

**Yukon Legislative Assembly
Whitehorse, Yukon
Tuesday, May 8, 2012 — 1:00 p.m.**

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

Prayers

DAILY ROUTINE

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

Tributes.

TRIBUTES

In remembrance of John Witham

Hon. Mr. Cathers: I rise today on behalf of the Legislative Assembly to pay tribute to John Witham.

John was born in Mohall, North Dakota on March 6, 1954 and moved with his parents, Burt and Louise, to Smithers, B.C. when he was 12. After graduating in 1972, John obtained his commercial helicopter licence. He moved to Ross River in the early 1970s during the exploration boom where he met and married Cindy McClimate. Cindy and John had two children — Zackary and Kristen.

John worked in the Yukon mining industry for decades, eventually logging over 30,000 hours in fixed- and rotary-wing aircraft. Along the way and through the years, John made many good friends in the industry. He served as president of the Yukon Chamber of Mines and also a secretary of the Yukon Chamber of Commerce. John was owner/operator of Witham Air Limited and previously was operations manager of Trans North Turbo Air. He was also chief executive officer of Kaska Minerals Corporation. John's many years in the mining industry and the aviation sector leave a legacy that will endure.

In 1990, John met Bernadette Etzel and they married in 1994. He was a loving father to Vashti and Rafe. John and Bernie shared many passions, including hockey, gardening and playing with the grandchildren. John was an accomplished carpenter and he loved woodworking. He always had a musical instrument close at hand, entertaining friends and family with the guitar, piano, harmonica or drums. This was accompanied by his enthusiastic vocals, usually folk songs.

His family and friends mourn the loss of a passionate and vital man who will be remembered for his large and generous heart, his ready laugh and his long repertoire of corny jokes. John leaves his loving wife, Bernie; his children, Zach, Kristen, Vashti and Rafe; sister, Nan Bartlette; three beloved grandchildren, Drake, Delilah and Danisha; and many friends.

Several friends of John shared comments with us when they found out that there would be a tribute to him in the Legislature and I want to share a few of them with members today.

Claire Derome mentioned John's involvement in establishing the Yukon Mine Training Association, his consideration for the perspectives of others and his deep love for his wife and children.

Adam Morrison talked of John's passion, not only for flying, but for the business of mining exploration and that John

will be remembered and missed by many in the aviation and mining industries.

Rob McIntyre shared that his enduring memory of John is that while John was plying his profession as a superb chopper pilot, he always had his ears open to the in-cabin conversations amongst his geologist and prospector clients. While flying along, he would often ask insightful questions and make helpful observations about geological formations, point out anomalies in vegetation and weathering patterns. He knew about landscapes and other changes in the mountain landscape from year to year. Thus, he often became a key unofficial member of many prospecting teams, but was a professional. You felt safe in the knowledge that he would never divulge secrets from company to company and, as Rob said, he was a class act, to be sure.

John was a voice for responsible mining and mining exploration. As president of the Yukon Chamber of Mines, and as a private citizen, John was a regular participant in public consultation processes and public dialogue regarding major issues. He was a frequent contributor to the letters to the editor section of our local newspapers. John's letters were always well-written, well-reasoned and often very insightful. In the midst of sometimes emotional debates, many of us appreciated his thoughtful fact-based contributions.

In preparing this tribute, I ran across an excerpt from one of John's letters from April 27, 2009, that seemed illustrative of his viewpoint. "There are many of hundreds of families in the Yukon that depend upon mineral exploration in order to make their mortgage payments, feed themselves, and ensure a proper education and a bright future for their children."

In John's honour, later today, I will be reading a government motion into the record based on his words in that letter. I knew John as a constituent and as a friend. I always enjoyed talking to him and appreciated that he could always be counted on for a frank and thoughtful opinion. I want to thank John for his advice and support over the years and for the time that he took to help me personally.

To John's wife Bernadette, his children and his many friends, on behalf of the Yukon Party and all members of the Legislative Assembly, let me express our sincere condolences. The Yukon suffered a great loss with John's passing and there are many of us who will clearly miss him. I should note that John's wife Bernadette and a number of members of his family and friends are in the gallery here today.

In remembrance of Jim McFaul

Hon. Mr. Kent: I rise on behalf of the Legislative Assembly to pay tribute to Jim McFaul. On April 14, we lost a titan of the Yukon's mining and exploration industry when Jim passed away here in Whitehorse.

Jim was born in Regina in 1952 and his family moved several times before settling in Vancouver where Jim began university and discovered geology. He had summer co-op terms in British Columbia and the outdoor adventure really appealed to him. When he graduated, Jim headed to the Yukon where he joined United Keno Hill Mines in the mid-1970s.

Jim made some very successful discoveries, ultimately resulting in millions of ounces of recovered silver, and this period shaped his opinions, interests and personality.

When UKHM closed in 1990, Jim went out on his own as an independent consulting geologist and prospector for the remainder of his career, continuing the work that he loved, exploring and analyzing in his search for gold and other minerals. Jim became active in the Yukon Chamber of Mines and the Yukon Prospectors Association and ultimately became president of both of them. He became an advocate for mining and prospecting interests and fought passionately for his beliefs.

I don't think there is anyone I've ever met that knew the Yukon *Quartz Mining Act* better than Jim. His career spanned more than 35 years, and included a number of cyclical ups and downs in the industry. However, Jim persevered through the good times and the bad. He loved the Yukon and rarely left, except for his annual visits with his family. In his work, Jim excelled at the exploration and analysis that led to his discoveries. He developed a feel for the geological theories of the land and conducted extensive research into the origins of Klondike gold. He identified similarities with other gold fields, and firmly believed that the mother lode of the Klondike had never been discovered.

Jim was a unique individual in the true Yukon spirit, with great personal charm. His passions included the search for gold, the Klondike, the Yukon wilderness, music — especially the blues — continuous learning and reading.

He had a wealth of stories and a truly magnetic personality that resulted in a huge circle of friends wherever he went. He could not walk down Main Street in Whitehorse without being stopped by several people. Jim's legacy to the land goes far beyond the geological. He was true to himself; he was part of the Yukon, where he wanted to be, doing the work he loved with the people he loved.

I would like to pass on, on behalf of the Yukon Party and members of this Legislature, sincerest condolences to Jim's friends and family. I think the best way to end a tribute to Jim would be something that I believe Mike Wark read out at Jim's service here in Whitehorse and that is a quote from Robert Service's, *The Spell of the Yukon*:

"There's gold, and it's haunting and haunting;

"It's luring me on as of old;

"Yet it isn't the gold that I'm wanting

"So much as just finding the gold."

In recognition of Yukon Mining and Geology Week

Hon. Mr. Cathers: As minister responsible for Energy, Mines and Resources and the responsibility for managing mineral resources, I am pleased to rise today on behalf of the House to recognize Yukon Mining and Geology Week. Celebrations are taking place from May 8 to 12 this year to mark the importance of mining and geology to Yukoners. Mining is Yukon's largest and oldest industry and Yukon Mining and Geology Week is an opportunity to recognize and celebrate the importance of this industry to Yukoners.

Of course, it should be recognized that without the contribution of the Yukon placer industry and the Klondike Gold Rush, it is doubtful that the Yukon would even be a territory.

This year's theme is "Women in Mining" and special keynote speakers and exhibitions at the exploration discovery camp in Shipyards Park will highlight the past and future importance of women to Yukon's mining industry. A new association, Yukon Women in Mining, will hold their inaugural annual general meeting later this year. The association's vision is to promote dynamic rewarding careers for women in the minerals and mining industry to help meet future labour shortages in the Yukon, as well as the needs of today.

A recent survey suggested that the percentage of women enrolled in geology programs in Canada has climbed to as high as 60 percent. Their skills and expertise will be critical to meeting the growing needs of the Yukon's mining and exploration industry. Yukon's mining sector is very strong. As a mining jurisdiction, it is attracting attention from explorers and investors from the rest of Canada and around the world. High gold and silver prices, as well as base metal prices, along with encouraging results from a number of Yukon exploration projects have spurred many companies to take a closer look at the Yukon and begin investing in new exploration programs. This translates into jobs and direct benefits for Yukoners, both in terms of direct employment and the spinoff benefits throughout the rest of the economy.

Equally important is that our thriving industry is attracting interest from younger generations of Yukoners who are coming into the workforce. There are many exciting opportunities in Yukon's future, and we are working to ensure that Yukon citizens have the awareness, education and experience to help shape and develop a vibrant and sustainable mining industry. Right now, over 750 people are directly employed at hardrock mines in the territory, nearly 500 of whom are Yukoners, and 2,500 people are directly employed through placer mining and exploration in the Yukon, and an estimated 107 exploration companies are currently active in the Yukon. These companies spent a record high of over \$300 million in 2011 as a combination of commodity prices and the world economy pushed demand for mineral resources to an all-time high.

Energy, Mines and Resources is forecasting the exploration sector to continue a strong trend for 2012 with many companies continuing very active programs on their properties, and we do anticipate the total dollars to be down from last year.

The Minto mine has been in commercial production for almost five years and Capstone Mining continues to extend the life of the mine as new deposits are developed with their successful exploration program. In January 2011, production commenced at the Bellekeno mine in the Keno Hill silver district. Alexco is projecting an annual production of up to 2.8 million ounces of silver from Bellekeno. Additional production plans for the Onek and Lucky Queen deposits are currently being assessed.

The Keno district continues its rich mining tradition as the second highest silver-producing camp in Canadian history. The Wolverine mine has seen Yukon Zinc invest over \$300 million in construction. This mine is making steady progress toward achieving its full production rate in the near future. In addition to these operating mines, many projects are in advanced stages of exploration and assessment. The placer mining industry con-

tinues to be an important part of the mining industry. The total value of placer gold mined in the Yukon in 2011 was \$58.5 million with 140 active mines that employ 400 workers. These mines spend an estimated 92 percent of their operating expenses right here in the Yukon.

For our part, the Yukon government has made significant investments to assist the mining industry and recognize its importance as a part of a strong, diversified economy. The Yukon government continues to work with industry, First Nations and other Yukoners to ensure continued growth in the Yukon's resource sector, as it is a key contributor to our economy, culture and history. The mineral industry has provided immense opportunities for Yukoners historically, and the Yukon government is pleased to see that continue. Mining and geology have had a tremendous influence on Yukon's history, culture and economy.

I encourage Yukoners to participate in this week's event and visit the displays at Shipyards Park this weekend in Whitehorse.

INTRODUCTION OF VISITORS

Hon. Mr. Cathers: I'd also like to make welcome to the gallery a number of people here today, and I'm sure I'm going to miss some in the packed gallery.

I'm very pleased to see so many people here today. I'd like to recognize some of the people who are here for the tributes to John Witham, Jim McFaul and the mining tribute, as well as the tabling of the Yukon Minerals Advisory Board's report here later today.

I'd like to recognize Sue Craig, Claire Derome, Mark Ayranto, Jerry Asp, Rob McIntyre, Hugh Kitchen, Wendy Tayler, Ann Lewis, Jesse Duke, Mark Stephens, Kim Solonick, Mike Power, Kevin Brewer, Carl Schulze, John Small, Al Doherty, Mike Burke — I'm sure I'm missing people in the gallery here today, Mr. Speaker. But I'd like to welcome all who have joined us here today, and also acknowledge Mike Kokiw, who is the executive director of the Yukon Chamber of Mines, and Bonnie Dixon, who is the administrative assistant — was formerly my administrative assistant in the Cabinet offices and also is the sister of our Minister of Environment and Economic Development.

To those whom I have not recognized in the gallery, thank you for joining us here today.

Mr. Tredger: On behalf of the New Democratic Party, Official Opposition, I rise to pay tribute to Yukon Mining and Geology Week too.

There are two histories in the Yukon. Both deal with the founding of the territory. The first history is that of the First Nation people who have called Yukon home since time immemorial; who have hunted, fished and trapped the land; who gathered herbs and medicines; who told creation myths and built a world view; who built communities and rich, vibrant cultures; who lived within the confines and the constraints of their natural environment.

The other history starts around the time of the Klondike Gold Rush with George Carmack, his Tagish wife Kate Car-

mack, her brother Skookum Jim, and her nephew Dawson Charlie. In 1896, these four individuals discovered gold at Bonanza Creek, what soon became Dawson City. The Klondike Gold Rush was born. Not only was it rich mining, but it created another rich history. In some ways, this tale of two histories continues to be played out every day in the Yukon, and in some ways, the lessons from our history also continue to play out today. The gold rush and the stories around it built present-day Yukon.

The Yukon is blessed with many great mineral riches and mining has always been a part of our economy. The placer mining community and the hardrock miners have contributed much to the Yukon. They have lived and played in the Yukon. They have built and attended our schools. They have built communities, community halls and recreation facilities. They have been an integral part and contributed in innumerable ways to present-day Yukon. Sometimes our views are conflicting. We simultaneously market the Yukon as pristine wilderness and we also promote mining. The question we face is how we ensure these two visions for the Yukon can come together as a reflection of who we are.

Mr. Speaker, mining and other resource activities can and are being balanced with other values. It can be done in a responsible, environmentally sound manner. The challenge we face is to make it happen all the time. That is the challenge the Yukon faces, the challenge the industry faces and the challenge that today's youth face as they become the geologists, the miners, the surveyors, the inspectors and the decision-makers of today and tomorrow.

It is with this hope — the hope of bringing what sometimes seems like two solitudes together — that we approach the future of our territory, a future that ensures a good future for Yukoners and that protects our environment, a future that looks back at the debate on mining versus the environment and sees we chose instead the path of responsible development. Mr. Speaker, we acknowledge the important role mining plays — an important part in our territory — and we look forward to working with the industry to ensure a prosperous and environmentally sound future.

Mr. Silver: I rise today on behalf of the Liberal caucus to pay tribute to Yukon Mining and Geology Week. This year's Mining and Geology Week celebrations take place from May 9 to 12. Mining has made a significant historical and economic contribution to the development of Canada and, in particular, to the Yukon. The placer mining industry in the Yukon has a special significance to the territory. Placer mining isn't just a job; it's a way of life — the family farm of the north. It helped to create a separate jurisdiction in Canada in 1898 and it remains an economic mainstay to this day, 100 years later. The establishment of the Yukon placer authorization has served to enable the placer mining industry to continue operations while protecting and preserving fish habitat for over 20 years.

In the 1890s our country was mired in a depression. It was the Klondike Gold Rush of 1898, and its findings, kicked off after Skookum Jim, George Carmack and Tagish Charlie dis-

covered gold on the banks of Bonanza Creek, that helped to put our country back on track. The gold rush changed the face of our nation. People from all walks of life and all over the world ventured north to stake claims in the gold fields of the Klondike. By the spring of 1898, Dawson City had more inhabitants than any place north of San Francisco and west of Winnipeg.

A quote from the Klondike Placer Miners Association website: “Placer mining in the territory has a rich and valiant history — steeped in the stories of gold seekers from around the globe and their adventures working the ancient stream beds that carve our Yukon hills. The territory’s placer mining industry is founded on family-operated businesses — a way of life that continues today for many of our operators. A working placer mine involves everyone from children to grandparents — with some operations spanning three generations and some dating back to the Klondike Gold Rush. Today, Yukon placer miners lead the world in safe and efficient gold recovery, while making significant contributions to our economy.”

I personally had the pleasure of working the gold fields of Dawson City at Slate River with the McBurney family, running an excavator on a small trammel operation. My friends back home in Nova Scotia always are amazed that in the Yukon, and, more specifically, the Klondike, all you need is a willingness to experience something new and a good work ethic, and the local folks will put you to work. Experience is optional and new experience is guaranteed.

We rise today to recognize the importance of mineral exploration and mining in the Yukon’s economy. We know that good 21st century mining practices can always help us develop our resources while looking after our environment. Mining has historically played a huge role in the development of the Yukon Territory and properly managed resource extraction can produce thousands of well-paid jobs for Yukoners well into the future.

We acknowledge the important role prospectors, geologists, and miners played over the years in the Yukon and look forward to a continuous partnership in this important industry into the future. On that note, I would be remiss if I didn’t recognize in the gallery today a friend and constituent and a true modern-day pioneer, Mr. Shawn Ryan.

Applause

In recognition of World Red Cross and Red Crescent Day

Ms. Stick: Moving away from mining, I rise on behalf of the Legislative Assembly to pay tribute to World Red Cross and Red Crescent Day. This day is celebrated on May 8 every year to emphasize the role of its members and volunteers in saving lives and aiding defenceless communities around the world.

The International Red Cross and Red Crescent movement is an international humanitarian movement with approximately 97 million volunteers, members and staff worldwide. This organization is over 150 years old. It was founded to protect life and health, to ensure respect for all human beings and to prevent and alleviate human suffering. It operates without discrimination based on nationality, race, religious beliefs, class or political opinions. The Red Cross and Red Crescent organiza-

tions have a presence and support activities in nearly every country in the world.

The Canadian Red Cross has given us decades of efficient and effective disaster response. It has earned the trust and support of many Canadians. Canadians have come to depend on the Red Cross when they experience natural disasters and emergencies in our own backyards. I am pleased to point out that when a major disaster happens anywhere in the world, many Canadians turn to the Red Cross to pledge their support for relief efforts.

As well, the Canadian Red Cross assists, trains and educates over 43,000 Canadians every week. Closer to home, we have the Yukon branch of the Northern B.C. and Yukon Region Red Cross. A local Yukoner sits on that board. Some of the services that are offered locally by this branch include first aid and CPR training, water safety and swimming instruction for children and adults — programs all Yukoners benefit from.

Thank you for this opportunity to say thanks to the many donors, volunteers and organizers of the International Red Cross and Red Crescent societies in the Yukon, across Canada and around the world.

Speaker: Introduction of visitors.

INTRODUCTION OF VISITORS

Hon. Mr. Dixon: First of all, I’d like to ask my colleagues to join me in welcoming three staff we have in the gallery today from the Department of Environment — Diane Gunter, Heather Jirousek and Heather Milligan. I would ask members to join me in welcoming them to the gallery.

Second, I’d like to ask members to join me in welcoming a friend and constituent, as well as someone who is actively involved as the president of the Yukon Chamber of Commerce, Ms. Sandy Babcock.

Applause

Hon. Mr. Cathers: I’d like to also welcome in the gallery people I missed earlier: Justin and Bonnie Rogers.

Applause

Hon. Mr. Kent: I’d ask members to join me in welcoming my wife, Ms. Amanda Leslie, to the gallery.

She is here in her capacity as a communications contractor for the Yukon Chamber of Mines and Yukon Minerals Advisory Board.

Applause

Speaker: Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Hon. Mr. Cathers: I rise to table the Yukon Minerals Advisory Board 2011 Annual Report.

Speaker: Are there any reports of committees?

Are there any petitions?

Are there any bills to be introduced?

Are there any notices of motion?

NOTICES OF MOTION

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

THAT this House urges the Yukon government to continue to respect the fact that there are many hundreds of families in the Yukon that depend upon mineral exploration in order to make their mortgage payments, feed themselves, and ensure a proper education and a bright future for their children; and:

THAT this House urges the Yukon government to continue to support responsible mineral exploration and responsible mining as key elements of a strong, diversified Yukon economy.

Hon. Mr. Dixon: I rise today to give notice of the following motion:

THAT this House urges the Government of Yukon to continue to work with industry, First Nations and non-governmental organizations to attract investment to Yukon and to encourage the development of responsible economic projects.

Hon. Mr. Kent: I give notice of the following motion:

THAT this House urges the Government of Yukon to work with Yukon College, Yukon Mine Training Association and the mining and explorations industries to train and develop a skilled workforce made up of Yukon residents to meet the current and future needs of the mining and resource sectors.

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

THAT this House urges the Government of Yukon to work with Parks Canada, other federal government departments and agencies, the City of Dawson, non-government organizations including the Klondike Visitors Association, the Klondike Placer Miners Association and the Tr'ondëk Hwëch'in First Nation to reopen Bear Creek and ensure Dredge No. 4 continues to be a major tourist attraction in the Klondike.

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

THAT this House urges the Government of Yukon to continue to work with the Yukon Water Board and the Yukon Environmental and Socio-economic Assessment Board to improve the Yukon's assessment and regulatory processes.

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

THAT this House urges the Government of Yukon to preserve and maintain the free entry system of mineral allocation in Yukon.

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

THAT this House urges the Minister of Community Services to respond to Carcross community members' requests and address the need for infrastructure for the following and other infrastructure as recommended by the community:

- (1) a place for youth to meet;

- (2) community gatherings;
- (3) recreational activities; and
- (4) emergency response.

Ms. White: M. le Président, je présente un avis de motion:

Que ce chamber engage le gouvernement du Yukon à

- (1) réexaminer le placement de la Direction des services en français dans le Ministère de Voirie et Travaux publics; et à
- (2) restourer la Direction des services en français dans le Ministère du Conseil exécutif.

INTRODUCTION OF VISITORS

Ms. Moorcroft: I rise to welcome Pearl Keenan, a respected Teslin Tlingit elder to the gallery. Ms. Keenan continues to play many roles in the community, including serving on the Whitehorse Correctional Centre Advisory Committee. She also continues to take an active interest in the proceedings of this Legislative Assembly and I'd like to ask all members to join me in welcoming her.

Applause

Speaker: Is there a statement by a minister?

Prior to proceeding with Question Period, the Chair will make a statement about unparliamentary language.

Speaker's statement

Speaker: Yesterday during Question Period, the Member for Klondike asked questions of the government regarding affordable housing. During the course of his first supplementary question, the member asked the following: "Why is the government bent on profiteering from this commodity in the face of a housing crisis?"

From the research conducted by the Chair, it appears that the word "profiteering" is an inherently pejorative term that implies illegal or unethical behaviour. Accordingly, in the context in which the word was used yesterday, listeners could infer that the Member for Klondike suggested that the government was knowingly attempting to profit in a manner that was illegal or unethical.

The Chair does not believe that the Member for Klondike intended to suggest that. Nonetheless, the Chair would like to take this opportunity to remind all members to be careful of the words they choose and to avoid the use of the word "profiteering" in the future.

We will now proceed with Question Period.

QUESTION PERIOD**Question re: Social inclusion policy**

Ms. Hanson: Yesterday the Premier shared with Yukoners his philosophy of how to deal with the complex issues of social and economic inequality. He simply said it was simple. "Get a job."

"Get a job," he says, to the underemployed single parents struggling to pay the high cost of housing and daycare. "Get a job," he says, to the unemployed struggling with addictions and mental health issues. "Get a job," he says to new Yukoners working two or three service sector jobs to make ends meet.

With the sky-high cost of housing in this territory and rising costs of heating fuel, gas, food and other essentials, the Premier's simple, one-step solution is simply out of touch.

Can the Premier tell us what concrete measures he is taking to demonstrate that he understands the struggles facing ordinary Yukoners day after day?

Hon. Mr. Cathers: Once again, we see the Leader of the NDP taking comments out of context and painting a picture that was certainly not the intention of the member making the comments. What I would again point out, as the Premier noted yesterday and expanding what the Minister of Health and Social Services noted yesterday, is that, in fact, this government has taken significant steps to provide for a social safety net, including the social assistance reform project that in 2008 raised the rates for the first time — something, I point out, that the NDP did not do when in government. We have taken a number of steps on the social safety net side but, again, as the Premier noted yesterday, the best opportunity to create opportunities for personal prosperity really is a strong economy that provides a number of diverse employment opportunities for Yukon citizens.

Ms. Hanson: It is unfortunate the Premier cannot stand in his own place and answer the questions. Yukoners expect their political leaders to fight to protect and work to create well-paid jobs. Simply touting the growth of the private sector and suggesting its growth will trickle down to all in the form of well-paid jobs is just plain wrong. The Yukon Party government has been silent on the cutting of well-paid federal jobs. The jobs lost at AANDC, Parks Canada, Surveyor General, Service Canada and Revenue Canada in Whitehorse, Dawson and Haines Junction will have an impact on Yukon families and to the territory's pocketbook.

As the impact of federal job cuts begins to be felt across the country, the federal government has also announced the private sector could bring in temporary foreign workers with just 10 days' notice and pay them 15 percent less than the going rate.

Has the Premier analyzed these two manoeuvres — cuts to Yukoners' jobs and paying less to temporary foreign workers — and the impacts they will have on the territory?

Hon. Mr. Kent: Just following on the comments made by my colleague, the Minister of Energy, Mines and Resources, I think that the strong economy we see in the Yukon today has allowed the government to invest on the social side of the ledger. There are significant investments. One only has to look at the budget that is before this House today to see the significant investments that are being made in health care and in education to recognize what a good and strong economy can do for Yukon. Again, that is the context, I believe, in which those comments were made and following up again on the comments by the Minister of Energy, Mines and Resources, those types of investments are made possible because of the strong economy we have.

It is the reason I chose to run in the last election — it was recognizing that we did want to make those significant investments in areas of concern for me personally, such as health care

and education, but we needed that strong economy to make that happen.

Ms. Hanson: Thank you, Mr. Speaker, but again I note that the Premier is not speaking for himself today.

The evidence is clear. There is a growing gap in terms of income and equality and there is an assault underway on well-paid, middle-class jobs. This Premier is out of touch with this and it is very similar to his ho-hum response when Yukon public servants took a hit to their pocketbooks around pension payment changes.

The anticipated demand nationally for temporary foreign workers is in the hundreds of thousands in what have traditionally been high-wage sectors, like mining and construction. These industries are key to the Yukon's private sector economy. The movement to create two tiers of workers is going ahead, and this Yukon Party government is leading the Yukon down a path where there are fewer well-paid, secure jobs and more and more disposable labour. What is the Premier's plan to avoid creating a two-tiered workforce in Yukon, where a dwindling number have good, secure jobs and a growing number are short-term, temporary and paid less?

Hon. Mr. Pasloski: I think we have gone down this road on a few occasions and, unlike the thought process over by the NDP, this side of the House doesn't believe that the government has control over everything. We are here to do our best for Yukon people, to create an environment that can promote economic growth for all Yukoners and give them the opportunity to be able to do what I think everybody wants — to be able to have a good job, create opportunities for themselves, provide for their family in basic needs, but also to ensure the success and development of their children. This is a priority for us.

We continue to invest, as the Minister of Education just mentioned, through our budget — a record budget in terms of investment in programs and services for Yukoners — and one of the largest capital budgets as well. Certainly, when it comes to jobs within the federal government sector — any time that we have a job loss in the Yukon, of course, we are concerned about that — about those people personally, but also the impact that has a trickle-down effect on the economy. So that is a concern for us. That's why we're out encouraging economic investment in this territory. Of course, we also have a social safety net for those people who are in need. Of course, this government will continue to ensure that we can support those people.

Question re: Veterans' disability pensions

Ms. White: Mr. Speaker, on May 1, a decision came down from the federal court in Ottawa on a class action proceeding on behalf of approximately 4,500 former members of the Canadian Forces. The issue was, in part, whether veterans' disability pension payments are to be considered a source of income. Is the Yukon government aware of this federal court ruling?

Hon. Mr. Nixon: Mr. Speaker, I have just received some information on that ruling. I have not yet had a chance to look through it, but I look forward in the coming days to get a little bit more information on that.

Ms. White: I'm happy to hear that it's on the radar.

Disability pensions for veterans are intended to compensate Canadian Forces members and their families for impairments to their quality of life and limitations on their activities of daily living. According to Veteran Affairs Canada, disability pension payments are not an income, nor are they meant to be an income replacement. The finding in this case was in favour of the plaintiff and confirmed the veteran disability pension payments are not income.

Mr. Speaker, how has the finding impacted the delivery of services to veterans in the territory?

Hon. Mr. Nixon: I thank the member opposite for her question. As the Premier and other colleagues of mine have noted, any time there are cutbacks or pension issues like this, it is a concern for us. As I just mentioned to the member opposite, I have just received this information and it's sitting on my desk. I will be looking over it in the coming days. I don't have a response for the member at this time.

Ms. White: I'm sure that the reading will be interesting; it is very informative. Following that recent federal court ruling, veteran disability pensions are not taxable and should therefore not be considered income for any assessment, period.

Will this government apply the finding that veteran disability pensions are not taxable income when determining eligibility for all services provided by the Yukon government, including social housing and social assistance?

Hon. Mr. Nixon: I thank the member opposite for her question. As I stated here just a moment ago, any time there are cutbacks or pension issues, we are concerned and I will be looking into this file.

We on this side of the House have the utmost respect for all veterans. People are standing on the frontlines for our country and doing their best to make sure that we have a tomorrow, so as I mentioned to the member opposite, I will be looking into this matter and I do look forward to the read.

Question re: Old Crow school bus

Mr. Elias: The Vuntut Gwitchin government is shelling out \$69,000 for a new vehicle to transport children in Old Crow to and from school. As the minister is aware, section 47 of his *Education Act* speaks to the minister's responsibilities to get children safely to and from school. The act says that the minister must make provisions for children whose homes are more than 3.2 kilometres away from the school.

The minister also may make provisions for children who live closer than that based on specific circumstances. The minister has all he needs to do the right thing here and develop a partnership. The First Nation has already purchased a new vehicle, but it will cost another \$18,000 to fly it on a Hercules aircraft to the community of Old Crow.

As a start, will the Minister of Education at least cover the cost to transport the new vehicle to Old Crow?

Hon. Ms. Taylor: Mr. Speaker, as the Minister of Community Services, our department in particular is working with the Vuntut Gwitchin government on a number of priority initiatives, including addressing solid waste. It's certainly in discussions with the Department of Community Services, as the member opposite is very much aware. We will be transport-

ing by way of Hercules aircraft into Old Crow the latter part of May an oxidization unit that will be installed in Old Crow this spring to deal with the waste issue. I have asked the Department of Community Services to see whether or not we can accommodate this transportation — this additional transportation as well.

Mr. Elias: It is encouraging to hear the Minister of Community Services is listening to the call of the people in Old Crow because this is an incredibly important issue. I have brought it up in this Legislature several times before.

When I look at the budget this year and I look at the transportation services that the Minister of Education is responsible for, in this year's budget there is \$3.1 million that he is providing for bus transportation to the rest of the communities within the territory to ensure that the children get to and from school safely, which is his responsibility under his *Education Act*.

The question remains. We need to develop a partnership here. I understand that the vehicle that the Vuntut Gwitchin uses is not a properly managed school bus, so the issue remains. Will he partner with the community of Old Crow to ensure that the kids have a safe, proper school bus so that they can get to and from school?

Hon. Mr. Kent: I thank the member opposite for the question. He did bring this issue up with me late last week and I wasn't able to speak with my colleague, the Minister of Community Services, about whether or not there was room on the Hercules aircraft to accommodate the transportation of the van.

As I have said on occasion here before, I am always interested in speaking with First Nations and the educators and principals in the school when it comes to partnerships or looking for efficiencies as to how we can do that. I would anticipate meeting shortly with not only the member opposite, but also the Chief of the Vuntut Gwitchin First Nation where we can discuss this issue among other issues of concern for public education in Old Crow.

Mr. Elias: I think it's important to note that, I believe, the current Education minister was part of Cabinet in 2002 that actually made the decision to send the current shuttle-style school bus to the community of Old Crow. So I'm asking him to once again fulfill that responsibility on behalf of his Education ministry. It's important, also, to note that we've been dealing with a hotel-style shuttle bus that's in constant disrepair. It has inconsistent heat. It's without hazard lights, and it's not big enough to fit all the students.

The other story is that I shared some time walking from the airport during the Olympic torch relay with the Minister of Community Services when it was minus 32 degrees with a north wind. I believe that at that time, it was minus 50 degrees below zero. That's what we're trying to protect the kids from Old Crow from dealing with on a day-to-day basis. That's why I'm on the floor of the House today. I think this is the fourth time I've been asking this government to deal with this issue of simply buying a vehicle. Why did the minister allow the Vuntut Gwitchin government to fulfill his roles and responsibilities under the *Education Act*?

Hon. Mr. Kent: I know the member opposite mentioned in his first supplementary that there is that catchment area of 3.2 kilometres where busing is not provided within that certain area.

I believe there are discretionary options under the act for me as minister to make different decisions. I certainly applaud the Vuntut Gwitchin First Nation for purchasing that bus. But, again, the community of Old Crow does come with unique challenges such as servicing. The member mentioned that the current van is often in disrepair, and I believe some of that is owed to the fact that there is no area there to provide proper servicing for it. When I meet with the Chief of Vuntut Gwitchin First Nation, as well as the Member for Vuntut Gwitchin, I would expect that we will be able to discuss a number of issues of mutual concern, including student transportation.

Question re: Oil-fired appliance safety

Ms. Moorcroft: When this legislative sitting began back in March, the public were wondering how this government would respond to the preventable deaths of five Yukon residents due to carbon monoxide poisoning. They got their answer from this government: a blue-ribbon, high-level working group tasked with the responsibility to develop an action plan to enhance safety with respect to oil-fired heating systems would be formed. Yukoners were underwhelmed by this response, particularly since the Yukon Party government has been in possession of numerous reports on this problem and recommendations to solve it since 2007.

Why has the government done so little to improve oil-fired appliance safety when the issues were clearly presented to it almost five years ago?

Hon. Mr. Kent: I believe a number of initiatives have taken place — public education and training and other types of things to address the initial concerns. The Minister of Community Services and I struck a working group to develop an action plan to come up with some solutions for oil-fired burning appliance and oil tank safety here in the Yukon. We're anxiously awaiting the completion of that task force work. It is multi-department and multi-stakeholder, including two members from industry, as well as someone representing the Association of Yukon Communities.

We want to make sure that when we come up with a solution to these concerns that it's a solution that works not only for the people in Whitehorse, but also for the people in Old Crow and the people in Dawson City, Watson Lake and so on. Of course, safety is the number one concern and that's what we intend to ensure. Again, there are other initiatives underway, such as the review of the *Landlord and Tenant Act*, to address this concern.

Ms. Moorcroft: The 2007 to 2010 reports prepared for the Yukon Housing Corporation contain several recommendations that this government has not implemented. Along with the work of the 2008 oil-fired appliance advisory committee, the first working group, the Yukon Party government had sufficient evidence to act, but it did not.

Of the many recommendations it has ignored, it did not bring forward oil burner legislation and regulations to required

technical standards; the licensing and certification of tradespeople in Yukon who install and service oil burning appliances; and it has not provided adequate resources to government inspectors to enforce compliance in new construction and rental properties of all national, minimum oil burner code requirements.

Why has the Yukon Party government not implemented these important recommendations, which did address both rural and urban concerns in the five years or so that it has been aware there was a serious problem?

Hon. Mr. Kent: When it comes to the recommendations or the actions that we intend to receive from this group sometime this summer, it is going to build on work that has already been completed, including public education initiatives, training for oil burner technicians, and implementation of new regulations under the *Building Standards Act*, which apply to newer oil burner appliance installations and modifications to existing systems.

It is my understanding that in those reports close to 50 percent of the infractions were with oil tank safety, as well, so that is another aspect that this working group is looking at.

As I mentioned earlier, a review is currently underway. We have accelerated the review of the *Landlord and Tenant Act*, where we also intend to deal with minimum standards for rental units. There are a number of initiatives underway, including, of course, this working group on oil-fired appliances and oil tanks.

Ms. Moorcroft: It is hardly accelerated when this has been before the government for almost five years now. Yukoners are wondering why a coroner's inquest has not been held in the five deaths. Unlike in other jurisdictions, the minister or the Legislative Assembly does not have the power to request a coroner to launch an inquest in the public interest. What power we as legislators have is the power to launch a public inquiry. That is the Premier's call to make. There are a lot of unanswered questions, and we need to learn as much as we can to ensure there are no further deaths.

Mr. Speaker, we have asked this question a number of times and have not received a clear answer, although the Minister of Community Services did not rule it out last time I asked. Will the Premier do the right thing and launch a public inquiry into the five preventable deaths by carbon monoxide poisoning, so we can avoid similar tragedies in the future?

Hon. Ms. Taylor: I have repeatedly stated on the floor of the Legislature that we take this issue very seriously. We are awaiting the coroner's report on this tragedy at this particular time.

That work is currently underway and we know and we certainly recognize and understand the importance of this matter to all Yukoners. It is essential, however, that we let the coroner conclude her work. I understand that the Leader of the Official Opposition does not appreciate the role of the coroner; however, we do, and we know that we must let the appropriate authority — that is the coroner — conduct and conclude her work. We, as the Government of Yukon, respect the objectivity of that work. As the minister responsible for the Housing Corporation has already outlined, we have convened a working

group that will be making an action plan that will certainly bring forth how we can move forward, considering the complexity of the very issue at hand.

We are looking at finding solutions for enhancing public safety as it pertains to oil-fired appliances and fuel oil tanks in the Yukon. That work is currently underway by representatives from industry, City of Whitehorse, Association of Yukon Communities, Education, Community Services and the Yukon Housing Corporation. So we look forward to the outcome of that work, as we do the outcome of the coroner's report.

Question re: Environmental protection

Ms. White: The Government of Canada has introduced legislation that will gut Canada's environmental protection regime. It will weaken the *Species at Risk Act*, the *Fisheries Act*, the Canadian *Environmental Assessment Act* and the *Parks Act*. This legislation also cuts environmental monitoring or enforcement in other programs.

These legislative changes would also allow mining in national parks and limit citizen participation in environmental assessments of major projects. Gutting federal legislation and cutting environmental monitoring and enforcement could potentially affect our own environmental assessment process as well as our collaborative efforts to protect Yukon's wilderness and environment.

Mr. Speaker, will the Yukon government conduct an analysis of what these drastic federal cuts could mean to environmental protection in the Yukon and will he stand up to Ottawa and demand meaningful protection for our environment?

Hon. Mr. Dixon: Mr. Speaker, we've heard this before from the NDP. We heard it in a motion from them last week, calling for the creation of some sort of select committee to deal with legislation — federal legislation, I might add. I should add that of all the pieces of legislation the member opposite has referenced today, we don't have details on the changes to any of them yet. The member opposite seems to be making conjecture or decisions based on what she reads in the media, or perhaps borrowing speaking notes from her federal counterpart. I'm not sure which it is, but this government is going to behave responsibly and it is going to ensure that we make any decision based on fact and based on reality.

Ms. White: The federal government has tabled legislation that also guts the *Fisheries Act*. Fish habitat will no longer be protected. What will be protected are fish with commercial value. Fish impacted by development that do not have commercial value will no longer be worthy of protection. Streams and creeks flowing into Yukon rivers will not see protection unless there is a commercial fishery to protect.

How will the Minister of Environment protect Yukon's fish habitat in non-commercial fish as the federal government continues to walk away from protecting the environment?

Hon. Mr. Dixon: Once again, I have to point out that I think the member opposite seems to have borrowed her speaking notes from a federal counterpart, the NDP Environment critic for the federal party. In Yukon, fish species that are ocean-bearing, as well as fish habitat are the jurisdiction of the federal government, and the Yukon government will continue

to work with the federal government to ensure that those habitats and fisheries are protected.

Ms. White: The Minister of Environment has repeatedly tried to assure this House that Yukon's lack of species at risk legislation is not a problem. He has assured us that we can rely on the federal legislation to cover any gaps that we ourselves have not addressed through programs. However, we now know that through this year's budget, the federal *Species at Risk Act* is at risk of being gutted by Ottawa in what can only be described as a full frontal assault on legislation that protects our environment.

Now knowing that the federal *Species at Risk Act* is under attack, how the minister justify his decision to not proceed with a Yukon species at risk act?

Hon. Mr. Dixon: If the member opposite is aware of the details of the changes to the *Species at Risk Act*, I encourage her to share them with me. I know that the federal government hasn't made public any of the details of these changes.

If changes are being made to the federal legislation that will affect Yukon, of course, I will be following up with my federal counterparts to deal with those changes, but until the details of that light and come to our attention, it is very difficult for us to assess their impact. So, as I said, we'll take a reasonable, measured approach to this in which we base our decisions on fact and reality and not on conjecture and the federal NDP's speaking notes.

Question re: Oil and gas development, Whitehorse Trough

Mr. Tredger: Mr. Speaker, Yukoners engaged passionately with the government in the Whitehorse Trough oil and gas disposition process. Many Yukoners were looking forward to the final report on the Whitehorse Trough oil and gas disposition process. They expected that report to reflect their voices and the input they provided. Such a report could help inform future reviews of the *Oil and Gas Act* and other disposition processes within the territory.

To the disappointment of many, the government has announced that no report will be provided. Valuable and well-considered public input will be kept hidden from the public view. This is completely contrary to the idea of open consultation and public dialogue and an insult to the Yukoners who went out of their way to make their voices heard.

Mr. Speaker, will the minister ensure a report on public input to the recent oil and gas disposition process is provided to the Yukon public?

Hon. Mr. Cathers: Again, the member — as has really become a pattern with the NDP — is coming forward with information that does not reflect the facts and assertions that do not reflect the facts. In fact, if the member would look on the website, the member would see that public comments submitted are on-line and have stayed on-line, so they indeed are available. The preparation of a detailed final report requires a significant investment of staff time. Based on that request from staff in the Department of Energy, Mines and Resources — that they be enabled to direct their time to more effective and fruitful endeavors — that detailed report is not going to be provided. However, the government very clearly has responded

to what we have heard from the public. We have reviewed a number of factors, including public opinion, and made the decision not to proceed with disposition in the Whitehorse Trough at this time. Again, I urge the member to be a little more careful and try to have his questions at least resemble the facts when he comes before the House.

Mr. Tredger: We are looking for a report. It was reported in the media that the Department of Energy, Mines and Resources has hired a contractor to gather geological information about the oil and gas potential in the Whitehorse Trough to be presented to industry insiders in Calgary.

On one hand, the government will not share public input received through the Whitehorse Trough oil and gas disposition process in a report. On the other hand, the government will give new information on the oil and gas potential of the Whitehorse Trough to industry, while Yukoners foot the bill.

There is something wrong with this picture. Why is it that a report on the oil and gas geology of the Whitehorse Trough is being put together and presented to industry in Calgary, while information from the oil and gas disposition process is being withheld from Yukoners?

Hon. Mr. Cathers: What's wrong with this picture is that, again, as has become a pattern, the New Democratic Party — the Member for Mayo-Tatchun — are coming forward with statements in this House that bear no resemblance to the facts, or very little at best.

I would point out to the member that the geological work that he is referring to is related to standard geology in the area. There is geological work done by our staff in the Yukon geological office on an ongoing basis in many areas of the territory, and that is aimed at providing information related to mineral potential, as well as gaining a better understanding of our environment within the Yukon Territory.

The member makes wild assertions that simply do not reflect the facts. It is really very disappointing that the NDP continues to make baseless accusations, jump to conclusions, and make wild accusations that have no basis in reality.

Mr. Tredger: That was quite the tirade. Mr. Speaker, Yukoners are engaged —

Some Hon. Member: (Inaudible)

Point of order

Speaker: Minister of Energy, Mines and Resources on a point of order.

Hon. Mr. Cathers: The term “tirade” as used by the Member for Mayo-Tatchun has been ruled out of order a number of times in this House before. I would direct your attention to it.

Ms. Moorcroft: I do not recall a ruling that the term “tirade” is out of order. Perhaps the member should have used the word that it was a “lecture” or that it was a “patronizing and inaccurate reflection of what the member had said,” but I do not believe it is a point of order.

Speaker's ruling

Speaker: Order please. Any negative connotation, whether “tirade”, “rant” or “diatribe”, is considered unparliamentary and I ask members to refrain from using those words.

The Member for Mayo-Tatchun may continue with his question.

Mr. Tredger: Thank you, Mr. Speaker. Yukoners are engaged and now want to actively participate in a review of the *Oil and Gas Act* and its regulations. Yukoners want and request that important baseline data be gathered and studied, a moratorium on the dangerous process of fracking be imposed and regional land use plans be completed. Despite discontinuing the recent oil and gas disposition process, the Yukon Party government appears to still be working behind the scenes to promote oil and gas exploration in the Whitehorse Trough. One wonders if they are really listening.

Will the minister share with the Yukon a report on the Whitehorse Trough disposition process? Will the minister commit to a full public review of the *Oil and Gas Act*, its regulations and processes?

Hon. Mr. Cathers: Mr. Speaker, I trust the member will forgive me for my growing lack of patience with the fact that he continuously comes forward to this House with information that bears little to no resemblance to the facts.

The member is once again making wild accusations and baseless assertions. I have stated publicly and made it clear as well to staff from the Oil and Gas branch that, indeed, we have reviewed a number of factors, including public opinion regarding the Whitehorse Trough. That was not and is not part of this government's plans for meeting Yukon's energy needs in this mandate.

The member's assertions bear no resemblance to the facts. Again, the member, earlier in his comments, suggested that geological information collected by the staff of our Yukon Geological Survey would be given only to a select few. Mr. Speaker, that is absolutely not a reflection of the facts. Whatever work is done by our staff at the geological branch is made available to anyone who is interested in it. It's provided through a number of forums and made available to Yukon citizens through events like Yukon Mining Week. I know the NDP doesn't support the mining industry and does not recognize the benefits —

Some Hon. Member: (Inaudible)

Point of order

Speaker: Member for Mayo-Tatchun, on a point of order.

Mr. Tredger: The member opposite is imputing motives. The NDP has been very clear —

Some Hon. Member: (Inaudible)

Mr. Tredger: Pardon me? The NDP has been very clear in their support of the mining industry. Thank you.

Some Hon. Member: (Inaudible)

Speaker: Minister of Energy, Mines and Resources, on the point of order.

Hon. Mr. Cathers: On the point of order, I am not imputing motive to the member. I am stating a fact. The NDP's actions and requests are not supportive of mining.

Some Hon. Member: (Inaudible)

Speaker's statement

Speaker: Order. Order please. Please take your seat. This is getting into a very heated discussion and argument between members. I will have a look at the Blues tomorrow and give a ruling, if required.

I would caution all members to watch their chatter and also try to avoid taking comments from either side personally.

Hon. Mr. Cathers: What I would point out is that we support responsible mining as an important part of a strong, diversified economy, unlike the NDP.

Some Hon. Member: (Inaudible)

Point of order

Speaker: The Member for Mayo Tatchun, on a point of order.

Mr. Tredger: With a directed comment like that, I take that personally.

Speaker's statement

Speaker: I said I will have a look at the Blues and I will give a ruling tomorrow.

INTRODUCTION OF VISITORS

Ms. Hanson: I would ask the House to join me in welcoming Chief Ed Taylor from the Tr'ondëk Hwëch'in First Nation to the Assembly.

Applause

Speaker: The time for Question Period has now elapsed.

Notice of opposition private members' business

Mr. Silver: Pursuant to Standing Order 14.2(3), I would like to identify the item standing in the name of the Third Party to be called Wednesday, May 9, 2012. It is Motion No. 16, standing in the name of the Member for Vuntut Gwitchin.

Mr. Tredger: The Official Opposition does not wish to identify any items to be called on May 9, 2012.

Speaker: We will now proceed with Orders of the Day.

ORDERS OF THE DAY

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

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

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

Chair (Ms. McLeod): Order please. The matter before the Committee is Bill No. 6, *First Appropriation Act, 2012-13*. We're going to continue debate on Vote 15, Department of

Health and Social Services. Would the members like a brief recess?

All Hon. Members: Agree.

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

Recess

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

Bill No. 6: First Appropriation Act, 2012-13 — continued

Chair: The matter before the Committee is Bill No. 6, *First Appropriation Act, 2012-13*. We are continuing debate on Vote 15, Department of Health and Social Services.

Department of Health and Social Services — continued

Hon. Mr. Graham: I'd like to first of all take the opportunity to provide some answers to questions that we were unable to answer completely, or in one case accurately, yesterday.

The Corporate Services staffing — we'll provide all members with a breakdown by branch on the number of permanent term auxiliary staff members by program area. We'll get that to you before the end of the Legislature tomorrow.

Family and Children's Services adoption numbers over the last year — how many are foreign? In 2011-12, seven adoptions were finalized. We have to first of all outline the role of the federal government in foreign adoptions. When a family has applied to and been selected by a foreign country to adopt a child, Health and Social Services is responsible to provide a letter of no objection to Immigration Canada. This certifies that the country that the child comes from has met all of the Hague Convention requirements. This is the International Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption.

The next question was about the number of children in care with disabilities and FASD. I'm very sorry, Madam Chair, but it's an extremely difficult question to answer, as the level of detail will require an analysis of each individual case file. The information has been requested, but it will take us some time to put the information together for members opposite.

The number of children in receiving homes at the present time is 27. There are 15 males, 12 females. The average length of stay in a receiving home is 88 days. The average for males is 92, and for females it's 84.

The number of children in foster care — again, these are on May 8: there were 112 children or youth in foster care in the Yukon, 80 of whom were in Whitehorse and 32 were in rural communities around the territory.

The issue of public awareness of childcare programs, regulations, and information available to parents, detailed information regarding childcare service and childcare subsidies, including the application form, is available on the Yukon government Health and Social Services website. Copies of Child Care Services brochures will be provided, and I think I have already provided some to members opposite. If I have missed any, we

will make sure that those are also given to members opposite before the end of the day tomorrow.

The *Child Care Act* has extensive and detailed regulations under the following headings: Child Care Centre Regulations; Child Care Subsidy Regulations; Family Day Home Regulations; School-age Program Regulations; Yukon Child Care Board Regulations.

So those are all in there. That was a question that I answered inaccurately.

In the “Statistics” on page 12-16: Why do school-age spaces include full-time kindergarten? The answer for that question — this means that the school-age children and kindergarten children statistics are combined. So that’s 275 children. The definition under the *Child Care Act* of a preschool child is a child not yet attending grade 1, which is the reason they’re combined. A school-age child is grade 1 and higher. Most community schools now have full-day kindergarten that was not in place when the *Child Care Act* was enacted in 1990, and that’s the reason for the break.

Healthy families program information, Family and Children’s Services — and this is just a clarification — is delivered in partnership with public health nurses through Community Health. Nurses provide screening and assessment for the program. Healthy families support workers provide in-home assistance and education to parents. Presently, it is only delivered in Whitehorse; we are reviewing expansion to communities.

Family supports to children with disabilities — the program is for children who are living at home with their families. This is not specifically for foster families and children in care. These services are provided through social workers and family support workers within other programs within Family and Children’s Services and regional services.

The number of kids in the young offenders facility — over the past year, 21 different youth have resided at the facility, of whom four came from group homes.

Under Social Services, the 28-day program through Alcohol Services — this program is offered nine times throughout the year and alternates, as we said yesterday, between men and women — five men’s programs and four women’s programs. There is a week between each program and no programming in July and August.

In-patient treatment — how many have maintained their sobriety? The information is not tracked. Maintenance of sobriety is often a long-term goal and is challenging to track, as it’s often difficult to find people after they have left treatment for more than six months. ADS is therefore currently focused on other indicators of success within a shorter time frame, given current evaluation capacity. The department is currently working on developing capacity to measure program outcomes in terms of mental health and adaptive functioning. In the fall of this year, the department will build on this by evaluating how clients are doing in these areas four to six months after completing treatment, as well as determining if their level of substance use has decreased.

Can people attend school and get social assistance? Again, this is a clarification. Yes, they can attend high school and certification courses that lead to employment; however, not uni-

versity degree courses if they are on schedule B or if they have children under age six, where they are job search exempt.

How long do people wait for employment services? How long is the wait-list? How many are coming up behind them? Employment services can be accessed after five months.

The statistics show that often people come off social assistance before the six-month period as a result of spots through case managers. There currently is no waiting list. Some people are at different stages of employment readiness and require counselling prior to placement. Others are ready to go right away. There are employers available for those who are work-ready.

How many people are currently residing in group homes Outside? There are four.

Transfer payments and rehab subsidies of \$15,000 — these are those that alleviate, reduce or remove a disabling condition in order to assist individuals to pursue vocational rehabilitation or maintain employment. Examples are orthotic appliances, canes, crutches, wheelchairs, hearing aids, and technical aids such as Braille reading machines. It has not been used in several years.

There is \$158,000 for the Salvation Army. This fund is for the Adult Resource Centre housing program and is used for Yukon Review Board clients who have mental health ailments that prevent them from being criminally responsible. The department pays for three beds, and it is for adult males only.

Catholic Family Services — how many individuals does this cover? The answer is one.

Finally, mental health: the number of people under the Mental Health Review Board and in group homes outside of Yukon — there are currently 15 Yukon Review Board clients. Clients are cared for in a combination of settings from psychiatric hospitals and long-term care facilities, to individual and group homes. Of the 15 YRB clients, five are in health care facilities, and 10 are in community settings, such as individual or group homes in both Whitehorse and rural communities and outside the territory. Five of these individuals are in Yukon group homes.

That concludes all of the information we were unable to provide yesterday, and I look forward to further questions during today’s session.

Ms. Stick: I would like to thank the minister and his officials for getting all of the information for me. It is very much appreciated. I just got mixed up on the last bit, and I am wondering if the minister could possibly review that and just go over it again for me. My understanding was that there were 15 clients who are Mental Health Review Board, or come under that auspice, and he mentioned that there were 10 in group homes, and then he said five in group homes.

So I’m not sure if that’s five — the number I’m looking for is the actual number outside of the territory, and then the rest I can figure out.

Hon. Mr. Graham: I’m sorry. I could have made a mistake there. Five of the individuals — 10 are in group homes in community settings, five of whom are outside of the Yukon. Okay? If the member opposite wants, we can provide some of the written notes too, after the session.

Ms. Hanson: I apologize to the House in advance. I'm sort of in a situation where the spirit is willing, but the flesh is weak today. I will attempt to get through as much as I can, because I think the issues — well, first of all, they're personally of great interest to me, and I know that they are of significant interest to many Yukoners as to the whole aspect of how we deliver on health care for Yukoners in a sustainable way, which is vitally important to us, now and into the future. So, if I miss any areas, I'm sure my caucus colleagues will make up for it.

I just wanted to come back to where we left off. The minister was doing a clarification on the difference between the Yukon health care insurance plan — the numbers there versus the number of people the Bureau of Statistics says are Yukoners. I'm not sure that we really got through the full conversation because we sort of closed for the day, but my question was with respect to verification. I understand the mobility rights that we have as Canadians — that we move around three months here, there, and coverage and all that. The issue really is ensuring that Yukon taxpayers are not paying for non-Yukoners' health care. Certainly from my years in front-line service in Yukon, and northern B.C., for that matter, I've been aware at times that there are people who I don't consider Yukoners — who don't live in the Yukon — who have a little blue card. So my question is this: What does it take to get one of those little blue cards? What proof do you need that your domicile is in the Yukon and you actually pass that magic three months? Who verifies, if you leave, that you're still not on the rolls for Yukon taxpayers to pay?

Hon. Mr. Graham: I guess it's one of the difficulties the current system has. If you live in the Yukon for a period of three months, you become eligible for Yukon health care. You must provide a driver's licence and proof of residing in the Yukon and then you will get your health care card. Very few checks are done after that time. With students attending universities and colleges outside of the territory, we do a large advertising campaign to ensure that they are aware that they have to let Health Services branch know that they are attending university or college. However, no further checks are done that one is continuing to reside in the Yukon.

We have heard of a number of instances where there seems to be some conflict about whether or not someone is a real Yukon resident. If we get things like returned mail from a Yukon address, we will take the time to investigate; however, there aren't a whole lot of other checks and balances in place.

Ms. Hanson: I think it is important, because it has some potential to be material in terms of the actual amount of money. If we look at the Auditor General's report — and I note the Government of Yukon and the Department of Health and Social Services stated at the outset when she tabled it that they agreed with the recommendations that were set out in there. I would assume that they agree with most or all of the observations. There are some factual pieces where per capita spending on health care in Yukon was forecast to be the third highest in Canada and it keeps growing, so it now accounts in 2010 for about 30 percent of the government's total expenses.

Given the fact that these total health services expenses have grown by 47 percent — that was between 2005 and 2010

— we want, of course, always to err on the side of compassion, but we also want to be pretty clear that we're paying only for those people who are actually eligible to receive services in the Yukon as Yukoners. I'm wondering if the department has any sense of slippage or payments — the amount that might be considered to be paid that really people aren't eligible for? I'm not asking the minister to go into the song and dance about the initiative that was tried about a year ago to try to clarify who was and who wasn't eligible, but does the department have any — because I believe that it ran into some conflict with the Privacy Commissioner — plans with respect to getting a pretty solid base from which to operate? It certainly links to a number of other questions that were raised by the Auditor General with respect to data.

Hon. Mr. Graham: I think one thing that has to be clear first is that health care costs are closer to 20 to 23 percent. The number you indicated was the total Health and Social Services budget, which includes social services. So health is 20 to 23 percent. Yes, we are higher than many other jurisdictions, but again, it comes down to the difficulty of economies of scale, and there are simply none — besides which the high costs of medical travel is a huge part of what we do here in the territory. It was interesting — I'm glad to see that the member opposite brought up the bit about the confirmation of residency that was tried, because the department did run afoul of the Privacy Commissioner during that when we were trying to investigate who exactly was a Yukoner and who was not. We have to make some changes there.

We also do a number of other things, one of which is that other jurisdictions send us lists of people who are migrating from jurisdiction to jurisdiction. So within Canada, the information is transported between jurisdictions on an ongoing basis. We also investigate anonymous complaints.

So if there are anonymous complaints — one came into my office just recently and I sent it over for investigation — we do actually check those out. We are also alerted many times through payment of bills from medical practitioners in the territory. If there are undue numbers of visits to a medical practitioner outside of the territory, it will often alert us to the fact that somebody has actually left the Yukon, but is still using the Yukon medicare.

There are a number of things that we are trying. We are also looking at a more secure medical card as well, so we are trying to do all of these things because we realize that in a small jurisdiction, even five percent or two percent of people who are not residents using our medical system is very expensive.

Ms. Hanson: I thank the minister for that and I appreciate the clarification with respect to the overall percentage of the budget for Health and Social Services. When we were talking yesterday, the difference was approximately 3.3 percent, I think, between the number who are on the health care list and the number who are on the other list. Is that roughly the ballpark figure? Do we think that three percent — are we out that much or is it less than that? I guess what I am looking for more is an undertaking that the department has got it — clearly the minister has it in his sights.

Does he have a plan to try to confirm that only eligible people are receiving Yukon health care?

Hon. Mr. Graham: The three-percent difference is only between the two numbers. We don't believe that that represents how many people are actually on the list illegally. We do think that there is a problem, and we are going to continue working on it.

The Privacy Commissioner last year had a problem with the list, so what we are trying to do is work around the Privacy Commissioner's concern so we can still identify the people who shouldn't be on Yukon medicare without actually having a complete list with all their relevant information, which was what the Privacy Commissioner had the problem with.

So we are continuing to work with it; we realize there's a problem. Yes, when we do get the new health care card, it will require all residents to re-register for health care. We will then be in a much more — it'll be much clearer to us who registers and who doesn't.

Ms. Hanson: I thank the minister for his response.

Just another general question before we go back to page 12-34 or wherever it was. We have referenced numerous times the Auditor General. The concern about rising costs is not unique to the Yukon. In her audit last year, the Auditor General referenced the 2008 health care review that was completed as well as the comments that were included. That health care review, I think, was pretty scary and a lot of people sort of recoiled from a lot of the implications of that. In particular, when it came, the government has been clear — which we appreciate — that their position has not changed about imposing user fees or premiums. That's an important piece. But the review also identified opportunities for changes in health care delivery models, policy and regulations, procurement activities, technology opportunities of an administrative nature and governance and accountability. Anybody who has looked at the report can see it is several hundred pages long, as is the subsequent *Taking the Pulse*.

We on this side of the House — the Yukon New Democratic Party — have spent a fair amount of time in discussions with people, doing research and looking at the evidence with respect to the models of health care. I mentioned yesterday that Tommy Douglas, the founder of medicare, had made it clear that it was easy to get an insurance program. People like to take the money. But they're just not prepared to talk about redesigning how we deliver health care services to be more patient-centred and outcomes-focused.

In the discussions during the health care review, there was a significant amount of conversation around whether we were focusing in a territory of 35,000 people on an acute care model, which is the most expensive kind of care. Acute care, as we have to keep reminding ourselves, was designed for urgent and acute health concerns — it's like getting injured or you have an outbreak of diphtheria or measles or something — versus primary care, which is a combination of health care professionals and programs that really are the first point of contact. Primary care doesn't need to be delivered by a doctor or out of a hospital. In fact, it's not sustainable to deliver, according to the stud-

ies that I've looked at, primary care out of an emergency department.

We have seen over and over again — and I'll come back to the stats in terms of the emergency department here in the budget documents. I'm interested in the minister's views with respect to the discussions he's had with his colleagues about the model of care or if it's a blending of care that he sees evolving in the territory with respect to improving better health outcomes, reduced wait times, and making it patient-focused. When we talk about primary care, I'm talking about the kind of care that includes a team-based approach — that includes doctors, of course — but is also largely focused on the use of the extensive knowledge and expertise of professionals like nurse practitioners, pharmacists, other therapists, social workers, dietitians. There is a whole range of models that have been developed appropriate to different sizes of communities across the country.

In light of the challenge that we face in terms of health care delivery models, I'd be interested in the minister's views there, because that will certainly have a significant impact on the cost and cost drivers for the territory.

Hon. Mr. Graham: There were a number of different questions, so I'll try and address a number of different areas, the first of which is the Auditor General's report. One of the things the Auditor General did say that we agree with is that the department does not have a comprehensive health information system to collect complete and accurate data. We agree with that.

We have an e-health project continuing to move forward within the department. It's intended to identify projects, and it will advance the work into implementation, but that's a long-term project and it's extremely expensive. Fortunately, it's being funded now by Health Canada Infoway, so we are continuing to work through them to implement a system.

Our primary objective within the first year is to implement a pharmacare system, which will be able to track the sale and use of drugs throughout the territory — that's one. We are also reviewing data systems within the department and how much the capital investment — not only for the department, but the capital investment for the hospital because they will be part of any medical information system that we design. Also, it will have to include the various medical practitioners in the territory.

So, we are probably going to have to look at some assistance in that area, as well, if we intend for everyone to hook up to the system. The system will definitely make it much easier for us to track not only usage of the medical system within the territory, but it will also allow us to track the things that are causing the greatest strain on the medical system. Hopefully, we will be able to design programs, therefore, at some time in the future that will address those usages, but that sometime is down the road.

In the near future, we know that the health care system is slowly shifting from acute care to more of health care continuum that will include, as the member opposite has said, a number of medical practitioners within. We hope to see teams oper-

ating in the Yukon, but it is not something that is going to happen tomorrow.

One of the other things that we are looking at is to reduce the need for acute care hospital services in the future. We have already instituted some things, and we are continuing other programs — things such as healthy eating and healthy lifestyles that have been around for some time now; the active living strategy is another thing that has been around for awhile; anything that encourages young people to avoid unhealthy eating habits, to get more exercise — those kinds of things are only going to help the health care system —

Some Hon. Member: (Inaudible)

Hon. Mr. Graham: Don't eat Cheezies, yes. It will only help the health care system, but those are all long-term things.

We also have expanded immunization programs. We started the early psychosis program to help us identify mental health problems. Smoking cessation programs have been around for years. All of these things will take a long time to have an impact on the health care system.

More recently, we also have instituted the home care program for seniors and the home care program for persons with disabilities. We think those will also assist in cutting back on the number of visits to the emergency centre. The medical detox at the Sarah Steele Building should also cut back. But in the past little while we've lost our walk-in clinic in downtown Whitehorse. As soon as we lost that, it increased the volume of calls at the emergency centre at the hospital. So that's something we're looking carefully at and it's something that it's possible where a new model of health care can be started. When we talk about new models of health care, we have to include things like nurse practitioners and midwives.

Only recently — in fact, last week, I met with both the Yukon Registered Nurses Association and the Yukon Medical Association to try and work out any differences they may have with the implementation of the nurse practitioner legislation or regulation in the Yukon. I think it was a very productive meeting on Thursday of last week. Some issues were identified that both groups will have to deal with, and the department and I are very hopeful. Because we're dealing with very reasonable, intelligent people here, we're very hopeful that we can work out some kind of compromise to some of the issues that will confront us in the very near future. If we can do that, then I hope we can move forward with things like integrated medical practices.

Some of the concerns that became apparent to us during our conversations last week were income security — the impact on doctors of seeing only those patients with complex medical needs. Right now they see patients with a full continuum — everything from the sniffles to horrible diseases. So they have time to interact with their patients and it's a good way to practise medicine. What they're afraid of or concerned about is that a parallel health system will almost be set up if we go ahead with the nurse practitioner regulations the way they are currently.

I share that concern to some extent with the doctors. What we're trying to get a handle on is how we can make some kind

of arrangement between the RNs and the Yukon Medical Association that will suit both of their needs so that we can bring in this important segment that right now is missing in the medical practice in the territory.

I've gone on for quite awhile. I hope I've answered at least part of the member opposite's question and I'll end it there.

Ms. Hanson: Thank you, Madam Chair, and I thank the minister. There were a number of aspects of what the minister put forward there that I would like to touch on. I think it's absolutely wonderful that the minister has been brokering these discussions between the YMA and the YRNA and moving forward on implementation of the nurse practitioner regulations. This legislation was passed in 2009, I believe, so people have been rather impatiently waiting to see this happen. There are consequences of not coming to an agreement on how this is going to work in the territory because we're making decisions every day about how our health care is going to be structured in the absence of that kind of arrangement.

I only need to look at Dawson City and Watson Lake where we've described to the Yukon public — this Yukon Party has described — that they are putting in place two acute care hospitals, but when you drill down past the title of the hospital, they are not going to be — and I'd like the minister to confirm this or not — acute care hospitals. You can't have a baby there under the current structure. You can't have any surgery there. You may have some day surgery if there's a specialist floating through, but it's not intended to be an acute care model.

So we are building very expensive infrastructure. When you design something, normally you design for the function. You define the function and then you build around it. What we seem to be doing in this case is doing the inverse: building a structure and then saying you can just put whatever you want inside. But it's very different — the demands of a primary-care clinic, in fact, are demonstrably different from what they are for an acute care hospital.

The minister's comment — “We lost our walk-in clinic.” I think I heard him say there may be an opportunity here. Every time there is a loss, I think there is an opportunity — there is an opportunity for leadership by this government to look at working in collaboration with a number of health care professionals to see if there is a will to design an actual primary health care clinic in Whitehorse that could allow for that continuum of care.

There are a number of models. There's the non-profit model; there are the private sector combinations. There are different ways of doing this. As the minister said — yes, it's partly a perceived impact on perhaps physician billings — and we'll come to the physicians billings in a moment. One of the things the Auditor General was pretty clear about in the audit was that we don't — and the minister acknowledged this — have a good idea what we're spending on.

I acknowledge that at a point in time in 2009-10 we don't have comprehensive health information systems. We have several systems, she says. In fact, Canada has been working with provinces and territories, in one way or the other, throwing extra money into this ostensibly since 2004 to help us get a handle on

costs and to help us develop. So, simple things — well, I would say it's a simple thing. It's like, if we cannot tell what a physician is billing for — so I have a cold today. It's pretty clear. Do I need to go to see a physician to see about a cold? Do I need to go and see a physician for a regular checkup on standard medication updates or gynecological exams that nurse practitioners can do?

Everyone in this room can use an example: you're referred to a specialist and you go see the specialist; then you have to go back to see your GP; you get on this little merry-go-round. Every single one of those touch points is money that we're spending out of our health care budget. There is a better, more cooperative and more coordinated way. The basic fact that we don't ask or require — and I'd like the minister to confirm whether or not this has changed since last year — that Yukon is one of the four jurisdictions in Canada that don't require physicians to fill out and submit codes about the diseases and health conditions related to the many doctor visits. We have the numbers of doctors' visits in here — 265,000 estimated. How many of those are for things for which you really don't need to see a doctor? So it's a question: If not now, when will we get a handle on it? Is that the kind of conversation that's also occurring concurrently as we talk about the broader issue with different models of care? That's one aspect of data because it's one that strikes me every time.

I would also be interested in knowing what the cost is per physician visit. When I go see my GP — which I am not going to do about this bloody cold, but if I did — what would it be costing the health care system for me to go see her? I want to know.

Hon. Mr. Graham: I am not sure which questions I have, so I will start with the data one about doctor visits.

In answer to a question last week in the House, I stated that I do not always agree with what the Auditor General states in their reports, and this is one of the issues where I do not agree with the Auditor General. The Auditor General wants us to use what they call the ICD coding, which is the international coding system for medical data. We currently don't use that system, but we have a system that has been developed and has been in use in the Yukon for a number of years. It provides the exact same stats that the Auditor General is looking for, but it doesn't use the system that the Auditor General is comfortable with. For that very reason, they said we aren't doing the job, but we are; we are just doing it differently from what they would like to see.

The other one was where the Auditor General said that we don't have any goals and objectives and yes, we can show them a document where we have provided goals and objectives of the department, but because they aren't in the manner that the Auditor General wanted or perhaps they were a little broader than the Auditor General wanted — they wanted very specific goals and objectives — they put it in their report that they're not available. Well, they are available; they just don't like the way they're done.

So I have some difficulties with what the Auditor General says in the reports in a number of areas, but we are definitely looking at the data system in the department. We're looking at

implementing mandatory ICD coding — we're taking a look at how much it will cost us to move to a new coding system. It's something that we'll be working with the doctors on as well, because it's something that the doctors and the YMA have to implement themselves. I think a number of doctors in the territory are voluntarily using the ICD system now and we're collecting that data, but it's a system. If we're going to change the system, all of the doctors in the territory will have to change and use the same system. We're looking at that. It's something that we hope we will be able to move forward on.

What else? I can't remember what else. I'm sure there were some other things I was supposed to answer.

Ms. Hanson: I had asked the minister about what it costs for an individual to attend at a general physician's office for an appointment. When he answers that question, I would be interested to have a confirmation — so, if we're not using the ICD codes for determining what diseases and health conditions we're seeing a physician for, that there is in place a required coding system that we can fall back on and then be able to identify and break it out in terms of the kinds of conditions that people are seeing. General practitioners — I'll use general practitioners, because specialists are quite different in my mind in this case. And so that we can be determining how much of a physician's time is on chronic care management, for example, or just any range of things, as opposed to the specifics — as opposed to anything else. So it was the cost — and I'll come back to the issue of planning documents after.

Hon. Mr. Graham: First of all, the system is in place at the present time and we can break out those stats. It's all part of the fee billing system. When a doctor bills for a patient visit, the reason for that patient visit is part of the information that is provided to the department. Each complaint — you know I guess I have to say something about doctors' visits here, too. It's something that Yukon citizens, or people in the territory, take for granted. So, as the member said, she wouldn't be going to the doctor for her sniffles, and I applaud her for that decision, because perhaps too many people do. At the slightest sign of a difficulty, it's off to the doctor we go, and the Yukon medical system picks up the tab. It's perhaps something on which we have to educate the population. Not every little sniffle and every cough or every small instance of the flu requires a doctor's time and the \$42.50 that we are billed, which is a single visit.

I guess one of the other things that we talked about was measurable objectives.

We've done significant work in the areas. For example, the alcohol and drug standards project is developing measurable objectives, targets, standards, policies and procedures for that program area. So that's one of the first ones that will have measurable objectives for that department — better monitoring.

Again, in the Auditor General's report, the department was criticized because of problems with financial reporting. We're doing much better. We feel that now there have been improvements in monitoring and targeting for a longer term. More rigorous cost monitoring has been put in place to predict cost estimates as well and we're doing monthly analyses to adjust budget forecasts.

One of the things that people should know is each time a resident from the territory leaves the territory to have medical attention down in a southern hospital, the Yukon health care system is billed for that, eventually. The operative word here is “eventually.” We’re having a great deal of difficulty in some instances getting those bills on a timely basis, especially when we’re getting close to year-end.

When we get close to year-end — within a few months of year-end — and we don’t get the bill for six or seven months after year-end, it’s very difficult. Sometimes we’ll do an estimate, and if that estimate is off, then we’re looking at a sub for the next year. So that’s one of the difficulties we have on an ongoing basis. But, again, we’re trying to do much better forecasting. In some ways we’re getting much better at that.

I have here a quote that the medical consumer has become indifferent to health care costs, except in a distant, abstract way. In the Yukon an inquiry into sustainability of the health care system in 2008 concluded, among other things, that views were sharply divided among respondents on the issue of introducing fees, raising a health-specific tax or any other source of revenue that may be considered. But the general view was best expressed by the sentiment that health care should remain free, but standards maintained. This is probably the most visceral issue in health care discourse in Canada, and perhaps is the most wicked barrier to transformation. It’s people’s entitlement — the feeling of entitlement to health care, no matter what or how minuscule the difficulty they’re in. So I think that’s about all I have to say on those issues.

Ms. Hanson: It really does come down to we deliver health care — and if we want to persist in attempting to drive an acute care model in this territory, we won’t be able to afford the trajectory that was forecast in the health care review of 2008-09. The challenge is to work within the system to really do the fundamental changes to a primary care focus, and that will be — I mean, the primary care model has proven, time and time again, that you reduce costs by not relying upon using the emergency ward or the acute care facilities, and I’ll come back to that in a bit.

I wanted to go back to the comments with respect to planning. I can understand that there may be some quibbles about whether or not the Auditor General liked or didn’t like — and the minister didn’t like the comments about consistency with planning. But I think it is important to know and to have comfort that when the Auditor General says that the department’s five-year plans, goals and objectives were not measurable, nor did they identify standards for the level and quality of services, or prepare an analysis and selection of alternatives, as required by the *Financial Administration Manual*, those are important in terms of the confidence in terms of projecting costs and also of cost containment measures. So there were also comments that — and I am looking to hear that those have been changed — the department, at that time, had a lot of health priorities. I think that it is easy when we are doing a planning exercise. We can put lots of stuff up on the wall, but if there is no ranking them in terms of what is a priority, and no plans to address what kinds of resources, timelines or targets are going to be

met, that becomes a problem and then there is the Auditor General.

This will be the last piece on this one, which is that there was no consistency. This is important and relevant for the discussion we are having here today. It was indicated that the mandate’s goals and objectives are the key planning documents, so there is a whole bunch of documents, but the one that is important to us is main estimates, and they are not consistent with departmental plans or strategic plans.

At the time that the department was in the process of aligning the strategic plan to the branch and other plans, the auditor’s comment was that alignment of planning documents is important to ensure that departmental staff has clear and consistent direction.

I think we all appreciate the importance of being able to provide that for all of our staff and all our public servants. So, my question: Have those planning documents been — does it now include rank ordering of priorities? Do we have measurable goals and objectives? Do we align what we are seeing in the main estimates — does this connect with what’s going on within the system?

Hon. Mr. Graham: I brought a few things along with me. The first is the *Yukon Health and Social Services Strategic Plan 2009–2014*, which I am quite sure we sent along. The Health and Social Services strategic plan, part B, which was part of the annual planning — was 2012-13. I also have departmental priorities, which is some 16 pages long, I think — 34 pages as it’s double-sided. The two priorities that the department had identified at the time the Auditor General came forward were very clear.

We’re very clear. We pointed out these two priorities to the Auditor General. I guess perhaps the Auditor General did not consider them sufficiently focused for her purposes and that’s one of the reasons that I brought up what we have done and what we are doing in order to reduce the need for acute care hospital services in the future. Those were the primary things that were the priorities which we were working toward. That is wellness: healthy eating, healthy lifestyles, active living — all of those kinds of things that promote wellness, especially in younger people. We want to make sure we get to the younger people first. But it’s also important for youth and adults as well, because the only way we’re going to reduce the use of the acute care service is to have healthier citizens coming up — people who are substance-free; who don’t abuse alcohol and drugs; who don’t smoke or use chemical substances — and expanded immunizations. Those were all part and parcel of the priorities.

They were the department’s response to the sustainability review that was carried out as well. The sustainability of the health care system is dependent on Yukoners taking a proactive approach to their own health. We all must take some of the responsibility for our own health care. So those are the things that we’re trying to promote.

Was there anything else, Madam Chair? Through you, can I ask if there was anything else I didn’t answer, then?

Chair: If you are finished, please sit down.

Ms. Hanson: Thank you, Madam Chair. So, just to confirm, the minister is now tabling those documents — just to confirm — because I may have seen them, but I'm not positive I've seen them all.

The minister made some comments with respect to establishing — and the Auditor General did comment on the wellness program and the social inclusion and poverty reduction initiatives. This, I guess, is where I'm asking him to reflect more clearly on the whole use of health indicators.

Her comment was that it's good to have these programs and it's good to focus on wellness, but if you're not setting some targets, how do you know you've succeeded? How do you know if your programs are working? What are the indices, what are the measures that the government and the minister uses? The Auditor General is really clear that these health indicators have been around for quite a long time. The medical officer of health in the Yukon cites and uses several health indicators in his Yukon health status report, but at the time there didn't seem to be any targets and no way then of assessing whether or not the investments that the government is making in these various programs or initiatives are worth the money that we're putting in.

They further pointed out that this is not something that she said we have to do. It's because the government's own Yukon *Financial Administration Manual* requires us to have performance measures as a key component of the accountability structures.

I'm hoping to hear that we now have indicators, outcomes and measurement processes in place so that the department can monitor performance, assess the progress of programs and be able to report in a clear and defensible way.

That's where it always comes down to when we're speaking about public money — the effectiveness of the program and the course of action that we're taking to address the multifaceted issues of wellness, for example. I only dwell on the wellness issue because that's the one that the minister raised.

Hon. Mr. Graham: The first thing is that the department is making changes. In fact, since the Auditor General's report, there has been a great deal of work done. We're in the process of recruiting a health researcher to provide data and indicators to support the development of more specific health outcomes and priorities. For any new programs that are now started within the department, outcomes and data reporting is part of the new program. No program starts without data indicators in it to be able to measure whether or not the department is meeting the objectives.

The Executive Council Office is also leading development of a program evaluation framework, not only for the Department of Health and Social Services, but across government. Health and Social Services has undertaken training in the areas of performance measurement and evaluation to improve our own internal capacity. We have also just recently done an evaluation of the medical travel program. The data was collected and it will now be used to begin the process on how to implement the recommendations.

Significant work has been done in the areas of monitoring, forecasting — not only budgets, but ways to predict cost in-

creases as well. As an example, data was collected and used in the evaluation of the two-track emergency room pilot project. We are now in the process of evaluating that project to see if it met the needs when it was set up.

I've already told you about the alcohol and drug standards project. I guess all I can do is reiterate that we're working on indicators and we're working on producing better data that could be used to evaluate. Hopefully, we will be able to change some things done, not only in the Health and Social Services department, but across the whole spectrum of health care in the territory as a result of these improvements.

Ms. Hanson: I would just ask the minister if he could update the House on the work with respect to developing these key health indicators, benchmarks and outcomes that are specific to Yukon. There was a response from the department that indicated that they would be doing that work. It was 18 months from — a year and a number of months ago. Are we getting close to getting that work done? It says that the department will work toward developing key health indicators and outcomes specific to Yukon, as well as setting reasonable targets and benchmarks where comparable data is available within the next 18 to 24 months.

Hon. Mr. Graham: That was one of the questions I asked the department a little while ago. We now have a mock-up in the department of what this process will look like.

I haven't seen it yet, nor have I taken it to my Cabinet colleagues for their comment. But I hope to be able to see it in the next month or so. At that point, at least we'll know what the draft or what the proposal is.

Ms. Hanson: We're still in physician services kind of things — but the department, I understand, has contracts with physicians to deliver medical services in communities where there's not a resident doctor — Faro and other places. I would assume the doctor is there to do certain kinds of services. The Auditor General says that the department doesn't take any of the information — well, the statement is pretty bold. It says the department does not compile, analyze or use the information that the contract physicians provide to improve programs and services. Their suggestion there is that this, in light of other gaps in terms of data, could provide some risks in terms of — that management may be making strategic decisions, again, based on incomplete data. Has that changed in the last year and a bit — that the department has found a way to compile, analyze and use information provided by contract physicians who sort of move around the territory in different communities?

Hon. Mr. Graham: Again, the first thing is that these are not all Outside doctors. Some of them are local doctors just working in the communities. I know, for instance, the person who goes to Faro has been a long-time Yukoner for 25 or 30 years, I think. He has been my doctor, so I know he lives here.

I guess there is some difficulty in the department understanding where that one came from because we do track the information. Again, through a doctor's billings, we know what's going on in these communities, so that information is available. Now maybe the Auditor General felt that as a result of the information we were receiving that we weren't targeting programs for those specific communities, because if a commu-

nity showed a dramatic increase in diabetes, say, maybe we should have targeted initiatives in those communities, but that's the only thing we can think of.

We also meet with the local nurses in our own rural nursing program regularly, and so I guess we just didn't quite understand where it was coming from. I would like to reiterate that the majority of the doctors operating in the communities are local people.

Ms. Hanson: Well, the minister actually raised a good point, because if we don't have that information — and it links to another observation from the Auditor General that the department doesn't collect diabetes data on communities because it has no systematic way of identifying the number of patients within the communities who require diabetes care. If we know that diabetes is a chronic disease that is one of the big cost drivers across this country — chronic health conditions are cost drivers — then, unless we know how many people have diabetes and how many are susceptible to it, we can't know if we are delivering the right programs. Diabetes and alcohol and drugs were two key components, as I understand, of the wellness strategy of which the minister was speaking.

If we don't know who is out there, how do we know? Again, it goes back to how we are in this circle of developing programs and now knowing if we are going to be successful. We do not know what we are targeting, because we do not have the data coming in.

Hon. Mr. Graham: I guess this is where we part company with the Auditor General's report, because we are actually acting on the data that we are currently getting. The diabetes information is actually collected — there is no doubt about it — through the doctor claims, and it includes shadow billing from the communities. We know how many people out there are being treated or being seen by the doctors for diabetes. That is one of the reasons we have targeted some of the programs for children and communities.

In response to the information we have provided, Yukon will receive \$130,000, I think I said during my opening address, from the Public Health Agency of Canada, to prepare chronic disease prevention and management initiatives. We received that money; we are in the process of beginning that strategy as well.

We have recently hired or contracted with a doctor to provide advice to the Weight Wise program. As part of the contract that we have with this doctor, we're building a reporting mechanism into the contract itself. So we'll have that information when this doctor works with the Weight Wise customers.

We believe we're doing more than what the Auditor General thinks we are. We actually have some of the information. We even have a likely outcome that we would like to see from the initiative on diabetes, which is that we'll provide policy direction to improve chronic disease prevention and service delivery. The initiative will take a broad approach and will address some of the most prevalent chronic diseases in the Yukon, including diabetes. It will recommend systematic actions based on best practices and provide the means of evaluating these actions.

Ms. Hanson: I appreciate the minister's comments, and no doubt somebody will have a follow-up on some aspects of those observations in Public Accounts.

When he was speaking about the chronic disease issue — chronic disease is, as we've talked about, diabetes; cancer can be considered a chronic condition; heart disease; and AIDS. There are so many that can be enduring in a person's life. One of the concerns, particularly around diabetes — and I'll come back to this — when somebody is diabetic, in the research, the CIHI stats say that 40 percent to 80 percent of patients with a chronic illness are inadequately treated and 60 percent of diabetics have not had an eye exam; 70 percent have not had a urine check for protein the past year, and that's despite the fact that nearly half of all new cases of kidney failure are related to chronic diabetic kidney disease.

One of the questions that arose in doing this research when they were looking at best practices is who do Yukon family physicians — and we don't have that many other primary health care workers, but I would presume community nurses have registries of patients with chronic diseases. Do we have an organized program for managing outpatient management of chronic illnesses?

Following on that — because we're talking about the impact on hospitals, if the illnesses, diseases, chronic conditions are not well-managed — do we have data on the 30-day re-admission rate for patients discharged with chronic diseases in the Yukon? There is a high likelihood across the country that people with chronic diseases, if they're not properly provided chronic care management outside of the hospital, are going to be back in 30 days.

Hon. Mr. Graham: Three things: I just have to remember them all. We do have a chronic disease management program, so we know who has been diagnosed with each of the chronic diseases. The hospital maintains an admissions record, so they would be able to provide stats about re-admission. I don't have those here today. I see here that the re-admit rates are too small to be statistically significant. So that is an answer to that question.

Ms. Hanson: I think we are all mostly done with the comments or follow-ups from the Auditor General's reports. I just want to go back and confirm whether or not the minister has had follow-through on the finding from the Auditor General that — the Auditor General examined whether the department evaluates programs.

They found that the Government of Yukon rescinded its program evaluation policy and found that no evaluation of Alcohol and Drug Services programs were carried out during the last five years. Then they said they found that evaluations were — any ones that they had — of limited use because the programs themselves did not have specific measurable outcomes. So we're going to change that, and that will make it easier to evaluate. So the recommendation was pretty straightforward — that the Government of Yukon should establish a program evaluation policy and the response was "agreed", and that a government policy on the evaluation of funding programs is under development and that would be considered in 2011-12 — so last year. While the focus of the policy is on government

funding, the government contemplates departmental use of the policy principles in undertaking evaluations on a broader scale.

So my question is an update — it was really to ask the minister to provide an update on, again, the policy with respect to program evaluation — not just the funding, but the broader aspects of how government evaluates the programs it provides.

Hon. Mr. Graham: The first comment I'll make deals with the chronic disease management program. Involvement with the program is optional for those persons suffering from chronic diseases and so follow-up is their responsibility. It is an optional program and so they have to make sure they maintain contact with their community health nurse or their local general practitioner or whoever else their contact is. That's the first one.

The second one is about the program evaluation framework. As I said a little bit earlier, probably as I was rambling, that whole project is being led by the Executive Council Office across the government. In fact, what this will assist us in doing, even more so than we are now, is set measurable objectives or targets for all the programs. As that program evaluation framework is rolled out across the government, Health and Social Services will be one of the major users.

One other thing that just came up was that all of the THSSI programs that have been in place in Health and Social Services are currently being evaluated. Things like medical travel, the 811 line, the medical imaging with communities — all of those programs operated through THSSI are being evaluated on an ongoing basis.

Some Hon. Member: (Inaudible)

Hon. Mr. Graham: Oh, and telehealth, yes.

Ms. Hanson: It begs the question: Against what criteria were they established? When the programs were established, did they have — this is what the outcomes are and this is how we'll know whether telehealth, for example, is an effective way of dealing with patients or the 811 number to prevent undue congestion at the emergency ward. Are all of these programs that he's talking about been evaluated through THSSI funding? Are we doing it retrospectively or did we establish the benchmarks and how we're going to know if we're successful at the outset?

Hon. Mr. Graham: Unfortunately, Madam Chair, some of the programs were established before we started to build in evaluation frameworks in the programs themselves, so they didn't have established evaluation criteria within the program.

Any new program does. I believe that the THSSI programs all have evaluation criteria built into the framework of the program itself. I did make one error — telehealth is not a THSSI initiative.

Ms. Hanson: I just want to go back to yesterday. When the minister was giving an overview of the department, I believe he mentioned — and he can confirm whether or not I heard this number correctly, as it was the principle that I wanted to come back to — that there were 1,238 employees, of which 928 are full-time equivalents. When the Auditor General did her report, there were 874 full-time equivalents. My question to the minister: How is he managing that? If there are

1,238 employees and only 928 full-time equivalent positions are funded, is that done by overprogramming? How much of that is done by use of auxiliaries, casuals and contracts? A 25-percent overprogram seems like a huge amount from a management point of view.

Hon. Mr. Graham: I think the member opposite did actually give a couple of examples of exactly why our FTEs are only 921.4. I don't have the exact number here, because I don't have yesterday's paperwork. We have 1,238. Many of our employees choose not to work full time. That's part of the reason we have also a number of auxiliaries, auxiliary-on-calls, part-time workers — so there's a whole range of people who work for the department.

Chair: Before we continue, would the members like a brief recess?

All Hon. Members: Agreed.

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

Recess

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

Ms. Hanson: I'm looking at page 12-34 — the minister will be relieved that I'm — and the question I have for the minister is with respect to the projected estimates for emergency room visits. So one of the concerns expressed by the minister and his predecessor and the Beaton and Allen report and the YMA and the Hospital Corporation was the fact that the emergency room demands that — I think going back to the stats quoted in the Auditor General's report — sorry, I said I wasn't going to reference it, but it did reference the fact that 4.8 visits a day, minimum, were alcohol-related.

Does the minister not have any anticipation of decrease in emergency room visits as a result of having a new — for want of a better word — sobering centre or whatever you're calling it up at the Whitehorse Correctional Centre? We thought that one of the reasons for building that was to address the inappropriate use of emergency room services for people who were acutely intoxicated and that we would see a commensurate reduction in the number of visits.

So we should see some decline in emergency room visits, but it just looks like it has a straight-line trajectory up.

Hon. Mr. Graham: I kind of went into this previously saying that I can't speak to changes that will be done at Whitehorse Correctional Centre because those folks would not have made it to the emergency room unless there was a medical emergency as well as the difficulties with being intoxicated. With the medical detox at the Sarah Steele Building, this should reduce the number of visits to the emergency room. Also, with the referred clinic in downtown Whitehorse, those two things together should have a big influence on the number of our frequent flyers who make multiple visits to the emergency room during the week.

Also, our home care outreach should reduce the number of folks who visit the emergency room. But what you have to remember is that we're facing an increase in population. The

requirement for emergency care has increased as a result of some folks in Whitehorse not being able to find a family doctor. They're given little alternative except to visit the hospital during a medical crisis. We hope that by increasing the options or number of medical practitioners available in Whitehorse that will help the emergency room numbers as well. Like we said, the increase — as we went through before — in the number of people accessing emergency services has gone from about 35,500 to 38,000, so we know there is going to be an increase in emergency room use here in the territory.

Ms. Hanson: Just two follow-ups on that — one is the referred clinic the minister refers to — just getting confirmation. Is that the one at the Salvation Army?

No — okay. Then I ask him to explain what that is. Secondly, I was really getting quite hopeful when he was talking about the alternative. One of the realities is that many people — he is correct — do not have family doctors. If we continue to rely on family physicians to be the primary caregivers, then we are going to continue to not be able to deliver quality health care. What I was looking for was some sense that this government is looking at primary health care and that, in fact, somebody like me — I keep using this example — but there are many people who are sitting in that emergency ward who are there for colds or they are there for something else. They don't need to be seeing a general practitioner or the emergency room doctor, who has highly specialized training. A lot of the people, seniors in particular, with chronic issues in my riding are finding it difficult with the changes in doctors in the last few years — no continuity of care. Many of these people would be so much better off, in terms of having somebody like a nurse practitioner managing their health care, making the connections with the dietitians, with the physio, and making sure that there is a hub, in terms of continuity of care, which we do not get with walk-in clinics and even, I would say, with a large number of general practitioners — not all, but it's often difficult to have that connection, which is really the essence of primary care.

So simply relying upon physicians to be our saviours on this one is going to continue the trajectory. We know from all the research that the three cost drivers in health care in Canada are the three Ds — drugs, doctors and diagnostics. We've got a high reliance and high costs in all three of those areas. So I'm hopeful that we'll see more of a conversation and more use of a language of primary care — so not necessarily — I mean, always including the general practitioners and specialists in that continuum of care, but using them when it's appropriate and then more appropriately using professionals like nurse practitioners to be the hub.

Hon. Mr. Graham: First of all, I'll start this out by saying this government has made a commitment that nurse practitioner legislation or the regulations will be coming forward. We are not attempting in any way, shape or form to delay them.

The only thing that we're trying to do is make sure that all parties have been adequately heard and their concerns addressed. We hope that both the YRNA and the YMA are able to reach some kind of compromise to the difficulties that both of them see with these regulations. If not, the government will

have to come forward with regulations that we believe meet the requirements of both sides. Neither will be happy probably, but it's something that, if necessary, we will do.

I think it's really important, too, that folks understand that the introduction of nurse practitioners across the country has had a really rocky go. Probably the only place in Canada right now where nurse practitioners are expanding somewhat — not real quickly, but they are expanding — is probably in Ontario. What we also realize — or, I realize now after all the research that we've done, it was really northern Canada that started the nurse practitioner movement, more or less, because in many of our rural and remote communities all we ever had were nurses, and nurses had to take on more and more responsibility and additional training to deliver the services they delivered in the north.

I would just like to read a quote here: "In Canada, the first education program was started at Dalhousie University (Halifax, Nova Scotia) in 1967 for RNs working in northern nursing stations. During the 1970s, several reports supported an expanded role for RNs within primary health care, a development that continued into the next decade. Despite this, during the 1980s, NP initiatives ended due to a perceived oversupply of physicians, and the lack of: a remuneration mechanism for NPs; applicable legislation; public awareness regarding the role of NPs; and support from both medicine and nursing.

So, during the time that I've been involved, I've been doing a lot of research myself across the country. We found out that in Prince Edward Island, nurse practitioners were actually introduced in about 2005 and the use of nurse practitioners almost completely died out because of opposition from other parts of the medical fraternity, shall we say. We don't want to see that happen here. We want to make sure that everyone is onside when we bring forward these regulations and that the doctors' concerns — well, they do have some legitimate concerns — that those concerns are addressed before the regulations are passed.

So we're really trying to get it done right. I realize that's something I've said on a number of occasions. It's not a reason for delay; it's that we are trying to get it done right.

We believe that nurse practitioners will fill a vital role in Yukon. There is no doubt in our minds whatsoever. We're not trying to delay the introduction of nurse practitioners at all. We're in favour of it and as soon as we can get the difficulties ironed out, we will be licensing them here in the territory.

Ms. Hanson: I thank the minister for that. I am encouraged by his personal commitment to this. I think it's absolutely important for this to succeed, to have a minister who will champion what will become and has been demonstrated elsewhere. I was just looking before we came in to the Assembly this afternoon at some work out of Alaska and there are some good experiences there with nurse practitioners. When we think about it, these are highly skilled, highly trained and highly educated professionals. Ultimately, it will come down to the decision about what the Government of Yukon is prepared to do and what it wants to see delivered in terms of health care in this territory. Ultimately, we are the taxpayers; we're paying for it

and we may need to make the decision, not one profession or another. There is no guarantee that because somebody is here — it's not sort of first dibs in.

It's what do we want and how we want to see the health care system delivered most effectively in this territory that should carry the day. So I am very happy to hear the minister's commitment to putting into effect the nurse practitioners regulations, because we do have nurse practitioners in this territory today who are in jeopardy of losing their registration because they cannot practise as nurse practitioners. I've had that expressed to me by people who are actual nurse practitioners. Similarly midwives must practise outside of this territory because we have no legislation or regulations with respect to midwifery in this territory. There are two important elements with slightly different perspectives, but both deliver important health care services, or could, in this territory.

The minister's responses on the emergency room were helpful. My question then: Does the government keep statistics on the number of outpatient visits with respect to numbers from outside of Yukon and outside of the country? Is that data available?

Hon. Mr. Graham: I can answer this without even looking at the book, because it has become a great concern to the Hospital Corporation. We bill patients from outside the territory at a different rate, of course, than people are within the territory, and in the last year there has been a dramatic decrease for some reason in the number of people from outside of the territory who are using acute care facilities in the territory. It has actually been a real concern to the Hospital Corporation because it has reduced their revenue to the point where it was becoming a real difficulty.

We do track those numbers. They have decreased dramatically in the last year, and it was odd too. I don't remember the exact numbers, but it was a dramatic decrease for some reason in the last year or year and a half.

Ms. Hanson: Is that decrease just out of Yukon — like other Canadians? Or, is that out of country — like people from Alaska having babies here or whatever? The minister seems to indicate it is the latter?

Hon. Mr. Graham: Yes, that was one of the reasons — the reduction in visits from Alaskans.

Ms. Hanson: Yesterday, my colleague from Riverdale South asked some questions about palliative care, and it was responded to primarily in the aspect of how we're delivering palliative care in the Yukon — I think I'm correct, and I'll ask the minister to correct me if I'm not — on a continuing care basis.

I'd like to touch base on palliative care from a different perspective. I recognize and appreciate the importance of the palliative care unit that's doing some work with people in their homes in different communities in the territory. From my experience, palliative care — and again, the work that has been done by the CIHI — Michael Rachlis, in particular, made a comment that I thought was very interesting when he said that palliative care is not just about dying. It's a philosophy in care and a combination of therapies intended to support persons living with life-threatening illness. Palliative care strives to

meet physical, psychological, social and spiritual needs while remaining sensitive to personal, cultural and religious values. It can be needed at any time in the whole disease trajectory. Also bereavement — all of us have family members who have been involved with palliative care at various stages of their lives, and it's aimed at reducing or curing the illness. There are various therapies that may be the focus of the care.

One of the issues, in terms of measuring whether we're using our health care facilities appropriately, is a question of whether or not Health and Social Services keeps track of the number of deaths that occur in hospitals and hospices — we don't have a hospice, but in people's homes. For example, if we look at chronic conditions, there is some body of research that suggests that if more than 50 percent of cancer deaths are occurring in hospital — that we may not — there "are" not, not "may" not, according to this — we do not have adequate palliative care services. I'd be interested in knowing whether or not those kinds of statistics are kept by Health and Social Services.

Hon. Mr. Graham: Yes, the statistics are available because we know how many people die in hospital and the reason for their death.

I probably have gone through the palliative care program in the territory and what it is all about. Unfortunately, it's only funded by THSSI until March 31, 2014, as the member opposite is aware. The community support for the program has been nothing less than wonderful. It's something that appears to meet a real basic need. The use of the program has continued to increase. I probably mentioned yesterday or last week that the program currently employs a resource nurse, resource social worker and education or volunteer coordinator. We also have a physician on contract as an advisory physician. As the member opposite said in her introduction, the program does try to deliver end-of-life care to Yukoners in a very — how would you say it? I'm not sure what exactly the word would be, but it's an attempt to not only provide the end-of-life care service, but all of the emotional and supports that a person needs, or a family needs, while going through this process.

I want the member opposite to know too that we do have an ongoing evaluation process in place to look at the effectiveness of the program and the use of the resources, just to see if it really does meet the needs of all Yukoners.

We also track statistics for Yukoners who die out of territory and the reason or the cause of their death even though they are outside of the territory.

Ms. Hanson: I raise this question about where somebody with cancer or one of these conditions dies, because we know that acute care hospitals are the most expensive place and the most inappropriate place to die. I also would remind the minister that it was the Yukon Party that made commitments in its platforms at least twice about re-establishing a palliative care unit at the Thomson Centre. My understanding is that it doesn't appear to be happening. So it's not a political issue; it is a cost-effectiveness issue about where it is most appropriate and what is the most effective kind of care to provide for somebody who is dying?

I can think back to my early days when I was doing studies in social work. I happened to have the opportunity to spend a

summer at the London School of Economics and Political Science working in social policy. I spent some time at one of the first hospices in London, which was designed for, in those days, the early concepts of palliative care and how it could be delivered in a community kind of facility, without the trappings of an acute care facility. In fact, that one was quite innovative, because it had, on the grounds of the palliative facility, a day-care for the staff so that people who were there at the end of their life were actually able to enjoy the beginnings of new lives.

My question for the minister is that we are looking at planning for controlling the trajectory of expenditures as opposed to building more acute care facility beds.

We've heard some rumblings about wanting to expand the campus of the hospital, which again goes back to the whole other set of questions that we are not on today. What work is being done by this government to address the ability for people who haven't got supportive families — don't have the ability to die in their own home — so that we're not placing them in acute care facilities that are costly? Have they done the cost analysis? He says he has the stats with respect to what people die of in the hospital?

While he is thinking about that, the other question that is related to that: As we are planning the most appropriate end-of-life care for people, what proportion of the long-term care facility patients' deaths occur in hospital? Again, if we are thinking about what is more appropriate, if the person is in a facility, would it not be more appropriate for them to be allowed to die in that facility as opposed to acute care with the trauma and the transition of moving? So I would be interested in knowing what proportion of the number of people who die in our long-term care facilities — do they die in the facility or do they die in the hospital? What cost analysis is the government undertaking with respect to the provision of palliative care in a palliative care unit of some sort?

Hon. Mr. Graham: We'll have to get the numbers for the member because I simply don't have the numbers available, but the palliative care program that we currently offer is available to people around the territory. It is available in the home, at the long-term care facility, if they happen to be in a long-term care facility, and it is available in the acute care facilities as well. Basically, the program or the resources go to the person in need of palliative care.

We also fund Hospice Yukon and we're looking at an expanded role for Hospice Yukon in the future, as well. In this budget — 2012-13 budget — we have \$110,000 set aside to complete a continuing care feasibility study that would include a number of things: functional evaluation of current buildings, functional space program, and we're also looking at the cost of palliative care in those long-term care facilities or continuing care facilities. That's part of the study that we'll be doing with this \$110,000.

I should also tell you that there is no doubt that a number of people do die in the acute care hospital. One of the problems right now is that we don't have enough beds available for those people, so some of them are still staying in the hospital. We have identified eight, I believe, that could be moved into long-

term care as soon as we have the beds available, which is the reason we're opening 10 more beds in the Thomson Centre. But we will never completely eliminate the use of those acute care facilities, because we find many of the people in need of palliative care also have pain-management issues or other issues that simply can't be handled in a long-term care facility.

We have the highest number of deaths in the long-term care facilities without transfer to acute care in Canada. So that's a statistic that I guess we could be kind of proud of in that we're not using acute care as much in terms of final — in case of death — that other jurisdictions in Canada do. But I know from personal experience that people do die in the acute care hospital and for any number of reasons.

But I hope that the funding that was set aside to complete the feasibility study will be a big help for us in looking at palliative care.

Ms. Hanson: I thank the minister for his response. We will be carefully monitoring that because we absolutely do believe that palliative care is a more cost-effective approach to addressing this stage of life for people.

I have a question with respect to "Outpatient Visits," page 12-34. The numbers projected for out-of-Yukon facilities continues to rise, but at the same time, the minister has told us a fair amount about how we have new expansion of — and we'll see this later with specialists. We spent \$17 million or something on a new facility to house specialists so that we could have people actually not having to travel Outside to see specialists or to see doctors. So why are we projecting more people going Outside when we would be expecting to see that decrease and more use of our own facilities and the commensurate costs?

Hon. Mr. Graham: There are about three different reasons, the first of which is that we have more people living in the territory now. There are more people retiring in the territory as well. The people retiring in the territory often are afflicted with chronic disease or difficulties that require specialized treatment outside of the territory. Those are two of the reasons. The third is a minor one, but it is simply that we didn't have, prior to the new building being constructed, adequate housing for these folks when the specialists visited the territory. That was the other reason.

The number of specialists actually dropped off for awhile, and we had to ship more and more people Outside.

Hopefully, some of the issues around getting specialists up here will now be resolved, but as long as we have the higher number of people retiring in the territory and an aging population, the use of specialized medicinal service outside the territory is bound to increase.

Ms. Hanson: Thank you to the minister for that response. I look now at the out-of-Yukon facilities for hospitalization, and the number of days again goes up. I'm wondering if the department has any breakdown on the number of people who are being sent Outside for chronic conditions treatment — for example, diabetes, kidney dialysis. What role does the data have? I'm presuming there is data for determining what services are needed for treatment of chronic conditions in the Yukon. I know that my colleague, the Member for Klondike,

has raised the question with respect to dialysis, and I have raised it in this Legislative Assembly before.

The hospital doesn't have any dialysis facilities in the Yukon. There are a couple of people in the Yukon who need haemodialysis, which is just home dialysis. One of those people has approached us, and I have approached the previous minister about the importance of this being one of the few jurisdictions where people who are travelling to the Yukon — for example, if somebody has got an aunt, uncle or grandmother who travels or wanted to visit, they couldn't come to the Yukon, because there is no dialysis. They cannot go into the hospital for dialysis. I'm not encouraging dialysis as a tourism kind of idea, but maybe perhaps the Minister of Tourism and Culture might want to cotton on to it. But it does seem to be an inhibiting factor for certain families who can travel elsewhere in Canada or indeed outside of this country and access dialysis.

So, I was asking about the numbers and kind of chronic conditions — or people with chronic conditions — being sent out for treatment of chronic conditions and issues related to those chronic conditions. What data does the department gather on this and how do they analyze that to determine what services we might provide better here at less ultimate cost, both economically and socially, for the families who must be separated, oftentimes for weeks at a time?

Hon. Mr. Graham: We'll have to get back with the numbers for chronic care because we simply don't have them here. They'll be available through the Hospital Corporation.

As for the dialysis, we did look into the possibility of having a dialysis machine here, but there simply isn't sufficient use at this time for an expert, who would operate the machine, to maintain their credentials in the territory. They would have to leave the territory in order to be able to maintain their credentials. Getting a dialysis machine itself is not the problem. It's having someone here with the credentials required to operate the system. It continues to be a problem and it's not something we look forward to resolving by having somebody here, because that means we'll have that many more people who require a dialysis machine. At the present time, that's the difficulty.

Ms. Hanson: So I understand that the B.C. renal institute, or whatever it is, has these parameters of care. Is it because we can't attract or keep a nephrology nurse in the territory to do this? I'm thinking about remote outback areas in Northern Territory in Australia where they have dialysis because they, too, for different reasons — primarily due to impact on the kidneys, in terms of water and stuff there — have had serious issues with dialysis and have provided it in remote outback settings. I'm just wondering is it because we can't find a nephrology nurse and have some link to the renal specialists in Prince George?

Hon. Mr. Graham: Madam Chair, as I understand it, a whole team of people is needed to utilize the dialysis machine. In remote locations, it may be cheaper, in some instances, to fly this team from location to location and allow them to operate the dialysis equipment at each location. What we're talking about here is having a dialysis machine on-site with the team required to operate it. There simply isn't enough

business here for them to maintain their qualifications for the dialysis machine based on the current requirement for dialysis in the territory.

Ms. Hanson: We were talking earlier about the specialist clinics and specialists and determination because that was part of the analysis in terms of chronic conditions and how we determine whether or not we provide the services here. I, among others, have had a number of people come to see us who are dealing with the difficult problems of prostheses. Amputations can come as a result of a chronic condition like diabetes or an accident and we've got more and more of these situations in this territory. Currently, somebody who needs a change of the prosthesis must go out to Vancouver or Edmonton, I believe, and this can be quite disruptive for somebody who suddenly is placed in a city, where they have been used to walking on a leg, no longer have the leg, and are placed in a wheelchair, or basically are "confined to barracks" while somebody is working on their prosthesis. Numerous times, they have asked the question of me — and we've been trying to find out — how we could get that service offered here so that, in particular, aging people are not forced to go Outside and deal with being legless in Vancouver.

Hon. Mr. Graham: This kind of follows along in the same vein as the dialysis operations team. This requires a team of highly qualified, technical people, and there simply isn't enough business here in the territory to warrant having them here. It would require someone to either set up a shop for them or to attract them here to set up on their own. There simply isn't the requirement yet for them here. It's the same as having a plastic surgeon on staff at the Whitehorse General Hospital; there just isn't enough business to attract them. It's one of the difficulties in a small jurisdiction such as ours. The expense just far outstrips the requirement for the service in the territory.

Ms. Hanson: I appreciate that response from the minister. I would point out that I am not suggesting that we are looking at a resident prosthetist here.

But we are suggesting and we have suggested in the past — I had correspondence from doctor X, head of the prosthesis association of either B.C. or Alberta, who has indicated that they're willing to come here on a consulting basis. That's what we're talking about, so that you could have people — rather than shipping them down and finding out whether or not the prosthesis is right or wrong, actually doing the consultation here. Then it's cheaper to send one guy up here and have him see a bunch of people as opposed to sending a bunch of people down there and having them wait around for days and finding out that, in fact, the prosthesis did or did not need to be adjusted.

So I would encourage — it still goes to the core of the question in terms of how you make an assessment. If it's volume, yes. But I don't think all situations are talking about residents. We're talking about using the lovely facility we have here to attract a variety of different kinds of specialist services so we can better accommodate particularly people who have very limited mobility.

I would like to move on to the issue of page 12-35 on prescription drugs. Again, as we were talking about earlier, one of

the big cost drivers — and it's certainly borne out in the Yukon in terms of drugs, diagnostics, doctors and pharmacies.

One of the questions I have before we get into the numbers on page 12-35 which clearly show an upward trajectory, is to get a confirmation from the minister where the Yukon is at with respect to pharmaceutical costs. It's my understanding that the Yukon government had a purchasing agreement that was established in 1995 that was supposed to be reviewed in 1997.

Then there was an internal audit in 2008 recommending an update on the pharmaceutical purchasing policy, and the same commitment was made in 2011. It's my understanding that there are a number of aspects of the whole pharmaceutical area that are worthy of a whole range of questions, not the least of which is how old the act is. The Premier should be an expert in this and would probably advise his minister on it. From talking to practising pharmacists in the Yukon, there are a number of concerns that are raised about the outdated legislation with respect to pharmacists in the territory.

Pharmacists coming to the Yukon are unable to practise their full scope of practise under the existing legislation. Some concerns are being expressed to me by younger — these are younger pharmacists who are coming here with experience and who are highly qualified and they are quite frankly appalled at what they're finding here with respect to some of the practices that go on with respect to dispensing of medications in this territory.

Some Hon. Member: (Inaudible)

Ms. Hanson: Well, he's not practising. I said "practising".

The question I have for the minister has to do with respect to the costs. This has just gone on and my understanding is that there is — and the minister I'm sure will correct me — a general markup of 30 percent and then another 14 percent, which makes us one of the highest cost jurisdictions in Canada. Could the minister update this Legislature on where we're at with containing our health costs with respect to drugs and what's being done to renegotiate the purchasing agreement?

Hon. Mr. Graham: I've just had some expert advice, and the 30-percent markup is the same as it is across all three territories. At the present time we are taking a look at that as a percentage because — we are even taking a look at capping it because of the fact that, at the present time, a number of drugs, especially for some of the new diseases that seem to be coming along, are extremely expensive. So, rather than a percentage markup, we are taking a look at a percentage — we don't mind the percentage markup on normal drugs, but when we are talking about expensive drugs, we should be looking at a total markup. The 14 percent is nothing to do with Yukon pharmacists. That is a markup for the drugs from the manufacturers.

Ms. Hanson: The fact that the other two territories are paying a 30-percent markup doesn't make me feel much more comforted, knowing that that's coming out of our tax dollars.

I was wondering — if we have had the same sort of arrangement in place for almost 20 years, at what point do you say, "Gee, it's time to renegotiate." I understand the issue of catastrophic coverage for drugs that are new to the market, new to deal with — the emerging sort of situations or conditions or

cases. But when we're talking about people coming into our office on a regular basis and saying, "This drug in Vancouver costs this, and we're paying how much more for it here and this is costing our tax dollars?" That's a question that's legitimately asked by taxpayers, and that's a question that we need to be able to address in a serious way.

Hon. Mr. Graham: As I said, the agreement has expired but hasn't lapsed. The parties are both actually taking a look at the problem right now. It's something that I became aware of in the five or six months that I've been here. I felt there were other things that were higher on my list of priorities. So what we will be doing is going forward to Cabinet with a request to renegotiate the agreement that has been expired for some time. At that time, we will set out what we believe our position should be and I'll look to Cabinet for agreement.

Most pharmaceuticals right now are being bought by the hospital and Continuing Care. The Yukon as a jurisdiction is joining with the other provinces and territories across the country to bulk purchasing of pharmaceuticals and thereby reducing the cost to all of us across the country. That initiative, combined with the initiative that we will be looking at renegotiating with the pharmacists in the territory, should have some impact on the cost of drugs.

Ms. Hanson: I look forward to hearing when the minister does take this forward because this was subject to an internal audit four years ago. One of the key recommendations was that this new pharmacy agreement be negotiated. There's nothing wrong; we want to support local businesses. We want to make sure though that Yukoners are not getting charged more than is necessary for those drugs or for the associated costs of delivering those drugs.

The minister mentioned that there is some movement nationally toward bulk buying, but my understanding — and he can clarify this for us — is that this is drug by drug. There doesn't seem to be a strategy around purchase of the suite of pharmaceuticals that are dispensed annually. Is it just drug by drug — choosing some drugs that we'll try to buy cheap this week and then next week we're going to get a next one on the list?

Hon. Mr. Graham: When we were talking about — in some instances it is drug by drug, but those are only the extremely expensive ones. What we're talking about is some kind of bulk purchasing across the whole spectrum of drugs used in the hospital system here as well as by the Continuing Care group. We're not looking at all of the drugs one by one. It's only the really expensive ones that we're looking at currently, but the rest are part of the pan-Canadian agreement and they'll be looked at on a whole spectrum of drugs.

Ms. Hanson: Just one last question I think on costs of drugs and it's the last.

On Saturday some of the members present were at the Association of Yukon Communities meeting, at which the Federation of Canadian Municipalities president spoke. He confirmed that the FCM had been successful in lobbying the federal minister with respect to seven principles that Canadian municipalities wanted to see respected in Canada's negotiation of the trade agreement that is being negotiated right now with the

European Union — the comprehensive economic and trade agreement. The minister is probably aware that the EU is proposing an extension of drug patent protection in Canada. The Canadian Generic Pharmaceutical Association estimates that Canadian consumers — all of us — would face substantially higher drug costs as exclusivity is extended on top-selling prescription drugs, with the annual increase in costs likely to be in the range of \$2.8 billion per year in Canada. That translates to about \$1.9 million a year for the Yukon, which is a significant hike for us. So my question for the minister: What assurances can he give us as Yukoners that he will join with other provincial and territorial ministers to lobby to make sure that we don't see that extension into the Canadian pharmaceutical industry from the European Union, so that we don't add another \$1.9 million to our already very high pharmacy costs?

Hon. Mr. Graham: There is no doubt that we're all concerned about it. We've joined already with other jurisdictions in discussing the issue. I believe health ministers will be meeting in the fall to put forward a position, but this is something that has to be discussed at a federal level. We'll add our voices to the other provinces and territories, there is no doubt about it, but again it is something that will be discussed at the federal level.

Ms. Hanson: I appreciate the minister taking that forward because I think, again, it's a bit more than half of the prescription costs under pharmacare right now and you know — not nearly as much as it is under some of the other programs, but \$1.9 million is — even C.D. Howe in the Second World War would have thought that was a lot.

The reference was C.D. Howe, who said, "What's a million?" when asked about military expenditures.

Under monitoring of medical travel costs, I'd ask the minister if he could provide an update. The Auditor General's report indicated that a March 2009 departmental report indicated that total medical travel costs for air travel, mileage, air medical evacuation, ambulance, escort, fuel and patient subsidies increased from \$4.9 million to \$8.5 million between 2004 and 2008. The report made a number of recommendations related to monitoring the cost effectiveness of the medical travel program. The department, as the minister has mentioned, has got THSSI funding to consolidate the progress made in reducing reliance on Outside health care systems and medical travel. The department indicated that subsequent to the audit, the department has instituted a process for reviewing the cost of new and expanded programs.

I was wondering how that applies to the recommendation and also a status update on the work the department is doing to work with other jurisdictions to ensure that out-of-territory costs are accounted for in a timelier manner. The department indicated at the time of the Auditor General's report that it expected to have a structured process in place by the end of the 2011 fiscal year that would include provisions for communications and other things in order to better forecast annual expenditures for out-of-territory medical travel.

Hon. Mr. Graham: Madam Chair, the biggest single reason for the large increase during the time frame the member opposite was talking about was due to the increase in fuel

prices at that time. That was the biggest single one. In terms of what we're doing to monitor this situation, we have set up an evaluation process.

But I think when we were talking about the Auditor General's report where the Auditor General was saying that we didn't know how much we were being paid, that was part of what I talked about earlier where hospitals or hospital jurisdictions outside of the territory aren't providing the billing to us for the patient care in a timely manner. I know of a particular one we talked about earlier with my department, where we received it eight months after the services were provided to our patient.

Also, this year — and this is to me a success story — is that the biggest, single difficulty we had with collecting these types of invoices was from the federal government. I think it went from \$28 million down to almost nothing in the last few years. We've managed to collect that much money through negotiations and things like that. It is working.

I know our Assistant Deputy Minister of Finance has been doing a great deal of work with especially Alberta and B.C. to try and get them to provide us the billing, or at least give us some idea of what the expenses are, because many of the procedures — and again this was a surprise to me — that happened outside of the territory are extremely expensive.

That's why they are sent out — because the procedure is complex and it is extremely expensive. That deals with the medical costs, but the evaluation of the medical travel program has been completed now. So we have completed it, we now have some recommendations, so we're going to evaluate the recommendations and see how we're going to start implementing various of the recommendations. Again, we're attempting to develop measurable objectives, measurable targets for all of the programs and any new ones we will have built into the program before the program is approved or even considered, but with this one we have completed the evaluation.

Ms. Hanson: Just with respect to travel outside of Yukon — oftentimes, when a person goes Outside for medical care it is a bit confusing. Even if you're in the best of health, sometimes Vancouver or Edmonton can be confusing.

The department, to its credit, put together in 2001 a patient travel guide, which had a very handy format and provided all sorts of information — contact information about where you could stay that was relatively inexpensive and close to hospitals — hostels, hotels, lodges; information about a checklist — like what you need to take to the hospital — that kind of stuff. My understanding is that it was deemed to be out of date, a contract was let and that contract has been finished since August 2009, but it has never been reissued. Something like this could be very, very handy for anybody, particularly for somebody who is trying to navigate the medical system or just a wholly new city on their own. Is there any reason why that contract wouldn't have been published if a contract was completed?

Hon. Mr. Graham: I believe that the booklet is developed by the Red Cross, not by the department. I could be wrong, but if I am, we will get back to you with some reasons, because I have no idea, other than the fact that I thought it was produced by the Red Cross.

Ms. Hanson: Just to confirm for the minister that it is actually a contract with his department. So I look forward to hearing the status of that.

I just have a question with respect to page 12-37, Hearing Assessments. I note the increase from the estimates to the estimates. My question is more that there is no cost to the government as this item is recoverable from the client or their insurer. I guess it may sound — well, it's a question: What about somebody who is on social assistance? Do we not ever provide hearing assessments for somebody who is on social assistance and isn't that a cost to government?

Hon. Mr. Graham: If the person is on social assistance and hearing aids are required for work purposes or something in that vein, social assistance will provide it. I understand there has been a bit of a backlog, but we are working on that one as well. In fact, we were caught up by bringing in another contractor.

Ms. Hanson: I just note on page 12-39 that there is a note about the Yukon children's dental program and then it goes into more detail on page 12-41.

Is it the intention that all preschool children would be covered by sort of basic preventive diagnostic and restorative dental procedures, or how do these numbers relate to the kids in school? This is for a preschool and up, including grade 8 in Whitehorse and to grade 12 in other communities — so is this a universal program? I guess that's the question I have.

Hon. Mr. Graham: Yes, it is and I was very fortunate this morning to have a gentleman come to my office who has worked for about 28 to 30 years in the community of Dawson City as a dentist. Helmut Schoener came to my office this morning because he had some concerns with the Yukon children's dental program. I spent a very enjoyable hour with him and have a number of notes and comments that he has made because he has since retired and he's very concerned about the children's dental program because he believes it is probably one of the most important preventive programs that the territorial government offers.

So I'm very pleased to say that we did put in this budget — I know from the remarks I made yesterday — \$201,000 extra into the children's dental program in the schools. I will be only too happy to take the notes I made while speaking with Dr. Schoener this morning and discussing them with my department. Right now, I haven't had a chance to do that, obviously. But, to me, his assessment of the dental therapist program, which is no longer available in Canada, as the only university providing the program has now discontinued it — but his assessment of the dental therapists being used in communities around the territory was similar to that of the nurse practitioners being used as well.

So we will take the information forward to the department, and I hope to see some real positive changes made in the very near future in that program.

As my deputy minister has just told me here, we are looking at the expanded use of dental therapists, but we are also going to have to look at where we obtain these highly trained individuals, and that will be a discussion with another minister.

Ms. Hanson: I am very encouraged to hear the minister speak so highly of the importance of the diagnostic and preventive work that the dentists and dental therapists do, and making sure that every child in school has access to that is so important because we're seeing the long-term health impact of poor dental health. Similarly, when medicare was originally designed, dental care was intended to be part of that whole preventive spectrum.

I am mindful there are other people. Page 12-42: "Community Health — Environmental Health Services" Not only does Environmental Health Services promote the care for the environment in the interest of human health, but it provides inspection services, surveillance, audits and enforcement activities in support of the regulatory programs around human health.

The footnote says that, "The projected reduction in client contacts is due to a decrease in the number of staff by 1 position." Why would we be decreasing staff in this area when we have a burgeoning economy — I'm told — and I would imagine that we have more need — not less — for Environmental Health Services?

Hon. Mr. Graham: As I understand it, it's not because we have actually reduced the number of positions in that department; the number of positions is the same. As I understand, we are having a great deal of difficulty filling the position, so until the position gets filled, they're working short-staffed in that department.

Ms. Hanson: I hope we can attract somebody to fill that position, because it is a pretty important one. My second question on this area is with respect to water tests. The explanatory note says, "An increase in the number of water samples submitted for testing is projected due to increased attention to drinking water quality and implementation of the Drinking Water Regulation."

My question: Is that drinking water regulation in place now?

Hon. Mr. Graham: The regulations are in the process of development. The regulations have not yet been proclaimed.

Ms. Hanson: Given they're projecting the increase in testing, does the minister have a date for when the regulations will be in effect, and what is the impact of these regulations — if he could just briefly explain?

Hon. Mr. Graham: I hope to be able to bring these regulations forward to Cabinet no later than the fall. We're projecting right now late fall. However, all things being equal, they should be there, but again, it will be a Cabinet decision.

Ms. Hanson: I note with interest a number of the community health and health promotion unit descriptors and some of them are quite fun.

I liked reading the descriptions of the sexual health promotion activities. I think visitors to the Yukon are often astounded at the number of specialty condoms that are produced in this territory. The Yukon specialty program condom — I love this — continues with 23,000 distributed condoms including a new native hockey tournament condom. Good stuff.

My question, Madam Chair, regards an evaluation conducted of this program, which was evaluated last year. Has that evaluation been made public and has it been used? It says it's a

key tool for enhancing sexual health discussion between and among youth and their parents and community members. I'm just curious. Has that evaluation been made and has it been used as a discussion tool?

Hon. Mr. Graham: At this time it hasn't been released, but in fact I haven't even seen it myself. Once the department gets me a copy of it, at that time I guess we can discuss whether it should be publicly released. We should be able to make a decision on that fairly quickly.

Madam Chair, I have to tell you that the number of negative comments I received as a result of the condom program being used quite extensively during the Arctic Winter Games and all the comments that were on the radio — I expected to get an absolute deluge of complaints and I got three or four. There were maybe as many as half a dozen, but all of them were very reasonable and very intelligent people who just felt that perhaps we were a little bit over the edge. Overall, the comments were very positive and we are quite happy. I hope that the results are as positive as we indicate here.

Ms. Hanson: Given the significant incidence of sexually transmitted diseases and infections in this territory, it is really good that we are not getting pushback on this. It is an innovative and creative program. If it makes people chuckle when they see the packaging, great, but better still that they use them.

On page 12-45, my question — if the minister could clarify this, because I'm not sure if these numbers are transposed because I was unable to follow. The top one — sexually transmitted infections — says the actuals in 2010 were 14,900. Could the minister just clarify which numbers are the real numbers here?

The second question is with respect to tuberculosis testing: Do those tests indicate the overall number of tests that were conducted and how does that translate into the number of cases and is that possible to say? The increase in 2010-11 it says reflects the increase in the number of cases, but I guess it begs the question: What is the number of cases?

Hon. Mr. Graham: First of all, I'll answer the first one about the sexually transmitted infections: 14,931 were the actuals for 2011. We underestimated for 2011-12 at 10,150 and so, as a consequence of that underestimation, we had to revise the estimate just recently to 15,000. We will know more accurately within the next very short time exactly what that number was. The estimate for this year is 15,100, based on the 2011-12 actual.

Ms. Hanson: With respect to the tuberculosis data — the number of cases that represents?

Hon. Mr. Graham: There are three different kinds of tests and these numbers indicate all three tests. I'm certain it's not the number of cases, but I'll have to get back to you with those numbers, if it's okay.

Ms. Stick: Thank you, Madam Chair. I just had one item I wanted to follow up on from yesterday. We were discussing — and I'll give you the page number — it was 12-54 and it was transfers. The particular line item was the \$390,000 from "Employment Incentives." In looking back on notes from yesterday, the minister indicated that Challenge would be able

to apply for funding to this line item, though further down on the page they are also down for \$597,000 for their day-to-day funding.

What the minister said was that they receive their ongoing funding, but any new initiatives they wish to have funded, they can come back to the department and receive money. I just took that out of the Blues. As the minister no doubt knows and wouldn't be surprised at, people read the Blues and *Hansard* and watch us on TV. I heard from two NGOs this morning wondering if this is something where they also could come in with projects and get money from the same pot. They seemed surprised that this amount was there. I just wanted to double-check and give the minister an opportunity to speak to that.

Hon. Mr. Graham: Exactly. As I said yesterday — I hope I said it correctly yesterday — these incentives are for employers to employ individuals with disabilities. So if an NGO specifically wishes to hire an individual with a disability, I don't see any reason why the employment incentive wouldn't apply to them equally as it does to Challenge or private employers.

I'd have to check and make sure, but I don't see — because of the fact that Challenge can avail themselves of that, then other NGOs should be able to do the same thing, right?

If I can, I will get confirmation on that. We're quite certain that's the way it works, but I'll make sure.

Mr. Silver: In light of the time, I'm just going to read through my notes and we'll get to the end there as quickly as possible, basically.

Madam Chair, we welcome the opportunity to discuss the Department of Health and Social Services, and we thank the minister and his team for his introductory comments and assistance. This department requires our attention for two reasons: the first is that it provides services that Yukon families rely on, and the second is that it is provided with a much larger share of the public purse than any other department. As the members are aware, Health and Social Services required almost one-fourth of the budget this year. To put that into perspective, the \$287 million allocated to Health and Social Services would cover the combined budgets of Energy, Mines and Resources; Environment; Economic Development; Executive Council Office; Justice; Tourism and Culture; and the Public Service Commission.

We are very glad to have the opportunity to discuss the department, especially as the sitting draws to a close.

For the most part, my comments and questions will be specific to the new hospital being constructed in Dawson City. The new hospital has been in the works for some time now. The then minister announced the project some three years ago. Construction is now slated to be completed sometime this fall with the hospital operating this winter. When the government embarked on this project, they committed to completing a functional assessment of the community's acute care needs working with the community to assess their needs. The plan was to make sure that the eventual project would be what the residents require and what the government can fund and staff in the long term. The hospital, like the Watson Lake hospital and the Whitehorse nurses residence is being financed through the bank

loan totalling \$67 million. The Hospital Corporation chair has previously estimated that operation and expenditures would also increase considerably at the new hospital to \$4 million to \$4.5 million a year, and that is triple the current spending in Dawson City. He offered those estimates two years ago and no doubt they have been fine-tuned since.

Based on the preliminary acute care needs, the community needs analysis, I was wondering if the minister could tell us specifically what services will be offered at the Dawson City hospital. We are interested in what programming has been lined up and how input was received and incorporated into these programming decisions — specifically, what services will now be offered in Dawson City that weren't offered before?

Enhanced programming would also require new and different staff. Completion is expected later this year, and it takes time to recruit hospital staff, particularly for specialized positions and particularly for remote communities like Dawson City and Watson Lake. New beds are planned at the Sarah Steele Building, the Thomson Centre, the Whitehorse General Hospital, which all require more staff as well. Although there will be quite a number of new hires and nurses and other medical professionals, we want to be sure that the recruitment in Dawson City won't suffer as a result. We would appreciate an update from the minister on what positions will be filled and what recruitment procedures are on the way.

Are they specific positions that the minister is anticipating having difficulty filling? In essence, how are we making certain that Dawson City residents don't just wind up with an expensive new building but actually get a fully staffed and functional hospital?

One other note other than that — I'm going to skip my other mental health services in light of the time. I previously stated in this House that we currently do have extended care nurses in Dawson, and I am thankful for them and for their scope of practice and believe, as front-line professionals, that they can be of tremendous assistance to physicians. Also, they bring to the community, not just the hospital, a collaborative model of health care that would save money, both in the short term, in lower salaries — having them on the floor with the physicians in the emergency room — but also in the long term in the health care promotion and education to the community.

As I understand it — and I barely do understand it — we are not regulated to allow the levels of nursing to work in a hospital as opposed to a nursing station. I don't envy the minister in his responsibility to deal with the legislation and the regulations and the agencies and the whole lot. It seems like an awful lot of work. Kudos to him to wrap his head around it when it comes to regulating care in the Yukon. But I would like to ask the minister again — and I brought this up before with him: Are we anywhere closer to allowing these extended scope nurses to practise in Dawson, to keep their children in our schools, and for them not to have them sell their houses?

According to the time, Madam Chair, I move that we report progress.

Chair: It has been moved by Mr. Silver that the Chair report progress.

Motion agreed to

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

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

Motion agreed to

Speaker resumes the Chair

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

Chair's report

Ms. McLeod: Mr. Speaker, Committee of the Whole has considered Bill No. 6 entitled *First Appropriation Act, 2012-13*, and directed me to report progress.

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

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

Hon. Mr. Cathers: I move that the House do now adjourn.

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

Motion agreed to

Speaker: This House now stands adjourned to 1:00 p.m. tomorrow.

The House adjourned at 5:26 p.m.

The following document was filed May 8, 2012 :

33-1-22

Yukon Minerals Advisory Board 2011 Annual Report (Cathers)