and expanding telehealth care services throughout the territory; and

(6) ensuring Yukoners have priority access to health care and medical services in other jurisdictions, primarily Alberta and British Columbia, for services not available in the territory, including covering medical travel and other expenses.

Mr. Nordick: It gives me great pleasure today to rise to this motion. I want to start off by saying that the beginning of the motion urges the Government of Yukon to continue to ensure that Yukoners have access to a standard of health care that is comparable to standards in other jurisdictions in Canada. This Yukon Party had a vision before coming into office in 2002. That vision of health care was laid out in our platform. This government was elected to a majority government because of that vision.

In our 2002 election platform's vision for health care, we stated that we need to ensure that Yukoners receive the best possible health services and hospital care. It's all about vision and planning, and this government backs up its vision and planning with action. Once again, in 2006, this Yukon Party government — I was extremely excited to become part of the team — also had a vision for health care in this territory. Yukoners actually supported our vision from 2002 and then re-elected us in 2006 because of our vision.

Our vision in 2006 was to implement a strategy for recruitment and retention of doctors and other health care professionals that included the following: family physician incentive program for new graduates that provides financial assistance to physicians who have recently graduated medical school in exchange for years of service in Yukon, which could amount to over \$50,000 for a five-year period. That was laid out in our 2006 election platform, building on our vision from the 2006 platform.

This motion today speaks about continuing with this vision. The vision also had medical education bursaries that provide Yukon students attending medical school with \$10,000 in assistance per year and, after graduation, if they re-entered the

medical residency in Yukon family practice, they would be eligible to receive up to \$15,000 per year.

We also included the vision of nursing education bursaries. We included the vision with regard to health professional education bursaries, nurse mentoring programs and social worker mentoring programs. We also envisioned working with members of the health care community on a pilot project to establish a collaborative care medical practice to help meet the health care needs of Yukon families.

We had a vision to work with the federal government to expedite the immigration of health care and other professionals into the territory. We had a vision to continue to support the Yukon Hospital Foundation. I know about a week or two ago, the Liberal opposition members said not to support the Yukon Hospital Foundation in a question they asked during Question Period with regard to the MRI campaign they have launched.

We support the Yukon Hospital Foundation. We also had a vision to supply support services for children with severe disabilities. We had a vision to exclude the child care benefit and residential school monies from income when determining social assistance. We also had a vision to review the funding arrangement for foster families. It's all about a vision and a plan.

Now when you think about the vision and the plan that this Yukon Party government had and my colleagues had in the 2002 and 2006 election platforms, people wondered: how do you back up that vision with action?

Well, early in the first mandate, our Premier, along with the two other northern premiers, went to Ottawa to discuss health care funding. The northern premiers decided to walk out of the First Ministers meeting in Ottawa, and they rejected the \$13.5 billion pledged to revive Canada's public health care system following the Royal Commission on the Future of Health Care in Canada. This was in breach of intergovernmental protocol. The premiers abruptly left the FMM and addressed the media before the Prime Minister.

That is how seriously this government took the health care needs of the Yukon and the north to ensure that Yukoners have access to a standard of health care that is comparable to standards in other jurisdictions.

The premiers of the north looked to the federal government to support the creation of an independent fund that recognizes the unique challenges of providing health care services in Canada's north. That vision was unanimously backed by the provincial colleagues for a separate designated fund to support the delivery of basic health care services in Canada's three territories.

In January of that year, the Canadian premiers agreed that the new territorial health fund should be established to supplement federal transfer payments calculated according to the population of individual provinces and territories. The new fund would provide an additional .5 percent of total new health funding per territory to address the challenges of providing health care to small populations scattered over vast geographical areas across Canada.

Currently, one of the premiers mentioned that the per capita funding did not take into consideration all of the small communities and the scattered populations.

An example of cost is the cost of a medevac in 2003 from the riding of Vuntut Gwitchin, from Old Crow to Vancouver — just the cost of a medevac alone was \$20,000. That cost doesn't take place in southern jurisdictions where the hospital is just down the street. A medevac air ambulance for an infant on an incubator from Iqaluit to Ottawa costs over \$30,000.

We had a vision to ensure that Yukoners had access to comparable health services. The vision that the three northern premiers had, that this Yukon Party government had, resulted in concrete actions. The premiers of the territories announced in 2003 that they had a step forward in addressing the health care crisis in the north. The territories received a floor of \$60 million for a special health fund and a personal commitment from the Prime Minister of the day, Mr. Chrétien, to find a more equitable, long-term fiscal funding arrangement.

The Prime Minister also directed his officials to work with the territories to establish a process that will address the inadequacies in the current per capita based funding formula fiscal challenges facing the north.

The commitments came in a meeting with the Prime Minister that took place between the three premiers of our territories. At that time, our Premier stated that the three territories will continue to press for a fair and more reasonable deal for Canadians living in the north. He went on to say we have a commitment from the Prime Minister that the federal government will work with us to develop a funding allocation that addresses the inadequacies of per capita funding.

We had a vision, a vision to work with our sister territories, to demand of Canada that we need comparable services in the north.

From that approach in 2005, after signing the accord in 2003, the northern premiers have garnered over \$780 million in new funding for the north. That was in 2005. The premiers met three times under the accord and those meetings resulted in these examples of funding: a \$210-million increase in health funding; \$360-million increase in territorial formula financing; \$90 million in economic development funding; and \$120 million through the northern strategy.

When we think about comparable services in the north, it brings us back to the question about sovereignty and security. It's about sustainable northern communities. We want a healthy, self-sufficient, stable and secure north.

Now I will speak a bit more directly to the bullets in this motion. The first bullet I'd like to discuss is about encouraging existing medical clinics and practices to expand their services and attract more health care professionals to reside in the territory in order to improve Yukoners' access to family doctors.

Currently, the Yukon is sitting with 69 physicians, 48 of whom are located in Whitehorse and 10 of whom are practising in rural Yukon, with an additional 11 who are specialists, like surgeons and gynaecologists. This does not include the visiting specialists who travel to Yukon on a regular rotation, providing additional services to our residents.

I want to do a little bit of a comparison of health care services in 2002 to health care services in 2010. In 2002, there were 10.5 positions available for social workers in child protection. In 2010, there were 18 social workers for child protection.

In 2002, under social workers in adoption, there were 2.5 employees; in 2010, there were five. In 2002, social workers in child care were 4.75 full-time positions; in 2010, 6.5 full-time positions.

Social workers under foster care in 2002, two full-time positions; in 2010, three full-time positions.

Those are just some of the examples of how this government has worked to improve health care accessibility to Yukoners.

In 2002, there were 21.75 employees with regard to social workers and care of Yukoners. In 2010, there are 36.5, and they range from social workers, family support for children with disabilities, to people working in the child protection part of the department.

Mr. Speaker, I want to speak a little bit about specialists and how specialist visits to this territory have changed since the last Liberal government was in office. In 2010, we had 6,531 visiting specialist clinics. In 1999, there were 1,594 visits.

In 2010, there are 363 clinic days for specialists. In 1999 there were 140. This is all because of the vision we have as the Yukon Party government to ensure that Yukoners have access to health care standards that are comparable to southern jurisdictions.

Goal 2 in the motion states, “sponsoring the education of Yukon health care and medical professional students and providing incentives for them to return and practise in the territory.” As laid out in our 2006 and 2002 vision for this territory with regard to health care, we acted on that vision. The Yukon health profession education bursary is available to a minimum of four new students per year. The maximum amount available will be \$5,000 per year to a maximum of four years of professional health care education.

Health professions that are considered priority areas in the Yukon are dental therapy, dietetics, nutritionists, licensed practical nursing, medical imaging technology, medical laboratory technology, occupational therapy, pharmacy, physiotherapy, primary care/advanced care paramedics, rehabilitation therapy aide or therapy assistants, social work, speech and language pathology and audiology.

The education bursary is to a maximum of \$20,000 per year. The Yukon medical education bursary will be made available to up to two new students per year, \$10,000 per year, for up to four years of medical school. The Yukon nursing education bursary is available to a maximum of four new students per year. The maximum amount available will be \$5,000 per year, to a maximum of \$20,000.

Since 2006, this Yukon government has contributed toward educating health care professionals: in the health profession, \$185,000; in medical education, \$440,000; in nursing education, \$265,000, totalling over \$890,000 toward bursaries and educational benefits so Yukoners return to practise here in the Yukon.

To date, the three bursary programs have provided support to over 59 students since 2006. That's 59 students from the Yukon practising or going to potentially be practising in the Yukon.

The third bullet says, “encouraging visiting health care and medical specialists to offer their services in the territory by providing them with access to appropriate medical facilities, including office space and residences such as the new staff residence/health service facility being constructed on Hospital Road”.

That is actually quite self explanatory, but if you build on that and consider that we are building new facilities in Watson Lake and Dawson City, where visiting specialists can travel to communities — can travel to communities to provide services, so citizens of Watson Lake, Dawson City and the north don't have to travel to Whitehorse for all the services — that is an amazing benefit for rural Yukon.

I'm just going to jump forward to the fourth bullet in the motion. It speaks to establishing regional health care facilities throughout the territory, like the new regional hospitals in Dawson City and in Watson Lake. I still find it hard to believe that the Liberal Party of this territory stands up repeatedly and says it doesn't support a regional hospital in the communities. We noticed again today during Question Period — the Leader of the Official Opposition, the Liberal Party, stood up and said, basically, we don't support building a hospital in Watson Lake and Dawson City. It's not the first time that the members opposite said that.

Once again, I have to put on the floor that the Leader of the Liberal Party stated on September 22 of last year — so it's not just one mistake; this is a repeated comment: “There is a model, a good governance model of health care delivery used across Canada and the United States and that is to concentrate resources in the greater population centres.” Forget about rural Yukon. Focus all of it here.

Then the Leader of the Liberal Party went on to say on the September 23: “That's just the way it works. You make certain decisions when you live in every community.” I encourage the member to travel to Dawson City, stand up in a public meeting and say, “You made a decision. You live in Dawson. Travel to Whitehorse.”

I'd like the member to explain his party's stance — the Liberal Party's stance — on regional health care facilities in places like Dawson City. Explain that to the Tr'ondëk Hwëch'in, the Na Cho Nyäk Dun, the Village of Mayo, because, you know, Mr. Speaker, I have a letter from those three entities. I will read it verbatim.

“The Tr'ondëk Hwëch'in, the Na Cho Nyäk Dun and the Village of Mayo governments are pleased with the recently announced plans to build a regional hospital in Dawson that would serve all northern Yukon people. We wholeheartedly support this initiative and wish to play an integral part in planning the facility and its services.”

I am going to pause from reading that for a second just so the Liberal Party of this territory and the NDP of this territory realize that these kinds of services in communities are supported.

The letter goes on to say, “Residents of the north Yukon deserve easily accessible medical care, including mental health services.

“By working together — First Nations, municipalities and territorial governments — we ensure that regional hospitals will meet the needs of all community members. We would welcome the opportunity to meet with you and the City of Dawson at your earliest convenience to consider how to best move this project forward.

“Thank you for your attention to this matter. We look forward to hearing from you soon.”

That letter was addressed to the Minister of Health and Social Services on April 17, 2009. It was actually even cc'd to the Member for Mayo-Tatchun. How does he stand up and tell his leader and his party during caucus discussions, “I’m a little worried about talking about health care for rural Yukon because we say we don’t like it and don’t support it, yet the First Nation in Mayo, the Na Cho Nyäk Dun, and the Town of Mayo, support a hospital in Dawson City.”

It actually gets better. I’m going to read a letter from the City of Dawson, November 8, 2008. The Liberal Party stands up and says, “No consultation, no discussion with stakeholders — they don’t need regional hospitals.” Here’s a letter from the City of Dawson: “Dear Mr. Whitley: Thank you for your request regarding the land for the new health centre. Indeed, we lease the land from the Yukon government. Currently there is a children’s playground on this land. We are pleased to hear about your proposed project and are willing to relinquish the lease on the land up to the end of and including the playground. Based on preliminary discussions with YG staff in the building department, we have been informed that the boundaries of the playground fence furthest from Church Street would provide ample room for the new structure. Moreover, this boundary ensures enough room for the Dawson City Music Festival, baseball and other park activities.”

Even the City of Dawson supported building a regional hospital on the location it is being built on. I’m not sure if the Leader of the Liberal Party does. I remember him tabling a document with his signature on it stating, “No regional hospital will be built on that location”, knowing full well that that was the only location that would be able to have a hospital built on it in the community. Think about that. Think about that — yet knowing full well that on November 8, 2008, the city had already approved that. A year later, the Liberals stand up and say, “Don’t build a hospital in Dawson City” — amazing.

What the Liberal Party of this territory and the NDP of this territory are voting against and saying we should not build because there is no business case for it, is emergency services. It is outpatient services such as outpatient clinics, IV antibiotics, et cetera. It is six beds providing the following services: stabilization, observation and monitoring, convalescent care, respite care when McDonald Lodge is unable to do so, palliative care when not available in the community, acute medical detoxification, acute mental health intervention and other care as required — not supported by the NDP.

Other services that will be built in this new facility: First Nation health program — not supported by the NDP and the Liberals — laboratory in- and outpatient work, medical imaging in- and outpatient, in-patient pharmacy, dietetic counselling, therapies. You know what else is built in this facility?

Community nursing, community health care coordinators, emergency medical services, a medical clinic — a new medical clinic for Dawson City and its residents and the north — supported by Na Cho Nyäk Dun, supported by the Village of Mayo, supported by the City of Dawson; not supported by the Liberals.

Retail pharmacy space, visual specialist professionals, optometrist, dentist, audiologist, speech and language pathologist. One only has to look at the location of the new facility in Dawson City to realize that it’s adjacency to where the new McDonald Lodge will be built will allow McDonald Lodge to provide meal services for the new Dawson City hospital, cutting down on expenses. Some of the building services will be shared. The Dawson City hospital will provide shared space such as teaching rooms and the use of therapy rooms to McDonald Lodge.

There will be the ability to transport patients from McDonald Lodge to the Dawson City hospital for diagnostics such as X-rays and lab work. Currently, the members from the Liberal Party would say, “Medevac them to Whitehorse”. Not what I would do, Mr. Speaker.

I’m going to give a little example to the opposition parties of what this facility might look like. The main level will have space for medical clinics. I’m looking here at a detailed drawing. It has one, two, three, four, five — six medical examining rooms — not supported by the Liberals or the NDP. It has a pharmacy in this new facility — not supported by the opposition parties. It has in-patient rooms, six beds — six patient beds. It has emergency diagnostic services on the side opposite Fifth Avenue where the ambulance will be parked.

It has a family room lounge, in-patient waiting area; it has building support; it has staff areas, and that’s just the main level. Lo and behold, there’s a second level, and guess what’s on the second level? Community support programming for community nursing.

This new facility will provide more office space, more medical examination rooms for community nursing, more space for staff support, more teaching space and a First Nation room, yet, it is opposed by the opposition parties. I know why they are opposing it. It’s because it’s rural Yukon.

We can go on to the Watson Lake hospital. I spoke pretty in-depth about the Dawson City hospital. In Watson Lake, the new facility will have shared support services rooms. It will have facility operations rooms. It will have a pharmacy, a medical clinic, community health and a kitchen. It will have business offices; it will have emergency space, diagnostic treatment, space for First Nations, space for staff and in-patient care. The members opposite say, “Travel to urban centres.”

Once again, I would encourage members opposite to travel to my community and say to Dawsonites, people from Mayo and citizens from Old Crow, “You always have to travel to Whitehorse for health care.” Currently, that is what happens. If someone gets hurt in a community, they are flown to Whitehorse — flown to Whitehorse.

I had a friend, about a week and a half ago, who had some health concerns. They could have been minor; they could have

been extreme. We don't know, because she was medevaced to Whitehorse.

I took time out to visit that individual in the hospital where she was monitored. She wasn't monitored in Dawson City; she was monitored in Whitehorse. That individual was medevaced to Whitehorse and then had to catch a ride back to her community three days later.

I don't know the opposition parties can stand up and tell my friends, tell my family members, tell rural Yukoners that they need to be medevaced for everything, because currently that is what happens. If the members are unaware of that, travel to the communities, speak to people and ask them if they have ever, in the last number of years, spent more than a couple of minutes in the nursing station. The nursing station provides amazing services with the resources they have — amazing services — and I commend the work they are currently doing, but they react as first responders and then medevac people to Whitehorse. We don't even give them the option of working with doctors to watch people in the communities.

That is what we are doing. We are building health care facilities so there can be in-patient care in the communities. The members opposite are saying, "Travel to Whitehorse." It's not just the Leader of the Liberal Party.

Just recently, in February 2011, the NDP stated that there are a lot of projects that are necessary in this territory. It's about having a vision and staying in touch with what Yukoners want and not going out and initiating large projects without consulting Yukoners, such as hospitals, as in Dawson City. Then the member went on to criticize how that was managed by the Hospital Corporation. He went on to say, "The other area I have some concerns about is with the way that projects like those are managed."

I support this Hospital Corporation, its board of directors and its capable staff in how they are managing these two new facilities and the residents across the street from here. I support them. This Yukon Party government supports them. The NDP, not so much, because they said that on February 7, 2011. You know, we have to be responsible for what we say.

Not only are we looking out for health care in rural Yukon, on February 14, 2011, a joint venture that could see significant changes to the way that the Whitehorse General Hospital campus looks and functions was announced by the Yukon Health and Social Services minister and the Hospital Corporation.

A joint steering committee will be established to oversee the development of strategic campus facilities planned and a master plan looking at new and necessary construction on the land around the hospital, including such critical needs as an expansion to the emergency department and space for a new MRI room. Not only are we looking out for rural Yukon to ensure rural Yukoners receive access to a standard of health care that is comparable to standards in other jurisdictions, we are looking at improving, with the Hospital Corporation, services in this community of Whitehorse.

The members opposite do have some explaining to do. I know they're going to get up and say it's taken out of context. Well, you can't say don't build a hospital in Dawson 20 to 30 times and say it has been taken out of context each time. I re-

member some time ago, in one of the papers the members opposite quote all the time, where the hospital in Dawson was considered a white elephant, or an elephant in the room. Think about that — that was said not by the Yukon Party, not even by the NDP. It was said by the Liberals — a white elephant or an elephant in the room. Unbelievable. I'll move on to the next bullet in this motion with regard to Yukon telehealth.

We are encouraging the expansion and continuation of Yukon telehealth and the network. Telehealth uses video conferencing technology to provide health care services and education to clients and health care professionals in their own community. It is also used for health-related administration purposes, which include community consultation, program development and interviews. Supported by the Department of Health and Social Services, the Yukon telehealth network links 14 communities with telehealth work stations. Telehealth is available in Whitehorse, Haines Junction, Watson Lake, Mayo, Dawson City, Old Crow, Beaver Creek, Destruction Bay, Carmacks, Pelly Crossing, Teslin, Carcross, Ross River and Faro. Currently telehealth technology is being used in the Yukon to deliver continuing education for health care professionals: telemental health, community education; therapy services, including physio, occupational health and speech; Child Development Centre services; discharge planning; family visits; emergency radiology consults; diabetes education; nutrition counselling education and addictions counselling.

There is so much that this Yukon Party government has envisioned for health care needs of the Yukon starting in 2002, continued in 2006, and about to be continuing in 2011. I was just thinking back on some of the comments I've heard recently. I know the Leader of the Official Opposition will be getting up momentarily to counteract some of the comments I said with regard to their statements, which I appreciate, because every time they get up and try to explain their statements they restate them. So I encourage the members to do that. I'm looking for the quote from *Hansard* where the member opposite said that building a hospital in Dawson City was a knee-jerk reaction — a knee-jerk reaction. Well, taking care of citizens in rural Yukon is not a knee-jerk reaction. It's having a vision. I hear the Leader of the Third Party grunting and moaning over what I just said, and I do have the floor.

Some Hon. Member: (Inaudible)

Point of order

Speaker: The Hon. Member for Whitehorse Centre, on a point of order.

Ms. Hanson: Mr. Speaker, when somebody was clearing their throat — I was not doing that. Please, Mr. Speaker, decorum is expected in this House.

Mr. Nordick: I apologize to the member opposite.

Speaker's ruling

Speaker: The apology then nullifies the point of order, but it was a good point of order.

The Member for Klondike still has the floor, please.

Mr. Nordick: On February 10, 2011 — the Leader of the Liberal Party stated: "Clearly, the side opposite — the gov-

ernment — has come to the conclusion, contrary to all evidence and all expert advice, contrary to accepted practices across the country, contrary to any rhyme or reason ...” on how to provide medical services. I encourage the member opposite to stand up and say how providing a level of how one provides health care to Yukoners that is a standard across Canada is contrary to any reasonable practices across this country or contrary to any rhyme or reason, as stated by the Leader of the Liberal Party.

So it goes back to my opening remarks with regard to a vision for health care in this territory, a vision that we were elected on in 2002, re-elected on in 2006, and acted upon by the Yukon Party Premier — the three northern premiers in Ottawa — to demand health care that is comparable in the north to what is offered down south.

I could go on all day, but I do want to hear the Leader of the Liberal Party stand up and explain the Liberal stance. I encourage him to do that, because my community would like to hear what he has to say about the Liberal stance on a regional hospital in Dawson City.

I also encourage the Leader of the Third Party to stand up and explain the NDP’s vision for health care in Dawson City. All the opposition parties have said is, “No. No.”

Actually, I remember the former Leader of the NDP saying it was an insane direction. He used the words “insane direction” for a health care facility in Dawson City, yet I read a letter from Na Cho Nyäk Dun and the mayor and council of Mayo and Tr’ondëk Hwëch’in supporting what the NDP and the Liberals consider the wrong direction for health care in rural Yukon.

So when a citizen from Old Crow gets health care services in a couple of years in Dawson City, and the Member for Vuntut Gwitchin, whoever it is at the time, is visiting their constituents in a hospital in Dawson City, I encourage that member, in the future, to remember what the Liberal Party would have done. They would not have built that hospital in Dawson City. Thank you.

Mr. Mitchell: Well, it is indeed interesting to stand today to address the motion from the current Member for Klondike, Motion No. 1340, regarding health care. You know the Member for Klondike had quite a lot to say about visiting Dawson and meetings in Dawson and what people in Dawson have to say, and I’ll get to that in a little while, Mr. Speaker, because we have been to Dawson quite a number of times and we hear quite a lot about the representation provided by the MLA for Klondike, so we will get to that.

To begin, I just want to say that this is an interesting motion. It is certainly a motion worth debating. I would have to say that it’s a little surprising that we’re debating this motion on the government’s ultimate motion day and the last spring sitting of this Assembly, of the 32nd Yukon Legislative Assembly. Based on laying out the plan for health care, one would have thought that the Member for Klondike might have brought this motion forward perhaps in December of 2006, following the election of the government he’s so proud to sit with. He

might have brought these ideas forward then, since he points out what was included in their platforms in 2002 and 2006.

The member has a lot to say about other people’s opinions. That might have been indicative of a planning approach to actually lay out the plan at the beginning, rather than trying to lay out the plan at the end. However, better late than never. We’re used to seeing this government make decisions and then try to explain them by creating the plan after the fact. We’ve certainly seen that in the evolution of the health care facilities in rural Yukon, for both Dawson and Watson Lake.

We saw his predecessor, the former Member for Klondike — currently the mayor — make the case for a multi-level health care facility. He said that was what was needed in Dawson. He said they needed a multi-level health care facility, representing his constituents within Cabinet, and that was in an era when Dawson actually had a Cabinet minister.

Dawson had a Cabinet minister who could speak at the Cabinet table and present his case, rather than having to stand up in the Legislature from the back benches and point out all the good things that the government should be doing.

Some Hon. Member: (Inaudible)

Point of order

Speaker: The Hon. Premier, on a point of order.

Hon. Mr. Fentie: I must point out to the Liberal leader that the Member for Klondike is at the Cabinet table, is at Management Board. The member has taken all the oaths necessary and has been appointed as a commissioner. So the member not only speaks as a caucus member, he speaks as a member of Cabinet and a member of Management Board. I hope the Liberal leader will accept that as the facts.

Speaker: The Hon. Member for Copperbelt, on the point of order.

Mr. Mitchell: There is no point of order. The member opposite didn’t cite any Standing Order that has been violated. He simply would like to comment on comments made from this side.

Speaker’s ruling

Speaker: From the Chair’s perspective, there is no point of order; it is simply a dispute between members.

Leader of the Official Opposition, you have the floor, please.

Mr. Mitchell: As I was saying, it’s an interesting approach to advocating for what should be done — to go ahead without the plan for five years and then present the plan two weeks before the end of the sitting. However, we will deal with it because that’s the motion that is on the floor.

Now, the introduction of the motion says “that this House urges the Government of Yukon to continue to ensure that Yukoners have access to a standard of health care that is comparable to the standards in other jurisdictions in Canada.” We don’t have any reason to object to that. It’s kind of a motherhood statement that we should have comparable health care. I think all 18 of us in this House can agree with that. Yukoners deserve comparable health care to what exists across Canada. It’s a very basic tenet of Confederation. It’s one that has been

supported on all sides of this House, regardless of who has been in government.

Now, the previous speaker, the MLA from Klondike, the Cabinet commissioner from Klondike, said that his government had a vision. It was all about vision and planning. He went on to talk about a number of issues that we'll get to. It was interesting, though. He explained and described how the northern premiers walked out on the Prime Minister. That was part of the vision.

He said they walked out on the Prime Minister in 2005. That was how they presented their vision. They staged a walk-out, Mr. Speaker. That's what the Member for Klondike is so proud of — the Premier walked out. Well, good for them, Mr. Speaker. Good for the Member for Klondike for being pleased. I guess it raises some questions. For example, as the THAF and THSSI funding runs out, and we still don't have a definitive funding agreement carrying forward as to how the northern territories will continue to receive the funding we require in order to provide those comparable services, is the Member for Klondike urging the Premier to walk out again? Will the Premier be walking out on Prime Minister Harper? Is that the plan, Mr. Speaker, because these were the opening remarks by the Member for Klondike. He stood on the floor of this House and said that the Premier staged a walkout. The Premier led the walkout. Perhaps the Premier will be walking out on the Prime Minister when they are next meeting at the Council of the Federation in order to get the funding extended for the Committee on Abuse in Residential Schools, or CAIRS.

That must be the plan, because we certainly didn't hear one this week. We heard that was funding that had a sunset clause and, therefore, it was the fault of the former Liberal government, according to the Premier, because it was sunsetted, but maybe the Premier is planning another walkout.

The Justice minister is apparently planning one too. We can't quite hear what she's saying because she doesn't have the floor, but she has a lot to say.

Then the Member for Klondike read out the stats of how many different kinds of health practitioners there used to be and how many there are now. We're glad of that; we commend the government for the fact that there are more physicians and more specialists practising and visiting Yukon than there used to be. It wasn't always that way. I know when I was first elected, it was something I heard at every door — certainly every other door, because at the alternate doors I was hearing concerns about Cabinet ministers refusing to pay their bills to Yukoners. We know how that led to the former Health minister having to move to the other side of the House, to sit on this side of the House, because he didn't want to pay his bills.

That we heard at every other door, but at the doors in between we certainly heard, "We can't find a family physician. This government promised us in 2002 they would do something about it and now it's November of 2005 and it has gotten worse."

So, they had a plan but they weren't executing it at that point. Here's another stat for the Member for Klondike. It's one I heard the other day when I was visiting Whitehorse General Hospital and receiving the always excellent health care that all

Yukoners receive there — not just Whitehorse residents, but all Yukoners — and, indeed, that all Yukoners do receive in rural Yukon as well as in the capital city. You know, a long-serving physician turned to me — and this was just a week ago — and he said, "You know, when I started practising at Whitehorse General Hospital, it had 110 beds." I thought that the number was 89, and I mentioned that to the physician. He said, "No, it was 110 beds." Then he said that a former Yukon Party health minister downsized it. When they were doing a rebuild, he downsized it. It ended up with 49 beds.

Then he went on to say, "But it's not actually 49 beds that are available. It's actually 45 beds, or 44, because there are four or five beds in the secure mental health section that are segregated and aren't available for general population because they're there for a particular purpose. If there are any patients suffering from mental health issues in those beds, those beds are not available for general use by other patients."

So we have a hospital that once had 110 beds, when the population in Whitehorse was less than half what it is now, certainly, and possibly in Yukon. Now it's 45 beds. So the figures are interesting and I'm surprised the Member for Klondike didn't include that in his preamble.

We really have no issue with the preamble to this motion. We do deserve, as Yukoners, a standard of health care that is comparable to the standard in other jurisdictions in Canada.

The Member for Klondike was quite deprecating in his description of what we said on this side of the House about how that care should be provided and about what models are used across Canada. You know, Mr. Speaker, if we are going to talk about comparable levels and standards to other jurisdictions, we should at least consider how that's done in other jurisdictions. There is a model that has been the generally accepted model, and if that offends the Member for Klondike, he can continue to be offended. The fact of the matter is that we need to provide health care to every Yukoner and within every community, but we're not going to have the same facility in Burwash or Beaver Creek that we are going to have in Dawson. We are not going to have the same facility in Dawson or Watson Lake that we have in Whitehorse. That is what we have said all along. So the issue becomes how we determine what the level of health care should be in those communities.

I have to say that I have also been told by more than one health care provider — by both doctors and nurses in Yukon while this debate has gone back and forth about how we provide health care in rural Yukon, and in Whitehorse to rural Yukoners — you know, buildings don't provide health care, people do.

They also go on to say that we can't keep doctors and nurses sufficiently for our needs in Dawson City and Watson Lake now. What is this government's plan for how they are going to staff these new hospitals? We haven't heard answers to that, but we will continue to ask about it.

So, looking at this motion, bullet number (1) says: "encouraging existing medical clinics and practices to expand their services and attract more health care professionals to reside in the territory in order to improve Yukoners' access to family doctors." We think that is a positive point. I don't think it re-

quires a lot of debate, actually. I agree with the Member for Klondike that that is something that we need to do. We need to encourage existing medical clinics and practices to expand their services. We need to be supportive. We should point out that those clinics, in most cases — there are some exceptions where government directly hires physicians — and, of course, the nursing model is different. But when it comes to medical clinics with physicians, the majority of them are privately run clinics. So we can be supportive of them, but we should recognize that it is the needs of those physicians that need to be met.

The Member for Klondike had quite a lot to say about the first and second points: “sponsoring the education of Yukon health care and medical professional students and providing incentives for them to return and practise in the territory.” He combined those two points when he spoke to the motion in many ways, so I will speak to the two points somewhat together.

Certainly, we on this side are absolutely in favour of using financial incentives to encourage Yukoners to return to the territory after completing their medical training. Certainly, we are supportive of providing incentives for Yukoners to undertake medical training in all the various disciplines, from physicians to nurses to dietitians to medical imaging technologists and so on, as were listed off by the Member for Klondike. I would point out that as early as November/December 2005, that’s exactly what I was urging this government to do.

I don’t take credit for inventing the idea; the idea was suggested to me by constituents, by friends while I was going door-to-door, running for office the first time, in the by-election of 2005 that I was successful in being elected for Copperbelt. I had many people say they couldn’t get a family physician. My family physician had recently retired and, when I called up to simply get a prescription renewed at that clinic, I was told the physician was no longer there and the physician who had come in to replace that physician had decided to leave, so I asked for an appointment with someone else and I was told — this is after having lived in the north for 35 years and used that clinic; the physician from that clinic had delivered my eldest child, who was born in Yukon in 1973. I was told, “We can’t accept you as a patient.” I said, “What do you mean? You have all my medical files. I’ve been your patient for 35 years.” They said, “You have to go elsewhere.”

So I understood —

The Premier finds it very amusing. I use this example, which the Premier finds so amusing, because it was indicative of what a lot of Yukoners were going through. I raised that issue in this House. In fact, I raised it on December 6, 2005.

Some Hon. Member: (Inaudible)

Mr. Mitchell: Excuse me. Does the Premier have something to say? Because it’s hard to hear when he’s speaking across the aisle. But if he would speak louder, I could repeat what he says into the record.

Some Hon. Member: (Inaudible)

Mr. Mitchell: The Premier is asking for forgiveness and we will pardon him. He’s actually saying, “Pardon me.” If the Premier wants a pardon, that’s fine. If he asks for pardons and it’s in our power to give him a pardon, I will pardon the

Premier. If that’s within my power, I offer the Premier a pardon. I don’t know how good it will be.

Some Hon. Member: (Inaudible)

Mr. Mitchell: The Member for Vuntut Gwitchin said he would have to reapply, but —

Speaker’s statement

Speaker: Order please. A couple of things: first, honourable members, I would ask that you not speak to each other off-microphone. The member who is speaking does have the floor. So, in general, let’s respect that.

Secondly, I have talked to honourable members about interpreting other members’ motions, emotions, et cetera. We’ve just had an instance earlier today. So, honourable members, keep that in mind. You’re here to speak to the issue and to the motion, not to be wandering into areas of personal attacks against other members or imputing motives against other members.

Keeping that in consideration, the Leader of the Official Opposition still has the floor, please.

Mr. Mitchell: Thank you for that, Mr. Speaker, and pardon me.

Speaker: Order please. We don’t need any comments. We just need the honourable member to carry on debate.

Mr. Mitchell: On December 6, 2005, I said during Question Period in this House to the then acting Health minister — the Health minister of the day or of the month, currently the Hon. Minister of Economic Development, who was then the acting Health minister because the Health minister had moved to this side of the House, as Health ministers are wont to do under the Yukon Party government — and I will quote from *Hansard*: “On October 31 of this year, our caucus introduced a motion urging the Minister of Health to examine new incentives, including forgivable tuition loans for medical students to help relieve the Yukon’s shortage of health care professionals.” And then: “The Liberal caucus has put forward a positive suggestion: let’s look into forgivable tuition loans.”

I went on to say in a supplementary, Mr. Speaker: “...let’s look into setting up a program where medical students who are willing to return to the Yukon will be eligible to receive forgivable loans to cover the cost of their tuition fees. This is a program that is in place in several other parts of Canada, including British Columbia and Ontario.”

I just want to point that out because, (a) it was a good Liberal idea that I brought forward, and (b) I did make certain to indicate that we hadn’t invented the idea; we were pointing out something that had been successful in other jurisdictions and we were urging the government, back in 2005, to take up this idea. The response I got from the acting Health minister of the day was, “I do ask the member opposite to do a bit of math on this. Making forgivable loans, for instance, will give us four to six years to produce the first doctors who could come up here and work.”

Nevertheless, we are pleased that, although it doesn’t happen very often, the government soon replaced the acting Health minister with another Health minister. It’s a little hard to re-

member all the players because that Health minister now sits as an Independent member but, in fact, that Health minister did actually bring forward these ideas. He brought them forward, he got them into their platform, and it is something they did.

So I want to thank the Premier for the uptake on a good Liberal idea. It doesn't happen as often as we would like, but certainly we can support this because we actually started the discussion on this idea and although it met with some no doubt well-intentioned, good-humoured criticism at the time, the government went back and they — as the Premier is so fond of saying — saw the folly of their ways and they in fact did implement that program.

There are benefits to this; certainly I can think of a couple of benefits. One, obviously, is if we support young people in their studies with bursaries, with forgivable tuition, if we provide scholarships, if we provide incentives and if we attach to these a requirement, which acts as an incentive, for students to come back to Yukon and practise their profession in order to not have to repay at least a portion of these bursaries, well then that will bring back Yukoners.

Hopefully, if they are here for four years or five years, or whatever the requirement is in order to fulfill the obligation, they will become family members and they will be enmeshed in the community. They will have built their professions, whether it be as doctors or as nurses or as medical imaging technologists, dieticians and so forth. We will gain from their expertise, which is something that is especially challenging, we know, in rural communities.

So financial incentives, particularly for new graduates who may have significant student loans, would provide compelling reasons for them to practise north of 60. We also have suggested at times that, first and foremost, we want to encourage Yukoners to go out and get the training and come back, because we want to see our young people have great careers in Yukon. We also know that people who are born in Yukon — or at least grew up here and spent a lot of time here — have proven that they understand the merits of living in this great territory and that they don't see the winters as onerous, but rather as simply a different time of year with its own challenges but also its own benefits in terms of recreational opportunities.

They know about our great cultural opportunities through various theatre groups, through the Yukon Arts Centre, the Guild and so forth. They know about the fantastic recreational facilities we have, whether it be the cross-country ski trails or the multiplex, the Canada Games Centre, so they're obviously ideal candidates. We think we can go further and that we can also institute, as has been done in other jurisdictions, tuition forgiveness for health care professionals who didn't grow up in Yukon but who are prepared to come to Yukon. There is more than one way to do this. But again, as I say, by bringing Yukoners back to work in Yukon, we're hiring doctors and nurses who have strong ties to their communities. They already have friends and families here in Yukon. They're much more likely to settle here permanently. That means that more Yukoners can have long-term consistent relationships with their medical professionals. It also means that Yukon's medical professionals will have the local knowledge and experience that will allow

them to provide the highest levels of care and some cultural sensitivities to the makeup of Yukoners, to the fact that there are particular needs, as well as customs, among our First Nation people, so they might want to be approaching that with full knowledge, compared to what might be the case with somebody who comes here from somewhere else and doesn't have that experience.

We think this is a positive, and we thank the government for acting on this key Liberal idea. As I said, we brought it forward five and a half years ago in light of the acknowledged doctor shortage we were experiencing. As I said, we didn't get a very warm reception. The acting Health minister didn't see much value in the idea and he seemed content to say, among other things — and I have those quotes as well — that since the rest of the country was also experiencing a shortage, this was a national problem and we could expect the same here — but that wasn't good enough, because Yukoners deserved action, not fatalism and I'm glad that the government did take up that idea.

Five years and four months later, a length of time has passed, and thanks to the Yukon Party adopting our idea we're seeing positive effects. It's unfortunate that as early as Question Period today, the Premier, in speaking to the Member for Whitehorse Centre, said, "Thanks but no thanks. We don't need any of her ideas." The Premier said, "We don't need any New Democratic Party ideas. We've seen how bad that is for the territory and we'll do just fine on our own." The Yukon Party has the answers. In fact, in Question Period they usually prefer to answer a question with another question.

Well, I'll be the first to say that we in the Liberal Party have many philosophical differences from the New Democratic Party, as we do with the Yukon Party, but I have heard good ideas come forward from the New Democrats. I've heard good ideas come forward from the Yukon Party. I don't think any member should stand on the floor of this House and say, "There are 18 members in this House, but we are not interested in ideas from any but 10." That's not a positive approach to governance. That's the kind of tired rhetoric that Yukoners are fed up with. There are good ideas that come forward from every community and every elected member, and that is why Yukoners have sent each and every member to the floor of this House. It's not productive in debate to say, "The ideas from the opposition have no value; we don't want to hear them." That's not doing Yukoners a service, and it is not doing this body a service or respecting its purpose and its intent.

It is no surprise that so many people are fed up and disappointed in what they hear in this Assembly, and many even question whether we would be better off not to have party politics in Yukon. I happen to disagree. I happen to think there is value in there being a party system, where each party can bring forward ideas, and bring them forward every four or five years to Yukoners and say, "Here, we want to make our case." Otherwise, one doesn't necessarily know what we're going to get. But it's interesting that we've had not one, but two new parties come forward, at least to the point of trying to form a party.

We had a party that was headed by the former chair of the Yukon Energy Corporation and Yukon Development Corporation and a former member of this Assembly and a former

Health minister — although, ironically, the Health minister who downsized the hospital to the state where it's now a struggle for the health care professionals to be able to provide the services that they need to.

But nevertheless, since the Member for Klondike was talking about walking out and how the Premier staged a walkout — well, that former Health minister and former Yukon Party leader staged a walkout, too. He walked out on this Premier because of the Premier's secret negotiations toward putting our public energy corporation on the auction block.

Now, today, we hear of another new party being formed by Yukoners. Some of the things that they talked about in their announcement was that they are looking for better cooperation and collaboration and a better code of conduct followed in this Assembly.

It's interesting that two terms of Yukon Party governance has inspired not one, but two new parties to form in terms of Yukoners' dissatisfaction with the conduct they see. I would have to say there is nothing wrong with asking questions in this Assembly, but one would hope to occasionally receive answers.

So to get back to this motion, I will move on to point (3). Point (3) says: "encouraging visiting health care and medical specialists to offer their services in the territory by providing them with access to the appropriate medical facilities, including office space and residences, such as the new staff residence/health service facility being constructed on Hospital Road."

It is a challenge, no matter how we approach it, to enable Yukoners to receive treatment from medical and health care specialists. There are obviously two ways in which we do it. Sometimes we are able to bring the specialist to Yukon, and other times, Yukoners have to travel Outside to see the specialist.

Rural Yukoners often have to travel to Whitehorse when the visiting specialists are here and all of us, both rural and Whitehorse residents, have to travel Outside to see specialists.

Without getting personal, I suspect there's probably not one of us in this Assembly who hasn't either received treatment from a visiting medical specialist or travelled Outside to see a medical specialist. I've done both and I'm very appreciative of the fact that our public health system has enabled me to receive the best possible treatment.

We have a small population that's spread over a large area and visiting specialists provide a level of expertise that Yukoners would otherwise not have access to. You know, I think we have four general surgeons operating — no pun intended — but practising medicine and operating in Yukon at this time, and we're very fortunate indeed to have them here. I'm very thankful, as my fellow MLAs know, I had an accident last year and I had to receive surgical treatment and I got the best possible care here in Yukon and I'm very appreciative of that fact. I also know that, although my injury was orthopedic, we don't have an orthopedic surgeon in Yukon. We have a general surgeon who has a fair bit of orthopedic expertise, has gone out and received extra training and is remarkably skilled in what he's able to do within Yukon. But I know even in my case, when he first examined by injury he said, "I'm not sure, since this is

your dominant hand, that I'm going to be able to reconstruct this. I may have to send you out on a medevac. But I'm reluctant to wait because it will be about a week waiting for that medevac based on the current prioritization." I was fortunate, because he did, in fact, do an excellent job here in Yukon. But we're not going to be able to have, necessarily, an orthopedic surgeon who practises full time in Yukon. So, that's why we do bring specialists in and that's why we do send Yukoners out.

We do need to encourage those specialists to come and to come again and return. Having the right kind of medical facilities and residences for the visiting specialists does encourage that. Although we have asked questions about the financing and the ultimate costs of that facility, we haven't questioned whether or not we needed to replace the old facility. We've only asked how it is going to be funded and how the money that's borrowed is going to be paid back. We've asked questions as to what the breakdown will be on the space between the residential portion and the office space and clinical space, if there will be any.

That's our job here and members opposite shouldn't take offence. To his credit, when we ask those questions, the Health minister endeavours to answer them and we do appreciate that.

It is important to not only ensure that visiting specialists have access to appropriate residences, but that our local medical professionals also have access to an acceptable level of housing. Professionals who have been visiting are not always provided with the standard of housing provided they expect and are entitled to, and that would encourage them to stay long term in their communities. Just recently we heard of concerns from a nurse in Beaver Creek; we've heard this again and again. It's a larger issue — adequate housing for medical professionals — and one we hope to return to on another occasion.

Regarding point (3), we agree that we need to do whatever we can to encourage visiting health care and medical specialists to offer their services in the territory.

We do have questions, in particular, and will get into them in the Health debate. When the specialists are visiting, how much time can they spend, for example, going to Dawson and Watson to provide specialists' services? You know, it is a five-hour or six-hour drive, depending, and physician time is very valuable time, which is why rural Yukoners come in to receive treatment from the specialists when they are here. It has been done as an efficiency. But for the Member for Klondike, I will acknowledge that there are times when people may not be well enough to travel in, and if we can arrange for at least some of those specialists to visit the other communities, then that would be a positive. I'm not convinced that it was impossible to do so even with the existing facilities, because mostly when you visit the specialists, you are simply having a consultation in a room. You don't necessarily require a full, new hospital in order to be examined. However, whatever can be done, I guess is a positive.

I'd like to move on to the fourth point because it's one that has some wording that we think is maybe a little problematic.

The fourth point in the Member for Klondike's list of points says, "establishing regional health care facilities throughout the territory such as the regional hospitals being

constructed in Dawson City and Watson Lake in order to provide rural Yukoners with access to an appropriate level of health care.” That is where we’ve had our disagreements with the governing party, but we didn’t just disagree; we’ve asked a lot of questions. We know that back in 2004 — I believe it was — the Yukon Party proposed building two health care facilities — one in the Premier’s riding and one in the former Health minister’s riding and former Member for Klondike, of approximately \$5 million each. I was pretty new to this Assembly when this all came about.

I certainly was new when it was being debated in 2005 and 2006, but I presumed that there were studies done and a needs assessment done and consultation done with health care professionals, both the existing practitioners within Yukon — with the Yukon Medical Association, with the Yukon Registered Nurses Association and, of course, because we’re a small jurisdiction, with health care professionals outside of Yukon in rural Canada — not just in the north, but in rural areas of British Columbia, Ontario, Saskatchewan, what have you — to find out how this is done elsewhere and how it is best provided. That is how the government would have come to the decision to build these two \$5-million, multi-level health care facilities.

It became apparent over time that there never was a needs assessment done to come to that decision. There never was an analysis done. There never was a close examination of the existing facilities. The government simply made the decision and announced it. They said, “This is what we’re going to do because this is what the people in Watson Lake and in Dawson want.” That’s the way they approached it.

So we do support high-quality, responsive and sustainable health services in rural Yukon. People in the communities should be able to access health care that meets their needs and that is also consistent with the overall health priorities and constraints facing the Yukon. But we can’t provide high-quality medical care to rural Yukoners if we don’t first do our homework.

We certainly can’t maximize the funding that is available to us in Yukon — the some \$800 million a year that comes from Ottawa and elsewhere — or, closer to \$900 million, actually, out of a billion-dollar budget — 89 percent, I believe in this past year. If we simply make a decision, make a political announcement and say, “This is what we are going to do and then we’ll figure out how to explain it later.”

Well, we watched and we asked questions over the years. We watched the very slow process that went forward in both Watson and Dawson. What happened in Dawson was that this government spent hundreds of thousands of dollars. They hired a local architectural firm, plans were drawn up, and eventually the plans were presented to the community. Then the Health minister of the day got involved and said that the architect’s plans were not a good set of plans, so the Health minister started making changes to the plans to the point that the architect was speaking out publicly, decrying how this could be done — if this was a proper approach to have politicians redrafting the plans.

But, in the end — and I’m sure this is probably something the Member for Klondike heard when he was running for office

and maybe it was even one of the reasons for running — the Member for Klondike of the day worked on those plans for so long they never got beyond the planning stage. Not one shovelful of dirt was ever turned. We didn’t ever see the health care centre — a multi-level health care facility or any other health care facility — built in Dawson during that time, from 2004-05 until the 2006 election. That was very disappointing for Dawson, no doubt. But in Watson Lake, it went a little further.

In Watson Lake, things did move forward; money was spent. Eventually, pretty much \$5 million was spent, and that was spent on what, at the time, was going to be a multi-level health care facility, and it eventually came to be described as “the shell”.

That was by the former Health minister, the Member for Lake Laberge. He started referring to it as “the shell”. The current Health minister referred to it as “the shell”. It was an empty shell because it resulted from an empty plan. But one of the things that was discovered during this construction process, apparently, was that when the government began looking at how they were going to connect the multi-level health care facility with the existing cottage hospital in Watson Lake — and yes, we do acknowledge and understand that there has been a hospital in Watson Lake for decades — the government discovered that it was going to be very expensive to do so because there were all kinds of deficiencies with the existing hospital, and although the existing hospital could operate, it no longer was up to code. So it could operate in isolation, but if it were to be connected to a new facility, then there would be a problem, because when you connect a new building to the old building, then you actually have to address those code issues. So, at one point, we know from some of the studies that were done by the after-the-fact studies that were done by some consultants, there was actually talk of simply separating the facilities so that they wouldn’t be considered to be one facility, and the government would not have to address that code problem. But the government eventually came to the conclusion that they needed to replace the aging hospital.

That is something they have the right to do, and they eventually announced they were going to build two \$25-million hospitals — one in Watson Lake and one in Dawson. Those are being referred to here as being constructed in Dawson City and Watson Lake in item (4).

When the government did this, we had a lot of questions for the government. The first we knew of it was when we discovered an RFP on one of the government websites, because the government didn’t exactly announce it up front. This RFP was to hire a local architectural firm to examine the \$5-million shell — it might have only been a \$4-million shell at that point in time, but the government kept putting money into it — and see whether it could be converted or be used at all as part of a new hospital, because there were problems regarding infrastructure of the new facility — the new shell — that had been built.

The drainage and supply plumbing was built into the slab at ground level, where elevator shafts were located, where the kitchen facility was located, so the government had to spend money to determine if they could use the \$5-million empty

shell, as the Health minister has often described it. After two, three, four years, five years, there has never been one patient treated in this \$5-million multi-level health care facility that had morphed into the shell.

The government did this sort of reverse planning, where first you build something — and I'm sure we'll hear more about this later from the Member for Mount Lorne, because he has a great deal of expertise when it comes to construction and planning of construction, and has often talked about change orders and the expense incurred by change orders when the government builds this. It's a pretty expensive proposition when a government undertakes to do this without planning it properly.

This was a real concern of the government, and it should be a concern of the government because, in February 2007, the Auditor General of Canada had a lot to say about the way in which the government was looking at construction projects. She certainly looked at this project, among others, and what did she have to say? Well, it is quite interesting. What the Auditor General said about this project was, in paragraph 54: "The roles and responsibilities for project management staff and the client department were not clearly defined for the multi-level care facilities project in Watson Lake and Dawson City."

She said, "In September 2003, the department received a work request from the Department of Health and Social Services to initiate a needs assessment feasibility study and functional program for a care facility in Watson Lake and a review and update of a care facility in Dawson City. While the department was supposed to manage the projects, the project manager was excluded from meetings between the design consultant and the client department."

That must have been a frustrating experience. You have a plan, supposedly; you have been asked to initiate a needs assessment, a feasibility study, and a functional program; you have asked the department to manage the projects; and then you exclude the project manager from the meetings to manage the project.

The Auditor General went on to say, "The department indicated that the roles, responsibilities, authority, and accountability of all parties in the process were not clearly defined. It was essentially participating after the fact, receiving information following meetings between the design consultant and the client department." Then it gets really interesting. Here's what the Auditor General found: "In December 2004, the department recommended that it decline the assignment for these two projects. In June 2005, the Minister of Highways and Public Works, on behalf of the department, declined responsibility for the projects."

Well, that must have been a fascinating day. When the then Highways and Public Works minister walked into Cabinet and said, "Mr. Premier, no more. My department is not in the loop. We're responsible for this, but the then Health minister of the day is holding meetings that we're not invited to. My officials can't possibly manage a project if the decisions are being made in their absence. I want no more of it and I relinquish responsibility." You know, irony of ironies, like a boomerang — what has happened? This project has landed back in the lap

of that same member, the Member for Riverdale South. We can only have compassion for that minister, who has inherited it again as Health minister and finds himself again answering questions on this floor. What did the government do? The government found a way out, because it's difficult to answer questions when there are no good answers; it's difficult to provide a needs assessment study to justify the \$25-million version when there has never been one done. The Member for Klondike says that it's terrible, the opposition is against health for rural Yukoners.

The opposition would like to see the studies that said this is the facility, this is what's needed. The government passed it over to the Yukon Hospital Corporation. What occurred before that happened? We asked in this House about it and, in a typical question set, the Health minister answers the first two questions and the Premier jumped up for the final supplementary.

We were asking how the government decided to move a \$5-million health care centre and morph it into a \$25-million hospital. We asked that question. What did the Premier say?

This is not one of the quotes that the Member for Klondike was reading into the record, and the quotes that I read from the Auditor General — not one of the quotes that the Premier was reading into the record. But I'll read this one into the record. Here's the Premier's answer: "So we've made a conscious decision on behalf of health care for Yukoners. What's it going to cost? Whatever it costs this territory to provide health care services to Yukoners will be the cost." The sky's the limit.

The Premier, who says in his budget speech, "if this isn't good prudent fiscal management, I don't know what is" — well, I can see why he would say that, because his approach to how we determine what the budget should be is — whatever. That's what he says — whatever — whatever it costs. The sky is the limit — whatever it costs.

You know, we can't provide high quality medical care to rural Yukoners if we don't first do our homework. That means thorough, forward-looking needs assessments, what services does this community need, how many people will need them, how will this change over time, reliable estimates for how much facilities will cost to build and how much they will cost each year after that to operate and maintain, not "we'll start to build a \$5-million facility in Watson Lake, but then we'll need to turn it into a \$25-million facility".

We are already facing a crisis of affordability with respect to health care expenses. We know that health care costs have gone up — I think it's 80 percent — over the course of the Yukon Party government. We know that it has moved up to be more than one-quarter of the entire budget of the Yukon, and that means that we have to make sure that we are spending the money as efficiently and effectively as we can.

What are the staffing plans? There are already issues with recruiting and retaining health care professionals in rural Yukon. If we change rural facilities or programs, who will staff them? Is there an enhanced recruitment plan in place? Are there new incentives to sign on to encourage medical professionals to go to rural Yukon? Is there housing readily available for these new medical professionals to live in?

I've heard the Member for Klondike and the Premier say, "Babies have already been born in Watson and Dawson."

The interesting thing, though, is — of course babies have been born in Watson Lake and Dawson. I expect babies have been born in every community in Yukon. Babies come when they do, and sometimes they come with very little warning. So regardless of where the hospitals are, they're born and delivered, whether it be by a nurse or a physician or a paramedic — they're delivered.

The interesting thing is that when we had the chair and CEO and CFO of the Hospital Corporation here this year and last year, we asked the Hospital Corporation what the plans were for delivering babies in the new, planned facilities in Watson Lake and Dawson City. Were there special facilities and equipment to be provided for delivering babies? Would it only be some babies, depending on whether it seemed to be a fairly straightforward pregnancy or there were potential complications? What kind of expertise? Would there be an ob/gyn sourced to live in those two communities, because you can't simply hope the babies will be born on their projected delivery date.

The majority of families I've known, the babies are born on any date other than the projected delivery date, so it's pretty hard just to have the visiting specialist show up and say, "Now's the time."

The answer we got is that there were no plans to deliver babies at either hospital — that that was not going to be something the Hospital Corporation entertained doing, and that babies would continue to be born at Whitehorse General Hospital.

We know the Member for Klondike likes to say again and again, "That hospital is just for Whitehorse residents. Don't ask Yukoners from across the Yukon to use Whitehorse General Hospital." But it's also where the operating theatres exist; it's where the maternity ward exists; it's where all the specialized equipment exists; it's where the CAT scan exists and where the MRI will exist.

The Hospital Corporation has said, "No, we don't plan to do that." Again, when I asked what studies were made and undertaken to determine the level and function of these hospitals, before the hospitals were announced — not what studies the Hospital Corporation, which has now been given the responsibility, is making to determine how to lay out the hospital. What studies and needs assessments were done before the Premier stood up and said that whatever it costs, that's what will be spent?

The answer I got from the Health minister was, quote: "As such, we are going through the process, in conjunction with the Whitehorse Hospital Corporation, to assess the needs for that particular building and how that building can be utilized to enhance health care for Watson Lake residents." So the explanation we got from the Premier and the Health minister — the Premier said, whatever it costs, that is what they will build. The Health minister said that now that they have decided to build it, they are working with the Whitehorse Hospital Corporation to figure out what it should be. Make the decision and then do the planning. If that's not good, prudent financial management, the Premier doesn't know what is.

Again, it comes down to the level of care. Of course, it is preferable to receive care closer to home in the communities, but is the level of care that will be provided as good as what will be received by those Yukoners if they are in Whitehorse or Vancouver? Will patients be less likely to be sent out to these larger centres? Will that affect their health?

One of the other examples that were cited in this Assembly last year during debate was that there was an unfortunate accident — a tragic accident actually — at the new Wolverine mine.

One worker was killed; another was badly injured. It was pointed out that the injured worker was in fact flown to Watson Lake and received treatment there. That was pointed out as a justification for building this new hospital.

I would like to point out a couple of things to the government and the Member for Klondike: (1) the worker received treatment at an existing medical facility, because treatment is provided by health care professionals, not by buildings; and (2) we followed up on that with the Hospital Corporation, and I've also followed up on that by asking other health care professionals, including surgeons, "Is that what we will do?" If there is a tragic accident — and we hope there won't be any more accidents; the Workers' Compensation Health and Safety Board is working hard toward that objective — but if there is an accident in a mine in southeast Yukon or in a mine operation west of Carmacks, north of Carmacks near Dawson City, beyond local first aid and emergency care — obviously, if somebody is hurt in the goldfields they'll be taken into Dawson first.

But will people then — will people from near Mayo be medevaced to Dawson, for example, either by ambulance or by aircraft? Or will they still be taken to Whitehorse, because the fact is that with injuries in that kind of workplace, in industrial accidents, the likelihood is that you will need surgical intervention. The likelihood is that you will have crush injuries. You can have amputations. You need surgical treatment. The answer we got in this Assembly was no, they would likely be medevaced to Whitehorse and beyond, to Vancouver or Alberta, depending on the nature of injuries. That isn't in itself a justification for a hospital.

Again, the question is, what level of hospital? We know Watson Lake has a hospital and should continue to have a hospital. We know that Dawson City needs a new health care facility, a better facility. We just wanted to know what kind of needs assessment would be done for these decisions to be made, and we haven't been able to find one.

Point (5), "utilizing and expanding telehealth care services throughout the territory" — well, telehealth is a medical services delivery tool. It uses video conferencing to provide health care services and education to 14 Yukon communities: Whitehorse, Haines Junction, Watson Lake, Mayo, Dawson City, Old Crow, Beaver Creek, Destruction Bay, Carmacks, Pelly Crossing, Teslin, Carcross, Ross River and Faro.

We support enhanced medical services in the communities and using this technology is in fact one way to do it. Telehealth connects people in the communities to medical professionals in larger centres like Whitehorse and Vancouver. At its inception in 2008, the then Health minister — the Member for Lake La-

berge, the now Independent member for Lake Laberge — said, “This is a true feat of technology.” It’s paid for by federal health funding, which was recently extended. We don’t know for how long.

It could be the Premier needs to stage another walkout. We don’t know, but we do think it’s a worthwhile program. How will this be paid for in the future? With what funds does the government intend to expand it? Is there a business case for expanding it? We look forward to the Health minister, when he’s on his feet, responding to those questions. We do think it’s a good plan and it should be continued.

We do support it. I’m loathe to say we support it. You know why, Mr. Speaker? Not because we don’t think it’s a good idea. Unlike the Yukon Party, we actually can acknowledge a good idea. We can actually say, “Good job for instituting this. It provides additional options for health care, particularly for rural Yukoners, but also for Yukoners in Whitehorse.”

The problem is that because we don’t have confidence in this government and their financial and fiscal management, because we see this government continuously cited by the Auditor General for lack of proper planning and for running overbudget, we know the government members will stand up and say, “The Liberals and New Democrats are opposed to it because they voted against the budget.”

That obviously means that when the Premier sat in opposition, he was opposed to everything, too, because he, too, voted against budgets and spoke out against them. But we’ve never tried to make that case.

We actually understand the Westminster model. It has often been referred to by the Member for Lake Laberge — that we ask questions from our side of the House, and if we don’t have confidence in the government, we express that in a vote. If the government wants to have a separate vote on every item in the budget, then we could vote up and down on those items. But the fact is that it comes down to a vote at second reading and a vote at third reading. No, like many Yukoners, we don’t have confidence in this Yukon Party government.

There’s a point that I wanted to make. I’ll go back to point (4) on those two health care facilities because they’re not actually just \$25-million health care facilities. The government has used what I could only describe as “new math”. I know when I was a student in grades 6 and 7, they were constantly publishing textbooks and it was the new math. But two and two always added up to four, no matter how they described it in the books.

We’ve seen some interesting new math, because the two \$5-million facilities became two \$25-million facilities. Then it just became \$50 million for two facilities. Okay, I understand that math. Then the government said they were going to spend more in Dawson because in order to deal with some of the historical imperatives in building any new building in Dawson it is expensive. It would still be \$50 million because they were going to spend \$28 million in Dawson — we heard this from the Hospital Corporation — but would only spend \$22 million in Watson.

That sounded like it made sense until they completed the sentence: “We’re only going to spend \$22 million in Watson Lake because we can gain about \$3-million worth of value out

of the shell.” I went, “Wait a minute. Where is this new math?” Now we have \$5 million that has been spent; we’re going to spend another \$22 million in Watson. That sounds like \$27 million — 22 plus five. I hear the Member for Whitehorse Centre saying, “Yes, the math is bang on”. Then we’ll spend \$28 million in Dawson. So, at least a couple of million dollars seems to have evaporated, and I’ll be amazed if it is not more than that.

I know there are other members eager to speak to this motion today. Point (6) says, “ensuring Yukoners have priority access to health care and medical services in other jurisdictions, primarily Alberta and British Columbia, for services not available in the territory including covering medical travel and other expenses.” Well, given that we’re a small jurisdiction, I think we all acknowledge that Yukoners need access to medical services outside the territory. This involves the medical travel program that we have recently been discussing, but federal funding is running out. The THAF funding, the THSSI funding — it’s expiring soon. We haven’t heard what the plan is yet, but we expect that the Premier is consulting with his federal and territorial leaders and planning another walkout. That must be the plan, because that’s the plan that was put forward by the Member for Klondike and he said, “I’m proud of the fact that our Premier walked out on the Prime Minister.”

I sort of presume he was encouraging the Premier to walk out on the Prime Minister again — stage another walkout. Now, we know that federal funding is running out. We know that Yukon government is paying Outside accountants \$300,000 to find new efficiencies in the medical travel program. That’s an accounting term: “efficiencies” — find new efficiencies. We’re a little nervous about what that might mean. Costs are rising and the money is running out.

Will there be cuts? Will there be fees? Will fewer Yukoners be able to access medical specialists outside the territory? Well, we’re kind of nervous, because we’re hearing from Yukoners that they’re nervous about that. We’ve heard two answers. The Health minister has never actually stood up while we’ve been having this debate and said, “No. I guarantee there will be no new fees imposed.” He said, “We’re looking for efficiencies. We’re not looking for cuts in service.”

The Premier, on the other hand, kind of said so on the radio the other day, we think but we’re not sure. So I think we need more clarity on this point.

As a result, I would like to improve this motion with a friendly amendment in the interest of clarity. I’d like to propose a friendly amendment, and I think the government will probably be able to support it because we all need clarity and certainty.

Amendment proposed

Mr. Mitchell: In the opening paragraph of the motion, I move

THAT Motion No. 1340 be amended by inserting immediately after the words “to a standard of health care” the following: “, without the imposition of health care fees.”

Speaker: The amendment is in order. It is moved by the Member for Copperbelt

THAT Motion No. 1340 be amended by inserting immediately after the words “to a standard of health care” the following, “, without the imposition of health care fees.”

The Member for Copperbelt has 20 minutes on the amendment, please.

Mr. Mitchell: Well, I don't think I'll need 20 minutes. The Premier is looking to be in an agreeable mood, so I will lay out the case. First of all, the Member for Watson Lake, the Premier, says, “What's the Liberal plan?”

Well, here is one aspect of it: the Liberal caucus is categorically opposed to new health care user fees. There you go. We believe in a vibrant, effective, sustainable health care system for Yukoners. But the government is required to provide first-rate, affordable, publicly funded health care without the imposition of means tests, user fees, premiums or any other word to describe something which we now do not have.

The Member for Whitehorse Centre, a little while ago when we were waiting to see if the amendment was in order, said that she could support that. Off microphone, she said that Tommy Douglas would be pleased to hear it. I would again say that Tommy Douglas was a great Canadian. He can truly be called the father of universal health care, so I think that it's a good principle to continue to provide affordable health care to Yukoners.

Prevention, education and good planning are the best means to reducing health care costs.

Properly planning and budgeting for our health care needs means that shortfalls in the Health budget won't have to be passed on to individual Yukoners through fees. I spoke about the need to properly plan health care facilities earlier this afternoon.

Under the Yukon Party over the past nine years, health costs have risen greatly and it has been said by the government that this is not sustainable. In fact, what the government hasn't said is they are so short on funds that new health care facilities are being built entirely with borrowed money. They justify that by saying it's only right that the people who will benefit in the future from these facilities should pay for them. I would point out that, in the past, the government didn't find the need to borrow the money to build new health care facilities, to build new housing facilities, to build new facilities for elders, to build new schools.

Now they are running out of money so they have to borrow the money into the future through the Crown corporations, authorized by the government. The money is all being borrowed. We believe that individual Yukoners and their families shouldn't have to pay for the Yukon Party's poor financial management. This government's poor planning should not cost Yukoners when they or their family members need medical services, so that is why we oppose new fees. User fees would predominantly fall to, or have the greatest impact on, those who are least able to afford them.

To quote from *What We Heard: A Public Dialogue on the Yukon Health Care Review: Final Report*: “The odd anomaly in health and illness is that all too often, those who use the illness care system the most may be the ones least able to afford

user fees, premiums or other means of creating revenue. Perhaps some means of applying this ‘burden’ to the entire population might be more appropriate and more acceptable to the values and beliefs of Yukoners.”

That was the Yukon Advisory Committee on Nursing in their response to the *What We Heard* document. Now, as I have said, the Liberal caucus does not support penalizing those with low incomes when it comes to accessing necessary health services.

When people have access to preventive and early intervention health care, they enjoy better health, and they cost the health system less in the long run. That's where we must focus our greatest efforts. We are concerned that user fees, were they to be imposed, could discourage or prevent people from seeking help early on, when it would be most beneficial — preventive medicine, says the Member for Kluane — and early diagnosis.

The Premier has given mixed messages in the past. The Liberal caucus has been clear on our position on user fees, but the Premier has been less certain. Let me read from the Premier's March 25, 2010 Budget Address. It was just a year ago — but my, how quickly we forget or change our tune. Here is what the Premier said in his March 25, 2010, Budget Address: “Yukoners want to see a stronger emphasis on recruitment and retention of health care professionals; emphasis on integration of prevention, education and wellness programs; better long-term care, home care and community based options; more collaborative and alternative health care options; and some carefully planned...” — emphasis here, Mr. Speaker — “private/user fee health care services.”

Some Hon. Member: (Inaudible)

Mr. Mitchell: “Uh oh,” says the Member for Kluane. The Premier must have forgotten when he said that. He stood on the floor of this House and read it out: “some carefully planned private/user fee health care services.” Those were the Premier's words. That's a real concern because now we see the \$300,000 consultation or review by accountants for efficiencies. We're not sure what that means. Could those be for the carefully planned private/user fee health care services? Now in response to the former Member for Whitehorse Centre, the Premier said on April 1, some six days later, “There is no process to increase fees, apply user fees. There was, in the past, a fee that Yukoners paid toward health care, but that is not what the government is doing today.” On March 25, 2010, the Premier was talking about some carefully planned private/user fee health care services. On April 1, he said — it was an April 1 joke, I guess. April fools — no fees.

More recently, the Health minister has not ruled out user fees categorically for those requiring medical travel because he's under pressure, as we've said, with federal funding running out and no plans in place to deal with that — spending \$300,000 on Outside consultants. So, we think that this small amendment, just adding the words “without the imposition of health care fees” will provide clarity to Yukoners on the plans of this Yukon Party and Yukon Party government, at least for the duration of this term, perhaps going forward — although if the Premier could give two different views six days apart, it's

hard to know what the views might be before and after an election. Nevertheless, we could get some clarity in the House today. I encourage all members to support this amendment.

Thank you, Mr. Speaker, and I thank all members for their attentive listening today.

Mr. McRobb: I do feel it worthwhile to get on the record to speak in favour of this particular amendment this afternoon. The government side has failed, once again, to step up to the plate and make its views known in debate. We've received no indication from the government side that the members are willing to accept this friendly amendment that will best serve the interests of Yukoners by clarifying the issue of future user fees.

Once again, how can we trust the government from essentially failing to engage in the debate and knowing the government side likes to use its majority to defeat opposition side amendments to motions? Hopefully, the government side will have a few extra minutes to reflect on how it intends to approach voting on this amendment.

With this additional highlight on its voting record and attention given to this amendment this afternoon, hopefully it will see the light and be prepared to support the commitment to avoid future user fees in the territory by lending its majority support in this Legislature, so that this friendly amendment — and I think it goes beyond the acknowledged definition of “friendly” from just members in this Assembly to the broad definition to being friendly to all Yukoners. Anyway, hopefully the government side will have a few more minutes to see the virtue in supporting a vote on this amendment this afternoon.

Ms. Hanson: I rise in support of this friendly amendment. There are several reasons that the NDP would support this amendment, not the least of which is the restating of an absolute fundamental principle of medicare health care in Canada: that it be without the imposition of health care fees, which we have enjoyed in this territory. I would also suggest that there are real reasons for all members of this Assembly to consider the importance of this, because we've had this government — again, we're referring to the *Yukon Health Care Review*, which was finished in September of 2008 and followed up by the *Yukon Health Care Review — Taking the Pulse*, which was a request to citizens to give their input.

The *Yukon Health Care Review* did speak to the possibility of an imposition of user fees. The government of the day, the government we have today, said at the time that they would convene this larger panel — a public dialogue — on Yukon health care to gauge what Yukoners' responses were to the 43 recommendations of the health care review.

Yukoners came out very strongly with respect to those recommendations. When the *Yukon Health Care Review* recommended that government should consider a user fee, 30 percent of respondents strongly disagreed. I think it's important, given the words and comments made earlier by the Member for Klondike, that the strongest feeling about that was coming from rural Yukon. So I think there should be a respect for the views of all Yukoners, including those from rural Yukon.

In addition, I'm not going to speak long. This is just a fundamentally important piece and speaks to the issue of trust. We've seen the government ignore the health care review, ignore *Taking the Pulse*, and ignore the Auditor General's recommendations and observations with respect to lack of planning.

We need to have some assurance that the sort of general statements of intent with respect to how the Government of Yukon would move forward in terms of ensuring a standard of health care — that it's done in the context of it being done without the imposition of health care fees. Mr. Speaker, my final comment is that the Leader of the Liberal Party made an earlier comment today about the importance of working in a non-partisan manner and it's quite delightful to be able to support this motion, because if one thinks back about 50 years ago this year, to 1961, in fact it was a Liberal opposition leader in Saskatchewan who argued strongly against health care. We can see the evolution of political thinking. It's wonderful to see. I'm very happy to support this friendly amendment to this motion.

Speaker: Are you prepared for the question on the amendment?

Some Hon. Members: Division.

Division

Speaker: Division has been called.

Bells

Speaker: Madam Deputy Clerk, please poll the House.

Hon. Mr. Fentie: Agree.

Hon. Ms. Taylor: Agree.

Hon. Mr. Hart: Agree.

Hon. Mr. Kenyon: Agree.

Hon. Mr. Rouble: Agree.

Hon. Mr. Lang: Agree.

Hon. Ms. Horne: Agree.

Hon. Mr. Edzerza: Agree.

Mr. Nordick: Agree.

Mr. Mitchell: Agree.

Mr. McRobb: Agree.

Mr. Elias: Agree.

Mr. Fairclough: Agree.

Mr. Inverarity: Agree.

Ms. Hanson: Agree.

Mr. Cardiff: Agree.

Mr. Cathers: Agree.

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

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

Amendment to Motion 1340 agreed to

Speaker: Is there any debate on the main motion as amended?

Mr. Cathers: It gives me pleasure to rise here today in support of the motion as amended. I won't spend a long period of time this afternoon talking about this motion. Other members, including the mover of the motion, provided a fair bit of information about this and I appreciated the information the Member for Klondike provided, in particular about the success of a number of the programs, including the bursary programs, the programs to attract visiting health care and medical specialists to offer services in the territory and the expansion of tele-health, for example, and other services encompassed within the motion.

One thing I would like to do very briefly here — I think the amendment to the motion was a positive one, but I think the mover of the motion, the Member for Copperbelt, did miss something in his amendment. The amendment encompasses “without the imposition of health care fees”; however, fees for health care and premiums for health care can mean two different things to different people. The fees for health care are, or can be, related to services being provided, and I certainly support that inclusion.

Amendment proposed

Mr. Cathers: I would like to propose a further amendment accordingly:

THAT Motion No. 1340, as amended, be further amended by adding after the words “health care fees” the phrase “or premiums”.

Speaker: The amendment to Motion No. 1340, as amended, is in order. It is moved by the Member for Lake Laberge

THAT Motion No. 1340, as amended, be further amended by adding after the words “health care fees” the phrase “or premiums”.

Member for Lake Laberge, you have about 18 minutes left on the amendment.

Mr. Cathers: I'd like to just note in referencing this, as I noted in my introduction, there is a difference between a fee and a premium. They may in some people's minds be synonymous or perhaps not. I'm also interested to see if the Liberal Party, in moving the worthwhile amendment to the motion, will also be in support of getting on record as opposing health care premiums or not.

I'm interested in seeing — I hope that all members of this House will stand up on what I hope will be a recorded vote and indicate opposition to both health care fees, as was already done, and health care premiums, because the Yukon system would not be well served by the introduction of health care premiums. It was not well served when that was in place. The access to health care for citizens, regardless of ability to pay for it — the principle of access for each and every citizen of our territory to that service — is an important one. I also think we're seeing in a few other Canadian jurisdictions that the imposition of health care premiums does bring some hardship for those of limited financial means. It comes with a significant cost administration as well. So I hope that all members will support this amendment to the motion.

Mr. Mitchell: I'll be very brief, because the Premier wants to get on with a vote.

I would just say that while we would view fees as being the sort of more inclusive, overarching term — one example of which might be a premium — if there is concern, as expressed by the Member for Lake Laberge — it might be that one would say no new fees but somehow have new premiums — we're amenable to this additional amendment because, if clarity is what we're seeking and there's some confusion, then so be it. I think “fees” covered “premiums,” but we can support this. There are other things that could be done, in terms of saying “or reduction of services” — there is lots we could add in here but, in the interest of moving forward, I will sit and let others speak if they so choose.

Speaker: Are you prepared for the question on the amendment?

Some Hon. Members: Division.

Division

Speaker: Division has been called.

Bells

Speaker: Madam Deputy Clerk, please poll the House.

Hon. Mr. Fentie: Agree.

Hon. Ms. Taylor: Agree.

Hon. Mr. Hart: Agree.

Hon. Mr. Kenyon: Agree.

Hon. Mr. Rouble: Agree.

Hon. Mr. Lang: Agree.

Hon. Ms. Horne: Agree.

Hon. Mr. Edzerza: Agree.

Mr. Nordick: Agree.

Mr. Mitchell: Agree.

Mr. McRobb: Agree.

Mr. Elias: Agree.

Mr. Fairclough: Agree.

Mr. Inverarity: Agree.

Ms. Hanson: Agree.

Mr. Cardiff: Agree.

Mr. Cathers: Agree.

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

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

Amendment to Motion No. 1340, as amended, agreed to

Speaker: Is there any debate on the main motion as amended?

Ms. Hanson: I rise to speak on the main motion as amended. This afternoon we have heard many very interesting commentaries on the subject of health care in the Yukon. I'm not going to attempt to repeat all that has been said, because I think there is a substantive amount of information that all parties would agree with in terms of a historic record of what has

transpired in this territory as we grapple with addressing the real serious issues of health care in this territory now and into the future.

One of the consistent themes that has gone through the history of this territory over the last eight or nine years, though, has been a distinct lack of vision. The Member for Klondike, when he spoke about this motion — when he was introducing it, he spoke about how it was being based on a platform that talked about a vision and a plan for health care in the territory. I'd suggest that if that's the vision, it has a serious case of myopia and needs some correction. I think we need to step back and really look at what is required to provide the appropriate level of health care for all Yukoners to ensure that we have a sustainable health care system in this territory, not just for today but for the future.

I think we need to be mindful that we have many sources of information to help us in the discussion about what kind of health care we require in this territory and how we can build on the very strong basis we already have in this territory. We all acknowledge the health care professionals in this territory and the health care systems do a remarkable job and often under great pressure. It's a health care system that is regarded by those who are practitioners and those who live here as citizens — we regard it with pride and want to ensure we don't get ourselves caught in a trap where we're basically being promised things we cannot deliver on.

I would suggest that what we've been hearing from the member opposite and from the Yukon Party is something that cannot be sustained and is not going to be in the future. What we're being set up for is a big fall.

This government, according to the Auditor General, within five years, increased the health care spending over 47 percent. This government, in realizing the trajectory of health care spending was going up without cease, put in place a health care review to look at the sustainability of health care in this territory, to look at options for health care in this territory.

One would have expected that before decisions were taken about how we're going to address the sustainability of health care in this territory that this Legislature would have reviewed that — that this Legislature would have debated both the health care review and the secondary, follow-up review that I referred to earlier this afternoon: *Taking the Pulse*. But that did not occur.

Instead, what we saw was this government, before *Taking the Pulse* — before they actually heard back from the citizens of Yukon — go out and talk to hundreds of Yukoners, again, after the health care review had already done the detailed technical kinds of reviews. Before that review — *Taking the Pulse* — could even be considered by this Legislature, they announced the building of what they are now calling the acute care facilities in Dawson City and Watson Lake.

I am not disputing the need for appropriate health care facilities anywhere in this territory. What I am disputing is taking action without a plan, which seems to be the modus operandi of this territorial government. We cannot continue with a government that refuses to listen to Yukoners and then refuses to implement any of the recommendations made by the health care

professionals who participate in reviews, or the science, math and economics of the arguments behind alternative ways of delivering health care.

There are a number of delivery models that are not spoken to, either by the motion that was put forward by — well, I guess he is the Cabinet commissioner — the Member for Klondike or this government. I'd like to just speak a little bit about what is missed and what is being proposed here. There is no discussion, as the health care review recommended — that we look at health care delivery models that talk about expanded home care, community support programs, supported or assisted living.

You know, I found it highly ironic that the Member for Klondike spoke about one of these visions that the Yukon Party has, that being collaborative care. If they were serious about collaborative care models, then they would demonstrate that by not insisting upon acute care in 2011 in communities. What we've seen elsewhere are collaborative care models. The use of nurse practitioners is in fact the kind of model that delivers the appropriate health care for all citizens. You'll find communities across the country of the same size as Whitehorse using collaborative care models.

I'm not suggesting that you have collaborative care only in Dawson City or only in Watson Lake or Burwash. Collaborative care is an integrated health care model.

The Auditor General identified that this territorial government does not have any data gathering systems. It does not understand what it is paying now in terms of health care, in terms of a physician's billing, because it does not know what physicians are doing in terms of the services they are providing on our behalf. So, there were 116,000 physician visits in the year that was examined by the Auditor General. There is no indication of what services were provided. There is no need for you or anybody else in this Chamber to necessarily be seeing a physician for a routine blood pressure check or medication renewal. Nurse practitioners have an expanded scope of health care training. We should be using that. None of what this Yukon Party is talking about in terms of health care options or models they are proposing recognizes any of the substantive work that has been done by the health care professionals in this territory to look at ways of creating a health care system that is sustainable and more cost-effective. There are a number of things that this motion does not speak to. Basically, what it is saying is we are going to continue the spending process without planning it.

So I just want to remind this House that this is not me speaking — but just referring back to what the Auditor General said and explaining why I find difficulty finding confidence in accepting that the plan that the Yukon Party is setting forward in terms of the appropriate way of delivering health care will be done. If they have not identified its most important health priorities, how will they deliver on them? This is what the Auditor General has said: "has not started to set targets for health outcomes". So how do you know what you're putting in place across this territory?

This territorial government has not developed key health indicators, so this territorial government — the Yukon Party

government — cannot assess whether it is providing the right programs and services. So, how do you know that the programs and services that you're putting in place are the right ones? It's time to take stock. It's time to listen to what Yukoners said. This government has refused to listen to Yukoners and is going on uncharted waters here, saying "Just trust us, we can spend more money and it will be good enough." Well, when the health care review was done, it said that the territorial government risks exceeding its revenue by \$250 million by 2018 if it continues on the trajectory that it's on.

This government needs to take responsibility for planning before acting. What I am suggesting is that before we go further along the path — and we have seen before this idea of setting up hopes and dreams, that if you just build fancy places throughout a territory or province, that will solve the problem. Well, I would invite the members here to drive around rural Alberta where you saw an equally spendthrift Conservative government go and build regional hospitals and then go back and close them. Well, do you want to see a disappointed electorate and very unhappy citizens? Repeat that here.

We cannot give people false hopes. What we need to do is say that what we will do. As a New Democratic government, we would be putting in appropriate health care systems, based on what we heard from Yukoners and what are the best practices — evidence-based approaches to health care delivery.

In order to really assist the government in delivering what the Member for Klondike was attempting to propose this afternoon — I heard him say over and over again that they want to be doing the appropriate kinds of health care for Yukoners. If we are going to be doing that, I suggest that we do that in the context of some planning framework and as a response to what Yukoners have said to us as members of this Legislature.

Amendment proposed

Ms. Hanson: I would move an amendment to Motion No. 1340, as amended:

THAT Motion No. 1340, as amended, be further amended by deleting all clauses after the phrase, "in other jurisdictions in Canada by" and replacing them with the phrase, "acting upon the recommended actions contained in the report of the Auditor General of Canada, entitled *Yukon Health Services and Programs — 2011, Department of Health and Social Services*, and in the *Yukon Health Care Review* final report of September 2008."

I would hope that members would consider this as a constructive amendment because I think that it does address the kinds of concerns that we've been hearing over and over and over again for the last three years from Yukoners across this territory, from every health care professional that I've ever spoken to, to people on the doorstep.

I can't speak to it any more? Sorry.

Speaker: The amendment to Motion No. 1340 is in order. It is moved by the Member for Whitehorse Centre

THAT Motion No. 1340, as amended, be further amended by deleting all clauses after the phrase, "in other jurisdictions in Canada by" and replacing them with the phrase, "acting upon the recommended actions contained in the report of the Auditor

General of Canada, entitled *Yukon Health Services and Programs 2011, Department Health and Social Services* and in the *Yukon Health Care Review*, final report of September 2008.

The Member for Whitehorse Centre has about nine minutes left on the amendment.

Ms. Hanson: Thank you, Mr. Speaker. I would encourage other members of this Legislature to consider carefully the import of the amended motion. I think it's important that we do reflect and act in every way possible that respects what Yukoners have identified as one of the most important issues to them. They do that in unity, I think, with Canadians across the country, which is to ensure that the health care systems that we have are responsive to the changing dynamics of the country and, indeed, of this territory. What we're talking about is reflecting the kinds of recommendations that the *Yukon Health Care Review* most importantly, because that's the voice of Yukoners — the voice of Yukoners from all walks of life, including those who are the health care professionals upon whom we rely to provide health care services and the voices of professionals who are not stuck in a health care model that is 10, 15 or 30 years old.

There have been many changes and this territory has the opportunity — this territory in fact passed legislation last fall to recognize the role of nurse practitioners' expanded scope of health care services. Nurse practitioners are professionals who take masters degrees in health care. Nurse practitioners, in establishing collaborative health care units across this country, what we're seeing is physicians and nurse practitioners working together in a cost-effective model of health care. There is no reason why, if we were serious about health care changes in this territory, we wouldn't be embracing it. There is nothing in the actions of this territorial government, nor in what has been proposed in the motion earlier this afternoon, that comes close to acknowledging this as an option for this territory.

So I think that is one element of change that is very clearly elaborated in both the health care review and in *Taking the Pulse*.

Speaker after speaker, participant after participant, whether they did it in writing or they did it in terms of participating in meetings, when they talked about the concept of sustainability of health care in this territory, talked about the issues of quality of service, equity, equitable access to services, consumer choice, and compassionate care, one of the key and most important aspects of health care and what we miss when we don't look at the long-term and community-based options is that many of the kinds of cares that people need in their own home and in their own community are those that can be provided by a collaborative health care model.

When we talk about palliative health care and the ability for those services to be provided in people's homes in their home community, that doesn't need an acute care facility. Acute care facilities are costly and what we're seeing is they're basically not models of health care that any other jurisdiction is promoting because you cannot sustain it. We are talking about the need to ensure that we manage our fiscal resources the same as we manage our home resources. You don't spend more

than what you've got and this territorial government doesn't seem to get that. We're not talking about any dramatic or crazy kinds of notions here. We're talking about the kinds of ideas that Yukoners put forward and need to be reflected are not reflected in what's being proposed by this status quo approach of this Yukon Party government.

So they talked about improving efficiency, talked about prevention and personal responsibility, mental health, addictions and drug and alcohol abuse. I don't know how many times we've spoken about the need to get serious about mental health services, addictions and drug and alcohol abuse. This territorial government has relied upon, relies upon and continues to project that it's going to rely upon special funds from the federal government to do these kinds of services. Well, quite frankly, it's time for us as Yukoners, as this Government of Yukon, as any Government of Yukon, to own up to the fact that these are serious issues and we need to take care of them ourselves. It's not just because somebody is going to give you a little top-up money that you're going to deliver these programs and services. It's because we take them seriously and we will reallocate the resources in our fiscal base to ensure that Yukoners have the appropriate levels of mental health services, addictions and drug and alcohol treatments. That means in the community. So, I combined the kinds of recommendations that we heard from Yukoners with the resounding critique — and I think it was a positive critique that the Auditor General. You know, the Auditor General takes a very comprehensive, systemic review of a program or service. They did that and they did the Yukon and the Yukon government a great service by allowing us to step back and say at this critical juncture in our history, "What do we need to do to improve health care services?"

We should be doing that before we make decisions that are going to cost all of us and our children's children into the future.

When the Auditor General says that we don't have a comprehensive health care information system to collect and complete accurate health care data, one has to take stock and say, "Well, if you don't have that, how are you making these decisions?" We are making decisions without the wisdom of the basis of information.

Without having that comprehensive health care information system, we therefore don't have a comprehensive view of the health needs of the population. As the Auditor General went on to say, we are therefore unable to determine whether changes should be made to programs and services.

I think there is some housekeeping to be done by this government before it starts making these changes. What it should be doing is making sure it has its house in order so we can, with confidence — because I don't have confidence and I know Yukoners don't have confidence or trust in this government to be moving forward on these very important matters, because they have been going along, lurching from subject to subject.

We put forward this amendment to the motion by the Member for Klondike, in support of the idea that all Yukoners deserve and should have levels of service that are comparable to other jurisdictions in the country.

We are also saying that when we put those comparable levels of service in place, we do it because we have listened to and respected the views of Yukoners. We do it based on the best data available to us, and we will demonstrate as government that we will do it based on that information.

Mr. Speaker, I commend this amendment to my colleagues here in the Legislature and look forward to their support.

Hon. Mr. Fentie: Well, Mr. Speaker, I know I have been in this Assembly a long time, but I've never witnessed such a debacle from the once-proud NDP of this territory. What the Leader of the Third Party has just put on the floor of this Legislature is astounding — absolutely astounding. And that's considering the fact that, moments ago, this very member voted for amendments that the member has just now, with her amendment, completely contradicted.

Let me get into some of this. But I have to begin with the fact that no matter what the NDP think, what gives force and effect to health care in this country for all Canadians is the *Canada Health Act* — not the Auditor General, not reviews, not conversation — the *Canada Health Act*. That is what gives force and effect to the delivery of a universal health care system for all Canadians. Let us extrapolate that into comparable services. That's the position the three northern territories took with our national government, because under that act, "comparable services", as defined, are accessible to Canadians. We should not be penalized for living north of the 60th parallel, and we should have access to comparable services.

This whole country went through a process back in 2004 to deal with the adequacy gap created by the federal Liberals in cutting the CHT, in reducing the territory's base budget by five percent and capping equalization. The federal Liberal government vacated their responsibility and obligation for the delivery of health care in this country under the *Canada Health Act*. This is really quite something, so I want to quickly get to the NDP leader's amendment.

We have on the floor a motion, now amended twice by the Liberal caucus and by the Independent member, that the government side has accepted. By the way, the motion lays out a number of areas of focus for the delivery of health care in this territory. Certainly, the government side has demonstrated its willingness to accept input from the members opposite because once again, there is no partisan division or boundary in health care. It is universal and it's the *Canada Health Act* that dictates this universality and delivery of health care services, so obviously the NDP takes exception and opposes encouraging existing clinics and practices to expand their services. We just cut that out of the motion; the NDP opposes it. Sponsoring the education of Yukon health care and medical professional students and providing incentives for them to return and practise in the territory — the NDP's amendment removes that from the motion. The NDP opposes that. Encouraging visiting health care and medical specialists to offer their services in the territory by providing them with access to appropriate medical facilities — the NDP just opposed that; they have stricken it from the motion — establishing regional health care facilities.

We know full well that the NDP leader, all wise now in the delivery of health care, maintains it's not acute care, it's something else. The NDP opposes utilizing expanding telehealth. The NDP have just stricken it from the motion. Ensuring Yukoners have priority access to health care and medical services in other jurisdictions, Alberta and B.C. — where are we going to get heart surgery? Where are we going to see the specialists required for many of the health challenges that Yukoners face? The NDP opposes that access and has just stricken it from this motion and replaced it with this. The NDP leader suggests, "Forget the *Canada Health Act*. Forget the role of the federal government in this matter. Forget it. It doesn't count. Remove all other facets of the delivery of health care and replace it with an Auditor General's report and a health care review."

Let's look at the Auditor General's report. It's this government that continues to engage the Auditor General's office to find ways to provide services and programs more efficiently to Yukon and the Yukon public.

That's a given and a constant, and we've done it every single year that we've been in office. The Yukon Party government accepts that as a very strong element of good governance. That's why we're here.

Anyway, here's what the NDP has replaced the content of the motion and delivering and enhancing health care services and access to health care for Yukoners with — exchanging it for the Auditor General and a review. I guess the *Canada Health Act* — is it rescinded? But let's begin.

On the medical treatment travel program, the NDP now supports, after voting in favour of no fees or premiums, that the government should — and this is out of the review; it's a recommendation — consider introducing a user charge for out-of-territory medical travel. This is absolutely ridiculous. A few minutes ago, the NDP leader voted in favour of no premiums, and now the NDP leader has taken a position to implement premiums for medical travel. My goodness, look at this, Mr. Speaker — chronic disease and disability benefits. The government should consider introducing changes to the chronic disease and disability program that would result in a deductible and copayment — expecting those with disabilities and chronic disease to somehow enter into a copayment program.

Once again, there is a contradiction here of what just transpired moments ago. The NDP leader voted in favour of no premiums, no fees, and is now saying, "No, the NDP has changed its mind; its position is copayment for chronic disease and disability benefits."

Seniors health benefits, pharmacare and extended health — the NDP has taken those areas of health care right out of our system and the government should consider introducing changes to the seniors pharmacare and extended health benefits program that would result in a deductible and copayment along similar lines to the seniors drug and extended care programs that currently exist in the provinces. Moments ago, she voted in favour of no premiums, no fees, and now has taken the position that on seniors health benefits and pharmacare extended health, there should be fees.

There's another good one — the NDP now supports, when it comes to continuing care services — and let me go over this

one. It's in the health care review that the NDP leader has just presented to this House as the blueprint, the guide for health care, along with an Auditor General's report. I find that very interesting from a leader from the NDP. We all know that that grand old party — the CCF and Tommy Douglas were the champions of universal health care. I imagine that poor gentleman is rolling over in his grave after listening to this.

On continuing care services — the daily accommodation rates charged residents living in the government's continuing care or long-term care facilities should be reviewed by government with a view of adjusting them upwards — upwards — charging Yukoners more for continuing care in establishing more closely reflected rates. The NDP just voted against premiums and fees in this territory moments ago and now the NDP leader is suggesting we should charge Yukoners more money for continuing care. That's really something.

Here's another one — insured health services. The NDP just voted in this House opposing premiums, opposing fees, and now has taken the position and support — support and demand that the government should consider the introduction of health care premiums to assist in financing the increasing cost of existing health care services. I've never seen such a display.

This is not a place for practice. This is the real, real issue here. That's what this Assembly is about. It's not about practice or trying to establish some political quirky implement here. This is serious business and the NDP leader is obviously not very serious about health care in this territory, about this institution or about her job.

We cannot support such an amendment because we, the Yukon Party, are consistent, are committed, are dedicated and, long ago, we made commitments to the Yukon public not to implement user fees or premiums and we will not do such a thing. The NDP will, and now we know, when the opposition members said, "We will use this sitting to lay out our plans for Yukon's future," we now know what the NDP's plan is for health care: charge, charge, charge, tax and spend, charge Yukoners for access to universality of health care as envisioned under the *Canada Health Act*.

Let me go on. The NDP leader has also made light of what we've accomplished in this country dealing with the adequacy gap on the delivery of health care. That has to do with federal funding.

Mr. Speaker, the NDP has now suggested that we should be following the review. Do you know what this review actually says? I have a question: did the NDP even read this review? It said that this extra fund — this "top-up", as the NDP leader put it — which, frankly, I take exception to. It's far from a top-up; it's a fundamental principle in this country. This review says that the federal government should make this kind of investment in the north permanent. Permanent, Mr. Speaker — so at least the NDP leader has that one somewhat focused, though she calls it a "top-up". I hardly think that Yukoners are going to be very happy with the NDP leader's view of what is required in this territory to give them those comparable services and access to health care, Mr. Speaker.

No, we cannot support such an amendment. Frankly, this amendment is a farce. It is an amendment that is going to dam-

age the future of this territory and its ability to deliver health care.

It's an amendment that puts the burden of these services on the backs of Yukoners and the Yukon Party government will not stand for it. We oppose this amendment. It is nonsense.

Mr. Mitchell: Maybe we can just dial it back a little bit, although one can certainly enjoy the Premier's passion, although I think he has moved beyond passion. The Leader of the NDP brought forward an amendment that struck out all of the subclauses and spoke to simply acting upon the recommended actions contained in the report of the Auditor General of Canada, entitled *Yukon Health Services and Programs — 2011, Department of Health and Social Services*, and in the *Yukon Health Care Review* final report of September 2008.

The Premier has, in his inimitable style, certainly made the point that there are some contradictions between the amendment before us now and the one that we previously all supported — and the two that we previously all supported — my amendment to ensure that there would be no user fees and the Member for Lake Laberge also adding the word “premiums”.

I can certainly support the first portion of this that says “acting upon the recommended actions contained in the report of the Auditor General of Canada”. We should do that. The department has pledged to do that. Nevertheless, I don't have a problem with putting that in there. The Premier, however, did make — before he perhaps waxed too eloquent, if I might say — he did make the point that the *Canada Health Act* is what defines and mandates universal health care and leads to the concept of comparable services being available for all Canadians.

So, I could ask the Premier: if in fact we're bound by the *Canada Health Act* and that is what defines this to begin with, one could ask, why are we even debating the motion at all? Because the *Canada Health Act* tells us this is what we must do? However, this is the motion that's in front of us today. I guess my comment would be twofold. I have some of the concerns that the Premier expressed, because I was here when this *Yukon Health Care Review* came out. I was part of the oversight committee of MLAs who met with the Health minister to discuss the follow-up report, the *Taking the Pulse* report, and I have some concerns with a blanket endorsement of this report.

We now have wording in the preamble that says, “without imposing any health care fees or premiums”, but just as an example — I'm not sure; the Premier gave so many so fast I didn't catch all of them, but the one I turned to immediately is on page 141. Under “recommended actions” it says the government should consider the introduction of health care premiums to assist in financing the increasing cost of existing health care services in Yukon and to fund the expansion of any new health care services.

I can't support that. I don't support that. I've spoken out in this House repeatedly against that and, I don't know, an hour ago, I said, let me make this clear, here's one aspect of the Liberal plan, no health user fees.

The second portion of this amendment, which says “and in the *Yukon Health Care Review* final report of September 2008” — those are in the final report.

It would seem the amendment as it's now worded would contradict itself, because it would say, earlier on, “no fees, no premiums”, and then it would endorse a report that does include a recommendation for fees and premiums. That in itself prevents me from supporting this motion, well-intentioned though I believe it to have been — this amendment, rather.

Secondly, I would say, let's not throw the baby out with the bath water. I spoke in support of the majority of the points in this motion, although I said I had a lot of problems with point (4), because it was endorsing the two hospitals that are being constructed, and our concern was that the case has not been made for how that determination was made to build those particular levels of facilities. There are things that I do support in this motion that are not necessarily in either the Auditor General's report or the *Yukon Health Care Review* final report, as well as the inconsistency where it now looks as if we are backing away from not having fees or premiums, because they are spoken of in this report. For that alone, I can't support the amendment. I want to say again, and I think it was only a week ago — maybe it was two weeks ago — when I said in this House that we can have this debate without accusing other members, as was done one week ago, of a sham or as was done today, of a farce.

The debate is not a farce. We are here to debate. We call it general debate when we start dealing with the budget. We have departmental debate. Debate is what we do. We should give good and fair consideration to everything that comes forward in this House. That doesn't mean that, because we have genuine disagreements on spending trajectories or on philosophies or on planning — or on what should or should not be happening in the mining industry — that we describe other people's views as a farce or a sham. I think it does all of us a disservice when any of us do that. It's why we have another party declaring that they are going to clean this up and why we had it one year ago. Until we do, since we are debating health care today, I would say, physician, heal thyself. Until we improve how we debate in this House, the public will not approve of any of us.

So I hope that other members who may speak to this can express their opinions without denigrating any member who has spoken previously. Thank you.

Mr. Cardiff: Well, I can't help but respond to the Premier's misunderstanding of the amendment to the motion. It's unfortunate that he's not willing to listen to what is actually being said and chooses to give his own interpretation of what he thought he heard. The way that the motion, as amended, read was “that this House urges the Government of Yukon to continue to ensure that Yukoners have access to a standard of health care that is comparable to standards in other jurisdictions in Canada” and it was amended by adding “without the imposition of health care fees or premiums” in that part of the motion.

We didn't amend that part of the motion. We still support that part of the motion. It's kind of interesting when you listen to the Member for Klondike when he introduced the motion

before it was amended — that this was the Yukon Party's vision. It's almost like it's the Yukon Party platform, is what it is. This is the extent of the Yukon Party platform on health care. The Premier basically said that the amendment that was proposed by my colleague — the Member for Whitehorse Centre basically threw out the *Canada Health Act*. Well, if the *Canada Health Act* is so important — and we believe that it is; that it sets the standards across the country for comparable services in health care — why wasn't it mentioned in the original motion? What was it that we did in our amendment that negates anything with that level of service required under the *Canada Health Act*?

The *Yukon Health Care Review* report from September 2008 was all done in the context of the *Canada Health Act* and the provision of services. Does the Premier not understand that? He's the one who walked out on the Prime Minister. Surely he understands that the review was done in the context of the *Canada Health Act*. We haven't done anything in this amendment to the motion by deleting those six clauses to negate or denigrate the *Canada Health Act* or our responsibilities under it to provide services to Yukoners.

The Premier chose to cherry-pick or to pick out a few things in the health care review that he felt were important to raise. So the six things that the amendment deleted, basically — there are a lot of those things we could also support.

We feel that it is important, given the Auditor General's report, and what it says in the Auditor General's report about the fact that the government hasn't done a good job of identifying the most important health priorities. It has not set targets for health outcomes and it has not developed key health indicators. It cannot assess whether or not it's even providing the right programs and services and yet in these six points that we suggest should be deleted at this point, they've already made these decisions. We feel that there is information in the Auditor General's report and in the *Yukon Health Care Review*. This is something that the Minister of Health and Social Services tasked a group of people to do: to go out to talk to Yukoners, to talk to the medical professionals, to look at the science of providing health care and to come up with solutions to make health care sustainable. But the Premier is willing to basically say that this report means nothing, that it's not worth anything, that nothing in this report is valuable, that the views of Yukoners don't count.

Well, we don't believe that on this side of the House. There are a lot of things in the health care review that we support. There are also things that we don't support. Some of those the Premier highlighted. So if the Premier would look at the amendment to the motion, what it actually says is, "acting upon the recommended actions contained in the report of the Auditor General of Canada, entitled *Yukon Health Services and Programs — 2011, Department of Health and Social Services*, and in the *Yukon Health Care Review* final report of September 2008."

Now, just so the Premier understands, acting upon recommendations doesn't necessarily mean accepting them. But if there are good ideas in the report, you should act on them. There are two ways of acting on them: you can either accept

them or you can reject them. The Premier finds this hilarious, along with his House leader, but that's the reality of it. So if the Premier goes back to the original amended motion, before we amended it again, we qualified what it was — that we did not support fees or premiums.

Read the amended motion. The Minister of Highways and Public Works doesn't want to read it. So the motion —

Speaker's statement

Speaker: Order. Hon. Member for Mount Lorne, I've had this discussion with other members previously today in the debate about interpreting other members' motions or emotions. It happened to your leader earlier. We stepped in. So just please respect that ruling.

Mr. Cardiff: The motion was amended to eliminate the possibility of fees or premiums. The motion remains worded that way, just to comfort the members on the other side — that there should be no increase in fees or premiums. But maybe the Premier is the one who didn't read the *Yukon Health Care Review* because there are some good recommendations in there about health care delivery models, about expanded home care, about community support programs, about supported assisted living, about collaborative care models, which is one of the things we believe should be looked at in providing health care to Yukoners, not just in Dawson City or Watson Lake, but here in Whitehorse, in Mayo and other communities in the Yukon. It's about working together.

The Premier and his colleagues are all in it together and don't want to work together with others on the collaborative care model. It's about working with other health care professionals. It's about providing a level of care that's appropriate and suitable for each individual's health care needs.

It may be a nurse practitioner; it may be a doctor; it may be a physiotherapist; it may be some other health care professional who can provide — that's why it's called "collaborative". It's because patients — clients of the health care system — are directed to an appropriate level of care. They don't necessarily have to go to a hospital.

It provides for improved communication and collaboration among the providers of health care. The Premier doesn't seem to understand that or to have read that part of the *Yukon Health Care Review*. He chose to single out and focus only on the pieces in the health care review that recommend that fees be increased or that there be premiums, or that people have to pay for their medical travel. We've been very clear and we were very clear and concise during the amendment proposed by the Member for Copperbelt that that's what we support. We support no increased costs or fees to Yukoners.

I would remind the Premier — the Premier is awfully critical of the NDP, but he forgets where he got his start in politics. He needs to reflect on that maybe sometime. The reality is that at one time, when I first moved to the Yukon, there were health care premiums. It was an NDP government that did away with those premiums. I'm reminded that it was a Conservative government that brought them in, so the Premier needs to actually read the motion. He needs to read the amendment. I understand he's probably not going to support this, because this is their

platform. This is their narrow vision for health care in the Yukon. They don't want to listen to what Yukoners and professionals said. They don't want to act on the recommendations of the Auditor General when it comes to improving the delivery of health care, improving the sustainability of health care, and improving how you plan to deliver health care.

The government is operating in the absence of a plan. If they have a plan, they haven't shared it or, if this is it, quite frankly, it's not good enough.

We do believe in health care for all Yukoners; we do believe in no fees or premiums for Yukoners when accessing health care. We do believe that there are a number of these things listed already that are being done, and we support those. We do have a problem with some of the items. That's why we chose to delete them and focus on what Yukoners said and what professionals said. We feel that there needs to be a comprehensive plan that's discussed here in the Legislative Assembly.

I think I still have the floor, Mr. Speaker.

It was asked of the Health minister and of the Premier why this document — the *Yukon Health Care Review* — couldn't be discussed here in the Legislature. We requested that we bring it forward in the Legislature to have an open discussion, to have an open debate where we could share our views about this document, but they chose not to do that. They commissioned — it's a 250-page document called the *Yukon Health Care Review*. There's another document called *Taking the Pulse*. It provides some good information and advice about how to make the health care system sustainable, but it is this government, on that side of the House, that refuses to have that discussion here in the Legislative Assembly about what is contained in the document. They didn't bring it forward. They didn't want to talk about it. They didn't want to act on anything that was in it or even have the discussion about what was in it.

So I recognize the Premier's reluctance to vote for the amendment to the motion. It's unfortunate, because we feel that basically what it does is it ignores what Yukoners said. It ignores what health care professionals said. It's a shame that the government chooses to ignore that advice.

Speaker: Are you prepared for the question on the amendment?

Some Hon. Members: Division.

Division

Speaker: Division has been called.

Bells

Speaker: Madam Deputy Clerk, please poll the House.

Hon. Mr. Fentie: Disagree.

Hon. Ms. Taylor: Disagree.

Hon. Mr. Hart: Disagree.

Hon. Mr. Kenyon: Disagree.

Hon. Mr. Rouble: Disagree.

Hon. Mr. Lang: Disagree.

Hon. Ms. Horne: Disagree.

Hon. Mr. Edzerza: Disagree.

Mr. Nordick: Disagree.

Mr. Mitchell: Disagree.

Mr. McRobb: Disagree.

Mr. Elias: Disagree.

Mr. Fairclough: Disagree.

Mr. Inverarity: Disagree.

Ms. Hanson: Agree.

Mr. Cardiff: Agree.

Mr. Cathers: Disagree.

Deputy Clerk: Mr. Speaker, the results are two yeas, 15 nays.

Speaker: The yeas have it. I declare the amendment defeated.

Amendment to Motion No. 1340, as amended, negatived

Speaker: Is there any debate on the main motion?

Mr. Fairclough: On the motion as amended, I would like to say a few words to Motion No. 1340, as it is amended. I thank the Member for Klondike for bringing this motion forward to the floor for debate. A lot of interesting things have been said this afternoon. Quite often the Member for Klondike brings forward motions to the floor that we debate here, which urge government to continue to do something.

It's like perhaps that member has information that this may not take place and we have to urge the government to continue to do its work. It's unfortunate, but it's not something new that the government is bringing forward. If the government side had something new, I think they would have presented it either through a ministerial statement or by a government motion, but we're asking the Government of Yukon to continue to ensure Yukoners have access to standard health care here in the territory.

Quite often, we hear from the government side also that the health care here in the territory is of a higher standard than we have elsewhere in Canada. Also, there are several points that the government side has listed. There are many in here that are of interest, but one particularly that stands out for me is part (4) — “establishing regional health care facilities throughout the territory, such as the regional hospitals being constructed in Dawson City and Watson Lake in order to provide rural Yukoners with access to an appropriate level of health care.”

I know that the Member for Klondike has been in a public meeting in his community, and we have been to the community of Dawson many times — many of us on this side of the House. We've talked to many people in Dawson, and I know that member gave a take-it-or-leave-it position to the people of Dawson — that if they don't take this offer to have a health care facility built in Dawson that perhaps it's going to go to Mayo. It's interesting that that member said that, and here we have the Yukon Party government saying that they like to make informed decisions, they like to consult with Yukoners, and make those decisions with the involvement of Yukoners — make those decisions that affect them the most. We've been asking questions in the House for quite some time now about the Yukon Party's way of dealing with building facilities in the communities.

Even the Auditor General was not kind to government in how they handled big projects in the territory. We have issues with that because we have seen this facility in Watson Lake balloon from a \$5-million project to a \$25-million project, and it is probably climbing as the years go by because this Yukon Party government didn't put it in place.

I wouldn't be surprised about the outcome of the election here in six or seven months down the road, or earlier, that the Yukon Party will be sitting on this side of the House, and projects that perhaps they started — they will not agree to in this House, and vote against them. Isn't that interesting that the member opposite would do that? When there was a position offered to the community of Mayo — a doctor's position — the Yukon Party wasn't very happy about that. They didn't approve that. That was the number one issue in 1996 to the community in Mayo. That was the number one issue: they wanted a doctor. They have a hospital in that community. That community is growing. It has a mine that's in full swing right now in the community of Keno City, with the possibility of developing even more. They're asking for improvements to the airport; they're asking for improvements to the health care facilities because they know that more and more people will be using those facilities in the communities.

It was the Yukon Party that voted against that expenditure. I don't know why they keep saying this on the floor of the Legislature, but it will be interesting because they will be on this side of the House, because the general public is tired and they don't trust this Yukon Party government's information they present to the public.

We've said over and over again that this government should be making informed decisions. In regard to the extended care facilities in Watson Lake and Dawson City, this was a prime example of where this Yukon Party government could have gone out, consulted, talked with the people and perhaps learned a heck of a lot from the health care professionals as to what is really needed in the communities.

I brought up one issue in talking with some of the doctors in the territory that would have vastly improved their job, and that is improving some of the equipment in the nursing stations around the territory.

They wanted to see that. I know they talked with the minister. There have been meetings, but that improvement just didn't take place. There were simple things, like having standard equipment for the ambulances around the territory. I think that has happened — slowly, but surely, that has happened. I do have a lot to say in regard to this motion, but I'm going to just sit down and either put a vote to it or if anyone on the government side would like to get up and speak to it or the Third Party, I will let that happen.

Mr. Cardiff: I would like to take this opportunity — I had the opportunity to speak to the amendment previously and talked a little bit about the motion as it was amended. Basically, the way that the motion would read is that this House urges the Government of Yukon to continue to ensure that Yukoners have access to a standard of health care without the imposition of health care fees or premiums that is comparable

to standards in other jurisdictions in Canada by — and then there is a list of six Yukon Party platform commitments.

We, in the Third Party agree, very strongly, with the first portion of the motion, but we have some questions. We would like some clarification on some of the things that are listed in the motion.

The first item in the motion — the first bullet in the motion — reads, “encouraging existing medical clinics and practices to expand their services and attract more health care professionals to reside in the territory in order to improve Yukoners' access to family doctors”. We in the Third Party have some questions about exactly what is the Yukon Party's vision. We would like them to flesh it out a little bit more. This is where we were talking earlier about the need for collaborative clinics. They have it listed as “medical clinics and practices”.

We believe that there is a need to expand the services, attract more health care professionals — specifically nurse practitioners and other professionals — so that Yukoners have the opportunity to be referred to health care professionals who are best suited to address the specific needs of individuals and that it's done with a focus on prevention, that it leads to a more sustainable health care system, because it has been proven that it's less expensive to deliver health care this way than for patients, every time they make an appointment, to have to see a doctor, and if there are other models of health care that are more creative, basically.

We don't see that creative approach in this bullet of the motion, so we'd like someone on the other side, when they have the opportunity, to stand up and put a little bit more meat on the bones, so to speak, of the motion.

“Sponsoring the education of Yukon health care and medical professional students and providing incentives for them to return and practise in the territory” — there is a program currently in place that is doing basically that. We'd like to know if it is meeting the needs, if that program is being evaluated or has been evaluated or if there are plans to do some sort of an evaluation.

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

Debate on Motion No. 1340, as amended, accordingly adjourned

The House adjourned at 5:30 p.m.