



Alternatives North

The Honourable Robert McLeod
Premier
Government of the Northwest Territories
P.O. Box 1320
Yellowknife, NT X1A 2L9

The Honourable Glen Abernethy
Minister of Health and Social Services
Government of the Northwest Territories
P.O. Box 1320
Yellowknife, NT X1A 2L9

DELIVERED ELECTRONICALLY

23 February 2017

Dear Premier McLeod and Minister Abernethy,

This letter is in regard to the recent bilateral agreement between the Government of Canada and the Government of the Northwest Territories. We regret the GNWT's decision to concede to a bilateral agreement instead of presenting steadfast support for a national accord.

As you know, the last Health Accord expired in 2014, leaving Canada with neither stable funding for health care nor a tool to create national standards of care. The federal government had been negotiating a new 10-year agreement between Canada and provincial and territorial Governments. Unfortunately, several jurisdictions, including your government, have entered into bilateral agreements that will inevitably weaken the public health care system of which Canadians are so proud. The provinces that continue to strive for a national accord contain the bulk of the population, representing fully 75 percent of Canadians.

As stated in your recent communication, under the new bilateral agreement,

“the NWT will receive \$13.5 million towards mental health and homecare over the next 10 years, beginning in the 2017-2018 fiscal year. Canada will contribute \$6.1 million towards mental health programming and services, and \$7.4 million for home care services,”

again over a 10 year period. Broken down on a yearly basis, this provides small amounts of increased funding for these critical programs.

Canadians, maybe especially northerners, need a strong national Health Accord that protects public health care for everyone, regardless of where they live, and ensures that the public system is able to meet the health care needs of all people. A national Health Accord is an important mechanism for the Federal Government to enforce national standards of care and the Canada Health Act.

Public health care was originally agreed to on a 50-50 cost sharing plan between the provincial and federal government. Today the Federal government only contributes 20 percent and that will fall further to 18 percent with the planned \$43 billion cut to public health care funding that results from the escalator factor falling from 6% to 3%. The Federal government must be pressed to pay its fair share with a Health Transfer escalator of at least 5.2% and an overall contribution of at least 25% of all current public health care expenses by 2025.

While we recognize the unique challenges and needs of the NWT, we regret that the GNWT accepted a measure that weakens the federal vision and leadership that Canada's universal health care system requires.

"A health accord should unite the country in recommitting to our shared vision, encourage the scaling up of best practices, and implementing national standards to ensure that no matter where Canadians live they can access the same high quality public health care." [from a Canadian Health Coalition press release].

Such principles should not be given up for short term, minimal and inadequate gains.

The breaking down of national negotiations into 13 bilateral deals raises serious concern about the future of our universal, single-tier, public health care system. We recognize that the federal government offer was "take it or leave it" but ultimately this is going to lead to cuts to public health care services. Will not bilateral agreements threaten the portability of Medicare and create a patchwork system in Canada?

A national Health Accord requires federal leadership and cooperation. To strengthen public health care and assure national standards, the federal, provincial, territorial, and First Nations governments must recommit to the Canada Health Act. We urge you to return to the negotiating table.

Sincerely,



France Benoit
On behalf of Alternatives North