In recognition of Police Week

Hon. Mr. Nixon: I rise today on behalf of all members of this Assembly to pay tribute to Police Week in Canada and in Yukon. May 13 to 19 is an opportunity to honour the police officers who serve and protect our communities. Police Week is a time to reinforce and strengthen police and community ties, raise awareness of the role that both police and the public play in promoting public safety and promote the work police do in our communities.

Every day RCMP members police our communities and work with other agencies, community partners and individual citizens to prevent and deter crime. In their efforts to preserve the safety of our communities, they often put themselves in harm’s way. They are often the first responders to victims of crime and conflict. It is their compassion and presence that can help a victim to feel safe again. We have high expectations of their conduct and rightly so — they are looked to as role models and community leaders across our great territory. With those high expectations must come a recognition of the challenging role members of the RCMP fulfill when policing our communities.

Our government joins with all Yukoners in expressing our appreciation for their dedication, courage and professionalism in carrying out their work. Currently, there are 195 full-time RCMP employees in Yukon. These consist of 135 regular RCMP members, 23 civilian members and 37 public service employees. The work of the RCMP is aided by many community volunteers and organizations actively involved in crime prevention and community safety in their neighbourhoods. Many of our own citizens contribute to community safety by volunteering as auxiliary constables, victim assistance volunteers and citizens on patrol. Others work with organizations such as Yukon women’s coalition, the Liard Aboriginal Women’s Society and Mothers Against Drunk Driving. These community volunteer programs reflect true partnerships between the police and the public.

I understand that the Yukon RCMP has planned a number of events this week in Whitehorse and in the communities. Many detachments typically hold bicycle rodeos or other youth-focused activities during Police Week.

Some will even serve up hamburgers or hot dogs as they take the time to introduce themselves to the people they serve. In Whitehorse, our largest detachment is planning a barbeque, along with a display of some of the equipment and assets that are used across Yukon. These events are aimed at fostering stronger ties between citizens and police, and I strongly encourage Yukoners to participate. Police Week is a great opportunity to get to know the police in your community, offer your thanks for their service, and talk about how the public and police can work together to support safe and strong communities.

In keeping with the spirit of Police Week, I am pleased to announce the second year of the community safety awards. The community safety awards are one way that we can pay tribute to police, to organizations, to citizens and youth who contribute to community safety. This year, the theme of the community safety awards is “Partnerships”. Increasingly, responding to issues of community safety requires collaboration across government and non-governmental agencies, police, citizens and the community. There are a number of effective models of collaboration in Yukon communities that aim to improve community safety, and these need to be promoted and given support.

I encourage people to nominate an individual, youth, community group, a program, or RCMP member who they think contributes to making communities a safer place to live, to work and to play.

Nominations for the awards will be open until September 9, and the community safety awards event will be held at the Yukon government administrative building in Whitehorse in early November.

For more information on the awards and for nomination forms, please visit the Department of Justice website. Department of Justice officials will also be reaching out to local communities, stakeholders, and First Nations to encourage nominations. In the spirit of Police Week, I invite Yukoners to recognize RCMP members who they believe build bridges in their communities, excel in delivering police services and help to inspire and mentor our youth.

If all members could join me in welcoming a few members to the gallery, I’ll name them. Please stand, and we’ll applaud at the end: Yukon RCMP Commanding Officer Chief Superintendent Peter Clark; Corporal Calista MacLeod; Constable Walter Wallingham; public service employee Lorraine Rousseau; public service employee Debbie Verhell; civilian member David Gilbert; civilian member Gail Schumacher; and auxiliary RCMP Cst. Rick Smith — welcome.

Applause

In recognition of International Museum Day

Hon. Mr. Nixon: I rise on behalf of all members of this Assembly to pay tribute to International Museum Day.
Since 1977, May 18 has been recognized as International Museum Day by more than 30,000 museums around the world. In Yukon, this is an opportunity for us to celebrate the many museums and cultural centres that interpret our stories and preserve our heritage. Museums, including First Nation cultural centres, are facilities that present and preserve our diverse cultures.

This year the theme for International Museum Day is “Museums (memory + creativity) = social change.” We can see examples of this theme here in Yukon, where changes in our social fabric are reflected in our museums. Moving beyond static displays, museums have become important community hubs where people of all cultures gather for a variety of celebrations, festivals, performances and social events.

There are a variety of museum events planned in the coming months. On June 1, the Dî Kų Cultural Centre in Haines Junction will have its official opening. This unique facility combines traditional Champagne and Aishihik culture, contemporary Yukon artwork and visitor services under one roof. This innovative combination gives visitors and Yukoners an opportunity to receive tourism services, learn about the regional culture and enjoy Yukon artwork at the same time.

From July 26 to 28, the Teslin Tlingit Heritage Centre will host an annual celebration for Yukoners and visitors to learn about the Tlingit culture through arts, dance, music and storytelling. All our museums hold the evidence of our history while responding to the present.

Government of Yukon supports museums in carrying out their important role in Yukon by providing museums $350,000 for special projects, such as cataloguing, developing exhibitions and upgrading facilities. We also provide over $1 million each year to museums, including First Nation cultural and heritage centres for ongoing operations.

At the end of May the Yukon government will be participating in the Canadian Museums Association conference. Over 200 delegates are coming to the territory to exchange ideas, share experiences and discover our incredible cultural facilities. This government remains committed to supporting the efforts of Yukon heritage professionals and volunteers involved in Yukon’s museums. These individuals work hard to promote awareness about Yukon’s rich and diverse history and share that knowledge with others.

In recognition of International Museum Day I encourage Yukoners to visit their local museum or cultural centre and explore the diverse history that belongs to all of us.

Speaker: Are there any visitors to be introduced?
Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Hon. Mr. Nixon: Mr. Speaker, I have for tabling Yukon Corrections: A Principled Approach — Implementing Correctional Redevelopment.

Speaker: Are there any other documents or returns for tabling?
Are there any reports of committees?

NOTICES OF MOTION

Mr. Hassard: I give notice of the following motion:
THAT this House urges Aboriginal Affairs and Northern Development Canada — AANDC — and the Canadian Northern Economic Development Agency — or CanNor, in fulfillment of their shared mandates to support northern economic development, to:
(a) respond positively to the April 2013 Senate Standing Committee on Transport and Communication report regarding the need for a national air travel strategy that takes into account specific needs and challenges of different regions, including the north; and
(b) devise a northern air travel policy as a component of a national air travel strategy that encourages AANDC and CanNor employees travelling to, from and within the north to select northern carriers over non-northern carriers where the option to travel with a northern carrier exists and is priced within a margin of reasonable competitiveness.

Mr. Silver: I give notice of the following motion:
THAT this House urges the Government of Yukon to provide a public explanation for why the recommended Dhaw Gho Habitat Protection Area plan, submitted to the Government of Yukon in June 2006 for final ratification, has not been signed off.

Speaker: Is there a statement by a minister?

Speaker’s statement

Speaker: Prior to Question Period, the Chair will make a statement regarding a point of order that was raised last Thursday by the Official Opposition House Leader.

Last Thursday the Minister of Energy, Mines and Resources said in response to a question from the Member for Mayo-Tatchun that, quote: “The member has a pattern of making up his statistics.”

At the time the Chair ruled that there was no point of order as it is not the role of the Chair to determine the factual basis of questions being asked or responses being provided. The Chair has reviewed the Blues as he does every sitting day. In stating that the Member for Mayo-Tatchun “…has a pattern of making up his statistics”, the minister not only cast doubt on the statistics being used by the Member for Mayo-Tatchun, which is in fact in order, but also and more importantly cast doubt upon that member’s character, which is not in order.

The Chair has on a number of occasions, reminded members that they are to treat one another as honourable, no matter how much they disagree with one another.

The statement made by the Minister of Energy, Mines and Resources did not uphold that standard.

I would remind members that this is the last week of the 2013 spring sitting, and I would ask them to redouble their efforts to adhere to the rules of order and decorum over these final few days.
The Chair would like to thank all members for their attention. We will now proceed with Question Period.

**QUESTION PERIOD**

**Question re:** NGO funding  

**Ms. Hanson:** On May 7, the Minister of Health and Social Services had this to say: “Part of my direction to the department has been that we are going to get out of the business of providing funding for NGOs just to provide an advocacy base. This is something that we are continuing but we are phasing out of. We will be providing funding for services and then we will be following up on those services and making sure that they dovetail with what the department is doing.”

Mr. Speaker, I am looking for a clarification, because on the surface of this, this looks like a major shift by the Yukon government — a major policy shift. Can the minister explain what his intentions are? How does he define “advocacy”, and which NGOs will be affected by this policy change?

**Hon. Mr. Graham:** As all members know in this Legislature, funding for programs and services within the government is a limited resource.

We have only so many dollars we can spend to provide services for people in need throughout this territory. We are attempting, with this direction, to utilize the limited number of resources we have available to provide services to reach the highest number of clients that we possibly can.

What I meant by the statement was quite simple: If an NGO is providing a service to the department, we will pay for that service. If, as part of that service, they are also doing advocacy work, that’s fine too, but we are especially interested in the services that are provided by NGOs to this government.

**Ms. Hanson:** You know, there are 600 NGOs — or more — registered as societies in this territory. Thousands of citizens who are volunteering to us. NGOs, by their nature, advocate for necessary changes. They make valuable contributions to our public life, and their voices should not be suppressed.

I will list a few NGOs to demonstrate the diversity of issues they work on. They all receive public funds and all do some form of advocacy: Yukon Mine Training Association; chambers of commerce; chambers of mines; Advisory Council on the Status of Women; Raven Recycling Society; Yukon Anti-Poverty Coalition; Bringing Youth Toward Equality, and I could go on, Mr. Speaker.

Is the Yukon Party government planning to bar public funds for advocacy work for all NGOs, or is it taking a targeted approach to particular NGOs?

**Hon. Mr. Graham:** I’d advise the member opposite, first of all, to listen to the answer and to the statement I made on May 7. This department has received that direction from me, and it’s because of the fact that we have very limited resources within the Health and Social Services department, and we want to make sure those monies are utilized in the best possible manner to serve the largest number of clients within our department.

I’m quite open about the fact that we have a huge number of NGOs. Last time I counted, I think there were 109 NGOs that we provide funding for through the Health and Social Services department. Probably, of those 109 NGOs, 107 of them are providing a very valuable service to clients of ours and will continue to provide that service.

What I see as an NGO that perhaps won’t get the highest number of dollars from us as they have in the past are those NGOs that provide no service to clients directly. Those are the ones, quite frankly, that will slowly be phased out.

**Ms. Hanson:** I remind the minister that at the beginning of this legislative sitting kicked off with the Premier using his Budget Address to attack environmental NGOs, including the Yukon Conservation Society, a collection of volunteers who has advocated for environmental protection and sustainability for over 40 years. This is bad policy. It is disrespectful to a long tradition of civic participation through NGOs that worked on issues government was afraid to touch. Progressive social change from child welfare to the protection of animals came through NGO advocacy.

When the government says it will not fund groups who do advocacy — that it will only fund those groups doing what dovetails with the government’s goals — the government is shutting out important voices in public policy debate. This is an affront to democracy.

What does the Yukon Party government hope to achieve by controlling the voices of NGOs and Yukon citizens?

**Hon. Mr. Pasloski:** Again we see the continued pattern from the Opposition in terms of trying to create misunderstanding, fear and concern for citizens of the Yukon Territory, and this is their latest example of that.

This government has increased the funding to NGOs by millions of dollars. A couple of examples come to mind: Kaushee’s Place, Many Rivers and Challenge are examples of some of the NGOs that we continue to invest more in, because we recognize the great work that these NGOs do.

I want to take the opportunity to again thank these NGOs. Sometimes we have to thank our employees because of the people on the other side of the House who are implying that they are either not doing their job properly or that they’re not meeting their obligations. Here we are standing in the House and standing up for those people who are running these NGOs and who are making a big difference for people of the Yukon.

**Question re:** Mental health services

**Ms. Stick:** I previously asked questions in this House with regard to mental health and support for NGOs assisting individuals and their families. On April 18, the minister spoke about the mental health framework and spoke of ongoing consultation with a number of NGOs and government departments. The purpose of the consultation was to lead to a more comprehensive mental health strategy. We’ve already heard from the minister about funding for Many Rivers and the supports they provide both here and in the communities.

Can the minister tell us which other NGOs have been consulted, and when will we be able to see a mental health strategy?

**Hon. Mr. Graham:** I’m not sure what the member opposite believes — is it that I as minister of the department...
run out and consult all of the necessary partners that we have in this area? I don’t.

I have given the department very explicit instruction to make sure that relevant partners and relevant NGOs, as well as the general public, are consulted during the consultation period regarding the mental health strategy. I have every belief that the department will do just that: they will consult with everyone — all of our partners, as well as the general public.

**Ms. Stick:** In 2012, the Mental Health Commission of Canada released its national strategy called *Changing Directions, Changing Lives*, and this strategy addressed many issues around mental health, including children and youth, seniors, peer support, First Nations, housing and homelessness, mental health and the law, and suicide. There are many more, but these issues I mention from the strategy are all critical areas that this territory is facing and requires a coordinated and collaborative strategy for.

Can the minister tell this House how this national strategy, which many Yukoners had a part in helping develop, is being utilized or implemented in our own territory to improve mental health services?

**Hon. Mr. Graham:** Again, I’m a little bit surprised by the question. The Yukon is a separate jurisdiction. We will create our own mental health strategy. We were very pleased recently to see that the Canadian Mental Health Association established a chapter here in the Yukon. We will work with them, as well as the Second Opinion Society, Many Rivers and any number of our other partners, but the Mental Health Services branch within the department continues to offer services, continues to provide supportive counselling, case management, consultation and referral services for persons within the territory suffering from mental problems. We haven’t changed that service, or we haven’t materially done anything different with that service while we’re establishing a mental health strategy. The services that we’re providing are currently being provided as they have with small incremental changes from year to year, but until the mental health strategy has been completed, I don’t see any great changes within the way we provide services in the territory.

**Question re:** F.H. Collins Secondary School reconstruction

**Mr. Silver:** Last week the Government of Yukon announced an update on the F.H. Collins school project. The minister was pleased with media reports on Friday, including the story about a new design being chosen.

After spending at least $6 million on the project, the Yukon Party decided to start all over again in the spring. That money is already spent. I believe that the government made the wrong decision the first time around when it decided not to rebuild the tech and trades wing at the school. Unfortunately the media coverage from Friday confirms that the trade wing will not be rebuilt in the new school. I asked the minister on the second day of this spring sitting if he would consider including a new tech and trades wing in the new school. He replied at that time: “...the short answer to the member’s question is yes.” My question is why, or did he in fact change his mind?

**Hon. Mr. Kent:** I also said in this House previously that we were looking for a design that had been built successfully and economically in another jurisdiction. Obviously with last week’s announcement we did find that design in Alberta. The Government of Alberta graciously provided that design to us at no cost.

When it comes to the tech and trade wing, the members opposite will also remember a number of weeks ago when we debated a motion on the floor of this House calling for the potential establishment of a career and technology centre. That is something I think we could do with the existing trades wing at F.H. Collins some time in the future. To replace that aspect of F.H. Collins was determined to be too costly. The existing building will require some upgrades. That is what we plan to do and use it for dual-credit training and other aspects for trades and technology going forward.

**Mr. Silver:** Mr. Speaker, the recently completed feasibility study for the Centre for Northern Innovation in Mining at Yukon College demonstrates a strong demand for these types of skills. At one of our operating mines, only 25 percent of the workforce is local. They are looking for tradespeople.

The Minister of Education himself has spoken about the need for this type of training. If the school is being rebuilt, the trades wing should be a part of that new rebuild. I’m very disappointed that this government is moving ahead in a way that treats the trades students as second-class. In announcing the new design, the government was unable to tell Yukoners what it will cost to build the newly designed school.

My question for the minister: What is the construction budget for the new design?

**Hon. Mr. Kent:** As mentioned by the Deputy Minister of Highways and Public Works, as well as the Minister of Highways and Public Works, in the media and while doing interviews last week, that particular design was built in Alberta for $21 million. Obviously there is a Yukon context to this and a time context that will mean that the construction budget for this project will of course be higher than the $21 million.

But again it’s a design that has been constructed successfully and economically in another jurisdiction. That is what we have been consistent in saying. Obviously the initial design that was put together came in $10 million, or 21 percent, over pre-construction estimates, which wouldn’t have been fiscally responsible for us to proceed with that project. Obviously before the first tradesperson arrives on-site and you’re already $10 million overbudget, everyone in here, and certainly most Yukoners I’ve talked to, can understand that that’s not a project that should proceed.

We’re very committed to the trades; the existing trades and tech wing over there was contemplated to be kept in the first design. We are going to keep it in the second design and make some improvements to it and offer training to Yukon students who are looking to get involved in the trades going forward. We are very excited about that and some of the other initiatives, such as the mobile trades unit that will be arriving here in September.

**Mr. Silver:** The Government of Yukon should be taking the time needed and properly plan the new F.H. Collins
Question re: Airport safety

Ms. Moorcroft: Transport Canada has required all airports to implement safety management systems, which must include a safety policy, a process for setting and achieving aviation safety goals, the identification of hazards, the evaluation and management of risks, incidents and accidents, corrective actions, and a process for ensuring personnel are trained.

A safety management system is comprehensive. It encourages the active participation of all airport employees, regardless of their job title. The system is designed to identify safety risks before they become bigger problems, but we don’t know how frequently training has been offered on the new safety management system.

Mr. Speaker, can the minister tell this House whether a comprehensive safety training regime has been implemented for all Yukon airport employees — from mechanics to administrators to managers?

Hon. Mr. Istchenko: Safety training within the Department of Highways and Public Works is ongoing. Our employees are always taking training.

Mr. Speaker, at our airports, the runway surfaces are to the utmost standard. We have no issues from Transport Canada; no issues from Nav Canada. The industry — with callbacks from the media — has no issues with our airports. I think the only issue with our airports is the NDP.

Ms. Moorcroft: Well, once again the minister needs to take responsibility for his direction to his departments and for his obligations to ensure that safety management systems are effective. They are most effective at managing risk when safety hazards are found, reported and addressed before hazards become problems. The minister is responsible for making sure that spending priorities allow for departmental staff to maintain the best safety standard. This means that airport maintenance equipment should be in good repair and suitable for the work it does.

At the Whitehorse airport, snow-clearing and other runway maintenance equipment is quite elderly and in need of frequent repair. Has the minister directed his department to replace aging runway maintenance equipment with modern, Canadian-made, purpose-built snow-clearing equipment designed for airports operating in weather conditions north of 60?

Hon. Mr. Istchenko: On that, I passed direction to the department that I’d like our airport equipment to be put into a revolving fund like we have for our highway equipment. Our equipment is always maintained to a safe standard for airports. My direction, Mr. Speaker, is why we allocated $2.3 million this fiscal year for pavement overlay, patching and taxiway extension work. Regular upgrades to these assessments are required to maintain integrity of our infrastructure in an ongoing maintenance pattern.

We have $3.5 million in sewer and water upgrades to enhance the reliability and safety in the event of wildland fire and to improve services for the commercial holders.

We have another $2.35 million for various other aerodromes within the Yukon on an ongoing maintenance thing, so I’m proud of our employees who do their job in the direction they take from this government.

Ms. Moorcroft: Mr. Speaker, the minister would do well to answer the question I asked him — if he had ordered that the aging equipment would be replaced.

A safety audit was recently completed for the Whitehorse airport. The minister referred to that last week. Transport Canada inspectors will be assessing safety again later this summer at Whitehorse airport. I think before we get into that upcoming audit, Mr. Speaker, Yukoners have a right to know what was said in the previous safety audit and what might have been done as a result of it.

Will the minister release the latest Whitehorse airport safety audit, including any deficiencies that were identified and the actions taken to date to address any safety issues in the audit?

Hon. Mr. Pasloski: I rise again today to say, “Here we go again.” Here is the NDP again creating misunderstanding, trying to create fear and concern out in the community. We have heard from officials. We have heard from the airline companies who use that runway every day. There have been no incidents. There are no concerns. Quite honestly, if I didn’t know that it was out of order, I would say that the member is surely fearmongering —
Some Hon. Member:  (Inaudible)

Unparliamentary language
Speaker:  Hon. Premier, I ask you to retract that last statement. You know it’s unparliamentary.
Hon. Mr. Pasloski:  I said if I didn’t know it was out of order I would say it.
Speaker:  No, that’s —

Withdrawal of remark
Hon. Mr. Pasloski:  I retract it. Thank you.

Question re:  Bear awareness
Mr. Barr:  Spring is here and bear season is upon us. We live in the Yukon to be close to wilderness and some conflicts with wildlife are inevitable, but we can take steps to lessen conflict. Last year was a bad year in terms of shooting problem bears, and the tip of my hat to all the hard work of Yukon COs stuck with the task of killing bears that get too accustomed to an easy meal. Human behaviour is the main problem and we need to come up with solutions around our solid waste to avoid these situations. There are solutions — have locking bins at residences in the City of Whitehorse. At the Environment Fair this weekend, there was a demonstration on retrofitting existing city household bins with simple, effective lock systems. The solution would require the city and the territory sitting down and coming up with a plan.

Will the minister commit to talking to the city in order to lessen bear attraction and prevent dangerous human-bear encounters?
Hon. Mr. Dixon:  The member opposite is quite right. Last year was a bad year for bears, and a year in which we saw significant incidents of human-bear conflict. That’s why, in the budget this year, you’ll see an additional $75,000 that we have allocated to the Department of Environment to undertake a number of programs to combat this issue. Of that $75,000, twenty-five thousand dollars will be allocated toward the conservation officers branch to deal with the ongoing phone calls and first respondents that they get. An additional $25,000 is for working with communities, like Whitehorse and other communities throughout the territory, and $25,000 — the third component of that — is to work with NGOs like WildWise, which presented the items that the member opposite referenced at the Environment Fair this Saturday.

What can I commit to is continuing to work with our COs, work with our municipalities, work with our cities, and work with NGOs to ensure that Yukoners are aware of their practices and do their best to behave in a fashion that recognizes the importance of the wilderness around them.

What I was disappointed with, though, is that the members opposite continue to vote against the budget that includes this additional funding, and that they don’t seem to be supportive of these measures.
Mr. Barr:  We will continue to say we vote for what’s not in the budget, not what is.

There are problem bears, but too often human behaviour is the real problem. In rural Yukon some communities have addressed this problem head-on. In Tagish and Carcross, the Car-cross-Tagish First Nation installed bear-proof garbage bins and does pickup. In most unincorporated communities, it’s a self-serve garbage service with residents storing their waste on their property until they can truck it to the nearest solid-waste facility. Bear-proof bins could be installed like Carcross-Tagish First Nation does in Tagish and Carcross with a weekly pickup.

Will the territory investigate the possibility of installing bear-proof bins in unincorporated municipalities?
Hon. Mr. Dixon:  As I said, of course we are investigating a number of options, and that’s why we’ve allocated additional funds in this budget: the budget that the member opposite continually votes against, and I’m sure will vote against later this week, despite his pleas for action here.

I would note that we have taken a significant amount of action, that COs have done an excellent job over the years and that we are enhancing our ability to deal with bears and human-bear conflict by the measures outlined in the budget that is before us in the Legislature.

When it comes to specific items or specific technologies like bear-proofing specific cans, of course we will work with communities to determine how best to move forward, but in order to do that and do it properly, we need to be well-resourced. That is why I have allocated additional money in the budget, and it is disappointing that the member opposite is going to vote against it.

Question re:  Supportive housing
Ms. White:  Ottawa has decided to shift the focus on homelessness and will emphasize Housing First projects when it provides funds to provinces and territories. Housing First moves the homeless individual or household from the streets or homeless shelters into their own spaces, rather than shuffling people from the streets to a shelter and then to transitional housing and finally into their own space.

The Housing First model is simple: Provide housing first and then combine that housing with supportive treatment services in areas of mental and physical health, substance abuse, education and employment. Now that the federal Conservatives have finally recognized the success of this model, is the minister prepared to accept that Housing First should be the operating principle for dealing with homelessness in the Yukon?
Hon. Mr. Kent:  What I will commit to the members opposite — obviously, members know that at the recent Northern Housing Conference held here in Whitehorse, we had a number of presenters who were there, and I also had the opportunity there to announce the kickoff of a housing action plan for Yukon.

What we’re looking to do is engage a number of Yukoners and NGOs that work across the housing continuum, from the emergency shelters right through to home ownership and everything in between, including transitional housing and other types of housing. We certainly want to make sure that it’s something that works here in the Yukon Territory. I’m not prejudging the outcome of the housing action plan. I look forward to the work that they’re going to be undertaking. It’s very important work, and from that we’ll be able to determine the actions forward and what we can do for deliverables for Yukoners, no matter where they are on the housing continuum.
Ms. White: The Yukon government still has over $13 million of federal money targeted for social housing — money that they have been sitting on since 2006. Without a call for proposals or a public tendering process, the Yukon Party announced that the Salvation Army will be funded to develop an expanded shelter facility for hard-to-house individuals in Whitehorse. The Beaton and Allen report on acutely intoxicated persons at risk reviewed options in Vancouver, Winnipeg and Ottawa. These successful initiatives have reduced the incidence of emergency room use and were based on a harm reduction model.

Is the minister working with the Salvation Army to develop a harm reduction model for housing the hard-to-house?

Hon. Mr. Graham: Mr. Speaker, it’s the Health and Social Services department that will be working with the Salvation Army. We have already started that work. We will be funding them a small amount of money to do some additional work in the very near future here.

But as part of that ongoing consultation with the Salvation Army, we definitely will look at harm reduction. We believe that it’s a very important principle and, in fact, at a recent meeting or AGM of the Blood Ties Four Directions group, I said exactly the same thing. If we can prevent harm to individuals or prevent things from happening, it goes a long way to furthering the use of our limited resources.

Ms. White: That’s very hopeful to hear from the Minister of Health and Social Services.

Traditionally, homeless shelters ban alcohol, and that is the case currently today in Whitehorse at the Salvation Army. In Whitehorse, homeless alcoholics will opt to stay on the streets instead of staying at shelters. They often seek alcohol from unsafe sources, such as mouthwash, rubbing alcohol or industrial products, which in turn results in frequent use of emergency medical facilities.

National researchers have found that providing housing and support services for homeless alcoholics costs taxpayers less than leaving them on the street, where taxpayer money goes toward police and emergency health care. How will the government support harm reduction, and will they be encouraging the Salvation Army to base its new expanded service on this model?

Hon. Mr. Graham: The Salvation Army has a certain principle that they wish to live by in any of the homeless services that they are providing, such as shelter or, in this case, what will hopefully be transitional housing.

The Government of Yukon, through the existing Sarah Steele Building and the new building that we are in the planning process of right now, will be looking at all options that are available to us. We’ve already begun several things in the Beaton and Allen report now — some were recommendations, I guess, from the Beaton and Allen report — that will be included in the new Sarah Steele Building, and we are continuing to look at options. We haven’t ruled anything out at this point.

Speaker: The time for Question Period has elapsed.
Recess

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

Bill No. 56: Movable Soccer Goal Safety Act

Chair: The matter before the Committee is Bill No. 56, Movable Soccer Goal Safety Act.

Hon. Mr. Kent: The Movable Soccer Goal Safety Act is legislation that is designed to ensure the safe use of movable soccer goals at public recreational facilities in the Yukon while also ensuring that Yukoners can continue to use these goals to enjoy playing soccer at those public recreational facilities.

Members of course will recall that in response to the tragic death of a child in Watson Lake last summer the Members of the Legislative Assembly unanimously agreed to Motion No. 238, introduced by the Member for Watson Lake, which urged the government to examine legislative, regulatory and policy options to ensure that movable sports goals at public facilities meet appropriate standards that protect the safety of Yukon children. Shortly after this, the chief coroner issued her report and recommended that the government introduce legislation regarding soccer goals in the Yukon that addresses safety standards, anchoring and safe storage practices.

Following up on Motion No. 238 and the recommendations made by the chief coroner, we have brought forward this legislation as part of our commitment to promote and ensure the safe use of movable soccer goals at public recreational facilities in the Yukon. Early this year we conducted a targeted consultation with user groups and other stakeholders about the proposal to enact legislation. There was solid support for providing consistent safe use standards and requirements for all users of movable soccer goals in Yukon, as long as these standards and requirements are carefully and sensibly implemented.

In addition to this, Yukon Education has recently entered into a memorandum of understanding with the Yukon Soccer Association that will help to ensure the safe use of movable soccer goals on those soccer fields made available for use by Yukon Education.

Bill No. 56 will apply to the use of movable soccer goals at all public recreational facilities in Yukon and will enable the government to develop specific standards and requirements for the safe use of movable soccer goals by way of a regulation enacted under this act.

Developing standards and requirements by way of a regulation will allow us to continue to work collaboratively with user groups and other stakeholders to develop safe use standards and requirements that it makes sense to have in place — standards and requirements that are consistent with the recommendations made by the chief coroner and that allow Yukoners to continue to enjoy soccer activities at our public recreational facilities.

The proposed legislation ensures that all persons who make movable soccer goals available for use at public recreational facilities in the Yukon have responsibility to ensure that those goals meet the required safety standards and are safely installed and maintained. The proposed legislation also provides the governments that operate public recreational facilities with the tools they will need to be able to ensure that movable soccer goals used at those facilities meet all of the applicable standards and requirements and are used safely.

To sum up, Madam Chair, this legislation ensures that we will address the recommendations arising from the chief coroner’s report and Motion No. 238 and that safety standards and requirements for movable soccer goals are followed by both the users of those goals at public recreational facilities in the Yukon and the governments that are responsible for operating those facilities.

The legislation will also allow us to work closely with user and stakeholder groups to develop the specific safety standards and requirements that will apply to movable soccer goals so that they can be implemented in a way that both ensures safety and allows Yukoners to continue to enjoy this important recreational activity. With these highlights outlined, I look forward to further debate on this bill. I understand a briefing was provided by the Department of Education on this bill at an earlier date this session, so I hope that members opposite found that helpful, and I look forward to answering any of their questions with respect to this bill.

Mr. Tredger: It is my honour to have the opportunity to speak on behalf of the NDP to Bill No. 56, the Movable Soccer Goal Safety Act. I would like to thank the officials and the minister for the briefing notes — they were indeed helpful — and for the fast action on the coroner’s recommendations. The Official New Democratic Opposition will be supporting this bill. We regret the circumstances that made this legislation necessary; our thoughts and our prayers are with the family.

As a principal and as a community member, I know how much the tragic loss of a young student impacts the entire school community. I’m inspired by the intent expressed in the preamble: “Yukoners support taking action to minimize the risk of such a tragedy ever happening again.” I believe we must all take this deeply to heart. I believe the best action to minimize the risk of such a tragedy ever happening again is to develop a culture of safety, reinforced with comprehensive and integrated policies and, where necessary, legislation.

Madam Chair, schools and school communities are learning from our workplace safety programs, from workers’ compensation research and the difference that has been made in the lives of workers in Yukon and across Canada, and indeed around the world, by constant, pervasive and integral daily routines that include a culture of safety.

The lesson learned from workplace safety programs and research is that it must become part of the way we do business. We need to ensure that our public institutions and our public places also subscribe to a similar culture of safety, so that it does indeed become part of our way of doing business.

It is important that all people working with children and in our public institutions work together. When I think of schools, I think of the importance of property management and playground inspections; the importance of Workers’ Compensation Health and Safety Board assessing the safety in classrooms, in school buildings and on school grounds; the importance of having qualified and available inspectors to look at our buildings and our situations; the importance of having administration and
staff conscious of potential risks and hazards; and a reporting system so that it can be acted upon and procedures put in place to ensure all are working responsibly, proactively and together.

Madam Chair, I ask for such a culture of safety in our schools and our schoolyards and indeed in all of our public places. Through the efforts of all, developing a culture of safety may help us to prevent future tragedies.

The NDP supports the Movable Soccer Goal Safety Act. We would like it to be a foundation upon which to build a culture of safety. There may well be other policies and best practices we can apply here in the Yukon to prevent further tragedies.

Chair: Does any other member wish to speak?

We will move on to clause-by-clause debate.

On Clause 1
Clause 1 agreed to

On Clause 2
Clause 2 agreed to

On Clause 3
Clause 3 agreed to

On Clause 4
Clause 4 agreed to

On Clause 5
Clause 5 agreed to

On Clause 6
Clause 6 agreed to

On Clause 7
Clause 7 agreed to

On Clause 8
Clause 8 agreed to

On Clause 9
Clause 9 agreed to

On Clause 10
Clause 10 agreed to

On Preamble
Preamble agreed to

On Title
Title agreed to

Hon. Mr. Kent: I move that Bill No. 56, entitled Movable Soccer Goal Safety Act, be now read a third time and do pass.

Hon. Mr. Kent: I thank all members of the House — and members opposite, of course, included in that — for the speedy passage of this bill through Committee and second reading. I too regret the circumstances that the Member for Mayo-Tatchun spoke of in his Committee speech about why this bill has become necessary.

As I have highlighted many times, the purpose of this act is to ensure the safe use of movable soccer goals at public recreational facilities in the Yukon in a way that also ensures that Yukoners can continue to enjoy playing soccer, a sport that provides recreational opportunities for children, youth and adults throughout the territory.

Following up again on Motion No. 238 and the recommendations of the chief coroner, we have brought forward this legislation as part of our commitment to promote that safe use of soccer goals at public recreational facilities in the Yukon. Bill No. 56 will apply to the use of movable soccer goals at all public recreation facilities. Once it passes and received assent, it will enable the government to develop specific standards and requirements for the safe use of movable soccer goals by way of a regulation that is enacted under this act.

What this in turn will allow us to do is to continue to work collaboratively with user groups and other stakeholders to develop the specific safety standards and requirements that it makes sense to have in place — standards and requirements that are consistent with the recommendations made by the chief coroner and that allow Yukoners to continue to enjoy soccer activities at our public recreational facilities.

What this legislation ensures is that we will address the recommendations arising from the chief coroner’s report as well as Motion No. 238, which stood in the name of the Member for Watson Lake. It also ensures that the input of the users of movable soccer goals at public recreational facilities in the
Yukon is fully considered when we develop the specific safety standards and requirements that will apply.

As I have mentioned before, the official title of this bill may be the **Movable Soccer Goal Safety Act**, but I think that all members of this House and indeed all Yukoners will refer to this bill as “Jaedyn’s Law”, in honour of the young Watson Lake girl who so tragically lost her life last summer when she was struck by a movable soccer goal.

In memory and in honour of Jaedyn, I look forward to passage of this bill so that we can continue to work closely with user and stakeholder groups to develop the specific safety standards and requirements that will apply to movable soccer goals so that Yukoners of all ages can continue to enjoy this important recreational activity and the recreational activities that are provided on our school grounds.

Just to build on what the Member for Mayo-Tatchun said, I think this has to be a foundation for increased diligence at our schoolyards and indeed at all public recreational facilities. I know that coming out of this there will be playground inspections and I know that the Workers’ Compensation Health and Safety Board is already doing inspections at a number of our shops in the schools throughout the territory. We all have to be very vigilant to ensure that a tragedy like this never occurs again and to be mindful of the loss of the Amann-Hicks family of their young daughter.

Hopefully, this bill serves as a reminder of the requirement for all of us to ensure that we look after the safe use of public facilities. Thank you.

**Ms. McLeod:** As the minister referenced, this bill is a result of the death of a young girl, Jaedyn Amann, from my riding of Watson Lake. This death was a real blow, of course, to the parents and her family, but also to the entire community. I am really proud of the way the community rallied behind the family. We don’t think that when we make a trip to a community sports field that — you know, just for some family time and some fun — it will result in such a tragedy. I really want to thank the minister and the Department of Education for their prompt actions in seeing to the safety of all children using our schools’ sports fields. The minister immediately ordered the removal of all the movable sports nets until it could be ascertained that these nets were free from hazards. We know that Canada doesn’t largely have regulations regarding sports nets, and instead we rely on the standards set by manufacturers and that’s not usually a problem.

However, this bill will allow the Department of Education to bring forward regulations that will govern some safety standards for sports nets on public grounds and, really, it’s all of our hope that no family has to go through this kind of a nightmare. Of course, we look forward to seeing the regulations once they’re ready. I want everyone to know that the family is very appreciative of the actions being taken in the passing of Jayden’s Law, and I really want to thank all members for their support.

**Speaker:** Does any other member wish to be heard? Are you prepared for the question?
Chair: The matter before the Committee is Vote 55, Department of Highways and Public Works, in Bill No. 10, First Appropriation Act, 2013-14.

Department of Highways and Public Works

Hon. Mr. Istchenko: Madam Chair, I’d like to thank the department heads for being here. I thank our Highways and Public Works employees for all their hard work. Not a day goes by where a Yukoner is not touched by my department.

The Department of Highways and Public Works plays an essential role in the Yukon. It is the behind-the-scenes agent responsible for constructing, managing and maintaining Yukon’s roads, highways, airports and government facilities.

The department also provides support to all other government departments, with services ranging from information and communications technology; Queen’s Printer Agency; in-house design and printing; Fleet Vehicle Agency; travel services and procurement services. The department provides the infrastructure tools and maintenance that enables government departments to function by providing safe roads, airports, which enable Yukoners to go about their business and stay connected.

Highways and Public Works provides the necessary foundation for a sustainable and prosperous future. What is more, Madam Chair, Highways and Public Works is a department filled with men and women who are motivated by innovation and have the pride in the work they do. By focusing our efforts in the department on building a sound and durable infrastructure to support our growing economy, I can say with confidence that we are maximizing our return on investment.

The department faces challenges that require collaboration and creativity with other departments and with other jurisdictions.

The territory’s large size, remoteness and small population require us to think quickly on our feet and to problem-solve with tools we have.

As we can see today with the extreme melt and the late spring, our highway workers are out there, quite busy dealing with that. Melting permafrost, a short construction season and an aging infrastructure are just a few examples of challenges faced by the department. These challenges are tracked by planning strategically and utilizing our asset management and risk management enterprise to ensure we make sound decisions and prioritize projects to the best of our abilities. The point of all this is to make the best possible use of resources while ensuring the safety, integrity and long life of Yukon’s public infrastructure.

Madam Chair, I have taken the time to outline the department’s responsibilities, goals and challenges to set the stage for describing the current year’s initiatives. Without further ado, I am pleased to present to this House today the Highways and Public Works budget for the 2013-14 fiscal year. In broad strokes, this budget provides $66 million for transportation infrastructure; $4.2 million for information technology assets and $27.3 million for building projects.

Now I am going to speak to some of the budget details, starting with the transportation projects.

Critical infrastructure, such as roads, highways and bridges contribute to healthy and sustainable Yukon communities and are essential in the economic and social development in the north. Yukon’s extreme climate can play havoc with roads and bridges; however, as I already mentioned, my department is devoted to ensuring the integrity of the Yukon’s transportation infrastructure and enabling residents and visitors alike to arrive safely at their destination.

The Tatchun Creek bridge replacement — that’s the construction of a new, single-span, 43-metre long bridge at Tatchun Creek on the Klondike Highway, 26 kilometres north of Carmacks. This will begin in 2013-14. The original bridge was built as part of the Klondike Highway construction in 1959. $6.859 million is allocated to this project. Primary construction components will include steel girders, a concrete deck, abutments on a pile foundation and guide banks. To limit wait times and ensure a steady flow of traffic during the busy summer season, a single-lane detour will be provided throughout construction.

Bridge rehabilitation — and this is just taking care of our assets. Maintaining existing infrastructure is of critical importance under the bridge rehabilitation program. $1.45 million has been allocated to fund a number of bridge improvements identified as priorities by ongoing bridge assessment. Bridge assessment includes the identification of structural or other deficiencies to allow the department to incorporate remedial measures into the capital program in a timely manner.

Major deck rehabilitation at the Stewart River bridge on the Klondike Highway is planned for 2013. Design work for the rehabilitation of the Nisutlin Bay bridge, at km 1243 of the Alaska Highway, will also commence this year. $500,000 has been designated to complete the first phase of this multi-year project, with the final completion date projected for 2015. The department has also committed to bridge repair and rehabilitation on the Yukon Territory’s secondary highways. The department has committed $430,000 this fiscal year towards required work on secondary road bridges throughout the Yukon, where some bridge structures date back to the 1950s. Due to the combination of age and traffic load, many of these important structures require repair and, in some cases, replacement.

Campbell Highway reconstruction and resurfacing — reconstruction of the Campbell Highway is also an important initiative for the department. This year we will continue the reconstruction of the remaining unimproved sections from kilometre 95 to kilometre 107. The department has allocated $8.5 million toward improvements that include: realignment to meet the 90 kilometre an hour design standard; reconstruction of the roadbed, resurfacing, drainage improvements and right-of-way clearing for future years’ construction. As well, $1.5 million has been assigned for aggregate crushing and resurfacing work from kilometre 110 to kilometre 190 of the Campbell Highway.

These improvements are meant to maintain the integrity of the road surface until future road reconstruction takes place. Resurfacing work will be carried out in collaboration with the...
department’s engineering branch, private contractors, and private equipment rentals. Both the commercial trucking industry and private citizens will benefit from these upgrades — and I know a few of the people we’ll be working with as they live in my community.

Shakwak permafrost and paving — work continues this year with the funding for the Shakwak project. This was a partnership among the Government of Canada, the Government of the United States and the Government of Alaska to ensure a safe and modern highway corridor leading to Alaska. $4 million has been committed for repairing various sections along the north Alaska Highway. Work will mainly involve stabilizing sections of the highway that are severely distorted by melting permafrost, repairing or replacing culverts damaged by the permafrost settlements, and grade restoration; some paving and production of aggregate to support current and future years’ remediation work. Another $13.5 million of Shakwak funding is designed this year for pavement overlay on the deteriorated sections of the Haines Road that was originally paved in 1986. Work will be carried out by contract forces with supervision by consultants and the department’s engineering branch. All Shakwak funding from the United States government is provided through provisions in federal legislation. The most recent law, known as the MAP-21, will not include the Shakwak project. This legislation expires in October 2014. Successor legislation will be debated over the months leading up to that date.

The Government of Yukon, in concert with the Government of Canada, will continue to make representation to U.S. legislators to restore funding for the Shakwak project and any new build. Highways and Public Works has continued to work closely with the U.S. federal highway administration to determine how best to spend the remaining funds and the time frame over which such spending should occur.

The Takhini Hot Springs Road, a well-built road, enables us to go where we want, when we want. Highways and Public Works is here to ensure that this happens safely and securely. The Takhini Hot Springs Road is crucial to the quality of life and economic well-being of the people and businesses that are regular users of that road. Highways and Public Works is committed to improving the safety and functionality of the Takhini Hot Springs Road by completing work that will accommodate the area’s population growth, enhance recreational opportunities in the area, and provide a widened road with a class 3 BST road surface, which is commonly known as chip-seal.

Highways and Public Works has heard residents’ concerns during the last year’s construction season regarding delays and traffic control issues. In response, the department is moving forward with developing a higher class road, improving traffic control measures and receiving additional feedback from residents regarding trail development.

Currently 5.9 kilometres of the road have been reconstructed and, of that, two kilometres have been resurfaced. The balance of the roadwork will be completed in this upcoming construction season. Construction of the right-turn lane on to the Klondike Highway is also complete and slated to be paved this summer. $2 million is allocated to this project for this fiscal year, and construction is expected to begin in early June.

With $200,000 earmarked this fiscal year the department can respond to small-scale projects and minor road upgrade requests as they arise. That’s our rural roads upgrade program. It’s an innovation from our department. The purpose of the program is to identify and enable small-scale projects. The department’s engineering staff coordinates the planning and construction of the projects with local contractors carrying out the work. The program is initiated to upgrade rural roads in Yukon, including those currently maintained by the Yukon government.

I am pleased also to note the Old Crow winter road — the department is allocating one-time financial assistance in the amount of $700,000 for the construction, operation and decommissioning of a winter road to the community of Old Crow. The primary purpose of this road is to transport materials and goods in and out of this remote community, which is otherwise served by air charter.

The Atlin Road — work continues on the Atlin Road this year with $2.8 million designed for reconstruction and BST application from kilometre 22 to kilometre 24.9 and from kilometre 27 to kilometre 32. As well, this year’s work will include revegetation of the recently constructed areas, preliminary engineering and environmental studies, and design work for future upgrades to the road. Although the Atlin Road currently has low traffic volumes, it is affected by adverse weather conditions, and planned improvements will increase overall operating safety and reduce maintenance costs and vehicle wear and tear.

Work continues on the Dempster Highway. This is a vital link to Canada’s most northern communities in the Northwest Territories. My department takes its role very seriously in ensuring the safety of the travelling public. This role is especially important when it comes to the Dempster Highway, as it is a long and remote road in terrains subject to volatile and extreme weather conditions.

This year the department has allocated $750,000 toward ongoing rehabilitation of the Dempster Highway. The work will include erosion mitigation and placement of protective rock blankets on the side of slopes of the highway where it flows to the shorelines of the Blackstone and Ogilvie rivers and Engineer Creek. $500,000 has also been allocated to rehabilitate the Dempster Highway surface and adjacent infrastructure, including safety barriers and drainage structures.

Here is a hot topic: airports and aerodromes — another important component of the Yukon transportation system is our airports and aerodromes. We operate and maintain 25 aerodromes in the Yukon Territory, in addition to four airports. In 2012, approximately 294,000 passengers used the Erik Nielsen International Airport, while an additional 80,000 visited to meet family, friends or utilize the airport services.

It is my department’s mandate to provide the necessary infrastructure to facilitate safe air travel and to support commercial growth and needs of emergency services, such as wildland fire management. With this in mind, the department is allocating $3.5 million toward improvements of the sewer and water
systems at the Whitehorse airport. These upgrades will enhance the reliability of the wildland fire air tanker base and improve services to commercial leaseholders, which will enable them to expand their operations, and allow for further development in the area. Also, $2.3 million has been allocated this year for further pavement overlay, patching and taxiway extension work. Regular upgrades to these assets are required to maintain the integrity of the infrastructure and ongoing maintenance.

Yukon community aerodromes are also important links to Yukon’s rural areas. These airports support the provision of essential services, such as medevacs, police services and fire management. To continue to maintain these important facilities, my department is dedicating $2.35 million for various projects throughout the Yukon.

Another important service provider in the department, of course, is the Information and Communications Technology division, or the ICT, as it is known. This division provides valued, cost-effective information management and information technology and telecommunications support for internal government administration and the delivery of everyday services to the public. This year, $1.66 million is dedicated to upgrading, repairing and, where necessary, replacing Yukon’s government network assets. With this allocation, issues ranging from printer upgrades and replacement network connectivity, network security and other hardware, and network components will be addressed.

As mentioned, my department takes seriously its role in providing infrastructure that is secure and reliable. The mobile radio system continues to play an important role in the operation and coordination of the daily services, such as the RCMP, Emergency Medical Services, Canada Border Services Agency and, of course, our highways maintenance crews. Communication for these services is vital, especially when duties place workers in remote locations along Yukon’s vast road network.

The Yukon government is committed to improving the mobile radio service throughout the Yukon Territory to better serve Yukoners. That is why this year we plan to improve coverage in Whitehorse, on the Dempster Highway and at the Yukon border crossings. There is $465,000 allocated to fund these improvements.

Now I am going to address another aspect of Public Works, which is managed by my department. The Property Management division of Highways and Public Works is the manager of Yukon government buildings. These are facilities, such as schools, office spaces, highway camps, nursing stations — all part of the critical infrastructure necessary to fulfill the various mandates of government departments and agencies. A significant portion of our buildings is aging and in need of substantial upgrades — poor insulation, inefficient design and heating systems make them more expensive to operate. This is something to bear in mind when considering the cost of upgrades versus replacement.

With a focus on portfolio optimization, the department’s Property Management division seeks to match the demand for property and facilities with available supply, to dispose of assets with high O&M or safety liabilities and to increase the value of the government assets. Property Management division allocates a holistic approach to planning, managing and maintaining government’s facilities. This means looking at various department facilities needs as a whole and identifying opportunities to achieve economies of scale, energy saving, program delivery and efficiencies through coordinated initiatives.

Two years ago our government initiated processes requiring Yukon government departments to conduct a collective and systematic assessment of their space needs, as well as comprehensive business cases that consider all available options and their implications. These requirements ensure that an appropriate level of due diligence is exercised as a necessary part of capital planning and decision-making.

Highways and Public Works is committed to enabling Yukoners and enriching their lives by providing them high-quality, affordable and energy-efficient government facilities. Here are some current examples of the commitment in action. Property Management is in the second and final year of construction of a new Ross River arena. The replacement of the old arena was a commitment this government made to our people of Ross River. Highways and Public Works is pleased to confirm that the important community facility will be built on time and within its budget of $7 million. The Ross River arena is a prime example of this department’s commitment to drive to get the job done and to do it well.

Betty’s Haven — in the last year our department has been working closely with the Women’s Directorate and the Yukon Women’s Transitional Home Society on a design-build project to build a second-stage housing facility called Betty’s Haven for women and children fleeing abuse. Property Management division’s role has been to provide industry standard advice in accordance with project management guidelines throughout the design and construction phase of this project. Betty’s Haven is expected to be completed on schedule by the fall of 2013 and within its original budget of $4.5 million.

I could speak on end about the Dawson waste-water treatment plant, but I’m sure the Member for Klondike is well-read and has questions on that.

As a result of extensive consultation with Yukoners, we simplified our procurement processes so that it’s easier to do business with the government. Supply and Services in Highways and Public Works continues to offer exceptional service. Our Fleet Vehicle Agency is charged with the responsibility of assisting departments in meeting their objectives by procuring and managing efficient, affordable ground transportation services.

Highways and Public Works will continue to work to build and maintain the foundations that enable Yukoners to conduct their public affairs in reliable and pleasing settings and to travel where they need to go and to connect with the people who matter to them.

Ms. Moorcroft: I’d like to thank the minister for his opening remarks. I would also like to thank the department officials who provided a briefing on the budget earlier in this sitting.

This is a very large department. There are over $200 million of expenditures in Highways and Public Works so we did run out of time before the briefing had been concluded. In fu-
tured years, we might want to think about scheduling a little more time for that briefing.

I want to begin by going back to some of the questions that I had put on the record with the minister in last year’s debate and at the departmental briefing. I’m looking for the minister to give us the breakdown of information related to personnel.

What is the total personnel cost across the Department of Highways and Public Works? How many full-time equivalents does that work out to? If we could have the minister provide a legislative return — or come back with the information when we next call Highways and Public Works for debate — that also specifies the number of employees within each division and the number of auxiliaries and the number of casuals who are working for the department. The minister and I had some discussion about that when he presented his first budget and I would like an update on that.

I’m also looking for the total amount of the communications budget for the Department of Highways and Public Works. What is the total cost of communications expenses? I’m looking for that information to include the number of full-time equivalents and the number of positions that are assigned to communications.

The minister provided a fairly detailed breakdown of some of the Transportation division costs related to roads in various parts of the Yukon. I noted that he indicated which kilometres of the Campbell Highway were going to be worked on again this year. I want to ask the minister if he can respond to the question I have put on the record more than once in this Assembly. I would like to know whether the department has identified any funds that they can use to improve the road between Faro and Ross River. I have said before that that road is poor. We hear complaints from people who live in Ross River or members of the public who travel that highway and notice that that particular section of road doesn’t seem to be up to the same standard as elsewhere. So I would like to know if there is any funding in the budget for the road between Faro and Ross River that will cover resurfacing, that will clear the sides and take some brush away and do any repairs to the roadbed that need to be made in order for the resurfacing to be done.

The minister has spoken about the Alaska Highway Whitehorse corridor functional plan between kilometre 1404 and 1437. As we know, the traffic volume is increasing in that area so the existing two-lane highway is approaching its limits in terms of capacity and safety performance. The minister indicated in last year’s budget there would be $200,000 for the necessary planning. I have asked the minister for updates on this before, but I haven’t heard an update.

When we last debated this on April 10, 2012, the minister asserted that the planning process will provide an opportunity for all interested and concerned parties to make their views known. My constituents, along with many other groups and individuals, do have a concern about the Alaska Highway corridor between kilometre 1404 and 1437, so I would appreciate if the minister were able to provide an update on how they are going to involve the public in the planning process. If we’re simply going to wait until the department has done all its work before there’s any opportunity for input, then I’d appreciate if the minister would let us know if that is the case.

He did say that once the functional plan had been completed that they would be improving safety throughout the corridor and reduce any delays that might be due to large traffic volumes. So, I’m hopeful that they might have something to report on that sooner rather than later, and perhaps the minister could get back to me.

I’ve also asked the minister about a representative public service, and he indicated that there was a survey being done by the Public Service Commission to look at representation of First Nations, of women and of people with disabilities within the workforce. I’d like to ask the minister if he could respond with any information directly from Highways and Public Works related to that survey and toward meeting the goal of a representative public service.

In debate in the previous year’s budget, we spent some time discussing work being done by Highways and Public Works building new relationships with First Nation government agreements, and the minister made reference to the Yukon asset control agreements.

Those are agreements that are made with First Nations once there’s a certain dollar value assigned to a capital construction process, and it’s designed to ensure there is First Nations’ employment on that project. I’d like the minister to come back with information on what is the value of projects that there have been YACA agreements on for the 2012-13 year. I’d like to ask the minister which First Nations and which projects might we expect to see YACA agreements for in the 2013-14 budget year?

Another outstanding request for information that I’d like to remind the minister of is related to the capital construction costs of Whitehorse Correctional Centre. We did have one return, but I had asked for a detailed breakdown of both the capital costs for Whitehorse Correctional Centre construction from the beginning of that project until the end of the project.

We know the project is not yet finished because there is the arrest processing unit underway, but if the minister could give me an update related to Whitehorse Correctional Centre itself, then we will deal with the arrest processing unit separately.

The minister spoke briefly about airports, and I had asked the minister for a little bit more detailed information than he provided in his opening remarks. He did refer to $2.3 million being in this year’s budget for pavement overlay on the taxiway and, I think, the hangar at the Whitehorse airport. I would like the minister to respond to the question of how much, if any, monies are in this year’s budget for improvements to the secondary runway. I would also like to know what the long-term plan is for doing a pavement overlay and upgrading of the primary runway. I would like to know what the cost of that is, and what schedule the minister had given direction to his department related to improvements to the primary runway and the secondary runway at the airport.

I’m also looking to the minister to respond with an answer about the aging runway maintenance equipment. The minister indicated today in response to a question in Question Period
that the airport maintenance equipment was going to be put into a revolving fund management. That’s all very well, but I would like the minister to provide the information to the opposition on the equipment that is presently at the airport maintenance shop, what equipment they have and how old it is and what new equipment has been purchased in the last couple of years since this minister became responsible. If he could come back with that, that would be helpful.

I have also asked the minister if he can provide this House with information related to safety audits that have been done at the Whitehorse airport. I want the minister to provide more complete information related to the safety management system, which is required by Transport Canada regulations at the Whitehorse airport, as at airports across the country. According to the Transport Canada website, a safety management system shall include a safety policy on which the system is based. I would like a copy of the safety policy that is used for the Whitehorse airport.

A safety management system “shall include a process for setting goals for the improvement of aviation safety and for measuring the attainment of these goals; a process for identifying hazards to aviation safety and for evaluating and managing the associated risks; a process for ensuring that personnel are trained and competent to perform their duties; a process for the internal reporting and analyzing of hazards, incidents and accidents and for taking corrective actions to prevent their recurrence; a document containing all safety management system processes and a process for making personnel aware of their responsibilities with respect to them; a process for conducting periodic reviews or audits of the safety management system and reviews or audits for cause of the safety management system; and any additional requirements for the safety management system that are prescribed under these regulations."

Pursuant to those requirements established by Transport Canada, I would also request that the minister table in this House the document that contains all of the safety management system processes, and that the minister table the information related to what process his department has for making all personnel aware of their responsibilities with respect to the safety management system.

I think I will stop there. I do have many other areas that I would like to get information from the minister on, and I look forward to having an exchange with him. I know that we do have witnesses coming shortly so we won’t have much time for budget debate today, but I did want to get those questions on the record so the minister and his officials could prepare for a time when he may be able to bring forward some answers.

Hon. Mr. Istchenko: The FT breakdown in some of the questions that the member opposite has asked for — I’m going to have to get back to her on some of those, but I do want to get into some of the ones I do have.

I have been waiting in this House to answer if they came up again in Question Period. When it comes to the Alaska Highway functional plan, the department hired an independent third party to conduct the safety assessment of the corridor as part of the initiation phase of planning. Over the past two years Highways and Public Works has been monitoring data such as population data, traffic controls, turning movements and existing analysis. Now for the 2011 road safety audit — I want to get this in Hansard — the audit noted that the safety performance of the corridor did not appear to be at a critical level. So this was us preparing for the future.

The department will be going to Management Board to get approval to undertake an in-depth, functional planning exercise. The objective of these exercises is going to be to develop corridor options to accommodate future growth, maintaining safety standards to accommodate stakeholders in addressing their specific access needs. It’s going to prepare some conceptual designs and drawings of proposed options for internal and external review and input and provide estimate costs and benefits as well as the risks and mitigation strategies that go along with that.

This work will support informed discussion, making for the corridor based on the provisions of reliable and accurate information. This is important: When we develop this potential project detail and secure stakeholder and public input, like I said before, we want them to be informed.

So the support is to ensure the projects are delivered on time and on budget. The consultation process will access the views of targeted stakeholders and, of course, I have spoken to this before. We do believe in consultation here with groups such as the City of Whitehorse, the local First Nations, the utility companies, company associations, property owners and business owners adjacent to the corridor. As the member opposite may or may not know, the Airport Chalet would become a drive-through if we expanded because it’s on the right-of-way.

I have been waiting in this House to answer if they came up again, and this was where the $60,000 that we had in the airports operations and support equipment. Now, $40,000 of these additional funds were for the purchase of a snowplow attachment for the new Whitehorse airport truck. We did receive a replacement truck through the RAERF fund. Units do not come with attachments, so, of course, the Aviation branch had to purchase a new plow for the unit, and then the other $20,000 is required because Haines Junction required an equipment shelter at a higher anticipated cost — it came in at $11,000 — and a
mower was needed for Old Crow at $4,000 and a pressure washer for the Whitehorse airport. That was necessary for $5,000.

Now, I want to get to another question that the member opposite asked for on the Correctional Centre. I’ll be getting back to the member opposite with the capital costs from start to finish, just in case we don’t get to the arrest processing unit. I know there were some questions asked in the House about the foundation underneath there.

Being a fiscally responsible government, we wanted to keep the budget with what we allotted the money for. I know there was a bit of a concern that the existing pad that was put in was the wrong size. The reason we put the pad in right away is that it was way cheaper to do that. We had the existing contractor on-site and it’s a menial cost, I believe, of $40,000. We’re going to have to just put in some valves in that and not use the complete size of the pad, so it’s not an extreme cost to do a little bit of a change in the pad for that. That’s just all being fiscally responsible and wanting to stay within the budget allotted for that.

Reference was made to our runway equipment — I’m not going to get into too much detail on it, but I would like to talk a little bit about our runway equipment. Within Highways and Public Works, our highways equipment is in a revolving fund so we pay X amount of dollars. Each camp pays X amount of dollars for their equipment and that goes back into this fund where, when the equipment is timed out, we purchase new equipment.

Now, airports were not like that in the past years. Not that any of our equipment was ever unsafe. It is always safe. We put a lot of maintenance hours into it. The equipment wouldn’t be there if we couldn’t use it. I’m pretty proud of our employees for the hard work that they do there. We’ve never had equipment down where our runway couldn’t be plowed or maintained. Now we’re into this new system, like we are with our existing equipment, so I’m proud to say that that’s a work in progress.

Another thing I wanted to speak a little bit about was when it comes to airports and our plan for the future of airports, we have to look at the number of people who are using the airports. Having the two bridgeways — the walkways to go out to the planes — is going to make a huge difference. I know in my past life as a wilderness tourism operator, I picked up clients at the airport quite a bit. When three planes are landing at the same time, it is fairly busy.

We look at a holistic approach to the airports. Of course, that’s why we have money set aside for overlaying of pavement. I’ll get back to the member opposite on the finer details for the future, but we also look at accessibility to the airport and people who use the airport.

Another thing I wanted to get to is the safety management system, if you’re looking for something to be tabled. I was just talking about this right here. This is something that every airport had to do. It came from Transport Canada. It took us three years to develop it. Plans like this are always building and improving. There is always a review of these plans.

I just wanted to get it across that our safety audit by Transport Canada meets and exceeds what’s required under an SMS. Just like every other jurisdiction that did this, we did the exact same thing, so our employees are trained to the utmost standards on that.

Now, the rest of the questions the member opposite had — I’m just looking at the time here. We do have witnesses appearing, so I’m going to have to get back to the member opposite on this. I’m hoping we can get back into Highways and Public Works. We’re pretty busy this last week. We’ve got a lot of stuff coming up, so we’ll see what we can do. But, anyway, I move that we report progress.

Chair: It has been moved by Mr. Istchenko that the Chair report progress. Are you agreed?

Motion agreed to

Chair: Pursuant to Committee of the Whole Motion No. 3 adopted earlier today, Committee of the Whole will receive witnesses from the Yukon Hospital Corporation. In order to allow the witnesses to take their places in the Chamber, the Committee will now recess and reconvene at 3:30 p.m.

Recess

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

Appearance of witnesses

Chair: Pursuant to Committee of the Whole Motion No. 3, adopted on this day, Committee of the Whole will now receive witnesses from the Yukon Hospital Corporation. I would ask all members to remember to refer their remarks through the Chair when addressing the witnesses, and I would also ask the witnesses to refer their answers through the Chair when they are responding to the members of the committee.

Witnesses introduced

Hon. Mr. Graham: The witnesses appearing before the Committee of the Whole today are Craig Tuton, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, the chief operating officer of the corporation.

Chair: Would the witnesses like to make opening remarks?

Mr. Tuton: First of all, I would like to take this opportunity to thank the Assembly for providing us this opportunity to speak to you today. With me today is Jason Bilsky. He is the chief executive officer of the corporation. We also have Kelly Steele, who is the chief financial officer, and Maureen Turner, who is the executive director of patient experience, as outlined in the Hospital Act.

These are very hard-working and caring individuals from our communities who meet regularly to ensure that all Yukoners have access to the best hospital services possible.
It has been our mission over the past five years to provide quality acute care for the life and health of Yukon people.

I would like to state that we have achieved and are continuing to achieve that mission in the face of growing demand for our services, in terms of volume, complexity, and range of services. Specifically, over the last three years, from 2009 to 2012, we have seen an increase of five percent in the Yukon population. Most notable in this growth has been an increase of almost 13 percent of those who are over the age of 50 years and a 22-percent growth in those over 65 years of age. This same demographic, of over 50 and over 65, is projected to grow by 30 percent and 81 percent respectively by 2018. This appropriate growing demographic is the population that most uses our services at the hospital. It ranges from acute to ambulatory to diagnostic imaging and lab testing. During that three-year period, we have seen significant increases in our in-patient surgeries of 32 percent; our visits to our visiting specialists of 48 percent; chemotherapy visits of 31 percent; emergency room visits of 29 percent; and 10 percent in our Medical Imaging department.

We are all proud as Yukoners to see our hospitals, with highly dedicated teams and in partnership with our Government of Yukon departments, have met the demand and continue to provide the excellent health care that Yukoners have grown to expect. However, our hospital system does have limits and we are constantly looking for ways to optimize our patient flow and gain efficiencies while keeping patient care at the centre of all we do. A strong example of this is a multidisciplinary team —

Chair: Order please.

Ms. Stick: Madam Chair, can we ask the member to perhaps switch microphones with Mr. Bilsky so that we can have a better sense of what is being said? Thank you.

Chair: If we can give that a try, that would be great.

Mr. Tuton: I thought I was just being electrifying.

Chair: Thank you. Carry on, Mr. Tuton.

Mr. Tuton: As I was saying, a strong example of this is a multidisciplinary team that is focused on discharge planning —

Chair: Committee of the Whole will recess for five minutes while we try to work out this microphone problem.

Recess

Chair: Committee of the Whole will now come to order and continue with Mr. Tuton.

Mr. Tuton: As I was speaking about the limits we have at the hospital, I was about to say that an example of that is our multidisciplinary team that was focused on discharge planning in the fall of 2012. The effect of this was to lower our average occupancy by approximately 10 percent and minimize the number of days our beds are 100-percent full to just a handful over the past eight months. More importantly, it ensures better care for patients by placing them in the right environment with appropriate recovery or long-term care.

Another success is achieving our accreditation status in 2012. Accreditation Canada is a program linked to our health care organizations and provides a regular and constant examination, so that we can continue to improve the quality and the efficiency of the services that we do provide. We have maintained an accredited status since achieving it and are planning our next assessment cycle, which will fully include Watson Lake and priming Dawson City. We constructed the new Crocus Ridge building on the Whitehorse General Hospital campus, serving the critical need of providing temporary residences for physicians, nurses and other staff. This is a vital link to ensure that we have optimal staffing. Since opening in the summer of 2011, the residences have been fully utilized, almost always at 100-percent occupancy. In partnership with Health and Social Services, we have renovated and renewed the Thomson Centre over the past two years, allowing increased long-term care capacity by adding 29 new beds over the past two years. Adjacency to the hospital allows for efficiencies and economies of scale by the Yukon Hospital Corporation, providing services such as food, laundry and maintenance.

Also in partnership with Health and Social Services and key physicians, we established the Yukon Women’s Clinic. This initiative anticipated a growing gap in prenatal care and has successfully delivered services much needed by Yukon women over the past 24 months.

Over the past two years, we recently partnered with the Yukon government in improving the X-ray services in each of the community nursing stations. This project saw the old film equipment replaced with digital equipment that utilizes Yukon Hospital Corporation processes to have the X-ray images interpreted and reported on. Through this partnership, we have been able to improve the overall speed and quality of service delivery to all Yukon patients.

The board of trustees just recently finished its new strategic plan for 2013, taking us to 2017. When we embarked on this process in the fall, we requested feedback from our key stakeholders — the public and our staff — to gain what was important to them as stakeholders. As a result of listening to what we were told, we found that we have been on a good path and the input provided direction and guidance to the corporation for the next five years in areas that are important and we can do better.

The new mission statement at the corporation is “safe and excellent hospital care”. The new strategic plan is an evolution of the previous successful plan, and the core elements are to create excellence in patient care, support passionate and engaged people, create strong organizational capacity and enhance effective health care partnerships.

Yukon Hospital Corporation is an employer of choice. One of the goals that I just mentioned is to support passionate and engaged people. I must say that every member of the Yukon Hospital Corporation team, which includes nurses, physicians, support staff and administration, all have a deep passion to provide excellent patient care. It is our goal to continue the excellent track record we have in being an employer of choice.

Over the past two years, our vacancy rate has averaged less than 1.5 percent, while turnover has been less than five percent. No matter what the industry or geography, these statistics would be considered very, very low — a testament to the re-
cruitment and retention strategy that the organization has in place. Even recently, the YRNA, which represents our valued nursing employees, publicly stated that the Yukon Hospital Corporation is a great place to work, which appears to be in contrast to what nurses are saying in other locations across the country.

Let me speak to you now about our new hospitals in Watson Lake and Dawson City. We have been making significant progress to improve the acute care services to all Yukoners and have been working to ensure that the residents of both north and southeast Yukon receive safe, accessible and quality hospital services closer to home. As you can imagine, constructing and opening two new hospitals more than 500 kilometres away is a tremendous amount of work and no small feat. With strong support throughout the corporation, starting with the board, the CEO and all levels of management, the Yukon Hospital Corporation will be ready to open the two new hospitals. Watson Lake will be opening this summer and Dawson City in the fall.

The new facilities will accommodate the hospital program, which consists of emergency services, 24/7; outpatient services with things like antibiotics, dressing changes, etcetera. We will have six in-patient beds, stabilization, observing and monitoring, convalescent care, respite care when that is needed, palliative care when not available in the communities, acute medical detoxification; and acute mental health intervention.

Some of the other services and programs that we will provide are electronic health records; First Nation health program; laboratory in- and outpatients; medical imaging for in- and outpatients; an in-patient pharmacy; dietetic counselling therapies; and space for visiting professional specialists — i.e. ophthalmologist, dental and others.

The new health facilities will also accommodate community nursing, home care, the Child Development Centre, medical clinics in both locations, retail pharmacy and hearing services. In order to be most efficient, I will speak to each of these facilities separately despite their similarities in many cases.

Both of these projects as well as the Crocus Ridge building and the Thomson Centre renovations have been financed externally with a chartered bank, established through a competitive tender process, which the Hospital Corporation is fully committed to and capable of servicing. Recently the Yukon government made a prudent business decision to use surplus cash to pay down $27 million of that principal portion of the debt.

The Watson Lake hospital was transferred to the Yukon Hospital Corporation April 1, 2010. Since then acute care services have been provided in an aging facility and it was imperative this facility be replaced. Renovation was not a feasible option. This project began in 2009 with the design phase original estimated completion date of the spring of 2012 and construction budget of just over $22 million, which excluded the cost of equipment and capitalized interest costs. Construction is now nearing completion and we will be opening this facility this summer. The total cost to complete is $27.9 million, which now includes equipment cost, capital interest and unanticipated change costs mostly related to using the existing shell that was in place.

To be operational ready, not only does construction need to be complete but we also require the right people working with the right equipment and technology in accordance with the right policies and protocols. Even though Watson Lake has an existing functioning hospital, the move into the new facility will be well-orchestrated and will have minimal impact on patient care.

To ensure a smooth transition, all existing medical equipment will be relocated as appropriate, as well as the health care partners that will also be relocating, such as Community Nursing, Public Health, Home Care and the Child Development Centre. Watson Lake staffing will be moving to the new facility. It offers a traditional model of care with a physician and nursing staff, and is fully staffed at this time.

Prior to the Yukon Hospital Corporation assuming management of the hospital, there were no physician privileging processes, which have now been enabled with the management of the Yukon Hospital Corporation and the Hospital Act. However, Watson Lake has and continues to have challenges ensuring consistent and appropriate physician staffing levels. At the time of transfer, there was a special licensing protocol in place that enabled IMGs — international medical graduates — to practise under special circumstances. This has since been revoked, although it recently has been revisited by the Government of Yukon. The Watson Lake physician issue has currently been addressed through Health and Social Services, the Yukon Hospital Corporation, the Yukon Medical Association and the Yukon Medical Council.

When Watson Lake hospital transferred to the corporation, housing was part of that transfer.

The Hospital Corporation now has nine units in Watson Lake and will be adding three more.

Dawson City — this project also began in the fall of 2009 with the design phase and an original estimated completion date of the fall of 2012 and the construction budget of $26.5 million, which excluded the cost of equipment and capitalized interest costs. Construction is slightly behind Watson Lake, and we will be opening this facility this fall. The total cost to complete is $31.8 million, which now includes equipment costs, capitalized interest, plus additional costs related to unanticipated changes to comply with the municipal council heritage bylaw requirements.

The same state of operational readiness must be in place prior to moving in and becoming operational but, logistically, the move into the Dawson City community hospital is quite different. Because this is not replacing an existing hospital, most of the equipment is new. However, some hospital-related equipment moving from the existing health building to the new hospital is some X-ray equipment that was purchased in relation to the teleradiology initiative.

We are committed to coordinate the move into the new building of the health care partners, who are currently located in the YG building — Community Nursing, Public Health, Dawson Medical Clinic and, as well, there is one office — Mental Health — that will be moving in from another building.

Opening a new hospital negates the need for the health care centre, therefore impacting several current primary care
nursing positions. At the time of planning, research indicated there were no Canadian hospitals using a model where nurses with expanded scope were the primary caregivers. The nurse practitioner legislation was passed in December 2012, allowing the corporation to consider including nurse practitioners in a collaborative care model in the future. Ultimately, the decision to open Dawson City community hospital with the traditional hospital model of care ensured a more efficient and successful opening. Evolving to a new model is a consideration the corporation is looking into.

Staff hiring for Dawson is in a variety of stages of recruitment and placement, and we are confident we will have a full complement of staff to be able to open the hospital for operation. Dawson City has a core group of dedicated and committed physicians who agree to support the Yukon Hospital Corporation and the new hospital as needed. This includes taking on-call and ensuring the hospital has physician coverage 24/7 as needed.

They are extremely pleased they will be able to keep patients in the community and bring them back sooner with support from new technology and services. When we agreed to build and open the hospital in Dawson City, it was agreed that Yukon Housing Corporation would provide housing for our staff, particularly those who are hard to recruit, and the corporation has acquired a total of 12 houses to date. We are ensuring the most efficient use of the housing while awaiting the opening by either utilizing for new staff required before opening, or providing them for temporary use back to the Yukon Housing Corporation, or utilizing them for construction management people.

Let me speak to you now about Dowland Contracting. Unfortunately, in February of this year, the corporation was forced to give notice to the general contractor, Dowland Contracting, that it was in default of its contracts on both hospital projects. This was due to the fact that Dowland was not paying subtrades for work being performed. This situation was completely unforeseen and out of the Yukon Hospital Corporation’s control. However, having said that, the corporation took immediate action to protect the best interests of the corporation and, most importantly, of the subtrades working on those projects.

Since that time the corporation has taken every step possible and worked diligently with the bonding company and our legal counsel to ensure subtrades are paid money owed to them and also put in place a construction manager to coordinate subtrades returning to work on the job site. Undoubtedly this has caused delays in the completion; however, work has resumed and the bonding company has agreed to complete the project under the terms of the original contract and at the contract price.

We have previously appeared before you and explained about our facilities master plan — I think that was back in 2011. We need to continue on in that process. We are continuing on. Where we’re looking at expanding now and the biggest needs are in our emergency department and of course in the facility required to house the new MRI. That’s something on which we’re in negotiations with the Department of Health and Social Services. We’re estimating that the cost of this expansion is in the $60-million range and about $1.5 million to replace the existing ambulance station.

We’re looking at detailed functional planning and design over the next year, estimating the MRI to be in service in late 2014 and the new emergency department in 2017.

Just a bit about physicians: Health care in the Yukon requires a strong physician community, and we believe physicians in the Yukon are deeply committed and dedicated to our communities. We have been working very closely with the Yukon Medical Association, and there are spaces available at Memorial University — there are currently three students there, so we do have a base of those students coming back to Whitehorse. We do operate, though, in an environment that has seen increased volume, complexity and pressure. A good example of this is the increase in volume of our chemotherapy patients. In conjunction with the increase in complexity of the chemo treatments, it has caused an un-budgeted increase of 48 percent, cumulative more than $800,000 over the past three years. We have no control over that demand, but we must provide these services to Yukoners.

In spite of these increasing pressures, we are proud of the fact that we provide excellent patient care and we do it in a way where we balance our operations in a fiscally responsible manner. In fact, over the past three years on a cumulative basis, we have seen our operating expense deviate less than one percent of our total operating revenues.

I hope that helps you and we welcome questions.

Ms. Stick: I want to thank the officials for coming today. We have many questions and lots of areas to cover, so I’m going to proceed directly to questions. I am going to start basically where the speaker left off with Dowland. It was mentioned that in February of this year the Hospital Corporation gave formal notice that Dowland was in default of their obligations, and that subcontractors were not being paid. I’m curious — if I could hear from the witnesses about when was the date of the last transfer of money from the Yukon Hospital Corporation to Dowland? I’ll just leave it there.

Chair: If the witnesses would just indicate to me who will be answering, I can make sure you’re recognized.

Mr. Bilsky: I don’t have the exact date of the transfer; however, I’d like to point out that the transfers are structured on a very disciplined progress payment process. It’s not directly to the subtrades, but it’s through the general contractor, Dowland, the payments are made and they’re made under a check and balance with certain consultants to make sure the progress payments are being made — or, the progress of the work is being made. We knew that Dowland was actually behind in their progress payments, but we did not know that they were not paying subtrades.

Ms. Stick: I’m wondering if the witnesses could let us know when they heard from subcontractors that they were not being paid through Dowland, even though Dowland may have received payment?

Mr. Bilsky: We found out actually — not formally, but informally — that some trades were not being paid, and our first indication was actually when they started to leave the job. So it wasn’t a formal indication that they weren’t being paid.
The process that we have in place with Dowland Contracting is to ensure they sign statutory declarations and make sure those were being paid right up to date. But, as I mentioned before, they were behind about a month in their progress payment claims to us.

Ms. Stick: If I understand correctly, there is a project manager who is responsible under the Hospital Corporation and oversees everything, including the general contractor, Dowland.

We’ve had contractors contact us and indicate that they had given official written notice to the project manager that in fact they weren’t being paid, and some of these subcontractors have still not been paid, to the tune of over $1 million. I am just wondering if the witnesses can comment on this, because it seems to me that if the project manager is aware of this issue about subcontractors not being paid, there should have been red flags going up long before February of this year.

Mr. Bilsky: Dowland is a very large corporation and, like everyone else, we had no idea until it actually happened in February. But I think it is very important to state here that all of the subtrades have either been paid or the money that is due them has been put in trust with the bonding company to ensure that they will be paid. There is not a situation that will occur where there will be any subtrades that will be losing money or be out of pocket.

Ms. Stick: Do we have any indication of how soon some of those subcontractors will be paid? I am certainly aware of subcontractors who gave notice last summer — a year ago — that they had not been paid and are still awaiting payment for work done.

Mr. Tuton: As Mr. Bilsky has stated, there is a process. You can’t just present a piece of paper and say that you are owed a million dollars. There has to be a process, so the process is that the subtrades present their invoices to a group, which includes obviously the bonding company now, representing Dowland, to ensure that what invoices are presented are in fact work that has been completed and therefore eligible to be paid for. Once that criterion has been met, those subtrades are paid.

Ms. Stick: We’re aware of $1.15 million outstanding. I’m wondering if the Hospital Corporation, through their bonding company, is aware of more, and if so, what is the total at this time of work that has been completed or reported completed by subcontractors and not yet paid?

Mr. Tuton: I’m not sure what the question is, but the answer that I think I’m hearing is that there are no subtrades that will be losing money or will not get paid. They will be paid according to the invoices once the work has been deemed to have been completed. We’re not aware of any outstanding fees or invoices that will not be paid.

Ms. Stick: Just to be clear, I wasn’t suggesting that there were subcontractors not going to be paid. What I was asking for was what the total amount of money that the corporation is aware of, through their bonding company, of subcontractors who have not been paid and how much — say all their invoices and everything came through — is owed.

Mr. Bilsky: We don’t have the exact amount that is actually owing to subtrades. We have what’s owing to Dowland, which then would flow through to subtrades. Currently we have over $1 million sitting in trust with legal counsel to satisfy subtrades. Continuously we’re helping legal counsel, the bonding company and subtrades to negotiate the terms of them returning to work and getting paid.

Ms. Stick: Just to clarify, did you say $1 million or $9 million?

Some Hon. Member: (Inaudible)

Ms. Stick: $1 million?

When Dowland was discontinued as general contractor, I’m just wondering if there was any payout involved with Dowland when they discontinued their work.

Mr. Bilsky: I’m not certain of what type of payment you would be talking about, but no, not other than us working through to make sure they were cooperating, with understanding what progress payments had been made.

Ms. Stick: I’m wondering if they were also aware that there have been some cases that are before the courts with regard to money being owed. I wonder if the Yukon Hospital Corporation has a legal contingency fund set up for these.

Mr. Tuton: I think I have to be clear here. The Yukon Hospital Corporation only has a signed contract with Dowland. Any of the subtrades have contracts with Dowland, which is separate from the Hospital Corporation. We do not know what those commitments by Dowland or by the subtrades are. That’s something totally separate.

Ms. Stick: Madam Chair, I understand with regard to Dowland, but at this point it was my understanding that it was the bonding company and the new general contractor that are completing the project and getting the projects moving forward. Does the bonding company and the new general contractor have no relation to these subcontractors and work that was done previously for Dowland?

Mr. Tuton: Obviously there is. TSL, which has taken over the lead in the construction projects, has an agreement with the bonding company, and I think it’s important to note here though that when we were going through our due diligence as this occurrence happened, which we didn’t anticipate nor did we control, it was very important to us to ensure that the bonding company — which is the insurance agent in a sense — agreed to finish our projects at the budget that we had agreed with Dowland and at an agreed-upon completion timeline — and that has been agreed to by the bonding company.

Ms. Stick: I’m going to move on from there. I have some questions with regard to the new hospitals in Watson Lake and Dawson City and I’m curious — we heard talk of medical clinics and pharmacies at the new hospitals, and when we look at the budget, we see that the department is paying for the total O&M of these facilities.

I’m wondering what the arrangements are going to be for the tenants in those clinics and pharmacies, and will they be expected to pay rent?

Mr. Bilsky: The majority of those are Yukon government tenants, I believe, and they are expected to pay rent. There will be an agreement with Health and Social Services at an agreed-upon rate for a certain tenant-landlord agreement.
Ms. Stick: So then it’s my understanding that the department is paying for all the O&M costs, and then the department is also leasing the space back from themselves.

Mr. Bilsky: You spoke about the O&M costs versus the leasing of the space. The majority are Yukon government tenants, and there will be a lease arrangement in place with Yukon government.

Ms. Stick: So those leasing amounts will go back the Department of Health and Social Services or the government department that is — so, if it’s the Department of Health and Social Services and they’re leasing the space, then the money goes back to Health and Social Services?

Mr. Bilsky: Again, just to clarify, the money going back to Health and Social Services?

Ms. Stick: Sorry. I wasn’t very clear about that.

Clinic space is leased. My understanding is that it would be a government department that is leasing that space. Where does that money go? Does it go back to the department that is paying the O&M, or does it go to the Hospital Corporation?

Mr. Tuton: I hope I am correct that you are speaking now of clinical spaces in both hospitals. We are in the process of negotiating lease agreements on the clinical spaces, but we have not concluded those negotiations at this point.

Ms. Stick: The chair of the hospital board last appeared as a witness in this House, I think, in 2010 and at that time was explaining the new hospitals in Watson Lake and Dawson City, and he said that he had consulted extremely and been appalled in both communities for the amount of consultation that he had done. This statement contrasts extremely with the Auditor General’s report, which indicated that no needs assessment was done and that no reports on those consultations in the communities were prepared, and there were no minutes.

The Hospital Corporation, at the time of the release of the Auditor General’s report, committed to, and I quote: “A more comprehensive needs assessment would improve the ability to ensure the appropriate decisions regarding effective programs for the new hospitals.” So my question is about a comprehensive needs assessment: Has the Hospital Corporation actually been gathering information from the communities around the hospitals and keeping records of that? Will that be made public when we are talking about a final model of care for the new facilities?

Mr. Tuton: I am trying to get my head around the question. We are, of course, appearing before the Public Accounts Committee to speak to you about the Auditor General’s report, I think, next month. However, I guess I could say that when the Auditor General’s report came out, we were happy to see it. I mean, those kinds of audits do provide a very necessary review of the corporation and what it does and how it goes about its business.

Obviously, it suggested that there are a few things that we could have a look at and do better. The needs assessment is much different from consultation. Consultation is something, as I had said — whether it was 2010 or 2011, my last appearance in the House — that we did an extensive community consultation process, both in Watson Lake and in Dawson. In fact, to this day, we continue to do that.

This week, on Wednesday, both Jason and I will be traveling to the community of Watson Lake to once again hold a public meeting with the citizens of Watson Lake, the Chamber of Commerce, and the municipality to keep them up to speed on where we are with the new hospital. Shortly after that, we will be going back to Dawson to hold another public meeting, as we do on each of our visits to the communities, to once again ensure that the community of Dawson City — as Watson Lake — is brought current with all of the processes that are in place to open the new hospital.

As to your question about the models of care, we indicated that we are proceeding on opening with the standard model of care that we utilize in both Watson and Whitehorse and if we look to other models, such as nurse practitioners, in the future, then yes, we will absolutely — as we have in the past — speak to the community of Dawson. We did take that opportunity when we talked about the model of care that we are providing today. So, we will.

Ms. Stick: To be clear, I just read that one line from the Auditor General’s report where the Hospital Corporation committed to a more comprehensive needs assessment to improve the ability and to ensure appropriate decisions regarding effective programs for the new hospitals. I stress that because I heard from the witness that they are going to the communities to bring them up to date on what the Hospital Corporation has decided. That’s public awareness; that’s public education. That’s not consultation; it’s not assessment to ensure that what the community is asking for is how appropriate decisions are being made.

I’m going to leave it at that and move on, but there is a difference.

We heard about model of care and a bit about nurse practitioners, and I have a question about the nurse practitioner and it has to do with what they will be able to do if they’re included in these hospitals and their scope of practice. I’m wondering if nurse practitioners in the hospitals — including Whitehorse General Hospital; not just the new ones — will be allowed to admit or discharge patients, have laboratory and diagnostic privileges, and will they actually be able to come in and attend to patients who might be in the hospitals, and that includes the new hospitals and Whitehorse General Hospital?

Mr. Tuton: As we’re all aware, the new nurse practitioner legislation was only just recently passed, and we at the Hospital Corporation in dealing with Whitehorse General, Watson Lake and Dawson hospitals are in the process of reviewing that legislation and looking at how and if nurse practitioners can benefit us as we move forward.

So we are in discussions. In fact, it’s a major item on our next board agenda, which is later this month, and it’s something that we are looking at very intently.

Ms. Stick: We heard from the witnesses with regard to a number of services that they are intending to offer in these new hospitals, including laboratory and X-ray. We heard of mental health services, and even acute care. I’m just wondering if the witnesses could please give us an update on these positions. If you have someone who is in a critical situation with mental health, a mental health nurse is a good thing to have.
We have heard about dieticians and that type of thing. What I’m trying to find out is if all these positions will be located in the communities, or are these services for which they are going to have people travelling back and forth, from Whitehorse to Dawson Lake or Dawson City?

Mr. Bilsky: The answer to that question is a combination of both. It will be what’s in the best interest of patients as well as what is most efficient for the hospital.

So there will be situations where there will be clinicians and technical specialists located in the hospitals. There will be other situations, depending on the service, where they will be travelling in and out and how they can best be served.

Ms. Stick: The next question is very similar, but it has more to do with the management and administration in these hospitals. I’m curious to find out whether they will be located in the communities or, again, centralized in the Hospital Corporation here in Whitehorse.

Mr. Bilsky: Again, the answer is a combination of both. Leadership facilities and administration are located in each hospital. Watson Lake already has that as an example. There are certain functions that must be performed where there happens to be support. Housekeeping and maintenance have to be performed there. There are other shared services that are best performed back in a central location like in Whitehorse.

Ms. Stick: For management of the new hospitals, how are those pay scales for individuals managing them going to compare to other equivalent government management positions in the Yukon?

Mr. Bilsky: I can’t answer that question directly, if you’d like numbers, but I do know that we, as the Yukon Hospital Corporation, have to be competitive with our compensation structure overall. That’s how we attract and retain and make sure that people are paid equitably and fairly.

Ms. Stick: In this year’s budget, we see a $4.888-million increase for additional operational costs for Dawson City and Watson Lake. I am wondering if we could have a breakdown or a reason for those increased costs.

Mr. Bilsky: Without getting into specific detail, it would be a combination of the actual salaries for each location. There are approximately 25 positions in Dawson City, as an example. There are operating supplies and equipment that need to be maintained, and there are also the carrying costs of the actual facilities overall.

Ms. Stick: We’ve heard estimates that O&M is going to go from $3.4 million to $9.2 million in Watson Lake and in Dawson — the hospital — they will more than triple — up to $9.3 million.

Do we actually know what the annual operating costs are going to be for each new hospital, or are these guesstimates at this time?

Mr. Bilsky: The amounts stated are the amounts for the operating cost. To clarify, just as an example, Watson Lake is not just the operations of the hospital; it’s a much larger health facility that is being operated there, so to compare apples to apples you have to include all of the costs.

Ms. Stick: One of the selling points of the new hospitals was that people would be able to receive care in their communities. It may be that they’ve been in Whitehorse for surgery or some acute care, and then would be able to travel back to their home community and be able to stay in a hospital until they’re ready to go home. I wonder if the corporation has looked at how it will actually transfer patients from Whitehorse to the Dawson hospital or the Watson Lake hospital — whether it’s going to be ambulance or medevacs — and where will these costs be recovered?

Mr. Bilsky: Again, it would depend on a case-by-case situation, depending on the acuity of the patient, how they would be transferred, the point here being that patients can stay longer in their communities, which is the best place for their care. They can be seen by physicians who have their primary care and be with their families. I think that was one of the primary purposes, rather than speaking to the cost of transfer back and forth.

Ms. Stick: This was raised the last time the witnesses were before this House, and it has to do with nurses on staff at Whitehorse General Hospital at this time and the fact that many were either auxiliary on-call or on contract with the Hospital Corporation. I’m wondering if those numbers have changed. Are we seeing more nurses as permanent Yukon employees, rather than auxiliary on-call? Could we get the statistics for that, please?

Mr. Bilsky: Today we have just slightly over 500 of what I would call “employees” of the hospital — “belly buttons” if you will — the number of people of those 380 FTEs.

So we employ 380. To maintain the staffing levels that we have — we have quite a mix of employees — ranging from what I would consider less than full-time employees, casual employees and, yes, there are some agency nurses that we use to fill in certain gaps when necessary. This is essential for how we operate the organization and maintain adequate staffing levels of personnel.

Ms. Stick: I would appreciate, actually, if we could get those statistics, if they’re not available today from the Hospital Corporation. They certainly had more information when they came the last time and were able to give more.

One of the questions I have is about a breakdown of the costs of the second stream emergency operating out of ER in Whitehorse. That was to be for patients who might need treatment or support for chronic conditions who did not have a family doctor. I’m wondering if we could have — out of the $11.42 million — that increase in O&M for the hospital — what is the second stream costing at this time?

Mr. Bilsky: It will take me a minute to find that. The approximate cost for us to support additional ER services, which means extending the hours of service during certain periods of time, is approximately $200,000.

Ms. Stick: I just had one more question, and it has to do with a news item on the radio today about dialysis. I think Yukoners are pleased to have the CT scan now in our Whitehorse hospital and are looking forward to having the MRI machine come in. Those are good pieces of equipment when you’re looking for illness — or it’s more of a diagnostic tool. The whole issue with the dialysis in the hospital and the need for that is that we see an increasing aging population who
sometimes require dialysis. We know that the number of First Nation individuals requiring that level of dialysis is on the rise, and it is certainly linked with diabetes, which is a concern for First Nations.

Dialysis, as opposed to an MRI or a CT scan, is not diagnostic; it’s a treatment. It’s a way for people to stay in the Yukon and not have to leave. For many people who require that level of care, it means leaving the Yukon permanently, and often with not much opportunity to even return, not even for a week, because their requirements are so much. I’m certainly the Hospital Corporation did a cost analysis when looking at CT scans and when looking at MRIs as to whether those were feasible to have here and how much it would save.

Are they considering the same for dialysis for the Yukon Territory? Certainly, there are communities smaller than Whitehorse that provide that service, and we know it’s available in the Northwest Territories. Is that a potential future project that the Hospital Corporation is willing to look at?

Mr. Bilsky: Yes, it is unfortunate when Yukon residents have to travel Outside for medical care, and we’re always looking at any situation where we can provide as much care as possible closer to home. In the case of hemodialysis, absolutely — we look at things closely on a regular basis to make sure that what we can provide here is effective and providing good patient care. I might point out, though, that it’s always a challenge to maintain equipment and technical staff available to be able to provide these very specialized services, but it would always be our intent to do it in the best possible way that we can.

Ms. Hanson: I just want to pursue this question a bit further because it has been raised before, and I believe we raised it when the Hospital Corporation was here before. As my colleague from Riverdale South mentioned, the Hospital Corporation rightly was praised when it, along with the Hospital Foundation, did the business case analysis with respect to the need for an MRI in Yukon.

I am interested in knowing what business case and what needs assessment has been done with respect to dialysis in this territory. I do this from a couple of perspectives. The first is that I attended a funeral this winter of a young woman who had said to me she hoped that it wouldn’t take her death to get this discussion going again. I also do this from a perspective of knowing and having observed in other jurisdictions the fact that there are ways of delivering dialysis in smaller populations.

When I became aware of the individual who recently died, I spent a fair amount of time discussing with the B.C. renal agency what the relationship was and what their criteria were. I had asked the Department of Health and Social Services and the Yukon Hospital Corporation at the time for further information and analyses of what they were doing to cooperate and collaborate across silos — this is an issue that is touched upon by the Hospital Corporation, Health and Social Services and Health Canada with respect to aboriginal health issues.

We do know that there is a high incidence of diabetes, and that is one — not the sole — but one factor that would give us a clue that there is a potential wave of greater demand. One of the reasons I was given was that we don’t have a large enough population, but I would point to a jurisdiction in the southern hemisphere — in the Northern Territory in Australia, where there is a significant aboriginal population, with many more extreme social conditions than experienced in northern Canada. The town of Katherine has 11,000 people, and their district hospital has a dialysis unit that provides hemodialysis for 16 patients and support for eight peritoneal dialysis patients. So it’s not a question of whether or not it can be delivered in smaller communities; it’s the question of how or if and on what basis the decision would be made. The reason why we raise this question again is so that we are not asking this question in two or three years from now — that we’re finding what rigour is being put to the question of how the decision is being made to move forward or not to move forward on even doing the analysis as to the need in this territory. Who are the players being engaged by the Hospital Corporation to make that analysis to determine what response will be given the next time the question is asked?

Mr. Tuton: It’s a very good question, and it is an issue we deal with constantly. Hospital care and the provision of that care is very complex, as everyone is well aware. We do share in our conversations with our partners on a regular basis about those kinds of services and the specialties that are needed to provide those kinds of services. I can say that we don’t have a hard-and-fast decision today, but it is on the radar, and it is something that is being discussed regularly.

I can’t give you a date to say when we will be making an announcement on that or when the government will be, for that matter. But it is something, I do assure you, that is a topic that we do regularly converse on with the partners that we share these things with, and we will continue to do that.

Ms. Hanson: I thank the Hospital Corporation for that response, that it’s still on the radar. My question: What will trigger the actual conduct of a needs assessment or a business case to determine how we might provide that range of dialysis services in the Yukon, as opposed to the current circumstances?

I might point out that it has been pointed out in this Legislative Assembly before that it’s not solely those individuals who live in this territory who are forced to move elsewhere, but dialysis is something that — this is going to sound strange, but — people plan where they travel based on whether or not dialysis is available. So there are many people who, if they are on dialysis, they can go to Williams Lake, B.C.; they can go to different places in Mexico; because there are dialysis units so they can check in and check out. It means that family linkages and family continuity is able to be maintained, because people are able to visit their grandchildren or vice versa. It’s not solely as a burden to the taxpayers that these are here; they are services that are able to be provided and accessed and it provides that full spectrum.

The real question: What is the trigger to get a needs assessment and a business case developed? I want to know what the trigger is.

Mr. Tuton: I think that it is interesting. Quite frankly, the trigger I guess is the volume. We need to have volume and we need to have numbers. It’s no different from when we go to the communities of Dawson and Watson Lake and we are
asked constantly about the ability to give birth to children in those communities. On an emergency basis, obviously, those kinds of things do happen. But on a regular basis, we cannot deliver those services to those communities because the numbers and the volumes just aren’t there. We need to make sure that we have — I mean, once we commit to something — staffing to make sure that that program can continue.

It isn’t an easy fix, I think is what we are trying to say. We do agree with you in all of your comments. One of the things that the Hospital Corporation has been very clear and consistent on over the years is that our goal and our aim is to allow Yukoners to receive more of the health care that they need here at home in the community, rather than having to be shipped out to either Vancouver, Edmonton or other locations.

So we do share that thought with you. I guess the only thing that I can say today, enabling us to move on, is that it is a topic that we will continue to have discussions on and we will do it in the near future.

Ms. Stick: The witness reminded me that I did have questions in particular about maternity care in the communities, and I know it was brought up the last time the witnesses were before the House. At that time, it was pointed out that it was specialized nurses and doctors, and I would suggest that if we have these hospitals and they are staffed with a physician and nurses and, possibly, nurse practitioners when they open, then I would feel that, rather than the mother having to come to town, leaving behind children and possibly her partner, the ability for women to give birth in their community is a good thing — if there are doctors and if there are nurses. Until recently, I don’t think many women giving birth in the Yukon had a specialized doctor. We went to our family doctor. That is who delivered our babies. It wasn’t an obstetrician or a specialized person, so is that being considered that women be able to give birth in their communities with their family support there? I understand there sometimes are emergencies. That’s what medevacs are for and, you know, even in our hospitals here people sometimes have to be medevaced Outside for emergencies, but I’m still not clear why we would not be able to see women having maternity care in their communities.

Mr. Bilsky: Thanks for the question. If I could comment — it’s more than having doctors and nurses in the communities. Certainly over a period of time, the complexity of pregnancies has changed. Pregnancy is happening later in life; this causes, generally, the population to have more complex birthing situations. I would state that one adverse effect or one negative effect in a birthing situation is one too many for the Yukon overall. There has to be redundant systems in place and people who are specializing in taking care of birthing mothers. Redundancy — an example would be an operating room, which is a very expensive facility to have in a place in Dawson or Watson to be able to take care of those complications that might happen.

For those reasons, we don’t have the ability today to birth in the communities. It doesn’t mean that we can’t consider it in the future, but it again depends on the ability to provide safe care.

Ms. Hanson: Just as a follow-up to that question, could the witnesses tell us the incidence rate of Caesarean sections in this hospital and the increase or decrease over the last 10 years?

Mr. Bilsky: I don’t have that statistic now. I can provide it at a later time.

Ms. Hanson: That would be — I raise that question —

Some Hon. Member: (Inaudible)

Chair: Please address your questions and comments through the Chair.

Ms. Hanson: I raise that question because I personally — and I don’t think anybody in this room would think that pregnancy is an illness, nor is childbirth. So, just as my colleague had raised the issue earlier with respect to nurse practitioners and the — now we hear — eventual role of nurse practitioners as part of the health continuum model of care in the community hospitals, and hopefully also in Whitehorse General Hospital. It’s no surprise. The legislation was only passed recently, but people have been talking about nurse practitioners in this territory for many years, as well as people have been talking about there have been sessions involving health care professionals and department and other government agencies talking about the role of midwifery in this territory for many years.

My question: In the planning of these hospitals in the design — usually one designs for the functions that are going to be performed. So if the hospital was designed with a view for acute care and for doctors and not for the broader scope of nurse practitioners, does that mean that we’ll be anticipating additional renovations in the future? What anticipatory work is being done to look at how the inclusion of nurse practitioners and, hopefully, in the near future, midwives — because this is a government that has actually gone out and consulted on the issue of midwifery in this territory as a way of normalizing the experience of giving birth — what work has been done to incorporate that into the planning for these two hospitals in Watson Lake and Dawson City and into the model of care for Whitehorse?

Mr. Tuton: As I indicated earlier, the nurse practitioner legislation was just recently passed in December, so we had no opportunity prior to that to even discuss the possibilities of nurse practitioners in any of our hospitals.

So, as I indicated earlier, we have started at the board level to discuss what opportunities nurse practitioners may provide us in all of our hospitals. As early as later this month at our board meeting we will be having those discussions and we’ll see where it leads from that point.

But to your question as to do we anticipate any renovations to meet the needs and should we change the model of care? No, we do not.

Ms. Hanson: I’m aware that the Hospital Corporation doesn’t hire physicians, but the Hospital Corporation and all citizens live with the reality that we have an extreme shortage of doctors in this territory. I have had people who are both physicians and patients — or would be patients, if they had one — express real concerns about the pressures being placed on doc-
tors in this territory, and one of the challenges they face is that they have a caseload of 2,000 or more patients. It’s a heck of a job to even know what is going on, and a physician is expected to attend if a patient is checked into the Whitehorse General Hospital — it is my understanding that they are expected to attend to that patient within a certain period of time. Has the hospital looked at options that are employed elsewhere, where at the hospital employs a position or physician who is called a “hospitalist”?

The hospitalist is a physician and is responsible for the in-hospital care and communicating out to the physician so that that kind of — there is a separation but a communications link. I’m asking first of all if the Hospital Corporation has looked at that experience elsewhere — perhaps in Manitoba, the one that I’m most familiar with, or other places — where that physician function does exist. They are employed by the hospital to facilitate the physicians who are feeling somewhat overwhelmed and have said to us: “I can’t cope; I’m not going to deal with a caseload of 5,000 of 3,000 people; I’m leaving” — and they have. The most recent phone call was from somebody in another province who said, “This is why I left.” Is that a position that has been considered by this Hospital Corporation?

Mr. Tuton: The hospitalist obviously is something that we would consider; however, I don’t believe that a hospitalist is going to resolve the problem of a lack of physicians. You do bring up an interesting topic. We do not, as you know, hire the physicians at Whitehorse General Hospital, other than the one who is our chief of staff. Having said that, we have an extremely high interest in ensuring that there are sufficient doctors, not only in the community of Whitehorse, but also in the communities of Dawson and the community of Watson Lake.

We work very closely with the partners at Health and Social Services, as well as the YMA and the Medical Council, to work at looking for solutions to the shortage in our doctor population. We continue to do that and we have been doing that consistently over the years because we can’t operate hospitals in any of our communities if we don’t have sufficient doctors to help us provide that service. I can say that even during our hardships in the communities, the department has been very supportive in ensuring that we have a physician on call in the community of Watson Lake, for example, and in Dawson and in Whitehorse.

I share your concern and I can assure you that it is a very high priority at the Yukon Hospital Corporation to ensure that we do whatever we can to continue to work with all of those partners to make sure that our physician needs in the territory are met for all communities.

Ms. Hanson: I just have a couple more questions and perhaps possibly a follow-up. I just wanted to double-check to make sure I understood clearly. I wanted to ask the representatives of the corporation to describe for the Committee the relative pay scale for employees of the Hospital Corporation management cadre versus how they cross-walk or do they cross-walk to positions in the Yukon management cadre.

Is there a cross-walk? Is management a separate pay scale? Is it based or benchmarked on the executive cadre of the Yukon government or is it based on what?

Mr. Bilsky: Just to put it in perspective, there are two bargaining units we work with — PSAC and PIPSC — and that covers off I would approximate to be about 96 percent of our total employee base. Those are negotiated so I’m not going to speak to those. Those are separate and apart.

Aside from that you have about 20 to 25 excluded employees, so it’s a very small number who are excluded. The compensation structure is a market-based compensation structure to make sure we’re benchmarking against similar positions in the territory, not just government positions but similar positions outside the territory in the industry and outside the industry to make sure that we have what I would consider a very competitive pay structure to make sure that we can attract and again, retain, people overall.

Ms. Hanson: Is that competitive pay scale publicly available?

Mr. Bilsky: I don’t believe we’ve made it publicly available.

Ms. Hanson: The reason I ask, Madam Chair, this is the Hospital Corporation that is paid for by Yukon taxpayers and it is possible to see the pay scales for senior public servants and politicians. Would there be a reason why the pay scales for the senior management of the Hospital Corporation would also not be publicly available?

Mr. Bilsky: My comment — with one caveat about the confidentiality of the employees. I mean, we have a very small employee base so pay scales could be publicly available and they are publicly available within the organization.

Ms. Hanson: I appreciate that. It’s the same with the small number of deputy ministers within the Yukon government, but the pay ranges are in fact available so that seems a reasonable approach to have the pay range or pay scale without the particular position or where they fit in the scale.

I just want to go back to the question that was raised with respect to the incorporation of other services that would be provided in the community hospitals. Before the hospital is finalized in Watson Lake, there is a physician clinic and pharmacy there. Is it the intention of the Hospital Corporation to do a public tender for the pharmacy space and clinical space for physicians? I wasn’t clear in terms of how that was responded to earlier. Will there be public tendering for the pharmacy space, so we don’t have the same kind of arrangement as we currently do under one ownership model? This is, I understand, supposed to be a stand-alone pharmacy in each of these towns.

Mr. Tuton: The issue of the pharmacy in both locations — in Watson Lake and Dawson — is a question that you are going to have to ask the department. We are not involved in negotiating the pharmacies, just the same as we do not hire the doctors.

Ms. Hanson: The Hospital Corporation made the decision to put the pharmacy in the hospital. What was the basis for that decision?
Mr. Tuton: Madam Chair, that came out of our needs assessment — our study of what needs to go into the hospital — just as putting in the clinics in both Dawson and in Watson.

Ms. Hanson: The hospital made the determination based on some assessment that there was a need for the hospital to have a private sector clinic for physicians and private sector pharmacy for physicians in these hospitals, but the negotiation of what that will — the return to taxpayers will be done by Health and Social Services and not the Hospital Corporation?

Mr. Tuton: I think it’s important to note here that we do have a hospital in the health centre building. There is much more in those buildings, both in Watson Lake and in Dawson, than a hospital. The Hospital Corporation obviously operates the hospitals in both Dawson and Watson. The provision of space for the other areas is determined through our partners and, in this particular case, would be through the Department of Health and Social Services.

We were not expecting to have a private sector pharmacy or anything else. It’s something the department would have to determine on our behalf.

Ms. Hanson: Currently, in Watson Lake, it is a private sector pharmacy and there are pharmacy services that are provided through the hospital, because it’s for those people who are in the hospital. What’s the change, then, between what the current situation is and what’s forecast for this new hospital? What’s the difference? What’s the value added to what’s going to be in place with this new pharmacy in the hospital in Watson Lake?

Mr. Tuton: I think we need to be clear that, from the Hospital Corporation’s perspective, all we are concerned with in the area of pharmaceuticals is for our in-patients in the hospital. Outpatient pharmaceutical service is the responsibility of the department. At the Hospital Corporation we will have an ability to provide pharmaceuticals for our in-patients, not out-patients.

Ms. Hanson: The ability to provide in-hospital pharmaceutical services for patients of the hospital would be done through a hospital pharmacy or through the pharmacy that’s being built in this hospital — a separate pharmacy?

Mr. Tuton: It would be done in the hospital, so the pharmacy for our in-patients would be done within the actual hospital portion and that pharmacy would be supported by our pharmaceutical department here at Whitehorse General Hospital.

Ms. Stick: The corporation spoke briefly in their opening remarks about the Yukon Women’s Clinic that is in the Whitehorse General Hospital. We spoke to this last week, but I’d like to ask the corporation about the changes where now we are seeing women who are being turned away who do not have a family physician, or any physician at all, and are being directed to go to Emergency for tests such as Pap tests — where they used to be able to go to the women’s clinic and see a female doctor there. I just would like a comment or why the change or have there been cuts that necessitate this?

Mr. Bilsky: The original intent of the women’s clinic was to provide prenatal care only.

There has been some creep in the scope of what is being provided there — pap smear, mammography, some fertility counselling — those elements, again, provided through clinics Outside. Right now we’re trying to reconcile those services and find out how best to provide them and we’re going through an operational assessment to do that, but I just want to clarify that the original intent of the women’s clinic was to provide prenatal only.

Ms. Stick: When can we anticipate a report on that or a decision as to whether those services that are provided — will they be increasing or staying focused just on the prenatal? We know of over 1,000 people reporting that they don’t have a family doctor — I would assume half of those are women — and that this is again a preventative diagnostic test that helps prevent cancer. We are wondering when we’re going to know whether this clinic will offer that service again.

Mr. Bilsky: I want to point out right at the inception that I didn’t want to undermine the success that the women’s clinic has already had in collaboration with Health and Social Services.

There was an anticipated gap that was growing; they acted very quickly 24 months ago to put in place the women’s clinic. So, I believe I would like to thank all the people who are involved in providing that. Having said that, again, we are going through an assessment right now to find out how best to provide the additional services, knowing that it stretched the limits that we have, both physically and administratively there. We expect to do that over the next couple of months but, having said that, we’ll have to collaborate with Health and Social Services to find out what changes we might make.

Ms. Hanson: Earlier this afternoon, the witnesses mentioned the planning that is going on with respect to what was described, I think, as a necessary expansion for the Whitehorse General Hospital campus to facilitate the inclusion of the MRI and the expansion of, I believe, the emergency ward. I have two parts of a question. The response by the Government of Yukon to the Beaton and Allen report has been described as, in part, to reduce the demand on the emergency ward.

I’m wondering if the officials from the Hospital Corporation could comment on what trends they have seen over the last two years since that report came out with respect to the incidence and usage at Emergency at Whitehorse General Hospital. Is it an upward trend, or has it gone flat, or is it going down?

Mr. Bilsky: Certainly, we have seen an increased number of visits, in a general way, to the emergency department, and Mr. Tuton spoke about that at the inception.

The other thing I would like to point out about the emergency department is that it’s not necessarily about the volumes, although we do expect volumes to continue to increase. It’s about best practices and standards that we need to maintain within the facility. It was constructed in 1995. Since that time, standards have changed. We need to look at things, such as infection control, contamination or decontamination, seclusion, patient confidentiality and privacy, triage and line of sight. Those are all things — and there are several more — that we have to look at from a best practices perspective.
When we talk about the needs assessment for the emergency department going forward, those are the considerations that are being made to renew that facility.

Ms. Hanson: The hospital is currently going through a discussion and planning with respect to an expansion of the ER. At the same time, at the Hospital Corporation Board meeting last fall there was discussion of the long-term planning for the Hospital Corporation and looking at the Hospital Corporation's campus planning and suggestions made that — well, not suggestions made — in the phase 2 Stantec report — identification that the physical space, according to the plan of where the hospital is located now, is inadequate.

My question: What is the status of this — as I understand it quite long, large, glossy Stantec phase 2 plan for Yukon Hospital Corporation’s future plans — what is the status of that report?

What’s the next step or next phase, in terms of proposing to some body — and I’m presuming that “some body” would be this Legislative Assembly — to determine whether or not there is any merit to carry out a needs and a risk assessment about what public will there is to undertake such a massive capital project? Would we anticipate seeing a defined set of option analyses as part of that next phase? Most important — when, what and how is the Hospital Corporation determining whether or not it will be moving forward to a phase 2-something — 2.1, 2.2, 2.3 or whatever — of what is perceived by many as a very ambitious and very expensive model at this stage of the game? How does that correlate to spending $65 million — or they asked for $50 million to $65 million for an expansion of an existing facility?

Mr. Tuton: One of the things we were tasked with was to look at a long-term master plan. The original Stantec agreement with us on our master plan did exactly that — it took us out to 2035. At no time did we ever consider that it was an all-or-nothing process. We wanted to look at what the needs of the Hospital Corporation, specifically in the Whitehorse General Hospital, would be in the long term.

That’s what that master plan was, and I believe the total number of dollars there was in the high $300 million. So no, it wasn’t all or nothing. We originally considered, and still do consider, that kind of master planning to be in a staged process.

What it allowed us to do was look at what our immediate needs were, as opposed to what our long-term needs would be, and that determined that those particular areas are what we’re looking at in this plan, which is the definite need for the space for the MRI, because the funding is there for the MRI, and it’s something with which we need to move forward. The second part of that was the expansion to the emergency room, and that was driven not necessarily, as Mr. Bilsky has said, by visits to the ER, but all of those other areas to which we need to bring it up currently.

The master plan still remains intact, and it has still provided us all of that information that shows us where we’re going to be in 2035 and what our needs are. It now just gives us a little more time to deal with that, and we can recognize the immediate needs being the ER and the MRI.

Ms. Hanson: So the original hospital was about $47 million. We’re talking about $50 million to $65 million. At what point in the future might you think that we’d be seeing some coming back to $300 million to $400 million? Are we talking about five or 10 years down the line? I mean, there was a fairly detailed analysis and a lot of work was put into community groups and stakeholders and the board to develop that phase 2 report. That will age rapidly. You are making a lot of assumptions on that $400 million — I mean, that’s on the Brownfield site, I would remind everybody. That was pretty visionary, in some ways, but it’s also very expensive. At some point the public will say, “So when do we stop paying?” — and on top of $60 million-plus in two communities.

Mr. Tuton: One of the things I have found out in my time at the Hospital Corporation is, in trying to determine needs in health care it is very difficult to put your finger on it and say, “No, as of May 31, 2025, we won’t be needing any more money.” I wish I could say that, but health care is ever-changing. One of the drivers — and I alluded to this earlier — to the costs of health care in the Yukon is the aging population. It’s a fact, and once that population ages, they become users of our health care facilities in Whitehorse, Watson Lake and Dawson.

Yes, I understand as you indicated that over time our needs will change because processes will change and because technology will change. But you need to be actively planning for the future in order to prepare for all of those changes. I wish that I could give you that answer, but from what I have sort of determined in my eight years now with the corporation, the health care needs are going to change; they’re continuing to change, but what is most important is that we’re able to provide quality health care services to Yukoners. I think that’s the number one concern.

We can’t just throw a blank cheque at what those are, obviously, and we’re very cognizant of that. When we do our studying, that is obviously one of our major contributing factors. So it’s something that we will continue to look at.

Mr. Silver: I would just like to begin by thanking the witnesses for appearing here today. I would also like to start by acknowledging the valuable work of the health care workers across the territory. Only through their continued hard work will we achieve our goals of providing quality health care to Yukoners.

I hope that this appreciation will not be lost today as we ask the Hospital Corporation some tough questions in an attempt to improve accountability in our health care delivery. It has been two years since the corporation has appeared here and the Auditor General’s recent report raises many new questions that taxpayers deserve to have answered here on the floor of the Assembly.

Before I begin, I would like to also thank the minister responsible for Health and Social Services. As the minister responsible for Yukon Hospital Corporation, these questions that I will be asking today inevitably land at his feet. I’d also like to thank him for his honesty in the face of the recent Auditor General’s report. It must not have been easy to accept this report and admit that mistakes were actually made. As the minis-
ter put it, the planning process was not as good as it could have been.

Finally, I’d just like to thank the MLA for Lake Laberge for attending as well today, given his role as the Minister of Health and Social Services in 2008 when the decisions for planning for the new hospitals were set in motion. His attendance here is absolutely greatly appreciated.

When the Auditor General’s report was released earlier this year, local media referred to it as “scathing”. They noted that it found serious shortcomings in the hospitals’ planning.

It was also reported that the Auditor General was extremely critical of the Hospital Corporation for certain shortcomings. The Auditor General found: that the need for the hospital was never properly evaluated; that the operating costs were not considered soon enough; that construction was mismanaged; and that there was a failure to plan for recruitment. Today I would like to ask questions about these projects and attempt to avoid similar problems with the upcoming quarter-billion-dollar expansion, according to Stantec’s design of the Whitehorse General Hospital, and give the witnesses a chance to address some of those issues and criticisms today.

I think the taxpayers and the Auditor General would agree that a major issue in constructing the Dawson City and Watson Lake hospitals was that the corporation built the hospitals at the cost of $70 million without properly consulting the communities about what was needed in the new facilities. If they were asked, it was certainly not committed to paper.

When we spoke to the Auditor General’s officials, they stated at that time that they asked for the results of these community consultations. I know these community consultations happened; I was in attendance in Dawson. But the officials from Ottawa stated that there was no documentation provided on the consultation. I recognize that these hospitals will provide value to the residents of Watson Lake and Dawson.

Unfortunately, since no evaluation was recorded, it cannot be certain that the hospitals constructed actually meet any or all of the shortcomings in the particular community in a cost-effective way. What mistakes were made that led the Hospital Corporation not to conduct an assessment of the communities’ needs before constructing the hospitals in Dawson City and Watson Lake? Did the Hospital Corporation ever question the merits of building these particular facilities?

Mr. Tuton: I think, first of all, I would beg the indulgence of the Chair and ask, as I indicated earlier, since we are appearing before the Public Accounts Committee next month to speak to the auditor and his report, would it be proper for us to address these comments and questions now? I’m not familiar with it.

Chair: It’s up to you what you feel comfortable addressing now. If you would prefer to make another commitment to the member, that’s up to you.

Mr. Tuton: Thank you, Madam Chair. So, if I understand your question correctly, we can go back to 2008 when these decisions were made.

It’s clear that the government of the day requested the Hospital Corporation to build a hospital in Dawson City and to replace an existing and aged building in Watson Lake. The corporation did look at those two options, and we agreed to move forward.

We did, as I indicated earlier, consult many times with the community, with the municipality — both in Watson and in Dawson. One of the bright spots of the Auditor General’s report, obviously, is that it does bring out these weaknesses in planning as one moves forward. If you look at the Auditor General’s report very closely, it also praises the corporation for a number of areas that it did exceptionally well. We’re quite proud of that, as well, but we do recognize that there are deficiencies in the way we proceeded and, quite frankly, since the Auditor General’s report was released, we are working very hard to ensure that we meet all of those suggestions that were made by the Auditor General. So I hope, in general, that answers your question.

Mr. Silver: I do realize that we’re going to have another opportunity to ask questions directly about the Auditor General’s report. Those questions are going to be set, so these are other questions that pertain to that, that we won’t get a chance to address when we meet this summer.

I did get out of that, too, that the decision to go forward was a government decision that was then put on the plate of the Hospital Corporation, which answers my next question.

Could the witness speak a little bit about what changes will be made in preparing for the upcoming expansion of the Whitehorse General Hospital, based upon — regardless of an Auditor General’s report — the success and failure they have witnessed during the construction of the two new hospitals?

Mr. Tuton: Thanks for the question. The Hospital Corporation, in our master planning process that we went through with Stantec, addressed the needs of the needs assessment in a much more complex manner. So that needs assessment has been done and, as I said earlier, we did look at our master plan over a period of years that took us out to 2035, so we are looking way ahead.

Mr. Silver: I’ll move on to the additional annual costs of the new buildings, and I know that the witnesses already spoke to this. You are kind of comparing oranges to apples — the $3.4 million to the $9.5 million in annual costs at the Watson Lake hospital, and the $2.7 million to the $9.3 million in Dawson. I do understand that. As I understand as well, a significant portion of the higher operating costs for the new hospital is debt-servicing. When did the Hospital Corporation come to understand the annual debt-servicing costs for each hospital? Does it speak to planning related to the operation expenses?

Mr. Bilsky: Debt-servicing is obviously dependent on the carrying costs of the debt that is involved and the size of construction. Debt-servicing would have been known somewhere through the planning stages, and it’s a matter of how it would be financed and at what rates, and what steps we would have taken to ensure that we’re not at risk for interest-rate volatility.

Mr. Silver: I’ll move on here as we’re running out of time. I’m going to throw some random questions. I’m picking through where the Official Opposition may or may not have hit.
Madam Chair, was the government’s recent decision to pay off $27 million of the Hospital Corporation’s debt influenced by the discovery of the heightened annual operating costs for the new hospital? Was there any connection between those two or could the witnesses discuss any conversations that the Hospital Corporation would have had with the government as far as the decision to make this payment?

Mr. Tuton: The issue of the pay-down on the debt — we at the corporation felt the same, obviously, as the government did, that it was a very astute business decision to pay down that debt. But I want to be very clear that at no time at the corporation level were we ever concerned about our ability to meet the debt, either at the old levels or now today at the new levels of debt. We have no concerns; absolutely none.

Mr. Silver: I appreciate the answer from the witness. The Auditor General’s report also highlighted mismanagement through the construction phase of the two hospitals and the staff residence in Whitehorse. The Hospital Corporation sole-sourced a $3.2-million contract in order to save time on the scheduling. I’m assuming — please correct me if I’m wrong on that. The Auditor General also found some contracts were issued by inviting preferred contractors. By only approaching a smaller number of contractors, you maybe run the risk of higher costs. What was the reason for not advertising all of these contracts properly?

Mr. Bilsky: We do have sole-sourcing policies in place that would be somewhat similar. I think, to what the Yukon government has. In this case, I would have thought that it’s because of the contractor’s previous experience with what we had done and also expediency of the project overall. There are a number of other factors that could go into why you would sole-source a contract, but those are probably the two primary ones that were involved here.

Mr. Silver: It’s my understanding that the government’s sole-sourcing is based on a certain dollar value. Are we comparing the same type of procedures with the Hospital Corporation?

Mr. Bilsky: Similar; not exactly the same.

Mr. Silver: I believe the government is $25,000 and over. Are we dealing with a dollar value that is close to that?

Mr. Bilsky: It would be similar, but as I said, there would be situations where you would sole-source and there’s quite an extensive list of when you would consider that, and you’re balancing all of the risks that are involved with sole-sourcing, meaning that you may not have a competitive situation, although it’s probably more beneficial to the contract in certain circumstances where you would sole-source.

Mr. Silver: Thank you for the answer. I’d like to turn my attention to staffing issues. The Auditor General’s report identified staffing as a serious risk. After spending $70 million on these hospitals, we now learn that we may not have the staff to operate them. It is difficult to believe that recruitment was not adequately considered, as it was flagged in the 2009 Yukon Health Care Review report. It is even more difficult to accept that, given that several of the members of the steering committee of that 2009 report are board members of the current Hospital Corporation. In order to try and understand — to wrap our heads around this, I guess — I have a few questions based on that.

Do the witnesses believe that the Hospital Corporation properly considered the 2009 report when planning for these hospitals?

Mr. Tuton: That’s news to me, I guess, that we don’t have staffing for them. Watson Lake today is fully staffed, and as I indicated to you earlier, we have our physician staff in Dawson. We’re in the process of hiring a facilities administrator in Dawson and we have absolutely no concerns that we will be unable to staff any position in Dawson. As I said, Watson Lake is fully staffed.

Mr. Silver: That answers the question: Will the hospital be fully staffed when it opens up in Dawson?

As far as the Watson Lake situation, I understand that doctors are currently being flown into Watson Lake and more doctors will be needed to staff the hospital. Is this the model that we’re going on? Is there going to be a way of resolving the fly-in situation, or are we going to see this continue?

Mr. Tuton: That is a question, obviously, for the Minister of Health and Social Services, but I can tell you, as I had stated earlier, that we are working fully with the department, with the YMA, and with the existing clinic in Watson Lake to ensure that the Hospital Corporation has adequate physicians on staff, 24/7, to provide the services that we need. Presently there are occasions when we need to bring physicians from Whitehorse to Watson Lake, but that doesn’t happen regularly.

Mr. Silver: I’ll move on.

I know that this has been brought up a bit already. As far as the hospital expansion, we’ve spent our time so far looking at the past, and so I want to take an opportunity to talk about the future, specifically questions about the pending expansion of the Whitehorse General Hospital. When the chair appeared here in 2010, he said the project would cost $40 million and then we have a recent Stantec document that is saying up to $287 million. I guess the first, and probably the last, question here: Has the Hospital Corporation completed a needs assessment for the Whitehorse General Hospital expansion, as the Auditor General noted that they failed to do for past experiences? If not, will there be a needs assessment done to ensure that it is the most appropriate use of taxpayers’ money?

Mr. Tuton: The answer to that question is there has been a needs assessment done, and we’re very comfortable with that. I think just to correct the record, the original estimate was $50 million.

Hon. Mr. Graham: Seeing the hour, Madam Chair, on behalf of Committee of the Whole, I would like to thank Craig Tuton, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, the chief executive officer, for your time here today.

Applause

Chair: Thank you, Mr. Graham. The witnesses are now excused.

Witnesses excused
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. 10, entitled First Appropriation Act, 2013-14, and directed me to report progress.

Also, pursuant to Committee of the Whole Motion No. 3, Craig Tuton, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appeared as witnesses before Committee of the Whole from 3:30 p.m. to 5:30 p.m.

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

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

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

The House adjourned at 5:30 p.m.

The following document was filed May 13, 2013:

33-1-57
Yukon Corrections: A Principled Approach – Implementing Correctional Redevelopment (Nixon)