

Hansard
May 30, 2007

MR. REID: Thank you, Mr. Speaker.

My questions are for the Premier.

Mr. Speaker, according to a press release issued this morning by the Premier, the Deputy Minister of Health has been removed from his position.

I ask the Premier: With so many health related issues on the front burner today, why was the deputy minister removed from that position?

MR. SPEAKER: The hon. the Premier.

SOME HON. MEMBERS: Hear, hear!

PREMIER WILLIAMS: Thank you, Mr. Speaker.

As part of the announcement today, government also announced that the senior civil servant, the former Clerk of the Executive Council, Mr. Robert Thompson, had taken on special duties to ensure that we go through a full, open and transparent process during the judicial inquiry and matters related to health issues, which are a very serious concern to all Newfoundlanders and Labradorians. We are trying to do this in the exact same manner as when we dealt with MHA's issues in the House. We brought in the Auditor General, brought in the police to look into matters and, as well, we brought in the Chief Justice; the highest judge, of course, in the land.

We want to make sure that as we go through this process, the same kind of process takes place. As a result, what we have done is we have appointed Mr. Thompson to these positions whereby he will be a secretary, basically, on health issues. What he will be doing, will be making sure that all the information that is necessary, that is required, for the judicial inquiry is presented so that everything that is necessary for complete disclosure is there. He will also chair a task force to make sure that in the event of any adverse health events in the Province, that there will be systems and procedures in place in order to guarantee the public and the public has the assurance that everything has been done properly.

We fully anticipate that, as a result of the public awareness of what is going on now with health issues, as individual matters of perhaps negligence or malpractice -

MR. SPEAKER: Order, please!

I ask the Premier to complete his answer quickly now.

PREMIER WILLIAMS: I appreciate getting a little time because it is a matter of importance.

As well, when it comes to future matters with health concerns, that we have a senior public servant in place in order to conduct that. That is a key part of that announcement.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. REID: Mr. Speaker, I read the press release, I know what was in it. I asked you a question: Why was the deputy minister removed from his position today? Obviously, you did not answer the question, so obviously you fired him. Is that why? Tell us why when you stand up, why you did that.

Mr. Speaker, the same press release states that Robert Thompson, the current Clerk of the Executive Council, will chair a task force on the management of adverse health issues and the dissemination of information to the public. The task force will not only identify adverse health events but, more importantly, how government responds and communicates information concerning these issues.

Mr. Speaker, it is obvious from this statement that was released by the Premier this morning that government realizes, now finally realizes, that once the false tests of the hormone receptor tests were known they should have been communicated to the 965 women impacted directly by those tests and to the general public at large.

I ask the Premier: Are you finally admitting that government was negligent in not telling these 967 women who are directly impacted, and the general public, about these faulty test results when government first learned about these faulty test results, not a year later.

MR. SPEAKER: The hon. the Premier.

SOME HON. MEMBERS: Hear, hear!

PREMIER WILLIAMS: Mr. Speaker, we, in government, see what we have done today as a very, very responsible action, an action that will give the public and presumably the members of the Opposition the assurance and the confidence that this is going to be done properly.

Let me say one thing, first of all, with regard to Mr. Abbott. Under no circumstances was Mr. Abbott fired; absolutely not. That is typical of the approach that you take when any individuals are involved in the public here in this Province; you want to smear their reputations and you want to disparage them - a very reputable, a very competent person. He was offered a transfer, basically, to the Department of Tourism. He has a background in the private health care sector. He wanted to go back to that private background, and that is exactly what he is doing.

During this process, while there is an inquiry going on, you do not want someone there who is constantly going to be under a barrage, a person who is going to have to sit there through all of this when every single issue that comes out during the judicial inquiry comes to the surface and this person has to run a department. He was given the opportunity to move to another department. He decided, of his own accord, to go into the private sector; but to try and imply that he was fired is wrong. It is a terrible, terrible insinuation for you to do that, Sir.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. REID: Thank you, Mr. Speaker.

I say the deputy minister was replaced by Robert Thompson who happened to be, himself, a former Deputy Minister of Health for this Province, who happened to be the Clerk of the Executive Council, who should, by the nature of that position, know everything that is happening in the civil service, including what was happening in the Department of Health with the receptor tests. I say to the Premier. By putting him in there, you are not doing anything different. You are not doing anything different by removing the current deputy minister and replacing him with one who knew exactly what was going in there. That does not give me any comfort, I say to the Premier.

Mr. Speaker, the three Ministers of Health knew the information about the faulty testing, yet made the decision to keep it from these 967 women and the general public at large. They decided to keep this a secret.

I ask the Premier: Did you, in any way, participate in the decision not to release the information? If not, did your ministers even advise you of the significance of the problem?

MR. SPEAKER: The hon. the Premier.

SOME HON. MEMBERS: Hear, hear!

PREMIER WILLIAMS: Absolutely not, Mr. Speaker, I was not involved in that. Nor has there been any deliberate attempt by any of the ministers to hide information here.

Do you think for one minute that anybody in their right mind, whether they are a minister, the Premier, or a member of the general public, would deliberately keep information from people who were sick, or had bad health consequences, or had a wrongful interpretation or a wrongful diagnosis? Do you think that anybody, for any political reasons or for any cover-up reasons, would do that? Because, I can tell you right now, it certainly did not happen and it will not happen.

You need to take into consideration here exactly what this is all about. This is about the people of Newfoundland and Labrador having comfort in the system, having known that they have the security in the system on a go-forward basis.

What we have done here is, we have taken the highest public servant in the land, who has a background in health, who is an eminent and an exceptional individual with a terrific career in the public service, and we have placed him in a key role of importance to make sure that all the information gets out.

You know, Mr. Speaker, we have to understand here that this transcends this government. We came into it late in the decade, but this goes back to 1997. This transcends your government, and governments before it, but this is not a witch hunt. We are not out to try and blame previous Ministers of Health for covering up anything here, because I do not for one minute think that happened under any circumstances.

MR. SPEAKER: Order, please!

I ask the Premier to complete his answer.

PREMIER WILLIAMS: So, we are here to provide all the information and to give whatever is necessary to that judicial inquiry so that proper conclusions can be reached.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. REID: Thank you, Mr. Speaker.

I am suggesting you covered it up. I can tell you the reason. Your minister stated publicly the reason the information was not released to the affected individuals and to the general public. He said he agreed with Eastern Health in that they had to weigh the cost of telling the affected individuals against the cost of the litigation against Eastern Health. That is the reason it was covered up, I say to the Premier.

So you are saying, Premier, that you had no knowledge of this most serious issue when you had three ministers who knew all about it and were briefed all the way along the way, according to Eastern Health, in the briefing they gave us last week, and not one of these individuals came forward to you and asked for your advice, or notified you of this in anyway whatsoever. This never happened? Is this what the Premier is saying?

MR. SPEAKER: Order, please!

The hon. the Premier.

SOME HON. MEMBERS: Hear, hear!

PREMIER WILLIAMS: Thank you, Mr. Speaker.

Mr. Speaker, what I am saying is that I, under no circumstances, deliberately attempted to cover up, or was there ever any conscious decision made by Cabinet or by any of the ministers to have any cover-up here with regard to information. As information was made available to us, and as we were advised by the medical profession, we disclosed information and we disclosed test results to the people who were affected. That is exactly what we did.

Your question implied that I was involved in making some decision that kept information from the public, and that is not true. You are going to find, Mr. Speaker, as we delve back through this, that there is other information that is going to come out. There are memos that were written back in 2003 when the hon. members opposite were in government, and there is a memo that came from a doctor that was sent to the Health Care Corporation that says: Diagnosis based on inappropriate immunostain will surely jeopardize patient care and may even expose the HCCBJ to litigation. Therefore, it will be ill-advised to operate unreliable and erratic immuno procedures in our laboratory.

These kinds of pieces of information are going to come out, and they were during your term of office, some are during our term of office, and some were during a previous term of office. This is information that needs to be made available to the general public, but I am not turning around here today and accusing you of hiding any information like this. I do not think you would. I consider you to be an hon. gentleman and I would expect the same reciprocity for us.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. REID: Mr. Speaker, the issue of the faulty test results - I am not talking about individuals; they were faulty test results - it is my understanding that it was because of equipment that was used. The issue of faulty test results was made known to your government in May 2005. The final tests were not completed until November 2006, some sixteen or seventeen months later. There are people in the Province today, Mr. Speaker, according to the news last night, who were tested and still do not know the results of these tests.

I ask the Premier the question: When were you first made aware of the faulty test results?

MR. SPEAKER: The hon. the Premier.

SOME HON. MEMBERS: Hear, hear!

PREMIER WILLIAMS: Mr. Speaker, there were two briefing notes that were prepared, which were given to me, and they were both in reaction to the media announcement. One was in October 2005, if I remember, and the second memo was in August 2006; I believe

it was August 18. The other one was in the first week or second week of October 2005. They were in reaction to the media stories at that particular point in time. They were given to me for information purposes, so that I would be advised of what the public knew, what was out in the public domain, to tell me exactly what the situation was within government. Those were the two briefing notes that I had.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. REID: Mr. Speaker, I am amazed that the Premier just admitted that, that he knew in October 2005. He knew about these faulty test results in October 2005, and that the final test results were not complete until November 2006, a year later.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MR. REID: You sat on that information. You were part of the decision-making process that made it, made a conscious decision not to notify these individuals because, as your minister said, you were more concerned about litigation than you were about the health of the individuals. I am shocked, Mr. Speaker.

Mr. Speaker, my final question for the Premier -

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MR. REID: It appears now, from what happened this morning with regard to the press release about the firing of the Deputy Minister of Health, that you are using that individual as a scapegoat. Well, that is not going to work, Mr. Premier. You had three ministers who sat on that information for some eighteen months without telling the people. Why didn't you ask for their resignations, rather than firing the Deputy Minister of Health?

MR. SPEAKER: The hon. the Premier.

SOME HON. MEMBERS: Hear, hear!

PREMIER WILLIAMS: Mr. Speaker, what I did say is that I was provided with media information on what was in the public domain, which was disclosed by *The Independent*, I think, on a Sunday in October, so the Monday or the Tuesday morning I would have been provided with a briefing note.

With regard to the firing of the Deputy Minister of Health, that is absolutely untrue. It is absolutely unfair. It is malicious. It is defamatory. It is libelous. It is the wrong thing to do to a very bright, intelligent public servant who has provided great service to this Province, who was offered a transfer to another department, did not accept it because, based on his own decision and his family decision, he decided he was going to go back to the private service.

That is very clear for the record, make no mistake about it, despite the defamatory statements of the Leader of the Opposition which are absolutely disgusting.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. REID: A final question, Mr. Speaker.

Let's get this straight. This issue was first brought to government's attention in May 2005. The Premier never knew anything about this issue until it became public in October 2005, six or seven months later.

Premier, do you think that your ministers, one or all of three of them, were acting in a competent way by not telling you about this very, very serious issue for six months? Do you think that they should be sitting in your Cabinet today, having not informed you of this serious issue? What other serious issues are they not informing you of?

MR. SPEAKER: The hon. the Premier.

SOME HON. MEMBERS: Hear, hear!

PREMIER WILLIAMS: I ask the hon. gentleman opposite: Was he aware of this memo in June 2003, as a member of Cabinet, which was sent to government with regard to a health issue? Were you aware of it? He was not aware of it.

Mr. Speaker, I receive thousands of briefing notes over a period of time. I receive thousands of pieces of information. I rely on my ministers. Those ministers rely on the health boards. Those matters were being dealt with by the health boards. The ethical side and the medical side of the health boards had already said that these matters are under review, they are in good hands.

We are not doctors. I am not a doctor. The Ministers of Health are not doctors. We cannot provide medical advice. We have to rely on good medical advice in order to deal with tests properly, and that is exactly what we did. We took instructions from the people who know what this is all about.

If there was a flaw in that process, that is what the inquiry is all about. We do not diagnose people, in this government, and we do not intend to do so. We rely on proper medical procedures, and that is exactly what we did.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. REID: Mr. Speaker, the Premier says he relies on his minister and he relied on his ministers. Well, I say to the Premier, one or all three of these ministers knew of this very serious issue for six months. They never spoke to you about it.

Do you feel confident in relying on these three same ministers today? Do you, Premier? As the main minister for this Province, do you feel confident in leaving those three individuals in your Cabinet when, on any given day, a very important issue concerning the lives of Newfoundlanders and Labradorians may come across their desk, that you may need to know about. Can you rely on them to pass that information on to you? Because obviously you could not do it in the past.

MR. SPEAKER: The hon. the Premier.

SOME HON. MEMBERS: Hear, hear!

PREMIER WILLIAMS: I can rely on them, absolutely. Perhaps Premier Grimes could not rely on his ministers - it might be a little different situation for you - but I can rely on my ministers, absolutely. There are lots of matters that are left to the ministers and they take care of them in a proper manner. This was dealt with in a proper manner. The liaison was done with the health authority. The tests were sent off to the best institution that we could possibly send them off to, and the first results came back in October. When those results came back, they were conveyed to the people who were affected.

You see, the primary purpose here is the health of the patients, the people who were affected. It is not about politics. You need to understand that this is not about kicking around the political football, when you are dealing with the lives of people and their families. This is about finding out what happened. This is about dealing with it. This is about giving the people of the Province the assurance that best practices are being followed.

We will do that, and we will do that to the best of our ability, and they will have full disclosure at the end of the day, unlike the previous government opposite.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Cartwright-L'Anse au Clair.

MS JONES: Mr. Speaker, my questions are for the Minister of Health and Community Services.

There is an obvious shortage of nurses in the Province, as was demonstrated by those who walked the picket line in the rain yesterday at Clarendville. The president of the nurses' union is pointing the finger at government, saying this is a consistent problem all over the Province. The failure to retain nurses in our hospitals will impact the quality of our health care services and, as well, Mr. Speaker, many of these professionals will lose most of their summer vacation this year.

You, Minister, made a promise in the last election to deal with recruitment and retention, so why have you failed to address this issue and allowed it to reach a crisis point?

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: Thank you, Mr. Speaker.

As I indicated in the House yesterday, Eastern Health, as I understand it, before the end of this week, will be posting a new revised vacation schedule. The nurses who work within Eastern Health will have an ability not to get all of their annual leave between now and October but, in accordance with their collective agreement, they will have access to their annual leave provisions between now and the end of October. As I understand it, that will be capped at about two weeks of annual leave.

I understand also, Mr. Speaker, that Eastern Health has had some real success, as have the other health authorities, some real success in recruiting the most recent graduates from our Schools of Nursing in this Province. Eastern Health, together with the other health authorities, have made a real effort to convert many of the casual positions to permanent, which has been a major issue for nurses in this Province to be able to have a fixed schedule, a clear understanding of their work duties and rotations, and that sort of thing has been done. Eastern Health, together with the northern regions, have been able to provide some incentive, some cash incentives by way of signing bonuses -

MR. SPEAKER: Order, please!

I ask the minister now to conclude his answer.

MR. WISEMAN: - and other financial incentives to be able to attract people to their respective regions, I say, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Cartwright-L'Anse au Clair.

MS JONES: Mr. Speaker, the issue is far from under control.

One of the issues identified with retaining nurses, in fact, was that many of the positions were casual and part-time only. I think the minister realizes that nurses are the heart of health care in this Province and I would like to ask him why he did not convert those positions to permanent positions sooner, instead of waiting until we had lost these new employees?

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: Thank you, Mr. Speaker.

Just so we have this question in some context here, the issue of having casual nurses converted to permanent positions is an issue that surfaced this year, yes, in 2007, and each of our health authorities have made an effort, and have made a major effort, to convert many of their casuals to permanent. In fact, Eastern Health, I think, had 160 some-odd people converted from casual to permanent. This is not a new issue, Mr. Speaker.

I recall one time when members opposite were in government and the nurses were on strike. They were out on strike as a result of - this was one of the major outstanding issues. Members opposite let the nurses' union go out on strike over this and other issues that have since been addressed.

The issue of conversion of casual to permanent positions is an issue that dates back to the 1990s, the early 1990s. It is not a new issue. What is different, though, this time, I say, Mr. Speaker, each of our health authorities -

MR. SPEAKER: Order, please!

I ask the minister now to conclude his answer.

MR. WISEMAN: - in recognition of how significant an issue this was for the nurses in their respective organizations, and for the nurses' union, have taken action this year to deal with it.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Order, please!

The Chair recognizes the Member for Cartwright-L'Anse au Clair.

MS JONES: Mr. Speaker, it seems that there is always a failure of this minister to recognize some very critical and essential problems that are out there in our health care system. Let me ask him this question as it relates to LPNs today.

We have learned that Eastern Health Corporation is looking at hiring low-skilled workers to fill temporary positions at its nursing homes over the summer months. The Department of Health and Community Services must know that these patient observer attendants have no training and no experience to work in this sector of our health care. I ask the minister if his government and he are supportive of having these professionals replace these skilled LPNs that we now have working in our system?

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: Mr. Speaker, I think it is really important when you start asking questions, that you ask it and frame it appropriately, because, very clearly, these personal observation staff, these individuals, are not replacing the full functions of LPNs. That is the critical issue here, Mr. Speaker. When you use a phrase that these people are replacing, that suggests that they are going to walk into those same positions and do all of the exact same duties. That is not the case, Mr. Speaker, not the case at all, and to suggest that is going to happen is just totally irresponsible. It gives people the impression that they will be cared for by people who are not well trained and are not qualified to do the job, and that is not what is happening here.

Very clearly, what has happened this year is Eastern Health has made a similar decision that Western Health made last year, that in certain circumstances when individual patients need to have someone with them twenty-four hours a day, seven days a week, someone needs to sit there and to observe that patient or that resident during that period of time. When care is required -

MR. SPEAKER: Order, please!

The Chair asks ministers to keep their responses to roughly a minute.

The Chair recognizes the Member for Cartwright-L'Anse au Clair.

MS JONES: Thank you, Mr. Speaker.

I guess my question to the minister then will be very simple, because our understanding from LPNs is that they are being replaced by unskilled workers.

I ask the minister: Will he intervene with the Eastern Health Corporation today to ensure that these placements of unskilled workers, untrained workers, in our health care system does not happen?

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: Mr. Speaker, herein lies the problem with these questions. They rely on their understanding, which is not always clear. Clearly, as I have said, and I will repeat again, these individuals are hired as patient observers. They are not carrying out the full functions of an LPN. They are not carrying out the full functions of an RN. To suggest that they are replacing, as to imply that they are assuming all of the full range of duties of an LPN, is an irresponsible assertion on their part. Again, misunderstood the issue.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Grand Bank.

MS FOOTE: Mr. Speaker, my question is also for the Minister of Health and Community Services.

Last week the minister said he directed Eastern Health to, within ten days, carry out a review of 6,000 radiology reports done by the suspended radiologist at the Burin Regional Health Centre.

I ask the minister, in light of the news from the head of the Newfoundland and Labrador Medical Association, Dr. Tumilty, that ten days is unreasonable if the reports are to be done accurately, but they will do everything possible, he said, to complete the review.

I ask the minister: Will the radiologists involved have to put their own work on hold to get this review completed?

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: Mr. Speaker, as I indicated in the House yesterday, as I understand it, Eastern Health has some twenty-two radiologists who are involved in this exercise. A couple of them are working full-time on that. The others are doing it in between the work that they are doing.

As a part of this exercise, other day-to-day routine activities are not being pushed aside. This has been an add-on for them. We commend them and we really want to thank them for making the extra effort to, in fact, assist us with this process, to assist us in what is a massive task we have before us. I really want to thank them and commend them for the commitment that they have made to do this in a fashion that provides quality treatment to the people of Newfoundland and Labrador.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Grand Bank.

MS FOOTE: I do not know, Mr. Speaker, if the minister realizes that in his answer he just gave the impression that they are not working full-time in their regular jobs.

SOME HON. MEMBERS: Oh, oh!

MS FOOTE: Mr. Speaker, even though radiologists will try and complete the review in two weeks, Dr. Tumilty has said that rather than be forced to rush the process to satisfy government, radiologists want to protect against error. The minister, however, said he is not concerned that the extra workload may cause mistakes in the retesting. Now, Mr. Speaker, the last thing we need in health care in this Province are even more mistakes.

I ask the minister: Is this yet another example of making decisions that are not in our patients' best interests? When are you going to live up to your commitment to do whatever it takes to get the job done instead of putting extra pressure on our radiologists?

MR. SPEAKER: The Chair recognizes the Minister of Health and Community Services.

I ask him to keep his response short.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: Thank you, Mr. Speaker.

I challenge the member opposite, either in Hansard or any taped interview ever done by this minister, that I ever suggested that I did not want to have a safe result here; that I would put speed ahead of safety; speed ahead of having a positive outcome. It is irresponsible to suggest it. It is one more time of fearmongering and suggesting that this government is somehow irresponsible. I say, Mr. Speaker, that is totally irresponsible on the member's part opposite.

MR. SPEAKER: Order, please!

In order to meet our commitments to the Member for Signal Hill-Quidi Vidi, the Chair must now move to that particular member.

The Chair recognizes the Member for Signal Hill-Quidi Vidi.

MS MICHAEL: Thank you very much, Mr. Speaker.

My question is for the Premier.

Mr. Speaker, today's announcement about the task force on the management of adverse health events is a band-aid over the gapping wound of our health care system. It is dealing solely with issues arising from our current crisis and will not get at major

systemic problems. Our health care system needs more than just a task force on communications that sounds like a public relations exercise.

I ask the Premier if he and his government have the political will to do what the Manitoba government has done and have an external review of the regional health systems in our Province?

MR. SPEAKER: The hon. the Premier.

SOME HON. MEMBERS: Hear, hear!

PREMIER WILLIAMS: Mr. Speaker, let me say first, I am quite disappointed and amazed that the hon. Member for Signal Hill-Quidi Vidi would term this to be a public relations exercise. I cannot believe it.

The credibility that you had when this issue first arose, and the genuine emotion that you showed, was heartfelt, but for you to play the politics that the hon. members opposite are playing, and to play that silly, foolish, political game that is going on over there is shameful. That is what I say to you, the Member for Signal Hill-Quidi Vidi.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

PREMIER WILLIAMS: Mr. Speaker, I assure the member that we are doing -

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

The Chair recognizes the hon. the Premier.

PREMIER WILLIAMS: I assure the hon. member opposite that this Administration will do whatever it can and whatever it has to do to get to the bottom of this. What we have done is the first step now. The next step will be to appoint a judicial inquiry. The step after that will be to arm that judicial inquiry with whatever staff is needed for that person to conduct that inquiry in a fair and open manner. Mr. Thompson is the top public servant that I have available in this Administration to put on this, and I think that is a good start.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Signal Hill-Quidi Vidi.

MS MICHAEL: Thank you, Mr. Speaker.

The point of my question to the Premier, and I will have a supplementary for him, is that I think the issue is bigger than what this task force is being given. I think the issue is the whole system.

In 2004, government restructured the provincial health boards saying, at that time, through the then Minister of Health: Creating fewer, more accountable health authorities is a necessary step in renewing our health and community services system and meeting client needs. In light of what is currently happening we have massive problems. They go, not to just the issues we are dealing with. Over the past while we have had problems with pharmacists, oncologists -

MR. SPEAKER: Order, please!

I ask the member to put her question quickly.

MS MICHAEL: - hormone receptor testing, radiology review, nursing leave, lack of staff to transcribe reports.

In light of all of that, will this government embark on an external review of our whole health system for a full analysis with public input? That is my question because of my concern -

MR. SPEAKER: Order, please!

The Chair recognizes the hon. the Premier.

SOME HON. MEMBERS: Hear, hear!

PREMIER WILLIAMS: Mr. Speaker, just as we have done on previous occasions, this government will tackle every problem that comes before it, and do it in an open, a transparent and an accountable manner.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

PREMIER WILLIAMS: A request was made for an inquiry by the Opposition, and within days we acceded to that, acknowledged that, and felt that was a good thing and that is a good process. We have now taken another step. We have now taken our senior public servant and actually put him as a secretary so he has all the information that will be made available. As this process evolves, we will deal with it.

This is not just, as I said, a problem of this Administration. Any problems that are ours we will acknowledge and we will accept, but any problems that are related to the hon. members opposite, or their governments or previous governments, we will also deal with this, but we will not conduct a witch hunt. This is all about, at the end of the day, making

sure that the patients and the people of this Province have proper health care. We will ensure that.

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May 30, 2007

Provincial Government Prepares for Commission of Inquiry and Announces New Task Force on Health System

Premier Danny Williams announced today that Robert Thompson will effective immediately assume the role as Secretary to Cabinet for the Management of Health Issues. In this role, Mr. Thompson will chair a task force on the management of adverse health events and the related dissemination of public information. This task force will extend beyond hormone receptor testing and will examine how the health system identifies, evaluates, responds and communicates in regard to adverse events in the health system which may compromise the health of patients in Newfoundland and Labrador.

In this position, Mr. Thompson will assume responsibility for preparing the provincial government for full and open participation in the upcoming Commission of Inquiry on Hormone Receptor Testing.

"The revelations of the last two weeks have no doubt affected public confidence in how the health system in our province operates and how the public is kept informed on issues of importance," said Premier Williams. "As such, today I am announcing that we have appointed the province's most senior public servant to provide leadership in the management of adverse health events, and to also work to ensure that government's participation in the Commission of Inquiry is fully accountable and transparent."

Mr. Thompson will undertake all preparations for the inquiry from the province's perspective and will make recommendations to Cabinet on how government can respond to issues raised by the inquiry.

"I look forward to Mr. Thompson's leadership in his new role and am confident that his work will assist in helping to restore faith in our health care system," added the Premier.

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Media contact:

Elizabeth Matthews

Office of the Premier

709-729-3960, 709-351-1227

elizabethmatthews@gov.nl.ca

Biography

Robert Thompson

Secretary to Cabinet for Health Issues

Robert Thompson has served for the last three and a half years as the Clerk of the Executive Council and Secretary to the Cabinet. Prior to that he served as Deputy Minister of the departments of Health and Community Services, and Tourism, Culture and Recreation. In his career with the provincial government, he has also served as Assistant Secretary to Cabinet for Economic Policy and has held management positions with the Intergovernmental Affairs Secretariat, the Department of Education, the Department of Career Development and Advanced Studies, and the Department of Rural, Agricultural and Northern Development.

Mr. Thompson is a graduate of Memorial University of Newfoundland (Political Science), with graduate studies at York University (Public Administration) and Memorial University (Business Administration). He serves as a Director of the Canadian Policy Research Networks, and he is the Chair of the Board of Directors of Shallaway: Newfoundland and Labrador Youth in Chorus. He has served on the boards of Canada Health Infoway Inc., the Canadian Tourism Commission, the Atlantic Canada Tourism Partnership, the Special Celebrations Corporation, the Credit Union Stabilization

Fund and the St. John's Downtown Development Corporation. Mr. Thompson resides with his wife, Wanda, and their daughter, Emily, in St. John's.

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Hansard – May 31, 2007

MR. REID: Thank you, Mr. Speaker.

Mr. Speaker, the former Deputy Minister of Health, the individual who occupied that position until yesterday, has been recognized as an excellent senior executive. As a matter of fact, he has been recognized for his contribution to the public service in this Province and awarded the Lieutenant Governor's Award of Excellence in Public Administration by the Institute of Public Administration for Canada. Mr. Abbott was relieved of his duties in the Department of Health yesterday. Basically, the Premier wanted the individual removed from the department and offered him a demotion. The individual declined and left the public service.

I ask the Premier: Can he clarify what this deputy minister did or did not do to deserve this slap in the face by his government?

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: Mr. Speaker, as was indicated in this House yesterday very clearly, the former Deputy Minister of Health and Community Services had provided exemplary service to the people of Newfoundland and Labrador, was commended for the great work that he did, was provided an opportunity to move some place else in the public service and chose, though, to return to his private consulting practice, which he had a very successful career in before coming back to the Department of Health and Community Services. We wish him well. We are certain that he will be equally as successful in his continued consulting role as he was with the Department of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. REID: Thank you, Mr. Speaker.

To listen to the Minister of Health, you would swear that the deputy minister asked to leave himself. How funny. How ironic.

Mr. Speaker, another former Deputy Minister of Health was dismissed by this government after the VON fiasco in Corner Brook at the same time that the Member for Topsail was fired from her Cabinet. At that time the Premier decided that an individual, such as the deputy minister, would also be a scapegoat for that circumstance and she was removed from that position.

I ask the Premier: How much did the taxpayers of this Province pay for having Ms Fry wrongfully dismissed from that job, and what liability is government subjecting itself to with the most recent dismissal of the Deputy Minister of Health?

MR. SPEAKER: The hon. the Minister of Health and Community Services....

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: Mr. Speaker, individuals who are employed by government are entitled to - depending on whether they are governed by a collective agreement or governed by Treasury Board policies, there is a provision for severance when employees terminate their employment. If any individual, whether it is a deputy minister or an employee of this House, or any other department of government, decides that they want to leave government or decides that they want to move on, what they are entitled to is laid out either in, in some cases collective agreements, in some cases policies, and they will get whatever severance they are duly entitled to when that employment relationship changes. It is a standard process. Members opposite would know that from their own personal experiences in government.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. REID: Mr. Speaker, both the Premier and the minister are dodging the answer to the question I raised.

I ask the minister quite simply: Did the Deputy Minister of Health, yesterday, ask to leave that position or was he ordered to leave the position?

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: Mr. Speaker, I am not certain how much clearer we can be. The Premier yesterday indicated, and it has been indicated several times since then, that the former deputy minister the member is referring to was offered a move to another position, another department as a deputy minister. He would have been a deputy minister in another department. At that particular point in time, it was that individual's own personal decision to not accept that offer and he wanted to make a choice to return to a private consulting practice.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. REID: Mr. Speaker, it seems that the group opposite have a real problem with the word fired. They fired Joan Cleary and said that she resigned. They asked for her resignation. They moved the deputy minister out yesterday and you will not say if you asked him to leave or if he asked to leave.

Mr. Speaker, the Premier stated yesterday that he wanted a clean approach to the Department of Health while the government is under public scrutiny. That is the reason he gave for removing the deputy minister from that position. The current Minister of Health, the individual who is answering the questions on behalf of the Premier this afternoon, was the Parliamentary Secretary or the minister all during this breast screening issue that has arisen recently.

I ask the Premier: If you are using this excuse to remove the Deputy Minister of Health, why are you not using the same logic and remove the current Minister of Health, the individual who is involved in the entire process and is supposed to make the ultimate decisions on behalf of the Department of Health?

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: Mr. Speaker, back in January I was quite pleased when the Premier called and invited me into the Cabinet. I was pleased when he expressed that kind of confidence in my ability to be able to hold this portfolio, and while I sit in this chair I will continue to carry out my duties and responsibilities in a very fair and diligent way.

I say, Mr. Speaker, I am pleased that the Premier has expressed that kind of confidence in my ability to be able to hold this post and look forward to continuing in my capacity for quite some time in the future.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. REID: Mr. Speaker, I thought I saw it all until just then. I asked the Premier, why won't he remove the Minister of Health from that portfolio, and guess who answered? The Minister of Health got up and said why he should not be removed.

MR. SPEAKER: Order, please!

MR. REID: What a joke! What a joke!

Mr. Speaker, another individual who is involved in this entire process is the current CEO, Chief Executive Officer, of Eastern Health, Mr. George Tilley.

I ask the minister, or I ask the Premier - not the Minister of Health, who gets up and defends himself from being fired - I ask the Premier: Why is Mr. Abbott being removed from the Department of Health while Mr. Tilley, as you stated yesterday, was making the decisions and providing the advice to government on this issue?

Using your own logic, what do you think should happen to Mr. Tilley, I ask the Premier?

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: Mr. Speaker, the Premier of the Province can very clearly speak on behalf of government and take actions with respect to any department in government, but Mr. Tilley is the CEO of the Eastern Health Authority. That Eastern Health Authority has been established through a piece of legislation passed in this House. They are an autonomous body. Eastern Health has recruited Mr. Tilley as their CEO and they will provide direction to him in terms of how he performs his task. Eastern Health will evaluate his performance and Eastern Health will make decisions around future employment of Mr. Tilley and others who work with the Eastern Health Authority, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. REID: Mr. Speaker, I cannot believe how this government tries to get themselves around a situation. Here he goes and says that it is the board of Eastern Health who hired Mr. Tilley. Well, I ask the minister: Who was it who appointed the board, each and every member, to the board of Eastern Health? It was the government. You control the board over there. You control Eastern Health, I say to the minister.

Mr. Speaker, the Premier says a judicial inquiry and a task force are very important steps to immediately find out what went wrong in the Department of Health - to immediately find out what went wrong with the Department of Health. Meanwhile, the Premier and his ministers knew about this problem ever since May 2005 and understood the magnitude of the problem in November 2006.

I ask the Premier: Why did it take you so long to address the issue?

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: I think it is important - in the last couple of weeks we have heard a lot of questions, and in the questions we have embedded dates and timelines. That becomes

very important to appreciate here, Mr. Speaker, and it is important for the people of Newfoundland and Labrador to understand this.

Eastern Health became aware that they had a difficulty and a problem in May 2005. As I said in this House many times, in July 2005 they, at that particular time, advised government of the issue; but to suggest that Eastern Health or government, from July 2005 up to November 2006, did not disclose information, that is a false statement, Mr. Speaker. It is a false statement because clearly, as Eastern Health presented to members opposite, as I have said in this House, in the fall, in October 2005, Eastern Health started a process to communicate with all of those individuals who had their test results sent away, to have that done. That was presented to you and members of your caucus last week by Eastern Health.

MR. SPEAKER: Order, please!

I ask the hon. minister to complete his answer now.

MR. WISEMAN: Clearly, the information to those people who really needed to know - the people who really needed to know were the patients who were impacted, and their families - they started to know in the fall of 2005, I say, Mr. Speaker, and these were the important people who really needed to know, not the members of the Opposition.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Order, please!

The Chair recognizes the hon. the Leader of the Opposition.

MR. REID: Thank you, Mr. Speaker.

I say to the minister, you can get on with your drive! all you like. The fact of the matter is that Eastern Health and the Minister of Health knew about the faulty tests in May 2005 and there were some women in the Province who did not learn of that problem until November 2006, and there are still some out there today who still do not know the results of those tests.

MS JONES: Thank you, Mr. Speaker.

My questions are for the Minister of Health and Community Services.

There is a critical shortage of nurses in our hospitals and we heard this morning in a recent broadcast that professionals have been forced to quit their jobs because they have been denied vacation time with their families this year. We know that government has already tampered with nurses' contracts over the years, cutting their sick days, freezing wages and so on, and we know that this is discouraging in terms of attracting nurses to our Province and to work in our hospitals.

I have to ask the minister - I know he was a while this year before he converted some of the casual and temporary positions to permanent, but I ask him: Are they prepared to convert more of these positions to permanent jobs, and could he also tell me what other initiatives they are working on right now to ensure that we have a full complement of nurses in our hospitals?

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: Thank you, Mr. Speaker.

As I said yesterday, each of the four authorities have converted casual positions to permanent. That has been done throughout the entire Province in each of our four authorities. Two authorities have engaged in a process to assist them with recruitment to provide bonuses, to help with the relocation and signing bonuses to come to work with these two authorities, particularly in areas where it is much more difficult to recruit than some others. We have a working group between the Nurses' Union and the nurses' association, the Department of Health and Community Services and the authorities, working on developing a long-term strategy to deal with some of the issues that are facing the Province in the long term.

Mr. Speaker, some of the initiatives that we have undertaken in this year's Budget to be able to enhance the careers of people who are currently working in the nursing profession, with a view to ensuring that they have much better working conditions and are able to -

MR. SPEAKER: Order, please!

I ask the minister now to complete his answer.

MR. WISEMAN: Thank you very much.

To make sure, Mr. Speaker, that we provide a quality of work life for the people who work within the nursing profession within each of our four authorities.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Cartwright-L'Anse au Clair.

MS JONES: Mr. Speaker, the minister knows full well that this government has not addressed the nursing shortage in the Province appropriately in the past three to four years. As a result of the situation we are faced with this year, it is anticipated that beds will close in our hospitals over the summer.

I ask the minister: How many hospital beds are slated for closure across the Province this summer, and in what health care centres?

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: Mr. Speaker, before I answer the last part of the member's question, let me just put in perspective some of the things that we have done with nursing. If you look over the last three budgets, we have increased in a significant way the number of public health nurses that we have had in the system; we have increased the number of nursing positions as a result of the introduction of dialysis services in four new locations; we have improved the number of nurse educators who are involved in diabetic teaching in the Province; created new positions. We have created new nurse practitioner positions, all with the view, Mr. Speaker, of improving the quality of care we provide, but at the same time providing increased opportunities for nursing in this Province and providing opportunities for progression within their professions.

To the second part of her question, what each of the health authorities are doing this summer, as I understand it, Mr. Speaker, each of the authorities are now

MR. SPEAKER: Order, please!

I ask the minister now to complete his answer.

MR. WISEMAN: Thank you, Mr. Speaker.

I understand each of the health authorities now have mapped out a strategy for the summer in terms of their level of operation and also in terms of the vacation schedule for our nursing staff.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Order, please!

The Chair recognizes the Member for Cartwright-L'Anse au Clair.

MS JONES: Thank you, Mr. Speaker.

It was only one question and the question was on the number of beds that will close in the Province. I understood from part of the minister's answer that there will be some, and I ask him if he could table that list for me at some point in terms of the number of beds that will close and in what areas of the Province.

Mr. Speaker, LPNs at the Hoyles-Escasoni are now expected to conduct orientations with personal observer attendants that Eastern Health is hiring for summer relief in those

facilities. The minister indicated in his response yesterday that he is supportive of this move by Eastern Health. Minister, I can assure you that LPNs are not supportive of these hirings, and I ask if you will support them on this matter and intervene to bring a halt to this downgrade in our health care system?

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: Mr. Speaker, one of the things I want to repeat from yesterday: These personal observers that are being hired, they are not being hired to replace LPNs. They are not moving into the exact same role and function that the LPN now provides. They are not doing that at all, Mr. Speaker. They are being hired as a group of individuals to provide support within our health sector for the summer, and more precisely, within Eastern Health. They are there to provide assistance when patients and residents in our homes need to have some individual providing special care, special treatment; while they are in our hospitals and in our institutions, they need someone to be with them twenty-four hours a day. Those individuals who will be hired as personal observers are actually going to perform that function.

The issue around nursing care will still be provided by LPNs and RNs.

MR. SPEAKER: Order, please!

I ask the minister now to complete his answer quickly.

MR. WISEMAN: That will not change, I say, Mr. Speaker.

MR. SPEAKER: The hon. the Member for Cartwright-L'Anse au Clair.

MS JONES: Mr. Speaker, the minister indicated again today and yesterday that these personal care or personal observer attendants will just be sitting with and observing patients.

I say to the minister, if this is the case, my question is: What action is being taken to fill the vacancies of LPNs that exist in our long-term care facilities over the summer?

As you know, many of them are working overtime and on call, almost on a weekly and daily basis.

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. WISEMAN: We understand and are very much aware, and the health authorities have advised us, as the summer was approaching, in this summer, they were going to

have to make some adjustments in their staffing schedules and they were going to have some real challenges with their vacation time. We understood that and we provided this year, Mr. Speaker, as we did last year and the year before last, each of our four authorities, with some additional money to ensure that they are able to cope with the increasing staffing demands that they have.

They have made some great efforts this year in recruiting additional people and they have taken a very aggressive approach, I say, Mr. Speaker, each of the four authorities, in ensuring that they have a successful recruitment campaign to be able to provide the adequate relief for the summer time, relief for periods, but also to be able to continue to recruit to fill some of the current vacancies that exist.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Signal Hill-Quidi Vidi.

MS MICHAEL: Thank you, Mr. Speaker.

Yesterday in the House, the Premier said that the newly announced task force is about making sure that the patients and the people of this Province have proper health care.

Mr. Speaker, problems with test results and staff shortages within Eastern Health are signs of underlying problems in the health care system that go way beyond the management of adverse health events and the related dissemination of public information, the stated mandate of the task force.

My question for the Premier is: Will the government establish an external review that will look at all aspects of our health care system and make recommendations for improvement based on best practices?

MR. SPEAKER: The hon. the Premier.

SOME HON. MEMBERS: Hear, hear!

PREMIER WILLIAMS: Mr. Speaker, this is an evolving process and we are dealing with it as expeditiously as we can. It is going to be something that is going to be very dynamic over the course of the next month, twelve months, eighteen months, twenty-four months. New issues are going to arise every day.

From my own perspective, my own background, involved on the legal side, issues of malpractice come up on a regular basis all the time. Because of the heightened awareness and sensitivity, I think there are going to be more issues that are going to be raised.

I do know, from my own perspective, I have had adverse health diagnoses that could have affected my own health. There is another matter now which government is aware of, we became aware of yesterday afternoon, which is another issue we are going to look at.

So this is going to continue to evolve on perhaps a daily, perhaps a monthly, perhaps a yearly, basis.

As we go along and as we see these we will address them. If the magnitude increases and we have to extend the scope in order to deal with it - but the bottom line on this is that we want to make sure that we get to the bottom of it, that we get the answers, that we put in place the best possible procedures that can ensure that we have the best system that we can afford here in the Province of Newfoundland and Labrador. That is our goal. The ultimate goal, though, and the most importance goal, is the health and the safety of the patients, the people of Newfoundland and Labrador.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Signal Hill-Quidi Vidi.

MS MICHAEL: Thank you, Mr. Speaker.

As I have indicated, we have ongoing problems that are not always being recognized as crises. The ongoing problems of people waiting weeks for results, that does not come out as being an adverse event, so I want the government, as the Manitoba government has done, to look at the need for putting in place a review that will examine all performance measures of effectiveness and outcomes and overall efficiency. The Manitoba government is looking at the comparison between what they are offering in services and how those services are meeting patient needs.

So, again, my question is: Mr. Premier, will the government recognize that we need an overall review of the whole regional health care authority and do what is being done in Manitoba?

MR. SPEAKER: The hon. the Premier.

SOME HON. MEMBERS: Hear, hear!

PREMIER WILLIAMS: Thank you, Mr. Speaker.

I think possibly what is happening in Newfoundland and Labrador is probably also a reflection of what may be happening in other parts of the country. Obviously, if it is happening in Manitoba, Manitoba feel there is a need for a review.

I noticed, actually, in *The Globe and Mail* today there was a comment by, I think, the President of the Canadian Association of Radiologists that actually indicated that the number of misdiagnoses or items that are missed during a review of X-rays and other types of technology, that the error rate is up to 25 per cent, which is quite alarming, quite frankly. That is the Canadian Association saying that one out of four can be wrong.

There are national problems, there are provincial problems. The one thing about this is that something good may come out of something bad. If we can improve the system and make it better, and guarantee and perfect the health and the safety of the people of the Province, then this government will do what it can.

Like I said, I am not aware of the details of the Manitoba review. I know Premier Doer very well, and it is certainly an issue I will discuss with him.