



**NORTHWEST TERRITORIES  
LEGISLATIVE ASSEMBLY**

**3rd Session**

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**The Honourable Michael A. Ballantyne, Speaker**

MEMBERS PRESENT

Hon. Titus Allooloo, Mr. Antoine, Mr. Arngna'naaq, Mr. James Arvaluk, Hon. Michael Ballantyne, Hon. Nellie Cournoyea, Mr. Dent, Mr. Gargan, Hon. Stephen Kakfwi, Mr. Koe, Mr. Lewis, Mrs. Marie-Jewell, Hon. Rebecca Mike, Hon. Don Morin, Mr. Ningark, Mr. Patterson, Hon. John Pollard, Mr. Pudlat, Mr. Pudluk, Hon. John Todd, Mr. Whitford, Mr. Zoe

ITEM 1: PRAYER

---Prayer

**SPEAKER (Hon. Michael Ballantyne):**

Good afternoon. Before I proceed with the orders of the day I have message from the Commissioner. It reads, "Mr. Speaker, I wish to advise that I recommend to the Legislative Assembly of the Northwest Territories the passage of Bill 23, Supplementary Appropriation Act, No. 4, 1992-93, during the Third Session of the 12th Legislative Assembly.

Item 2, Ministers' statements. Mr. Kakfwi.

ITEM 2: MINISTERS' STATEMENTS

Minister's Statement 60-12(3): Victims Assistance Committee

**HON. STEPHEN KAKFWI:**

Mr. Speaker, I am pleased to announce the appointments of Thelma Tees, Rebecca Williams, and Julia Putulik to the Victims Assistance committee for three year terms effective March 1.

The Victims Assistance Committee is established under the Victims of Crimes Act. It is mandated to make recommendations to the Minister of Justice on policies and programs respecting services to victims. Its main role has been to make recommendations on financial contributions from a victims assistance fund for victim related activities in training, direct service delivery, public information and awareness, and research.

Thelma Tees of Yellowknife, the new chairperson, has been until recently, the executive director of Northern Addictions Services. She served for 18 years in the addictions field.

Rebecca Williams is a homemaker in Arctic Bay who was a community social services worker for the past ten years and before that worked for ten years as a nursing assistant.

Julia Putulik is the community school counsellor for the Victor Sammurtok School in Chesterfield Inlet. She is a member of the Canadian Guidance and Counselling Association and a councillor for the hamlet council.

The combined knowledge and experience of these appointees will be a great help in improving the level of assistance given to victims who must deal with the criminal justice system. At this time, I would also like to express my sincere appreciation to the original members of the victims assistance committee for their support.

Previous members of the committee included Ms. Jan Stirling, Mr. Joanasi Salomonie and Ms. Nora Sanders. During their terms, the committee recommended 128 proposals to the Minister of Justice, for total contributions of over \$336,000 from the victims assistance fund.

The new committee held its first meeting on March 11, by teleconference, and made recommendations to me for funding for eight organizations. In this time of fiscal restraint, the victims assistance fund is proving to be a vital source for supporting victim-related services. Thank you.

---Applause

**MR. SPEAKER:**

Thank you, Mr. Kakfwi. Item 2, Ministers' statements. Item 3, Members statements. Mr. Gargan.

ITEM 3: MEMBERS' STATEMENTS

Member's Statement Congratulating Peewee Hockey Team In Fort Providence

**MR. GARGAN:**

Thank you, Mr. Speaker. On behalf of everyone in Fort Providence I would like to thank the peewee hockey team for a job well done in a tournament held in Yellowknife last weekend.

---Applause

We could not be more proud of each of these young people. Team members are Neil Bonnetrouge, Scott

Bonnetrouge, Ben Bonnetrouge, Elaina Krutcho, Michael Krutcho, Carl Squirrel, Sammy Baptiste-Gargan, William Landry, Ryan Larson, Augustine Minoza, Joseph Canadien, and Brandon Matto.

Mr. Speaker, I may be somewhat bias but I firmly believe that this team should be elected to the peewee hall of fame for their display of the three Es, energy, endurance and effort. I should point out, Mr. Speaker, that during the weekend I had an opportunity to be Mr. Mom. Two of the peewee players, one of whom was my son, were billeted with me in my Yellowknife residence for the weekend. It was to say, the very least, a hectic weekend. The players arrived late Friday evening, and Saturday began with a game at 12:30 pm. After the games the team went swimming. They would like to thank mayor Pat McMahon for providing us with the free swimming pool tickets.

The team then left the pool and went directly to the ice for a

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game at 4:30 pm.

Mr. Speaker, our team started off strong and took commanding leads in both games. Sadly, they eventually fell behind in goals to their much larger opponents. However, as I have said earlier, they continued to play with energy, endurance and effort. Following the last game on Saturday we took the team to McDonalds and later to see a movie, Aladdin. After the movie I took my billets to the video store to rent a couple of cartoons. However, Mr. Speaker, they were exhausted and were sound asleep before the first movie was over.

All in all it was an enjoyable day for these young people. I want to thank their coaches, Murray David and Rudolph Landry for their efforts and the Snowshoe Inn for providing our team with professional looking blue and white uniforms. Mr. Speaker, this is probably the first time our community has sent its youngest team to a territorial event. Perhaps some parents were concerned about the trip but I would just like to assure...

**MR. SPEAKER:**

Mr. Gargan, your allotted time has expired.

**MR. GARGAN:**

Mr. Speaker, I would like to seek unanimous consent to conclude my statement.

**MR. SPEAKER:**

The Member is seeking unanimous consent. Are there any nays? There are no nays. Please proceed, Mr. Gargan.

**MR. GARGAN:**

Mr. Speaker, this is probably the first time that our community has sent its youngest team to a territorial event. Perhaps some parents were concerned regarding the trip, however, I would like to assure parents that the coaches and the support staff acted very responsibly and knew the whereabouts of each player at all times. Mahsi Cho, Mr. Speaker.

---Applause

**MR. SPEAKER:**

Item 3, Members' statements. Ms. Cournoyeva.

Member's Statement On Pages From Nunakput Riding

**HON. NELLIE COURNOYEA:**

Mr. Speaker, I would like to take the opportunity to thank the Legislative Assembly for having some of my young constituents down here with the privilege of being pages this week, Fred Kataoyak, Barry Elias, Sandra Oloaryok, and Lucy Akoakhion. They are here for the rest of the week. I appreciate the opportunity.

---Applause

**MR. SPEAKER:**

Thank you, Ms. Cournoyeva. Item 3, Members' statements. Mrs. Marie-Jewell.

Member's Statement On A Successful Wood Buffalo Frolics In Fort Smith

**MRS. MARIE-JEWELL:**

Thank you, Mr. Speaker. Over the weekend the Wood Buffalo Frolics were held in my constituency. I would like to take the time to commend, particularly Eugene Bourque, the town recreation director for coordinating such a successful event. Mr. Speaker, there were many different events held for both children and adults. It was very interesting to see the

participation in the kiddies northern events and not only the adult northern events. There were very good events held over all. Unfortunately, I missed some of them due to previous commitments. However, I was able to observe many of them on Saturday and Sunday. I would like to commend not only the recreational director, but all the people who have placed forth their time and effort through volunteer services to make such a successful Wood Buffalo Frolics for the community of Fort Smith. Thank you.

---Applause

**MR. SPEAKER:**

Thank you, Mrs. Marie-Jewell. Item 3, Members' statements. Item 4, returns to oral questions. Ms. Cournoyea.

**ITEM 4: RETURNS TO ORAL QUESTIONS**

Return To Question 469-12(3): Report From Industrial Disputes Inquiry

**HON. NELLIE COURNOYEA:**

Mr. Speaker, I have a return to an oral question, asked by Mr. Lewis on March 11, regarding the report of the industrial disputes inquiry at Royal Oak.

According to the most recent information received by the Government of the Northwest Territories, the federal Minister of Labour has not received a report by the industrial disputes inquiry looking into the Giant Mine labour dispute since an interim report was issued by the commissioners to the federal Minister on February 4, 1993, and released to the Government of the Northwest Territories February 5, 1993. Thank you.

**MR. SPEAKER:**

Item 4, returns to oral questions. Item 5, oral questions. Mr. Pudluk.

**ITEM 5: ORAL QUESTIONS**

Question 482-12(3): PanArctic Dumping Waste Metal Into Arctic Ocean

**MR. PUDLUK:**

(Translation) Thank you, Mr. Speaker. I would like to ask the Minister responsible for environment a question. The people in the high Arctic still have a concern with regard to PanArctic dumping metal

garbage into the ocean. That is a great concern of my constituents at this time. I wonder if the Minister can tell me today if the federal government has any response to your department with regard to dumping metal garbage into the ocean. Thank you.

**MR. SPEAKER:**

Mr. Minister.

Return To Question 482-12(3): PanArctic Dumping Waste Metal Into Arctic Ocean

**HON. TITUS ALLOOLOO:**

Thank you, Mr. Speaker. Since last Friday when the House was sitting, I said I had a call into Minister Collins to see if she could find alternatives rather than dumping the scrap metal into the ocean. I spoke to her that night and my staff have been pursuing this issue with different departments, mostly Environment Canada. My executive assistant has been speaking to Ms. Collins' staff. As of 1:15 pm today, it was confirmed that the permit date will be

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postponed from March 19 to April 15. This will allow the communities to have more input in the disposal of the scrap metal. The federal Environment, I was told, still has an opportunity to establish a board of review. I was told for the meeting of March 15 the officials of the federal department are still working on details of how they will conduct the review with the communities. Thank you.

**MR. SPEAKER:**

Item 5, oral questions. Mr. Dent.

Question 483-12(3): Status Of Departmental Planning And Reporting For Privatization

**MR. DENT:**

Thank you, Mr. Speaker. Mr. Speaker, my question is for the Premier. On April 2, 1992, and again on December 10, 1992, I asked the Premier if she could advise the House as to the status of the planning for privatization that the government's privatization policy requires. Each department is required to update and report on its privatization plan on an annual basis according to that policy. In December, Mr. Speaker, the Premier offered to prepare a list of the progress throughout government in this area. Mr. Speaker, since it has now been close to a year since my first

question and I have yet to receive an answer on this issue, I would like to ask the Premier if she could advise the House as to the status of the departmental planning and reporting for privatization.

**MR. SPEAKER:**

Madam Premier.

Return To Question 483-12(3): Status Of Departmental Planning And Reporting For Privatization

**HON. NELLIE COURNOYEA:**

Mr. Speaker, we have been working with the departments so they can provide information on privatization in the areas they are responsible for. The papers have come back to Cabinet on a number of occasions. Because it was felt they were not complete, the departments continue to provide details on particular areas of concern which we have. The work is not complete, but it is not for lack of effort. We are hoping to get the information in such a way that it will be the best possible information. It is not that we are not trying, but it has not come back after being returned to the departments a number of times. Thank you.

**MR. SPEAKER:**

Supplementary, Mr. Dent.

Supplementary To Question 483-12(3): Status Of Departmental Planning And Reporting For Privatization

**MR. DENT:**

Supplementary, Mr. Speaker. I can appreciate that this may take some time to put this information together, however it has been under way for quite some time and it is, according to the policy, something which is supposed to be done on an annual basis. I was wondering if the Premier could advise whether we can expect the information to be provided to the House before the end of this session.

**MR. SPEAKER:**

Ms. Cournoyea.

**HON. NELLIE COURNOYEA:**

Mr. Speaker, I will take that as notice and provide a response to that question tomorrow. Thank you.

**MR. SPEAKER:**

The question has been taken as notice. Item 5, oral questions. Mrs. Marie-Jewell.

Question 484-12(3): Purpose Of Licence Fee For Retailers

**MRS. MARIE-JEWELL:**

Thank you, Mr. Speaker. I have a question for the Minister of Government Services. Mr. Speaker, last year on June 29, specifically, I asked an oral question to the Minister of Government Services, however at the time the Minister of Government Services was absent so Mr. Pollard took my question as notice. I still have this question unanswered to date. I would like to ask the Minister of Government Services, according to Government Services the department imposes a licence fee to retailers in the NWT in respect to liquor licensing. What is the purpose of the licence fee which is imposed to retailers in the Northwest Territories?

**MR. SPEAKER:**

Minister of Government Services, Mr. Morin.

**HON. DON MORIN:**

Thank you, Mr. Speaker. I will have to take that question as notice and get back to the Member.

**MR. SPEAKER:**

The question has been taken as notice. Item 5, oral questions. Mr. Koe.

Question 485-12(3): Minister's Presentation To NWT Chamber Of Commerce

**MR. KOE:**

Mahsi, Mr. Speaker. I have a question for the Minister of Finance. On Saturday, March 6, the Minister of Finance spoke to the Northwest Territories Chamber of Commerce at their annual general meeting. Apparently the Minister spoke about the state of the economy in the territories, and about ways to invest in the development of new roads in the Northwest Territories. My question to the Minister is, I assume the Minister had some prepared text for his hour long presentation to the chamber. Can the Minister provide us with a copy of the presentation which he delivered to the Northwest Territories Chamber of Commerce?

**MR. SPEAKER:**

Mr. Pollard.

Return To Question 485-12(3): Minister's  
Presentation To NWT Chamber Of Commerce

**HON. JOHN POLLARD:**

Mr. Speaker, I did not speak from prepared text so I am unable to give the Members of the House prepared text. I just spoke off the cuff, Mr. Speaker. Thank you.

**MR. SPEAKER:**

Supplementary, Mr. Koe.

Supplementary To Question 485-12(3): Minister's  
Presentation To NWT Chamber Of Commerce

**MR. KOE:**

Mahsi, Mr. Speaker. I heard that the Minister stated in his speech that this government might borrow up to \$250 million to invest in new roads for resource development. Can the Minister confirm as to whether or not he stated that this government might borrow up to \$250 million to invest in new roads?

**MR. SPEAKER:**

Mr. Pollard.

Further Return To Question 485-12(3): Minister's  
Presentation To NWT Chamber Of Commerce

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**HON. JOHN POLLARD:**

Thank you, Mr. Speaker. Mr. Speaker, if I could just set the scene, the question being asked was about a road from Yellowknife to the Arctic Ocean with a port at Coppermine. There was a question about how something that size gets paid for, and I explained that there has been some discussion between industry and the federal government and as far as the Government of the Northwest Territories is concerned, if it could be proven to me that it was going to benefit the Northwest Territories, if there was going to spin-offs for jobs, if there was going to be northern businesses put to work, if there was long-term economic benefits over a period of 20 or 25 years, then I would consider going to Cabinet with a recommendation that we borrow \$250 million. That

number was pulled out of the air, last July it was \$200 million, but I think now it is closer to \$250 million, Mr. Speaker, and it may be more, I do not know. I did mention that number and did indicate that I would be prepared, if all those conditions were met, to recommend to Cabinet that we borrow against that specific project. Thank you, Mr. Speaker.

**MR. SPEAKER:**

Item 5, oral questions. Supplementary, Mr. Koe.

Supplementary To Question 485-12(3): Minister's  
Presentation To NWT Chamber Of Commerce

**MR. KOE:**

Thank you, Mr. Speaker. If this government was to borrow this money, obviously it would have to put up some kind of security. With the state of the budget and our fiscal framework the way it is, how does the Minister propose to provide the security for a \$250 million loan?

**MR. SPEAKER:**

Mr. Pollard.

Further Return To Question 485-12(3): Minister's  
Presentation To NWT Chamber Of Commerce

**HON. JOHN POLLARD:**

Mr. Speaker, I should clarify that Mr. Todd is the lead Minister in this particular project, which is the road north of Yellowknife. Specific to Mr. Koe's question of how we would borrow that money, the Government of the Northwest Territories does have borrowing capacity, Mr. Speaker, it does not have an accumulated debt and there is an agreement between the Northwest Territories and the federal government whereby we do have borrowing capacity. As to how much it would be, the number I placed upon it was \$250 million. Mr. Todd's work may prove me wrong. Once we had ascertained the amount that would be required and once we had seen who else was in this arrangement with us, then it may be that there is an overall financing package for the total deal including the federal government. If we were to go it on our own, then obviously we would be looking around for where we could get the best deal for borrowing that kind of money, Mr. Speaker. Thank you.

**MR. SPEAKER:**

Supplementary, Mr. Koe.

Supplementary To Question 485-12(3): Minister's Presentation To NWT Chamber Of Commerce

**MR. KOE:**

Yes, I assume with the statements the Minister made that this would be a sign of the times with a new trend being pursued by this government in that major investments such as this, deals can be made and maybe we may go into a deficit by borrowing. Can the Minister confirm whether that is a new direction this government is taking in terms of future major investments?

**MR. SPEAKER:**

Mr. Pollard.

Further Return To Question 485-12(3): Minister's Presentation To NWT Chamber Of Commerce

**HON. JOHN POLLARD:**

Mr. Speaker, it would not necessarily take us into a deficit position. We would be borrowing against the specific project. It would not be the first time we have done it, we bought the Power Corporation and we still owe money on that. We owe Canada Mortgage and Housing Corporation \$93 million and we are still paying on that. It would not be anything that has not been done in the past. I would point out to the House, Mr. Speaker, that there has been several innovative suggestions, one from the Dogrib communities about how this road could be built with us not necessarily having to borrow the money. There have been suggestions that arrangements could be made with industry. I know Mr. Todd has all of those suggestions before him and is combing through them to see whether he can put some arrangement together that will be innovative and will be least costly to us. Thank you, Mr. Speaker.

**MR. SPEAKER:**

Item 5, oral questions. Mr. Gargan.

Question 486-12(3): Conditions Regarding Where Inmates Are Incarcerated

**MR. GARGAN:**

Thank you, Mr. Speaker. Mr. Speaker, on Friday when we concluded question period I asked the Minister with regard to the inmates exchange program between the penitentiaries and corrections. The Minister responded by saying, under the agreement,

when an inmate is transferred back up here, then they are under our laws and legislation. I would like to ask the Minister, under this agreement, how is a decision determined for who stays up here and who does not? Is it the Government of the Northwest Territories or is it the federal government that determines that?

**MR. SPEAKER:**

Mr. Kakfwi.

Return To Question 486-12(3): Conditions On Where Inmates Are Incarcerated

**HON. STEPHEN KAKFWI:**

Mr. Speaker, the Member would know that in answering the question I had also said that I would provide in writing as much detail as possible about the way that inmates are incarcerated and some detail involving their daily activities, what they are allowed and not allowed to do, under what terms and conditions and try to provide as much information to the Member as possible. In this particular instance, the inmate benefitted from the fact that there is an exchange of services agreement. If there was no exchange of services agreement, all inmates who are serving more than two years would automatically be serving their time down south. There is an exchange of services agreement and it has benefitted many of our northern inmates. I will bring to the attention of Members on the other side that in this particular

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case, this inmate that a couple of Members of this House have zeroed in on over the last few months is, in fact, a person who has grown up, been educated and lived almost her entire life here in the Northwest Territories. This is home to this particular inmate.

As far as the exchange agreement is concerned, there are some general provisions as to how you become eligible to benefit from this agreement, but specifically, it is because this is a first time offender, this is an inmate who does not present a risk to the public, that has no previous or limited experience in prison, that has been almost a life time resident of the Northwest Territories and, for this reason, the agreement has been able to provide for this particular inmate. Thank you.

**MR. SPEAKER:**

Supplementary, Mr. Gargan.

Supplementary To Question 486-12(3): Conditions On Where Inmates Are Incarcerated

**MR. GARGAN:**

Thank you, Mr. Speaker. I appreciate the response I received from the Minister. Mr. Speaker, one of the things which is always said is that justice must not only be done but seen to be done. With regard to the Minister's response today, he said a first time offender. When you refer to a first time offender are you referring to one offence or continuous offences all bunched into one. You are looking at theft continued on a consistent base for a whole year. Is that part of the consideration? Are we looking at that all being bunched together? If that is precedent setting, I think anyone who is being charged with a driving offence should be given the same consideration.

**MR. SPEAKER:**

Mr. Kakfwi.

Further Return To Question 486-12(3): Conditions On Where Inmates Are Incarcerated

**HON. STEPHEN KAKFWI:**

Mr. Speaker, as I understand it in committing an offence there may be a series of charges made regarding an incident or incidences. What I understand, in this case, I am not knowledgeable about the particular details, it is considered a first time offence. This is the first time this particular inmate was brought to trial, charged and convicted. This is a first time conviction possibly for only one charge, and possibly for a number of other ones.

**MR. SPEAKER:**

Supplementary, Mr. Gargan.

Supplementary To Question 486-12(3): Conditions On Where Inmates Are Incarcerated

**MR. GARGAN:**

Thank you, Mr. Speaker. I am correct, with the Minister's response, this individual was charged for one charge as a first offence, as opposed to all of the mini-charges which she has committed.

**MR. SPEAKER:**

Mr. Kakfwi.

Further Return To Question 486-12(3): Conditions On Where Inmates Are Incarcerated

**HON. STEPHEN KAKFWI:**

I do not have that information readily available, Mr. Speaker.

**MR. SPEAKER:**

Item 5, oral questions. Mr. Whitford.

**MR. WHITFORD:**

Thank you, Mr. Speaker.

**MR. SPEAKER:**

Point of order, Mr. Gargan.

**MR. GARGAN:**

Thank you, Mr. Speaker. My point of order is, is the Minister taking my questions as notice?

**MR. SPEAKER:**

No, I have said a number of times in the House, unless a Minister specifically takes a question as notice then it is not considered taken as notice. It is still open to further questioning. Item 5, oral questions. Mr. Whitford.

Question 487-12(3): Composition Of Review Board Re Off-Shore Dumping

**MR. WHITFORD:**

Thank you, Mr. Speaker. I have a question for the Minister of Renewable Resources regarding the environment. It was indeed good news to hear the Ministers return concerning the dumping off of Loughheed Island by PanArctic at the end of next week, with a delay until the 15. Mr. Speaker, my question concerns the board of review. It was mentioned that the board of review would be meeting. I would like to ask the Minister, what is the composition of this board of review?

**MR. SPEAKER:**

Mr. Allooloo.

Return To Question 487-12(3): Composition Of Review Board Re Off-Shore Dumping

**HON. TITUS ALLOOLOO:**



Thank you, Mr. Speaker. We do not know the composition of the board of review at the present time. We do not know who is going to be involved. I was told the meetings will take place on March 25 in the two communities. The details are being worked out. The federal government is looking at a board of review. It is up to the Minister to establish a board of review. She assured me, last Friday, that the department and herself are going to work on the details. As soon as they know about the terms of reference which will be given to the board and their work plan, she will advise me. Thank you.

**MR. SPEAKER:**

Supplementary, Mr. Whitford.

Supplementary To Question 487-12(3): Composition Of Review Board Re Off-Shore Dumping

**MR. WHITFORD:**

Thank you, Mr. Speaker. Will the Government of the Northwest Territories seek a position on this board of review?

**MR. SPEAKER:**

Mr. Allooloo.

Further Return To Question 487-12(3): Composition Of Review Board Re Off-Shore Dumping

**HON. TITUS ALLOOLOO:**

Thank you, Mr. Speaker. If the board of review is established we will seek to have input and also, if we are allowed, place a person on the board. Thank you.

**MR. SPEAKER:**

Item 5, oral questions. Mr. Pudlat.

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Question 488-12(3): Implications Of Regional Hospital In Keewatin

**MR. PUDLAT:**

(Translation) Thank you, Mr. Speaker. At the beginning of January, 1992, I raised a concern from the residents of Sanikiluaq regarding the Department of Health. The previous ministry was not able to provide an adequate response. The residents of Sanikiluaq are not trying to put up opposition. I am not sure if they are going to get a regional hospital in

the Keewatin. The residents of Sanikiluaq had a concern that if there was to be a regional hospital built in the Keewatin, they want to continue going to Kuujjuaq if they have to go to the hospital. They think there will be more inconveniences, especially when there are medevacs. I would like to ask the Minister of Health regarding the stage they are at now and if she can provide me with a response during this session. Thank you, Mr. Speaker.

**MR. SPEAKER:**

Ms. Mike.

**HON. REBECCA MIKE:**

Thank you, Mr. Speaker. I will take his question as notice.

**MR. SPEAKER:**

The question has been taken as notice. Item 5, oral questions. Mrs. Marie-Jewell.

Question 489-12(3): Public Perception Re Fort Smith Inmate

**MRS. MARIE-JEWELL:**

Thank you, Mr. Speaker. I have a question for the Minister of Justice. Hopefully if he answers this question we can put this issue to rest. Mr. Speaker, my colleague for Deh Cho has said that justice must not only be done, but it must also be seen to be done. How is the Minister of Justice assuring the public of the Northwest Territories with regard to the issue of an inmate who misappropriated funds, in excess of a quarter of a million dollars of public funds, that justice is seen to be done? Thank you.

**MR. SPEAKER:**

Mr. Kakfwi.

Return To Question 489-12(3): Public Perception Re Fort Smith Inmate

**HON. STEPHEN KAKFWI:**

Mr. Speaker, I have said last week that perhaps it is a good thing that politicians are not the ones who decide a sentence or punishment which is going to be inflicted on people for their wrong doing. In this case the particular individual has seen a career that is totally wiped out, any credibility, her personal self-esteem totally eradicated, the high profile which was

given to it through the media and ongoing by politicians is a form of punishment. There was a sentence handed down by the court which is the due process that we respect regardless of its efficiency or shortcomings. That is the way it is done. If individual politicians or Members feel there is not enough punishment, I would be interested to know why. The focus, I think from our point of view, is to help people who have committed a wrong doing and not send them to the bottom of the dungeon not to be seen again. People have to be prepared and helped to come back and be part of society. We extend it certainly to our own aboriginal people, we should extend it to all people regardless of race. Thank you.

**MR. SPEAKER:**

Supplementary, Mrs. Marie-Jewell.

Supplementary To Question 489-12(3): Public Perception Re Fort Smith Inmate

**MRS. MARIE-JEWELL:**

Mr. Speaker, unfortunately the Minister did not answer the question. However, Mr. Speaker, the Minister wanted to know why we do not feel that justice is being seen to be done. Mr. Speaker, we have an inmate who is enrolled in one of the educational facilities, Arctic College, taking management studies, who has been given a sentence of three years, and within six months this inmate is attending school. I am still trying to find out who paid the tuition when many other students in the Northwest Territories have to absorb their own tuition. I would like to ask the Minister if he would review his corrections division to give assurance to the public, in this particular case, that justice is seen to be done by the people of the Northwest Territories. Thank you.

**MR. SPEAKER:**

Mr. Kakfwi.

Further Return To Question 489-12(3): Public Perception Re Fort Smith Inmate

**HON. STEPHEN KAKFWI:**

Mr. Speaker, my view is that there are two Members of this Legislature who have taken a particular interest in this inmate. I understand there is a perception on their part that there is not enough punishment for the offence which was committed. I do not see it as a great public concern judging from the lack of interest in other quarters. We have an exchange agreement,

Mr. Speaker, a month ago I indicated that if Members had a particular problem with the provisions of the exchange agreement then perhaps that is what we should focus on. The exchange agreement provides and makes certain provisions for people who are first time offenders, people who are from the Northwest Territories, not only the aboriginal peoples of the Northwest Territories but all long-term and life time residents of the north. The exchange agreement provides for the things which the particular inmate is now being accorded access to. She is attending courses, she is paying for the courses herself. It is seen as a good positive means of an individual rebuilding self-esteem, confidence, some belief that upon release the individual will have some capacity, mentally, physically, and academically to become a productive, accepted member of society. The exchange agreement is what the Members are focusing on and I would be prepared to table it and then the Members can focus on that rather than a particular individual. Thank you.

**MR. SPEAKER:**

Supplementary, Mrs. Marie-Jewell.

Supplementary To Question 489-12(3): Public Perception Re Fort Smith Inmate

**MRS. MARIE-JEWELL:**

Thank you, Mr. Speaker. First of all, I want to make it explicitly clear to the Minister that I do not appreciate the imputative motive that he is making toward me, that an inmate should be dealt with in a harsher manner. I think the issue at hand, Mr. Speaker, is the fact that the public does not feel that justice is seen to be done. That is the issue at hand. I would like to ask the Minister, how can he assure the public, to avoid something such as this happening in the future, that justice is being done? Thank you.

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**MR. SPEAKER:**

Mr. Kakfwi.

Further Return To Question 489-12(3): Public Perception Re Fort Smith Inmate

**HON. STEPHEN KAKFWI:**

Mr. Speaker, there seems to be a fundamental difference of opinion, since I do not see anyone calling for a public inquiry asking for this gross

injustice to be dealt with. I do not see anyone asking for some specific focus to be dealt with. I do not agree with the Member that she is the sole spokesperson for what the public thinks should be done in any case. Thank you.

**MR. SPEAKER:**

Item 5, oral questions. Final supplementary, Mrs. Marie-Jewell.

Supplementary To Question 489-12(3): Public Perception Re Fort Smith Inmate

**MRS. MARIE-JEWELL:**

Mr. Speaker, whether the Minister agrees with it or not, I am the spokesperson for the concerns that my constituents bring to me, whether you like it or not. I would like to ask the Minister and I certainly hope he takes the courtesy of trying to answer Member's questions on this side of the House, can he indicate to me how is his department assuring the public, particularly regarding the issue of an inmate who has misappropriated public funds in excess of a quarter of a million dollars, that justice is seen to be done under his department. Thank you.

**MR. SPEAKER:**

I would like to remind Members there is nothing in our rules which compels a Minister to answer or compels a Minister to answer in a certain way. Mr. Kakfwi.

Further Return To Question 489-12(3): Public Perception Re Fort Smith Inmate

**HON. STEPHEN KAKFWI:**

Mr. Speaker, I tried to answer the questions, the same question as last week. It is recorded in Hansard. When a person commits an offence, particularly a serious offence, it is the federal government which organizes itself and lays the charges. It goes before a court. That is the due process. There is argument for and against. They are presumed innocent until the court finds otherwise. Once that is done a sentence is passed.

**MR. SPEAKER:**

Item 5, oral questions. New question, Mrs. Marie-Jewell.

Question 490-12(3): Eligibility Criteria For Legal Aid On Appeals

**MRS. MARIE-JEWELL:**

Mr. Speaker, I will try again with the Minister of Justice on a different topic. Mr. Speaker, a couple of week ago my colleague for Deh Cho raised a number of concerns, particularly about the way the legal aid program is operating in the Northwest Territories. He has concerns, I would like to state for the record that I agree with him, that there are certainly many problems with legal aid and that it seems to be time for the Minister to take some type of role in trying to correct them. Mr. Speaker, I am concerned about the procedures which are used for determining whether legal aid funding should be funding the court appeals of persons who have been found guilty of various offences. I certainly believe that at least in most cases the offenders original lawyer provides the executive director with a statement of opinion on whether there is grounds for an appeal. I have also been informed of different situations in which the appeal may be called for because of the apparent inadequacy of cases that have been produced by the lawyers themselves. Can the Minister of Justice indicate whether he would be willing to review the procedures used within the legal aid program for evaluating the funding of offenders' appeals? Thank you.

**MR. SPEAKER:**

Mr. Kakfwi.

**HON. STEPHEN KAKFWI:**

Mr. Speaker, I will take the question as notice.

**MR. SPEAKER:**

The question has been taken as notice. Item 5, oral questions. Mrs. Marie-Jewell.

Question 491-12(3): Employment Restrictions For Staff On Education Leave

**MRS. MARIE-JEWELL:**

Mr. Speaker, I have a question for the Minister of Personnel. I would like to ask the Minister of Personnel when government employees are granted education leave, are there restrictions placed on whether they are able to take on full work with other governments, private sectors or organizations? Thank you.

**MR. SPEAKER:**

Mr. Kakfwi.

Return To Question 491-12(3): Employment Restrictions For Staff On Education Leave

**HON. STEPHEN KAKFWI:**

Mr. Speaker, the education leave with pay and leave without pay have different provisions in them. I think generally if they are on education leave with pay it would be frowned on if the person found the time to take away from full studies to do another job full-time. If the leave is without pay, then I would think it is really none of our business what they do with their spare time in order to make income. Thank you.

**MR. SPEAKER:**

Supplementary, Mrs. Marie-Jewell.

Supplementary To Question 491-12(3): Employment Restrictions For Staff On Education Leave

**MRS. MARIE-JEWELL:**

Mr. Speaker, the Minister of Personnel indicated that if educational leave is granted individuals should be going to an institution, and if they are taking another job under educational leave, if they can find the time, it would be frowned upon. Therefore, is he indicating to this House that educational leave is to be used for the sole purpose of an individual within the civil service to be taking time off for educational purposes to attend an educational institution? Thank you.

**MR. SPEAKER:**

Mr. Kakfwi.

Further Return To Question 491-12(3): Employment Restrictions For Staff On Education Leave

**HON. STEPHEN KAKFWI:**

Mr. Speaker, I think if a person took education leave to go to university for instance, and took

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it without pay, the individual could go work at McDonalds on weekends without the government objecting. Thank you.

**MR. SPEAKER:**

Item 5, oral questions. Mr. Antoine.

Question 492-12(3): Telephone Services In Smaller Communities

**MR. ANTOINE:**

Thank you, Mr. Speaker. My question is for the Minister of Government Services. I know we have covered this area before but I just have to ask again. Several of the communities in the Deh Cho region and my constituency in Nahendeh, Jean Marie River, Trout Lake and Nahanni Butte, have very limited telephone service. They each have one community telephone and that is it. This seems to be the only region left in the Northwest Territories which does not have regular service. The residents of these communities have asked me for help and support in trying to do something about it. I know there is a plan with NorthwesTel to have telephone services improved, but it is in 1995 and 1996 and that is a long time to wait to get improved services. Could the Minister tell me if there is anything his department is doing presently to try to help provide necessary telephone services into these communities? Thank you.

**MR. SPEAKER:**

Mr. Morin.

Return To Question 492-12(3): Telephone Services In Smaller Communities

**HON. DON MORIN:**

Thank you, Mr. Speaker. At present we are still working with NorthwesTel to review the various options which would enable these smaller communities to get this service as soon as possible. It is a basic service which all communities should have. Hopefully, we will be finished the review with NorthwesTel in the very near future. That will give me the information I need to take a package to Cabinet to get their approval. Thank you.

**MR. SPEAKER:**

Supplementary, Mr. Antoine.

Supplementary To Question 492-12(3): Telephone Services In Smaller Communities

**MR. ANTOINE:**

Mr. Speaker, the Minister told me nearly the same thing last fall. I am wondering if the Minister could look at different ways in the interim to try to help out

these communities receive better communication services. They have only one telephone, usually a pay phone in a public place and it is very difficult to communicate. They do not have a fax line and in this day and age of instant communication they need that so they know what is going on in the outside world, communication-wise. Could the Minister tell me if there is anything in the interim, immediately, that his department could do? Thank you.

**MR. SPEAKER:**

Mr. Morin.

Further Return To Question 492-12(3): Telephone Services In Smaller Communities

**HON. DON MORIN:**

Thank you, Mr. Speaker. I am not aware of anything temporary that we could do. The costs are fairly great to supply services to these small unserved communities, but I believe it is an essential service which the community should have and I will pursue it and get back to the Member within this week with a time frame. Is that satisfactory? Okay. Thanks.

**MR. SPEAKER:**

Item 5, oral questions. Mrs. Marie-Jewell.

Question 493-12(3): Status Of Director Of Corrections

**MRS. MARIE-JEWELL:**

Thank you, Mr. Speaker. I would like to ask the Minister of Justice a question with regard to the status of the director of corrections. When the Minister brought forth his budget he indicated that Mr. Dillon was acting director of corrections. I know this position was previously filled by Mr. DuPerron and I have not seen any announcement that he has left employment of the Government of the NWT. Can the Minister of Justice advise the House as to the status of the appointment of the director of corrections? Thank you.

**MR. SPEAKER:**

Mr. Kakfwi.

Return To Question 493-12(3): Status Of Director Of Corrections

**HON. STEPHEN KAKFWI:**

Mr. Speaker, the particular employee has taken one year off to finish off some educational work. As a Minister I have supported this. The expectation is that once the individual has completed the requirements for his degree, he will return to his work as director of corrections. Thank you.

**MR. SPEAKER:**

Item 5, oral questions. Supplementary, Mrs. Marie-Jewell.

Supplementary To Question 493-12(3): Status Of Director Of Corrections

**MRS. MARIE-JEWELL:**

Mr. Speaker, I am somewhat surprised that Mr. DuPerron was granted educational leave, however the Minister indicated he supported this. To my knowledge he has not been a long-term employee of this government and he does not qualify under the affirmative action program. Can the Minister explain why special consideration was given to this corrections official to complete a degree in educational administration, when so many other candidates for educational leave were turned down? Thank you.

**MR. SPEAKER:**

Mr. Kakfwi.

Further Return To Question 493-12(3): Status Of Director Of Corrections

**HON. STEPHEN KAKFWI:**

Mr. Speaker, the request by this particular individual was to take one year off from the government. He specifically said he was doing it to finish off some courses at university. He asked if I would comply with that. He has not officially been given educational leave and the benefits that usually come with that.

**MR. SPEAKER:**

Item 5, oral questions. Mrs. Marie-Jewell.

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Supplementary To Question 493-12(3): Status Of Director Of Corrections

**MRS. MARIE-JEWELL:**

Supplementary, Mr. Speaker. Would the Minister advise this House as to whether Mr. DuPerron has been, indeed, granted educational leave? Thank you.

**MR. SPEAKER:**

Mr. Kakfwi.

Further Return To Question 493-12(3): Status Of Director Of Corrections

**HON. STEPHEN KAKFWI:**

Mr. Speaker, the individual was granted leave without pay. Thank you.

**MR. SPEAKER:**

Item 5, oral questions. Supplementary, Mrs. Marie-Jewell.

Supplementary To Question 493-12(3): Status Of Director Of Corrections

**MRS. MARIE-JEWELL:**

Mr. Speaker, there are different types of leave: leave without pay, educational leave with pay and educational leave without pay. I would like to ask the Minister, he just has to say yes or no, has the previous director of corrections been granted educational leave with pay or without pay? Thank you.

**MR. SPEAKER:**

Mr. Kakfwi.

Further Return To Question 493-12(3): Status Of Director Of Corrections

**HON. STEPHEN KAKFWI:**

Mr. Speaker, the particular individual was given leave without pay. There is no educational element involved in this at all from the government's point of view.

**MR. SPEAKER:**

Item 5, oral questions. Mr. Lewis.

Question 494-12(3): Determination Of Retailer For Inmates Wood Cutting Program

**MR. LEWIS:**

Thank you, Mr. Speaker. My question is to the Minister of Justice and it has to do with wood cutting. I would like to thank the Minister for a detailed answer to a written question, but the written answer raises more questions, Mr. Speaker. The Minister's response indicates that ten retail clients in Yellowknife bought 500 cords of wood during this fiscal year. How do you determine whether someone who gets wood in Hay River, in fact, is a retailer just simply because he buys the wood there?

**MR. SPEAKER:**

Mr. Kakfwi.

**HON. STEPHEN KAKFWI:**

Mr. Speaker, I will take the question as notice. Thank you.

**MR. SPEAKER:**

The question has been taken as notice. Item 5, oral questions. Mrs. Marie-Jewell.

Question 495-12(3): GNWT Employee's Employment While On Education Leave

**MRS. MARIE-JEWELL:**

Mr. Speaker, I have a question for the Minister of Justice. Mr. Speaker, I do not know whether the Minister of Justice is aware in respect to Mr. DuPerron taking leave without pay for educational purposes from this government, that apparently he quite quickly accepted additional full-time employment with the Government of Alberta. Mr. Speaker, it is my understanding that he commenced work with the Alberta Health department on January 4, 1993, on an 18 month term position and his office is located somewhere on the 13th floor of a Jasper Avenue building. He is attempting to work in the human resource services division, completing a human resource strategic plan and the establishment of a work force information network. These are projects which, as the Minister knows, have never been fully addressed in our own correctional system. Recognizing that the Government of the Northwest Territories has had to endure a certain amount of inconveniences, I believe, to support Mr. DuPerron's request for educational leave, can the Minister explain how he is working full-time for the Government of Alberta and on a leave without pay status with the Government of the Northwest Territories? Thank you.

**MR. SPEAKER:**

Mr. Kakfwi.

Return To Question 495-12(3): GNWT Employee's Employment While On Education Leave

**HON. STEPHEN KAKFWI:**

Mr. Speaker, one of the reasons I supported Mr. Duperron to go on leave was because I believe the reasons he gave were good reasons. He had also made a commitment that upon completion he would return to his work in corrections. It was my understanding that if we had refused he would have gone to do those things he wanted to do anyway. I felt it was a good way to proceed. We took his word that he would come back at the end of his term. We are, of course, interested in having him back. If in the course of his leave he found that things have changed then he is to contact us. The Member is raising information that I am not privy to and I would wish to confirm myself. Once I have confirmed it I will deal with it appropriately. Thank you.

**MR. SPEAKER:**

Item 5, oral questions. Supplementary, Mrs. Marie-Jewell.

Supplementary To Question 495-12(3): GNWT Employee's Employment While On Education Leave

**MRS. MARIE-JEWELL:**

Mr. Speaker, normally if a Minister gives leave without pay they try to find out for what purpose before they support it. However, I would like to ask the Minister since he is not aware of the full situation, would he review this particular issue so he can provide a full report to the Members before the end of the current session? Thank you.

**MR. SPEAKER:**

Mr. Kakfwi.

Further Return To Question 495-12(3): GNWT Employee's Employment While On Education Leave

**HON. STEPHEN KAKFWI:**

Yes.

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**MR. SPEAKER:**

Item 5, oral questions. Mr. Lewis.

Question 496-12(3): Wood Prices For Senior Citizens

**MR. LEWIS:**

A new question on the same subject, Mr. Speaker. It is about wood cutting. I would like to ask the Minister of Justice since there is two prices for the sale of wood out of the correctional centre in Hay River, could he indicate whether the second price, the \$55 per cord which senior citizens have to pay, applies also to senior citizens outside of Hay River? In other words, can senior citizens in Yellowknife buy cord wood in Hay River at \$55 a cord?

**MR. SPEAKER:**

Mr. Kakfwi.

**HON. STEPHEN KAKFWI:**

Mr. Speaker, I will take that as notice. Thank you.

**MR. SPEAKER:**

The question has been taken as notice. Item 5, oral questions. Item 6, written questions. Item 7, returns to written questions. Item 8, replies to opening address. Item 9, petitions. Item 10, reports of standing and special committees. Mr. Koe.

ITEM 10: REPORTS OF STANDING AND SPECIAL COMMITTEES

Committee Report 14-12(3): Standing Committee On Agencies, Boards and Commissions, Final Report On Health And Hospital Boards In The Northwest Territories

**MR. KOE:**

Mahsi, Mr. Speaker. Mr. Speaker, I would like to present a report from the Standing Committee on Agencies, Boards and Commissions. This is the final report on the health and hospital boards in the Northwest Territories.

The Standing Committee on Agencies, Boards and Commissions has completed its review of health and hospital boards in the Northwest Territories. The standing committee held public hearings in Fort Smith on January 22, 1992, and organized a day of consultation session in Yellowknife with representatives of health and hospital boards on November 21, 1992. In addition, the committee has met on several occasions over the 14 month review

period to consider written submissions and research material.

Based on this review, the Standing Committee on Agencies, Boards and Commissions finds that there are serious grounds for concern with respect to constraints faced by health and hospital boards in the Northwest Territories. This has the potential to negatively affect the administration of health facilities, programs and services.

Since the transfer of health responsibilities from federal to territorial authority in 1988 many northerners have held the expectation that health services would be operated, managed and controlled by regionally-based health and hospital boards. This has been accepted as an approach that would allow decisions regarding the regional administration and delivery of health services to be made by the people who are mostly affected by them.

The Standing Committee on Agencies, Boards and Commissions is concerned that this well reasoned approach is not working as it should. There is a disconcerting level of confusion about the roles which should be played by the Department of Health and by health and hospital boards. The standing committee also found that the degree of centralized control presented exercised over the boards by the department is in many cases excessive. This, in the committee's view, has led to counter productive conflict and strain within the health system.

An interim report, Committee Report No. 9-12(3), was tabled in the 12th Legislative Assembly on December 10, 1992, and indicated that "a serious state of affairs presently exists within the administration of the territorial health care system." Although there has been some initial progress toward the development of agreements defining respective roles for the department and the boards, the standing committee has found little evidence to suggest that the "seriousness" of this situation has lessen appreciably.

Clearly, some direction action needs to be taken to clarify and redefine the respective roles of the department and the boards. It is the standing committee's position that the Legislative Assembly could provide badly needed direction to this process by formally acknowledging that the boards are the primary agents for the management and delivery of health services to regions and communities across the Northwest Territories. The role of the Department of Health should more properly be one of supporting

rather than directing the management decisions of health and hospital boards.

As noted in the interim report, a process is now under way to establish a "master memorandum of understanding" aimed at clarifying issues of authority and accountability. The Standing Committee on Agencies, Boards and Commissions applauds this initiative and takes the position that it should be considered a high priority for the Minister of Health and the boards. At the same time, however, the standing committee recognizes that changes in legislation and in the prevailing attitude which has been observed to exist within the Department of Health will also be required if existing problems are to be resolved.

Generally, the final report emphasizes that within a system in place that relies on "boards of management," it is important for the Department of Health to stand back and allow them to manage, providing technical assistance and support as required. This will necessitate a sense of trust and collaboration on the part of all health stakeholders that appeared to have been largely lacking to date.

A change in outlook will be necessary if the parties are ever going to be able to address the significant barriers which were observed by the standing committee to hinder effective administration within our current health system.

The Standing Committee on Agencies, Boards and Commissions was deeply concerned, for instance, with the apparent absence of territorial planning and direction with which to guide health expenditures and services. Although all health and hospital boards are presently engaged in planning initiatives to some extent, the standing committee observed that these currently occur in isolation. The committee noted that it is essential to develop better mechanisms for channelling boards' planning initiatives into headquarters where they can be coordinated within a larger territorial framework. However,

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needs assessment and strategy development cannot be centrally imposed. Health planning must be a regionally driven process.

The Standing Committee on Agencies, Boards and Commissions notes that there seems to have been much discussion about the balance between health board autonomy and fiscal accountability. The



committee takes the position that increased board autonomy and internal accountability controls are not mutually exclusive. Indeed, the standing committee was rather impressed with the commitment that health and hospital boards have demonstrated to improving financial procedures and expertise over the years since the health transfer.

Clearly, the well-documented deficiencies which presently exist within computerized accounting and statistical systems, the amount of time board personnel have to spend dealing with information demands from officials in Yellowknife, and the inadequate funding base inherited from health transfer have been very real barriers to fiscal management by the boards. Also of concern to the standing committee was the current lack of incentive provided to the boards for appropriate administration. Accordingly, the Standing Committee on Agencies, Boards and Commissions is proposing that a new policy should be put in place to allow health and hospital boards to use budget surpluses to support specific projects aimed at improving health conditions or awareness in their regions.

The standing committee believes, as well, that there needs to be a renewed emphasis on human resource development within the health and hospital boards. Some specific concerns about boards' records of aboriginal hiring, staff training and interpreter/translator services were specifically considered during the committee's review.

By far the greatest area of concern regarding human resources, however, was the very unacceptable level of orientation and training that has been offered to trustees who sit on health and hospital boards. The Standing Committee on Agencies, Boards and Commissions was dismayed to observe that funding levels for boards training, departmental support and available information materials were all clearly inadequate. The standing committee believes that, to ensure that appropriate priority is accorded to board orientation in the future, specific statutory responsibilities in this regard should be established in legislation.

Members of the standing committee also felt that certain barriers exist with respect to the ability of boards to have effective input in the establishment of health policy and priorities. Additional mechanisms must be developed to enable health boards, as well as community, regional and aboriginal organizations to provide input to senior decision-making levels within our health system. Effort also needs to be

directed toward a joint strategy for dealing with the erosion of non-insured health services. For these reasons, the Standing Committee on Agencies, Boards and Commissions proposes the development of a territorial health advisory committee.

The Standing Committee on Agencies, Boards and Commissions spent considerable time, as well, examining various models of the structure and organization of health and hospital boards. In this respect, the standing committee believes that the wide demographic diversity and range of health needs which exist between regions should be recognized by allowing each board to define the structure which best meets the needs of the people who live within that region or catchment area. The standing committee is also of the opinion that a priority should be placed on studying the potential election of health and hospital board trustees.

The Standing Committee on Agencies, Boards and Commissions was dismayed to note the delay which has existed with respect to appointments made to health and hospital boards. Appointments have not been regularly made and boards have had to cope with lengthy periods of membership vacancy. A more expedient and consistent approach to board appointment is necessary.

While many of the concerns which were observed with respect to health and hospital boards are complex and deeply rooted in the history of the territorial health system, the standing committee is of the opinion that solutions can be found. Members of the standing committee agree with a board representative's comments that, "placing blame is a waste of time and energy", and realize that now is the time to move forward toward new partnerships and effective health management.

---Applause

The Standing Committee on Agencies, Boards and Commissions wishes to acknowledge the thoughtful input received from all witnesses during the public hearings and consultation sessions. The committee would thank both the current and previous Ministers of Health for information and suggestions they have provided over the course of the review.

Mr. Speaker, the following recommendations are included in the standing committee's final report on health and hospital boards:

Recommendation No. 1

That the Legislative Assembly formally support that boards of management established under the Territorial Hospital Insurance Services Act are the primary agents for the management and delivery of health services to regions and communities of the Northwest Territories; and further, that the role of the Department of Health should be one of supporting, rather than directing, the management decisions of health and hospital boards.

Recommendation No. 2

That the Minister of Health should accord a high priority to the finalization of the memorandum of understanding clarifying the roles and responsibilities of health and hospital boards.

Recommendation No. 3

That the Minister of Health should seek advice from health and hospital boards across the Northwest Territories with respect to the amendments that should be made at this time to the Territorial Hospital Insurance Services Act or other statutes to ensure that health legislation reflects a philosophy supporting

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regional autonomy; and further, that the Minister of Health bring forward recommended amendments to the Act by the fall session in 1993.

Recommendation No. 4

That all requests from the Department of Health to health and hospital boards for budgetary, statistical and other administrative information should be made only by the deputy minister of Health; and further, that information requests should be limited in number and scope to only those which are essential for the efficient and effective operation of territorial health services; and further, that the time frame for board response to departmental information requests should be reasonable and established with due consideration to other priorities which have been identified at the regional level.

Recommendation No. 5

That the Minister of Health consult with the health and hospital boards to develop policies and strategies which allow surplus retention under circumstances in which boards clearly demonstrate appropriate fiscal management.

Recommendation No. 6

That the Minister prepare amendments to the Territorial Hospital Insurance Services Act to establish a requirement that orientation and ongoing training be provided to members of each board of management established under subsection 10.(1); and further, that the content of mandatory training should be established by regulations developed through consultation with health and hospital boards; and further, that the Minister bring the necessary proposed amendments and draft regulations before the Legislative Assembly by the fall session in 1993.

Recommendation No. 7

That the Minister of Health establish a territorial health advisory committee comprised of representatives from aboriginal organizations and the chairpersons of each regional board and hospital board in the Northwest Territories.

Recommendation No. 8

That each health and hospital board should be allowed to define its own structural framework, including the maximum number of members and system of community and aboriginal representation.

Recommendation No. 9

That the Minister of Health ensure that health and hospital boards remain fully constituted by filling membership vacancies through the timely appointments of members.

Recommendation No. 10

That, in accordance with rule 94(4), the Executive Council table a comprehensive response within 120 days of the presentation of this report to the House.

Mr. Speaker, that concludes the final report of the Standing Committee on Agencies, Boards and Commissions.

Motion To Move Committee Report 14-12(3) To Committee Of The Whole

Therefore, I move, seconded by the honourable Member for Yellowknife Centre that the final report of the Standing Committee on Agencies, Boards and Commissions on health and hospital boards in the Northwest Territories be received by the Assembly and moved into committee of the whole for consideration. Mahsi.

---Applause

**MR. SPEAKER:**

The motion is in order. To the motion.

**AN HON. MEMBER:**

Question.

**MR. SPEAKER:**

Question has been called. All those in favour? All those opposed? Motion is carried.

---Carried

Committee Report 14-12(3) will be put into committee of the whole today. Item 10, reports of standing and special committees. Item 11, reports on the review of bills. Item 12, tabling of documents. Mr. Todd.

ITEM 12: TABLING OF DOCUMENTS

**HON. JOHN TODD:**

Thank you, Mr. Speaker. I wish to table Tabled Document 94-12(3), the Department of Safety and Public Services details of revenue items.

**MR. SPEAKER:**

Item 12, tabling of documents. Mr. Whitford.

**MR. WHITFORD:**

Thank you, Mr. Speaker. I wish to table Tabled Document 95-12(3), Minister Bouchard's press statement and news release announcing the renewal of the national AIDS strategy.

**MR. SPEAKER:**

Item 12, tabling of documents. Item 13, notices of motions. Mrs. Marie-Jewell.

ITEM 13: NOTICES OF MOTIONS

Motion 23-12(3): Rescinding Of Motion 14-12(3) Titled "Provisional Rule Change In Sitting Hours"

**MRS. MARIE-JEWELL:**

Thank you, Mr. Speaker. On Wednesday, March 17, 1993 I give notice, now therefore, I move, seconded by the honourable Member for Yellowknife Frame Lake, that Motion 14-12(3) be rescinded. Mr. Speaker, at the appropriate time I will be seeking

unanimous consent to proceed with my motion today. Thank you.

**MR. SPEAKER:**

Thank you, Mrs. Marie-Jewell. Item 13, notices of motion. Mr. Lewis.

Motion 24-12(3): Tabled Document 91-12(3) And Tabled Document 92-12(3) To Committee Of The Whole

**MR. LEWIS:**

Thank you, Mr. Speaker. I give notice that on

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Wednesday, March 17, 1993 I will move the following motion, I move, seconded by the honourable Member for Yellowknife South, that Tabled Document 91-12(3), Northwest Territories AIDS Project Review 1992, and Tabled Document 92-12(3), HIV and AIDS in the NWT 1993 be moved into committee of the whole for discussion.

**MR. SPEAKER:**

Item 13, notices of motion. Mr. Koe.

Motion 25-12(3): Tabled Document 19-12(3) To Committee Of The Whole

**MR. KOE:**

Mahsi, Mr. Speaker. I move, seconded by the honourable Member for Nahendeh that Tabled Document 19-12(3), 1992 Master Plan for the Corrections Service Division be moved into committee of the whole for discussion. Mr. Speaker, at the appropriate time I will be seeking unanimous consent to proceed with my motion today.

**MR. SPEAKER:**

Thank you, Mr. Koe. Item 14, notices of motions for first reading of bills. Mr. Pollard.

ITEM 14: NOTICES OF MOTIONS

FOR FIRST READING OF BILLS

Bill 23: Supplementary Appropriation Act, No. 4, 1992-93

**HON. JOHN POLLARD:**

Thank you, Mr. Speaker. Mr. Speaker, I give notice that on Wednesday, March 17, 1993 I shall move that Bill 23, Supplementary Appropriation Act, No. 4, 1992-93 be read for the first time. Thank you, Mr. Speaker.

**MR. SPEAKER:**

Thank you, Mr. Pollard. Item 14, notices of motions for first reading of bills. We will take a short recess.

---SHORT RECESS

**MR. SPEAKER:**

I call the committee back to order. We are on item 15, motions. We have on the Order Paper Motion 22-12(3), Condemnation of Federal Government Cuts to Funding for NWT Programs, Mr. Arvaluk. Mr. Arvaluk is not here, so we will stand down the motion for today and it will remain on the order paper. Item 15, motions. Mr. Koe.

**MR. KOE:**

Mr. Speaker, I seek unanimous consent to proceed with my motion today on Tabled Document 19-12(3).

**MR. SPEAKER:**

The honourable Member is seeking unanimous consent. Are there any nays? There are no nays. Please proceed, Mr. Koe.

**ITEM 15: MOTIONS**

Motion 25-12(3): Tabled Document 19-12(3) To Committee Of The Whole

**MR. KOE:**

Mahsi, Mr. Speaker. Mr. Speaker, I move seconded by the honourable Member for Nahendeh that Tabled Document 19-12(3), titled 1992 Master Plan for the Corrections Service Division be moved into committee of the whole for discussion.

**MR. SPEAKER:**

Your motion is in order, Mr. Koe. To the motion.

**AN HON. MEMBER:**

Question.

**MR. SPEAKER:**

Question is being called. All those in favour? All those opposed? Motion is carried.

---Carried

Item 15, motions. Mrs. Marie-Jewell.

**MRS. MARIE-JEWELL:**

Thank you, Mr. Speaker. I seek unanimous consent to proceed with my motion today. Thank you.

**MR. SPEAKER:**

The honourable Member is seeking unanimous consent. Are there any nays? There are no nays. Please proceed, Mrs. Marie-Jewell.

**MRS. MARIE-JEWELL:**

Thank you, Mr. Speaker. I move seconded by the honourable Member for Yellowknife Frame Lake that Motion 14-12(3) be rescinded. Thank you.

**MR. SPEAKER:**

Mrs. Marie-Jewell, could you read the whole motion, please?

Motion 23-12(3): Rescinding Of Motion 14-12(3) Titled "Provisional Rule Change In Sitting Hours"

**MRS. MARIE-JEWELL:**

Sorry, I overlooked that, Mr. Speaker.

WHEREAS the House has adopted Motion 14-12(3) which states:

NOW THEREFORE I MOVE, seconded by the honourable Member for Iqaluit that the following provisional rule 6(1), be added to the rules of the Legislative Assembly.

NOTWITHSTANDING rule 4(1), on Wednesdays, upon completion of oral questions, the Speaker shall adjourn the Assembly until the next sitting day.

AND FURTHER that this provisional rule be effective Wednesday, February 24, 1993 until the prorogation of the Third Session.

AND WHEREAS it is desirable to rescind this order of the House.

NOW THEREFORE I MOVE, seconded by the honourable Member for Yellowknife Frame Lake that Motion 14-12(3) be rescinded. Thank you.

**MR. SPEAKER:**

Thank you, Mrs. Marie-Jewell. Your motion is in order. To the motion.

**AN HON. MEMBER:**

Question.

**MR. SPEAKER:**

Question has been called. All those in favour? All those opposed? Motion is carried.

---Carried

Item 15, motions. Item 16, first reading of bills. Item 17.

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second reading of bills. Item 18, consideration in committee of the whole of bills and other matters: Tabled Document 2-12(3), The Justice House - Report of the Special Advisor on General Equality; Tabled Document 3-12(3), Report of the Commission for Constitutional Development; Bill 5, An Act to Amend the Social Assistance Act; Bill 17, Appropriation Act, No. 2, 1993-94; Committee Report 10-12(3), Report on Tabled Document 21-12(3): Payroll Tax Act; Committee Report 11-12(3), Report on the Review of the 1993-94 Main Estimates; Committee Report 12-12(3), Report No. 4, Talking and Working Together; Appearance by Members of the Commission for Constitutional Development; and, Committee Report 14-12(3), Report of Health and Hospital Boards with Mr. Ningark in the chair.

**ITEM 18: CONSIDERATION IN COMMITTEE OF THE WHOLE OF BILLS AND OTHER MATTERS**

**CHAIRMAN (Mr. Ningark):**

The committee will now come to order. When we concluded Friday, we were dealing with the Department of Health. Now what is the wish of the committee? Mrs. Marie-Jewell.

**MRS. MARIE-JEWELL:**

Thank you, Mr. Chairman. The committee would like to deal with Committee Report 14-12(3) of the

Standing Committee on Agencies, Boards and Commissions. Then we would like to address the Department of Personnel. Thank you.

**CHAIRMAN (Mr. Ningark):**

There is a request to deal with Committee Report 14-12(3). Do we have the concurrence of the committee to deal with the matter?

**SOME HON. MEMBERS:**

Agreed.

---Agreed

**CHAIRMAN (Mr. Ningark):**

Thank you. The chairman of the Standing Committee on Agencies, Boards and Commissions, Mr. Koe.

Committee Report 14-12(3): Standing Committee On Agencies, Boards And Commissions, Final Report On Health And Hospital Boards In The Northwest Territories

**MR. KOE:**

Thank you, Mr. Chairman. As mentioned earlier, the Standing Committee on Agencies, Boards and Commissions has now completed its review of issues related to the operation of health and hospital boards established under the Territorial Hospital Insurance Services Act. The committee has before it a copy of the standing committee's final report on this 14 month initiative. This follows an earlier interim report which was tabled and dealt with on December 10, 1992. The introductory chapter of the standing committee's final report outlines the process that was followed as well as the reasons for the committee's review. It also comments on a context within which a review was undertaken.

These are important sections because they lay out the background and procedures used by the standing committee and describes some of the events that were taking place during the time of the review.

In the interest of being brief, Mr. Chairman, I would propose to let honourable Members review the introductory chapter on their own and instead, move right away into our presentation of chapter one, which deals with an overview of health and hospital boards. This will allow us to get into the meat of the report and will maximize the use of our time in committee of the whole today.

**CHAIRMAN (Mr. Ningark):**

Proceed, Mr. Koe.

**MR. KOE:**

Before doing so, however, I would like to make two quick points. The first is a point of clarification about the Auditor General's report. As honourable Members are aware, the Auditor General of Canada completed a comprehensive audit of the Department of Health in October, 1992, at the request of the 11th Legislative Assembly. The report was tabled in this House on November 17, 1992 and has been referred to the Standing Committee on Public Accounts where it has been the subject of a public review.

The Auditor General audited the Department of Health and not the health or hospital boards. Accordingly, the Standing Committee on Agencies, Boards and Commissions has not carried out a systematic review of the Auditor General's findings and will not comment specifically at this point with regard to recommendations included in his report. That job has been referred to the Standing Committee on Public Accounts. We look forward to the results of their extensive public review of this document.

At the same time, Members of the Standing Committee on Agencies, Boards and Commissions do agree that the Auditor General's Report on a Comprehensive Audit is a very important document and is largely relevant to many of the subjects that have been examined during the review of health and hospital boards. Where findings made by our standing committee relate to observations made by the Auditor General, these are noted in the committee report before you.

The second introductory comment I would like to make, Mr. Chairman, is one of acknowledgement. Throughout this review the Standing Committee on Agencies, Boards and Commissions received a great deal of assistance, information and interest from representatives of health and hospital boards across the Northwest Territories. I am sure I speak for all Members of the committee when I express our thanks for the thoughtful input we received in public hearings and consultation sessions.

With that as a preamble, Mr. Chairman, I would now like to move on to consideration of the first part of our report which is titled "An Overview Of Health and Hospital Board Issues in the Northwest Territories." That section begins on page 10 of the report which is

presently before Members. Mr. Brian Lewis will continue.

**CHAIRMAN (Mr. Ningark):**

Mr. Lewis.

Overview Of Health And Hospital Board Issues In The NWT

**MR. LEWIS:**

Thank you, Mr. Chairman. This is an overview of health and hospital board issues in the Northwest Territories.

The Standing Committee on Agencies, Boards and Commissions wishes to express its dissatisfaction with respect

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to a very serious state of affairs which presently exists within the administration of the territorial health care system.

In an earlier report on health and hospital boards in the Northwest Territories, the standing committee commented as follows:

"When responsibility for health was transferred to the Government of the Northwest Territories in 1988, the decision was made to establish a system of health and hospital boards rather than centralizing authority for administrative affairs in Yellowknife. The goal was to ensure that communities and regions would be able to take responsibility for the administration and delivery of the health care services required by their residents.

"After approximately four years, there are strong signals that the entire scheme is not unfolding as it should. There is a real risk that, unless significant adjustments are made in the prevailing approach used by the Department of Health, the development of a community-based foundation for the administration of health care services may be headed for failure.

"Members of the Standing Committee on Agencies, Boards and Commissions were dismayed by the degree to which conflict between the health boards and the Department of Health is exerting itself on our health care delivery system. When one regional health board chairperson was asked by the committee to identify the 'biggest stumbling block' to meeting the

health care needs of her region, she responded clearly and simply 'the Department of Health.'

The Standing Committee on Agencies, Boards and Commission has noted that, although some preliminary steps have been taken to define respective responsibility, concerns about the status and role of health and hospital boards have continued to characterize the territorial health systems in the interim report tabled two months ago. Perhaps to expect otherwise would have been, unfortunately, unrealistic. The specific problems are too numerous and too rooted in a history of poor communication and inter-organizational mistrust to allow an easy solution.

The Standing Committee on Agencies, Boards and Commissions was dismayed by the amount of evidence it received describing relations between the boards and the Department of Health as strained and unproductive. A number of very specific areas of dissatisfaction appears to arise from the interaction between boards and the Department of Health. To a large degree, however, each of these reflected two common factors: role confusion and overly centralized control.

Some of the information that has been brought to the attention of the Standing Committee on Agencies, Boards and

Commissions over the course of its review has been particularly illustrative.

For instance, at the November 21 consultation session in Yellowknife, a representative from the Baffin regional health board noted as follows:

"Between 1982 and 1988, the Baffin regional health board made sound progress, and only after the total health transfer in 1988 was there more centralization. This eroded the board's ability to have greater flexibility in resolving regional issues.

"Health boards are a common factor in managing hospitals everywhere in the world, but this has not always been appreciated by the department in the NWT, who are not aware that this is not a new process."

At the same meeting, a representative from the Inuvik regional health board offered the following view of relations between the Department of Health and the boards:

"I think the boards really are trying to do their best, but somehow, for some reason, we do not seem to be

able to get our needs identified by the Department of Health. I really believe that. This is not a Department of Health bashing either. I believe that the people in Yellowknife do a great amount of very good work, but I think what they do not understand is that they have never lived out in the satellite communities. They do not know what it is like, nor do they understand that my needs in the western Arctic are very much different than the Baffin's needs or Keewatin's needs."

A written submission received from the Keewatin regional health board in June, 1992, summarized the problem in the following terms:

"There has been, and there continues to be, confusion on the part of the Department of Health regarding the role of health boards as an integral part of the delivery of health care services to the people of the Northwest Territories.

"This confusion on the part of the Department of Health official often leads them to intrude on the operating mandate of the health board.

"The partnership in the delivery of health care services is, for the most part, weakened when there is a continual conflict between the partners.

"In order for the health care system to fulfil its mandate to the people of the Northwest Territories, there must be the clear definition of the roles of the partners in the overall delivery of health care."

Board representatives, no doubt, have a vested interest in presenting a particular "side" of the story. However, similar objective evidence of systemic problems was found in the October, 1991 report of the Auditor General of Canada on his Comprehensive Audit of the Department of Health:

"The specific issue is the rivalry, sometimes bordering on animosity, between boards and the department. There appears to be a lack of trust, a one-way paper flow, poor communication and inappropriate control by the department. In our view, what should have been help and monitoring has turned into control. Monitoring is desirable and expected, but it needs proper information and performance system to provide the right kind of data. These have not been developed."

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Clearly, there are strong indications to the Standing on Agencies, Boards and Commissions that serious problems exist within the organization of the territorial

health system, particularly with respect to the role confusion and control conflicts which surround the function of health and hospital boards. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Ningark):**

Thank you, Mr. Lewis. Mrs. Marie-Jewell.

Placing The Issues In Historical Context

**MRS. MARIE-JEWELL:**

Thank you, Mr. Chairman. It can be argued that many of the issues confronting health and hospital boards today cannot be fully understood without considering the historical context in which the current system emerged. A summary of relevant background features is included as appendix C to this committee report.

The Standing Committee on Agencies, Boards and Commissions noted that the history of these problems was recognized by the former Minister of Health, the Honourable Dennis Patterson, in a September 21, 1992 address to the Northwest Territories health care association, when he stated that:

"It should not be surprising that there continue to be implementation problems. Many difficulties have arisen because the respective roles of government and boards had not been defined with sufficient clarity. The intentions were set out in the trustee manuals, but perceptions and expectations coloured their interpretation and applications. So, instead of concentrating our efforts in the last four years on developing a model and a strategic plan for the future, there have been debilitating skirmishes over alleged infringement or perceived excesses of board 'autonomy.'"

Similarly, the Standing Committee found it useful to review the following comments on the same subject, included in the very thoughtful written submission received from the Kitikmeot regional health board:

"From the beginning, it seemed everyone was struggling, no one was sure of who was to do what, and initially everyone did whatever had to be done, just to ensure service provisions continued. Quickly, the larger and stronger groups were able to take off on their own, and the various constituents began vying for power and resources."

While these perspectives place today's problems in the proper historical context, however, the Standing

Committee on Agencies, Boards and Commissions knows that there is little to be accomplished by blaming past events and process. Instead, emphasis must be placed on identifying and correcting the various organizational factors which contribute to the perpetuation of these problems today.

**Advantages Of Health And Hospital Boards**

The Standing Committee on Agencies, Boards and Commissions recognizes that an approach which allows boards to act as the key delivery agents brings many strengths to the administration of health services. These were pointed out by several of the representatives who attended standing committee consultation sessions. They pointed out that health boards create a "closer-to-home" philosophy within the administration of health services and engender a sense of ownership in the community. At the same time, a board allows varying community interests to be balanced when making decisions about health programs and services.

Generally, health boards in the Northwest Territories have been able to provide the kind of structure that is open to community input and is reflective of other decisions that are being made by the community leadership. When appointments are made regularly and judiciously, it facilitates administrative continuity since it rarely involves the replacement of more than one or two board members at a time. As well, health boards can, and have, become adept at seeking out trustees with particular skills required for the operation of health care facilities and programs.

These views were not unique to the board representatives with whom the standing committee consulted. In his report on the audit of the Department of Health, the Auditor General of Canada pointed out that:

"Regional boards have many attractive features. They allow local involvement in key issues, they can be more responsive to the cultural sensitivities of the people, and they put the decisions and resources where the communities can be actively involved in deciding how to use them."

The standing committee noted that this has been recognized for many years at the national level, as well. In a 1972 brief to the Minister of National Health and Welfare, for instance, the Canadian hospital association commented that:



"The quality of patient care would inevitably be the loser if decisions were left entirely for the hierarchy in the Department of Health in the provincial capitals of the country, and in the offices of National Health and Welfare in Ottawa.

"This is not to criticize or condemn the good intentions of those in positions of substance and responsibility in those departments. The fact simply is that the control of quality patient care could not afford to come under the umbrella of bureaucratic jurisdiction. The community hospital board is the chain that joins together the patient and his needs, the community in which he lives and the government that, as paying agency, is certainly entitled to a hand in what must be a partnership endeavour."

The Standing Committee on Agencies, Boards and Commissions was of the opinion that a health system in the Northwest Territories must be delivered by bodies that are representative of the people who are served. In addition, a well-working system of health and hospital boards empowers communities and provides a sense of responsibility for the health status of people living within the region. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Ningark):**

Thank you. Mr. Koe.

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Initiatives By Health And Hospital Boards In The NWT

**MR. KOE:**

The standing committee was interested in learning more about some of the recent initiatives that had been undertaken by health and hospital boards, so asked each of the representatives participating at the November consultation sessions to provide an overview of some of the key projects under way in their respective regions.

The standing committee was impressed with the range of creative and responsible initiatives that were outlined. Without exception, each of the health and hospital boards were able to describe key activity areas which not only reflected the needs of the community but had potential to enhance the delivery of services and programs.

A complete listing of all the specific initiatives that have been undertaken by health and hospital boards across the Northwest Territories would be too

extensive for inclusion in this report. However, the standing committee particularly noted the following projects as examples of the important work that has been carried out at the board level:

-In the Baffin region, for instance, the board has reorganized specialist schedules in a way that has actually increased the number of specialist visits to communities. This has proved cost-effective in reducing medical travel costs and has been welcomed by the residents of Baffin communities.

-In the Inuvik region, the board is spearheading a major strategic planning exercise and evaluating the potential for a palliative care area in the hospital to assist people who are terminally ill and their families.

-As well, the Inuvik regional health board is carrying out a major renovation of the transient centre.

-Suicide specialist services to the Inuvik region will now be delivered by the regional health board, through a contract with the Department of Social Services, and needs evaluation for speech pathology services has been undertaken.

-The Stanton Yellowknife Hospital board of management has taken on a strategic planning process to review the mission and goals of that health care facility, and is now moving on to a major functional review of current programs and services.

-The board at Stanton Yellowknife Hospital has also made considerable progress in implementing cross-cultural awareness training for hospital personnel, and is incorporating this as an integral component of resource management within the facility.

-In Hay River, the board of management for the H H Williams Memorial Hospital has been actively exploring potential avenues for delivering mental health care, aimed at meeting community and regional needs.

-The Keewatin regional health board played a key role in establishing a new dental clinic in Rankin Inlet which has created additional job opportunities and improved access to dental care.

-New contracts with the Churchill health centre have enabled the Keewatin regional health board to reduce costs for pharmaceutical and pharmacist visitation services while improving inventory control.

Upon reviewing the range of initiatives and projects mounted by the health and hospital boards over

recent years, it became very clear to the Standing Committee on Agencies, Boards and Commissions that a lot of good work is being done at the community level. Clearly, these are not boards which meet often and accomplish little. The impression that was left with the standing committee was that health and hospital boards in the Northwest Territories have been able to achieve a level of maturity and operational effectiveness that is not recognized in their current working relations with the Department of Health.

Mr. Chairman, I would now like Mr. Whitford to continue.

**CHAIRMAN (Mr. Ningark):**

Mr. Whitford.

Endorsement Of The Principle Of A Board-Managed Health System

**MR. WHITFORD:**

Thank you, Mr. Chairman. Perhaps what has been missing is a formal recognition that it is necessary to have health and hospital boards assume the leading role in the management and delivery of health programs and services. This need was summed up during the standing committee's consultations by the representatives of the Baffin regional health board, who pointed out that:

"The question of the future of health boards should be resolved quickly. There is a definite need for such boards which are responsible for a wide range of complex issues. For the health system to work effectively and efficiently in the most cost-effective manner, the decisions should remain in the control and management of the health boards. Decentralization should continue to the regions and down to the community level where appropriate."

The Standing Committee on Agencies, Boards and Commissions agreed with the importance of addressing this matter directly. To some extent, the significance of health and hospital boards has been intuitively accepted since the health transfer. However, in reviewing proceedings in the Legislative Assembly and its standing committees, the principle has not, to date, been formally acknowledged.

While boards should take the lead role in decision-making about the management of health care facilities, programs and services, the standing committee believed that this will not succeed without

a carefully established partnership with the Department of Health. Within that partnership, the department should be responsible for over-all coordination of the territorial health policy and fiscal appropriations. It also has an important role to play in providing technical consultation and support. Certain monitoring and control functions required under the territorial Financial Administration Act will need to be carried out by the department, but always remaining mindful that the boards should be recognized as the legitimate management authority.

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The Standing Committee on Agencies, Boards and Commissions is of the opinion that it is important to formally recognize principles surrounding the primacy of the role of health and hospital boards in the management of the health system.

Committee Motion 90-12(3): To Adopt Recommendation 1

Therefore, I move that this committee recommends that the Legislative Assembly formally support that boards of management established under the Territorial Hospital Insurance Services Act are the primary agent for the management and delivery of health services to regions and communities of the Northwest Territories;

And further, that the role of the Department of Health should be one of supporting, rather than directing, the management decisions of health and hospital boards. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Ningark):**

Thank you. There is a motion on the floor, but I do not think we have a quorum. The motion is in order. To the motion.

I will try again, the microphone was not turned on. There was a question for the motion and Mr. Clerk will ring the bell.

To the motion.

**AN HON. MEMBER:**

Question.

**CHAIRMAN (Mr. Ningark):**

Question has been called. All those in favour? All those opposed? Motion is carried.

---Carried

Mr. Dent.

Role Confusion In the Health Care System

**MR. DENT:**

Thank you, Mr. Chairman. I will carry on with the committee report. The health system in the Northwest Territories has been visualized as a partnership involving elected legislators, the Minister of Health, her department and the communities as represented by the health and hospital boards. Throughout the review of health and hospital boards, the Standing Committee on Agencies, Boards and Commissions was dismayed by the confusion which surrounds the respective roles to be played by these various components.

It was noted that the Auditor General observed considerable discrepancies which exist in the prescribed roles, perceived roles and practised roles assumed by each of the partners in the health system.

Historical Elements

Certainly, some of this can be related back to the manner in which board responsibilities and authorities could not be fully defined at the time of the 1988 health transfer, which is outlined in appendix C. During the standing committee's public hearings in Fort Smith, the former deputy minister of Health pointed out that the transfer process left various parties with very different expectations as to the authorities and levels of autonomy to be accorded to boards. The fact that some boards have been perceived as more "experienced" and "capable" because of their pre-transfer existence has also led to confusion about the role that should be played by all boards.

Confusion Over Statutory Provisions

As well, the lack of role clarity can be related to the statutory provisions which establish health and hospital boards. Subsection 10(1) of the Territorial Hospital Insurance Services Act grants the Minister of Health the authority to establish a board of management for one or more health facilities. Section 13 of the act states that:

"Subject to the regulations, a board of management

(a) shall manage, control and operate the health facility or facilities for which it is responsible; and

(b) may, subject to part IX of the Financial Administration Act, exercise any powers that are necessary and incidental to its duties under paragraph (a)."

The Standing Committee on Agencies, Boards and Commissions noted that there does not seem to be a common consensus within the health system with respect to the interpretation of the statutory powers and duties of boards of management created under the Territorial Hospital Insurance Services Act. The health and hospital boards appear to have taken the position that they should be interpreted very broadly; the Department of Health has taken the position that they should be interpreted more narrowly. The multitude of arguments that are raised to support each position simply underscores the depth of the problem and the inadequacy of the legislation.

The "Strength At Two Levels" Report

Complicating the picture somewhat, as well, has been the treatment accorded the health system in the Northwest Territories by the "Strength at Two Levels" document. Much of the standing committee's activity in the earlier parts of the review was occupied by a consideration of the substance of this report. This was largely in response to very notable levels of attention in the Legislature, among professional associations in the health field and within the public at large.

The standing committee noted that there was some general support for certain concepts included in the "Strength at Two Levels" account of "The NWT Way." However, the report did a very poor job of describing practical aspects surrounding the implementation of this approach. A great many factual inaccuracies were included, and these were identified by the Northwest Territories Health Care Association when it appeared before the standing committee at public hearings in Fort Smith. As well, some of the assumptions about future directions for health care delivery and planning that were included in the report did not conform with information that the committee received from the Department of Health.

The standing committee noted that the "Strength at Two Levels" report has contributed significantly to the uncertainty

surrounding the roles and responsibilities of health and hospital boards. Descriptions of health services and programs were provided in a fashion that conveyed a department-driven approach, and sections of the report which questioned the over-all efficacy of board processes in the Northwest Territories led to unwarranted speculation about the future of health and boards.

#### Autonomy Versus Accountability

Mr. Chairman, to a large degree, the central issue has often been presented as one in which the boards are striving for more "autonomy" while the department is struggling to ensure "accountability." This is unfortunate. The Standing Committee on Agencies, Boards and Commissions takes the position that the goal of achieving community control over the management of health facilities and services is not necessarily inconsistent with the goal of appropriate fiscal accountability.

This is recognized by the boards themselves. During the November 21 consultation sessions,

Members of the standing committee were impressed with the commitment that board representatives conveyed with respect to effective and efficient management procedures. The board representatives, as well, demonstrated a solid acceptance of the principle that the Department of Health needs to exercise some central authority role in ensuring that the portion of the public purse, which supports health services, is appropriately allocated and spent.

Indeed, one of the most effective summaries of the accountability process that the standing committee encountered over the course of its review was offered by the chairperson of the Inuvik regional health board:

"What I am saying to you is that I think, as boards of management, we have to be trusted enough to assure that, first of all, we do work within the budget that we are given, that we do use the resources we are given to meet proper needs, and we should be held accountable and that accountability should be to the Minister of Health...

"So, I think what we have to see is, indeed, the three levels: the Minister who is totally accountable for the entire territory, the Department of Health who should be there to assist the boards to be accountable and to work with us, as consultants, to enable us to do what is necessary within our diverse regions."

Mr. Chairman, the Standing Committee on Agencies, Boards and Commissions agrees with the concept that accountability can be maintained within a health system that accords clear management responsibility to health and hospital boards. It noted that the Northwest Territories Health Care Association, at its 1992 annual general meeting, adopted a statement which defines the characteristics of an autonomous board, which you can see in appendix D. None of the elements of this statement are inconsistent with the basic principles of fiscal accountability.

Mr. Chairman, Mr. Koe will now continue with the report.

#### **CHAIRMAN (Mr. Ningark):**

Mr. Koe.

#### Memorandum Of Understanding

#### **MR. KOE:**

Thank you. Regarding the memorandum of understanding, the Standing Committee on Agencies, Boards and Commissions has already made note of the important initiative that is under way to develop a master memorandum of understanding between health boards and the Department of Health. The NWT Health Care Association has agreed to coordinate drafting and consultation activities and a contractor is to be retained to facilitate the process. Since bringing forward the interim report, the committee has noted that progress in this regard has been slow. The original time lines proposed by the former Minister of Health would have seen the substantial completion of this agreement by the start of the 1993-94 fiscal year. It is now unlikely that this target will be reached.

The standing committee is concerned that this process should not be allowed to become too cumbersome. The MOU is urgently needed.

The standing committee also noted that some board representatives were concerned that both the process leading to the establishment of the MOU, and the substance of the MOU itself, should not be defined by the Department of Health. There seemed to be an absence of trust, in at least some quarters, that the department would listen to, and work cooperatively with, the boards. Instead, there was some concern that the Department of Health would attempt to "impose" both a model and the content for the MOU upon participants. The Standing Committee on

Agencies, Boards and Commissions is of the opinion that this cannot be allowed to happen.

Members of the standing committee are of the opinion that a "top-down" approach will simply not work in this case. The Department of Health must treat the health boards as equal partners in this process and not attempt to dictate basic content parameters. The MOU will only work if there is an equal sense of ownership among all the parties to it.

difficulties and returning the initiative to the fastest timetable the process will allow.

For their part, however, the boards must also assume a constructive approach to building the memorandum of understanding. It was Members' perception, during the committee's consultation sessions on November 21, 1992 that the boards were willing to approach this initiative as a collaborative and positive venture. That positive outlook will

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need to continue in order for the process to be successful.

In light of these considerations, the standing committee was concerned to learn that, at least in the early stages of the process, several board representatives reported that they had not been regularly advised as to progress on the MOU initiative. To reiterate the position previously taken by the standing committee in its interim report, this effort will not succeed unless it is based on ongoing information exchange and a collaborative approach. It is not enough for the department to rely on the information channelling capabilities of a voluntary organization like the health care association. The Department of Health must continue to play a role in ensuring that the respective parties to the MOU are fully briefed as to the status of the initiative.

The Standing Committee on Agencies, Boards and Commissions is of the opinion that, at this point, the initiative to establish a memorandum of understanding on roles and responsibilities within the health system will go a long way toward finally dispelling the uncertainty and confusion that has surrounded the status of health and hospital boards since transfer. This is essential to ensure the efficient operation of territorial health facilities, programs and services.

Committee Motion 91-12(3): To Adopt  
Recommendation 2

Mr. Chairman, I move that this committee recommends that the Minister of Health should accord a high priority to the finalization of the memorandum of understanding clarifying the roles and responsibilities of health and hospital boards.

**CHAIRMAN (Mr. Whitford):**

Thank you, Mr. Koe. The motion is in order. To the motion.

**AN HON. MEMBER:**

Question.

**CHAIRMAN (Mr. Whitford):**

Question has been called. All those in favour? All those opposed? Motion is carried.

---Carried

Thank you, Mr. Koe. Mr. Ningark.

A Question Of Attitude

**MR. NINGARK:**

Regarding a question of attitude, the Standing Committee on Agencies, Boards and Commissions is concerned that, to a large degree, the problems which surround the debate over board autonomy, accountability and role appear to have arisen as much from differing attitudes among key officials as they have from the historical and legislative factors expounded upon earlier.

Throughout the review, the standing committee heard that departmental officials working in Yellowknife were perceived by boards and their staff as being reluctant to accept input, possessive about information and, at times, condescending. The sum of this perception has been that some senior public service managers within the Department of Health may be presenting impediments to effective board function, simply through the approach they are bringing to their interaction with board officials.

The standing committee is concerned about the considerable evidence before it which suggests that there is too much central control. Members heard about a situation in which requests for medical technology were denied by headquarters but direction was provided to spend the money on a floor polisher. Boards related repeated instances in which needs had been identified and dollars has been found to

support new programming, but the process was halted at departmental direction. It has seemed to the standing committee that the Department of Health has crippled itself with an inability to accept that health and hospital boards are capable of carrying out important responsibilities and is now unable to stand back and allow regionally driven initiatives to proceed as they should.

This, to be fair, may be a consequence of the lack of definition surrounding board roles. Once the MOU is finalized, it will be important for the Minister of Health to motivate a shift in outlook among her senior officials. The department must realize that goals can be better achieved if the central authority moves away from trying to "run things" in the regions and moves instead toward a process where it assists boards to best achieve their own priorities.

Where it is not possible to shape these new attitudes through staff inservice training and supervision, the standing committee would urge the Minister to take more final action. Clearly, it is the opinion of the committee that the current posture within headquarters operations at the Department of Health must change. If the change cannot be achieved with current personnel, then the replacement of officials should be contemplated.

#### Legislative Review

The Standing Committee on Agencies, Boards and Commissions has confidence that the establishment of an MOU will contribute greatly to the correction of existing problems. However, the committee is concerned that this will not necessarily go far enough.

During the 11th Assembly, the previous Standing Committee on Agencies, Boards and Commissions brought forward a report in October 1990, which recommended that the Territorial Hospital Insurance Services Act should be repealed and replaced with one "that better reflects the government's philosophy of supporting regional autonomy."

Although subsequent amendments dissolved the Territorial Hospital Insurance Services Board, a major overview and shift in legislative framework have still not been undertaken.

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At the present time, the standing committee does not wish to recommend specific changes to the legislation. These will be more appropriately

identified through the consultation process between the Department of Health and the boards.

The Standing Committee on Agencies, Boards and Commissions believes, however, that legislative review and amendment, when identified through consultation with the boards, should not be delayed.

Committee Motion 92-12(3): To Adopt Recommendation 3

Mr. Chairman, I move that the Minister of Health should seek advice from health and hospital boards with respect to amendments that should be made to the Territorial Hospital Insurance Services Act or other health legislation in order to better reflect a philosophy which supports board autonomy;

And further, that the Minister of Health bring forward recommended amendments to the act by the fall session in 1993.

That concludes my section, Mr. Chairman.

**CHAIRMAN (Mr. Whitford):**

Thank you, Mr. Ningark. We have a motion on the floor. The motion is in order. To the motion.

**AN HON. MEMBER:**

Question.

**CHAIRMAN (Mr. Whitford):**

Question has been called. All those in favour? All those opposed? Motion is carried.

---Carried

**CHAIRMAN (Mr. Whitford):**

Mr. Patterson.

**MR. PATTERSON:**

Thank you, Mr. Chairman. I will continue with the report, Mr. Chairman.

Barriers To Effective Administration

Throughout the review process, matters were brought to the attention of the Standing Committee on Agencies, Boards and Commissions as issues which were hindering the effective administration by health and hospital boards.

## Absence Of Territorial Planning For Delivery Of Health Services

The standing committee heard many comments, for instance, about the lack of an overall "strategic plan" for health services. Health and hospital boards described a sense of continuing uncertainty about the directions which should be taken in the design of new programs and services, priorities for the enhancement of existing ones, and responsibilities for addressing emerging needs. This was summed up at the November 21 consultation sessions by the chairperson of the Inuvik regional health board who pointed out that:

"I think the first roadblock is no plan. I think everybody is working in isolation. We are all working for the betterment of the health of the people of the Northwest Territories and, yet, there is no plan."

The same concern was echoed by all the boards and was well described in the written submission received from the Kitikmeot regional health board as, "...a lack of territorial vision and direction to guide the focus of hospital and community board expenditures and services."

This deficiency was noted, as well, by the Auditor General of Canada who stated that: "Without a plan, NWT health care has no clear sense of where it is going or how to get there."

### Health Planning Occurs In Isolation

The standing committee did observe that, almost without exception, each health and hospital board had developed its own process for regional planning. During the November consultation sessions, for instance, the Stanton Yellowknife board of management outlined for committee Members the ambitious and very promising measures it has undertaken to examine the facility's role and needs up to 1995. Larger planning processes will build on this to review current programs, assess the potential for further repatriation of services and assess global space needs.

Similarly, the Keewatin, Kitikmeot and Inuvik regional health boards have also mounted comprehensive planning initiatives to identify regional needs and to develop workable approaches to meeting them. The board of management at H H Williams Memorial Hospital has been actively assessing current space parameters to identify new potential for increased utilization of the facility. And, representatives of the

Baffin regional health board outlined a model that would be followed during a regional needs assessment study, scheduled to commence in November, 1992.

While the Standing Committee on Agencies, Boards and Commissions was very impressed with the various initiatives that have been undertaken by the health and hospital boards themselves, Members were concerned that these activities have been pursued largely in isolation and were confined to a regional perspective. There seemed to have been relatively little sharing between the boards with respect to the design and implementation of planning exercises.

### **CHAIRMAN (Mr. Pudluk):**

Mr. Patterson, could you slow down a bit, so the translators can keep up with you?

### **MR. PATTERSON:**

Yes, thank you, Mr. Chairman. Departmental involvement was described by some board representatives as attempting to exert a controlling or delaying influence.

There was also concern over the observation that there is no system which channels the results of the excellent planning exercises which are taking place at the regional level into an overall framework for the delivery of health services in the Northwest Territories. Regional planning exercises often seem to be regarded by Yellowknife headquarters as "competing" with the overall approach which the department wishes to follow, yet that departmental framework has not been articulated.

The standing committee was concerned that this absence of direction has created a barrier to administrative effectiveness

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throughout the system. Without a well developed vision for health care delivery and health promotion, it has been difficult to coordinate such aspects as capital planning, program goal setting and community participation.

Further, the absence of a planning framework in this area worsens the role confusion which predominates the territorial health system and risks inefficiency through the duplication of services. This was pointed out by the Kitikmeot regional health board in the

written submission provided to the standing committee in February, 1993:

"The KHB would add that the lack of territorial vision has also led to role confusion between hospital boards, health boards and the department -- hospitals appear to be expanding outside of the provision of acute care services, into continuing community care. This area is now serviced by health boards. We question if it is cost efficient and effective to duplicate community care expertise that currently exists in health boards and the department. Such duplication further compromises the department's ability to allocate scarce resources."

In addition, the lack of health planning has been an impediment to the appropriate allocation of human resources throughout the Northwest Territories. This was highlighted in the Auditor General's report:

"Getting the right kind of health care people to the places where they are needed across the territories is a major challenge requiring effective resource planning. All the parties and the people should know exactly what they can expect. From our survey results and press reports, we noted there was confusion about health care delivery in the regions, and residents are not sure what to expect.

When the Standing Committee on Agencies, Boards and Commissions took all this evidence into account, it found that a clear need exists for a comprehensive, easily understood territorial plan for the delivery of health services.

#### Planning Must Be Regionally Driven

At the same time, the standing committee wishes to emphasize that territorial planning must be based on the unique needs and priorities which exist within the regions. These are best identified by the health and hospital boards.

Planning cannot be an activity which is imposed. Right from the earliest stages of needs assessment, there must be a recognition that the people who live in the regions of the territories are the ones who best know what is necessary to have healthy families and communities. As the chairperson of the Inuvik regional health board pointed out:

"I also believe that if we have a department-run needs study, then we have a department-run answer and I do not believe that is what we want."

The Standing Committee on Agencies, Boards and Commissions was concerned to hear health and hospital boards express opinions that planning exercises have not involved a sense of "partnership" with the Department of Health. They have been seen as processes which have been developed in Yellowknife and implemented from a "top-down" perspective.

Over the past year, the Department of Health has devoted considerable attention to developing a process for a "health facilities and services review." A framework for this process was developed and included stages for: identifying key participants; collecting and verifying profiles which show population and service user characteristics; identifying opportunities to improve effectiveness and reduce costs; developing options and strategies; preparing action plans and evaluation criteria; and, assessing progress and reviewing plans.

Concerns were expressed to the standing committee that, even though the procedures called for consulting with "key participants" at each stage, the design for the review had been drawn up in headquarters and imposed on the regions.

For this reason, there was considerable initial concern over the process, especially in the Deh Cho region, where it was felt that the community had no control over the type of review that had been undertaken -- and in the Keewatin, where there were concerns that this approach would conflict or compete with regional planning efforts which were already farther advanced.

The Standing Committee on Agencies, Boards and Commissions is of the opinion that the time has passed when this government can say "We are going to study what the communities need ... this is how we are going to do it ... and this is the point at which the 'key participants' we identify are going to become involved." That centralized approach is too reminiscent of a previous era, and it is not likely to be accepted in the future.

#### A Territorial Plan For Health Services

During the Fort Smith hearings on January 22, 1992, the NWT Health Care Association, which represents all health and hospital boards, made a presentation which included the following recommendation:

"That the Department of Health take immediate steps to consult the health and hospital boards to implement shared planning programs for effective and efficient



health services to the respective communities being served."

The Standing Committee on Agencies, Boards and Commissions agrees that it is essential for a plan to be developed. While the committee considers it the Minister's statutory and administrative responsibility to coordinate inter-regional planning, the content of any plan can only be developed through a partnership between her department and the boards. Health and hospital boards should have direct input, not only into the substance of the plan, but also into the process through which the plan will be put together.

I will now turn this section of the report over to Mr. Antoine, Mr. Chairman. Thank you.

**CHAIRMAN (Mr. Pudluk):**

Thank you, Mr. Antoine.

Inadequate Information Systems

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**MR. ANTOINE:**

Thank you, Mr. Chairman. Without exception, all health and hospital boards indicated that the current state of information processing within the health system was a serious barrier to effective administration.

The standing committee was dismayed by the degree to which incompatible and inadequate systems exist. Equally disconcerting has been the apparent inability of the Department of Health to take a lead role in correcting these deficiencies.

Board staff have had to cope with a myriad of systems that are apparently incapable of exchanging information and do not meet administrative or planning needs. For their part, the boards appeared to have done their best in coping with the current situation, as many have successfully developed their own internal procedures for re-entering data or designing intermediate reporting formats. However, this has resulted in a system in which neither financial nor statistical information can be communicated and reported with efficiency.

The Standing Committee on Agencies, Boards and Commissions is aware that the Auditor General's report deals with the matter of health information systems at some length and that this has been a

subject of considerable attention by the Standing Committee on Public Accounts.

Because this item fits more properly within the Public Accounts Committee's mandate, the Standing Committee on Agencies, Boards and Commissions does not intend to make a specific recommendation on the matter of information systems at the present time. However, it should be recognized that Members of this standing committee are of the opinion that specific corrective action should be considered a government priority.

**Departmental Requests For Information From Boards**

Health and hospital boards expressed a continuing concern, over the course of the review, with respect to the frequency and type of information demanded on a regular basis by the Department of Health. Board representatives found that the department, over the past several years, has forwarded numerous requests for administrative information, line-by-line budget substantiations and service delivery statistics. Without exception, the boards found departmental demands for information to be excessive and unnecessary.

During the November consultation sessions, for instance, the chairperson of the Keewatin regional health board pointed out that:

"We spend inordinate amounts of time justifying budget expenditures on a line to line basis that are five per cent over the budget item amount. In some cases, these are budget line items of \$300 or \$400, yet we have to justify a five per cent variance for those items. It is ridiculous when we are dealing with \$20 million and \$30 million budgets, to be worrying about \$5 and \$10. I am not saying that we wish to be financially irresponsible. I am saying we have to review the system and look at what it is we are attempting to do."

The Baffin regional health board described departmental monitoring procedures as "excessive" and a "constant irritant," while the chairperson of the Inuvik regional health board commented that:

"The control of the Department of Health line-by-line budget is also one of our greatest concerns... I think that, as boards of management we should be allowed to manage. If we are not boards of management, then please tell us so."

The standing committee is concerned that these demands for more and more detailed reporting represent a hindrance to effective administration at the regional level. Board officials have found that it is often difficult to complete activities that have been established as regional priorities, because of the time that has to be spent preparing reports for Yellowknife.

The chairperson of the H H Williams Memorial Hospital board astutely noted that, in addition to detracting from effective administration, this also has the potential to divert attention away from patient care, itself:

"I have been involved with health care in the Northwest Territories for 28 years now, off and on. I have seen such an incredible change that has taken place from the days when patient care seemed to be ultimate. Now we hardly ever hear the word. Patient care almost always gets forgotten in pursuing all the other things that have to be done, the documentation of what we do."

The Standing Committee on Agencies, Boards and Commissions is aware that certain information requirements are imposed on the Department of Health by the Financial Management Board and, in some cases, the standing committees and Members of the Legislative Assembly. Further, certain sections of the Financial Administration Act require the department to take responsibility for appropriate overall fiscal management of the health system and this, in turn, requires departmental officials to access information from the boards. Upon reviewing examples of the number and type of requests, though, the committee has formed the opinion that the department's demands for budgetary details and the frequency of specific requests for statistical and administrative reports are, in fact, excessive.

To a large degree, the root of this problem may lie with the aforementioned inadequacy of information systems. If appropriate, well-working systems were in place, information could be centrally accessible without imposing additional reporting requirements on the boards.

Just as inadequate information systems are contributing to this problem, so too are departmental attitudes and procedures. The Standing Committee on Agencies, Boards and Commissions is of the opinion that the excessive line-by-line monitoring by departmental officials reflects a headquarters perception of health and hospital boards as incapable, undependable management bodies. There appears

to be an unwillingness at departmental headquarters to stand back and allow the boards of management to manage.

This is further compounded by information flow procedures within the Department of Health. Currently, departmental demands for information about board operations are generated in a number of divisions and are forwarded from a number of staff levels.

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Directors, associate directors, analysis, consultants, administration officers, medical officers and a range of other mid to senior-management officials in Yellowknife frequently pepper board administration with demands for information related to their latest internal work assignments. Often, information is required on relatively short notice. Sometimes information demands by one headquarters division appear to duplicate or overlap those made by other divisions. And, in a majority of cases, board administration is provided with very little understanding of why the data are required.

It is hoped that the aforementioned "master memorandum of understanding" (MOU) between the department and the health and hospital boards will clarify requirements that the boards must follow in forwarding information to the department.

Until the MOU is finalized, however, the Standing Committee on Agencies, Boards and Commissions is of the opinion that information flow between the boards and the Department of Health is in definite need of senior-level coordination. Members of the standing committee are of the opinion that this coordination should be achieved by channelling all departmental requests for board information through the office of the deputy minister of Health.

By establishing the deputy minister as the single coordinating source within the department, the standing committee believes that overlap in the content of information requests could be eliminated, better consideration could be given to reasonable time lines for board response, and headquarters information needs could be vetted to ensure that they were essential to the operation of the health system.

In summary, the Standing Committee on Agencies, Boards and Commissions believes that the number of demands for detailed information currently placed on health and hospital boards by the Department of

Health are constituting a serious barrier to effective administration. While this situation will likely be addressed by an improved information system and role clarity achieved through the MOU process, the committee is of the opinion that senior coordination of information requests is necessary at the present time.

Committee Motion 93-12(3): To Adopt Recommendation 4

Therefore, I move that this committee recommends that all requests from the Department of Health to health and hospital boards for budgetary, statistical and other administrative information should be made only by the deputy minister of Health;

And further, that information requests should be limited in number and scope to only those which are essential for the efficient and effective operation of territorial health services;

And further, that the time frame for board response to departmental information requests should be reasonable and established with due consideration to other priorities which have been identified at the regional level. Mahsi.

**CHAIRMAN (Mr. Pudluk):**

Thank you. The motion is in order. To the motion.

**AN HON. MEMBER:**

Question.

**CHAIRMAN (Mr. Pudluk):**

Question has been called. I do not believe I have a quorum. Mr. Clerk, please ring the bell.

Thank you. Question has been called. All those in favour? All those opposed? The motion is carried.

---Carried

Mr. Koe.

Inadequate Funding Base

**MR. KOE:**

During the standing committee's review, board representatives frequently noted that the original health funding base transferred from the federal government has proved inadequate for meeting either current or future needs. Representatives of the Baffin regional health board, for instance, pointed out that

currently there is no base funding to cover annual leave and sick leave of community-based nursing personnel, so these dollars must be drawn from other areas. Several boards mentioned that training opportunities for health care professionals are restricted by shortages in the funding base.

It was suggested by some health and hospital boards that a system of standards should be established to dictate levels of service to be delivered in the various health care disciplines to communities and hospitals within the regions. Dollars could then be allocated according to the real cost of meeting the defined standards.

The standing committee is of the opinion that the Department of Health should consider ways of accepting the challenge to establish a system of standards that are comprehensive enough to meet communities' potential needs and at the same time are realistic, in light of current fiscal pressures on the health system. Because such global issues were somewhat beyond the scope of the current review, it was felt that the Special Committee on Health and Social Services might find it fruitful to explore issues surrounding the inadequacy of the funding base for health services and, specifically, might examine possibilities for funding allocations based on a more systemic set of service delivery standards.

Lack Of Incentive For Successful Management

During the course of the standing committee review, representatives of health and hospital boards pointed out that they have made significant strides in improving internal control and management procedures over the past several years. They expressed concern that this does not appear to have been recognized by the Department of Health. To a large degree, the same control directives and budget allocation procedures have remained in place since the transfer.

The standing committee heard several boards advocate for new block funding approaches and a system of global budgeting. It may be difficult to implement such approaches on a system-wide basis, until all health and hospital boards are on a par with respect to management resources and expertise. Development of the concepts involved should be initiated now, however, with a view toward possible implementation of block funding procedures within the next three to five years. Principles related to these new approaches to board funding

should emerge as a result of discussions between the department, the health and hospital boards and other stakeholder organizations. Perhaps some of the analysis now being undertaken by the Special Committee on Health and Social Services will add to this process as well.

As a more immediate observation, though, the Standing Committee on Agencies, Boards and Commissions noted a need for some consideration of a surplus retention policy, which would apply under circumstances in which health and hospital boards have clearly demonstrated appropriate management performance.

This need was outlined in a written submission which the standing committee received from the Board of Management at Stanton Yellowknife Hospital:

"As boards and their staff work to maintain financial stability, there is currently no reward in the present funding system. Boards should be able to keep a percentage of surpluses generated, in recognition of the work they have done. This money could then be used for specific projects which fall within the board's mandate, but perhaps do not receive priority in funding."

Similarly, during the November consultation sessions the chairperson from the Board of Management at Hay River's H H Williams Memorial Hospital commented that,

"Our hospital has a pretty good track record when it comes to staying within our budget. I hate what happens, and not just in our department but in all government departments, when it comes to the end of the year--about mid-March--and we have to spend the money that is there because if we do not spend it we will lose it. I would love to have the opportunity to direct the board and the hospital in using funds in a very responsible way and getting a little bit of recognition for it."

Perhaps the most illustrative comments in this respect were brought to the standing committee's attention by the Inuvik Regional Health Board. Facing a chronic under-utilization of hospital bed spaces and an increasing need for fiscal restraint, the board closed a 19-bed ward in 1991-92. This was accomplished without staff layoffs or major capital renovation costs and has resulted in a significant increase in percentage utilization of the facility.

Yet, there has been virtually no recognition of the very appropriate management approach taken by the Inuvik regional board, in fact, when she appeared before the standing committee in November the chairperson expressed frustration with the way the effected savings have not been allowed to improve health services in the region. She stated that,

"We have certainly taken a big bite out of the amount of money that was required to run health services in our region, with the understanding that we are closing an entire ward in our hospital and losing 19 beds. I think we have done our part.

"What bothers me about that is when we asked the Department of Health for a speech pathologist, what happened to our 19 positions? Why can we not take these resources and use them as we see fit? We have done our part, now please, in reciprocation, please allow us to do what we feel is necessary for the needs of our region."

The Standing Committee on Agencies, Boards and Commissions believes that there is much merit in the notion that where health and hospital boards have effectively demonstrated appropriate fiscal management resulting in year-end surpluses, that they should be able to retain a significant portion of the surplus for regionally identified priorities. Any policy to this effect, however, would need to be developed through a joint consultation process between the department and the boards. Surplus retention policy should not be developed within the Department of Health and imposed on the health and hospital boards.

Some cautions may be in order. It is wrong to assume that a surplus in one budget category is an automatic indicator of appropriate spending decisions; surpluses should never be generated by cutting back below basic service delivery levels maintaining periods of critical staff shortages and so on. Further, boards must be mindful of the fact that the retention of surplus dollars is best regarded as a source of one time only funding and that they should be careful not to create later year funding shortfalls by using this money to support ongoing programs or services.

The Standing Committee on Agencies, Boards and Commissions is of the opinion, however, that these limits should be easily reflected in a well written policy directive and that, in balance, the advantages of a surplus retention incentive far exceed the risks.

Committee Motion 94-12(3): To Adopt  
Recommendation 5

Mr. Chairman, I have a motion. I move that this committee recommends that the Minister of Health consult with the health and hospital boards to develop policies and strategies which allow surplus retention under circumstances in which boards clearly demonstrate appropriate fiscal management. Mahsi.

**CHAIRMAN (Mr. Pudluk):**

Thank you. Your motion is in order. To the motion.

**AN HON. MEMBER:**

Question.

**CHAIRMAN (Mr. Pudluk):**

Question has been called. I believe I do not have a quorum. Clerk, ring the bell. Thank you. Question has been called. All those in favour? All those opposed? Motion is carried.

---Carried

Mr. Koe.

Human Resource Development Within Health And  
Hospital Boards

**MR. KOE:**

I would like to talk about human resource development within health and hospital boards. The Standing Committee on Agencies, Boards and Commissions took special note of the needs which exist with respect to human resources within health and hospital boards. The committee was

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concerned with the current state of professional resources within board operations and also with the manner in which board members themselves have been recognized and developed as human resources.

Personnel Administration Within Health And Hospital  
Boards

The standing committee was aware that the report of the Auditor General of Canada has provided a fairly extensive treatment of the prevailing approach to "Managing People" within the health system, including some aspects of human resource management by health and hospital boards. The committee also

understands that this has been one of several points on which the Standing Committee on Public Accounts has focused during its current review.

Accordingly, comments in this report will not be comprehensive but, rather, will touch on those areas which Members of the Standing Committee on Agencies, Boards and Commissions have identified as important for the purpose of the current review.

I will now ask Mr. Lewis to continue.

**CHAIRMAN (Mr. Pudluk):**

Thank you, Mr. Koe. Mr. Lewis.

Representation Of Aboriginal People Within The  
Health Care Field

**MR. LEWIS:**

One of these pertains to the number of aboriginal people currently engaged in health care careers in the Northwest Territories. During consultation sessions with the health and hospital boards in November, Members of the committee noted a uniform commitment on the part of board representatives to increasing the number of aboriginal people entering and finding employment in the health field.

The boards have experienced varying levels of success with respect to aboriginal hiring. The Auditor General reported that, although the proportion of aboriginal staff at regional health boards ranges around 40 per cent, the percentage working in hospital settings in western urban centres is much lower. This was consistent with figures provided to the standing committee by health and hospital boards during the November 21 consultation sessions.

In addition, it was brought to the standing committee's attention that a majority of the aboriginal people working for all health and hospital boards are employed in jobs that would be most accurately described as "support position," and generally at the lower end of the salary schedule.

The Standing Committee on Agencies, Boards and Commissions is of the opinion that the current level of representation by aboriginal workers within the health system is unacceptable. The workforce which delivers health services at the community level should be reflective of the population it serves. There must be a renewed emphasis toward achieving this goal.

The over-all strategy for attracting aboriginal people to work in the health system is probably best developed at a territorial level and coordinated by the Department of Health. In this respect, relatively little seems to have been accomplished.

However, it is important all stakeholders in the health system should see themselves as part of the solution. The Standing Committee on Agencies, Boards and Commissions believes that there is much that health and hospital boards could do in terms of promoting community awareness of health careers and in providing support to staff who are of aboriginal descent. A priority should be placed on identifying and implementing such strategies by each of the health and hospital boards.

#### Staff Training

The Standing Committee on Agencies, Boards and Commissions is concerned that current fiscal pressures should not result in less access to training opportunities for health and hospital board staff. Although board representatives were generally satisfied with current programs for training staff, there was some concern that funding shortages may limit accessibility and, therefore, impact on the quality of care and on staff morale.

As well, there was some concern in the Baffin region about the status of the outpost nursing program. Apparently, this is a training resource that has worked well in meeting the training needs of professional staff in the Baffin region but territorial involvement has recently been curtailed.

#### Interpreter/Translator Services

Members of the Standing Committee on Agencies, Boards and Commissions raised a number of concerns with respect to interpreter services that are provided within hospitals and other health care facilities throughout the Northwest Territories. There was a general apprehension that insufficient attention has been placed on ensuring a systematic approach to the delivery of these essential services.

It was noted, for instance, that the interpretation of medical terminology and treatment instructions requires a level of linguistic understanding and confidence that cannot be obtained through casual hiring or part-time interpreters. This is particularly important when patients who are not fluent in English are medicated to southern medical institutions.

Of particular concern to the standing committee, as well, was the fact that interpreters in hospital settings are classified at a lower level than those in the territorial language bureau. As a result, there has been consistent difficulty at some hospitals with respect to recruiting and retaining persons for these positions. Board representatives indicate that this has been a serious point of contention for them, as well.

The Standing Committee on Agencies, Boards and Commissions is of the opinion that a major review should be undertaken by the Department of Health with respect to current adequacy and future directions for language services within the territorial health system. Thank you, Mr. Chairman.

#### **CHAIRMAN (Mr. Ningark):**

Thank you. Mrs. Marie-Jewell.

#### Orientation And Training Needs Of Board Members

#### **MRS. MARIE-JEWELL:**

Thank you, Mr. Chairman. The

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Standing Committee on Agencies, Boards and Commissions was dismayed and extremely dissatisfied with the level of support currently provided to persons who are appointed to sit as members of health and hospital boards. Funding for board training is inadequate. The level of consultative support received from the Department of Health is insufficient. Materials describing the statutory and operational responsibility of board members are outdated and untranslated.

The standing committee noted that, almost without exception, board representatives identified the unfulfilled orientation and training needs of their membership as a critical issue.

The Department of Health has produced a trustee manual which outlines many aspects of board members' roles and responsibilities. However, the nature of the language used within the manual becomes very technical in certain sections and the volume of material included within it makes it difficult to locate needed facts. Further, there is a need to update the manual, particularly since the recent amendments to the Territorial Hospital Insurance Services Act have altered the structure of the budgetary review process to some extent. But Members of the standing committee also found it

incredible to note that this manual has never been fully translated into Inuktitut or other aboriginal languages. This is apparently in spite of repeated requests from the health and hospital boards themselves.

Several boards have attempted to develop their own orientation and awareness sessions through an organized series of briefings and seminars from staff. While this internal commitment can be applauded, the standing committee was extremely concerned to note that there is very limited information and support available for board members, either from the office of the Minister of Health or from the Department of Health.

In some instances, this may foster a need for board members to rely unduly on their senior staff for policy interpretation or abridgement of untranslated materials. It sometimes becomes difficult for board members to take an independent stance because they have not been provided with sufficient background information about their roles and responsibilities.

The issues confronting boards are complex and members require adequate orientation and training. Not only are they dealing with budgets of several million dollars, but they are also in a position of having to understand complicated and rapid changes in the health environment. This is not possible unless they are provided with the relevant information in a format that is accurate and easily understood. Speaking in Inuktitut the chairperson of the Baffin regional health board provided an

important example of this during the November consultation session when he pointed out,

"I have been told about AIDS and I would like to talk to my people to care for themselves. I think we have to be aware that a lot of Ministers just keep things to themselves when they should be talking to people about these matters."

Whether it is an unfamiliarity with current disease patterns or confusion about government budgeting principles and procedures, the fact appears that there has been relatively little central support for building awareness, management expertise and confidence for many board members.

The Standing Committee on Agencies, Boards and Commissions finds this to be unacceptable. The current situation is one in which the decisions of the

boards become prone to departmental criticism because board members are assumed to lack skills, experience or understanding -- while at the same time, those conditions are perpetuated through a lack of attention to orientation and training.

The responsibility for correcting this state of affairs lies clearly with the Minister of Health. Board members are appointed by the Minister under the Territorial Hospital Insurance Services Act and it should be incumbent on her to ensure that her appointees receive the information and support they require in order to carry out their difficult role.

During the January, 1992 public hearings in Fort Smith, it was noted that there could be a role for the Northwest Territories Health Care Association to play with respect to developing a framework for board members' orientation and training.

There may be merits to this approach. The health care association represents each of the health and hospital boards in the Northwest Territories and, through its affiliation with its national organization, is in a position to take advantage of work that has been already completed in other jurisdictions.

However, it should be recognized that, while the association may have a role to play in coordinating and delivering orientation or training, it is the responsibility of the Minister and her department to ensure that the jobs gets done. This should involve direct supervision of the allocation of funding and of the administration of any contractual arrangements with the health care association. This will require setting a high priority on orientation, training and support for board members.

A review of the amount of training and support provided to boards by the Department of Health since the 1988 transfer agreement has not inspired much confidence that the will exists within the Department of Health to recognize board orientation and training as a priority.

Accordingly, the Standing Committee on Agencies, Boards and Commissions is of the opinion that training and orientation of board members should become a formal statutory duty imposed upon the Minister by the Territorial Hospital Insurance Services Act.

Committee Motion 95-12(3): To Adopt Recommendation 6

Mr. Chairman, therefore this committee recommends, that the Minister prepare amendments to the Territorial Hospital Insurance Services Act to establish a requirement that orientation and ongoing training be provided to members of each board of management established under subsection 10.(1);

And further, that the content of mandatory training should be established by regulations developed through consultation with

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health and hospital boards;

And further, that the Minister bring the necessary proposed amendments and draft regulations before the Legislative Assembly by the fall session of 1993.

**CHAIRMAN (Mr. Whitford):**

Thank you, Mrs. Marie-Jewell. The motion is in order. To the motion.

**AN HON. MEMBER:**

Question.

**CHAIRMAN (Mr. Whitford):**

Question has been called. We do not have a quorum. Clerk, please ring the bell. We now have a quorum. There is a motion on the floor. Question has been called. All those in favour? All those opposed? Motion is carried.

---Carried

Thank you, Mrs. Marie-Jewell. Mr. Ningark.

Barriers To Effective Input Into Health Policy

**MR. NINGARK:**

Thank you, Mr. Chairman. The Standing Committee on Agencies, Boards and Commissions also reviewed the process through which community interests are represented in the formulation of health policy.

Input Into Health Policy By Health And Hospital Boards

Generally, health and hospital boards expressed a concern that the Department of Health is not taking their suggestions and recommendations seriously. During the November consultation sessions, several boards described situations in which important

recommendations had been forwarded to senior officials in the department, without any formal response or action.

This should not be happening. Health and hospital boards have a unique perspective on the needs of their facilities and of the people served by them. It is important to ensure that these perspectives are taken into consideration when territorial health policy is being developed.

The Standing Committee on Agencies, Boards and Commissions takes the position that health and hospital boards report to the Minister of Health and not to her department. Accordingly, procedures need to be developed through which the boards can have direct input to the Minister's office without having to negotiate a series of bureaucratic channels. When health and hospital boards bring forward specific suggestions for policy input, they should be able to expect a timely and complete response.

Clearly, what is needed is a process through which any health or hospital board can issue a formal recommendations to the Minister on a matter of policy. Standards should be set within the Minister's office and the Department of Health which allow for the timely response to formal recommendations, and there should be a system for reporting the status of recommendations to the Legislative Assembly.

Territorial Health Advisory Committee

During the 11th Legislative Assembly, the previous Standing Committee on Agencies, Boards and Commissions tabled a report which recommended, among other things, the dissolution of a central advisory body, known as the territorial hospital insurance services board.

The former Minister, (Honourable Nellie Cournoyea), responded by introducing a bill to amend the Territorial Hospital Insurance Services Act during the Eighth session of the 11th Assembly. These amendments dissolved the central board and transferred its duties to the Minister. This bill was assented to on July 7, 1991.

The current Standing Committee on Agencies, Boards and Commissions is of the opinion that the 11th Assembly took an important step when dissolving the central territorial hospital insurance services board. However, a very valid concern was raised at the time the bill was under consideration by the 11th Assembly.



On July 4, 1991 the 11th Assembly's Standing Committee on Legislation reported on its review of the bill which eliminated the central board. The chairperson commented that:

"There was some concern expressed in both the survey input we received and also during the committee's discussions that the health system must reflect input from the aboriginal organizations or aboriginal people and must involve aboriginal people in the development of standards, policies and financial decisions at the senior level.

"Further the Standing Committee on Legislation was mindful of the fact that, if authority for the health system is to lie with the Minister of Health, regional health boards feel strongly that they should have direct access to her for communication and policy input. They did not want to see a process developed where the department is a filter between the Minister and the regional health boards."

That concludes my section.

**CHAIRMAN (Mr. Whitford):**

Thank you, Mr. Ningark. Mr. Dent.

**MR. DENT:**

Thank you, Mr. Chairman. Mr. Chairman, the following motion was then introduced and carried by the 11th Assembly:

"That the Minister of Health immediately establish a territorial health advisory committee comprised of representatives from aboriginal organizations and the chairpersons of each regional health board in the Northwest Territories."

Although some 20 months has gone by since this motion was passed, no action has apparently been taken to establish the advisory committee.

The Standing Committee on Agencies, Boards and Commissions finds this to be a source of serious concern. Clear direction was provided by the 11th Assembly, that

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regional and aboriginal input into senior policy formulation should be safeguarded. While there is little question that the territorial hospital insurance services board had become ineffective and somewhat unrepresentative, the importance of a direct link to the

Minister was given a high priority by the 11th Assembly and is just as important today.

The Standing Committee on Agencies, Boards and Commissions fully realizes that direction to a previous Minister is not binding on the current administration. However, the standing committee believes that an advisory committee reporting to the Minister and comprised of regional and aboriginal stakeholders will still form an important function in representing regional needs and interests. Further, the standing committee believes that an advisory committee would foster information exchange and improve communication within the health care community.

The evidence brought before the standing committee over the course of its current review of health and hospital boards, strongly indicated that such an advisory body is badly needed. It will provide health and hospital boards with a direct channel for communicating input to senior decision-making in the Minister's office. It will also ensure that aboriginal organizations are able to represent health care needs and recommendations directly to the Minister.

A health advisory committee could also serve a very useful function in assisting the Minister of Health and the territorial government to devise a joint strategy for dealing with the federal government's serious erosion of non-insured health services in the Northwest Territories and elsewhere in Canada.

The matter of non-insured services has been raised as a concern by Members of the Legislative Assembly. The Standing Committee on Agencies, Boards and Commissions believes that a coordinated, political strategy should be developed by the Minister of Health, the health and hospital boards, and territorial and national aboriginal organizations whose members have a direct stake in this issue. A territorial health advisory committee is a vehicle through which this strategic planning could take place.

The Standing Committee on Agencies, Boards and Commissions is of the opinion that there should be no further delay in the establishment of a territorial health advisory committee.

Committee Motion 96-12(3): To Adopt Recommendation 7

Therefore, I move that this committee recommends that the Minister of Health establish and regularly consult with a territorial health advisory committee comprised of representatives from aboriginal

organizations and the chairpersons of each regional health board and hospital board in the Northwest Territories.

**CHAIRMAN (Mr. Ningark):**

The motion is in order. To the motion.

**AN HON. MEMBER:**

Question.

**CHAIRMAN (Mr. Whitford):**

Question has been called. All those in favour? Do we have a quorum? That was ignorant of me, I never checked. The rules say there are 24 of us here, but actually there is one Member who is not active any more. We are bound by the number "24." The chair recognizes a quorum. There was a motion on the floor. To the motion.

**AN HON. MEMBER:**

Question.

**CHAIRMAN (Mr. Ningark):**

Question has been called. Mr. Patterson.

**MR. PATTERSON:**

I have one brief comment on this motion, Mr. Chairman, which I think is a good one. The health boards in the Northwest Territories are represented by the NWT health care commission. It is that body that, perhaps, could be involved with this health advisory committee to advise on the non-insured issue. I just wanted to make that point. While I think the aboriginal organization representation is critical, perhaps the chairpersons of each regional health and hospital board could be represented through the association that already exists in this new committee. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Ningark):**

Thank you. That was just a point. To the motion.

**AN HON. MEMBER:**

Question.

**CHAIRMAN (Mr. Ningark):**

Question has been called. All those in favour? All those opposed? Motion is carried.

---Carried

Mr. Patterson.

Board Structure And Composition

**MR. PATTERSON:**

Thank you, Mr. Chairman. Turning to board structure and composition, the Standing Committee on Agencies, Boards and Commissions spent a considerable amount of time during its review examining current structural frameworks of health and hospital boards in the Northwest Territories. The standing committee also considered whether it was in the best interests of the health system to have board members appointed by the Minister or elected by communities or regions.

The Structure Of Health And Hospital Boards

The standing committee is of the opinion that it must be recognized that the various regions served by health and hospitals boards differ considerably in population, community development and health needs. Accordingly, the standing committee felt that the structure of health and hospital boards should reflect the regional character of the people they represent.

During November consultation sessions, the standing committee was informed that a number of boards have undertaken very specific initiatives aimed at reorganizing themselves for better representation and efficiency. This is resulting in a situation where somewhat different structures are emerging for different boards.

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In the Inuvik region, for instance, there has been a concern by board members that representation from each community and aboriginal organization has resulted in a very large and rather cumbersome board structure. Current efforts have been aimed at developing a proposed framework to carry out regular board activities through a streamlined executive committee, with the full board meeting once each year.

On the other hand, with the wider geographic area covered by the Baffin regional health board, the need for representatives of all communities in the catchment area to meet regularly has been given a different, and higher, priority.

As another example, the Stanton Yellowknife Hospital has proposed a model for board reorganization which incorporates formal representation from outside Yellowknife. This is in keeping with the hospital's blossoming mandate as a regional facility.

On the other hand, the board of management and H H Williams Memorial Hospital in Hay River has a smaller and more localized membership structure, which also reflect the historical and continuing involvement of the Pentecostal Assemblies Sub-Arctic Mission Society.

The Standing Committee on Agencies, Boards and Commissions believes that it is very appropriate for each health and hospital board to develop an individual structure which best reflects the character of its respective region. While the standing committee is of the opinion that the management capabilities of all health and hospital boards should be developed to equivalent levels, the way boards are structured should be flexible enough to reflect regional interests. In other words, neither the Minister nor the department should attempt to impose a certain membership structure on health and hospital boards simply for the sake of territorial consistency.

This was emphasized to the standing committee when the chairperson of the Keewatin regional health board noted that:

"I think one of the things we have to keep in mind is that board make up should not be unilateral. What works in our region, may not necessarily work in the Kitikmeot and may not work in the Baffin and, certainly, may not work in the western Arctic."

In general, the Standing Committee on Agencies, Boards and Commissions was very impressed with the priority that health and hospital boards were seen to place on recommending appropriate representation from all sectors of their community population. The standing committee noted a high proportion of aboriginal representation on regional health and hospital boards, as well as a recognition of the importance of increasing participation by aboriginal groups and individuals among the two predominantly non-native hospital boards in the western Arctic.

Some board representatives commented on the apparent need to increase sensitivity to cross-cultural communication within the Department of Health. They have perceived senior departmental officials as preoccupied with the notion that, "boards do not work because people do not say anything when they come

to the meeting." The chairperson of the Keewatin regional health board stressed that:

"somehow we at some point in time have to get the message across to the department that because a unilingual person comes to a board meeting and does not talk a lot it does not mean they are not participating. It means they have a different method of approaching the issues we are dealing with."

The Territorial Hospital Insurance Services Act requires the Minister of Health to satisfy herself that the areas served by the health facility or facilities are adequately represented on the membership of the respective board of management. The standing committee believes that this requirement should not be seen to restrict the Minister from working with each health and hospital board to develop the sort of structure that it feels would best meet the needs of the region or community it serves.

Committee Motion 97-12(3): To Adopt Recommendation 8

Mr. Chairman, therefore, I move that each health and hospital board should be allowed to define its own structural framework, including the maximum number of members and system of community and aboriginal representation.

**CHAIRMAN (Mr. Ningark):**

Mr. Patterson, I am told that you have to read the word "recommends."

**MR. PATTERSON:**

Mr. Chairman, I should have prefaced that with I move that this committee recommends the motion I just read. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Ningark):**

The motion is in order. To the motion.

**AN HON. MEMBER:**

Question.

**CHAIRMAN (Mr. Ningark):**

Question has been called. All those in favour? All those opposed? Motion is carried.

---Carried

Mr. Whitford.

## Election Versus Appointment Of Board Members

### **MR. WHITFORD:**

Thank you, Mr. Chairman. The Standing Committee on Agencies, Boards and Commissions spent considerable time examining the question of whether health and hospital boards should be elected or appointed.

The standing committee recognizes that there are a number of advantages associated with the election of health and hospital boards. Responsiveness to community interests is facilitated by the fact that elected board trustees may see themselves as accountable to the voters rather than to the Minister. Further, the visibility that boards members achieve through the electoral process increases their public profile and, as a result, may make it easier for the community to identify them as prospective sources of information or advocacy during times of need.

At the same time, it must be recognized that there are also disadvantages to the election of health and hospital boards. For instance, it may be difficult in some regions to structure an

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electoral process which results in adequate representation of all of the various ethnic or socio-economic groups in a community. Within a system where boards are appointed, it is possible to target certain types of expertise among prospective trustees, while this is less controllable when members are elected. Frequently, as well, concern is raised about the prospects of "special issue candidates" mustering bursts of support from public interest organizations and monopolizing board membership to achieve their limited advocacy goals.

The Standing Committee on Agencies, Boards and Commissions noted that there was little or no support for the election of trustees among the board representatives who participated in the review. However, the committee is also aware that there has been recent interest expressed in some communities with respect to the election of trustees to health centre boards.

At the present time, the Standing Committee on Agencies, Boards and Commissions is not prepared to make specific recommendations on this matter. However, the committee agrees that this is an issue that should be further studied by the Department of

Health, and that a discussion paper should be prepared for consideration by the Legislative Assembly and health stakeholders.

## Creation Of Representative Bodies To Replace Mackenzie Regional Health Services

The Standing Committee on Agencies, Boards and Commissions took special note to the fact that a large section of the population within the Northwest Territories remains unrepresented by any health or hospital board. Presently, health facilities and programs serving Deh Cho and Dogrib communities are managed by a public administrator through the Mackenzie regional health services -- an administrative arm of the Department of Health.

The standing committee is aware that there are strong feelings on this issue, and a sense that pre-transfer commitments for community control of health services have not been honoured. Although there have been repeated assurances that the decentralization of health services to regional or community authority is under consideration, there has remained no real progress in this regard over the four years since transfer.

The Standing Committee on Agencies, Boards and Commissions is dismayed and concerned that this matter remains unresolved. Notwithstanding efforts made during five successive ministerial administrations, the departmental bureaucracy remains more entrenched in the "Mackenzie region" than ever before.

Members of the standing committee are of the opinion that some change must take place in this respect. The current colonial-style system needs to be replaced by structures which allow the people of this large region to take responsibility for this important area of community living.

The Standing Committee on Agencies, Boards and Commissions does not wish to make a specific recommendation on this matter at the present time. The focus of the current review is on existing health and hospital boards, rather than on identifying a framework for the regions in which community participation in health service delivery is absent.

However, the standing committee is hopeful that its comments will be noted by Cabinet and by the Special Committee on Health and Social Services as a perspective which must be dealt with in the very near future. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Ningark):**

Thank you, Mr. Whitford. Mr. Antoine.

Board Appointments

**MR. ANTOINE:**

Thank you, Mr. Chairman. The Standing Committee on Agencies, Boards and Commissions recognized that a serious problem has existed with respect to delays in the appointment of members to health and hospital boards. This issue was highlighted at the November 21 consultation sessions by a number of board representatives, and was articulated most clearly in the written submission received from the board of management for Stanton Yellowknife Hospital:

"This is a definite area of concern which our board has experienced... The length of time which it takes for an appointment to proceed through the system is extreme. We recognize the Minister has heard our concerns and also are aware that other boards may suffer from this as well.

"The length of time creates problems when only a few members remain to carry on the function of the board. Some committee work does not get accomplished in a timely fashion.

"The time delay also does not present the board in a positive light to its community. Someone will come forth indicating their interest in serving on the board, and by the time the appointment process occurs, the interest may have waned, or the individual receives the impression that they are not wanted and turns their community interest to something else."

Appointments to health and hospital boards have been delayed, in many cases, far too long. The standing committee found it incredible that, at one point in early November, 1992, five of the six boards in the Northwest Territories had membership vacancy rates over 25 per cent. During the same period, the Stanton Yellowknife Hospital board of management was lacking ten of its 15 possible appointments.

The standing committee was also concerned that some quarters appeared to associate the delay in board appointments with a Legislative Assembly motion to postpone filling membership vacancies on all government boards and agencies. This motion was carried on December 12, 1991. It was introduced by the Standing Committee on Agencies, Boards and Commissions through Committee Report 1-12(1) and

was intended only to provide a brief review period, without limiting government appointments over an extended time frame. In fact, the motion specifically stated that appointments should be postponed only until March 31, 1992.

There is no reason for any continued delay in making appointments to health and hospital boards. Where board restructuring initiatives are under way, these should be planned

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well enough in advance that they do not interfere with the ongoing membership status of the board.

The Standing Committee on Agencies, Boards and Commissions is of the opinion that the Minister of Health must take steps to ensure that board appointments are consistently made to fill vacancies. Situations should not be allowed to arise in which board operations are halted because there are insufficient members to carry out the work that needs to be done.

Committee Motion 98-12(3): To Adopt Recommendation 9

Therefore, I move that this committee recommends that the Minister of Health ensure that health and hospital boards remain fully constituted by filling membership vacancies through the timely appointments of members. Mahsi.

**CHAIRMAN (Mr. Ningark):**

There is a motion on the floor. Motion is in order. To the motion.

**AN HON. MEMBER:**

Question.

**CHAIRMAN (Mr. Ningark):**

Question has been called. All those in favour? All those opposed? Motion is carried.

---Carried

Mr. Koe.

Conclusion

**MR. KOE:**

Thank you, Mr. Chairman. In conclusion, the Standing Committee on Agencies, Boards and Commissions is concerned about the current status of health and hospital boards within the territorial health system. The present confusion over roles and responsibilities, and the sense of conflict which often pervades the relationship between boards and the Department of Health is a source of strain and inefficiency. The existing situation cannot be allowed to continue.

The standing committee has proposed that matters could be improved if greater clarification is provided regarding the respective roles of the boards and the department. A new outlook is also needed, away from centralized control and toward regionally-driven management of health facilities, programs and services. Decisions should be made by the people who are going to be most affected by them.

The Standing Committee on Agencies, Boards and Commissions realizes that it is sometimes difficult for government bureaucracies to shift away from the manner in which things have been done previously. In that regard, there is a role to be played by the Legislative Assembly in charting the course that should be followed and in laying down expectations for a new approach to health services management. This was pointed out in the written submission received from the Kitikmeot regional health board:

"These issues can only be resolved if the Legislative Assembly takes a lead role in setting the direction. Placing blame is a waste of time and energy. The assembly must quickly set up a mechanism to review the data gathered to date, and to follow through with the direction its constituents have identified. The assembly must ensure that roles and accountabilities are clearly delineated, and that there is an appropriate mechanism to ensure equal distribution of scarce resources for a valued commodity...health.

"Once this is done, the Assembly will have the ability to hold the department and the boards accountable for their respective actions."

The Standing Committee on Agencies, Boards and Commissions believes that its review of health and hospital boards has now provided the mechanism to which the Kitikmeot board referred. It is hopeful that the current report can be used as an initial step in the process that will lead to a more efficient, better defined and more accountable role for health and hospital boards in the Northwest Territories.

During the review, however, some concern was expressed by board representatives about whether there would be effective follow-up on recommendations and suggestions arising from the current review. Some seemed to believe that past reports on health administration and, in particular, board submissions have tended to "gather dust" in government filing cabinets.

The Standing Committee on Agencies, Boards and Commissions wishes to emphasize that its current recommendations and suggestions are forwarded in a serious and urgent context, and that specific government action is anticipated.

Committee Motion 99-12(3): To Adopt Recommendation 10

I move, that this committee recommends that in accordance with rule 94(4), the Executive Council table a comprehensive response within 120 days of the presentation of this report to the House. Mahsi.

**CHAIRMAN (Mr. Ningark):**

Thank you. The motion is in order. To the motion.

**AN HON. MEMBER:**

Question.

**CHAIRMAN (Mr. Ningark):**

Question has been called. All those in favour? All those opposed? Motion is carried.

---Carried

Does the committee agree that Committee Report 14-12(3) is concluded? Mr. Koe.

**MR. KOE:**

Yes, I would like to state that we have concluded our report. I would like to thank a few people for all their assistance over the past year and a half: all the research and clerical staff; and all the participants who spoke, wrote or talked to us in our visits, especially members of the health and hospital boards; all the hospital and Department of Health staff who talked, wrote or spoke to us; and, finally the Members of the Standing Committee on Agencies, Boards and Commissions for the fine effort and hard work they have put into preparing this report. Mahsi to everyone. Thank you.

**CHAIRMAN (Mr. Pudluk):**

Thank you, Mr. Koe. Is the

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committee agreed that Committee Report 14-12(3) is concluded? Agreed?

**SOME HON. MEMBERS:**

Agreed.

---Agreed

**CHAIRMAN (Mr. Pudluk):**

Mr. Gargan, you would like to speak to the report? Proceed, Mr. Gargan.

**MR. GARGAN:**

Mr. Chairman, just for the record I would like to tell the Members that the Deh Cho regional council have, on a number of occasions, tried to address this whole issue of health and the health boards. One of the reasons they have not pushed on it is that at one time the region was going to go into a western Arctic health care commission type of structure. It was going to be based on Indian health. That did not happen so we have not pushed strongly in that area. We also did not push for education, for example, but the government got around it by consulting the local education boards and they were able to get the support through that. As far as Indian government goes, the band council never did support that concept. I thought, for the record, that I would let it be known because even though the report suggested some creation of boards, we would like it to be understood that we still have not said we are going to support a structure like that under this government regime. We are still looking at whether there is another way of doing it. The other way being maybe the federal program or the inherent right to self-government, that sort of a concept. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Pudluk):**

Thank you, Mr. Gargan. Is the committee agreed that the Standing Committee on Agencies, Boards and Commissions' final report on health and hospital boards in the NWT, Tabled Document 14-12(3), is concluded?

**SOME HON. MEMBERS:**

Agreed.

---Agreed

**CHAIRMAN (Mr. Pudluk):**

Thank you. What is the wish of the committee? Mrs. Marie-Jewell.

**MRS. MARIE-JEWELL:**

Mr. Chairman, I move that we report progress.

**CHAIRMAN (Mr. Pudluk):**

There is a motion on the floor to report progress and the motion is not debatable. All those in favour? All those opposed? Motion is carried.

---Carried

I will rise and report progress. Thank you.

**MR. SPEAKER:**

Item 19, Report of Committee of the Whole. Mr. Chairman.

ITEM 19: REPORT OF COMMITTEE OF THE WHOLE

**CHAIRMAN (Mr. Pudluk):**

Thank you, Mr. Speaker. Your committee has been considering Committee Report 14-12(3) and would like to report progress. Committee Report 14-12(3) is concluded with ten motions being adopted. Mr. Speaker, I move that the report of the committee of the whole be concurred with. Thank you.

**MR. SPEAKER:**

Seconded by Mr. Koe. Motion is in order. All those in favour? All those opposed? Motion is carried.

---Carried

Item 20, third reading of bills. Item 21, Mr. Clerk, orders of the day.

ITEM 21: ORDERS OF THE DAY

**CLERK OF THE HOUSE (Mr. Hamilton):**

Mr. Speaker, there will be a meeting of the Nunavut Caucus at 6:00 pm this evening. There will also be a meeting of the Western Constitutional Steering

Working Group at 6:00 pm this evening. At 9:00 am tomorrow morning a meeting of the Caucus and at 10:30 am of the Ordinary Members' Caucus. Orders of the Day for Tuesday, March 16, 1993.

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Oral Questions
6. Written Questions
7. Returns to Written Questions
8. Replies to Opening Address
9. Petitions
10. Reports of Standing and Special Committees
11. Reports of Committees on the Review of Bills
12. Tabling of Documents
13. Notices of Motion
14. Notices of Motions for First Reading of Bills
15. Motions

- Motion 22-12(3): Condemnation of Federal Government Cuts to Funding for NWT Programs

16. First Reading of Bills
  17. Second Reading of Bills
- Bill 8, Payroll Tax Act

18. Consideration in Committee of the Whole of Bills and Other Matters

- Tabled Document 2-12(3), The Justice House - Report of the Special Advisor on Gender Equality

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- Tabled Document 3-12(3), Report of the Commission for Constitutional Development

- Tabled Document 19-12(3), 1992 Master Plan for Corrections Service Division

- Bill 5, An Act to Amend the Social Assistance Act

- Bill 17, Appropriation Act, No. 2, 1993-94

- Committee Report 10-12(3), Report on Tabled Document 21-12(3): Payroll Tax Act

- Committee Report 11-12(3), Report on the Review of the 1993-94 Main Estimates

- Committee Report 12-12(3), Report No. 4, Talking and Working Together

- Appearance by Members of the Commission for Constitutional Development

19. Report of Committee of the Whole

20. Third Reading of Bills

21. Orders of the Day

**MR. SPEAKER:**

Thank you, Mr. Clerk. This House stands adjourned until 1:30 pm Tuesday, March 16, 1993.

---ADJOURNMENT