

Minutes of a Special Meeting of  
the Northwest Territories Council  
conducted by telephone from the  
office of the Deputy Commissioner  
on Tuesday, April 18, 1950.

Members consulted:

Dr. H. L. Keenleyside	-	Commissioner
Mr. R. A. Gibson	-	Deputy Commissioner
Cdr. L. C. Audette	-	Member of Council
A/C H. B. Godwin	-	" " "
Major D. M. MacKay	-	" " "
Brigadier S. T. Wood	-	" " "

File No. 15731

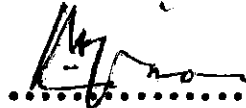
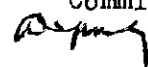
Following the letter from the Commissioner dated the 9th of March, 1950, to Dr. O. L. Stanton, Chairman of the Local Trustee Board at Yellowknife, regarding the status of the Yellowknife hospital, in which it was pointed out that the Northwest Territories Council would not be justified in spending public funds in support of the hospital unless the hospital board was prepared to follow a policy that would result in:

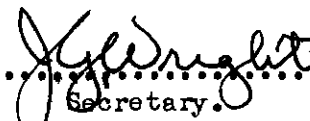
- (a) more efficient administration,
- (b) the elimination of discriminatory practices based on race,
- (c) suitable provision for the care of at least a reasonable number of persons suffering from tuberculosis,

there has been considerable correspondence.

Prior to his departure the Commissioner drafted a final reply to Dr. Stanton outlining the considered views of Council. (Copy attached).

This draft letter was discussed by Council and all agreed that it represented the views of the members. The letter offers a grant of \$2.50 per patient day for the year 1950, based on the number of patient days during 1949, on condition that the Board of Governors agree to bring to a conference in August or September specific proposals to meet complaints concerning segregation of Indians and the efficient management of the hospital. The letter was approved for dispatch.

  
.....  
Commissioner.  


  
.....  
Secretary.

DDE:1

14 April, 1960.

Dear Dr. Stewart:

I have your letter of the 30th of March, enclosing a documented report from the Hospital Board concerning the operation of the Hospital, your telegram of the 4th of April, and your letter of the 6th of April repeating the telegram.

The first point that I would make is that both the Hospital Board and you yourself seem to question the right, and certainly the wisdom, of the H.W.T. Council to take action which diverges from the recommendations of the Yellowknife Financial Commission. Mr. Galt, in his letter to you of the 30th of March states, "It is difficult to understand why Dr. Kamlayida and the other Ottawa residents of the H.W.T. Council saw fit to override the recommendations of a commission who made a careful 'spot' investigation of hospital operation". You in your telegram stated "Financial Commission apparently satisfied with organization (of Hospital)."

I do not think that any members of the Financial Commission will disagree with me when I state that the Commission did not make a "careful 'spot' investigation of hospital operation". They were not instructed to do so, and the personnel of the Commission was not placed with that particular problem in mind. They were instructed to investigate and make recommendations on the financial affairs of the Local Administrative District, and also on the financial relationship between the Yellowknife Hospital and the H.W.T. Council. It is true that they visited the Hospital and that they included in their report certain comments which were made to them by officials of the Hospital. Mr. Brown, Colonel Gault and Mr. Hayward all tell me, however, that they made no thorough investigation of the operation of the Hospital; they did not consider

Dr. O.L. Stewart,  
Chairman,  
Local Trustee Board,  
Yellowknife, N.W.T.

oocb/

- 2 -

themselves competent to do so, and if they had attempted this activity they would have wished to get the opinion of a number of independent experts on hospital management - which they did not do. I imagine that Mr. A.M. Gibson would agree with these views.

It also is true that the Commission did not attach any "riders or obligations" to their recommendation of a grant of \$2.50 per patient day. Nevertheless, I think it is somewhat of an exaggeration to say that the N.W.T. Council, because they did attach such obligations, were "overriding" the recommendations of the Commission. However, even if we were "overriding" those recommendations, I am certain that you would agree that all administrative bodies have the right to disagree with the recommendations of any commission that they appoint. (Parenthetically I would point out that the Yellowknife School Board have seen fit to disagree with the recommendations of the Commission by paying the Secretary-Treasurer \$200.00 per annum when the Commission recommended \$100.00 as a reasonable remuneration.) As I have mentioned to you in previous letters, the N.W.T. Council, in technical matters relating to the Hospital, relies on the advice of Dr. P.E. Moore, Director of Indian Health Services, and other competent officers of the Department of National Health and Welfare, who have a great deal of experience in these matters. They are not, therefore, wandering in uncharted waters without professional guidance.

With regard to the treatment of non-active tuberculosis cases in the hospital, I am prepared to recommend to the N.W.T. Council that they propose to the Charles Gansell Hospital that up to seven such patients be sent to Yellowknife. However, Dr. Moore tells us that he is not willing to send any Indian non-active tuberculosis patients to Yellowknife at a cost of \$10.00 a day, because he sees no justification in doing so when such patients can be taken care of at \$4.00 a day in all other hospitals in the North. He will do what he can to get any white non-active tuberculosis patients who may be in the Charles Gansell Hospital to transfer to Yellowknife; he can, of course, require such patients to leave Gansell but he cannot compel them to go to Yellowknife. I understand that the Yellowknife Hospital, for its part, wishes the Charles Gansell Hospital to undertake to accept active tuberculosis patients from the Yellowknife Hospital. Dr. Moore tells us that they will accept all Indian active tuberculosis patients but that they cannot guarantee to accept white patients, because the primary responsibility of the Charles Gansell Hospital is to take care of Indians.

....3/

Now I shall turn to the question of discrimination against or segregation of Indian patients. I think I made it quite clear in my letter to you of the 6th of March and again in my telegram of the 4th of April that by "discrimination" the H.W.T. Council was referring to the practice of segregating Indians in the Hospital. The fully recognized fact there is no discrimination against Indian patients in respect to the treatment or the care that they receive, but we understand from your letter that segregation of Indians is a routine practice. It is the opinion of the members of the H.W.T. Council that segregation of Indians from non-Indians discrimination against them.

You yourself, together with Dr. Macfarland, in your joint letter of the 6th of March to the Chairman of the Hospital Board, state that "there is no difference in treatment (of Indians) and no racial discrimination or discrimination" (the underlining is mine). In the next paragraph, however, you state that "white Indians are routinely admitted to the Indian wing" and you give reasons why this is done, emphasizing and defending the practice. Later in your letter you state that "the admission of Indian patients to the Indian wing is routine only and not a hard and fast rule". The H.W.T. Council has never understood that segregation was practiced unconditionally or that there are not occasions when Indians and whites are found in the same ward. They have, however, been under the impression that the segregation of Indians is the general practice in the Hospital, and your letter bears out that impression. It is this general practice of segregation which they disagree and they do not feel justified in allowing funds under their control to assist a private institution when that institution follows practices which are contrary to the principles of the Council, and contrary to the policy of the Government in relation to the treatment of our Indian compatriots.

Of the four reasons which you give for routinely admitting Indians to the Indian wing, the first one - the high incidence of active tuberculosis - seems to me to have the most validity. However, if there is a high degree of active tuberculosis among your Indian patients, and if - as you say - Indians are treated by the same nurses as the white patients, I do not see what difference there is between their situation and the favorable treatment of active tuberculosis patients, which you describe to give. In any event, surely your doctors can identify active tuberculosis in Indians as readily as they can in white patients. If you do not treat active tuberculosis I find it difficult to discern your problem. I might add that at a meeting of the H.W.T. Council Dr. Brown expressed the opinion that active tuberculosis patients would be equally

\*\*\*\*/

expressed in the Tollenharts Hospital if proper presentations were taken, and that those presentations should be adopted for all tuberculosis patients, even if they are believed to be non-sensitve.

As to your second and third reasons, I recognize that Indians may be dirty, but surely so is the routine practice to allow all patients thoroughly upon admission to Hospital, irrespective of whether they were going into a ward by themselves or into one occupied by white patients. I realize, too, that their visitors are frequently dirty, but would it not be possible and desirable to refuse entrance to any Indian visitors who are not reasonably clean? This would be a sanitary measure which would impress upon them the desirability of maintaining cleanly habits.

Coming to your fourth reason, I agree that Indians will be dirtier if they are in beds next to each other, but would not this be possible even if they are in a ward with white people? By underestimating its dirt at times when the hospital is not full you frequently have occasions when one ward will be only half occupied with white patients and another ward - in the Indian wing - will have one or two Indians in it. It would seem to me both more sensible and more efficient, in circumstances such as this, to put the Indians in the same wards as the white people, although the Indians might reasonably be placed in beds next to each other.

Turning now to the general matter of the efficiency of the operation of the Hospital. You stated in your telegram of the 6th of April that the Red Cross had been relieved of their obligation to pay operating deficits because the expectation by this Department that native patients be admitted to the Hospital had raised the capacity beyond the allocation of an outpost Hospital. We have searched our files and we cannot find any record to support this statement. Ascertaining the our information, when the preliminary negotiations were being undertaken with the Red Cross Association you suggested that the Hospital should have sixty beds, but that the Dominion Association questioned the need for this and an agreement was reached on forty beds. We have no record of any statement by the Red Cross that the size of the Hospital relieved them of their obligation to meet the deficit. I would therefore be grateful if you would send me a copy of any correspondence that you have from the Red Cross Association to that effect.

We have on file a copy of a letter from Mr. White, as Chairman of the Board of Governors, to Colonel D. K. Sullivan, Alberta Commandant of the Red Cross, dated January 15th, 1920, which reads in part as follows: "We have never asked the Canadian Red Cross Society to make any grant towards the maintenance of the Hospital, and we have accepted responsibility for any deficits which have been incurred. We think that this gives us the privilege of management and establishing policy". This statement by Mr. White rather naturally made us wonder whether the real reason why the Hospital had not been preserved was the deficit.

was that they did not wish to have any interference from the Red Cross in the management. Incidentally, I was somewhat surprised at the statement in Mr. White's letter to the effect that the Hospital Board had "suspended" responsibility for any deficits which have been incurred". I was under the impression that the R.N.F. Administration had been meeting these deficits from public funds voted by Parliament or from the Lager Fund.

In your letter of the 20th of March you state that a saving of 247 per patient day was made on operating costs in 1949 compared with 1948, and you implied that this was due to improved efficiency of operations. As I am not expert in thinking that at least a substantial part of this saving was due to the fact that the Hospital in December 1948 was connected to the water and sewer system and therefore saved a substantial sum compared with what was previously paid for tank delivery of water and disposal of liquid wastes?

I also understand that in 1949, a short time after the Hospital received a grant of 500,000, they reduced the monthly rate to patients helders by the sum of 10/6. I understand from reading the House of Commons that this reduction was in respect to certificates with employees of the same value than with private individuals presumably, the reverse, it would not result in any increase in the number of people holding certificates and would thus represent a loss in revenue to the Hospital. In view of the fact that the grant of 500,000 was programmed on the basis of the then existing certificate rate and was regarded to be no more than was necessary to meet the essential financial requirements of the Hospital, the R.N.F. Council would like an explanation of how it was possible for the Hospital to reduce the certificate rate and still claim to be managing the Hospital efficiently and economically. Have all operating costs been rising and it has been the general practice for similar organizations during the past few years to increase their certificate rates, it seems to me that the Fellowship Hospital would have been better advised to raise their rates rather than to lower them, to would appreciate your comments on this point, and we would also be grateful if you would let us have a statement as to the financial basis on which the rates to the various classes of certificate holders are calculated.

While I still find it difficult to believe that it would not be possible to split the work of Secretary-Treasurer of the Local Trustee Board, Secretary of the Hospital Board and Manager of the Hospital among two people instead of three, we are prepared to let that matter rest for the time being.

I have expressed the foregoing opinions at some length because I felt that it was desirable to try to give you as accurate a picture as possible of the reasons why the R.N.F. Council holds as it does. However, I think it is apparent from the recent exchange of letters and telegrams that

- 2 -

it will be extremely difficult to come to any satisfactory solution of this matter without holding a conference of all the interested parties. I, therefore, propose to call such a conference in August or September on my return from Bolivia. I feel that the parties that should be represented are the Board of Governors of the Yellowknife Hospital, the Yellowknife Local Trustee Board, the Dominion Council of the Canadian Red Cross Association, the N.W.T. Council, and Dr. P. E. Moore, both as advisor to the N.W.T. Council on health matters and as Director of Indian Health Services in the Department of National Health and Welfare.

Due to the unavoidable delay in calling such a conference, I am recommending to the N.W.T. Council that an immediate grant be made to the Yellowknife Red Cross hospital for the year 1960 at the rate of \$2.50 per patient day, based on the number of patient days during 1959. But as a condition of this grant I shall also propose to the Council that they require the Board of Governors of the Hospital to bring to the conference mentioned above specific proposals to meet the complaints concerning segregation of Indians and the efficient management of the Hospital. The Council will, I believe, want to have it more clearly understood that most financial assistance to the Hospital beyond 1960 will be entirely contingent upon a satisfactory agreement being reached on these matters.

Yours sincerely,

H. L. KEMMELTSHINE,  
Commissioner.