Yukon Legislative Assembly

Number 155  1st Session  33rd Legislature

HANSARD

Thursday, May 8, 2014 — 1:00 p.m.

Speaker: The Honourable David Laxton
YUKON LEGISLATIVE ASSEMBLY

SPEAKER — Hon. David Laxton, MLA, Porter Creek Centre
DEPUTY SPEAKER — Patti McLeod, MLA, Watson Lake

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

Prayers

DAILY ROUTINE

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

Tributes.

TRIBUTES

In recognition of National Day of Honour

Hon. Mr. Pasloski: I rise today to pay tribute to the women and men of the Canadian Armed Forces who served, fought and died in our country’s military mission in Afghanistan.

Tomorrow is our country’s first National Day of Honour, a day that has been declared to commemorate the strength and resolve of our soldiers, their families and the communities that they call home.

On March 12, 2014, Canada marked the end of its military mission and civilian policing mission in Afghanistan. During the 12-year mission in Afghanistan, over 40,000 members of the Canadian Armed Forces, along with hundreds of civilians, worked to provide a better future for Afghanistan and its people.

Canada was founded on fundamental rights and freedoms. Those rights and freedoms continue to guide and shape our world view. We believe in fundamental freedoms such as: freedom of conscience and of religion; freedom of thought, belief, opinion and expression, including freedom of the press and other media of communication; freedom of peaceful assembly; and freedom of association.

We have embedded in our nation’s Constitution democratic rights, mobility rights, legal rights and equal rights. These are not just words on paper to be admired; they shape our nation’s daily life and they guide our foreign policy.

Around the world, Canada has a reputation as a sturdy prop in time of trouble. Because we believe that these rights and freedoms should be enjoyed by everyone, not just Canadians, our nation has consistently stepped forward to defend these principles even from our earliest days.

This dedication to these principles is evident across our nation. Canadians from every corner of our nation, including Yukon, have contributed to Canada’s legacy of the principle defence of freedom. Today we are here to honour those whose belief in Canada’s values led them to volunteer to serve in Afghanistan to demonstrate these principles in action. This achievement cost our nation the lives of 158 personnel, one diplomat and a number of civilians. This Day of Honour serves to commemorate this great loss and to show that we will never forget the sacrifices that have been made by the fallen soldiers and by those among us today, many of whom carry the physical and mental wounds.

Tomorrow, a national ceremony on Parliament Hill will pay tribute to veterans, their regiments and their families. Here in Yukon, we are commemorating the memory of veterans of the Afghanistan mission by holding ceremonies in Dawson City as well as Whitehorse. By acknowledging the great price, we are also acknowledging the great value our nation places on our rights and freedoms. Schools across Yukon have also been invited to observe the National Day of Honour in their own ways.

As Yukoners and Canadians, we sometimes take for granted our way of life, our freedoms, our safety and our right to live where and how we choose. In many ways the dedication of Canada’s Armed Forces have allowed us to maintain these freedoms and have made them a reality for others. We owe our deepest thanks and respect for their service to our country and for their efforts in Afghanistan. We recognize their commitment and that of their families. Their sacrifice is real and we will never forget. By remembering, we pay homage to those who responded to our country’s call.

They have contributed to this nation in ways many Canadians will never fully understand. Here in Yukon we strive to support veterans. Yukon Legion Branch 1 in Dawson City and Branch 254 in Whitehorse touched the lives of many by providing services to veterans, ex-service members, their family and their community. This type of service is so important in recognizing the efforts of veterans and their families. I would also like to acknowledge the tremendous effort the Legion put into organizing the National Day of Honour events in Dawson City and in Whitehorse. On behalf of all Yukoners, I would like to say thank you for making these events a reality.

Mr. Speaker, you — as an active member of the Legion — know the value of this organization in our community. Let us think of the courage of each woman and man who has given their life in order to protect the lives and the freedoms of others. The Governor General of Canada has declared a National Day of Honour on May 9, 2014, marking the end of Canada’s efforts in Afghanistan and paying tribute to the members and families of the Canadian Armed Forces members.

The day will also recognize the contributions of Canadian law enforcement and civil society. The Royal Canadian Legion Branch 1 and I would like to invite everyone to join us at 12:15 p.m. on Friday, May 9 at the cenotaph in Dawson City to commemorate the National Day of Honour. In Whitehorse, please join Commissioner Doug Phillips, Deputy Premier Elaine Taylor, and yourself Mr. Speaker, Dave Laxton, and the Royal Canadian Legion Branch 254 at the cenotaph at Whitehorse City Hall. The ceremony will commence at 12:15 p.m. with a reception to follow at the Whitehorse Legion.

Before I sit down, it is certainly my honour to recognize some people who are with us in the gallery today. We have two Afghanistan veterans: Darcy Grossinger and Joe Mewett. Also we have Marj Eschak, who is the mother of
Mr. Silver: I rise today on behalf of the Liberal caucus to pay tribute to Canada’s National Day of Honour. May 9 marks the National Day of Honour, a day to commemorate our men and women in uniform. The National Day of Honour is the first to recognize Canadian soldiers who fought in Canada’s Afghan mission and will be marked with ceremonies at Legions and war memorials across the country.

The last Canadian flag to fly in Afghanistan is currently being relayed from CFB Trenton to Ottawa, where it will be presented to the Prime Minister at tomorrow’s national ceremony at Parliament Hill.

The Soldier On Afghanistan Relay began on Sunday with a 19-member team, consisting of 16 members of the Canadian Armed Forces, two RCMP officers and one civilian government employee. All of the members of the relay team acquired injuries or illnesses, visual or non-visual, by serving Canada in Afghanistan. These brave men and women are running; they’re walking; and they’re wheeling the 290 kilometres to the route to pay tribute to those who provided the ultimate sacrifice and to also raise awareness and support programs for ill or injured military members.

Canada’s military role in the world has changed over the past generation. No longer are we the peacekeepers of Lester B. Pearson, but for the first time in 50 years, Canadian soldiers were asked to leave home in armed conflict. Though Canada’s role may have changed, one thing remains the same: Canada is a country that always punches above its weight. Canada’s military mission in Afghanistan officially ended on March 12, 2014, 12 years after it began. Since October 2001, more than 40,000 Canadian Armed Forces members were deployed to Afghanistan. One hundred fifty-eight military members lost their lives during the mission and many more have come back with severe injuries, both physical and mental.

Today, as we pause to reflect on those who served in Canada’s longest active military campaign, we think of those who have sacrificed their lives in the line of duty and we give our hearts to those families whose lives have been forever altered.

In remembrance of Antoine (Tony) Caron

Hon. Mr. Graham: It is with great pleasure I rise today on behalf of all members of the Legislature and, in keeping with Mining Week, to pay tribute to Antoine (Tony) Eugene Joseph Caron. Tony was a key player in the Yukon’s mining industry for a number of years. He passed away on March 6, 2013, and we are joined in the gallery by members of his family, whom I will introduce at the end of my tribute.

Tony was born in Kirkland Lake, Ontario, to Mary Louise and Eugene Caron on March 27, 1940. His father, Eugene, was a diamond driller and they often moved around the country to where he found work. They lived within Ontario and Nova Scotia. Tony was always independent and full of life, and he headed out on his own at a very young age to work in road construction throughout the eastern provinces. He eventually met his wife, Betty, there. They lived in Montreal, and this is where their first daughter, Ann, was born in, I believe, 1964. After moving to the Yukon, they welcomed their second daughter Sharon in 1974.

Tony had agreed to come to the Yukon in 1966 to work on a short-term drilling job with his father. The job was to
drill 55,000 feet for International Mine Services on the Arctic Gold and Silver property near Carcross. E. Caron Diamond Drilling continued to expand, getting more jobs, and eventually the whole family moved to the Yukon. Caron Diamond Drilling was the first in Yukon to replace tripods with derricks on diamond drilling equipment, and also put the deepest hole in the Yukon in 1974, on the Whitehorse Copper property, Little Chief ore body.

Tony was the driving force behind the company and took over the main role when his father passed away in 1978. Under Tony, the company continued to drill throughout the Yukon and in northern British Columbia and Alaska.

He worked closely with his nephew Con, and after Con and Maureen were married in 1989, she joined the company to work with them. E Caron remained an integral part of the Yukon mining industry, working at Anvil mine, Keno, Minto, Wolverine, Brewery Creek, Whitehorse Copper, Rancheria, Wellgreen, Cree Creek and Casino, among others. Caron Diamond Drilling continued with every boom and bust in the industry and to Tony, Yukon was home and where he wanted to work and live. Tony remained working up to the last job when he finally forced to retire due to his illness.

Tony was often considered a workaholic and was often called out in the middle of the night to take care of any problems. He was the go-to guy when anyone needed anything and was a larger-than-life figure in the mining industry. He was often available to catch up and have coffee with anyone who stopped by the shop.

Tony was well respected by his staff and enjoyed spending time with them and the youngsters who grew up around the company. I know he always had time to take young fellas on motor rides, and he enjoyed making them a part of his beloved company. Being a lover of life, Tony was always the centre of the party. Tony enjoyed representing the Yukon and the mining industry at events, and was a regular at the Yukon Geoscience Forum and the Cordilleran Roundup in Vancouver.

Caron Diamond Drilling was always a sponsor for sports teams around the territory, including hockey and golf. Tony loved hockey and played right up until his knees would no longer allow him to do so.

Tony was also never afraid of engaging in a little fisticuffs, and I know from experience that Tony enjoyed not only fisticuffs on the ice, but off. I think it was this trait that encouraged his daughters to be strong and independent and stand on their own two feet. I might add, Mr. Speaker, I was never the object of the fisticuffs on the ice, which is the reason I’m still here today.

Due to the fact that Tony did encourage his daughters to grow up strong and independent, it often created strained relationships within the family. However, in recent years, I know he enjoyed spending time with his girls and he made up for lost time. He became a fixture at Sam N Andy’s, along with Jim Robb, me and my wife. He often spent a lot of that time hanging out with staff and catching up with old friends when they came by.

Tony enjoyed spending time with his grandson, Justin McGill, and was proud that Justin was following in his footsteps and working in the mining industry. Tony also thought of Konn as his son and took pride in spending time with Konn and Maureen’s children, Kevin and Teneil. Tony is predeceased by his father Eugene Caron, and is survived by: his mother Mary Louise Caron; his daughter, Ann Caron, who is here with us today; Sharon is here with us today; Konn, his nephew, is here with us today, along with his wife and children. Konn’s children are Teneil and Kevin. I also see Joan Steele and Gordon Steele here as well, very close friends of Konn. Welcome all of you to the Legislature today. We appreciate you coming.

Applause

In remembrance of Craig Finnigan

Hon. Mr. Kent: I would like to rise today in recognition of Dr. Craig Finnigan. Craig Finnigan, who held a PhD in geology, joined Kaminak Gold Corporation in 2005 as chief geologist. In 2010, his years of schooling and hard work paid off as the company drilled its very first hole and encountered high-grade gold at the Coffee Gold Project in central Yukon. Craig’s enthusiasm for the Yukon and, in particular, his work at the Coffee project was both captivating and contagious. He played a pivotal role turning that first drill hole into what is now known to be four million ounces of gold. Over $65 million has been spent in exploration on the Coffee property and his work attracted the attention of investors and geologists from all over the world.

Craig’s efforts and the success of the Coffee project are sure to lead to future gold discoveries that will, of course, bring prosperity to our territory. Most recently, he was named co-recipient of the prestigious H.H. “Spud” Huestis Award for excellence in mineral exploration and prospecting at the Mineral Exploration Roundup in Vancouver this past January. Craig tragically passed away a short time after receiving that award. He is much missed by all who knew him. Kaminak honours Craig’s memory in their continued enthusiasm for the Coffee project and their love of the Yukon.

We in the Yukon are proud to have innovators and professionals such as Craig, who believed in the potential of Yukon and worked hard to realize it. He strongly influenced people with his infectious smile, his warmth, his humour, his authenticity, raw passion, enthusiasm and storytelling. He lived life to the fullest, and his love for his children, friends, co-workers, hockey, cooking, music, geology and, of course, Kaminak Gold Corporation is undeniable.

Craig’s spirit will live on in the hills and his legacy will be felt by us all.

Applause

In recognition of Yukon Mining and Geology Week

Hon. Mr. Pasloski: As Premier, I am pleased to rise today and recognize Yukon Mining and Geology Week. Many locals and visitors in Yukon comment on the value and the beauty of our landscape. What they don’t see is the value and the beauty of the geology beneath that landscape. That
geology and the minerals it holds are as much a part of their territory’s identity as the rivers and the mountains perched above it. The resources embedded in our ground are nature’s endowment to us.

We may avail ourselves of this wealth, yet we do so in a responsible manner so that the riches below the ground do not come at the expense of the riches above. That is the fundamental principle upon which resource development in this territory is built.

Mining is Yukon’s largest industry. Yukon Mining and Geology Week is an opportunity to recognize and to celebrate the importance of this industry to all of us. Mining is the great economic diversifier when one considers all the support industries that it promotes. Local events are taking place on May 9 and 10 this year at Shipyards Park to showcase the significance of mining and geology to Yukoners of all ages.

The mining and mineral sector has been an important part of Yukon’s identity since Yukon was created as a territory. Its growth during the past decade has been nothing short of tremendous. In the past decade, hardrock production has expanded significantly, resulting in a 20-fold increase in the sector’s value over the course of the decade. The trickle-down economic effects of a successful mining industry are obvious. Mines and exploration programs hire Yukoners and they use services of a multitude of Yukon businesses. That activity directly and positively impacts our economy and our communities.

Today, however, our mining industry faces some tough challenges. Some would say that the heyday of the industry is behind us and that the days of large returns in the mining sector are over. I don’t believe this for a minute. We are indeed faced with the challenge of riding out this downturn in financial capital investments and resource prices, but I believe that together we are more than capable of dealing with this adversity head-on and coming out ahead.

I know the industry continues to move forward and continues to plan for a strong future. Our government will continue to do all it can to provide assistance. While our government has no control over world financial markets and commodity prices, we are investing in other important ways to ensure that we are ready when the turnaround occurs. Firstly, we are helping by providing industry with more regulatory certainty. Going forward, we will be clarifying roles and responsibilities of Yukon’s main regulatory agencies — the Yukon Environmental and Socio-economic Assessment Board, the Yukon Water Board and the Department of Energy, Mines and Resources — with the goal of making the entire process more consistent, coordinated, timely and transparent.

While we are clearing away regulatory burdens, we are also working to build capacity in our communities by focusing efforts on building sustainable infrastructure.

Our government has provided $2 million in this year’s budget to advance our bold vision, securing the long-term renewable energy future of our territory. We have directed the Yukon Development Corporation to plan the next generation hydro-power project. The availability of reliable, clean and cost-predictable power will set the stage for growth in the mining industry and the entire Yukon economy for the next 50 years.

In the meantime, we are examining other energy options, including LNG and the feasibility of the West Creek power project in Southeast Alaska. Roads are also of major importance to the mining industry, so we will complete functional planning for the Klondike Highway, Freegold Road and Nahanni Range Road. We also provide direct support to industry through increased funding for the Yukon mineral exploration program and through valuable geological information.

Our government is working on many initiatives to provide training opportunities, such as the Centre for Northern Innovation in Mining, including the mobile trades trailer, which allows us to bring the classroom to the communities. The health and success of the mining sector is very important to this government and a key part of this importance is increasing public understanding and support.

One of the goals of Mining & Geology Week is for Yukon citizens to learn more about the mineral industry and the science of geology. As I mentioned before, on May 9 and 10 there will be a mining exploration and discovery camp set up at Shipyards Park for the public and families to visit. At this replica of a mining camp, there will be equipment displays, goldpanning, kids’ activities, contests, helicopter rides and more.

This promises to be a fun and educational weekend. I would also like to thank the Yukon Chamber of Mines and everyone else who has done a fantastic job of organizing the upcoming event.

Mining week is a great opportunity for industry and government to share with Yukon citizens what modern exploration and mining is all about, with the goal of creating a better understanding of what this vibrant industry contributes to our territory.

Before I sit down, I would like to recognize some of the people who are in the gallery. We have an incredible display of support from the mining industry — and not only directly mining, the prospectors and miners, but some of the support industries as well. I would like to recognize some of the people. I apologize in advance if I mispronounce your name or if I miss you completely. Looking through, I would like to just mention some of the people: Randy Clarkson, Collette McMillan, Victoria Currie, Ron Light, Hugh Kitchen, Samson Hartland, Randy Lewis, Stuart VanBibber, Wendy Taylor, Anne Lewis, Jessica Prentice, Bonnie Dixon, Chris Geary, Carl Schulze, Roger Holstein, Jay Wilneff, Brendon Kassbaum, Chuck Shewen, Judy St. Armand, Brad Thrall, Eileen Melnychuk, Tara Christie, Shawn Ryan, Keith and Jennifer Byram, Al Carlos, Mike Burke, Claire Derome, Kels Bolland, and also from the departments Corey Kenzig, Mark Stephens, Eddie Rideout, Jennifer Russell and Lee Pigage.

Mr. Speaker, I would invite all members of the Assembly to welcome these people here today.

Applause
Ms. Hanson: On behalf of the Official Opposition, I’m pleased to pay tribute to Yukon Mining and Geology Week. There is no doubt that the mining industry globally, not just in the Yukon, is experiencing tremendous pressure — pressures that can lead to innovation, even as one industry leader put it, to fundamental and dramatic changes.

As we contemplate the challenges and changes facing the mining sector, it is interesting to reflect on the history of mining in Yukon and to realize that — far from being something to be feared, change has been a constant. Change has stimulated financially viable, creative resolutions that have benefitted both investors and citizens.

We often reflect in this House on the parallel histories of Yukon. They are both predicated on very different world views. Over time, the first history of Yukon — that of First Nation people who called Yukon home for millennia — and that of those who chose to come to Yukon in our most recent history initially for the economic opportunities associated with gold, then other minerals. Those histories have begun to merge, but it was not always easy.

Despite the fact that the entrepreneurial coastal Tlingit facilitated access to the goldfields for miners, traders and others in what was really the first Alaska -Yukon transport system over the White Pass, many Yukon First Nation people were unprepared for the onslaught of people into their territory. The words of Chief Jim Boss, when he petitioned the Crown in 1902 to help protect some of the land for Indian people — as he said then: “They took our land and game” — reflected the deep concern that the original inhabitants experienced — a concern that drove the eventual settlement of the Yukon First Nation final and self-government agreements. Yukon First Nations were determined to be masters in their own land.

As First Nation leaders and elders worked with government leaders and their advisors to craft the land claims agreements, they did so with a vision for a Yukon that recognized that the ways of the past were just that — past — and that a successful future would be based on mutual respect.

Today, First Nation governments and their development corporations seek to be, and are, active partners working with progressive mining companies that help create highly skilled, well-paid employment that benefits all Yukon. Just as industry has made significant advances over the years to engage with local communities and to demonstrate that social responsibility is more than just mere words, so too must government keep up.

Assumptions about what is good for mining are just that. Assuming that mining operates in a vacuum, isolated from the social, economic and environmental realities of the 21st century does a disservice to this very important sector.

You know, Mr. Speaker, it took many years for Yukon government to finally achieve a devolution transfer agreement with Canada, transferring provincial-like responsibilities that the federal government had carried out since the Gold Rush era to the Yukon. One of the impediments had been the First Nations’ fears that once powers over land and resources were transferred to Yukon, the government would not recognize the need to look at the laws respecting our land and resources through the lens of the new relationship forged by land claim agreements and the common law.

First Nations and industry recognize the importance of living up to agreements they make with each other. It is the foundation of corporate social responsibility — corporate responsibility that is based on integrity and trust. Government does a disservice to both industry and our First Nation partners by refusing to follow through on the commitments made in the devolution transfer agreement to develop modern resource sector legislation.

The Yukon is unique in many ways, not the least by the fact that not only do we recognize our desire to live in one of the most beautiful and pristine — although challenging — environments in the world, we also recognize that in the 21st century, mining and other resource activities can be, and increasingly are, done in a responsible, environmentally sound manner.

As I said at the outset, there is no doubt that the mining industry globally — not just in Yukon — is experiencing tremendous pressure. Those pressures can lead to innovation, and even to fundamental change. Yukon has been on the forefront of change before. We are known for punching well above our weight. We have the resources and the tools to make the non-renewable resource sector a sustainable and sustaining contributor to our territorial economy.

The New Democratic Party Official Opposition is pleased to again acknowledge the important role that mining plays in Yukon communities and in our economy. Yukon has the resources, natural and human, to work with industry to ensure an environmentally sound and prosperous future. We look forward to welcoming to Yukon more of the most progressive, safety conscious, environmentally responsible, community mining companies that the industry has to offer.

Mr. Silver: I also rise today on behalf of the Liberal caucus to pay tribute to Yukon Mining and Geology Week. This tribute was written by a constituent of mine, who is from a family who has been mining in Dawson City for four generations.

Yukon is a vastly diverse territory with many defining aspects, such as tourism, outdoor recreation and culture, but this week we are celebrating mining. Mining plays an integral role in how the world views Yukon and continues to be our economic mainstay. Over 100 years ago, when gold was discovered in Rabbit Creek — now known as Bonanza Creek — by Skookum Jim, George and Kate Carmack and Tagish Charlie, news of the Yukon and its mineral wealth spread around the world. Many people within Yukon have worked very hard to maintain this reputation.

Placer gold mining has not only survived, but it has thrived through the last century and has particular effect in the Klondike riding and its constituents, whom I am very proud to represent.

The territory’s placer mining industry spreads from large-scale to mom-and-pop-style mines, providing a livelihood for
families through the Yukon. Since the early 1900s, Yukon has expanded its mineral resource base beyond placer gold. We now have known hardrock gold, copper, silver and lead-zinc deposits throughout the territory, many of which have become productive and lasting mines. These mines have not only provided jobs but economic growth throughout the history of this beautiful territory. I would like to voice my appreciation and pay tribute to the many prospectors and geologists, construction workers, operators and miners whose expertise has profiled Yukon’s successful mining sector.

Many organizations, both private and public, have provided much-needed education and support for these workers, including, but not limited to: the Chamber of Mines, Yukon Women in Mining, the Yukon Mine Training Association, the Yukon Geological Survey, Yukon Prospectors’ Association and the Klondike Placer Miners Association. The Yukon Chamber of Mines and the Yukon Women in Mining have paired up to host the 2014 Yukon Mining and Geology Week, which will include the Yukon mining procurement forum on May 7, aimed at linking producing mines and exploration companies with local suppliers and service providers, along with the exploration and discovery camps in Shipyards Park on May 9 and 10, aiming at educating the public about mining, exploration and geology.

This month also marks the 28th annual Dawson City gold show, hosted by the Dawson City Chamber of Commerce on May 16 and 17. This is North America’s largest industry and consumer trade show focused on the placer mining industry. The gold show is an industry and consumer trade show encompassing the diverse and interconnected sections of our regional economy, with mining as its hub. Celebrating the gold show has become a springtime tradition — a great place to chat, network, and share ideas with fellow miners and prospectors. Mining and exploration connect us to our heritage in the Yukon, Mr. Speaker. Yukon has developed a successful and profitable sector that the Yukon Liberal Party believes can be balanced, create jobs and protect the environment.

With modern technology and sound regulation and public education, the mining sector will continue to thrive in the Yukon, contributing to the world’s economy and creating a prosperous Yukon community. The Liberal Party looks forward to a positive and healthy relationship with the mining industry for years to come.

Thank you, Mr. Speaker.

In recognition of Mental Health Week

Hon. Mr. Graham: It’s my pleasure once again to rise in the House today to acknowledge national Mental Health Week, from May 5 to 11.

Mental Health Week in Canada is an initiative of the Canadian Mental Health Association and is intended to increase the awareness of mental illness and help end the stigma associated with it. This year, the Canadian Mental Health Association is launching the first ever Be Mind Full initiative. They are starting a conversation, asking Canadians to tell them how they really feel. Too often, people claim to be feeling well when they are not. Approximately seven million Canadians — 20 percent of the population — live with some form of mental illness. Many do not seek treatment because of the stigma and discrimination associated with mental health problems.

This year the focus is on increasing awareness of women’s mental health and mental illness difficulties. Mental health problems and illnesses affect men and women differently and at different stages in life. Some disorders are more common in women and some manifest themselves with different symptoms in women than in men. Men have much higher rates of addiction than women while women have higher rates of mood and anxiety disorders. More than 75 percent of suicides involve men but women with different symptoms will attempt suicide three or four times more often. Women are 40 percent more likely than men to develop mental illness.

Various social factors put women at risk of poor mental health than men. These are often interrelated. For example, women have more caregiving responsibilities, have higher rates of poverty, and are more likely to suffer violent domestic abuse and violence. However women’s readiness to talk about their feelings and their strong social networks can help them protect their mental health.

The Yukon Division of the Canadian Mental Health Association is participating in Whitehorse is Talking in conjunction with Olympian Clara Hughes’ Clara’s Big Ride and Bell’s Let’s Talk on May 14. Whitehorse is Talking encourages community conversation, talking about mental awareness and the stigma associated with mental illnesses. The goal of Clara’s Big Ride is to start a conversation about mental health. It is helping Canadians share their stories, fight to end stigma and create awareness. Maintaining your mental health is a lot like staying physically fit. It requires a little effort every single day.

I encourage people from all walks of life to learn, talk, reflect and engage with others on all issues relating to mental health, and I would like to take the opportunity to welcome a couple of people here today — Reanna Mohamed is the president or chair of the Yukon’s Mental Health Association, and Kim Solonick is a director. Thank you very much for attending.

Applause

Ms. Stick: I rise on behalf of the Official Opposition and the Third Party to recognize Mental Health Week. It’s a week when we are being asked to educate ourselves, talk to our friends and our families, and reflect on issues relating to mental health. We all have mental health, just like we all have physical health. I liked this part, Mr. Speaker, when reading up on this. Mental health is more than the absence of mental illness. It’s a state of well-being. We all have events in our lives when our mental well-being is not so great.

Too often we do not want to talk about mental health — not our own, not our family members, not those in hospital or our jails. But I will share my personal story that shows how
important support and services are for our youth and families, and how important it is to talk about it.

My nephew was diagnosed at a very young age — I think it was around seven — with schizophrenia. It was a difficult road for him and his parents and his family. At that time, there was little recognition that children could have difficulties with their mental health. You can imagine, at seven and eight, a growing child — trying to work with him, with the drugs and counselling — it was hard.

Eventually, my nephew moved to a group home where he received support, training, and the assistance he needed to be able to participate meaningfully and fully in his community. Unfortunately, there were no thoughtful ideas or foresight about what would happen to him when he turned 18. There was no transitional planning. There was nothing that recognized that when he became a young adult, he would still need those services. A birthday was not going to change that. Instead, the rug was about to yanked out from under his feet. Mr. Speaker, my nephew took his life rather than face that uncertainty and fear of being moved out of that supportive group home into who knows what. There was no plan. Appropriate services and supports, even with the advocacy and support of his family, did not happen for him or his family.

This morning, I attended the opening prayers and the lighting of the sacred fire for a gathering called “Building a Path for our Children to Follow”. It’s a gathering to talk about residential schools and the healing that needs to happen for individuals, families and communities. I stopped to apologize to an elder of my First Nation to say, “I’m sorry I can’t stay. I really would like to, but I need to go back. I’m doing a tribute on mental health.”

She said to me, “You talk about this” — so I am, Mr. Speaker.

This gathering too has to do with mental health and our well-being. These individuals are coming together to share their stories, to share their healing, to show their families, their children and their communities a path to well-being.

I would like to close by thanking those people who work with individuals to improve their mental health. I want to thank those people who share their stories with one person or many. I want to thank people like Clara Hughes, who work very hard to bring these issues to the forefront and get us talking. I encourage everyone to share, to listen and to learn.

INTRODUCTION OF VISITORS

Speaker: I would like to introduce Mr. Ted Staffen, former Speaker of our Legislature. Welcome back, sir. It is always a pleasure to have you. I would also like to note your generosity during the Yukoners cancer care fund Speaker’s reception. Now I am obligated to take him fishing.

Applause

Ms. Hanson: I would like to ask the members of the Legislature to welcome Ray and Shirley Anderson to the Legislative Assembly today.

Applause

Mr. Silver: I would also like people to help me welcome Kirk Cameron to the gallery today, councillor for the City of Whitehorse. I am not sure if you were announced already.

Applause

Speaker: I will add to that — Mr. Cameron will also be the acting mayor at the ceremony tomorrow at the cenotaph. Thank you for that, sir.

Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Hon. Mr. Kent: I have for tabling the Hydroelectric Power Planning Directive Work Plan. This is a summary document. The full document is available on both the Yukon Development Corporation website and the Energy, Mines and Resources website of the Yukon government.

Hon. Mr. Graham: I have for tabling today the Yukon Workers’ Compensation Health and Safety Board annual report.

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

Are there any reports of committees?

Are there any petitions to be presented?

Are there any bills to be introduced?

Are there any notices of motions?

NOTICES OF MOTIONS

Ms. McLeod: I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to improve our water licence permitting regime by establishing firm timelines that are competitive with other jurisdictions.

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

THAT this House urges the Government of Yukon to continue to respect the right to own property and not to be deprived of that property except through due process of law and with fair, just and timely compensation.

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

THAT this House urges the Government of Yukon to continue to provide world-class geoscience data to industry to allow for the sustainable development of our natural resources.

Ms. White: I rise to give notice of the following motion:

THAT this House urges the Government of Canada in their obligation to the health and well-being of veterans to investigate the creation of a crisis hotline for serving and former members of the RCMP and military.
Mr. Silver: I rise to give notice of the following motion:

THAT this House urges the Minister of Environment to table a 2011 state of the environment report and the 2009 and 2010 interim state of the environment reports, thereby discharging outstanding obligations under sections 47, 48 and 50 of the Environment Act.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to acknowledge and act on its public safety responsibilities with respect to oil furnace installation and maintenance through education, regulation, and industry training.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to show leadership in green energy by:

1. investigating opportunities for geothermal energy products in the Yukon;
2. developing a Yukon-wide business plan to implement such geothermal project opportunities;
3. leveraging federal green energy funding to maximize efforts to move Yukon to cleaner, more sustainable local energy through geothermal projects; and
4. allocating significant engineering and development time and resources to new government and government-built facilities so that geothermal energy projects, where appropriate, may be included.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to immediately create a system for registering paid lobbyists, as recommended by the Conflict of Interest Commissioner in his annual report to the Legislative Assembly.

I also give notice of the following motion:

THAT this House ensure the Standing Committee on Rules, Elections and Privileges can fulfill its mandate to propose changes to the Standing Orders of this Assembly, make progress on legislative reform and improve decorum in the House by ensuring:

1. that the chair of the committee calls a meeting in the near future;
2. all members in the committee have a free hand in determining matters;
3. the committee schedules a sufficient number of meetings to deal with these matters; and
4. the committee has sufficient resources to properly carry out its important work.

I also rise to give notice of the following motion:

THAT this House urges the Government of Yukon to undertake a review of its secondary school students travel subsidy.

Speaker: Is there a statement by a minister?

This then brings us to Question Period.

QUESTION PERIOD

Question re: Mental health services

Ms. Hanson: We’ve heard today that it is Mental Health Week. In 2012, the minister promised a mental health strategy. Then that was downgraded to a mental health framework, which in turn has been downgraded to the minister’s intention to — and I quote: “get our own house in order.”

Internal reorganization is good but it can’t be at the expense of necessary front-line services. The minister is aware of the many gaps in mental health services but still has not directed increased services to the front lines to meet urgent needs. It is still the case, as we have heard from the minister, that there are only two mental health workers to serve all of rural Yukon.

My question: Will the Minister of Health and Social Services immediately increase mental health services for rural Yukon?

Hon. Mr. Graham: We know there are gaps in our mental health services here in the territory. We know it’s a growing issue. We realize that more could be done. I have to correct the member opposite on one issue though. When I said that we would have a mental health strategy available, I did not say exactly when, but I did say we have put a framework in place. We have a framework, which we will use in future discussions around constructing a mental health strategy here in the territory.

In the meantime, we recognize the importance of integrating our services and enhancing our services and delivery approaches to meet the needs of clients across the board. We’re moving to implement those approaches.

Ms. Hanson: Knowing about gaps is not the same as doing something to fill them.

In getting his own house in order, the minister has talked a lot about the importance of children and youth but again, this should not make Yukoners think that there will be more actual mental health services for children and youth. As the minister explained, the focus on child and youth needs is through policy structures. Policy structures are important, but what Yukon high school students need is front-line services. What will have a real impact on reducing Yukon’s suicide rate are front-line services. Since the minister has been in office, has there been an increase in either the number of social work visits to rural communities or the number of trained counsellors available to high school students across the territory?

Hon. Mr. Graham: Mr. Speaker, I don’t have those kinds of statistics at hand, as the member opposite should well know. We are making sure that we have an integrated approach in all of the communities. We are ensuring that the opportunities are available to work with youth and children. Providing not only social work services but also addictions and health services is a responsibility of all of our department personnel in all of these communities. It is very important that we keep these medical professionals attuned to mental health services.
needs. We want them to work together. We want to explore greater innovation. Mr. Speaker, this isn’t something that is done overnight. We are working very hard to get these processes in place.

We’re working on a mental health strategy and when it’s available I will be only too happy to present it to this Legislature.

Ms. Hanson: I don’t think anybody would say that 12 years is overnight.

Yukon’s rate of hospitalization for mental illness is over one and a half times the national average. Given the lack of services and the long waitlist for mental health care, this is not surprising. But there is no excuse for the lack of discharge planning for those patients hospitalized with mental illness.

At the beginning of this sitting, we showed the minister a recent coroner’s report into the suicide of Yukoners with mental illness. The coroner made four recommendations. One of them was that rural Yukoners receive similar levels of services as urban Yukoners. How has the minister followed up on the coroners recommendations? Does the minister believe that rural Yukoners currently have equitable access to mental health services when compared to urban Yukoners?

Hon. Mr. Graham: From my point of view and from the department’s point of view, services are lacking in many areas in the territory, not only in rural communities, but in Whitehorse as well. To that end, we have brought a number of researchers from McMaster University in Ontario and Dalhousie University in Nova Scotia who partnered with Yukon Health and Social Services to study child and youth mental services in the Yukon. As part of this study, I spent an hour conversing with the members of the team and they have made it their job to make sure that they go out and speak to key personnel around the territory to ensure that the planning and delivery of all aspects of child and youth mental health services are under the microscope here in the territory. We will use that report to assist us in future endeavours in this field.

Question re: Medical travel allowance

Ms. Stick: Yukoners in rural communities are used to travelling to Whitehorse for medical appointments. There is a standard procedure whereby a copy of their referral is submitted and expenses associated with leaving the community are reimbursed. This process is followed by expectant mothers, who must come to Whitehorse to deliver their babies, as the necessary services are not available in their home communities.

Recently a family that came to Whitehorse to have their baby was denied that compensation because of their choice to use a midwife. This was a responsible health care decision made with the support of their primary caregiver, yet they are being punished for their choice.

Does the minister acknowledge it is unfair to support expectant parents’ travel for a hospital birth and then deny the same support to a midwife-assisted birth?

Hon. Mr. Graham: This is one issue we can both agree on. I agree with the member opposite. I don’t think it’s a fair treatment and I requested my department, on a number of occasions, to inform me exactly why this travel was disallowed.

Under the Canada Health Act, we as a participating member are required to follow certain rules and guidelines.

One of those guidelines is that we can only pay medical travel when the medical travel is utilized in order to see a medical practitioner recognized under the Canada Health Act. At the present time, because of the fact that we are also part of that system and we have not recognized midwives as medical practitioners, we are unable to pay that travel bill.

Ms. Stick: Midwives and midwifery services are a vital part of the maternity care system across Canada. They exemplify the collaborative care model that this government has so recently come on board with. Other jurisdictions in Canada have already recognized the many benefits that midwives provide for families and have adapted their legislation and regulations in order to support those who choose to use a midwife.

Choosing midwifery is a medically responsible decision. The government should not punish those who choose it by refusing the same compensation. When asked about this on April 16, the minister opposite said, and I quote: “It may require a change in regulation or it may require a change in policy…” Will this minister commit to make the necessary changes to the policies or regulations so that parents who choose midwifery are not penalized?

Hon. Mr. Graham: As I have already explained to the member opposite, until midwives are recognized as medical practitioners under the act, we will not be able to pay for travel when people or pregnant ladies come to Whitehorse to see a midwife. It is only when they are seeing medical practitioners licensed under the act that we can pay that.

Now, I have said on a number of occasions that midwifery legislation has been contemplated by this government. Unfortunately, it has not yet risen to the top of the pile and I cannot promise that it will in the very near future.

Ms. Stick: It does not make sense that midwives cannot become registered practitioners in the Yukon. It has been shown to be a cost-effective and a beneficial choice, both for babies and for mothers. The outcomes have been proven to be better. Yukoners agree.

In December 2013, the consultation on the regulations of midwifery in Yukon was filed by the minister and among the responses received, 88 percent were in favour of regulations for midwifery in the Yukon. This government claims they want patient-centred care, yet they are not listening to Yukoners who want the choice to be able to use a midwife.

Will the minister commit to listening to Yukoners, stop penalizing families who choose midwifery, implement those recommendations that he tabled in this House and recognize midwifery as a legitimate health care choice?

Hon. Mr. Graham: There are a number of medical practitioners — or medical professions — in this territory, whose legislation is far, far out of date. We are moving on some of them as we speak. We have already committed to
brining in pharmacy and pharmacists’ legislation later this year. We are also planning on changes to several others, but there are a number of others out there that I hear from on an ongoing basis that are in the same process.

We would like to get it all here in the Legislature as quickly as possible. Unfortunately, they simply have not gotten to the top of the pile. From that, we can use everyone from dental therapists to dental technicians and a host of others, all of whom need either new or updated legislation. As soon as we can get to it, we will.

**Question re: Diesel to liquified natural gas generator conversion**

*Mr. Silver:* Last week, the Yukon Utilities Board rejected parts of an application from Yukon Electrical Company Limited for new power generation in Watson Lake. The Utilities Board is currently looking at an application from Yukon Energy Corporation for a new LNG facility here in Whitehorse. In other words, it has not yet been approved. At the same time, YESAB is reviewing that project and has not issued an approval either. While these approvals remain up in the air, the government has gone ahead already and spent $17 million on the project, including more than $8 million to purchase the new LNG generators themselves.

Mr. Speaker, as we saw in Watson Lake last week, sometimes projects don’t get approved. Why has the government made such a huge financial commitment to a project that has yet to be approved? Are there any penalties involved if the government has to cancel some of the commitments that it has already made?

*Hon. Mr. Kent:* I thank the member opposite for the question. As he mentioned, currently there are two outstanding public processes with respect to this project that have yet to provide their rulings — the Yukon Utilities Board as well as the Yukon Environmental and Socio-economic Assessment Board. The natural gas engines were ordered ahead of YUB’s assessment as well as YESAB’s assessment so that the Energy Corporation can receive them within the construction period. These engines are long-lead items — they take a long time to procure and to order. That’s why they were ordered ahead of time.

When it comes to the question that the member asked about penalties and any other additional charges that may be incurred with respect to this, I will direct that question in a letter to the chair of the Yukon Energy Corporation and provide it in writing to the member opposite.

*Mr. Silver:* In December, the Yukon Energy Corporation president appeared here as a witness in the Legislature. I asked him whether or not a partnership agreement had been signed with the local First Nations to participate in this project, and he said, “Partnership agreements that we’ve had with First Nations on other projects have not been always signed months and months and months prior to going ahead. They have a life of their own in the sense that they’re discussions between groups.” Since that time, we know that discussions with the Ta’an Kwäch’än Council ended unsuccessfully. Does the Yukon government have a signed partnership agreement in place with the Kwanlin Dun and will the minister provide a copy of that agreement?

*Hon. Mr. Kent:* Of course the Yukon Energy Corporation believes that it has a responsibility, whenever possible, to create opportunities that can benefit all Yukoners, including our First Nation citizens. As the member opposite correctly stated in his question, there was talk on the LNG project with both the Kwanlin Dun First Nation and the Ta’an Kwäch’än Council. The Ta’an Kwäch’än Council chose to back out. In the meantime, everyone knows there has been an election at Kwanlin Dun. I haven’t heard from the new chief as to whether or not they’ve made a decision to sign the partnership agreement. If there is one in place, I will check with the Yukon Energy Corporation as to whether or not it could be made a public document and, if it can, I will provide it through releasing it publicly or by tabling it on the floor of the House.

*Mr. Silver:* The Yukon Energy Corporation has been working to involve local First Nations in the proposed LNG project. There is an obligation the government must meet under the Kwanlin Dun final agreement, for example.

We know that there have been discussions about Kwanlin Dun owning part of the facility and about Kwanlin Dun possibly getting into the retail LNG business as well. In December, just days after assurances that negotiations were proceeding, the Ta’an Kwäch’än Council abandoned its plans to partner with Yukon Energy Corporation on this project. A lot has changed since December, and there has been no public update on the status of Kwanlin Dun’s involvement on this project.

Once again, has the government met its obligations under the Kwanlin Dun and Ta’an Kwäch’än final agreements with regard to this project?

*Hon. Mr. Kent:* The member opposite correctly asserts that there are some obligations under the project. There could be YACA obligations. There are also obligations under the Yukon *Oil and Gas Act* and an impact benefits agreement between the Energy Corporation, Yukon government and affected First Nations. When I determine through the Energy Corporation whether or not an agreement has been signed with the Kwanlin Dun First Nation, I will endeavour to make that public if that is possible. I will look into the questions that the member opposite asked. As I mentioned, there has recently been an election at the Kwanlin Dun First Nation. There is a new chief and new councillors, and I’m sure that they are immersed in briefings on a number of subjects. I did run into the new chief last night, and she mentioned as much to me when I ran into her in the community.

I will check with the Energy Corporation and the Yukon Development Corporation and get back to the member opposite.

**Question re: Alaska Highway corridor functional plan**

*Ms. Moorcroft:* For the last two years, I have been asking this government about the Alaska Highway corridor
functional plan. Each time I have asked the minister about the plan, he has said that my questions don’t warrant answers because Yukon government will be making the plan public. Well, it’s still not public but, yesterday in budget debate, the Minister of Highways and Public Works told the House that the functional plan was nearly finished.

He said it has been designed to support a safe and effective corridor and one aspect of this will be improving major intersections. My question is simple. Which major intersections has the Yukon government identified to be improved in the Whitehorse-Alaska Highway corridor functional plan?

Hon. Mr. Istchenko: I can’t answer that question because the plan is not finished yet. This project involves a lot of work. There has been some consultation, like I said before, up front. Some of the essential items include upgrading the roadway to accommodate some of the higher traffic volumes, constructing properly laid-out intersections at some of the major crossing points, consolidating access, establishing proper traffic control signage — I spoke to this stuff in the House before.

It is not finished and I’m not going to comment on which intersections the member opposite might be looking for me to comment on.

Ms. Moorcroft: This minister can’t answer questions — that’s obvious. There are not all that many intersections in the Whitehorse-Alaska Highway corridor between the Carcross Cut-off and the Mayo Road Cut-off that the minister can’t provide some information.

The minister has told us he’s engaged with key stakeholders about upgrades they’d like to see done, which is a good first step. What is not encouraging is this government’s approach to public participation. In the highways debate yesterday, the Minister of Highways and Public Works said — and I quote: “A public participation component will be used to refine the plan once we’ve decided which construction will be moving forward.” This is a textbook example of the Yukon Party’s approach to consultation. They work in secret and make the decisions, and then they talk with the public. Why is this government waiting until after they have decided which construction will be moving forward before consulting with interested citizens in Copperbelt South, at one end of the Whitehorse highway corridor, and with the general public?

Speaker: The member’s time has elapsed

Hon. Mr. Istchenko: I will say it again. As every member who has had to stand in this House and answer questions to the members opposite — we consult on our projects. You have heard it from the Health minister — you have heard it from many other ministers. There still will be more consultation. I said it earlier.

Once we have seen the Whitehorse Corridor project — once we have seen some of the stuff that we are looking for to come out of that — these projects are going to come toward us and then we will go out to consultation — whether it is in Copperbelt South or whether it is in Porter Creek — on some of the activities that need to be done to make our roads safe with the increased traffic, the increased volumes that we see in the Yukon. We see this because of the great economic development that you see in this Yukon from many years of the good Yukon Party running this government.

Ms. Moorcroft: Mr. Speaker, what we hear is that this minister and this government continue to be reluctant to share information. That is not good government.

With the warm weather, we see that there are many cyclists getting out and using the highway to commute to work, enjoy the weather and train for the upcoming racing season. However, the amount of traffic that the highway is experiencing and the narrowness of the bike lanes is a concern to commuters, commercial traffic and cyclists. With cars, trucks and bikes sharing the highway with more and more frequency, we need to see improvements to the bike lanes.

Will the Alaska Highway corridor functional plan include any upgrades to bike lanes to ensure the safety of both cyclists and drivers?

Hon. Mr. Istchenko: As I said before in this House, you just need to look at our budget and some of the investment we’re making in road infrastructure this year. When the plan is finished and it comes forward, there will be more consultation on it with the local affected residents, First Nations and the City of Whitehorse.

This is a good opportunity for me at this time of the year to put big kudos out to the Department of Highways and Public Works and those who work on our roads, keeping them safe and putting in the time and effort that they do with this large budget and working with the local contracting community and with Yukoners on keeping our roads safe.

Question re: School safety

Mr. Tredger: In spring 2007, the Yukon Teachers Association commissioned a member survey, entitled How Safe are Our Educators? This survey found that nearly one-third of Yukon educators — 29 percent — sustained some level of physical injury while 59 percent had some level of psychological injury.

This survey was several years ago. Unfortunately, the numbers have not decreased. In fact, evidence indicates that incidence of aggression toward our educators is increasing. Our educators deserve better. What has the minister done to address violence in our schools and to ensure our educational staff work in a safe environment?

Hon. Ms. Taylor: I would like to thank the member opposite for his important question. The Yukon government recognizes that all staff — and all students, for that matter — have a right to be treated in a fair, respectful and reasonable manner, free from any form of abuse. That is why the Department of Education has put in place a number of processes and a number of training initiatives to ensure that any and all incidents are dealt with appropriately.

We certainly continue to work with stakeholders such as the Yukon Teachers Association to ensure that all incidents are properly addressed.

There are relevant provisions pertinent to the Education Act as well as the collective agreement that we have in place with the Yukon Teachers Association, which agree that all
respective parties cooperate in developing and upgrading training requirements to support safe working and learning conditions.

In addition to that, we continue to enhance our complement when it comes to providing psychologist support as well as student support services with educational psychologist positions in place, as well as counselling resources in our classrooms.

Mr. Tredger: Verbal or even physical abuse is being normalized in our education system. This is unacceptable. According to the How Safe Are Our Educators? report, only 49 percent of educators reported all incidents. The most common justification given for not reporting events is because they feel no action would be taken and that these events happen all the time. In April at the Yukon Teachers Association general meeting, a decision was made to investigate what occurs after a teacher files an incident report about a violent event. The fact that the association felt the need to do such an investigation shows a clear lack of action from the government.

Can the minister explain what steps have been taken to increase educators’ trust in the government and stop the normalization of aggression?

Hon. Ms. Taylor: Mr. Speaker, I do take issue with the member opposite in terms of “normalizing” any violent behaviour in any way, shape or form.

This government takes all incidents when it comes to violence very seriously. That is why this government and the Department of Education have worked very hard with all of its stakeholders in ensuring that we have processes in place — training initiatives as well — in support of safe working and learning conditions for all of our teaching professionals as well as our student population.

As I just outlined, we have a number of resources for school counsellors. We have a number of processes, including a workplace risk assessment, including a violence-threat risk assessment protocol, which is used to address incidents. It activates the involvement of all community partners to deal with issues, including the RCMP, student support services, Health and Social Services and a number of other partners. We do track all workplace risk assessments and threat assessments, incident reports and many others, including the information that we are required to provide. We continue to track this information. We continue to work with our stakeholders to ensure that we do have initiatives in place that ensure the well-being and a safe workplace for all our teaching professionals.

Mr. Tredger: The fact remains that many incidents of violent aggression go unreported. Violence in schools must be addressed in every way possible. One key strategy for helping students to address underlying issues that result in aggressive behaviour is ensuring that students have consistent access to a qualified counsellor. Many students struggle with personal, social, and emotional issues and traumatic events. Without accessible and qualified counsellors available to them, these students do not receive the support they need to deal with serious concerns. This is especially crucial in rural communities where many youth may not have access to other support workers within the community.

The YTA has called for an increase in qualified counsellors across the territory. Will the minister commit to ensuring that all rural students have access to an in-school qualified counsellor for the next school year?

Hon. Ms. Taylor: We are working to do just that. In fact, as part of our student funding formula for each and every individual school, there are allocated resources for each and every school in this territory. We have allocated a base of just over 25 FTEs that have been allocated to schools overall in the Yukon. Depending on the circumstances of each and every individual school, those resources can be increased within that funding allotment. What this government has done though is continue to increase the level of resources in terms of teaching professionals in the territory, despite the decline in student enrollment, and we will continue to increase the number of educational assistants, remedial tutors and many of the other student services support that this government provides.

We do provide a full-time school community consultant who works with schools to support responses to critical incidents. We employ a social-emotional educational psychologist whose work has been to focus on self-regulation and other initiatives in place. We have four full-time educational psychologist positions to serve all our schools in the territory. We do have allocated resources when it comes to individual counselling positions for our respective schools.

In addition to that, we have a number of processes in place and training initiatives to ensure that we have a safe workplace.

Speaker: Order please. The member’s time has elapsed.

The time for Question Period has now elapsed. We will proceed to Orders of the Day.

ORDERS OF THE DAY

Speaker: We are now prepared to receive the Commissioner of Yukon, in his capacity as Lieutenant Governor, to grant assent to certain bills which have passed this House.

Commissioner Phillips enters the Chamber, announced by the Deputy Sergeant-at-Arms

ASSENT TO BILLS

Commissioner: Please be seated.

Speaker: Mr. Commissioner, the Assembly has, at its present session, passed certain bills to which, in the name and on behalf of this Assembly, I respectfully request your assent.

Deputy Clerk: Act to Amend the Income Tax Act; Act to Amend the Summary Convictions Act; Act to Amend the Environment Act; Act to Amend the Vital Statistics Act.

Commissioner: I hereby assent to the bills as enumerated by the Deputy Clerk.

Commissioner leaves the Chamber
I will now call the House to order.

**GOVERNMENT MOTIONS**

**Motion No. 679**

**Deputy Clerk:** Motion No. 679, standing in the name of the Hon. Mr. Nixon.

**Speaker:** It is moved by the Minister of Justice:

THAT the Yukon Legislative Assembly, pursuant to section 17(1) of the Human Rights Act, does appoint Barbara Joe as a member of the Yukon Human Rights Commission, for a term of three years.

**Hon. Mr. Nixon:** It is a pleasure to rise and speak to this motion in the Assembly here today. I would like to take a moment to mention both the Yukon Human Rights Commission and the individual who we are naming to this commission.

The Yukon Human Rights Commission plays an important role in addressing human rights concerns here in our territory. The Yukon Human Rights Commission is an independent commission created by the Yukon Legislative Assembly. Their mandate is laid out in section 16 of the Human Rights Act.

Mr. Speaker, the motion today is to appoint Ms. Barbara Joe to this commission. I would like to provide a brief summary about Barbara Joe, who we are appointing today.

Ms. Joe has a diploma from the Mount Royal University in Calgary, Alberta, a bachelor of arts in rural development from the University of Alaska Fairbanks and a bachelor of laws from the University of Victoria. In addition to these programs, Ms. Joe has additional course work from Yukon College on foundations of administrative justice in conflict management. She has training in negotiations, understanding financial statements, executive development and front-line leadership. Her most recent course is self-governing Yukon First Nation land registry training, which she took in 2013 and 2014. This commitment to ongoing education and skills upgrading is impressive to say the least.

Ms. Joe has held a series of positions with Yukon First Nations. In her time with Champagne and Aishihik First Nations, she worked as a researcher, justice manager and executive assistant to the chief. She contributed to Kwanlin Dun First Nation as both a policy analyst and then the governance director. She served as the Council of Yukon First Nations co-chair for the corrections consultation from 2004 to 2006 and currently serves as CYFN’s project and research manager.

Ms. Joe has contributed to Yukon’s development as a member of the Yukon Development Corporation and the Yukon Energy Corporation. She is currently the vice-president of the Yukon Aboriginal Sport Circle and the chair of the Yukon Dispute Resolution Board.

As I reflect on her education, work and board experience, I believe that she will serve Yukon well on this commission. I would encourage all members of the Yukon Legislative Assembly to support this motion appointing Ms. Barbara Joe to the commission.

**Ms. Moorcroft:** Mr. Speaker, the Official Opposition is pleased to support the nomination of Barbara Joe to the Yukon Human Rights Commission, which plays a significant role in our communities.

As a Champagne and Aishihik First Nation citizen and graduate of F.H. Collins Secondary School, Ms. Joe will bring a lifelong knowledge of Yukon community issues to the commission. Barbara Joe is chair of the Yukon Dispute Resolution Board and vice-president for the Yukon Aboriginal Sport Circle. She has a bachelor’s degree in rural development and natural resources management from the University of Alaska in Fairbanks, and a law degree from the University of Victoria.

Currently Ms. Joe works at the Council of Yukon First Nations Self Government Secretariat as a project research manager and is Kwanlin Dun First Nation’s Judicial Council administrator. We’re pleased to support the nomination and welcome Barbara Joe to the Yukon Human Rights Commission.

**Motion No. 679 agreed to**

**Motion No. 673**

**Deputy Clerk:** Motion No. 673, standing in the name of the Hon. Mr. Cathers.

**Speaker:** It is moved by the Government House Leader:

THAT the membership of the Standing Committee on Public Accounts, as established by Motion No. 7 of the First Session of the 33rd Legislative Assembly, and amended by Motion No. 304 of the First Session of the 33rd Legislative Assembly, be amended by:

1. rescinding the appointment of the Hon. Mike Nixon; and

2. appointing Darius Elias to the Committee.

**Hon. Mr. Cathers:** I won’t spend a lot of time speaking to this motion. This is a motion self-evident to change the structure of the Public Accounts Committee, to add the Member for Vuntut Gwitchin in place of a current member in that position from the government caucus, the Minister of Energy, Mines and Resources.

**Motion No. 673 agreed to**

**Motion No. 672**

**Deputy Clerk:** Motion No. 672, standing in the name of the Hon. Mr. Cathers.

**Speaker:** It is moved by the Government House Leader:

THAT the membership of the Standing Committee on Rules, Elections and Privileges, as established by Motion No. 6 of the First Session of the 33rd Legislative Assembly, and amended by Motion No. 315 of the First Session of the 33rd Legislative Assembly, be amended by:
(1) rescinding the appointment of the Hon. Scott Kent; and
(2) appointing Darius Elias to the Committee.

Hon. Mr. Cathers: In this case, this is another change to committee membership, and in this case I had the order wrong and had a slip of the tongue on the previous motion. In this case, this motion is the one that is replacing the Minister of Energy, Mines and Resources on the Standing Committee on Rules, Elections and Privileges with the Member for Vuntut Gwitchin. The previous motion was replacing the Minister of Justice with the Member for Vuntut Gwitchin.

In addition, the Standing Committee on Rules, Elections and Privileges, my understanding, in forestalling questions I expect may come from members of the Opposition, is that I believe there is a written question tabled to the chair of the committee, and I believe that she is going to be answering that in the affirmative.

Motion No. 672 agreed to

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

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

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

Chair (Ms. McLeod): Committee of the Whole will now come to order. The matter before the Committee is general debate in Vote 27, French Language Services Directorate, in Bill No. 14, entitled First Appropriation Act, 2014-15. Do members wish a brief recess?

All Hon. Members: Agreed.

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

Recess

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

Bill No. 14: First Appropriation Act, 2014-15 — continued

Chair: The matter before the Committee is general debate in Vote 27, French Language Services Directorate, in Bill No. 14, entitled First Appropriation Act, 2014-15.

French Language Services Directorate

Hon. Ms. Taylor: Madam Chair, I am indeed very pleased to introduce the budget for 2014-15 for the French Language Services Directorate.

The French Language Services Directorate budget forecasts operation and maintenance spending of just over $2.5 million in support of the directorate’s operations and French service delivery in various departments. Capital spending of $4,000 will provide for computer replacement on a cycled basis.

Canadian Heritage from the Government of Canada will provide funding to Yukon as a recovery, pursuant to the Canada-Yukon agreement on French language services. While the agreement is not finalized for the 2014-18 period, we are planning with the assumption that the amount will remain at $1.75 million, with an expected additional recovery from Canadian Heritage.

Some ongoing increases reflected in this budget are $24,000 to cover long-term disability costs and $20,000 will be invested in community outreach.

[Member spoke in French. Text unavailable.]

I am pleased to report that we have made significant progress with respect to French language services in Yukon since last fall. On January 28, we launched the active offer program and the interpretation services at Home Care, Insured Health Services and the specialist clinic at Whitehorse General Hospital.

Since then, the three pilot sites have been actively offering French language and interpretation services, when there is no French-speaking staff on-site. This on-the-phone professional and confidential interpretation service is currently used in other Canadian jurisdictions.

We conducted extensive research before selecting this particular service provider. Early in the spring, we will also proceed with an active-offer awareness campaign to encourage people to use the new services offered at the three pilot sites in the health sector. Concurrently, we will be launching a new active offer logo, which was developed jointly with the French community. This logo will be used as part of the overall campaign in public and private sectors to promote the availability of French language services.

This logo will be used as part of the overall campaign in the public and private sectors to promote the availability of French language services. The campaign will go beyond the three pilot sites currently underway. Service points that already offer French language services will be invited to display the new active offer logo and signage. The Association franco-yukonnaise will invite all private businesses providing services in French to also do the same.

We’re also making some headway on the development of our guidelines on identifying and staffing bilingual positions. The guidelines are being developed and finalized under the leadership from the Public Service Commission with a committee formed of representatives from the French community, Association franco-yukonnaise, the French Language Services Directorate, Health and Social Services, Yukon Hospital Corporation and the Yukon Employees Union.

Following our commitment to more strategically manage the provision of French language services within the Government of Yukon, the francophone community also continues to be engaged in the making of our strategic plan on French language services. As part of this plan, this plan will
guide our actions for the next four years. As I’ve articulated on a number of occasions in the Assembly, we believe it’s important that the plan reflect a vision that is shared by the community.

Our renewed relationship with the francophone community has produced some great positive results so far. We are very much committed to maintaining our efforts to enhancing services in the areas identified in the strategic plan. As such, we will continue to invest in the pilot projects in health this coming year and we will be undertaking and completing a formative evaluation, in order to apply the findings to other areas in government.

We will also be exploring the possibility of expanding the interpretation services to other points of service in Whitehorse and elsewhere in the territory.

With this, we certainly look forward to endeavouring to answer any and all questions with respect to this year’s budget. It has been an honour and a privilege to be able to serve as the minister responsible.

Ms. Stick: I want to thank the minister and her officials for their accomplishments over the last year. It certainly sounds like it has been a very busy one.

We’ve heard nothing but positive feedback from the francophone community regarding the introduction of the three pilot projects in the health sector: the insured health services, the home care services and the specialist clinic at the Whitehorse General Hospital. We hope that after this initial success and after this program being reviewed, full funding to implement these initiatives as well as the others that the minister spoke of will be forthcoming. We thank the minister for her announcements of future initiatives for services to be offered to the francophone community. I am sure they will be welcomed by all.

I really have no questions for the minister on this department, but thank her for the information and her officials for their work.

Chair: Does any other member wish to be heard?

Ms. Stick: Pursuant to Standing Order 14.3, I request the unanimous consent of Committee of the Whole to deem all lines in Vote 27, French Language Services Directorate, cleared or carried, as required.

Unanimous consent re deeming all lines in Vote 27, French Language Services Directorate, cleared or carried

Chair: Ms. Stick has, pursuant to Standing Order 14.3, requested the unanimous consent of Committee of the Whole to deem all lines in Vote 27, French Language Services Directorate, cleared or carried, as required. Are you agreed?

All Hon. Members: Agreed.

Chair: Unanimous consent has been granted.

On Operation and Maintenance Expenditures

Total Operation and Maintenance Expenditures in the amount of $2,522,000 agreed to

On Capital Expenditures

Total Capital Expenditures in the amount of $4,000 agreed to

Total Expenditures in the amount of $2,526,000 agreed to

French Language Services Directorate agreed to

Chair: We are going to move on to general debate in Health and Social Services, Vote 15. Committee of the Whole will recess for 10 minutes while we await officials.

Recess

Chair: Committee of the Whole will now come to order. The matter before the Committee is continuing general debate in Health and Social Services Vote 15.

Department of Health and Social Services — continued

Chair: Ms. Stick has the floor with 15 minutes remaining.

She is passing the torch over to Mr. Silver.

Mr. Silver: Thank you to the Member for Riverdale South for allowing me to start by questioning here today, and thanks to the members from the department for their time here today. We might as well thank the minister for his time as well.

I would like to start with some follow-up questions about some comments made here about the hospital expansion in Whitehorse. When officials were here last May, we discussed the hospital expansion and they estimated that the new emergency department would be in service by 2017. I have two questions on this file. Will that 2017 deadline be met for the new emergency department to be in service? What has been spent on the Whitehorse hospital expansion to date?

Hon. Mr. Graham: At the time that the member opposite got the answer that the emergency department would be ready in 2017, we had not completed the planning process. The planning process has proven to be more involved than anticipated at that time. The Hospital Corporation has done an excellent job doing a needs assessment and, as a result of that, we had to do some additional work in order to ensure that what we were really doing was meeting the needs of all Yukoners. They had estimated that the construction would have a completion date of 2017-18, so that was part of their speaking notes.

We’re not 100-percent sure, and until we get the planning completed, we won’t be sure. I believe we are just closing the books on last year, and last year we spent approximately $900,000 in planning for the new MRI and emergency area at the Whitehorse General Hospital.

Mr. Silver: So I am to assume that is the only money that has been spent on this expansion so far.

Moving on to O&M and costs in Dawson and Watson Lake for the new hospitals, what is the final cost for the hospitals? Has that been determined yet for the hospitals in Dawson and Watson Lake? Has it been determined what the
annual operation and maintenance costs for the two hospitals will be? What is the expected O&M for the hospitals?

Hon. Mr. Graham: We still don’t have a final cost for the Watson Lake and Dawson health centres. One of the reasons is we are still waiting for the insurance company — Intact Insurance — to complete their process to find out exactly what is still owed to contractors. Once that process has been done, we’ll be in a better position to compile exactly how much it has cost, including the work being done by the insurance company.

As for the O&M — the O&M cost for the Watson Lake health centre is just over $5 million, and that hasn’t changed a great deal because it was a hospital before. They had staff in Watson Lake at the Watson Lake Hospital.

In Dawson City, it is a little bit more of a guessing game. We know exactly how many staff they have, but we do not know what the operating costs are, so what we have done is we budgeted $4.5 million for Dawson City for the year. But we want to have at least one year of operating the new health facility before we finalize that budget. In other words, up to $4.5 million this year, evaluate the services and the costs at the hospital and then next year will be a more solid O&M figure.

Mr. Silver: The Premier mentioned in the Budget Address that the Dawson City hospital would house a retail pharmacy. What is the pharmacy paying for rent in that space? Does the pharmacy located in the Watson Lake Hospital pay rent? Can the minister elaborate a bit about the department’s policy in terms of housing private businesses in public spaces?

Hon. Mr. Graham: It is not only the pharmacy that is a private business. The medical clinic is a private business as well. People sometimes don’t look at it that way, but a doctor’s office is a private business that is paid on a contract basis or on a fee-for-service basis.

We know the people of Dawson City wanted both the medical clinic and the pharmacy to continue in Dawson City. The facility where they were located was being decommissioned and destroyed, so they had to move somewhere. We felt that this was the best alternative, but we do not have a lease cost for those spaces because Health and Social Services actually pays the rent on that lease cost as part of our agreement with the Yukon Hospital Corporation. We’re paying the operation and maintenance cost for the Hospital Corporation, so it’s part of the overall cost.

Mr. Silver: I’m going to move on to continuing care. The department has hired a consultant to compile a report on continuing care. I was wondering when the consultant’s report would be completed and when it will be made public.

Hon. Mr. Graham: To the best of my knowledge, we haven’t hired a consultant to do any work in continuing care. The only consultants with continuing care are dealing with the new facility, which we have determined we will be constructing at some point in the future. If that’s the consultant we’re talking about, yes, we have one, but we don’t have anybody taking a look right now at how continuing care is operating.

Mr. Silver: I thank the minister for his answer.

In terms of McDonald Lodge in Dawson City, the budget for the replacement of McDonald Lodge has been increased from $7 million to $11.3 million. According to the department’s briefing, this is to accommodate a walkway and to make the building exterior fit Dawson’s historic appearance. I’ve asked this question before, but I was wondering if the minister can just elaborate on the process. We have the heritage board in place; this isn’t an unknown entity. Why was this not accounted for in the initial budget?

Hon. Mr. Graham: Madam Chair, I think the member has his numbers incorrect. The projected cost at this time is $10,601,000 and that includes the operational equipment as well as the replacement of McDonald Lodge itself.

Some time ago, we had a cost of about — I think the member said — it was fairly accurate — $7.2 million. As a result of some of the difficulties and some of the additions we ran into, the price has been increased by some $3.4 million. The heritage design, including the heritage roof for the McDonald Lodge in Dawson City is costing approximately $1.5 million. The decision had been made some time ago to construct a passageway to the Dawson City health facility. In planning the facility, we felt that that probably wasn’t needed. However, in consultation with the community and with residents of Dawson City, it was determined that yes, in fact, they felt it was a necessity. We added that back in as well to the tune of $530,000.

One thing that was supposed to have been done with the Dawson City health facility was a mechanical connection that would be utilized when McDonald Lodge was constructed. Some of that seems to have been lost in translation during construction of the hospital and it wasn’t as readily available as we thought.

We think that part of that was because of the shift that was made in the hospital, to turn it, but also some was probably in the manner that McDonald Lodge was finally decided to be placed on a lot. We had to do some mechanical connecting that we hadn’t anticipated. That will cost us $500,000. The hazardous materials that were found in the old nursing station, we estimate — and again, this is just an estimate, and once we get into the building, we will know if the estimate is appropriate or not — but an estimate was given of $300,000 to remove hazardous materials.

The bridging consultant work — the sum of the unanticipated consultant work cost us $500,000 as well. With all of those issues, we had to go back to Management Board and ask for an additional $3.4 million.

I don’t think there is anything else. No, there isn’t. The bridging consultant work was actually $570,000 so that would make the $3.4 million.

Mr. Silver: The minister just mentioned a new needs assessment. I believe he was referring to it being just completed. We were talking earlier about the new hospitals right at the beginning today, and he had mentioned that there was a new needs assessment just being completed. Has a needs assessment for the new emergency room hospital expansion ever been completed? Is the minister going to provide us with a copy of that?
Hon. Mr. Graham:  The needs assessment that was done for the Yukon Hospital Corporation expansion was done for the department. I don’t think there’s any reason why we would release that report. It’s part of the planning document. It is part of what the consultants considered in their designs for the project.

I’ll consult with my department and with the Hospital Corporation at some point, but I understand now where the member opposite got the $11.3 million, because there was already $800,000 previously spent on the planning and design for McDonald Lodge. So, yes, including that money in the current budget, it would be $11.3 million, so you were correct on that.

Mr. Silver:  The minister sounds surprised.

Thank you for the answer about the needs assessment. With the two rural hospitals, there was a needs assessment as well by Dr. Peachey, so we’re assuming it would be a good idea to provide to the public a needs assessment for this expansion as well.

I’m going to move on to a question on the Salvation Army. There is $3,475,000 allocated for the redevelopment of the Salvation Army. Has a new location been chosen for the new Salvation Army? What is the timeline for completion of the redeveloped Salvation Army?

Hon. Mr. Graham:  First of all, no, a new location has not yet been chosen. We are looking at three potential locations.

I believe one has now been ruled out, so possibly only two are left. We would like to see this process go ahead much quicker than it has. There have been some holdups in going from the Whitehorse office to the Edmonton office and finally making it through the bureaucracy to get to Toronto, which is the Canadian centre for the Salvation Army. We have definitely experienced delays that are unfortunate but are not of our making. We would like to have seen this project begin this summer as well, but I don’t think that under the circumstances it will happen.

Mr. Silver:  A new five-year agreement — I’m talking about a new five-year agreement with the Yukon Medical Association. A new five-year agreement was signed in October 2012. The Premier touted that the new recruitment strategy was working and that new doctors were moving to the territory.

Can the minister either tell me now, or provide a return on this information, about how many new doctors this strategy has brought in? What are the additional supports to medical graduates and visiting specialists? How much is the physician retention bonus?

Hon. Mr. Graham:  I will have to provide that information in a return. Physicians are a moving target, because a number of new physicians — we just understood the other day — moved in, and one clinic in town moved down to the old Canadian Tire building and they added a huge number of people to their staff.

We know the clinic in Dawson City has additional physicians at that clinic. In fact, if they wanted to move a couple to Watson Lake, we would really appreciate that.

It is really a moving target, because physicians are private businesses. They come and go as they so decide. We would love to hang on to more of them, but we have a number of physicians who are reaching retirement age in the territory and will be leaving us, and we hope that we will continue attracting new doctors to the territory as we go.

I am absolutely blanking now on what you asked about specialists.

Mr. Silver:  We realize, of course, that this is going to be an extremely difficult process with recruitment. We just wonder whether this strategy is working or not.

The other question was about additional supports to medical graduates and visiting specialists? How much is the physician retention bonus?

Hon. Mr. Graham:  We are continuing the scholarship program for physicians. Recently, as a result of some lack of knowledge about what would be happening with continued THSSI funding — which was the funding that we were receiving from Ottawa for health innovation in the territory — we took the nursing bursary information off the website, because it was being funded 100 percent by THSSI. Because we didn’t know what we were getting through that file, we decided that we would have to cut that because we simply did not have any money.

Since that time, the government has decided to continue the program until such time as we receive word from Ottawa about exactly how much funding we are getting. We are in the process of putting the nursing bursaries back up on the website. We may make some changes and, depending on the amount of money we receive from Ottawa, we may have to make some cuts to the program, but the bursary program will continue for three more years in some form or another. At the end of that three-year period, the funding from Ottawa, we have been told, is absolutely not going to continue and that anything we do in the next three years has to have an exit strategy. We will be planning that exit strategy over the next three years.

Mr. Silver:  I appreciate the answer from the minister. He deserves some kudos in his quick response to a concern from a Yukoner who was concerned about the cuts to the nurse practitioner bursary program and it being taken off the website. Thank you to the minister and his staffers to quickly responding to that concern. That does answer my next question about THSSI and the continuing funding. We’ll be looking forward to seeing what the territorial government intends to do to continue this important funding.

Moving on to seniors housing in Mayo — the government is building a new seniors facility in Mayo and we’re wondering about the process. Was there a needs assessment done for the demand in Mayo for a new seniors facility? Can the minister run us through the rationale for this taking precedence in Mayo over other aging infrastructures in the community? Not particularly to other seniors facilities but to other infrastructure in Mayo.

Hon. Mr. Graham:  The facility in Mayo is being constructed by the Yukon Housing Corporation, not by us. It is a seniors living facility. It is not a long-term care facility.
We’re not involved in the construction of that. I’m sure the minister responsible for the Yukon Housing Corporation will be just ecstatic to answer those questions at the time.

I don’t think I answered your previous question about the amount of the retention bonus, and I apologize. It’s over a three-year period. If a physician is a full-time physician in the territory for a three-year period, the retention bonus is $100,000.

Mr. Silver: I thank the minister for going back to my question. Yes, as far as the needs assessment, we were wondering if the minister’s department was in touch with other departments to look at rationale for certain infrastructures going forth. It sounds like his department wasn’t involved in that process.

We will be bringing that up in Yukon Housing Corporation and also with the Minister of Highways and Public Works, at another time — hopefully next week.

I’m going to move on to an issue up in the Klondike right now, but it does apply to any of the rural communities. It has to do with asbestos mitigation. Will there be site inspections once development of the Dome lots commences to ensure that asbestos is not disturbed and that homeowners, road builders, et cetera, are actually following a plan?

This goes into the conversation that I’ve been having with constituents and the mayor. There is an asbestos mitigation policy in the municipality, but the number one thing to do is to not touch it and to avoid it, but if you have to, there’s a system of things in place that you have to do. The only problem is, who gets to decide whether or not this is actually being taken into consideration?

We’ve been told before in the House that it’s the liability of the construction companies, but we’re just wondering what YTG is doing to make sure the construction companies comply with the regulations for asbestos mitigation. It’s one thing to say that the onus is on those companies, but it’s another thing to find out whether or not this is actually happening.

Hon. Mr. Graham: To date, Health and Social Services has not been involved. Our Environmental Health people are not really equipped or mandated to carry out those kinds of inspections. However, Highways and Public Works will be in charge of the contract or whatever is being done there. I will make the commitment today that I will check with Workers’ Compensation Health and Safety Board because occupational health and safety sounds to me like something they may be interested in. I will get a response from Occupational Health and Safety with respect to this issue.

Mr. Silver: It’s much appreciated. The levels of asbestos up in the Dome are considerable — they are at 90 percent — so there is a lot of concern in the communities. A lot of the constituents who are up there voicing their concerns were very interested in knowing now that there’s a new development going on — that the asbestos levels are so high — and they really wish that somebody — and I’m not putting the onus necessarily on Health and Social Services — would explain to them the damages and the implications to health concerns when they were mucking around and creating gardens and driveways and those types of thing.

It is a very big concern and I appreciate the minister looking into cross-developments with other departments on this very important issue.

I’ll move on to on-line advertising. There has been a significant amount of Facebook and on-line advertisement banners from this department with their anti-salt campaign.

We are wondering what the total budget is for this campaign, and how is the department measuring the success of the campaign?

Hon. Mr. Graham: I simply don’t have that kind of breakdown, but we’ll be only too happy to obtain it. This is a new campaign, so we aren’t really sure — or I’m not really sure — how much it has cost to date, but we will get those numbers and bring them back.

Mr. Silver: The Northwest Territories government is now taking action to deal with mental health and addictions issues. Northerners have recommended on-the-land addictions programming, and now the Northwest Territories government is following through with this as well.

I was wondering if the minister could comment on the Yukon government’s commitment to similar pilot projects.

Hon. Mr. Graham: As I said today in Question Period, the department does provide a wide range of services and supports to our clients and their families with mental illness or mental health challenges.

One of the things that I was interested to hear right now is the Northwest Territories has begun the on-the-land treatment program. We know from our conversations with Yukon First Nations and with the funding that we provide to them, that Northwest Territories is very interested in our program — or the First Nation programs here in the territory that we’re funding or assisting to fund — because the results of that program seem to be doing well.

I know that the $1 million just promised by the Premier is going to enhance those services, especially to First Nation citizens around the territory. As part of the enhanced Sarah Steel Building, we will be putting in family living quarters as well as treatment for youth. There are things that are occurring in this area. Right now the base funding for rural health is, as we said today, probably inadequate, but until we make sure we get our own House in order — get our own processes straight and get care collaboration between various areas in our own department — we won’t enhance those services in the very near future. We are working with Kwanlin Dun First Nation for integrated after-care programs, so that is the next thing that we will be working with them on — try to have after-care programs integrated with their programs on the land.

Mr. Silver: I wanted to give the minister another opportunity today to talk about midwifery. This was brought up in Question Period today and the minister had some — I really appreciated his answers today. I will frame this question by saying that in May of 2010, the Department of Health and Social Services consulted with public and key stakeholders on whether the practice of midwifery should be regulated in the
Yukon. Only Prince Edward Island and Yukon are left unregulated.

The department received 67 responses and 88 percent of them were in favour. A recommendation document finally hit the floor of the Assembly on December 13 from the Department of Health and Social Services and the eight recommendations were tabled on the second to last day of the Assembly. Can the minister give us an update? I know he has already spoken earlier today on the status of the recommendation specifically on midwifery that was tabled on December 18, 2013.

Hon. Mr. Graham: As I said this afternoon, there are a number of medical professions in this territory that require either new legislation or a huge update to their current legislation. We’re working with Community Services. Much of the legislation is within their bailiwick because they are the regulators for medical professions. However, we work very closely with them.

The incident in question — the young lady who came to Whitehorse and did not go to the hospital and did not see a doctor — it’s unfortunate. I don’t think that will happen more than once in every 100. But under the legislation that we currently operate under, there was no way we could pay the travel expenses. I think my deputy minister will attest to the fact that we all thought it was unfair under the circumstances; however, we deal with this legislation and we just can’t do one-offs.

As far as looking at midwifery legislation, it’s something that we have on our list. There’s no doubt about it. We’re also aware of other things that are happening in the Northwest Territories.

I think somebody said today that midwifery is recognized across the country. Well, in the Northwest Territories, midwives are recognized, but the babies are still born in the hospital. So in various areas across the country, midwifery is very different. We’re taking a look at it again. It’s one of those pieces of legislation that’s on our long-term radar, but it’s not something that we can do at the present time. It all goes back to those uninsured services. We can’t pay for uninsured services, and that’s what this was.

Mr. Silver: Just to comment, I don’t know if we’re per capita ahead of other communities, but I have a few constituents who are licensed midwives. We had one in particular who was working with the Child Development Centre and the prenatal society, and she was a very valuable part of the medical community. As we move forward with a collaborative care model in Dawson City, it would be nice to have somebody like Onica come back into the community and to be able to practice in the community she works in — a brand new hospital there and this would be a great incentive, with the new programming.

We did hear as well that one of the considerations for midwifery is it seems like it would be quite expensive to regulate this industry. So if the minister would like to comment on that, either way, I would like to move into the assessment of the hospitals in Dawson and Watson Lake, with the number-one recommendation from the October 2013 needs assessment from Dr. Peachey to switch from acute to collaborative care models in Dawson and in Watson Lake. I was wondering what the status is of collaborative health care is in the new hospitals.

Hon. Mr. Graham: I wasn’t involved — nor was anybody on the Opposition side — with the construction of the facilities in Watson Lake and Dawson City. What we have to do is recognize that they’re there, and we have to use them in the best possible manner. What we’re attempting to do in Dawson City is maintain the acute care portion, because acute care in the northern part of this province is something that is required, and I think it will become more and more important, as I said in debate. I think 20 years from now it will like a brilliant decision that was made back here.

In Dawson, we are trying to work with the people there — with the clinic — as well as the community and the Community Health services to attempt to come up with a collaborative care model that works for that community, because, as we’ve said before, not all communities will need the exact same collaborative care.

In Watson Lake, the needs assessment showed us very clearly that the two highest priorities were addictions and mental health. What we will attempt to do in Watson Lake is build the services for those particular issues into the medical facility. It means that it will have a different focus than in Dawson City, because in Dawson those weren’t recognized as the burning issues that they are in Watson Lake. The collaborative care in Dawson will be much different from the collaborative care in Watson.

One other issue that I’m just reminded of here is that we will be using those beds in the acute care part of the hospital for both palliative and respite care, if they are not occupied by people in the acute part.

I think Madam Chair will attest to the fact that that has been the case in Watson Lake for many years — that the hospital there was used for palliative and respite care whenever necessary, and it worked fine for that community for a number of years.

Mr. Silver: Collaborative care of health in Dawson was definitely something I campaigned on. It is a burning issue in Dawson. I believe the medical fraternity is behind the idea of having a health care community that focuses in on health care and opposed to having a facility waiting for you when you are sick.

I know that this is going to continue. We absolutely appreciate the need for an acute care hospital, but we also know that the medical fraternity and others — the First Nation and the Education department and everybody in Dawson — believe that collaborative care is the way to go. When the needs assessment came out and hit the floor here, we were thrilled to hear the minister at that time say that he was going to implement the number one recommendation.

This issue will continue and I look forward to many more debates on this topic with the minister as we move forward.

I am going to move to psychology. Yukon is the only jurisdiction left in Canada where psychologists do not have a regulated body. Has the government explored — of course,
they have. Can the minister talk to me about their exploration about implementing a regulatory body, and what is the status of this implementation?

Hon. Mr. Graham: This is another example of a profession that is on our list to look at. There is virtually no possibility whatsoever that the psychology profession in the territory could be self-regulating. The numbers simply are not there. This is another one of the ones that we felt was not a really high priority, because as long as a psychologist is registered in another province and applies to the territory, they can practise here. It isn’t really high on our list of priorities. It could be one of the things making it less attractive for psychologists and psychiatrists to come to the territory, but that hasn’t proven to be a difficulty up to now.

Just to go back to what we were just talking about — collaborative care and looking after people before they get sick — this was what the wellness program and the Social Inclusion and Poverty Reduction Strategy were all about. It was to try to alleviate some of those social indicators of poor health. We’ve just had, in cooperation with the Child Development Centre, a new program — I can’t remember what it was called. But it is to train people across the territory in mental health wellness for children just born to six years old, until they enter the school system. What the Child Development Centre hopes to do with this is to give children an established, good outlook on the community itself and to give them a good, firm footing in looking after their own wellness and mental health. I think it’s one of the programs, together with some of the other things that we’ve done, that will really help.

To me, it’s so important that we address the issues of young people first. As they grow, the demands on the system will be nowhere near as great as they are now.

“Handle with care” is the CDC program.

Mr. Silver: One great thing we can do for the CDC is to provide some housing, but that’s another issue for another department. I digress.

This is an interesting one, and this is my final question for the minister today. I just wanted to once again thank the officials for their time.

Fertility funding — currently, families seeking fertility care are covered for blood tests, although not all tests that a specialist is likely to order — diagnostic X-rays, gynecological procedures and sperm testing. Quebec currently funds in vitro fertilization for up to three cycles or attempts. Ontario announced recently that they would be funding one cycle. Although treatment is prohibitively expensive across Canada, seeking fertility treatments in Yukon is significantly more difficult due to our isolation and lack of services therein. Couples must travel thousands of kilometres, which means time off from work, cost of travel and accommodation, the stress also of undergoing serious medical treatments so far away from home.

Has the Government of Yukon ever considered publicly funding assisted reproductive procedures or medication? I do have a couple of questions on this. I’ll start with that and then there are three more questions.

Hon. Mr. Graham: This issue has come up a number of times. We have made the decision within the government that we would not at this time fund reproductive technologies. The pressure that we find on almost a daily basis for health care coverage of certain things is immense. We recently approved a new drug that was necessary for a person in the territory that will cost us about $600,000 a year. That is money that we did not anticipate spending. It’s money that we have to spend because it has been approved for this particular disease or affliction. Those are the things that we come across all the time. We didn’t feel at this time that reproductive technology funding was appropriate and so it hasn’t been included.

Mr. Silver: Has the Government of Yukon looked at covering trips outside to meet with reproductive specialists and to undergo necessary treatments and procedures?

Hon. Mr. Graham: That was part of what we looked at. As part of the ministers of health for Canada, it’s one of those discussion items on our agenda as well, especially now that Ontario has kind of indicated that they’re going to move in these terms. Quebec has always stood alone on this issue. It’s something that no one else in Canada really supported. Now that Ontario is doing it, it will be an interesting discussion in the fall with the rest of us to see where we’re all headed with this technology, but at this time, no, we’re not funding the medical procedure, nor are we funding travel so that people can go to physicians outside the territory.

Mr. Silver: These next two questions are probably something that you would have to get back to me on. I would imagine that the minister would have to get back to me. Does the government get many requests for this type of service? Is there an estimate of what providing this service might cost the Government of Yukon?

Just to go back — I know that the minister had talked about not covering trips Outside to meet with reproductive specialists and also not covering the cost for assisted reproductive procedures. Is this including in vitro fertilization for this medical care? That will be my final question.

Hon. Mr. Graham: We have had a couple of inquiries. I believe we have had two and perhaps a third too, that wasn’t followed through. We have had a couple of inquiries with respect to Health Services providing funding for in vitro or — I am not sure what the other procedure was. We have been fairly consistent in saying that at this time, we will not be funding it. If at some point, the government decides that they are going to fund it, it will be an interesting conversation. I don’t know what I can tell you, other than we have decided it is not going to happen at least in this budget cycle — that is for sure.

Ms. Stick: I thank the Member for Klondike for his questions and for moving this ahead. I have a couple of questions on Copper Ridge. When I was looking at the final report on the new Whitehorse continuing care facility, it mentioned that the day programming space for seniors at Copper Ridge was not being used.
My question is: where is day programming for seniors happening? What is the space at Copper Ridge being used for now?

**Hon. Mr. Graham:** I know for a fact that the day programming is at the Thomson Centre, because we’ve actually been over for the day programming session, working with an individual.

The program that used to be held at Copper Ridge — I’ll have to get back to you, because we’re not sure.

**Ms. Stick:** Just so the minister knows, I mentioned that there were some structural concerns about Copper Ridge, and I have sent him an e-mail with that paragraph from that report. I just did that today, so he might not have seen it yet.

Moving on, I just wanted to look at some of the home care numbers under Continuing Care. The minister spoke about there being more services to the community, which is great, but when we see the numbers, we are actually seeing a drop. I am just wondering if the minister could comment on that please.

**Hon. Mr. Graham:** I think I missed part of that question, so if the member wouldn’t mind — but I also have a couple of other things that I would like to throw into the mix at this time.

The first is talking about the hearing services wait-list. I would like to provide, if I can, an update. Hearing services is working very hard to increase capacity, and I’m happy to report that staff have been successful in decreasing the waitlist for hearing tests by approximately 40 percent in the past year. Between January and May 6 of this year, the unit has done 78 children hearing assessments and 368 adult hearing assessments. In that time, they have received 160 new referrals, so we are making progress on eating into that wait-list.

The numbers clearly demonstrate that the hearing unit is working to a high standard. We do have an issue, though, with people who don’t show up for their appointments. I can tell you that appointments that do not show up are immediately filled with clients from the wait-list in an ongoing effort to manage demand for hearing services, but it’s not an effective way to manage the service, because we are forced to just take whoever is available at that time. People who don’t show up for these appointments definitely create problems. We all like to see us use the services that are provided by Health Services, not only hearing, but everyone and all our services, and we just want to remind everyone that it’s so important that they show up for these appointments.

The department has also informed me that they’re working to increase resources in the unit and are currently working to backfill the staff audiologist position, while the current staff member is away on maternity leave.

Regarding the member’s suggestion yesterday concerning providing hearing services for residents in the community hospitals, I can tell you that we already do that. Our audiologist and clinician travel to Watson Lake and Dawson City to deliver one-week clinics in order to provide hearing services to residents in those communities. They were just in Dawson City in February.

Our goal has always been to provide the best services we can to people in our territory and my staff is committed to that and will continue to do so. Under very difficult circumstances, they are making progress on the wait-list and it’s nowhere near as big as it was a year ago.

**Ms. Stick:** I’m really pleased to hear that about the hearing services because certainly it was a concern.

In one of the communities I visited, I was speaking with an elder who wanted to get a hearing test and had finally come to town for some reason and did manage to get in and see someone. She asked, “Why don’t you come to the community and do the testing?” The response she got back was, “We make all these appointments and no one comes.” The minister raised that and it just triggered, and reminded me of this conversation I had with this elder. She said, “They shouldn’t do that. They should come here and put up a poster that says they’re going to be here for three days and we will come. We don’t mind if we have to sit and wait.” I know that’s not the typical way that doctors or physicians or opticians or hearing specialists want to operate. They want to know that the times are filled. But the elder’s suggestion was put up posters, tell the nurse and we’ll come and we’ll sit and wait. That’s just a suggestion to the minister.

It’s not just for hearing services, but for other services to the communities. Sometimes appointments are booked so far ahead and, if it’s a really nice day like today, people are going to be doing other chores or activities or something on the land, and might not be available, but if they know this person is here for three days, they will come and they will get their hearing test, but it might just not be at 10:00 on Tuesday morning. It’s just a suggestion and I pass that on.

I’m sorry for the previous question. I asked it before and I knew the answer then, and I still know the answer now, and it’s because the hospitals are being able to provide more care in Watson Lake and Dawson so that home care doesn’t have to do that. I’m going to remember that the next time. Maybe the minister will too.

Moving on, community nursing — in 2013-14, there was quite a large capital budget of $1.565 million that did not get spent and we see the number is greatly reduced. Page 13-8 is where I’m looking. This year, renovations to community nursing are down to $609,000. I’m concerned about this because we’ve seen in the Dr. Peachey report that some of the things that help keep nurses in communities are appropriate housing, things as simple as Wi-fi in the nursing residences or staff housing so that people can continue their continuing education, are able to take courses on-line and, of course, just communicate, like the rest of us do — Facebook and social media and all that type of thing.

It’s really important that nurses have a place that is safe, secure, comfortable, up-to-date, not falling apart or cold in the middle of winter, with a garage that holds the vehicle that they might have to use in an emergency or to get to an emergency. Those are really important things that help keep nurses in communities and let them become a part of the community. To see this amount dedicated, not spent and then further
dropped is concerning, and I’m wondering if the minister could speak to that.

**Hon. Mr. Graham:** One of the things that we have decided to do differently is — well, not so much decided as worked with Highways and Public Works on — instead of pouring a lot of money into old facilities in many of these communities, what we’ve decided to do is attempt to really assess all of these buildings, see what is actually needed and if it’s worthwhile to go ahead and build a new one rather than try to repair something that is falling down. Quite a bit of the budget last year was not spent. There are two locations where the money wasn’t spent, one of which is the Mayo Health Centre.

There were renovations and some others that we simply are not going ahead with until we have an assessment by Highways and Public Works that determines whether or not we should be building new or renovating the old one.

For this year, the $609,000 is broken down for the Mayo Health Centre. We are removing asbestos for $156,000; exterior sealants are being replaced for $14,000; inspect, repair or replace boilers for $37,000; and replacing the domestic hot water distribution system is $133,000.

The Beaver Creek Health Centre is budgeted for $10,000 for an HVAC — heating ventilation system — upgrade. In Carmacks, humidifiers will be replaced for $16,000. The Carcross Health Centre needs some renovations to the steps and various other things for $21,000. The Faro Health Centre will also require a ventilation system upgrade for $160,000 and Old Crow also needs a heating ventilation system upgrade for $62,000. That is the total of $609,000.

Now we will still deal with health and safety issues throughout while we are doing the assessments on these various buildings, so we have continued to keep funding in the budget to do those necessary modifications that are required for the safety and health of our nurses.

I should also tell you that I think the member opposite kind of got into housing for nurses in these various communities as well and that is something that is handled by Yukon Housing Corporation. I know my department is constantly negotiating with and working with Yukon Housing Corporation to ensure that our nurses have appropriate and permanent housing when they are in a community.

That’s something that we will continue to do. I should tell you in reference to the question you asked previously about the space at Copper Ridge, that it is now being used for therapies and for crafts, such as woodworking and other things, for the residents of Copper Ridge itself. They have a dedicated therapies area and a dedicated crafts area that they never had before.

**Ms. Stick:** My next question — on page 13-29 — I am looking at personnel, other and government transfers and notice that there is a drop of about $9 million. I am wondering what those might be from.

**Hon. Mr. Graham:** Most of that will be THSSI money that has dropped because we won’t be receiving any THSSI money — or we weren’t aware of any THSSI money that would be received when this budget was compiled. It has only been recently that we know that we will be getting some money through a new program with the federal government. We still don’t know how much that money will be nor what strings it will have attached to it. We don’t know where we will be able to use that money.

**Chair:** Would members like to take a brief recess?

**All Hon. Members:** Agreed.

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

**Recess**

**Chair:** Committee of the Whole will now come to order. We will be resuming general debate in Vote 15, Department of Health and Social Services.

**Ms. Stick:** I’m going to skip ahead a few pages and talk about dental health. I just have a couple of questions when I’m looking at the statistics. I’ll get them out here. I’m just curious about how individuals pay for dental services in the communities. We see that there are days of service to adults in rural Yukon — this is on page 13-36 — and it says 80. I’m just curious: How do those services get paid? Is it just the department or does the patient seeing the dentist also pay something?

**Hon. Mr. Graham:** Whenever we talk about school children or therapies being done for school children, the department funds that 100 percent. The 80 days of service to adults in rural communities is paid for by the recipient of the dental service. We do not pay for that. So whether it’s with NIHB or insurance themselves or just paying out of their own pocket, this is what would pay for those days.

**Ms. Stick:** The next page is Community Health and Environmental Health Services. I’m just curious about the stats here. Does this also include restaurants and grocery stores? Who is doing those inspections? One of the reasons I ask that question is because it was something that came up — I think it was last year we had the big meat recall in the Yukon. I raised the question then about whose responsibility it is to check with the grocery stores to make sure those products were no longer on the shelves, and that people could return them. I remember going in for a few days after the recall was announced and I was still seeing packaging and meat on the shelves. I was concerned that those things weren’t happening. I’m wondering if that comes under community health and environmental health services.

**Hon. Mr. Graham:** Madam Chair, restaurant inspections are all carried out by the Department of Health and Social Services.

When it comes to things like meat recalls or meat inspections, those are done by Health Canada. It’s up to Health Canada to ensure —

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

**Hon. Mr. Graham:** The Canadian Food Inspection Agency. It’s up to the Canadian Food Inspection Agency to ensure that meat is removed if it’s past-dated. It’s not something that we as environmental health services do.
Ms. Stick: This is just a question. Does the minister know if we have Canada food health inspectors here in the Yukon? Again, specifically looking at food recalls — whether it is spinach or salad greens. There have been a lot in the last year, but the meat one was the really big one because at one point there was not much left on the shelves.

Hon. Mr. Graham: That is not the responsibility of Yukon government. It is food inspections from Health Canada and they would actually — we do not have, as far as we are aware, an employee here, but they will come in if they are needed in terms of a recall or other issues such as that.

Ms. Stick: Moving on to 13-38, which is Yukon Communicable Disease Control, and looking at the stats in comparison to the Yukon, I understand that you have to make allowances for our small population, but the numbers are quite high and do not seem to be decreasing in any way.

I know there are some programs, but how are we addressing this? Do these numbers include not just the numbers that someone might see at the clinic across the way, at the Communicable Disease Control clinic, but do they also include the statistics from physicians? If a person goes to see their family doctor and is found to have one of those things, is that included in these statistics?

Hon. Mr. Graham: Yes, Madam Chair, it is. The statistics do include not only physicians and community health centres, but the Yukon Communicable Disease as well.

You have to also understand that any one individual can be tested for a number of different infections, so they may show up in more than one of the areas there.

I have some other information that was asked for by the member in the past couple of sessions with Health and Social Services. The Family and Children’s Services internal transfers — I provided the information to the member opposite.

Tangible capital assets that we did, on pages 13 to 19 of the budget book, included the following: Sarah Steele at $1.284 million and St. Elias Residence at $1.235 million. I also have a number of FASD statistics that I can pass on to the member opposite, although I should read some of these into the record.

For the record, the structural concern at Copper Ridge that was in the report — and the report actually looked at the building condition of all Whitehorse continuing care facilities, and they did raise a potential issue with the roof at Copper Ridge Place. It does appear to require further investigation. The follow-up evaluation of the roof has been completed. The findings indicate that although some lateral drift movement of the corridor structure is possible, it is unlikely that the magnitude of the movement is a life-safety issue, but rather more of a serviceability issue. The report goes on to recommend upgrades to stabilize the structure.

Why has the occupancy rate gone from 85 to 100 percent when the number of beds has not changed? The reason for that is the number of beds listed is the number of beds available on each unit, not the number of beds filled. The occupancy rate speaks to how filled the beds are during the year. The bed usage in this area has increased to 100 percent. As a further point of clarification, community health programs include mental health, dental health, environmental health, communicable disease and health promotion, but it does not include physical therapy, which I mentioned previously and I was wrong — hard to believe as that may be, I was.

Ms. Stick: Hard to believe he admitted it, but he did.

I want to stick with the Yukon Communicable Disease Control program. I have nothing but praise for the nurses and health care providers in that unit. I’ve had a lot of contact with them over the last year, in particular around hepatitis C, which is something I contracted 27 years ago and just in this past year have undergone the treatment for. I have nothing but praise for people over there and for the doctor who comes in from Outside. They are very efficient, very good at their jobs, very supportive and very knowledgeable. I would like you to pass that on to them because they were wonderful. I was very fortunate to have gone through the treatment with minimal impacts for myself, which is not the norm. For some people it is quite a struggle. I count myself fortunate and was pleased to no longer have hepatitis C, which is amazing to me.

When I look at the numbers for individuals with hepatitis C, I think the biggest problem I see is that doctors may not be making that referral to that treatment program, or individuals may not know that they can refer themselves to that program. I understand that it’s expensive for a person to go through the treatment and the drugs for that, but the outcome of it, when it’s a cure, means that a lot of other things aren’t going to happen later. It’s a very preventive — I mean, preventive would be great if people didn’t get hepatitis C, but people do and we have a high population. Is there a way that we can encourage more people to do the treatment?

The other part of this is that there is a new drug coming on the market that has been approved nationally — Sovaldi. It has been approved by Health Canada, and I know that one or two individuals here have applied to a third-party health care provider, with their private insurance or something, to help cover the cost of that, but it has not yet been approved for the Yukon.

I just would like to know if the minister knows anything about this and when approvals might come. One of the great things about this drug — it’s also expensive — is that what I went through for six months is now down to three months if it’s a successful treatment. It is expensive up front, but it’s short, has less impact on people’s lives, on their family lives, on work, and that type of thing and, again, it has even better results than the ones I was on.

Again, big kudos to the crew over there; they work hard and they do a great job. Is there a way that we can get more people to not to have hepatitis C any more?

Hon. Mr. Graham: We do a health promotion campaign and this is part of it. I guess one of the interesting things about any of these diseases is that the drug companies produce drugs that they say will cure people. They’re approved by Health Canada, but when the territories and provinces take a look at them, the expense of such drugs is absolutely prohibitive. We have seen one that was touted as a cure for a horrible disease for children and it cost a
tremendous amount of money. When tests were actually done, we found out that it only worked in about 10 percent of the total people with that disease and it only improved their quality of life about 25 percent.

At what point do you say, “No, we should be spending more money on other things that have a bigger bang.” I know that’s maybe a very cold thing to say for the people who are suffering from some of these diseases, but at some point we have to decide as a community what we can pay for and what we cannot pay for.

Part of the discussion that we will be having as lead Ministers of Health — with Alberta — next week while I’m away, is dealing with the cost of drugs and one drug in particular.

We rely on Health Canada approval only to tell us that the drug is safe for that use. We do then rely on CADTH reviews for Canadian Agency for Drugs and Technologies in Health and they try to decide on a common formulary and they also try to give some direction on how appropriate or how useful the drug actually is. They are the ones that did the last evaluation of the drug that looked like it was going to cost several hundreds of thousands of dollars per patient per year and it would only have a 25-percent impact on that patient’s life. That was when the provinces and territories kind of made the decision not to go ahead with adding that drug to our common formulary.

Ms. Stick: I understand all that and I thank the minister for that. I am just wondering if they are considering at all this new drug for hepatitis C treatment and is there a committee here that reviews those things?

Hon. Mr. Graham: There are a number of drugs being looked at by CADTH and part of the process includes members of each jurisdiction making a decision or making a recommendation that is then passed on to the ministers as to whether or not any of these drugs should be approved for the drug formulary. It has a long way to go yet. We have not even seen any research information on the new drug, but when I get back to hepatitis C, I’ve been informed that Blood Ties also does a lot of promotion that we fund as well.

I think the promotion is out there. I understand that the member opposite’s reaction to the treatment is very unusual because most people have a much more difficult time, and that could prove to be one of the reasons that not everybody wants to go through it.

Ms. Stick: Moving on to Community and Program Support, I just wondered if I could get a reason why Yukon Seniors’ Services was moved out of Adult Services and into this new or renamed program area.

Hon. Mr. Graham: This probably is one of the questions the member opposite asked on Tuesday that I didn’t fully answer. In February of last year we did a restructuring within the department. There were a number of reasons for that restructuring. We were trying to address issues of equity and span of responsibility of the various managers within the department. We were trying to promote the cross-division service delivery, program development and program support. That was part of what I mentioned earlier about getting our own house in order. What we had to do was make sure that our own divisions are able to work closely together to provide the best possible outcomes for the public.

This restructuring promoted a more integrated system across the department and it was also done to better respond to service needs across the whole territory. As part of this change, we established a Community and Program Support branch, which includes Regional Services and Seniors’ Services/Adult Protection Unit. It includes program development and training functions. The branch that was formerly known as Social Services is now Adult Services and it includes Income Support, Services to Persons with Disabilities, and Alcohol and Drug Services. Family and Children’s Services continues to deliver the same programs and services that they did before the restructuring.

Ms. Stick: Looking at Seniors’ Services/Adult Protection Unit, I had a couple of questions. I had the pleasure last week of going to a meeting that was organized by the Yukon Association of Community Living to talk to parents about adult guardianship and the whole spectrum of services that are available, including advanced directives, the power of attorney — the range. It was an informative discussion, but it became very apparent that since this legislation came into effect about eight years ago — the Decision Making, Support and Protection to Adults Act plus others came out at the same time — there has been a drop-off of public awareness about this.

At one time, I used to see in every doctor’s office, or wherever you went, the advance directives, and that was a great thing to have. There were some interesting questions that came out of the meeting with the adults. I thought one of the most interesting was talking about individuals who were adults with mental disabilities in group homes or supported independent living or approved homes who might not have family support and involvement. One of the caregivers raised the question: Who is supposed to be doing these with these individuals?

Every single person over the age of 18 should have an advance directive form completed and available and talk to their family and friends about it. It was like, who is supposed to be doing that with these individuals? Is it the caregiver? Is it the group home? Is it the social worker or the case manager? I just thought it was a very interesting question. So there’s that — and I’m not even sure if the minister has an answer, but it’s certainly something to think about — assistance with decision-making when individuals are in group homes and there often isn’t family involvement, for whatever reason. Sometimes parents have passed away or there are no siblings who could step in and speak. I’m just going to raise that as a concern and believe it’s something that needs to be talked about, possibly also with community living. That was one.

I also had a question last year. There was a court case involving Justice and Social Services with regard to public guardianship. I’m just wondering if those issues, where two departments were going against each other, have been resolved and if there’s a better communication, so that more
individuals who require that guardianship and might not have a person available in their life to do it — whether there is better resourcing for that to happen between public guardianship and the department — because I realize it’s Justice and Social Services.

Hon. Mr. Graham: Madam Chair, these cases are assessed on a case-by-case basis. Adult Services attempts to work with the family if there is family available; they attempt to work with the caregivers if there are caregivers. It even goes back to before the person transitions to become an adult, when we were talking about services to youth and the transition services. We know how important it is. We work with them with caregivers, adults and parents to assist in that transition to make sure that people understand what is coming. Once these people with disabilities reach the age of majority, a whole new set of rules takes over.

I know from personal experience in the last while what an interesting road it is, not only for palliative care or for a final directive, but also just to look after folks when they no longer are capable of doing it themselves. I think it’s really important and I know the department understands that. It’s really important that we work with people and with their caregivers. We will advocate on their behalf but we can’t force them.

What we would like to see them do is, when all else fails, go to the public guardian. We have worked out the issues with the guardian now and when we refer people to the guardian, they deal with it in a different way than they did before. They now accept the fact that some of these people do need public guardianship because there is simply no one else available to provide that service for them.

Ms. Stick: I thank the minister for that answer. Just one of the suggestions I might have — I am full of them today — is that if we are looking at things like advance directives and that type of thing, there needs to be training. If we are expecting caregivers or group home staff to work with individuals who might not have family to do some of those things, they need training to know how to sit down and talk to a person about that.

At one time when this legislation came through, there was funding for training and they went to every community and talked to nurses, health care providers, home care workers, social workers, and First Nations, but that has fallen off. There no longer is that training or keeping up with who needs to know that. I would like to know if that is somehow going to come back into being, where that training happened at one time at the very beginning, but has kind of fallen off. There are new staff everywhere and they don’t know about these and how they work, or how they would even sit down and talk to a person about them.

Hon. Mr. Graham: What the member opposite said is somewhat accurate. When the act was first brought in, there was a great deal of training done and there was a separate budget strictly for training to bring people up to speed on the act — our responsibilities under the act — and what could and couldn’t be done. Since that time, that money has disappeared, but quite a bit of it has gone into the individual departments’ training budgets so it should be part of the ongoing training that is supplied to new employees. There is no budget that is set aside strictly for this type of training. It’s something that we could look at, but I have to tell you, given the pressures on our budget in various other areas, I think what I would sooner do is encourage managers to make sure that the training is afforded to new employees, especially, in the normal employee orientation process.

Mr. Elias: I have a question for the Health minister. It is really riding-specific. Many of my constituents have to travel under the non-insured health benefits program to Whitehorse or Vancouver or Edmonton or Calgary for whatever health issues that they have. Some of them need to have dental work or optometrist work or hearing work, and there is no amalgamation between the two systems. The problem with my constituents is that there is an either/or situation here, so they have to pick and choose. It is really expensive to pay a $600 flight to get your teeth or whatever done.

If NIHB is going to pay your way down for medical travel and you want to book something for another dental, optometrist or hearing issue, then it’s going to be difficult. Many of my constituents feel that this is a gap that needs to be filled. Maybe the minister can comment on that.

Hon. Mr. Graham: This is an issue that was also brought up by the Member for Riverdale South. We’re constantly working, or attempting to work, with the Non-Insured Health Benefits staff to coordinate as many of our services as possible, because we understand that we’re working under different systems.

The member from Old Crow is exactly right. It would be wonderful if we could actually coordinate these services so that when folks came down from Old Crow, they could not only see the doctor, but they could see their physical therapist and a dentist at the same time.

We are working with NIHB. I can’t guarantee anything but, as the member opposite knows, we’ve even gone so far one time — because the service required was urgent — as to fund an NIHB client and then recover the funding later. We do what we can, but it’s a tough problem and is something that we’ll continue to work on.

Mr. Elias: Well, thank you Madam Chair. I thank the minister for the answer — this is an ongoing issue and I’m actually going to bring this up to the Member of Parliament for the Yukon because this is a federal issue as well and so I thank you for the minister’s answer.

Hon. Mr. Graham: In response to the member’s question — we do also have another table at which the federal and territorial governments and Council of Yukon First Nations sit and we will make a commitment to bring it up at that forum to discuss the difficulties that First Nation people, especially First Nation people who live outside of the city of Whitehorse, are having with not only travel, but the coordination of the appointments. So we will bring it up at the next meeting.

Ms. Stick: Thank you Madam Chair. And I thank the member for Vuntut Gwitchin for bringing this up also, because it reminded me of another question I had. It has to do
with an NIHB and the overall statistics for the Yukon. Is there a way that we can start coordinating those numbers — because I know they collect certain numbers on chronic diseases that we don’t necessarily hear about? The one I know about is kidney disease and individuals who have to move away from the Yukon — who are forced to move away because of kidney disease. We know there’s a higher prevalence of diabetes with First Nations and that often leads to kidney disease, kidney failure. Those individuals leave the Yukon, permanently — they are not able to come back — for dialysis.

I know there are numbers in NIHB that we are not capturing and it goes for other things too. I’m wondering if the minister can comment on that or also bring that up at whatever table he is sitting. I think it’s important that we get the whole picture for all Yukoners — not a picture of this section and not a picture of that section of the Yukon — and in terms of planning, what we need to be able to provide treatment to people. To allow them to be able to plan into the future, we need all of the numbers.

Hon. Mr. Graham: One of the services that we avail ourselves of is data collection by the Canadian Institute for Health Information or CIHI. CIHI is an organization that tries to coordinate or collect data from all sources. From time to time, when we are able to access data for the territory, NIHB has fed data into the CIHI system and we have it available to us. In fact, that is exactly what happened during the clinical services plan. We were able to obtain data from CIHI that included not only Yukon-insured residents, but also uninsured NIHB residents. It included First Nation and non-First Nation people.

Much of this information is very sensitive for First Nations. We do share information with some of them, but as I said, it’s very sensitive. We’re limited in what we can do with that information. We really appreciate the fact that some First Nations are willing to share information with us, because it makes the total picture here in the territory much better, but it is a tough one.

As for the problem with people and dialysis in the territory — I know I have answered this question before in the Legislature and the answer was quite simple. We simply do not have the number of people necessary in the territory to maintain a dialysis operator. The machine wasn’t the problem, the operator was — and they would not be able to maintain their accreditation given the number of people in the territory who require dialysis at this time. We think we have a handle on some of the numbers, but we do not have a huge number of people who require dialysis in the territory at this time. Heaven forbid, if it reaches a critical mass, shall we say, then we would be in a position to have a dialysis machine and an operator here available.

Mr. Tredger: I would just like to comment a little bit on the NIHB and begin with a comment about the nurses in the communities — they are an integral part — and a shout out to them. They are doing a fabulous job. One of the advantages of having nurses in our communities is the relationship that they form with the people there, especially with the elders, who often struggle to navigate the system.

I’m always amazed at the patience that they show and the way they are working with the communities to ensure that elders get the services they need. Lately, though, I’ve been hearing more concerns that it is becoming increasingly difficult for people in the communities to determine whether they’re covered under NIHB or under territorial things. In the past, the nurses would help navigate both systems and help set up appointments and transportation. I’m wondering if there has been a change in the nurses’ assigned duties, or are they still encouraged to help their patients work within both systems. Has that been transferred to the First Nation governments? I am curious because I noticed that, over the last five to 10 years, there has been a lot more frustration, especially with the NIHB.

Hon. Mr. Graham: There has been no change in our community nursing staff assignments. We continue to work with all residents of the territory in the same way we always have. It’s interesting to note that in some communities — Kwanlin Dun, for example — they have a community nursing centre. During the last flu immunization program, we found it was much better to go to Kwanlin Dun because the lineup wasn’t so long. We both work together.

The one point I was trying to make is that, if there’s an emergency, we handle it. It doesn’t matter to us whether the person is NIHB or under Yukon Health. The simple fact is that, if they have a band number, they’re probably NIHB, and if they have a Yukon health care card, then they are insured health coverage and we’ll assist them.

I met with the nurses on Wednesday morning and had an absolutely wonderful time with them. I think I had every community in the territory represented there and, to tell you the truth, this is a cakewalk compared to that half-hour.

Chair: We’re going to begin line-by-line debate, starting on page 13-6.
Office Furniture and Equipment in the amount of $25,000 agreed to
On Information Technology Equipment and Systems — Workstations and Hardware/Network Equipment
Information Technology Equipment and Systems — Workstations and Hardware/Network Equipment in the amount of $160,000 agreed to
On Information Technology Equipment and Systems — Systems Development — Canada Health Infoway: Panorama (Public Health Information)
Information Technology Equipment and Systems — Systems Development — Canada Health Infoway: Panorama (Public Health Information) in the amount of $596,000 agreed to
On Information Technology Equipment and Systems — Systems Development — Canada Health Infoway: HIS-EMR Connect (Hospital Information System and Electronic Medical Recording Connect)
Information Technology Equipment and Systems — Systems Development — Canada Health Infoway: HIS-EMR Connect (Hospital Information System and Electronic Medical Recording Connect) in the amount of $218,000 agreed to
On Information Technology Equipment and Systems — Systems Development — Various Systems Development Projects
Information Technology Equipment and Systems — Systems Development — Various Systems Development Projects in the amount of $50,000 agreed to
On Information Technology Equipment and Systems — Systems Development — Prior Years’ Projects
Information Technology Equipment and Systems — Systems Development — Prior Years’ Projects in the amount of nil cleared
Corporate Services Capital Expenditures in the amount of $1,049,000 agreed to
Total Corporate Services Expenditures in the amount of $11,235,000 agreed to
Chair: Moving on to Family and Children’s Services, page 13-8.
On Family and Children’s Services
On Operation and Maintenance Expenditures
On Program Management
Program Management in the amount of $6,964,000 agreed to
On Family Services
Family Services in the amount of $5,673,000 agreed to
On Child Placement Services
Child Placement Services in the amount of $3,337,000 agreed to
On Early Childhood and Prevention Services
Early Childhood and Prevention Services in the amount $11,180,000 agreed to
On Youth Justice
Youth Justice in the amount of $5,112,000 agreed to
On Children’s Assessment and Treatment Services
Hon. Mr. Nixon: Can I have a breakdown on that item please?
Hon. Mr. Graham: Under the Children’s Assessment and Treatment Services, there was a personnel increase of $547,000 — $321,000 of which was due to the collective agreement and management salary increases. $415,000 was transferred from the Placement and Support Unit’s contracts to the Residential Services Unit. $103,000 was requested to fund a permanent clinical coordinator position, and 4.7 term residential care worker positions for $312,000. This was all offset by a decrease of $189,000 due to government-wide decreases for the cost of long-term disability premiums and reallocation of resources within the department.
Children’s Assessment and Treatment Services in the amount of $10,225,000 agreed to
Family and Children’s Services Operation and Maintenance Expenditures in the amount of $42,491,000 agreed to
On Capital Expenditures
On Youth Shelter — Prior Years’ Projects
Youth Shelter — Prior Years’ Projects in the amount of nil cleared
On Young Offender Facilities — Renovations
Young Offender Facilities — Renovations in the amount of $50,000 agreed to
On Young Offender Facilities — Operational Equipment
Young Offender Facilities — Operational Equipment in the amount of $39,000 agreed to
On Young Offender Facilities — Office Furniture and Equipment
Young Offender Facilities — Office Furniture and Equipment in the amount of $10,000 agreed to
On Residential Services — Renovations
Residential Services — Renovations in the amount of $100,000 agreed to
On Residential Services — Operational Equipment
Residential Services — Operational Equipment in the amount of $35,000 agreed to
On Residential Services — Office Furniture and Equipment
Residential Services — Office Furniture and Equipment in the amount of $10,000 agreed to
Family and Children’s Services Capital Expenditures in the amount of $244,000 agreed to
Family and Children’s Services Total Expenditures in the amount of $42,735,000 agreed to
On Adult Services
Chair: On page 13-18, Adult Services, is there any debate?
Ms. Stick: It’s in the line items here, but I was interested in looking at the forecast for 2013-14 for income support and seeing that number, and that we’re looking at a lower number this year. I’m wondering if I can get an explanation for that.
Chair: Are you requesting a line-by-line question or would you like to engage in general debate on Adult Services?
Ms. Stick: It wasn’t just a breakdown, but I was wondering why there’s a difference in the numbers from what’s estimated for last year’s budget.
Hon. Mr. Graham: I’m not sure. I may have misunderstood the question. Could you repeat it and we’ll just try again?

Ms. Stick: I was just looking at income support. When we look at the 2013-14 forecast, it’s $17 million and some change. When we look at the estimate for 2014-15, it’s lower. I’m just looking for an explanation for that.

Hon. Mr. Graham: One of the things that happens during the year is we make an estimate, as we did in the beginning of 2013-14, of $15.8 million. Then during the year — and it’s mainly social assistance, but it can also be the YSA — there will for some reason be a sudden increase in that budget. That happened to us last year. We had to go back to Management Board and receive an increase from the $15.8 million to the $17.2 million. This year, what we’re attempting to do — because we don’t see that bump happening again this year — is we’re going back, so that we still have a $1-million increase over last year’s base. But we don’t think that we’ll get that additional bump that we had last year.

**On Operation and Maintenance Expenditures**

**On Program Management**
Program Management in the amount of $2,529,000 agreed to

On Alcohol and Drug Services
Alcohol and Drug Services in the amount of $5,433,000 agreed to

On Income Support
Income Support in the amount of $16,970,000 agreed to

On Services to Persons with Disabilities
Services to Persons with Disabilities in the amount of $7,183,000 agreed to

**Adult Services Operation and Maintenance Expenditures in the amount of $32,115,000 agreed to**

**On Capital Expenditures**

On Salvation Army Redevelopment Project
Salvation Army Redevelopment Project in the amount of $3,475,000 agreed to

On Income Support — Renovations
Income Support — Renovations in the amount of $100,000 agreed to

On Income Support — Operational Equipment
Income Support — Operational Equipment in the amount of $20,000 agreed to

On Income Support — Office Furniture and Equipment
Income Support — Office Furniture and Equipment in the amount of $25,000 agreed to

On Alcohol and Drug Services — Operational Equipment
Alcohol and Drug Services — Operational Equipment in the amount of $40,000 agreed to

On Alcohol and Drug Services — Office Furniture and Equipment
Alcohol and Drug Services — Office Furniture and Equipment in the amount of $7,000 agreed to

On Alcohol and Drug Services — Prior Years’ Projects
Alcohol and Drug Services — Prior Years’ Projects in the amount of nil cleared

On Adult Residential Services — Prior Years’ Projects
Adult Residential Services — Prior Years’ Projects in the amount of nil cleared

On Sarah Steele Building Replacement — Planning
Sarah Steele Building Replacement — Planning in the amount of $1,284,000 agreed to

On St. Elias Replacement Project
St. Elias Replacement Project in the amount of $1,235,000 agreed to

**Adult Services Capital Expenditures in the amount of $6,186,000 agreed to**

**Adult Services Total Expenditures in the amount of $38,301,000 agreed to**

**On Continuing Care**

Ms. Stick: With regard to the new Whitehorse continuing care facility, I have had a lot of people asking me about location, and I wonder if the minister can give me any idea of locations or what people are looking at, because there are a lot of people anxious out there about where a project of this size and magnitude might go.

Hon. Mr. Graham: We have had a number of suggestions. We are investigating to try to make sure that the area we select is appropriate from a construction viewpoint, from a neighbourhood viewpoint — and a number of other issues. We have not yet selected a location. I think we’ve narrowed it down to four, though, so we are doing our due diligence on those four.

Ms. Stick: My last question would be whether that report that was initially done is available to the public. I’ve had people asking me for copies of the continuing care study.

Hon. Mr. Graham: The first report was done by department personnel in cooperation with Highways and Public Works. It was also done with a view to giving the extent of the project to Management Board and to our caucus, and it was intended to provide advice to decide whether or not we wanted to continue with further planning.

We’ve seen what happens, quite frankly, when we release those kinds of reports. Right away, at least one member in the Opposition gave a number that he saw in the report, and now we’ll be tied to that number until this construction project is completed. It was more an order-of-magnitude type number. Those are the kinds of things that worry me. I think we were also tied to the fact that now we’re looking at 484,000 square feet of space. That was again an order of magnitude. It was to give the government some kind of idea about where we were starting.

Since then, we’re doing much more detailed studies and much more detailed proposals. That is why the money is in this budget; it is to go ahead with the planning we need to really give this project the stamped go-ahead.

Ms. Stick: I would just remind the minister that it was available to the public and it was on-line for awhile, and that on the front page of it talks about — it lists Kobayashi and Zedda — six different firms that were hired to do this consultation. I understand that it was the department that maybe headed this up, but when you look through the report, it is all the consultants’ names that are on the bottom of the pages. So this is a report that was paid for with public
taxpayers’ money and it was on-line and some people have copies of it. It’s out there. I don’t know. It just seems to me that if some people have it and some don’t and some people have information and others don’t, it should just be out there. It’s already working its way through, but why not just put it back on the site?

Hon. Mr. Graham: I was as surprised as everyone when I saw it on the site. It was never intended to do that. It was an internal glitch that resulted in the report being on the external instead of the internal system. I apologize for it. I’m sure if the member opposite knows somebody who has a copy, they would be happy to give her one. But no, I won’t put it back on the network at this time.

Madam Chair, seeing the time, I move that you report progress.

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

Motion agreed to

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

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

Motion agreed to

Speaker resumes the Chair

Speaker: I will now call the House to order.

May the House have a report from the Chair of Committee of the Whole?

Chair’s report

Ms. McLeod: Mr. Speaker, Committee of the Whole has considered Bill No. 14, entitled First Appropriation Act, 2014-15, and directed me to report progress.

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

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

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

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

Motion agreed to

Speaker: This House now stands adjourned until 1:00 p.m. Monday.

The House adjourned at 5:28 p.m.

The following Sessional Paper was tabled May 8, 2014:

33-1-119
Yukon Workers’ Compensation Health and Safety Board - 2013 Annual Report (Graham)

The following document was filed May 8, 2014:

33-1-84
Yukon Development Corporation Hydroelectric Power Planning Directive Work Plan Summary (May 2014) (Kent)