

LEGISLATIVE ASSEMBLY OF THE  
NORTHWEST TERRITORIES  
8<sup>TH</sup> ASSEMBLY, 63<sup>RD</sup> SESSION

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NATIONAL HEALTH AND WELFARE PROPOSAL  
FOR THE TRANSFER OF THE DELIVERY OF HEALTH SERVICES  
TO THE NORTHWEST TERRITORIES GOVERNMENT

AUGUST, 1977

The Federal Government, having recognized the changes and development of the Northwest Territories over the last few years and the fact that it has reached the point where its government, in large part, belongs to the people of the North, is willing to enter into discussion concerning a transfer of the delivery of health services.

The Federal Government has also made a firm commitment to the native organizations to have consultations with them on matters of significance.

After having analysed all of the factors involved in a possible transfer of the delivery of health services, and with the preceding in mind, it was recommended that the problems of creating a separate and parallel health delivery system be avoided by transferring all of the staff and facilities of the Northwest Territories Region of Medical Services Branch of the Department of National Health and Welfare to the jurisdiction of the Government of the Northwest Territories.

Medical Services Branch has traditionally been providing health services to the Indians and the Inuit in an effort to improve their overall state of health. It is the intention of the Federal Government to continue to work towards that objective. It proposes to do so by entering into a contractual arrangement with the Northwest Territories Government for the delivery of health services to the natives of the Northwest Territories on behalf of the Federal Government which will retain full responsibility for the Indian and Inuit Health Program.

This contract must give full assurance to the Indians and Inuit that there would not be any material change in the specified levels and quality of health services to Indians and Inuit by the Northwest Territories Government except with the approval of the Federal Government which, in turn, would first consult with Native leaders on proposed changes. Furthermore, the proposed arrangement should not prejudice the future land claims negotiations because it will be possible for native organizations to enter into discussions with the Federal Government on any issue that may be part of the Land Claims negotiations, including the subject of health services.

Because of the demographic make up of the population of the Northwest Territories the Federal Government has come to the conclusion that in order to be effective and efficient the health delivery system in the Northwest Territories must be one that is fully integrated. In order to have an integrated service that will be sensitive to the needs of the native population, it is essential that the Indians and the Inuit be involved in the system in a meaningful way. Therefore, in an effort to reach an agreement which could insure an effective integrated delivery of health services, we would like to propose that the service contract contain the following mechanisms for native participation so that there can be no doubt about the seriousness of the Federal Government's intentions to support this participation and to provide the necessary funds.

## I. NATIONAL HEALTH SERVICES REVIEW BOARDS

Creation of a Regional Health Services Review Board is proposed for each region of the Northwest Territories (Inuvik Health Services Review Board, Keewatin Health Services Review Board, Baffin Health Services Review Board, Fort Smith Health Services Review Board) with specific powers and duties that would concern the Indian and Inuit Health Program. The number of members on each of these boards could vary from region to region depending on the number of settlements and/or the population. The majority of members would be natives and be chosen by the native organizations according to a method that is yet to be discussed and decided upon. The Northwest Territories Government and Medical Services would have one member each on these boards.

It is also proposed that these boards have at their disposal a secretariat that is able to provide the administrative support.

These boards would be provided with a budget established by the boards themselves with the assistance of the Board's Executive Director and approved by Medical Services Branch.

This budget would be for:

- day to day operation of the boards and the expenses of the members.
- surveys and special studies on health related problems. These could be conducted by the native associations or any group or expert as decided by each board.

The Boards would be responsible for:

- gathering information concerning the Indian and Inuit Health Program so that the yearly contract between the Northwest Territories and Medical Services can be tailored to the need of each region.
- preparing the yearly service contracts to be recommended to Medical Services.
- being the point of contact for the native people in the communities in health matters.
- assessing the need for native people to be involved in the delivery of health services and recommending training programs.
- establishing the need for special surveys and special studies to be conducted on health related issues, deciding who should conduct these surveys or special studies and assessing them upon completion.
- preparing the Board's yearly budget to be presented to Medical Services for approval and inclusion in the estimates.

- 7 coordinating Regional Native Alcohol Abuse Programs by providing a forum for consultation and liaison between the federal departments and the Northwest Territorial Government and associations or groups of native people. Providing direction on the planning, development and implementation of native alcohol abuse projects; evaluating the effectiveness of regional projects.

## 2. EXECUTIVE DIRECTORS OF THE REGIONAL HEALTH SERVICES REVIEW BOARDS

Each Review Board would be supported in its work by an Executive Director who should be a manager with a background in the health delivery field and who would have direct access to senior management at Medical Services headquarters. There would be merit in seeking a qualified candidate for these positions. These officers would be appointed by a selection panel on which the Regional Health Services Board will be represented.

- a) The Executive Director would be a full time employee of Medical Services.
- b) would be an ex-officio member of the Health Services Review Board.
- c) would report to the Chairman of the Health Services Review Board on matters of the Board.
- d) would be responsible for:
  - advising the Board on the health aspects of the service contract,
  - acting as the link between the Board and Medical Services on matters such as the annual renegotiation of the contract,
  - acting as a resource person for the Board,
  - being the link with consultants at Medical Services Headquarters and other federal agencies,
  - being the official contact with the Northwest Territories Territorial Government,
  - the day-to-day administration of the Secretariat,
  - approving expenditures with regard to the operations of the office and the special studies and research that would be carried out under the Board's direction,
  - the direction of other staff employed, such as consultants or contractors,
  - for national programs of Medical Services,
  - any other responsibilities that can be agreed upon.

### 3. REGIONAL HEALTH SERVICES REVIEW BOARD OFFICERS

In each region, a position of Regional Health Services Review Board Officer (or some other title) would be created to fill the need for qualified staff to undertake field work on matters of concern identified by the Board. This officer would be appointed by a selection panel on which the Regional Health Services Review Board would be represented.

Under the direction of the Board he would be responsible for:

- conducting special studies.
- making investigations.
- compiling reports.

### 4. TRAINING PROGRAM

Medical Services has, over the years, made a special effort to employ and train native people at different levels of its organization. In order to formalize this policy, Medical Services would undertake to request the Northwest Territories Government to create a number of training positions that would be identified for the training of Indians and Inuit. Health Services Review Boards would assess the need for such a program in each region and would participate with the Northwest Territories government in developing a program.

Medical Services would endeavour to encourage the Northwest Territories Territorial Government to give special consideration for employment to the natives having completed the training successfully. Medical Services will undertake to include the establishment of the program and its funding in the service contract.

### 5. HOSPITAL AND HEALTH STATION BOARDS

Following the transfer, Medical Services would encourage and recommend to the Northwest Territories Government, the formation of Hospital and Health Station Boards with representation generally in accordance with the population distribution of the area with a minimum of two natives on each board. The Indian and Inuit members of the Health Services Review Board could be chosen from the membership of these Boards if desired.

It is our hope that this proposal will meet with the approval of the Inuit Tapirisat of Canada and the Northwest Territories Indian Brotherhood. We feel that the involvement of the Indians and Inuit in the management of the Indian and Inuit Health Program through the above means will go a long way toward resolving many of the issues that may come up during the Land Claims negotiations. At the same time, the proposal does not infringe on the Indians' and Inuits' right to negotiate any matter related to the health program when the time is reached during those negotiations.

MEMORANDUM OF AGREEMENT made the \_\_\_\_\_ day of \_\_\_\_\_, 1977.

BETWEEN: THE GOVERNMENT OF CANADA as represented by the Minister of National Health and Welfare (hereinafter called "Canada")

OF THE FIRST PART

AND: THE GOVERNMENT OF THE NORTHWEST TERRITORIES as represented by the Commissioner of the Northwest Territories (hereinafter called "the Territories")

OF THE SECOND PART

AND: THE INDIAN BROTHERHOOD OF THE NORTHWEST TERRITORIES duly incorporated under the laws of the Northwest Territories (hereinafter called "the Brotherhood")

OF THE THIRD PART

AND: INUIT TAPIRISAT OF CANADA duly incorporated under the laws of Canada (hereinafter called "the I.T.C.")

OF THE FOURTH PART

WHEREAS in 1959 the Territories established a hospital insurance plan by virtue of the Territorial Hospital Insurance Services Ordinance 1959. (2nd), c.3; and

II the Territories in 1970 established a health care insurance plan by virtue of the Medical Care Ordinance. 1970 (3rd), c.8; and

III the Territories have now acquired experience and expertise in administering the said Hospital Insurance and Medical Care Plans; and

IV the Territories are ready and willing to assume the provision of medical care and hospital services to the Territorial population; and

V until now, Canada has administered and provided hospital and medical services to the population of the Northwest Territories; and

VI Canada is now of the opinion that the services can be administered with greater efficiency according to the needs of the population of the Northwest Territories, were they to be administered by the Territories; and

VII

Canada, having as a concern the health of the native people of the Northwest Territories, wishes to provide them with an integrated hospital and medical care services plan that is of equal quality to that provided to all residents of the Northwest Territories in order to raise the health standards of the native people; and

VIII

the native people wish to be a party to this agreement as recipients of hospital and medical services.

THIS AGREEMENT WITNESSES THAT, in consideration of the agreements herein contained, the parties agree as follows:

1. The Territories agree:
  - (1) to assume the responsibility for the administration and provision of medical care services as provided for in the definition of "insured services" in the Medical Care Ordinance and to provide those services to native people;
  - (2) to assume responsibility for the administration and provision of hospital services as provided for in the definition of "insured services" in the Territorial Hospital Insurance Services Ordinance and to provide those services to native people;
  - (3) to ensure that the services provided under paragraphs (1) and (2) are of an equal quality and extent as the services provided to native people when Canada administered and provided the services;
  - (4) to provide the following services to native people when they are not provided for by hospital insurance and medical care plans:
    - (a) evacuation from <sup>and</sup> / transportation in and out of the Northwest Territories when necessary for urgent medical treatment;
    - (b) local transportation when necessary for urgent medical treatment;
    - (c) eye refractions and glasses;
    - (d) dental treatment and dental prostheses;
    - (e) drugs of recognized therapeutic effect and medical supplies when prescribed by a physician;



(f) hospitalization and care in a mental institution; and

(g) community health programs

(5) to provide the services mentioned in sections 1(4)(a), 1(4)(b) and 1(4)(d) when applicable in the hospitals, cottage hospitals and health centres now administered by Canada when those facilities are transferred to the Territories and in any other facilities administered by the Territories.

2. Canada agrees to pay to the Territories on a cost basis:

- (1) for the services described in section 1(4)(a) the sum of
- (2) for the services described in section 1(4)(b) the sum of
- (3) for the services described in section 1(4)(c) and (d) the sum of
- (4) for the services described in section 1(4)(e) the sum of
- (5) for the services described in section 1(4)(f) the sum of
- (6) for the services described in section 1(4)(g) the sum of and
- (7) for the training program described in section 9 the sum of

3. Canada and the Territories agree that:

- (1) the services described in sections 1(4)(a), 1(4)(d) and 1(4)(g) are to be provided to all native people without regard to their ability to pay.
- (2) the services described in sections 1(4)(b), 1(4)(c), 1(4)(d) and 1(4)(e) are to be provided on the understanding that the native recipient is expected to contribute towards the cost, the balance to be paid for by Canada on the following basis:
  - (a) for the services described in sections 1(4)(b), 1(4)(c) and 1(4)(e) the portion that the native recipient is unable to pay; and
  - (b) for the services described in section 1(4)(d)

the portion that the native recipient is unable to pay which may amount to:

- (i) 100% of general dentistry costs when the cost is \$100.00 or less;
- (ii) 75% of general dentistry costs when the cost is over \$100.00; and
- (iii) 75% of specialized dentistry costs.

4. (Method of computing, invoicing and reporting costs)

5. (Reports and Statistics)

6. Canada, the Territories, the Brotherhood and the I.T.C. agree to establish Regional Health Services Review Boards, one for each region of the Northwest Territories (Inuvik, Keewatin, Baïfin and Fort Smith), each composed of \_\_\_\_\_ members:

- (1) \_\_\_\_\_ members to represent the Brotherhood;
- (2) \_\_\_\_\_ members to represent the I.T.C.;
- (3) one member to represent the Territories;
- (4) one member to represent Medical Services Branch of the Department of National Health and Welfare, and
- (5) The Chairman of each Board shall be elected from among the representatives of the Brotherhood and the I.T.C.

7. The objects of the Regional Health Services Review Boards are:

- (1) to conduct surveys and studies with respect to the health protection and health care of the native population of the Northwest Territories;
- (2) to promote the participation of native people in the health care delivery system;
- (3) to assess and evaluate the effectiveness of the training program described in section 9, to review candidates for the training program and to make recommendations as to its future direction;
- (4) to present yearly recommendations to Medical Services Branch, National Health and Welfare for changes to the service contract;
- (5) to investigate complaints about health services matters relating to native people;

- (6) to review the health program and its adequacy in meeting the special health needs of the native population; and
- (7) to coordinate Regional Native Alcohol Abuse Programs by providing a forum for consultation and liaison between federal departments and the Territories and associations or groups of native people, to provide direction on the planning, development and implementation of native alcohol abuse projects and to evaluate the effectiveness of regional projects.

8. Canada, the Territories, the Brotherhood and the I.T.C. agree that:

- (1) the by-laws of the Boards which are attached as Schedule A to this Agreement, shall regulate the conduct of the Boards;
- (2) each year the Boards will prepare a budget to be presented to Medical Services Branch, National Health and Welfare for approval and inclusion in the Estimates;
- (3) administrative functions of each Board will be carried out by an executive director who will sit as an ex-officio member of the Board; and
- (4) field work on matters of concern to the Boards will be done by a field officer chosen by the Boards who, under the direction of the Boards, will conduct special studies, make investigations and compile reports.

9. The Territories agree that, in cooperation with the Regional Health Services Review Boards, it will establish a training program designed to involve native people in the health delivery system and that:

- (1) upon successful completion of the training program, native people will be given priority consideration for employment in the health care field; and
- (2) an annual report on the training program will be made to Medical Services Branch, National Health and Welfare which will assess the results of the program, its future direction and effectiveness.

10. The Territories agree that:
- (1) whenever possible, it will create a Hospital Board or Health Centre Board or a like body; and
  - (2) representation on the Board will generally be in accordance with population distribution, but in no case will native representation on each Board be less than two members.
11. In the event of unresolved disputes with respect to matters arising out of health care delivery to native people, the Territories, Canada, the Brotherhood and the I.T.C. agree to submit the dispute to arbitration in accordance with the Arbitration Ordinance R.O., c3.
12. This Agreement may be amended:
- (1) from time to time with the concurrence of all parties in order to meet the changing health needs of the native population;
  - (2) at any time with the concurrence of all parties in order to accommodate any settlement resulting from land claims negotiations;
  - (3) on three months written notice of intention to amend, by Canada or the Territories.
13. This agreement shall commence on the \_\_\_\_\_ day of \_\_\_\_\_, 1977 and shall continue in force on a year to year basis, except as amended in accordance with section 12.
14. The Territories, the Brotherhood and the I.T.C. agree to indemnify and save harmless Canada against and be responsible for all claims, demands, actions or suits whatsoever arising out of any act or omission of the Territories under this Agreement.
15. No Member of the House of Commons and no Member of the Council of the Northwest Territories shall be admitted to any share or part of this Agreement or to any benefits arising out of it.
16. For the purpose of any notices required by this Agreement, the addresses of the parties are:
- (1) Canada-  
 Medical Services Branch,  
 Department of National Health and Welfare,  
 Ottawa, Ontario.



*National Health and Welfare Proposal  
For The Transfer of the Delivery of Health Services  
To The Northwest Territories Government.*

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AUGUST,  
1977









