

SECTION 15

Health and Social Services (Inuit)

15.0.1 The Kativik Health and Social Services Council and the establishments shall be governed, *mutatis mutandis*, by the provisions of the Act respecting Health Services and Social Services (1971, c. 48) and all other laws of general application in the province, save where these laws are inconsistent with this Section, in which event the provisions of this Section shall prevail.

15.0.2 The Regional Government shall be charged with promoting, by all means and measures which it may deem adequate, the advancement and development of public health in Region 10A which shall encompass the territory under the jurisdiction of the Regional Government established pursuant to Section 13 of the Agreement.

15.0.3 There shall be a health and social services council for the said Region 10A under the name of “Kativik Health and Social Services Council”.

15.0.4 All rights, powers, privileges and obligations of the Kativik Health and Social Services Council shall be exercised by the council of the Regional Government.

The functions, powers and duties of the administrative committee, general manager and staff of the Kativik Health and Social Services Council shall be exercised by the executive committee, the head of the Health and Social Services Department of the Regional Government and the officers of the Regional Government respectively.

15.0.5 The Council shall regulate and supervise the election of the members of the boards of directors of the establishments contemplated by paragraph 15.0.9 of this Section.

Every regulation made by the Council under this paragraph must deal with the procedure to be followed in such election and provide for a voting period of at least four (4) hours for the members of each of the electoral colleges contemplated by paragraph 15.0.12.

Such regulation must be submitted for the approval of the Lieutenant-Governor in Council; if it receives such approval, it shall come into force on the date of its publication in the *Québec Official Gazette*. Québec agrees to repeal Order-in-Council 1888-75 of May 7, 1975.

15.0.6 If the Council fails to exercise the functions assigned to it by paragraph 15.0.5 of this Section, such functions shall be exercised by the Minister.

15.0.7 Notwithstanding the provisions of paragraph 2.9 of Schedule 2 of Section 12 and paragraph 2.9 of Schedule 2 of Section 13 of the Agreement, any ordinance passed by the Regional Government under this Section shall apply within the whole territory of the Regional Government and its application shall not be limited to municipalities.

15.0.8 For the purposes of health services and social services, Region 10A initially shall be divided into two sectors : the Hudson Bay Sector and the Ungava Bay Sector.

Every city or town, village, county, mining town and other municipalities customarily receiving health and social services in the Hudson Bay Sector shall be included in the Hudson Bay Sector; the Ungava Bay Sector shall include all city or town, village, county, mining town and other municipalities customarily receiving health and social services in the Ungava Bay Sector.

15.0.9 There initially shall be established by letters patent one establishment for each sector including all of the four (4) following classes :

- a) local community service centres;
- b) hospital centres;

- c) social service centres;
- d) reception centres.

A hospital centre for general care shall be encompassed within each of the initially designated establishments in accordance with the implementation schedule set forth in Schedule 1 of this Section.

15.0.10 All persons normally resident or temporarily present in Region 10A shall be entitled to the services included within the jurisdiction and powers of the establishment.

15.0.11 All the powers of the establishment shall be exercised by a board of directors composed in accordance with paragraph 15.0.12.

15.0.12 Each establishment shall be administered by a board consisting of the following members, who shall be members of it upon their election or appointment :

- a) one representative from, and elected for three (3) years by, each municipality of the sector;
- b) three (3) representatives elected for three (3) years, from among and by those persons who are considered to be members of the clinical staff of an establishment in the said Region within the meaning of the said Act providing that no more than one member of any one professional corporation may serve on the board at any time;
- c) one representative elected for three (3) years, from among and by those persons who are members of the non-clinical staff of any establishment in the said Region;
- d) the director of the community health department of a hospital centre, or agency forming part of the Kativik Health and Social Services Council or of a hospital centre with which the Kativik Health and Social Services Council has a service contract or his nominee or the professional director or his nominee. The Kativik Health and Social Services Council shall appoint such person if there is more than one such centre;
- e) the head of the Health and Social Services Department of the Regional Government or his nominee;
- f) the general manager of the base facility in the sector.

Such representatives shall be elected according to the election proceedings established by the Kativik Health and Social Services Council under paragraph 15.0.5.

If the election of a member is not held, the Kativik Health and Social Services Council shall make the appointment.

15.0.13 The provisions of paragraphs 13 to 15 and 45 to 47 of Schedule 2 of Section 12 of the Agreement shall apply, *mutatis mutandis*, to the qualification of candidates and electors for the election of the members of the board of directors elected under sub-paragraph a) of paragraph 15.0.12. Persons otherwise eligible to hold office under sub-paragraphs b), c), d), e), and f) of paragraph 15.0.12 shall be exempted from any residency or domicile requirements.

15.0.14 Any vacancy among the members elected in accordance with paragraph 15.0.12 shall be filled by following the mode prescribed for the election of the member to be replaced, only for the unexpired portion of the term of such member.

15.0.15 Notwithstanding the provisions of Section 24 of the Act respecting Health Services and Social Services, the members of the board of directors shall be indemnified in accordance with regulations to be adopted by such board for loss of income suffered by the members as a result of attending meetings. The members may also be indemnified in accordance with the said regulations for their expenses incurred in attending such meetings.

Such regulations shall take into account the prevailing conditions in the said Region, shall be subject to the approval of the Minister of Social Affairs, and shall take into consideration the following :

- a) Board meetings shall be scheduled, whenever possible, to avoid conflict with the remunerated work of board members and to take advantage of convenient or inexpensive transport.
- b) If in spite of the foregoing, individual members suffer loss of income, the board may indemnify such members for such loss, upon application therefore and where :
 - i) the board member represents or normally resides in a community other than that in which the meeting is held, and
 - ii) the board member is either self employed or employed under conditions which preclude continuation of remuneration during time absent to attend such meetings, and
 - iii) loss of remuneration is clear and unequivocal rather than potential.

15.0.16 The board of directors of every establishment must establish, by by-law, an administrative committee and determine its functions, powers and duties.

15.0.17 The administrative committee shall consist of the chairman of the board of directors, the general manager and three other members of the board of directors of the establishment appointed each year by such board.

15.0.18 Paragraph 15.0.15 shall apply, *mutatis mutandis*, to members of the administrative committee when attending meetings of such committee.

15.0.19 The budget from the Province of Québec to each establishment shall include funding for the support of health services which are not included in provincial programs for the general population but which are provided to the Native people by the Department of National Health and Welfare or other agencies.

15.0.20 The basis for determining the amounts of the budget support in paragraph 15.0.19 shall be the actual expenditures for health and social services for the fiscal year 1974-75 provided by Canada and Québec to the extent of the responsibilities assumed by Québec under this Section and Schedule I hereof. Funding will be modified on the basis of changes in the population, the cost of the specific services included, and the evolution of provincial programs for the general population.

15.0.21 In implementing the Agreement, Québec should recognize and allow to the maximum extent possible for the unique difficulties of operating facilities and services in the North :

- a) in recruiting and retaining staff, generally; working conditions and benefits should be sufficiently attractive to encourage competent personnel from outside Region 10A to accept posts for periods of time ranging from three (3) to five (5) years;
- b) in providing employment and advancement opportunities for Native people in the fields of health and social services, and in providing special educational programs to overcome barriers to such employment and advancement;
- c) in budgeting for the development and operating of health and social services and facilities so as to compensate for the disproportionate impact of northern costs, including transportation, construction and fuel costs.

15.0.22 Every establishment may make contracts of professional services with any other establishment or body whereby one party binds itself to make services of a professional nature available to the other or by which the parties exchange such services; such a contract shall be valid only from the date on which it is filed with the Kativik Health and Social Services Council.

15.0.23 Every establishment must, at least once a year, hold a public information meeting, in which the population of the sector served by the establishment shall be invited to participate.

The members of the board of directors must there answer the questions put to them respecting the establishment's financial statements, the services it provides and the relations it has with the other establishments and with the Kativik Health and Social Services Council.

The mode of calling such meeting and the procedure to be followed at it shall be determined by the Kativik Health and Social Services Council.

15.0.24 Québec shall take all measures necessary in order to implement this Section. The legislation to be enacted to give effect to the foregoing shall apply notwithstanding the provisions of section 2 of the Act respecting Health Services and Social Services.

JBNQA, par. 15.0.24
A. corr.

15.0.25 Health centers, nursing stations and health stations at various locations, in accordance with the attached Schedule 2, belonging to the Department of National Health and Welfare and all material and other assets located in such buildings as part of the regular equipment shall be turned over to the province of Québec by reciprocal Order-in-Council. The time schedule for turning over the federal health facilities shall coincide with the assumption of full responsibility for administration of health services by the Kativik Health and Social Services Council at which time the said assets shall be transferred by Québec to the said Council at no cost to it.

15.0.26 This Section shall be implemented gradually over a maximum Transition Period of five (5) years, in accordance with the provisions of Schedule 1, beginning upon the execution of the Agreement.

15.0.27 The provisions of this Section can only be amended with the consent of Québec and the interested Native party.

Legislation enacted to give effect to the provisions of this Section may be amended from time to time by the National Assembly of Québec.

Annex 1

(1) This Section shall preserve and improve the scope, extent, conditions and availability of existing health and social services and related services, but in a way that does not inhibit mutually desirable changes in programs or in their administration; foster progressively the training and education of health and social services personnel from among the Native people; and recognize the unique needs and the problems associated with meeting such needs in northern areas.

(2) Except as indicated below, the existing federal and provincial services shall remain intact during the period of time preceding the creation of the Kativik Health and Social Services Council and shall be modified thereafter only by definitive action by or through the Council, but in any event the existing federal services shall be terminated not later than the last day of the five (5) year Transitional Period mentioned in paragraph 15.0.26.

(3) Forthwith upon the execution of the Agreement, a working group shall be assembled under the auspices of the Ministry of Social Affairs of Québec to review the means by which, and with the intention of expeditiously organizing, a broad range of support services, including but not limited to assistance with transportation and housing, translation, and counselling, might be made available to Inuit travelling to centers in the south or returning to their homes in the north. The working group should include representatives of those agencies currently providing or coordinating such services and two (2) representatives appointed by the Northern Quebec Inuit Association.

The working group shall table its recommendations with the Minister of Social Affairs by May 1, 1976. In the interim, Canada and Québec shall maintain existing supportive services to the Inuit.

(4) Agencies of Québec and Canada will immediately undertake to improve health and social services for persons residing in the communities of Aupaluk, Port Burwell, and more urgently, Akulivik. As the need arises health and social services shall expeditiously be considered for the residents of new communities that may be established in the future within Region 10A.

(5) Québec undertakes to expeditiously review health and social services staff, facilities and equipment at Kuudjuaq (Fort Chimo) with the intention of upgrading the capabilities of the existing establishment to fulfill the sectoral responsibilities envisaged by this Section, and similarly for the community of Povungnituk, including plans for the earliest feasible construction of a hospital centre for general care.

Annex 2

Section 15 (Inuit)

Land information Sheet

Real Property Holdings

PLOT NO.	OWNER OF LAND	DEPARTMENT OPERATING THE FACILITY	LEGAL DESCRIPTION (OR OTHER IDENTIFICATION)	NATURE OF INTEREST	NATURE OF INSTALLATIONS AND PURPOSE FOR WHICH LAND IS HELD OR USED	COMMENTS (LOCATION)
152		National Health and Welfare	60°N – 78°W – Lot 400' x 300' – 575 mi. north of Rupert House – East shore of Hudson Bay	Two bldgs., one trailer on Prov. Crown Land	Povungnituk Nursing Station for provision of medical services to Native people	Occupied since No legal trans
176		National Health and Welfare	62° 12'N – 75° 38'W - 365 mi. N.W. of Fort Chimo – South shore of Hudson Strait	Two bldgs., three trailers on Prov. Crown Land	Sugluk Nursing Station for provision of medical services for Native people	Occupancy 19
133		Ministre des Richesses Naturelles	770 mi. north of Québec City 30 mi. south of Ungava Bay	Two bldgs. on loan to Province Constructed 1961	FortChimo Nursing Station for provision of medical services to Native people	Installation on Province P.C. 1969-12/
136		Ministre des Richesses Naturelles	58° 40'N – 66°W (Port Nouveau Québec) S.E. shore of Ungava Bay	One bldg. on Prov. Crown Land	George River Health Station for provision of medical services to Native people	Installation on Province P.C. 1969-12/
163		Ministre des Richesses Naturelles	200 mi. N.W. of Fort Chimo; North west shore of Ungava Bay 60° 12'N – 65° 50'W	One bldg. on Prov. Crown Land Acquired 1962	Koartac Health Station for provision of medical services to Native people	Installation on Province P.C. 1969-12/
160		Ministre des Richesses Naturelles	100 mi. N.W. of Fort Chimo; South west shore of Ungava Bay 60°N – 70°06'W	One bldg. on Prov. Crown Land	PayneBay Health Station for provision of medical services to Native people	Installation on Province P.C. 1969-12/
166		Ministre des Richesses Naturelles	60° 25'N – 70° 25'W – 260 mi. N.W. of Fort Chimo; south shore of Hudson Strait	One bldg. on Prov. Crown Land	WakehamBay Health Station for provision of medical services to Native people	Installation on Province P.C. 1969-12/
92		National Health and Welfare	55° 20'N – 77°W – Lot 4, 200' x 300' – 1.4 acres; east shore of Hudson Bay at Great Whale River	Three bldgs. one trailer on Prov. Crown Land	Great Whale River Nursing Station for provision of medical services of Native people	Constructed in
174		National Health and Welfare	62° 25'N – 77°50'W – north east shore of Hudson Bay	One bldg., two trailers on leased site	Ivujivik Health Station for provision of medical services to Native people	Legal agreeme two trailers to
123		National Health and Welfare	58°N – 78°W; Inoucdjouac (Port Harrison) east shore of Hudson Bay	Two bldgs., one trailer on Prov. Crown Land	Inoucdjouac (Port Harrison) Nursing Station for provision of medical services to Native people	New nursing s