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Official Report of Debates (Hansard)

Friday 23 November 2001

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Vendredi 23 novembre 2001

Standing committee on regulations and private bills

Comité permanent des règlements et des projets de loi d'intérêt privé

Chair: Rosario Marchese
Clerk: Douglas Arnott

Président : Rosario Marchese
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LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON REGULATIONS AND PRIVATE BILLS

Friday 23 November 2001

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES RÈGLEMENTS ET DES PROJETS DE LOI D'INTÉRÊT PRIVÉ

Vendredi 23 novembre 2001

The committee met at 0910 in the Legion Hall, Sioux Lookout.

SUBCOMMITTEE REPORT

The Chair (Mr Rosario Marchese): I'd like to call the meeting to order and welcome everybody. We as a committee are very happy to be here. I as the Chair am very happy to be here. This is the first time I have been in Sioux Lookout. It's a different experience, and quite exciting.

We're going to begin as quickly as we can. We're going to have Pat Hoy read the subcommittee report and we'll approve it after that.

Mr Pat Hoy (Chatham-Kent Essex): I'll move the subcommittee report.

Your subcommittee on committee business met on Monday, November 5, 2001, and recommends the following with respect to Bill Pr15, An Act to establish the Sioux Lookout Meno-Ya-Win Health Centre, 2001.

(1) That an advertisement be placed for one day in the major papers of Sioux Lookout.

(2) That an advertisement be placed on the committee's Internet page.

(3) That interested people who wish to be considered to make an oral presentation should contact the committee clerk by Tuesday, November 20, 2001, at 5 pm.

(4) That the deadline for written submissions be 11 am Thursday, November 22, 2001.

(5) That the committee authorize the Chair and the committee clerk to provide interpretation for the hearings.

(6) That if all groups can be scheduled, the clerk can proceed to schedule all interested parties. Groups will be offered 20 minutes and individuals will be offered 15 minutes in which to make a presentation. The committee clerk, in consultation with the Chair, may modify these times.

(7) That the committee will meet on Friday, November 23, 2001, following the public hearings, for clause-by-clause consideration of the bill.

The Chair: Any questions? All in favour? Any opposed? That carries.

SIOUX LOOKOUT MENO-YA-WIN HEALTH CENTRE ACT, 2001

Consideration of Bill Pr15, An Act to establish the Sioux Lookout Meno-Ya-Win Health Centre, 2001.

The Chair: We're here to deal with Bill Pr15, An Act to establish the Sioux Lookout Meno-Ya-Win Health Centre, 2001. I'm going to read for the record the report of the estate commissioners.

"Mr Claude L. DesRosiers

"Clerk's Office

"Legislative Assembly of Ontario

"Legislative Building

"Queen's Park

"Toronto, Ontario M7A 1A2

"Report Pursuant to Section 58, Legislative Assembly Act

"Re: Bill Pr15, An Act to establish the Sioux Lookout Meno-Ya-Win Health Centre

"We are of the opinion that the bill in its present form should pass.

"Dated this 28th day of September, 2001."

It's signed by Susan Greer and Maurice Cullity.

The sponsor of the bill is Howard Hampton, as you all know. It would probably be better, since the applicants are going to speak anyway, Mr Hampton, if you have some comments before we get into it.

Mr Howard Hampton (Kenora-Rainy River): Just very briefly. Members will know that Bill Pr15 received first reading on June 26, 2001. We are obligated by our rules of procedure to hold a committee meeting to consider the views and perspectives of people from the communities. There are three sponsors of the bill: the Meno-Ya-Win Planning Board, the corporation of the municipality of Sioux Lookout and the Nishnawbe-Aski Nation. Of course, they will all be making presentations today, as well as the Independent First Nations Alliance, a representative from Muskrat Dam and a representative from Kitchenuhmaykoosib Inninuwug First Nation. I think we should proceed, Chair.

MENO-YA-WIN PLANNING BOARD

The Chair: If I can ask the Meno-Ya-Win Planning Board to come forward, and if I could ask you as well if you could all introduce yourselves for the record.

Mr Jim Harrold: My name is Jim Harrold. I'm staff support for the planning board.

Ms Peggy Sanders: My name is Peggy Sanders. I'm a member of the board.

Dr Terry O'Driscoll: I'm Terry O'Driscoll. I'm chief of staff.

Mr Chris Cromarty: My name is Chris Cromarty. I'm chair for the planning board.

Mr Ennis Fiddler: Ennis Fiddler. I'm a member of the board.

Mr Gary Graham: I'm Gary Graham, counsel.

The Chair: Thank you very much. You've got 20 minutes as a group. If you want time for questions from the parties, remember to leave some time. Otherwise at the end of the 20 minutes we're done.

Can people hear at the back? Would you like to move forward, around the sides perhaps? Otherwise, back there you're not going to hear anybody.

Mr Hampton: Are the speakers not working? Aha, I blew the speakers.

Mr Raminder Gill (Bramalea-Gore-Malton-Springdale): Too much static.

Mr Hampton: The Conservative members often complain about this.

Mr Garfield Dunlop (Simcoe North): We just turn them off.

The Chair: It's probably better this way anyway. You're so far from the rest of us.

Please go ahead.

Mr Cromarty: Thank you for the opportunity to speak to you this morning. My name is Chris Cromarty. You will see that I am referred to as an appointed board member in subsection 2(9) of An Act to establish the Sioux Lookout Meno-Ya-Win Health Centre, the bill which is before you for consideration this morning. I am here as chair of the planning board for the Sioux Lookout Meno-Ya-Win Health Centre, a group that has been meeting since January 2001 as a planning board, the composition and mandate of which is not very different from the transition team referred to in the four-party agreement. That is who I am and why I am here today to ask that you report this bill back to the Legislature with a favourable recommendation.

To begin our presentation, I will highlight a few themes, then introduce some other representatives of our communities who have some important points for you as well.

The first point I want to emphasize is just this: it is time. I first became involved in this project in 1992, which was almost 10 years ago. That was the year that the Nishnawbe-Aski Nation, on behalf of the Sioux Lookout district chiefs, invited the governments of Canada and Ontario and the town of Sioux Lookout to explore the idea of combining hospital services in Sioux Lookout. The four parties established a negotiating committee, a predecessor of sorts to the transition team, which was a predecessor of our planning board, which we hope is a predecessor to the board of directors of the Sioux Lookout Meno-Ya-Win Health Centre.

That 1992 process led the four parties to set out four primary commitments: (1) to develop an agreement on combining hospital and related services; (2) to improve health and health care services; (3) to better balance health care services between prevention and treatment of illness; and (4) to strengthen relationships among all parties.

Out of the 1992 process came the Sioux Lookout four-party hospital services agreement of April 11, 1997. That agreement led to the establishment of the transition team, which eventually became the planning board. It has now been five years since the four-party agreement. The agreement and the four parties have held together and worked together.

There were 10 drafts of the special bill prepared and reviewed and revised by lawyers from the large national law firm we engaged to help us get this done, lawyers for Health Canada, lawyers for the Ministry of Health and Long-Term Care and, finally, lawyers for your committee and the Legislature. Our draft bill has been vetted and vetted, revised and vetted. I hope we can finish that process today.

0920

Our existing hospitals, like those of us who have been involved in this long process, are aging. So we see the passage of this special bill as an opportunity, a chance to establish a new hospital for all and eliminate the current duplication in services and direct more resources toward health needs. This is my first point Mr Chairman: in the view of the four parties and the planning board, it is time.

I want also to say that my experience and my consultations with everyone involved have led me to conclude that the First Nations community and its leadership strongly favour proceeding on the basis of the special bill before you. The people in the town of Sioux Lookout and the leadership of the town strongly favour proceeding on the basis of the special bill before you, and the medical professionals and senior administrators do as well.

Rather than just leave you with me telling you that is the case, that these communities support this process, I have asked Peggy Sanders, Ennis Fiddler and Dr Terry O'Driscoll to speak to you directly about their perspective. Later you will hear from the grand chief and the deputy grand chief of the Nishnawbe-Aski Nation.

Just before I do the introductions, I want to make one final point: the new hospital itself, from a governance and operations standpoint, is coming together and will be ready to go upon passage of this bill. We have established a board to ensure governance will take place in accordance with the four-party agreement and we have had our advisers prepare a detailed bylaw which we will be finalizing over the next month. We have also been working closely with the funding agencies on operations planning and priority issues.

In closing this introduction, let me repeat that it's time and we're ready.

Now I would like to ask Peggy Sanders of the town of Sioux Lookout to say a few words.

Ms Sanders: Good morning, ladies and gentlemen. First, I would like to welcome you to our town. I hope you enjoy your time here. My name is Peggy Sanders and I have lived in Sioux Lookout for over 50 years. I was formerly a teacher and then librarian, and I have been involved with both hospitals here.

I was a member and chair of the district health centre board, and for 30 years I have been a visitor at the zone hospital with a special interest in the new mothers and the babies. Unfortunately, for the past several years expectant mothers from the north have had to go to Winnipeg or Thunder Bay for deliveries. They would much prefer to come to Sioux Lookout, where they are likely to have relatives and friends.

Sioux Lookout is a very interesting and adaptable town. It has survived many changes, both in its economy and in its population makeup. But new projects and plans are always developing. One of those has been the creation, about 10 years ago now, of an anti-racism committee. It has as its slogan "Together We're Better," and the success of its efforts to encourage understanding between various ethnic groups in the community was recognized this spring when this committee received the J.S. Woodsworth Award for Ontario, presented in Toronto on March 21, the International Day for the Elimination of Racism.

Our hospitals here are a very important part of the community. Over the years people have worked hard to build and improve them, and that has given us a strong sense of ownership. Now we want to see this new amalgamated hospital—the realization of a dream for better health services for all our people, in Sioux Lookout and in the northern communities.

Five years ago, at the celebration after the signing of the four-party agreement, we were all on cloud nine. It was a wonderful co-operative effort and our hopes were high. The delays and difficulties that followed were regrettable, but many people throughout the town and the north continued to pursue the dream and grew closer together as they worked to achieve it.

Like my friend Chris Cromarty, I believe that now it is time. We need to proceed with this. Your approval of our bill will make that possible.

Thank you for your attention. We appreciate your presence here and hope you will leave with good memories of this northern community.

Dr O'Driscoll: Good morning. Welcome to Sioux Lookout in November. My name is Terry O'Driscoll. I am a family physician here in town and I'm also currently chief of staff at the Sioux Lookout District Health Centre and have been appointed by the planning board to be chief of staff of the Meno-Ya-Win health care facility when it opens.

I know from my personal experience—I've been here in Sioux Lookout over 20 years now—that the split of hospital services has been detrimental to our communities. It's cut down on the availability of health care to everyone. With the nationwide shortage of health care practitioners and the limitations that have been imposed by the funding silos—the split between the provincial and the federal—we have been compromised by the need to run two independent facilities. It's unfortunate that it has been this way for the last 20 years, but I believe we have an opportunity to move past all of that and to get on with a more effective way of providing health care.

For example, with the two smaller sites we cannot provide the level of care that the physicians and nurses in town here are capable of providing. We don't have an intensive care unit, so anybody with post-operative complications has to be flown to Thunder Bay or Winnipeg, at least a five-hour drive for any family members. If you can imagine this, it would be equivalent to living in Toronto and having to go visit somebody in Ottawa who was in hospital. With a bigger hospital and the combining of resources we could easily run an intensive care unit and would be moving fewer patients out of town.

Another item that would likely be part of a new facility would be a CT scanner, an important diagnostic tool for physicians that's routine in many communities. Right now we have to fly anyone to Thunder Bay or Winnipeg who has a head injury or needs investigations for cancer treatment. Sometimes we fly people to the States for these services.

Physicians from both facilities have been meeting monthly to discuss these issues of mutual concern about the development of health care in Sioux Lookout. We are looking forward to an improved level of service provision. With a combined nursing and support staff, despite the shortages, we believe we could better utilize our collective energies.

Sioux Lookout has had the enviable reputation amongst many health care professionals over the years as being an interesting and exciting place to work. We currently have over 20 physicians providing health care out of Sioux Lookout. The town of Sioux Lookout actually exceeds our complement, given the underserviced area numbers of physicians to be expected, so I think we're one of the rare places in the province where people really want to come and work. We've also been providing training for over 30 medical students and residents on a yearly basis.

My hope for the future is that we can build on that reputation and, with a new hospital and ongoing commitments to education and service provision, help improve the level of health care for all the people of this area.

Mr Ennis Fiddler: Good morning. I would also like to welcome the members of the committee to Sioux Lookout.

My name is Ennis Fiddler. I am the chief of Sandy Lake. I'm here to say to the committee that I and the others are in support of one hospital for all in the Sioux Lookout area.

The idea of one hospital for all goes back quite a way, but notably it was outlined in the Scott McKay Bain report of 1988. The chiefs at that time looked at it and accepted that recommendation. That commission and the report were the result of fasting. Five people went to the

zone hospital to fast to illustrate the deplorable conditions of the zone hospital and the health care at that time: Josias Fiddler, the late Luke Mamakeesic, Alan Meekis, Peter Fiddler and Peter Goodman. This was before 1988. At that time, the zone hospital was in a deplorable condition. You can imagine what condition it is in today. This is what we've been trying to get: a new hospital for all, that would accommodate everybody in the region, first nations communities and Sioux Lookout and the surrounding area.

0930

I would like to quote from the same report, which says, "We believe that the health of the people will only improve when the aboriginal people themselves are responsible for the health programs and planning decisions." The special bill that we're talking about will do that. The planning for the new hospital took a long time, at least five years, where the aboriginal people and the townspeople of Sioux Lookout and the surrounding area took the time to have a dialogue with each other and plan together as a group, as one. As a result, one of the things we feel, quite proudly, is that the First Nations people, in the composition of the board, will have greater representation for our people. We believe this is the right direction and as such we support the idea and the process that will take place in planning for one hospital.

There is also a continuation of mutual trust and respect among the current board members who are planning for the hospital. The spirit of co-operation that exists among those named in the special bill as the first directors of the planning board is very positive. I am confident this group of people can be as good a hospital board as exists in the province.

The Chair: We actually have time for a minute per caucus, assuming members may want to take that. We'll let the government members begin with their questions, Mr Gill to begin with, and if it's a short one, Mr Dunlop can get a question as well.

Mr Gill: I certainly want to thank you for the presentation. It's a pleasure to be here. This is the first snow of the season that we've seen.

I want to commend you. I know it has taken a while, but with the committee being present today and directly listening to your concerns, I think we can come to an agreement and hopefully you will see the going ahead of this planning. That's all I want to say.

Mr Dunlop: Very briefly, it is a pleasure to be here in Sioux Lookout. We had a very warm feeling when we touched down last night on the airplane and saw the blizzard. But I do want to say that I walked over this morning from the inn and it was a beautiful walk. I want to commend you on this beautiful community you live in. I didn't realize when I talked to you earlier, Dr O'Driscoll, that you were a physician here. I compliment you on your work in this community. Good luck in the future.

Mr Toby Barrett (Haldimand-Norfolk-Brant): I'd just briefly echo the comments of my colleagues. I get a very warm feeling in this community and I can really see how this is going to work. As you say, you've done a lot of work and you are creating one hospital for all. Thank you.

The Chair: Mr Hoy of the Liberal caucus, and M^{me} Boyer, if she'd like to ask a question.

Mr Hoy: I certainly want to congratulate you on years of perseverance and dedication to your community. I want to thank you for working so hard to provide enhanced health care in this region. You're to be commended, as are all others who worked, beyond just the people who are sitting at this table here today. We thank you for not giving up and continuing to work hard for everybody in the community.

Mrs Claudette Boyer (Ottawa-Vanier): I just want to repeat what everybody has said. We did have a warm welcome but we didn't think it was that cold. I'm beginning to think winter is coming.

I want to commend you for your perseverance. When you believe in something, you can see that you have to work hard, but at the end I really hope you will get what you want.

You talk about 20 physicians. Is that between the two hospitals?

Dr O'Driscoll: Yes, it is. There are actually over 20.

Mrs Boyer: And you do have a surgeon.

Dr O'Driscoll: We have one surgeon at the moment. We're in the process of recruiting a second one. We hope to get him through the immigration process in the next month or two.

Mrs Boyer: When you talk about intensive care—and I think that is a must, with all the travelling that has to be done; I think it's just awful to have to travel so long if you need intensive care—would you need more personnel and more physicians or surgeons if you did have the intensive care? Or could you care with what you already have right now?

Dr O'Driscoll: In terms of physicians, I think we're doing reasonably well at the moment. The major shortage we have at the moment is nursing staff.

Mrs Boyer: That's everywhere in Ontario.

Dr O'Driscoll: Yes, but we've been able to attract new physicians, so I think we've got the opportunity to attract the nurses as well.

Mr Hampton: I can't believe none of my colleagues on this committee mentioned the fish. It's all they could talk about last night.

Mr Dunlop: The water's better. The water's great here.

Mr Hampton: I wonder if, just for the edification of the members of the committee, you could state once again the all-in population, the size of the population that would be served by an amalgamated hospital. Just give members of the committee a sense of the distance from, say, Fort Severn to Sioux Lookout or Sandy Lake to Sioux Lookout.

Dr O'Driscoll: I think I can address the population issue. Through the local clinic, we have over 10,000 active charts. Although Sioux Lookout boasts a population of 5,200, I think it's actually somewhere around

6,500. Then we also have patients who come from Pickle Lake, Ignace and all of the unorganized territories around here. The zone physicians provide services to about 14,000 people, spread out over—the number of communities changes—28 communities. Ennis and Chris can probably tell you how far they are. They are hours away by plane ride.

Mr Cromarty: I guess Fort Severn, as you know, is the most northerly community in the province of Ontario, so we're talking about the edge of the world, I guess. If you go farther than that, you'll fall over.

The Chair: That's scary.

Mr Cromarty: Halfway there is where I come from, and that's Wunnummin Lake. We're close to 200 air miles out of Sioux Lookout, northeast of here. Then Fort Severn is still about the same distance farther on from us. This particular time of the year is when we really get hyper, because you can't rely on planes to come in or to take you out, and it's very difficult at this time. Just the last two trips I made in here, the last time I ended up in Winnipeg. I couldn't land here because of the fog, and the same thing again yesterday. I came in earlier in the afternoon and we couldn't land for an hour; we had to circle for an hour. That's the kind of thing I'm talking about, that we're constantly up against the weather as well as distance. When we come down here, we expect to get quality health care, of course, and sometimes that's not so readily available because of other people who need it at the same time as you do. It's very difficult. I'm really hopeful that we get this new hospital and have all these services right in hand so that, as has been mentioned, we don't have to send our people out to Thunder Bay or Winnipeg to be looked after.

0940

Mr Ennis Fiddler: I guess from here to Sandy Lake takes about an hour on a plane. It's 250 kilometres, around there, from here to Sandy. Like Chris says, with the 28 communities, it's quite spread out over a big area. With our combined population—some communities have 400. Sandy Lake and Pikangikum I think are probably the largest. I don't know about Big Trout Lake. Sandy Lake is a little over 2,000 people. In terms of the population, it's between 400 and 2,000 with the 28 communities. We're looking at all over north of Sioux Lookout.

Air transportation is our only means of getting to the hospital, so airplanes are quite important, a fact of life up north. If the weather is bad, from Wunnummin to Sioux Lookout can take five hours.

The Chair: Thank you very much. We do appreciate some of the difficulties that you're expressing with respect to how difficult it is to get from one place to the other.

You have a short comment?

Mr Graham: Just to let you know, Mr Chair, that we would like to leave with the clerk copies of letters of support that have been received from Minister Rock, from the mayor of the town of Sioux Lookout and from the existing DHC hospital. We'll leave those with the clerk.

The Chair: Thank you very much. I want to thank the planning board members for taking the time to come and make this presentation to us.

Before we call the next presenter, are there members of the community who are not listed as deputants who would like to make a deputation today? Seeing none, we'll call the next deputant, the corporation of the municipality of Sioux Lookout, John McDonald. They're not yet here?

Mr Graham: Mr Chair, the letter from the mayor explains why they can't be here but expresses their support for the bill.

The Chair: Perhaps I'll read the letter of the mayor for the record. It's addressed to the "Chair, standing committee on legislation and private bills."

"Re: Bill Pr15....

"The council of the municipality of Sioux Lookout is pleased to support Bill Pr15, An Act to establish the Sioux Lookout Meno-Ya-Win Health Centre, via this letter. Members of council were unable to be present at today's hearing due to travel commitments, however wished to show their support of the bill under consideration.

"The citizens of Sioux Lookout are looking forward with anticipation to the passage of this legislation. The Sioux Lookout Meno-Ya-Win Health Centre represents a quantum leap for health care services in our community and indeed the whole region of northwest Ontario. Passage of the bill will allow the hospital to proceed 'full steam ahead,' something that many in our community and our partner communities have been working towards for in excess of 10 years now. This legislation marks the start of a great partnership between all communities in northwestern Ontario, united under one purpose: to provide quality health care to everyone in the region.

"The residents of Sioux Lookout and my colleagues on council fully support this legislation. We urge you to give speedy consideration to passage of Bill Pr15 so that we all may move ahead to achieve this goal.

"Thank you for your support of this bill. We are all waiting with anticipation to the passage of the bill in the Legislature.

"Sincerely,

"John W. McDonald

"Mayor."

My thanks to the mayor.

Mr Barrett: Mr Chair, I have a question. I don't know whether it relates to the municipality. I don't know whether a member of the planning board could answer it. With respect to fundraising, so often in building or improving a hospital the municipality would levy a tax or contribute a share, and I just wondered what the fundraising contribution of the municipality would be. Would someone on the planning board be able to answer that?

Mr Harrold: The estimate in the four-party agreement for a new hospital was just that, an estimate. It was estimated at $30 million. The four-party agreement also calls for contributions to be made from the province and from the federal government toward that and allocated a

certain amount for the town to raise for its portion. There has been a fundraising drive go on. Those funds have been raised. They're sitting in a bank account earning interest. The current planning activity isn't touching those funds. That's there for the capital purposes of creating a new hospital. So the community has responded, and the funds are there.

Mr Barrett: I'm aware of the community and its tremendous fundraising. Specifically, is the municipality itself also budgeting or asking council to levy a certain amount of dollars for this project through taxes?

Mr Harrold: No. They will not be levying on the tax bill. They have contributed to the fundraising, but it's my understanding that that's not the intention at this point.

Mr Barrett: I just asked that because so many municipalities do that.

Mr Harrold: It is becoming more popular, a more common way of fundraising.

Mr Barrett: Very much so, and it has been in the past as well.

INDEPENDENT FIRST NATIONS ALLIANCE

The Chair: We're going to call the next three deputants to come up. I apologize for the pronunciation. I'm very sensitive to that, because my last name is Marchese and people mispronounce it all the time.

We call the Independent First Nations Alliance, the Kitchenuhmaykoosib Inninuwug First Nation, and the Muskrat Dam First Nation. I think all three of you will share the time. Please introduce yourselves as you speak.

Mr Jason Beardy: Good morning, everyone. My name is Jason Beardy. I'm the deputy chief for Muskrat Dam First Nation and I'll be presenting on behalf of the Independent First Nations Alliance this morning.

We are members of the Independent First Nations Alliance. The alliance includes four remote northern First Nations: Kitchenuhmaykoosib Inninuwug, also referred to as Big Trout Lake; Lac Seul First Nation; Muskrat Dam First Nation; and Pikangikum First Nation. The alliance is a unique organization, structured in a way that respects each independent First Nation's status. Our alliance is not a tribal council as defined by Indian and Northern Affairs Canada. Our member First Nations, with the exception of Kitchenuhmaykoosib Inninuwug, are also members of the Nishnawbe-Aski Nation, which represents 49 First Nations in northern Ontario.

In April 1997, the Nishnawbe-Aski Nation, on behalf of the Sioux Lookout First Nations, Her Majesty the Queen in right of Canada, Her Majesty the Queen in right of Ontario, and the town of Sioux Lookout, entered into an agreement, the four-party hospital services agreement, whereby the resources of two existing hospitals were amalgamated to create a new high-quality hospital in Sioux Lookout. The Sioux Lookout District Health Centre is a provincially regulated hospital and the Sioux Lookout Zone Hospital is controlled by the federal government.

As a result of many years of exhausting discussions and negotiations between the parties, the idea of combining the two hospitals in Sioux Lookout came to fruition. It was agreed that this new facility and its directly related services will respect the cultural and linguistic diversity of all the people in the town of Sioux Lookout and the surrounding areas, including the majority of the area residents, the First Nations people.

It is estimated that approximately 50% of the population of the town of Sioux Lookout is of aboriginal ancestry. The First Nations communities in the Sioux Lookout area number 30, with a membership of 16,000, much greater than the population of Sioux Lookout. In fact, the composition of the board of directors of the new hospital under the four-party agreement reflects the principle of representation by population, granting First Nations the majority of board seats, 11 out of 18. As such, pursuant to article 7 of the four-party agreement, the principle of proportional representation is guaranteed.

0950

It is very important to us that the principles and terms set out in the four-party agreement be upheld and maintained. In reviewing the terms of the legislation, our concerns are set out as follows:

(1) Although the four-party agreement is mentioned in the preamble of the legislation, the four-party agreement should be included in the clauses of the legislation itself as opposed to just the preamble. In particular, subsections 1(2) and 2(2) of the bill should be amended to add the clause "in accordance with the four-party agreement." By adding that clause specifically in the legislation it will be clear that the health centre must operate according to the terms of the four-party agreement.

(2) Because of the importance of the four-party agreement in the entire scheme of things, we would like the following clause to be added to the last sentence in the preamble. The wording we suggest is as follows: "which four-party agreement shall govern all aspects and activities of the health centre." Again, this clause would be important to us to ensure that the principles of the four-party agreement are upheld and maintained.

(3) There is a critical problem with respect to board composition. Subsection 4(3) provides that the composition of the board must be consistent with article 7.1 of the four-party agreement. We would like to point out to the committee that article 7.2 of the four-party agreement provides, among other things, that the first board shall consist of 10 members representing the Sioux Lookout First Nations, five members representing the southern communities, the physicians required to sit on the board under the Public Hospitals Act and one First Nations traditional healer selected by the elders. Under subsection 4(9), the legislation specifically names the board members with no reference to the above representation.

(4) We are troubled that the board member we selected to represent the Independent First Nations Alliance, Mr John Cutfeet, is not named as one of the board members. As it now stands, therefore, article 7.2 of the agreement is not being complied with, such that there are

now only nine members representing the Sioux Lookout First Nations and six representing the southern communities.

(5) The process of appointing board members is also a concern, as the composition of the board in subsection 4(2) refers to "such other persons as the bylaws specify, to be selected in the same manner provided by bylaw." We wish to advise the committee that as of today there is no bylaw even though we have consistently requested one. The bylaw should be completed concurrently with this act and should specify a composition of the board as set out in articles 7.1 and 7.2 of the four-party agreement. In other words, the bylaws must conform with the four-party agreement. Since we are about to incorporate the Sioux Lookout Meno-Ya-Win Health Centre as a corporation without share capital, the terms and wording of the bylaws must also be scrutinized by the committee prior to the legislation being passed.

(6) A critical interest of our communities is that the new hospital be located on federal land in order to maintain our link to the federal government. As you may know, under our constitution, it is the federal government who is responsible for the interest of our people. In article 9.3 of the four-party agreement, as well as paragraph 7.3 of the bilateral agreement dated April 11, 1997, between the federal government and the Nishnawbe-Aski Nation on behalf of the First Nations of Sioux Lookout, our interest in having the hospital located on federal land is specifically stated. We are pleased that the Sioux Lookout Meno-Ya-Win Planning Board passed a resolution on September 6, 2001, stating and affirming that the new hospital will be located on federal land. Since this issue is very important to us, and since it was provided for in the four-party agreement and aforementioned bilateral agreement, we say a section should be added in the legislation which provides that the new hospital will indeed be located on federal land. We suggest the following words:

"Location of health centre

"3. The health centre shall be located on land owned by Her Majesty in Right of Canada."

Finally, therefore, on behalf of the member First Nations of the Independent First Nations Alliance, we respectfully request the legislation be amended to reflect our concerns.

Mr John Cutfeet: Booshoo to all you committee members. Thank you for the opportunity and thank you for your time today to listen to my statement regarding my short and brief stint as the appointed representative of the Independent First Nations Alliance on the Meno-Ya-Win Hospital Board.

I was officially appointed by the chiefs of IFNA, covering the communities that Jason had outlined earlier. The 1998 registered population of those four communities totalled 5,898, which today is more accurately recorded by First Nations records to total over 6,000 members. This population represents one third of the people served by the new hospital. It is imperative that we have representation.

I considered what my responsibilities would be and what they would entail when I was approached to consider this appointment. I was honoured to have the chiefs place this level of trust and respect in me that they would entrust me to represent and protect their First Nations interests and advocate for them in my role as their hospital board representative. It was with these thoughts that I took the time and effort to research and understand the mandates the chiefs issued through the process of negotiations and upon the signing of the Sioux Lookout four-party hospital services agreement and the Nishnawbe-Aski Nation/Canada bilateral agreement on health care relationships. These agreements took many years and trials to achieve, but they were done through a process of consensus building and working in partnership with our non-native neighbours, health care professionals and both governments represented at each meeting.

I understood what efforts and commitments were heartfully made by all parties and felt truly proud to be appointed and invited by the IFNA chiefs to be a part of such a continuing process.

I wish to state strongly to you that the IFNA chiefs, honouring and respecting the four-party agreement, formally appointed me as their representative, but my hands were tied when my name was removed and not included in the special act by an executive committee which overruled the leadership that appointed me.

Recognizing that there are certain responsibilities to meet any corporate obligations as part of an organization, I also learned that part of the role and responsibilities of a hospital board representative anywhere in Ontario is to honestly and openly represent their community interests to ensure that the highest quality of health care is accessible to the people of these communities, but also to ensure that accountability is maintained as part of the corporate structure.

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When I attended the first Meno-Ya-Win Health Centre board meeting I gladly shared the direction I and the other First Nation representatives were given through the various chiefs' resolutions regarding the four-party agreement, the bilateral agreement and conditions that were set by the First Nations in the Sioux Lookout zone.

It was quite disheartening when I was told by the representatives of an executive committee of the planning board, renamed from the hospital board, that I could not be considered a board member unless I signed a consent form which implied I would be more accountable to the board than the communities I represented. Subsequently, I sought direction from the chiefs and community leadership I was chosen to represent on what I should do.

The chiefs felt that more information was needed. A number of letters were forwarded, with minimal response other than from the managing executive committee of the planning board.

The next disappointment was to find out my name had been replaced in the special act by an individual appointed by the executive committee of the planning board. It was at this point that the chiefs of the Inde-

pendent First Nations Alliance made the decision and directed me to present this overview to this legislative committee.

We are now at the point where it is agreed collectively by the Independent First Nations Alliance that the trust, respect and true partnership that was achieved during the negotiations and signing of the four-party and bilateral agreements is fast becoming a flawed process that is not being respectful of the principle of representation by population.

I wish to state strongly to the legislative committee that I am willing to participate actively on the Meno-Ya-Win hospital board, since renamed Meno-Ya-Win Planning Board, as the Independent First Nations Alliance appointed representative, but my hands were tied when my name was taken from the list of the board members in the special act by an executive committee which overruled the leadership that appointed me.

I ask your support to ensure that the special act must be amended to respect the appointment made the Independent First Nations Alliance serving one third of the population in the Meno-Ya-Win hospital jurisdiction.

Thank you for taking the time to have this hearing in Sioux Lookout. I hope you enjoy your stay and tour here, and perhaps one day some of you may wish to explore the geographical area to be served by the Meno-Ya-Win Health Centre during a warmer time of the year. If so, I would be happy to be your guide to any of the communities.

Mr Myron Barr: My name is Myron Barr. I'm counsel for the Independent First Nations Alliance. I won't be making a separate statement this morning. I'm here to assist with any questions the committee might have of Jason, John or myself.

The Chair: Thank you very much. We have plenty of time for questions.

Mrs Boyer: Thank you for your presentation. You're saying in your presentation that you wish that this hospital be built on a federal lot.

Mr Barr: That is correct.

Mrs Boyer: If this bill passes, do you presently know where the lot will be, where this hospital will be?

Mr Barr: No we don't.

Mrs Boyer: I would like to know why you really want it to be federal land.

Mr Barr: In the handout that we have put together as an attachment to the written presentation, you'll see resolutions passed by the chiefs. One of the resolutions, and you'll see that it's a continual theme throughout the last few years, is that the hospital be built on federal land to maintain the tie to Canada. That's essentially what our position is and that's what the chiefs of IFNA are seeking as a guarantee. Therefore, that is why we're seeking an amendment in the legislation to ensure that the federal hospital is indeed located on federal lands.

Mr Hoy: In your presentation, however, you say that there was a resolution passed on September 6, 2001, stating and affirming that the new hospital will be located on federal land.

Mr Barr: That was passed, as we understand it, by the hospital planning board. What we're seeking is that that resolution actually be made a part of the legislation, so that it's guaranteed in the legislation itself that it will be built on federal land.

Mr Hoy: However, you expect that it will be on federal land but the exact location is not known to you at the moment.

Mr Barr: That is correct.

Mr Hampton: I just want to be clear on a couple of points: the first concern you raised is that you want to see subsections 1(2) and 2(2) of the bill amended; the second concern is an amendment to the preamble; the third concern is that where the members of the board are named, you want it designated who they are representative of.

Mr Barr: Not who they are representative of; we want Mr Cutfeet's name to be included as a board member in the legislation. Right now it isn't. He was replaced by a decision made by, as we understand it, the executive committee. Our clients, the chiefs, had asked that. That's in the body of the materials we've attached. Therefore, in order to respect what the chiefs have resolved and who they have named as their representative, that should be in the legislation.

Mr Hampton: I'm not sure of the fifth concern: "The process of appointing board members is also a concern as the composition of the board in clause 4(2) refers to 'such other persons as the bylaws specify, to be selected in the manner provided by the bylaw'." So your concern is that, "The bylaw should be completed concurrently with this act and should specify a composition of the board as set out in articles 7.1 and 7.2 of the four-party agreement"?

Mr Barr: That is correct. Our concern is that under this act, once the board is constituted, then they have the power to make the bylaws. They could change the bylaw, which doesn't reflect the principles that are set out in the four-party agreement. That is why we are saying that it leaves open the possibility that the bylaw could be changed, which would not reflect the principles set out in the four-party agreement. Hence, we are saying that the bylaw should be scrutinized prior to this legislation being passed.

Mr Hampton: The issue of federal land: the sole concern is that the land be owned by the federal government?

Mr Barr: That is correct.

Mr Hampton: OK.

Mr Barrett: Briefly, on the request to have it on federal land, as I understand it, the capital dollars to build this, in 1997 the province promised to put in about $15 million and the federal government $10 million; and then fundraising and native contributions making up part of the rest. My question is, do you know what other long-term commitments there are from the federal government to this? Are they basically just handing this over now or will they continue to be part of this partnership over the coming decades as far as assisting with the operating expenses once this facility is built?

Mr Barr: In answer to that question, at this point the federal government is a party to the four-party agreement and they're a party to the bilateral agreement. It is mentioned in here, although it is not mentioned in the legislation. As far as the federal government's role in terms of operating costs, funding, I can't answer that question. Once the corporation is set up—and that's why we are concerned to ensure that the four-party agreement is specifically included in the legislation—when it comes to the operation of this corporation of the hospital, the federal government is looked to and will have some role in the operation of the hospital. How that translates into dollars and cents I don't know.

Mr Barrett: We're not clear either. We've seen a trend over the years, where the federal contribution to health care in general, certainly since socialized health care was first set up, has dropped from 50% to 11%. The provinces now make up that federal share.

Mr Barr: I think that really translates also to a concern that my client is experiencing here. They share that same concern. When they see the downloading of services from the federal government to the provincial government and yet they have their treaty rights with the federal government in the bilateral agreement, that's what is a serious concern to them in terms of the erosion. As such, that's why it is very important to them to have this link to the federal lands issue included in this legislation, in addition to the reference to the four-party agreement.

1010

Mr Dunlop: I know this is quite a unique situation. I was under the impression from the deputation before you that it wasn't the planning board, it was actually the municipality that had said, by resolution, that this hospital would be built on federal lands. That's my understanding. Is that not the case? I'm sorry, I'm just looking at the gentleman behind. Can I get a clarification on that?

Mr Harrold: The planning board passed a resolution saying that the hospital will be located on federal land. What I was referring to earlier was the fundraising campaign. The town has taken action to ensure that its portion of the funds has been raised.

Mr Dunlop: Mr Chair, can I keep asking questions to everyone? I just want to make sure. Do we have a commitment from the federal government that the hospital will be built? Do we have a piece of property, that land? Is it your resolution supporting that or do we actually know for a fact that there will be a commitment?

Mr Harrold: I'm Jim Harrold from the planning board staff. In the four-party agreement it reads that the authority to determine where the hospital will be located is that of the planning board or, subsequently, the hospital board. The signatories of the four-party agreement include the federal government, the provincial government, the town and NAN. They said to the planning board, "Decide where it is going to be." We passed a resolution that it is going to be located on federal land and we are now in the midst of a detailed site location analysis where we are narrowing it down to a couple of locations. We hope to have that decision made within weeks for an actual site.

Mr Dunlop: Can I just clarify one thing?

The Chair: Mr Graham, would you like to add something further to clarify?

Mr Graham: I'm Gary Graham, counsel to the planning board. This may help Mr Dunlop. In brief, members of the staff of Health Canada attended the meetings of the planning board. They were there when the resolutions were passed. Minister Rock has submitted his letter of support. There's no resolution or anything like that from Health Canada. At this point, there isn't an identified piece of land. There is no deed yet that could be signed.

Mr Dunlop: My worry is, of the $10-million commitment from the federal government, are they going to try to eat up half of that in land?

Mr Harrold: No.

Mr Dunlop: The land is free; the $10 million is on top of it?

Mr Harrold: The $10 million is relating to the capital construction costs of the building.

Mr Gill: One of the important things that we haven't touched on yet is the concern that equal representation, or the appropriate representation, is not there any more and Mr Cutfeet's name is not there. I just want to get some light put on that, how the name was removed and why it isn't there and how we can address that concern.

Mr Ennis Fiddler: You wanted clarification on this representation? What happened was that John Cutfeet was designated as a board rep for the planning board by his chiefs. In order for the special act to be enacted, it required 10 members. The full membership, as indicated on the four-party agreement, requires 10 members before it can proceed and for us board members to be noted on paper for the special act. So that's me. I'm listed there. I needed to sign a form consenting for me to be on the board. We had nine members who did that, who consented. John was the only one who didn't sign, for his own reasons. We could not send the application with nine signatures because it requires 10. There was some concern, federal and/or something from John, and so we were left with nine people who were on that paper.

What we decided was, in order for us to proceed—because if the application wasn't submitted at that time, it would delay the process further. The special act would not have been submitted at the time it was done and maybe until next year. That delayed the work we needed to do as a planning board. We are a planning board only because we're not incorporated. In order for us to be a hospital board, we need the special act to be passed, and that's what we want to do. The more delays, the more delays there will be in the work. We wanted to address as a board whatever concern John has, but we didn't want to delay the passing of the special act.

The Chair: We understood that.

Mr Ennis Fiddler: So what happened was, we asked somebody else to be the 10th person on an interim basis until John is ready to join the board. John is most welcome to join any time. If the committee would like to

put his name on that application today, that will be great. The board is not ousting him. The board is not saying, "We don't want you." The board is not being disrespectful of IFNA and the IFNA chiefs. We are quite hopeful, and we hope and wish, that John Cutfeet would come on board and work with us.

Mr Gill: I'm not trying to put words in Mr John Cutfeet's mouth in any way, but I think one of the concerns I saw is that he was saying the paper that was supposed to be signed indicated to him that he's more responsible to the planning board and not as much to the community. Is that being addressed somehow before he can come on?

1020

Mr Graham: Yes, there's another section in the draft bill which describes the duty of the directors to serve the best interests of the hospital. That would apply to everyone on the board of directors. That duty arises from that section in the act and not from the consent form. The consent form is required so that those authorizing the bill know that the people whose names are there are consenting to the use of their names and are consenting to be on the board. It's as simple as that.

The Chair: Mr Gill, we are running out of time, but I do want to give the other members an opportunity, given that other members from the previous deputation have taken up some of that time, to say whatever it is they feel they'd like to say.

Mr Cutfeet: I'm not going to take up too much of your time. One of the things that was put forth by Mr Fiddler was that I did not sign for my own reasons, and I just want to clarify that. Anything I do is at the direction of the leadership of IFNA.

As well as the concern of the federal land issue, prior to the four-party agreement being reactivated, the chiefs passed a resolution specifically saying that the new amalgamated hospital would be situated on federal land, and that resolution is in the package you were provided. Therefore, I was just following the direction of the leadership. That is what I was doing.

As far as I'm concerned, if I was appointed by the IFNA leadership, I was to represent their interests on the board. That is what I'm prepared to do. As part of the IFNA leadership passing that resolution, I am prepared to follow that direction.

Mr Ennis Fiddler: Are you coming back on board?

The Chair: John, I'm sorry, Mr Fiddler was asking, are you going back on the board?

Mr Cutfeet: I think I've already stated to the legislative committee that I am willing to participate actively on the Meno-Ya-Win hospital board as the Independent First Nations Alliance representative, but I am not on that list.

The Chair: We understand.

Mr Barr: Just one final statement, Mr Chairman: I referred to the four-party agreement and actually I don't believe that was contained in the package. I've got a copy right here for the members and we'll be photocopying that.

Mr Graham: It's part of the record.

Mr Barr: The four-party agreement?

Mr Graham: Yes.

Mr Barr: It is in the record?

Mr Graham: It's in the compendium.

The Chair: We already have it, I understand.

Mr Barr: Just as a final matter, I'd just like to introduce to the committee Ms Grace Teskey, who is the general manager for IFNA. She just wants to make a final comment to the committee.

The Chair: OK.

Ms Grace Teskey: I actually have one question. In negotiating for the 10 seats from the First Nations perspective, we have lobbied and the chiefs of that forum were very gracious in allowing Lac Seul First Nation to have its own seat because the town of Sioux Lookout is their traditional territory. I guess my question now is, if at one point the IFNA-appointed board member can be unilaterally removed, how do you address that? Today, how do you address the fact that you've had a resignation on the Meno-Ya-Win board from the Lac Seul representative? Is that resignation reflected on the current special act list of names or is that a unilateral appointment again of somebody who's going to be agreeable with a process that is ongoing without regard to the resolutions by the Sioux Lookout chiefs that we maintain and the Independent First Nations Alliance chiefs live by in terms of the federal property? I'm asking a question. We know there is a resignation.

The Chair: Is it to Mr Fiddler, I'm assuming?

Ms Teskey: You know what? I really don't know who I'm asking because we do not have complete transparency in the record-keeping. We don't know because we've been shut out.

The Chair: OK. It's best Mr Fiddler answer that question.

Mr Ennis Fiddler: There was a resignation by the Lac Seul member and it was Lac Seul that appointed the new member. IFNA is not being shut out. There's an idea here that's trying to be put forth that IFNA is being shut out. They're not.

The Chair: We are, as a committee, trying to be as flexible as we can to try to get as good an understanding as possible in order to come up with something that everybody can live with. We are being flexible with the rules to come to that kind of conclusion. We have run out of time. I'm not sure whether or not there's much more that needs to be said, and if so, I want to thank all the deputants for coming and making their presentation.

With respect to amendments, we will deal with possible amendments later on, so that you know. Thank you very much.

GARNET ANGECONEB

The Chair: The next deputant we have is Garnet Angeconeb. Welcome.

Mr Garnet Angeconeb: Mr Chairman, I was wondering if I could do just a little bit of an exercise in relation to my presentation. It'll take about 30 seconds.

The Chair: Of course.

Mr Angeconeb: I would like to ask the members of this committee to please put their hands together like this, flat, touching each other. Thank you very much. The reason why I asked you to do that is because, if you notice, my hands are not touching together flatly. That is because, ladies and gentlemen, I am a diabetic and I am starting to feel the long-term effects of diabetes. What I have is neuropathy. My nerves are dying in my limbs, my hands, my feet, my legs, my face. So if I slur my words in this presentation, it's because of my illness. I wanted to tell you that, so I thank you very much.

My Anishnawbe name is Shapaquash Angeconeb. I'm a member of the Lac Seul First Nation and I'm a member of the caribou clan. My English name is Garnet.

I'm a resident of Sioux Lookout and I have taken great interest in watching the progress made toward the building of a new hospital. However, sometimes I feel progress is impeded by unnecessary petty politics.

1030

I am a person living with diabetes and I am not getting well in terms of my ailment. In fact, I am feeling the long-term effects of this disease. In the last three months, I have gone to both Winnipeg and Thunder Bay to see specialists. On the evening of October 12, last month, which happened also to be my birthday, I was medevaced. I was airlifted from Sioux Lookout to Thunder Bay on an emergency basis. This experience was not fun, to say the least.

So the discussions and planning of the new hospital go on. I am only one of many people who will benefit from the amalgamation of the two hospitals and the eventual construction of this much-needed facility.

Many times, I feel the parties that are leading the charge in working toward the realization of a new hospital are bogged down because of unnecessary petty politics. Sometimes I wonder if they realize how much pain they are inflicting on the people who are really sick, people like myself. Let me try and explain what I mean.

As a treaty Indian living off-reserve, here in Sioux Lookout, I often question who really represents my interests in the planning of this new hospital. I really don't know. I am a member of the Lac Seul First Nation, but I don't live on the reserve. Recently, my uncle, who lives off-reserve, in Winnipeg, approached his membership, the Lac Seul First Nation, for assistance with a medical, health-related matter. He was simply refused by his own First Nation, because he was an off-reserve member. The door was closed.

So, with all due respect, my chief and council do not represent me on this issue. My First Nation is a member of the Independent First Nations Alliance and, technically speaking, I am a member of the Independent First Nations Alliance. But the Independent First Nations Alliance does not, in any way, speak for me on this issue, and they never have. As a taxpayer of the municipality of Sioux Lookout, I guess in some way I look to them as my representatives. They, however, do not speak on my aboriginal or treaty rights.

My point is that off-reserve First Nations people are in an interesting quandary, and will continue to be until our rights are portable—off-reserve and on-reserve. It seems like when you leave the reserve, all of a sudden you lose your treaty rights when you pass that boundary. I pass that boundary many times and I don't change.

It has been my experience and observation that ordinary people like me have not been listened to in the planning process of this hospital. This is especially true of my own First Nations leadership. I say, again with all due respect, that I would love to see the day that all our First Nations leaders are truly—and I underline "truly"—united on this issue.

On a happier note, I am happy to see off-reserve First Nations people as members of this new board. The new act should ensure off-reserve First Nations are represented on this new hospital board.

In conclusion, I see brighter days ahead for a new hospital incorporation. But I also see more struggles along the way—some necessary and some not so necessary. The key ingredient is to trust each other as you work together. For too long we have not trusted each other and no one really says anything when a delicate issue hits the table. We try to be too nice to each other. We try and accommodate each other too much. I encourage everyone to trust each other and work together as we build this new hospital.

We need this new act and we need this new hospital now. I thank you for listening to me. Once again, can I ask the members to put their hands together. This time, let's pray for a new hospital. Meegwetch.

The Chair: Thank you, Garnet. We have run out of time, but if there was a brief question, I wouldn't mind the members getting that opportunity. I know Mr Dunlop has asked for that. We are only going to take one question from each caucus.

Mr Dunlop: I just want to say that when you talk about politics and agreements and that sort of thing, I come from a municipality where we've just gotten approval for redevelopment of a hospital. It has been close to 25 years and a number of governments. It does take a fair period of time in a lot of cases. I thank you for your comments. I hope that if there's one thing you can put in your hospital—and I don't know if this is included in the future project—it is a dialysis unit. I'm getting a lot of nods at the back. I know it is a serious problem with kidney problems in First Nations people.

The Chair: Mr Gill, very briefly.

Mr Gill: I understand that you do have representation on the board from the off-reserve people now and you want to ensure that that continues. Do I understand that correctly?

Mr Angeconeb: Yes. It would be very good if that could be formalized.

Mr Gill: Just out of curiosity, at the end of your speech you have "meegwetch." What is that?

Mr Angeconeb: Merci beaucoup.

The Chair: Thank you very much for your presentation.

PROFESSIONAL INSTITUTE OF THE PUBLIC SERVICE OF CANADA

NATIONAL HEALTH AND WELFARE UNION, LOCAL 00023

The Chair: We will call on the next deputant, National Health and Welfare Union, Local 00023, Patricia Starratt.

Ms Erin Otto: Hello. I'm Erin Otto. I'm currently employed as a registered nurse at the Sioux Lookout Zone Hospital. I have been working there for nine years now.

I'm here today as a senior steward for the Professional Institute of the Public Service of Canada. I'm representing the PIPS members of the Sioux Lookout Zone Hospital. The concerns of the PIPS members are similar to the concerns of the PSAC members. The presentation that Patricia Starratt will deliver to you is on the behalf of both PIPS and PSAC members.

1040

Ms Patricia Starratt: My name is Patricia Starratt. I am the president of Local 00023 of the National Health and Welfare Union component of PSAC. Our local represents 94 Health Canada employees who work at the Sioux Lookout Zone Hospital performing a vast array of duties.

As you visit the hospital, you will find our members at the admissions desk, inside the labs and at many workstations. You will find them providing administrative support, not only to the hospital administrator but also to the nursing stations as admissions clerks, medical records clerks, First Nations interpreters, pay and benefits clerks, and as registered practical nurses. You will find them involved in the maintenance of the hospital and the nursing stations. They are the tradesmen, groundskeepers, carpenters, painters and security guards. You will find them in the labs working and responsible for X-rays, hematology, microbiology and urinalysis. You will find them working across the Sioux Lookout zone as environmental health officers. Our members also provide support for 28 nursing stations outside the hospital, as well as five satellite stations.

What you will also find is a group of well-organized, well-represented employees who have a collective agreement which has been built over 30 years and which they are proud of.

Throughout this transition, I will be here to express to you, and the transition committee, the concerns of our membership. There are many.

First and foremost of their concerns has been the lack of proper consultation with them as individuals as well as the lack of consultation with their union representatives, both here and in Ottawa. At least now it appears those consultations are finally under way.

The rest of our concerns are no less significant. Our members currently enjoy a good pension plan. They express concern about what will happen to their pension plan. Will the quality of their pension and its administration be maintained? Similarly, they enjoy good benefits and they express concerns over the uncertainty of how those benefits will be maintained.

The current collective agreement contains long-established agreements on severance pay. Will that benefit be maintained? The collective agreement also contains job security language and workforce adjustment provisions. Will this be respected as we move through transition?

They currently have the right to grieve and have their grievances heard by an independent third party, if need be. Will these rights be maintained?

Many have well-established careers in this hospital environment, and they ask whether they will be permitted to continue pursuing a career in their existing field, or even to have the opportunity to grow within the hospital environment. What about opportunities for advancement?

One would hope that your response to all their concerns would be, "Yes. Yes, we will protect your pension plan and its administration. Yes, we will protect your benefits. Yes, we will maintain your severance entitlements. Yes, we will respect your workforce adjustment provisions. Yes, we will encourage continued careers within the hospital environment. Yes, we will maintain the right to file grievances and third-party arbitration."

I would like to thank you for the opportunity to be before you today. I can only hope that our membership's concerns will not only have been heard, but will also be heeded. After their many years of dedication and hard work devoted to their employer, doing less than responding favourably to their concerns would show a clear lack of respect for the existing agreements and the existing cordial working relationship between the parties involved.

The Chair: Thank you. Are you going to have some remarks too?

Ms Otto: That's it.

The Chair: Very well, we'll go to questions then. We'll start with Mr Dunlop.

Mr Dunlop: You're obviously concerned about your rights as a union from the zone hospital. Are you saying that there have been no negotiations taking place that would be included in the four-party agreement? Is that what you're trying to say?

Ms Starratt: We haven't even been given official notice yet.

Mr Dunlop: OK, that's all I need to know at this point.

Mr Hampton: As I understand it, Pat, under your collective agreement you do have rights to labour adjustment. As I understand it, if there is a transfer from the federal jurisdiction to the provincial jurisdiction, there are a number of things that Health Canada would have to honour. Is that your understanding too?

Ms Starratt: Yes, that's correct.

Mr Hampton: So your major concern is that since you now operate under the Canada Labour Code and, as I understand it, the public service act of Canada, once an amalgamated hospital occurs you would of course then fall under the Ontario hospital employees' act, you would fall under the Ontario Labour Relations Act, the prov-

incial legislation. So what you're seeking is that when this act passes you want some sense of where you're going to be then?

Ms Starratt: Yes, that's correct.

Mr Hampton: I've had the benefit of actually having been able to talk to some people on the provincial side of labour relations, some people on the federal side of labour relations and then some of the people at the planning board. As I understand it, the planning board can't do anything because as a planning board that's all they are now. They have no corporate liability or corporate responsibility. Once this act is passed, they then take on the role of employer and they then have authority as well as obligations. Is that your understanding too?

Ms Starratt: Yes, that is my understanding.

Mr Hampton: What you wish would happen, though, is you wish somebody from Health Canada would come and talk to you?

Ms Starratt: You bet; that's the request.

Mr Hampton: I'll just give you my sense of this again. I understand Health Canada can't talk to you until this act passes, because once this act passes, they are in a position where certain notice provisions then swing into effect and they must then start operating both within the Canada Labour Code and within the collective agreement. Is that—

Ms Starratt: That's correct too.

Mr Hampton: So you're sort of in a catch-22.

Ms Starratt: We are. It seems that really there's nobody there to give us official guidance or to speak on our behalf, except the union reps themselves.

Mr Hampton: I think all members of the committee would appreciate that when you're going to be moved from federal labour relations jurisdiction to provincial labour relations jurisdiction, that does create some insecurity. The catch-22 here is, as I understand it, the triggering event would be the passing of this special act. Once this special act is passed then there are certain obligations on the federal government but until this special act is passed, nothing's happening. So this is quite an uncertain situation for the workers. I think what you want to know is—you'd like some certainty—what's going to happen. After 10 years, you'd like to know what's going to happen.

Ms Starratt: Yes, that's correct.

The Chair: We appreciate your presentation and the concerns you've stated and the members obviously are quite sympathetic to what you have told us.

Ms Starratt: Thank you. Thank you, Mr Hampton.

Mr Hampton: Thank you.

1050

NISHNAWBE-ASKI NATION

The Chair: The next presenters, from the Nishnawbe-Aski Nation, are Stan Beardy and Dan Koosees. Welcome to you both. If you could just state your names and your positions for the record, we would appreciate it.

Mr Dan Koosees: My name is Dan Koosees. The grand chief is not available because there was an emergency a few days ago in Toronto: their niece is in the hospital. With me here is Les Louttit, who is a special adviser to our health program.

The last time I had the opportunity to sit before government officials is when I accidentally called Mr Crombie "Mr Miniature." That was a few years ago.

Mr Dunlop: That was federal too.

Mr Koosees: Yes.

First of all, I would like to thank the committee for giving Nishnawbe-Aski the opportunity to make a presentation on this bill. We would also like to acknowledge other presenters who have made their points. Altogether, I think we have a common interest in where we want to go and how we want to see this outstanding issue resolved by all people.

I also want to stress that NAN represents a vast area of northern Ontario. It stretches from the Hudson Bay-James Bay coast to the Manitoba border, and it also consists of a Treaty 9 and a Treaty 5 treaty area.

A long time ago our people had the freedom to roam our lands, with a healthy lifestyle. We had a system that worked through our clanship as well as kinship among the Ojibway, Ojibway-Cree and the Cree people along the James Bay coast.

It was not until the coming of the Europeans that we started experiencing territorial rights, living off the land and also the area of survival. Today our people are confronted by many sicknesses. Our diabetes illness is the highest in any people in Canada. Heart problems and other related illnesses are high among our people today. For those reasons we would like to take part and do a presentation to the committee.

As you are aware, Nishnawbe-Aski was one of the signatories to a four-party agreement on behalf of the chiefs in the Sioux Lookout district. This special bill to establish the Sioux Lookout Meno-Ya-Win Health Centre with a provincially recognized hospital board is the product of the four-party agreement that was signed in April 1997.

This is a unique situation in northwestern Ontario where First Nations, due to their population, will have the majority of seats on a provincially recognized hospital board. This is both a great opportunity and challenge for all of us involved in this process. We must recognize the obstacles we have already overcome in this community to begin to work co-operatively to ensure one service that treats First Nations and non-natives equally.

It wasn't that long ago that racial division reared its hideous head here in Sioux Lookout. Yes, we learn from these situations, but it is still difficult for our people to endure stereotyping and it is especially hard on our youth. Regardless of race or political differences, we all want the same thing, a health centre or hospital that will ensure that our families have the highest standard of health care and services. In addition to that basic requirement, First Nations must have services that are responsive to their unique cultural needs, such as language barriers and dietary needs. The opportunity lies in creating a health care system that is efficient, is accessible for all and creates healthy communities.

Our challenge will be to respect differing world views, while collectively finding solutions to long-standing health problems in our communities. We look forward to the future post-amalgamation process. Currently, the segregation of separate hospitals evokes thoughts of apartheid where First Nations and non-natives received health care services but in different locations. We know that hospital amalgamation can be viewed as an outward expression of unity and cooperation in the town of Sioux Lookout between First Nations people and non-natives. At the same time, it is only the beginning. Let's look at this process as the beginning of healing and health for our respective communities, in both the spiritual and physical sense.

We can see that once this hospital amalgamation process is complete, the duplication of services, effort and resources will hopefully end. Further, a new era of shared responsibility for health care will result in healthy people in this district, regardless of ancestry. As well, we, as First Nations people, want the long-term impacts to include lower infant mortality rates, lower suicide rates among our youth and increased disease prevention.

I speak to you about our hopes, yet there are many in our communities who have concerns regarding this special bill. Some of our elders are concerned because of the promises made when Treaty 9 and Treaty 5 were signed between the government of Canada and our First Nations. We know that this was a nation-to-nation process, but we have yet to see our treaty promises fulfilled. One of those treaty promises was a right to health care, and not just a right to health care that is universally shared by all Canadians but a treaty right to health care.

Our elders tell us that the government, specifically the government of Canada, will always care for our sick people. What does it mean when we participate in a provincial health care process? Some might say that the government of Canada is offloading its responsibilities to the province of Ontario. Some First Nations people see this as a contradiction of the treaty promise—yet another broken promise. In our view, the treaty promise was not, "We will appoint the province of Ontario to look after your sick."

Some First Nations people see the involvement of the province of Ontario in our health care as an erosion of the nation-to-nation status under which the treaties were signed. This is why even the most symbolic gesture of having the hospital located on federal land would mean so much to our people. I do not address this treaty issue to the committee just to have you solve it, because this would clearly exceed your mandate. However, I address the treaty right to health care because it is a long-standing but valid concern for most of our First Nations. It is for the public record that I express our views on the treaty right to health care.

1100

Currently, Nishnawbe-Aski Nation is attempting to address this treaty and other health care issues with the federal government through a process we call the "political bilateral framework on health care." This process will address and maintain the special relationship that NAN First Nations have with the federal government. Ultimately, we see this framework as complementing and reinforcing progressive steps being taken, like this special bill, that will eventually close the gap between our people's very poor state of health and the generally high level of health enjoyed by most Canadians.

In conclusion, I wish to state that Nishnawbe-Aski Nation supports this process insofar as the First Nations in the Sioux Lookout district support the process. The majority of the First Nations in this region agree that Bill 15 is a very positive move that should increase the quality of health care for our people. As we move together through this process, we trust that it will increase the sensitivity, understanding and co-operation between our communities.

The other point I'd like to mention here for the record is that if the committee feels that they need resolutions that were passed by our district chiefs pertaining to a special bill or the land issue concerning the hospital location, we are prepared to provide those resolutions to the committee if they need them.

[Remarks in Oji-Cree]

Meegwetch.

The Chair: Thank you very much. Any questions of any members?

Mrs Boyer: Thank you for your presentation. On page 6, you say, "Ultimately, we see this framework as complementing and reinforcing progressive steps being taken," and yet, in your conclusion, you state that you support "this process insofar as the First Nations in the Sioux Lookout district support the process." Could you explain this a little bit?

Mr Koosees: One of the things that I think we'd like to make clear to our people is that the amalgamation and administrative service processes are administrative processes, but our political bilateral arrangement has to be a bilateral arrangement with the federal government. It has to do with lobbying the political issues that are involved, whether it is the hospital or other related health services within NAN territory. The bilateral framework has been designed to see the overall political process that deals with health issues across NAN territory.

Mr Hampton: Particularly on pages 4 and 5 of your brief you go into some depth in terms of dealing with the treaty right to health care vis-à-vis the federal government. Do you see anything in this special act that would diminish, impair or undermine any claim that might be made under the treaty right vis-à-vis the federal government?

Mr Koosees: I think the important thing to realize here is that we'd like to maintain that relationship we have with the federal government on health services. The other thing that needs to happen here is that, constitutionally, the federal government transferred the health responsibility to the Ontario government. The area we need to be consistent on is that we have the inherent right of self-government. I think eventually that point will be reached at a certain time. I've always believed, as the

deputy grand chief for health with the health portfolio, that in the area we're in, there will be a better strategy by our future generations on health issues. That's one of the things I see.

I'm not going to elaborate in terms of where and what is not a treaty right or what relationship there is with the provincial government. I'll wait until you become the Premier.

Mr Dunlop: You might be waiting a while.

Mr Hampton: It's called an endurance race, not a sprint.

Mr Gill: I'm just curious; nobody has touched this morning on the traditional healing. I know there is some component of that in the makeup of the board. Do you want to talk about that? How does that affect the health—

Mr Koosees: In the program that we're working on under the Anishnawbe-Aski, traditional healing is a very special component to our health care. There are people out there who are still living off the land, who still believe that their medicines are the most effective medicines for illnesses. I think it's a very important part of our health care programming.

Mr Barrett: Very briefly, while we're waiting for MPP Howard to become Premier, there's also a process on the Conservative side. We're also in the process of picking a leader and a Premier. I'd appreciate any thoughts from anybody from Sioux Lookout and the area on that process. Sometimes we don't hear enough from this area about who the Conservatives are going to pick.

Mr Hampton: Can I ask one quick question? Can you just, so that all members of the committee are aware of this, point out again how many First Nations are in effect members of NAN, represented by NAN across the board? Because I'm not sure all members of the committee know what a large body NAN is.

Mr Koosees: Anishnawbe-Aski is comprised of 49 First Nations communities. I think it is comprised of close to 50,000 members. That's not counting all of our Bill C-31s and other members who have not registered.

The Chair: Thank you very much for your presentation on the topic.

We understand Jim Morris will be here within the hour. It's indefinite, so we don't really know how long that will be. In the meantime, let's see whether we can solve some other questions or at least raise all the other matters we need to raise right now.

First, of the people who are here in the audience, is there somebody else who would like to make a presentation?

Mr Hampton: Mr Chair, there was a question a moment ago about traditional healing and so on. Josias Fiddler is here today. He is on the board as an interim member and is a traditional healer. He's actually in attendance today.

GEORGE KENNY

The Chair: Would you please introduce yourself, if you could get the microphone close to you.

Mr George Kenny: I always get nervous when I'm talking in front of a group of powerful people, including a potential Premier of Ontario, either from this side or that side.

I'm George Kenny. I'm a member of the Lac Seul First Nation and I'm also interim editor for Wawatay News, which goes to all the NAN communities across Ontario and I think across Canada.

1110

I just wanted to express a concern I've always had. I don't want to cause trouble, no more than I usually do. My concern is this. I asked our lawyer at one point if he could forward some sort of resolution requesting that Lac Seul First Nation, as a member of Grand Council Treaty 3, be represented in some form in this process, officially and legally. We talk about the four-party agreement, but officially Lac Seul and Treaty 3 are not part of that agreement. I think everybody agrees with me here that wherever the hospital will be located will be on Treaty 3 land, will be on Lac Seul First Nation traditional territory.

I have some background in archaeology. I go out on the land and I find artifacts that expert archaeologists tell me date back 8,500 years in time. I just wanted to express to the committee members here that that is my concern. Maybe it is too late. I know my sister Lorraine Kenny Beaton is on the board. Some of my other relatives are probably on the board, but they're not officially representing the First Nation. That is the concern I have. How are you going to fix it, please?

The Chair: That was just a question, of course. I'm not sure whether people wanted to ask him anything or say anything with respect to—

Mr Dunlop: I just wanted to mention again about the federal contribution to the existing—what do we call it, the centre? Not the centre, the federal hospital.

Mr Hampton: Sioux Lookout Zone Hospital.

Mr Dunlop: The zone hospital, yes. I very briefly talked to Dr O'Driscoll about it. I want to make very clear, from talking to Dr O'Driscoll and members of the planning board, that they in fact have taken this very serious look at keeping the federal contributions intact for all the programs the federal government pays toward the zone hospital now, in spite of the fact that it'll be now a provincial responsibility. If there was any more discussion we could have on that till Mr Morris comes along or until we do clause-by-clause—I wanted to open it up to some—

Mr Hampton: I'm not sure all members have had a chance to read the four-party agreement.

Mr Dunlop: I haven't and I've got to tell you that.

Mr Hampton: Page 24 is important because it sets out, first of all, the capital funding. The capital funding would work like this: Ontario would contribute 50% of the capital funding, to $15 million. The federal government, on its own behalf, would contribute $10 million in capital funding. The federal government, on behalf of the First Nations, would contribute a further $3.2 million. So a total federal contribution of $13.2 million. The com-

munity of Sioux Lookout would contribute $1.8 million for the $30-million budget. That's how the capital funding works.

If you read the further sections in terms of operational funding, there is also a commitment on the part of the federal government that they would support the operating funding so that there is no loss in funding. The object is that, over time, there will be savings from not having two sites, not having two executive directors, not having two managements etc. There would be savings. Any savings that result from that, the federal government is obligated to put into community health programs and additional programs at the community level. There has been quite a lot of work done here to ensure that this is not a federal withdrawal or a federal offloading, that this is truly a partnership.

Mr Gill: Howard, do you agree, then, that amalgamations do save money and do serve health care better? Is that what you're saying, basically?

Mr Hampton: In general, that's true. You've heard the case made here today that there is a real potential. Instead of having two X-ray machines, have one good one. Instead of having two hospitals without an intensive care unit, have one hospital with a state-of-the-art intensive care unit. That's the prospect.

The Chair: Mr Dunlop, I didn't give you the opportunity earlier on. You're not the parliamentary assistant.

Mr Dunlop: No.

The Chair: I didn't know whether you wanted to make some comments with respect to this or not.

Mr Dunlop: It was simply the clarification of the funding. I'm glad Mr Hampton had that opportunity. I just got my package late yesterday and I didn't get an opportunity to read the agreement. Page 24 clearly outlines it. I was so glad to see that. I wasn't aware of the other $3.2 million either. Actually we are looking at $15 million from the province and $13.3 million from the federal government, plus the ongoing programs and savings. It looks like a winning agreement to me.

I actually think that in spite of the fact that it is a 10-year program—and I know some of the nursing staff or the ladies from the union probably—no, it wasn't the ladies; it was someone else—talked about petty politics. The fact of the matter is, it takes so long to get some of these agreements through because there are so many issues at stake. Although it seems like a while, I'd like to see us pass this quickly and get on with the business of building the hospital in this community and serving the residents of Sioux Lookout.

Can I make one more comment? Because we have a little bit of time.

The Chair: Sure.

Mr Dunlop: Someone mentioned Fort Severn earlier. My colleague Jerry Ouellette, who is sort of the northern Ministry of Natural Resources guy, wildlife guy, in Queen's Park, called me right after I was elected—I think it was in the winter of 2000—and said, "Would you like to come to Fort Severn with me?" I'm thinking, he's called me because he's got the name mixed up. It's Port Severn he's thinking of because I've got a Port Severn about seven miles from where I live. I called him back and said, "Yeah, but I can go up any time to Port Severn." He said, "No, no. Look on the map." I was aware of Fort Severn when he mentioned it, because it was almost the end of the world. It's the second time—

The Chair: It wasn't so close, was it?

Mr Dunlop: No, it wasn't as close as I could drive to.

Mr Hampton: Now, listen. The best whale watching perhaps in North America is at Fort Severn.

Mr Dunlop: OK. Thank you.

The Chair: Can I recommend to the members, given that we don't know what time Jim is coming—and to be fair, he was going to be here this afternoon. Because we changed the times, obviously, he's not here. But given that we don't know what time he's coming, why don't we prepare ourselves for lunch and then come back here more or less either by 12:30 or a quarter to one? Is that reasonable?

Mr Gill: Did you want to attempt clause-by-clause or do you think you want to wait?

The Chair: It is best that we wait because it is a problem in terms of process. We need to hear the last deputant before we do that.

Mr Hampton: Maybe we could ask the guidance of people who are here. What's the last word on Jim Morris? Does anyone know? He said, "Within the hour." If we could break until 12:30, would that be—

The Chair: We won't be far.

Mr Hampton: We will hear Jim Morris at 12:30 and then start on clause-by-clause? Is that fair?

The Chair: Yes. Thank you.

The committee recessed from 1119 to 1232.

SIOUX LOOKOUT FIRST NATIONS HEALTH AUTHORITY

The Chair: I call the meeting to order and invite the deputant, Jim Morris, to come forward. Welcome, Jim. We thank you for arranging your schedule to be here.

Mr James Morris: Sorry I couldn't come earlier.

The Chair: No, we appreciate it. You have 20 minutes for your presentation, and if you want us to ask you some questions, leave some time.

Mr Morris: Thank you very much. I want to welcome you to Sioux Lookout. I won't say, welcome to the north, and you'll see later why I won't say that. The only person I know quite well is Mr Hampton, but greetings and welcome to Sioux Lookout.

My name is James Morris. I'm originally from Kitchenuhmaykoosib Inninuwug, formerly known as Big Trout Lake. I'm the executive director of the Sioux Lookout First Nations Health Authority.

The reason I did not welcome you to the north is because I guess you know by now that once you get to Sioux Lookout, you still have to go nearly 500 miles from here all the way to Hudson Bay. So to us, coming to Sioux Lookout is like coming south. That is something Mrs Ruth Grier discovered when she was Minister of

Health. I called Toronto and I asked her to come up north. She called right back and she said, "I'm coming to Sioux Lookout." I said, "That's not exactly what I meant." So I told her my mother, who lives in Big Trout Lake, when she says she's going south, she means she's coming to Sioux Lookout. In other words, you're not in the real north until you get past Sioux Lookout and go into the Nishnawbe-Aski communities. That's where most of the communities that we work with are located, the 31 First Nations communities.

Of these 31 communities, only three of them are accessible by road and the rest you have to get to by aircraft. They vary in size in terms of population. Some communities have only 50 people. I think our largest community has 2,000.

If you don't know by now, maybe I should tell you that there are very many complicated health and social issues facing our people in the communities. One of the more well-known ones that you might know is diabetes. Some of our communities have very serious problems with diabetes. I don't know if the chief from the Sandy Lake First Nation told you this morning, but in his community of 2,000, 26% of the people either have diabetes or type 2 diabetes. One in four people has diabetes. It's a very serious matter that really needs attention.

I guess, as you go on in the hearings, the new hospital in Sioux Lookout would address that in terms of providing dialysis services. Right now, people have to go to Winnipeg or Thunder Bay. I think the Sioux Lookout situation only accommodates eight patients, eight people. It's totally inadequate when you consider that we have basically hundreds.

Mental health issues: I don't know if you've heard on the news about the fact that the communities in the Nishnawbe-Aski Nation have been undergoing a youth suicide crisis for the last 14 years. Since 1986 we've lost over 217 young people to suicide. It's just ongoing, which is why, when we were planning the new hospital, we specifically requested that there be mental health beds made available at the hospital, including detox services. At the same time, we have an extremely high birth rate. The communities in the Sioux Lookout zone probably have the highest birth rate in Canada. I don't know the statistics; if you'd like them, I can probably provide them to you later on. But some of our communities have the highest suicide rate in Canada. And in one community of 2,000 people, I think the last time I talked to doctors there, they had about 66 prenatals at any given time—constantly, on a regular basis.

I can go on and on about the scope of health challenges that face our people on a regular basis. But I'm always conscious of the fact that of all these health issues that face our people, it is the children who are impacted the most on a daily basis. Some of the issues that confront us are not just those, but the list that I have provided here. Poverty is endemic in our communities. The remoteness factor doesn't help, except for those people who do a lot of hunting. Unfortunately, a lot of our young people are not picking up the hunting and trapping and fishing skills as readily as their forebears did. Poor housing: I've always told people that the houses are designed in Ottawa and constructed up north. They're not very well suited for the weather and the terrain. And so on and so on: the list is there. You can read it for yourself.

I wanted to make sure I listed the health issues so that you can read them. You've probably heard about some of them already: diabetes, birth rate, TB.

When I joined the health authority, we found that we had six active cases of TB in our communities. I asked, "How many did you have two years ago?" and they said two. So to me, that means the trend is going up. All the factors that you'll see, the social and economic factors, also contribute to diseases like TB.

I had TB when I was a kid, when I was nine years old. The zone hospital is the first place I came to when I had TB. There was an epidemic in those days that really went through the 1930s, 1940s and 1950s. I contracted it in 1956 and I was in the hospital for 22 months. To me, and to a person like me, the concept of having a TB epidemic is very real when you look at the housing conditions, the food and water up north and so on.

1240

When we think about the future of the unit, I think it's important to know that the health care services and facilities need to be strengthened and improved. A hospital is definitely the key element to dealing with all these health issues, which is why the health authority has always supported, and will continue to support, the new hospital in Sioux Lookout to serve everybody, not just Sioux Lookout.

I want to let the standing committee on regulations and private bills know that the health authority fully supports Bill Pr15, An Act to incorporate the Sioux Lookout Meno-Ya-Win Health Centre, because we are counting on this much-needed new hospital as an integral part of the health care system in our area. It's late, it's overdue. We should have built that hospital a long time ago.

I just want to briefly give you some background information on the health authority itself. Some of you may have heard about the federal task force that was mandated in the area in the late 1980s. It was called the Scott McKay Bain Health Panel and it was mandated to examine the inadequate state of health services in the zone. Out of the 94 recommendations that came out of that report, the chiefs adopted only one recommendation, and that was to establish the Sioux Lookout First Nations Health Authority, whose purpose is to ultimately take over northern health and medical services from the federal government.

Technically speaking, at that time I think they recognized that it should have been the health authority that should have worked on the four-party agreement, but the chiefs couldn't very well assign an important task like hospital negotiations to a new organization, so they created their own mechanism, the chiefs' negotiating

unit, which consisted of five chiefs. These were the main negotiators that resulted in the four-party agreement.

Today, the health authority's mandate remains the same. They operate the programs that I've listed here: TB control program, community development, environmental health. Nodin Counselling Services is probably the busiest aspect of the organization. They have dealt with 1,877 referrals, 23 completed suicides and 472 suicide attempts. That's just for this year, 2001.

We also run a Canada prenatal nutrition program.

The client services department deals with transportation and accommodation for the clients.

I guess you probably know now that the population of the Sioux Lookout zone is approximately 14,000 to 16,000 people, depending on who you talk to. If you look at statistics, the department has dealt with 21,963 clients since January 2000. That gives you an idea of the level of health care in our area.

We also have a health information system and core funding.

We were not an integral part of the negotiations for the four-party agreement, but we played a part by advocating for First Nations people in terms of the governance structure. The chiefs were very clear at the beginning that the makeup of the board should reflect the population of the north, whereby since there were 3,000 people in Sioux Lookout and 14,000 native people, then it should be two-thirds native and one third town. That's what we're advocating. We also advocated for special consideration for traditional foods to be served in the new hospital, which is something that was negotiated in the four-party agreement. We advocated for improvement and reorganization of health services and so on.

Throughout this whole process, we were also concerned that some people were concerned about the possible erosion of treaty rights through the establishment of the new hospital, which would be under provincial jurisdiction, but we chose to deal with those issues through a special bilateral agreement between NAN and the federal government, which is part of the four-party agreement.

We feel that should improve services and programs. We view our hospital definitely as an improvement in services for native people, that through that process treaty rights will be enhanced rather than diminished. We want to assert that treaty rights will always be there, that's one thing. The level of service that's provided is something that fluctuates from time to time. It's very dangerous for people to start thinking that when the level of service goes down, you lose your treaty rights. From what I've heard, many of the same First Nations people have been fighting for their rights since day one, since the day treaty rights—that's something that we will continue to do forever and ever. That's why we feel a new hospital is an enhancement of our rights.

In our future, we see the health authority dealing with hospital services and programs, hostel and accommodation services. You're aware that the four-party agreement includes the construction of a 75-bed hostel here in Sioux Lookout, and if you want to see the hostel now, you would know that we need the new hostel very badly. I think, Mr Hampton, you've probably seen the hostel and you would agree with me.

It includes a detoxification program at the new hospital. It's something that's overdue and needed; also the mental health services and programs that I mentioned earlier.

We are excited by the prospect of health care improving with the construction of the new hospital. All I can say at this point in time is that we should move forward as soon as we possibly can. By moving forward, I'm talking about the incorporation of the Sioux Lookout board so that they can get on with the task of streamlining hospital and health services in Sioux Lookout and building the new hospital.

The Chair: Thank you, Mr Morris. Questions?

Mr Dunlop: I just want to point out to Mr Morris that some of your concerns were addressed this morning, particularly the one on the dialysis unit that will be in the new facility. I know that in the First Nations communities that I have in my riding, which is in the far south of Ontario—

Mr Morris: The real south.

Mr Dunlop: —near Casino Rama—you probably know that area very well.

Mr Morris: Yes.

Mr Dunlop: Some other people have mentioned it here today as well. But the percentages are about the same. I know we've had to build some dialysis centres in those areas as well.

I was quite surprised about the suicide rate and the number of suicides. Those are pretty fascinating numbers, to think that that's such a problem here. I hope this can address it.

We will be getting into clause-by-clause here in a few moments, but we have listened to a number of stakeholders here this morning. I think it's fairly safe to say that there's a lot of support for speeding this process up as fast as possible and getting to the point where we're actually seeing some bricks and mortar and some construction taking place for this facility that's obviously long overdue.

Thank you for your presentation. It is great to be here in the southern part of the north.

Mr Morris: We just wanted to add our voice to supporting the passage of the bill so that we can get on with the hospital.

The Chair: We've got a few more questions for you.

Mr Hoy: Thank you first of all for adjusting your schedule to meet some of our needs as a committee. We appreciate that very much. I too want to comment on the number of suicides that you mentioned. Not to trivialize any of the other diseases, and not to trivialize the suicides either, but it is such a sad thing and hopefully the health unit will help.

I also note that you say that your staff has increased very dramatically in the last 10 years or so from two to

86. I'm just curious, are you anticipating increasing that staff again soon or are your needs realized now?

1250

Mr Morris: When the Scott McKay Bain Health Panel issued the report, I think the idea was that eventually MSB would develop all the services that they do now, and that the health authority would be the receptacle for all those services. That's where we're at now, in terms of that process. I think what the leadership envisioned is that the health authority will eventually take over all the services that MSB does now. So, yes, the staffing will increase.

In terms of dealing with the suicide crisis, I have to admit that there are no specific resources allocated for us to deal with that issue. We basically have to ask the workers from Nodin Counselling to deal with suicide crisis on a regular basis, but it's not really a part of our arrangement.

Also, the community hospital and crisis teams, we have to pay up front for that, and then bill all the governments for that, and it's up to them to pay us. Do you understand what I'm saying? There is no specific money allocated to suicide crisis. We just have to kind of scrounge around and try and find money wherever we can to deal with it right now.

Mrs Boyer: You talk about suicide, but is it in a special range? Is it teenagers or—

Mr Morris: If you look at statistics, we've always had suicide in our area. If you look at statistics from the 1940s and 1950s, you'll see that there were suicides, but there was no pattern to it. But in 1986 a very real pattern emerged. That's when we started calling it an epidemic. The high-risk group at that time were young people and teenagers between 15 and 25, 90% of the victims within that range. If you wish, I can give you a report that I did on the whole epidemic, so you can see how the numbers have evolved over the years. They are still at high risk for a wide variety of reasons. It's a very complex, multifaceted problem. There is no one specific reason why these young people kill themselves. You have to look at their environment, you have to look at their past and their personal—everything is all wrapped up.

If you look at all the suicide attempts, you would see that there are also an incredible number of women attempting suicide. The young men were using lethal methods to kill themselves. They weren't attempting suicide; they were killing themselves. There was no question about it. The women were calling for help. We're talking about anywhere between 300 and 500 suicide attempts by women. We deal with this every week. That was a call for help. Mental health experts tell me that the women are stronger, so they're able to call for help. In recent years, the number of women committing suicide is increasing. Mental health experts tell me that's a sign that things are getting worse rather than better. Today, as we speak, after 14 years, we're still smack dab in the middle of a suicide epidemic. And no clear resources are mandated about who's supposed to be dealing with this. The Nodin staff are dealing with it, but it's really not part of their original task as it is written up in our agreements.

Mrs Boyer: In your First Nations health authority, there is no prevention done about this? Are you planning with this new hospital that you can get forces together and do something? I think that we really need a prevention program, if this is the case.

Mr Morris: We're not even there yet. When I talk about mental health beds in the Sioux Lookout zone, lately at the zone hospital, there are no beds that are specifically allocated as mental health beds. We just put patients wherever we can. At the McKellar hospital, one of the wings deals specifically with mental health issues. That's what we need. We're not going to get that within the hospital, we're just going to get five beds, but that's better than what we have now.

Prevention is something that we haven't even started. A lot of the Nodin community workers are so busy dealing with crises they never have time to do prevention. They do what they can, but it's way, way far below doing what's really needed now.

Mrs Boyer: Thank you. We'll have to look into this.

Mr Hampton: Jim, I just want to ask a couple of clarifying questions. When you refer to MSB, you're referring to the medical services branch of Health Canada? Is that right?

Mr Morris: Yes.

Mr Hampton: You list a number of incredible services that the health authority is trying to deliver now, and I acknowledge that you are probably understaffed on all of them. Just for greater clarity, the funding for the health authority comes primarily from where?

Mr Morris: From medical services branch.

Mr Hampton: So really the health authority is sort of taking over strategies and programs that might have been provided by medical services branch in the past and developing new services?

Mr Morris: Yes.

Mr Hampton: You do devote some of your paper to raising the issue of treaty rights and addressing treaty rights. Treaty rights were raised in three of the presentations this morning, I believe, so I want to ask you a question. I had a chance over the noon hour to talk with some of the other presenters. The four-party agreement actually contains, I think, about three non-derogation clauses saying, "Nothing in this agreement diminishes, undermines or restricts the treaty right to health care vis-à-vis the federal government." One of the issues that was raised was, does the special act also need a simple clause stating, "Nothing in this act derogates from, undermines, diminishes the treaty right with respect to health care"? Do you have a view on that?

Mr Morris: Yes. I don't think it would hurt because I think the four-party agreement is based on the current law as it applies to treaties. What we used was a case which states that nobody can change, alter or do anything to treaties except the people themselves, and certainly not in our hospital services agreement to build a new hospital. So, to make absolutely certain that the agree-

ment doesn't unintentionally affect the treaty, we're going to need a non-derogation clause. In my view, if you wanted to put something like that in the special act to do with that, I don't see anything wrong with it. I think that would strengthen the idea that instead of having a clause in one agreement saying treaties will not be affected, if you put it in another one, that'll just make it that much more sure.

The Chair: Thank you, Mr Morris, for your presentation.

If there are no other questions or comments to be made generally, we can move to clause-by-clause. Is that OK? OK, then, so far I only have one amendment.

Mr Hampton: Chair, if I'm not mistaken, some of the presenters from this morning actually had a chance to talk about some issues over lunch and so I think we do have one amendment. I want to put forward another, but we may also be instructed by some of the presenters from this morning. That might be helpful.

The Chair: Could we take a few moments then for people to do that and write up the amendments so that we have them before us properly and then deal with them more efficiently in that way? If the other amendments are not quite ready and people are working them out, can I suggest a five-minute recess so that can be done and then we'll deal with clause-by-clause?

Mr Hampton: If I may, I believe that there are two amendments ready. I asked the question of Jim Morris just a moment ago about a non-derogation clause. Committee counsel has actually prepared a non-derogation clause. I'd be prepared to put that forward as an amendment. Again, we've heard in at least three of the presentations a concern that the treaty right with respect to health care vis-à-vis the federal government be preserved, not be undermined, not be diminished. So I would respectfully submit that we look at that kind of amendment.

The Chair: It's been submitted, right?

Mr Hampton: Yes.

The Chair: Howard, I was recommending that we recess, for five minutes or so, so that leg counsel can prepare those amendments in consultation with the other groups.

The committee recessed from 1300 to 1306.

The Chair: If I can invite the members to come back to the table, there are a number of people who are interested in speaking, so while the legislative officer is working on the amendments, perhaps we can do the other work as well. Howard, can you indicate who had an interest in speaking first?

Mr Hampton: Josias.

JOSIAS FIDDLER

Mr Josias Fiddler: My name is Josias Fiddler. Our people, especially the elders, gave me my Indian name also.

When I asked Mr Hampton for some time, he asked me how much time I would need. I said about four days, but I'll try to spare you. I'll try to highlight some of my personal concerns and some of the concerns of the people I've tried to help.

It started in the early 1980s, when I was a chief of the Sandy Lake First Nation. After my grandfather died, I resigned, for a number of reasons. One of the reasons was to continue my grandfather's role in regard to traditional healing and spiritual teachings.

During my years as a chief, I had seen a lot of suffering. I had seen a lot of our people die unnecessarily. There have been some stories about young girls losing their children on the floors of the outhouses. After my time as a chief, I decided to try and do something about the medical services and the hospital services. I had been a patient in a dozen hospitals. I was flat on my back for one whole year when I was younger. As time went by, unless you had seen the condition of the hospital and also the people who worked there—I also feel a lot of compassion for the field staff. I had to work under those conditions in the 1980s. Some of those conditions still exist up to this day.

Anyway, I didn't invite anybody when I made up my mind to do something about those two issues: the medical services and the hospital services. I went from Sandy to Sioux Lookout to stage a fast. Four other people from Sandy Lake followed, and together we sat at the hospital until we met with the Deputy Minister of Health; I forget exactly what his name was. But out of that came the health panel that Jim Morris and other people mentioned. I guess since then I've been involved in trying to help people with a special interest in traditional healing and spiritual teachings.

In 1997, I think it was, Nodin Counselling Services had given me six clients, and on a quarterly basis that's the only, I think, amount of finances they had. That's the only thing that they could afford, to have a traditional person come to counselling services and provide that service. Since 1997, I've been able to accumulate a clientele of over 160, and every month it's climbing. Of all those numbers, I don't have any papers of all those people that we've helped. One of the issues, as somebody said, is suicide. Of the kind of people who have made attempts and then have come to us as traditional people, there haven't been any repeaters. We've been able to help those people start looking at their issues and start walking in the right way and the right direction. They've become good, I guess, citizens of their nation. After all these times I've been able to continue the work of my grandfather. Also, I've been asked to sit on this hospital board, representing the traditional medicine and traditional activities, I suppose.

I guess that's from the 1980s in having to be involved in better services for our people. That's one of the reasons why I wanted to ask a few minutes of your time for me to say that I believe in what we're doing. I believe that this special act should be passed so that we can continue in the work that we need to do for our people. Thank you very much.

Oh, this morning, when you guys started I remarked to one of the people, "They forgot to say the opening prayers." This is what we do in everything that we do. Everything depends on the graces of our creator. As soon as we open our eyes in the morning, we start praying, up to the time we close our eyes and everything in between. We always thank our Great Spirit. Thank you very much.

The Chair: Thank you very much, Mr Fiddler. Questions?

Mr Gill: First of all, thank you very much. We really appreciate that you are on the board and you will be serving your people in that sense. But just to reassure you as well, the morning prayers were done by myself.

The Chair: Anyone else have a comment? Thank you very much.

We understand as well that there may be some other individuals who want to come and make some statements with respect to the possible amendments that are coming forward. Leg counsel is perhaps talking to them at the moment.

Interjection.

The Chair: Is that the group, Raminder, that wanted to approach us with respect to the amendments that are coming forward? We will do that after you've consulted with them? OK.

Mr Gill: As well, I think Ms Grace Teskey wanted to get something on the record if we have one minute to allow that. It's the same group.

The Chair: Should we wait until you've consulted with them? OK. We will recess again briefly for a couple of minutes.

Mr Hampton: Could I just—

The Chair: We won't recess.

Mr Hampton: —raise a couple of issues that are preliminary to clause-by-clause? As we know, IFNA put forward some proposals for amendment. I don't know if you've had a chance to go through the documents. I think it is fair to say that two of the amendments we can accommodate. It looks like there is an agreement being worked on now with respect to John Cutfeet's place on the board. The second is that we could deal with a non-derogation clause so that it is certain that this special act does not diminish, undermine or detract from the treaty right.

I wonder if I can just raise the issue of federal lands. My sense as a practical reality is that the hospital will be located on federal land that will be leased to the hospital corporation. I'm just trying to think of this practically, how this might work. For the hospital to be able to sign contracts for construction, engineering etc, and do that with the issue of security in mind and of financing, it will have to have some long-term tenure to the property. I wonder if I could ask that question. As a practical reality, would we be looking at federal ownership of the land with a long-term renewable lease to the hospital corporation? Is that where we're at?

The Chair: Please reintroduce yourself.

Mr Graham: It's Gary Graham, counsel to the planning board.

The planning board has resolved to locate the new hospital to be constructed on federal lands.

Mr Dunlop: Is it a long-term lease, though, or land ownership? I think that's what Mr Hampton was suggesting.

Mr Graham: If the lands were owned by the hospital, they would not be federal lands.

Mr Gill: So it's a long-term lease?

Mr Hampton: Am I right, that in the sense of the practical reality of this, it would be on federal land? Or am I off in never-never land?

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Mr Graham: No, you're living in your practical reality, I think.

The Chair: Did you want to comment on that question? Reintroduce yourself.

Mr Harrold: It's Jim Harrold. There are several ways that we are looking at that will see it either located on existing federal land or arranging for an appropriate transfer and sufficient tenure to allow us to go forward. We understand that there are valid precedents elsewhere that we will be able to employ. We are engaged in conversation with those who are necessary to help us make that happen. Our site selection process is such that we are thoroughly investigating three or four sites at this point in time. Which site ends up as our preferred site for functionality will determine which course we pursue to ensure that it is located on federal land. We are on the case. We have to be a little bit vague at this point because we haven't finalized our site selection process.

Mr Barrett: Another practical question on the site selection: obviously you want to put this building on the best property as far as drainage, access and what have you. I hope that this requirement for federal land doesn't mean that, say, if the ideal site is there and it happens to be owned by the province or the private sector, there's a problem in having that transferred to the federal government.

Mr Harrold: That's exactly what we are looking at at this point. We are looking at functionality, but we are well within our parameter of ensuring that it'll be located on federal land. We are looking at functionality and making sure the site works.

Mr Barrett: It has got to be the best location, yes, no matter who owns it now.

Mr Harrold: I won't translate that into a commitment for funding should we have to acquire one. That is one of the variables that we are looking at.

Mr Hampton: Since you're here, one of the other issues that was put forward was essentially that the words "four-party agreement" should be added to a number of clauses in the act itself. But I understand that can create some practical difficulties. Can you edify us from your perspective on that?

Mr Graham: Yes. The four-party agreement is referred to in the preamble. The planning board is working within the spirit and intent of the four-party agreement. There's one problem with putting those words in, "That the new hospital shall be governed in accordance with the

four-party agreement." The four-party agreement isn't an operational document. It doesn't lay out how to govern a hospital. It doesn't have a set of bylaws in it. It doesn't deal with all the issues that you need to deal with in order to run a public hospital. It doesn't deal with credentialing. It is not an operational document. There's no problem putting it in the preamble. But to say you're going to govern the hospital with that four-party agreement—you couldn't do it. It doesn't work.

There's a second problem. One of the presentations this morning hit the problem right on the head. That's article 7.2 of the four-party agreement, which contemplates the initial board being as appointed by an outside authority, that's fine for the initial board, but you can't have that on an ongoing basis. You cannot lawfully have a board the composition of which is controlled by an outside authority. Otherwise the board could be in the position of having no quorum because the outside authority didn't make appointments available. Or the board could be in the position where those appointed by the outside authority didn't consent to serve. The new hospital could be brought to standstill by outside authorities if you were to decide to include in the special bill a clause that said, "The hospital shall be governed by the four-party agreement." There are problems with including those references to the four-party agreement beyond the preamble. I'd advise against it.

There's one other point: the four-party agreement doesn't contemplate all of the future health needs of the people who will be served by it. It could be used as a limiting document by the funding authorities in the future, who could look at the special bill and point to the reference to the four-party agreement as a limitation on their responsibility. The planning board has been concerned about that.

Mr Gill: Before he leaves, I want to check something. I want to see the amendment. There's an amendment coming through on the same subject and I think we should discuss it.

The Chair: Is that an amendment which we expect to be—

Mr Gill: It's an amendment we were just talking about, so I think it's fair to give them a chance.

The Chair: I'm just wondering whether—

Mr Gill: We don't put it on the table; we're just going to discuss it before we put it on the table.

The Chair: So you don't want to do that at the clause-by-clause.

Mr Gill: I can, but then we may not get an opportunity to question these parties.

The Chair: OK, go ahead.

Mr Gill: There is an amendment coming through and I think we can discuss that. It's about subsection 1(2). It is basically that subsection 1(2) of the bill be amended by adding at the end "in accordance with the four-party agreement." This is at the end of 1(2).

Mr Graham: That's the very problem. I wouldn't recommend that language.

Mr Gill: Can you explain that one more time, please? Let's look at 1(2) and then we can discuss the difficulty.

Mr Graham: It limits it.

Mr Gill: If amended, it would read, "The health centre is composed of the members of its board and such other persons as may be authorized by a bylaw of the board—"

Mr Graham: Just a second. I may have the wrong 1(2).

Mr Gill: So I'll read that again. "The health centre is composed of the members of its board and such other persons as may be authorized by a bylaw of the board in accordance with the four-party agreement." What difficulty do you see?

Mr Graham: If the outside appointing authorities do not make appointments available, who would then be on the board and what position would the hospital be in? The hospital needs to be able to repopulate its own board. The principle of proportional representation, which is expressed in the four-party agreement, is in the bill, if you look at subsection 4(3). The numbers for the board will have to always maintain the proportional representation.

Mr Gill: If it's OK in 4(3), why is it not OK in 1(2)?

Mr Graham: Subsection 4(3) is fine because the board can itself determine what the proportional representation is and can then appoint its board members, subject to the approval of the members.

Mr Gill: Which may not be according to the four-party agreement?

Mr Graham: If it isn't, you've got the preamble and you've got 4(3). If you're offside the four-party agreement, 4(3) makes direct reference to that and you've got the protection of the four-party agreement. Do you have the four-party agreement? Article 7.2 says that "until changed pursuant to the act or bylaws of the new hospital corporation, the board shall be composed of" and then it goes on to describe who the persons are who can appoint board members and where they must come from. So even the four-party agreement contemplates that 7.2 can be changed by bylaw.

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There's another clause in the four-party agreement that's called the "further assurances clause," and it comes up near the end. I think I made reference to it in my letter. If you look at 13.4 of the four-party agreement, it simply says, "Each of the parties hereto shall from time to time execute and deliver all such further documents and instruments and do all acts and things as the other parties may reasonably require to effectively carry out or better evidence or perfect the full intent and meaning of this agreement." So the special bill which the applicants have put before you is one of those documents that they have delivered to carry out or better evidence or perfect the full intent and meaning of their agreement.

You've heard of NAN's support, you've heard of the town's support, you've heard of Health Canada's support. We presume the Ministry of Health's support. Those are the four parties. They're content with the bill,

and I think they're right to be content with the bill, because they're not creating a hospital corporation which would be subject to being brought to its knees and not being able to function by outside authorities. It will be a hospital that will be in control of its own destiny, subject to your Legislature, of course.

Mr Gill: Have you had that discussion with the Independent First Nations Alliance, exactly that discussion about the four-party agreement, why it can't go in the clause?

Mr Graham: We heard their comments this morning and we talked off-line to the gentleman who had to leave at 11 o'clock. I have explained this to him.

The Chair: And he said?

Mr Graham: I think he understood my point.

The Chair: It that OK with you, Raminder?

Mr Gill: I understand.

Mr Hampton: As I see the issue, the four-party agreement sets out a number of principles, and the challenge in the special act is to refer to those principles such that you can never act outside those principles. That's the challenge. Equally, the danger would be to try to put those principles in every clause of the act, in which case you almost become hamstrung any time you try to do anything. It's important that those principles are referred to, but you can't then take those principles and put them in every clause of the act. It would be very difficult as a hospital board to then do anything. It would be equivalent to taking the Municipal Act and trying to incorporate it into every municipal bylaw. The principles are important and the principles must govern, but I think it would make it almost impossible if you tried to put those principles into every clause of the act.

Mr Graham: The preamble clearly says that this application is made in accordance with the four-party agreement.

The Chair: Do the members still have concerns or questions they want to deal with? Mr Gill, do you want to—

Mr Gill: No, I think there is only one more party who wants to—

The Chair: All right, so we'll invite the members of the Independent First Nations Alliance to come once again and outline some concerns. Your name again, please.

Ms Teskey: Grace Teskey. I'll go back to this board member we were hoping to reinstitute. I was listening to the gentleman who spoke here and thinking that, OK, we were hopeful that we will institute a board member we had appointed. When he says that the board has basically the right to repopulate itself, does that mean again that our board member might be thrown out and repopulated by somebody else? That's my number one question. The other one is—

The Chair: Can we deal with the questions one by one so that we hopefully get that out of the way?

Mr Graham: There is a section in this special bill that deals with vacancies and gives authority for the board to fill vacancies. That authority certainly exists under the Ontario Corporations Act. Yes, the board and the hospital corporation itself do need to have the ability to fill vacancies.

Ms Teskey: But the four-party insertion would allow me to repopulate my board-appointed position, right? Yet why should you have that right to unilaterally appoint somebody on our behalf which is safeguarded in the four-party?

Mr Graham: There may be, from time to time, political issues with those who are served by the hospital, who may wish, through their representatives on the board, to negotiate who will be on and who will not be on. Ultimately, it is the corporation itself that must be able to fill vacancies. It simply has to have that ability so that it can't be in a position where it is unable to function.

Mr Ennis Fiddler: In terms of representation on the board, it has been an unwritten convention, for lack of a better word, among the chiefs in the Sioux Lookout area or NAN that wherever there is an organization, an authority or any kind of agency created by the chiefs for their communities, such as Tikinagan Health Authority, the representatives on those boards be selected by the chiefs themselves from the five tribal councils in the Sioux Lookout area—the Northern Chiefs, IFNA, Windigo, Shibogama and Matawa—and independent First Nations such as Sandy Lake and Mishkeegogamang. The chiefs have always been careful to make sure there is respect given to that and that's always happened. When the members to this board were selected, that's the approach that was taken. Each of the tribal councils and independents were asked to select their representatives.

The board would like to follow that and is following that. The board will not unilaterally throw a board member out. They did not throw John Cutfeet out of the board. If there is an extra board member required to fill a vacancy on the hospital board, the board will respectfully ask the tribal council from that area to decide who their board member should be. In no way is the hospital board going to take it upon themselves and start dictating and be a dictator.

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Ms Teskey: With all due respect, in our presentation we made a solution to you from one of the signatories, the Nishnawbe-Aski Nation, dated October 12, signed by the grand chief, wherein our board member is named; so for me, a signatory approved our board member. I'm concerned that in every repopulation I'm going to be part of repopulating that seat. Those three communities, those 4,000 people, have a right to repopulate that seat. They are the recipients of the health care that's going to be delivered. The signatory did tell us.

Mr Ennis Fiddler: That's fine; that's what I said.

Ms Teskey: That's why we want that comfort level of the addition of "in accordance with the four-party agreement." I don't know why there is a problem. We are not going to bend from that. It is an expectation because the four-party agreement is the only protection we have of what I define to be our interpretation of treaty right to health.

I'm going to put another twist in, because in our submission and in the resolution, the health centre shall be located on federal property. In our submission, we asked that the wording would be, "The health centre shall be located on land owned by Her Majesty in right of Canada," but we've been informed that the province can only ensure that a "it use its best efforts" clause is inserted in there.

I want to put another thought in there. In our submission, you'll see lots of Sioux Lookout chiefs' resolutions that want the guarantee that it is a condition that this hospital be on federal property. We gave you all the resolutions coming from the Sioux Lookout district chiefs. In the absence of the guarantee of this federal property clause and maintaining to abide by the four-party principles and therefore strengthen the board, the board's resolution that it be on federal property, I guess we would require another level of assurance in that we have talked about the pre-incorporation contract.

A pre-incorporation contract, by definition, is a contract that can be enforceable if a company, prior to incorporation, enters into that contract and, as soon as it is incorporated, ratifies the contract so it is enforceable. My understanding of that is the hospital board can enter into an agreement, a pre-incorporation contract agreement, to establish that the hospital is built on federal land. To me, that would be a means of assuring my communities that it is going to be on federal property and assuring those many resolutions that we put in our submission of all those chiefs who wanted the guarantee that it be on federal property. It would certainly go a long way to mending the mistrust and the disharmony that the removal of our appointed member caused. I just want to add for the record that it be considered as another avenue, another mechanism, of ensuring that it is on federal property.

Mr Ennis Fiddler: I want to reiterate that John Cutfeet was not removed from the board.

The other thing is, we do have (inaudible) issues in terms of it being still passed on anything. However, we do have an interest that we would like. If the committee decided to (inaudible), it's fine, as long as it does not unnecessarily delay this process. That's our interest. We would like the committee to recognize that interest. From the hospital point, whatever (inaudible) will allow opposition, but if that unnecessarily delays this process, that's where our interest lies.

The Chair: Thank you very much, all of you, for your comments. As you've noticed, we've tried to be as flexible as we can to try to arrive at a compromise that will fit your needs. We don't always do this, by the way. If only we could do this more often, we would have happier conclusions.

Mr Harrold: Come to Sioux Lookout more often.

The Chair: Right. I think you've noticed that we have attempted to incorporate as much as we can—your ideas, your concerns. We appreciate that.

I think we are ready for clause-by-clause.

Mr Dunlop: Yes, we are.

Mr Gill: Chair, can you give us one minute of recess, please.

The Chair: OK. We'll recess for a moment for the members to consider some of those questions they've got.

The committee recessed from 1346 to 1351.

The Chair: OK, we're ready for clause-by-clause.

Any discussion on section 1? Seeing none, shall section 1 carry? Any opposed? OK, that carries.

Any discussion on section 2? Oh, yes, there's an amendment.

Mr Dunlop: If that's the case, section 1 had an amendment too.

The Chair: Nobody was moving it. That's why I moved on.

Any discussion under section 2? There is an amendment there, though.

Mr Hampton: I don't think that has been formally tabled.

The Chair: Oh, yes, it's the same thing, right.

OK, no discussion on section 2? Shall it carry? Any opposed? That carries.

Any discussion on section 3? All in favour of section 3? Any opposed? That carries.

Any discussion on section 4?

Mr Gill: I see an amendment. Is anybody moving that amendment? Is there an amendment to subsection 4(9)?

The Chair: There is, but they're all the same as the others and I'm assuming—

Mr Hampton: No. I move that paragraph 2 of subsection 4(9) of the bill be amended by striking out "Roger Wayne Bull," "Donna Marie Roundhead" and "Derek Roy Mills" and by inserting in alphabetical order in the list of names "John A. Baird," "Eugene Clifford Bull" and "John Cutfeet."

The Chair: Any discussion?

Mr Gill: I just want to understand. Has John Cutfeet signed the consent form?

The Chair: Does he have to now?

Mr Graham: Mr Cutfeet has not signed the consent form, but the consent forms are not seen as required by the committee, so he's, in that sense, not in any different a position than the others.

The Chair: Shall the amendment carry? Any opposed? Carried.

Shall section 4, as amended, carry? Those opposed? That carries.

Any discussion on section 5? Shall section 5 carry? That carries.

Any discussion on section 6? Shall section 6 carry? That carries.

Any discussion on section 7? Shall section 7 carry? That carries.

Any discussion on section 8? Shall section 8 carry? That carries.

Any discussion on section 9?

Mr Hampton: I would like to put forward—

The Chair: That's a new one. You'll be introducing that as a new section.

Shall section 9 carry? Carried.

Mr Hampton, your motion.

Mr Hampton: I move that the bill be amended by adding the following section:

"Aboriginal rights

"9.1 This act does not abrogate, derogate from or add to any aboriginal or treaty right that is recognized and affirmed by section 35 of the Constitution Act, 1982."

The Chair: Any discussion?

Mr Hampton: I think we heard today a feeling that there needs to be this mention of treaty rights and that this act does not diminish or undermine treaty rights.

The Chair: Shall section 9.1 carry? Any opposed? That carries.

Any discussion on section 10? Shall section 10 carry? That carries.

Any discussion on section 11? Shall section 11 carry? That carries.

Any discussion on section 12? Shall section 12 carry? That carries.

Shall the preamble carry? That carries.

Shall the title carry? That carries.

That brings us to the bill. Shall the bill, as amended, carry? That carries.

Shall I report the bill, as amended, to the House? That carries.

Thank you very much. We have completed this bill. I thank the members. I want to thank everyone else, but I'll do that before you—Mr Dunlop.

Mr Dunlop: I just want to say on behalf of the government members of this committee—and I'm sure everyone probably agrees with me—that we really appreciated the opportunity to come and visit Sioux Lookout. I want to thank Mr Hampton for asking us as a committee to do that. I think it's been very worthwhile. It's nice to get out to different parts of Ontario and see how Ontario really does work. We do appreciate being asked here.

Mr Barrett: If I could add to that as well, I really appreciate being in Branch 78 of the Royal Canadian Legion.

I'll mention as well that we come up here from the Legislative Assembly at Queen's Park, and near the east door of the Legislative Assembly there's quite an interesting exhibit of the Sioux Lookout Museum. There's a very old leather dog harness and there's also a leather strap that was used by a local teacher for the last 30 years. When they described this leather strap, they also indicated that it was used every year for those 30 years and they felt that it had quite an impression on the residents.

Mr Hampton: As the member for Kenora-Rainy River, I'd just to like thank all members of the committee and the staff for your willingness. I felt it was important that you were here. Especially from the aboriginal people in this community, but as well from all people, I think everyone appreciates that this has been a long, and sometimes a difficult, process. But I think the overwhelming feeling of the people in the communities is that it's time to move forward. I want to thank all the members for your willingness to come and enjoy a day's work.

The Chair: We were all very happy to be here. We appreciated the way in which you tried to resolve the problems and the way we tried to resolve questions that you've had. We wish this community the best of luck in your next steps. Thank you.

The meeting is adjourned.

The committee adjourned at 1358.

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