

Signature Page

Meta level policy development in the Canadian Healthcare System: From October 2016
to February 2017

By
Aaron R. Johnston

A Thesis Submitted to
Saint Mary's University, Halifax, Nova Scotia
in Partial Fulfillment of the Requirements for
the Degree of Bachelor of Arts (Hons.), Political Science

April, 2017, Halifax, Nova Scotia

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Approved: Dr. Donald Naulls
Associate Professor of Political Science

Date: April 18th, 2017

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Abstract

The purpose of this thesis is to provide an analysis of Minister Philpott's effectivity in completing the Prime Minister's directives outlined in the mandate letter to the Health Minister. The report will fill the absence of scholarship on measuring effectivity concerning the fulfillment of mandate aims with regard to the Canadian Health Minister.

There is no prior work on this subject because no Prime Minister, except for Justin Trudeau, has publicly released the mandate letters. I have devised my own system of calculation of effectivity toward mandate completion. This system measures effectivity based on the amount of time the Minister has spent on a given mandate and how many speeches she has given inside and outside of Parliament, as well as any legislation she has introduced or that has received Royal Assent. This method illustrates the Minister's activities towards fulfilling the Prime Minister's directives.

April 18th, 2017

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Section 1, Introduction:

In 2015, Prime Minister Justin Trudeau issued a set of mandate letters outlining his policy goals and objectives for his cabinet ministers to follow during their tenure. The letters are sent to the ministers before they commence managing a governmental department and provide directives for the ministers to achieve throughout the PM's term. As MacCharles, Smith and Boutilier (2015) from the *Toronto Star* report, the federal mandate letters in Canada have never before been publicly released. My research focuses on one specific mandate letter, the letter to Health Minister Jane Philpott. It depicts some objectives that Justin Trudeau campaigned on in the 2015 federal election and that are included in the Liberal Party's Platform such as: building and establishing a new Health Accord with the territories and provinces, and legalizing/regulating marijuana (Liberal Party Election Platform, 2015). The mandate letters have never been publicly released in Canada until now; thus, there is sparse scholarship on them. In particular, there is an absence of scholarly work measuring how effective the Minister of Health is at completing the directives outlined in the letter. As such, my research will focus on how effective Minister Philpott is at fulfilling the mandates issued to her by the Prime Minister. Having assumed office in November 2015, Health Minister Jane Philpott has now been the Minister of Health Canada for almost a year and a half. Since assuming office, she has been effective in working on the majority of mandates outlined by Prime Minister Justin Trudeau in the mandate letter. However, Minister Philpott, to date, has been ineffective in regards to not fully implementing any of the mandates or introducing legislation on the majority of mandates.

Rationale:

The main goal for this thesis is to see how effective Jane Philpott is at policy development based on the policy objectives the PM put forth in his mandate letter to her. To determine her effectivity, I collected data over a four-month period regarding the efforts she has put forth thus far concerning the fulfillment of the Prime Minister's directives. Given that Minister Philpott has not yet completed her full tenure, my data is limited to the time she has spent in office to date (a little over a year and a half). The Health Minister is tasked with numerous mandates, such as the mandate to legalize marijuana and to develop a Health Accord with the provinces (Office of the Prime Minister, 2015). It is important to analyze the Minister's efficacy at implementing the mandates because they will affect every Canadian. In my research, I will examine the degree to which Minister Philpott prioritizes the PM's mandates, which he refers to as the cabinet's "top priorities" (Office of the Prime Minister, 2015).

Methodology:

I will take an empirical approach to my research by collecting data over a period of four months, from October 2016 to February 2017. This data will be gathered from speeches, government databases, the media, legislation, etc., and compiled it into an excel chart labelled Summary Table¹. I will then colour code and categorize the data in relation to which mandate Minister Philpott has been the most effective towards. Through discourse analysis, I will analyze this data to determine what actions the Minister's department is taking in regards to policy implementation. This will be done by analyzing Philpott's rhetoric in regards to her stances on implementing policy. By taking this

¹ See Summary Table for references of Philpott's speeches outside Parliament via Dr. Don Naulls at Saint Mary's University or to this link: https://drive.google.com/open?id=0B_e0vta0UKWBUVRHWUhgQXcwakU

methodological approach, I will see which policy objective receives the most attention from the media and from Philpott.

At the beginning of the mandate letter to Minister Philpott, Justin Trudeau alludes to what he considers effective completion of the mandates when he states “[o]ver the course of our four-year mandate, I expect us to deliver on all of our commitments (Office of the Prime Minister, 2015). It is not clear, though, in the mandate letter what Trudeau considers effective deliverance on “all our commitments.” How will he measure the mandate’s success? Thus, effectivity regarding Minister Philpott’s work toward the mandates will be based on my own system of calculation. Effectiveness will be calculated on the amount time and speeches (inside and outside of Parliament) Minister Philpott has given toward a mandate. As well, effectivity will be calculated on legislation being introduced on a mandate, with the highest level of effectivity based on legislation that is implemented through royal assent that completes part of the mandate.

A potential weakness in my research is that the government is new, and that they still have three and a half more years in office to develop policy and fulfil their campaign promises. In addition, a four-year period is a relatively short time to implement some of the mandates which require much preparation and consultation, like developing a Health Accord with the provinces of Canada or changing food labeling to be more transparent about unhealthy additives. Changing food labeling requires extensive consultations with food producers and provincial legislators.

I hypothesize that some of the mandates will not be completed (that is, through legislation) during Trudeau’s term in office. I will pay particular attention to media coverage and the legislative process pertaining to Philpott’s ability to introduce and affect policy change in the House of Commons. Because there are time constraints on my

research, I will not be able to analyze the full extent of Minister Philpott's abilities to fulfill the PM's mandates. Nonetheless, regardless of the time constraints, I will be able to provisionally determine whether or not the Minister is following through on some of the mandates and see how devoted and effective she is at managing her department, as well as drafting policy.

Literature Review:

The scholarship on Canadian Federal Ministerial Mandate letters is sparse, precisely because the mandate letters have never been publicly released at the federal level. What has been written on the mandate letters thus far are a few news articles and two scholarly articles: "Fisheries Act Policy and Management, Justin Trudeau Style: An Overview of the November 2015 Federal Ministerial Mandate Letters and their Potential Impacts 'in the Water'" by David McRobert and Julian Tennent-Riddell (2016) and "On the Drama of Canadian public arts funding: An analysis of Justin Trudeau's Mandate Letter to Mélanie Joly" by Frannina Waubert de Puiseau (2016). While McRobert and Riddell illustrate the changes in policy that might happen regarding fisheries three years from now, they do not provide an in-depth analyzation of the effectiveness of then Minister of Fisheries and Oceans, Hunter Tootoo, and his department on policy implementation and mandate completion (p. 229, 240). de Puiseau's article focuses on the mandate letter to the Minister of Canadian Heritage, Mélanie Joly. de Puiseau outlines the aims of the mandate letter and analyzes the language and how this letter represents more governmental transparency than the prior Conservative Government (p. 8). The research conducted for this thesis is more in-depth than McRobert, Riddell and de Puiseau's work in how I will be analyzing policy completion and tracking the Minister of a department and their maneuvers in implementing policies within a four-month time frame.

I also draw on Laurence Lynn's (1982) article "Government Executives as Gamesmen: A Metaphor for Analyzing Managerial Behavior," as it provides foundational insight into the inner-workings of government. I utilize Lynn's theory of executive gamesmanship to understand how governments work at implementing policy, in which she illustrates that there are three levels of gamesmanship: high, middle and low. This metaphor aids in understanding how political decisions come to be and the processes involved in implementing them. It is important to know who is making the political decisions, their place in government, the authority they have, and the broader implications of their power regarding policy decisions. Furthermore, being knowledgeable on government operations is crucial to my study, as I examine how effectively Minister Philpott operates her department. I also draw on Carolyn J. Tuohy's 1992 work. Tuohy provides an historical background regarding health policy evolution in the 1970-1990s that shapes the healthcare system in Canada today. Tuohy's work allows me to understand what Canada focused on in the past in healthcare and what needs to be focused on today, as well as which policies the government has or is improving upon. Furthermore, Stephen Birch and Amiram Gafni's 2005 work is essential to my thesis in that it illustrates cognitional aspects that are overlooked by Tuohy. These aspects will aid in determining why the federal government cannot be involved in healthcare. As well, the authors detail and explain in depth what healthcare act Canada is utilizing presently.

Section 2, Governmental Management Literature Review:

In this section, I provide an historical analysis of the Canadian healthcare system regarding Medicare. Contextualizing the history of Canada's healthcare System provides an understanding of events and issues to aid in my analysis of Philpott's mandate letter. Following this analysis, I examine Philpott's management of a governmental department

(Health Canada), drawing on the work of leading Canadian scholars in executive and public administration studies. Leading scholars aid in understanding the historical aspects of healthcare in Canada as well as provide lenses and methods of analyzing government departmental behavior. To conclude Section Two, I examine Philpott's mandate letter in comparison with the other ministerial mandate letters that Justin Trudeau publicly released in 2015. It is important to understand how the mandate letters are constructed and phrased in order to assess Philpott's goals and priorities.

Historical Analysis of Healthcare in Canada:

Carolyn J. Tuohy's (1992) article, "Health Care Delivery," and Stephen Birch and Amiram Gafni's (2005) "Achievements and Challenges of Medicare in Canada: Are we There Yet? Are we on Course?", both provide thorough historical analyses of healthcare policy in Canada. These articles also detail the events and policies that led to the creation of a publicly-funded Canadian healthcare system.

Stephen Birch and Amiram Gafni (2005) outline the aspects regarding the constitutionality of both the federal and provincial Canadian governments in relation to healthcare; they also provide an overview of the formation of the Canada Health Care Act. Tuohy's article outlines the complex relationship between the provinces and the federal government regarding the foundations of Canadian healthcare, and the ways in which Canada came to have a publicly-funded healthcare system. The relationship between the provincial and federal governments is crucial to understand because some of the mandates are directly related to healthcare funding, such as the first mandate, which stipulates that Minister Philpott is to develop a Health Accord with the provinces (Office of the Prime Minister, 2015). As Tuohy (1992) explains, healthcare policy in Canada has been shaped along two competing axes: the medical profession-state axis and the federal-

provincial axis (p.108). In addition, there is ambiguity between provincial and federal governmental relations regarding social spending because of an “overlapping of powers”; the provinces are in charge of creating healthcare policy, but the federal government is in charge of allocating funds to provinces (Tuohy p. 109). Therefore, the provinces have to tailor their programs within the federal government's spending frameworks (p. 109).

The British North America Act, (which stipulates healthcare is the responsibility of the provinces) is the main reason that the federal government cannot become involved in healthcare at the provincial level (Birch & Gafni, 2005, p. 445). However, as both Birch and Gafni (2005) and Touhy (1992) agree, following the Second World War in Canada, there was a heightened need for a publicly funded healthcare system on the part of the federal government (Tuohy p. 110; Birch & Gafni p. 445).

Tuohy argues that due to the intertwined relationship between the provincial and federal government, the development of healthcare policy in Canada has been erratic. The intertwined and at times conflicting relationship between the provincial and federal government has impacted the creation/timing of healthcare policy in Canada (Tuohy p. 109). Until the 1940s, healthcare was private. When elected in 1944, the Cooperative Commonwealth Federation (CCF) in Saskatchewan advocated for the creation of government funded hospitals and health insurance, a major factor in moving Canadian healthcare from being privately funded to publically funded (Tuohy p. 109). The transition to public funding in healthcare developed over a few decades from the 1940s to the 1960s in Canada. In the late 1940s, the formation of the National Health Service in Britain had major influence on the Canadian Government to adopt a public plan (Tuohy p. 110). Tuohy argues that Canada did not adopt a healthcare policy until 1957, which was a national hospital insurance program. This program meant that costs were shared

between the two levels of government: federal and provincial (p. 110). In 1965, the federal government “introduced legislation that would establish a federally cost shared provincially administered medical services insurance program,” which was passed in 1966 as The Medical Act (p. 111-112). The establishment of legislation and a publically funded medical program in Canada was the result of the negotiations between the two axes of government (p. 111-112). Consolidation of this act in 1984 resulted in the Canada Health Act which outlines the policies that the provinces have to adhere to if they are to receive federal financial support (Birch & Gafni, 2005, p. 445). As well, the Canada Health Act eliminated the cost sharing element of The Medical Act (Birch & Gafni, 2005, p. 445).

Birch and Gafni (2005) illustrate that there are five principles the provinces have to adhere to: one, the whole populous of a province is to be insured by a health plan; two, health plans are to cover a wide variety of medical services; three, health insurance is to be movable between provinces; four, “the plans in each provinces are to be administrated by a public health authority”; and five, the terms of access to services must be the same for all provincial residents and “based on the notion of medical necessity” (p. 445). Although cost sharing was cut in the act, provinces received almost 50% in returns on their health programs (p. 445).

Negotiating health funding is still a primary concern for Canadians. In fact, one of the major mandates that is consuming most of Philpott’s time in office thus far is the mandate to “[e]ngage provinces and territories in the development of a new multi-year Health Accord. This accord should include a long-term funding agreement” (Office of the Prime Minister, 2015). As the CBC reports, Health Accords are a result of the extensive health related cuts in the 1990s, and they were aimed at providing “stable funding”

(Anonymous, 2016). The last Health Accord was implemented in 2004 but expired in 2014 (Anonymous, 2016). As such, Canada is currently without any instrument for a “national standard” or “stable funding” (Canadian Health Coalition, 2016). However, as Peter Mazereeuw (2017) of *The Hill Times* reports, former Prime Minister Stephen Harper extended Paul Martin’s Health Accord agreement which allotted 6% transfer amounts to the provinces until 2017. Nonetheless, Health Minister Philpott is pursuing extensive cuts to the health transfer amount (to 3.5%), and her focus on these cuts is illustrated by speeches she gave early on since the Trudeau Government came to power in 2015 (Mazereeuw, 2017). The provinces, however, want to have the transfer amounts a little below the last Health Accord, at 5.2% (Mazereeuw, 2017).

Management Styles of Health Minister Philpott:

- Gamesmanship metaphor

- Deliverology Michael Barber

Currently there is no scholarly work on the mandate letter to the Canadian Health Minister. However, there are some scholarly works that relate to other ministerial mandate letters. For example, in “*Fisheries Act Policy and Management, Justin Trudeau Style: An Overview of the November 2015 Federal Ministerial Mandate Letters and their Potential Impacts ‘in the Water,’*” David McRobert and Julian Tennent- Riddell analyze the mandate letter to then Minister of Fisheries, Oceans, and the Canadian Coast Guard Hunter Tootoo. McRobert and Riddell (2016) use case studies to plot the course of the government’s action regarding the mandate letter (p. 229). Another scholarly work relating to the unprecedented release of the mandate letters is “On the Drama of Canadian public arts funding: An analysis of Justin Trudeau’s Mandate Letter to Mélanie Joly” by Frannina Waubert de Puiseau (2016). de Puiseau’s article focuses on the mandate letter to

the Minister of Canadian Heritage, Mélanie Joly. de Puiseau outlines the aims of the mandate letter and analyzes the language within it. De Puiseau argues that the ministerial letter to Joly is representative of more governmental transparency under Trudeau's leadership than existed under the prior Conservative Government (p. 8).

While some current scholarship exists on ministerial mandate letters, there is nonetheless no scholarship analyzing one mandate letter in full relating to an individual minister's ability to fulfill those mandates over a period of time. There is also sparse scholarly work that clearly articulates an effective method of governmental management concerning a Canadian Cabinet Minister. Thus, to measure Philpott's management and effectivity, I analyze the amount of time Philpott has spent working on the mandates, the number of speeches she has given in relation to them (both internally and externally to Parliament), and the amount of coverage she has received in various media outlets. I also measure effectivity by examining if any legislation has been introduced or passed.

I examine Minister Philpott's work toward completing the Health Accord as a case study to understand effective governmental management, similar to McRobert and Riddell's method in in "*Fisheries Act Policy and Management, Justin Trudeau Style: An Overview of the November 2015 Federal Ministerial Mandate Letters and their Potential Impacts 'in the Water.'*" Laurence Lynn's metaphor/theory in "Government Executives as Gamesmen: A Metaphor for Analyzing Managerial Behavior" is an exemplary tool to use to understand Minister Philpott's governmental management. Lynn (1982) argues that there are three types of levels to analyze governmental management; those levels include high, middle and low game. Lynn argues that executive actions in government can be understood through a model that frames executives as "player[s] in a game" (p. 482).

Lynn's gamesmanship metaphor can be used to understand the inner-workings of

Philpott's governmental department, which are illustrated in Peter Mazereeuw's report "Divide and conquer: How the feds split the provinces in health talks" in *The Hill Times*. He reports that Minister Philpott has been working diligently toward a Health Accord with the provinces and that provincial leaders, like the Health Minister of Québec, have underestimated her because she is a "rookie" member of Parliament and a 'newbie' cabinet minister (Mazereeuw, *The Hill Times*, 2017). The report details that top civil servants are working on the Health Accord (Mazereeuw, 2017). As per Lynn's gamesmanship metaphor, those top civil servants would be playing the middle game (p. 488). Lynn states that the participants of this game include senior aids and officials, legislators and departmental executives (p. 488). Lynn argues that the primary concerns of the middle game players are economic matters within government and state, as well as ensuring the "effectiveness and efficiency of governmental actions" (p. 488). For participants to be successful at this level requires them to be knowledgeable of governmental budgets and programs and open to compromise in a timely matter (p. 488). Lynn illustrates that the main goals of the middle game is to encourage teamwork and compromise in order to avoid conflicts (p.488). In his article, he emphasizes that there has been a tremendous amount of negotiations between Philpott and provincial health ministers (Mazereeuw, *The Hill Times* 2017). Senior civil servants who comprise the middle game would be the primary participants in Philpott's department working on the Health Accord; those civil servants working on the Health Accord would have to be knowable on provincial health transfers and budgetary matters and health programs.

Philpott has been quite effective at completing the Health Accord mandate in terms of successfully convincing provinces to sign onto the accord (Mazereeuw, *The Hill Times* 2017). After all, the provinces rejected Minister Philpott and Finance Minister

Morneau's offer in their meeting with the provinces on December 19, 2016; most of the Atlantic provinces signed on shortly after, with New Brunswick as the first (Mazereeuw, *The Hill Times* 2017). It is evident early on that Philpott is engaged with her staff at Health Canada as she mentions in a speech to the House of Commons on May 21, 2016 that she is "impressed with the work of my colleagues" (Parliament of Canada speech 2016). In January, Saskatchewan and all of the territories signed on to the accord, as well as the last of the Atlantic provinces, Prince Edward Island (Mazereeuw, *The Hill Times*, 2017). Kelly Malone reports that on March 10, 2017, three more provinces – Ontario, Québec and Alberta – reached an agreement with Philpott and the federal government regarding health funding (CBC, 2017). The only province left to sign on to the deal with the federal government is Manitoba because British Columbia signed onto an agreement a month after Saskatchewan (Malone, 2017). Minister Philpott has been working toward all of the mandates, which will be explored further in Section Three, "Empirical Data and analysis." However, thus far, Minister Philpott has yet to deliver on any of the mandates.

The concept of deliverology is important to understand in relation to the mandates, because for a Minister in Trudeau's Cabinet, his/her time in office is to deliver on the mandates of the Prime Minister. In *The Toronto Star*, Paul Wells (2016) outlines Justin Trudeau's Cabinet retreats. Wells stipulates that the aim of the retreats was based on guest speaker Sir Michael Barber's professional development teachings regarding his concept of deliverology and how the ministers can deliver on their promises (*The Toronto Star*, 2016). Wells states that the Trudeau Government has already held two retreats – the first in Saint Andrews, New Brunswick, and the second in Kananaskis. Wells writes this review a day prior to the third retreat in Sudbury, Ontario on August 21 and 22. This article is a review of the two prior retreats in Saint Andrews and Kananaskis. After

outlining when the Cabinet Ministers met for their retreats, Wells then provides a critique of the retreats. The sessions in the retreat concerned professional development for Cabinet Ministers because most of Trudeau's Ministers have never been members of Parliament and the meetings were tutorial based; at this retreat, Sir Michael Barber provided his techniques on delivering (Wells, 2016).

In Justin Trudeau's 2015 election platform titled "Real Change," delving on promises is a core part of the platform (Liberal Party Election Platform, 2015). The term "deliver" is mentioned on 21 pages of the 88-page document (Liberal Party Election Platform, 2015). Justin Trudeau wants to have his ministers deliver on the items in the mandate letters, and releasing the mandate letters was a strategic move intended to allow the public to track the progress on the ministers "delivering." Michael Barber was premiered at the retreats because of Justin Trudeau's campaign platform on delivering. Minister Philpott will not let her "rookie member of Parliament" status determine if she will deliver on mandates. Minister Philpott's governmental management embodies the "create realistic budget, plans, and targets" in Barber's "Deliverology embodies the six elements of best in class performance management" in his Deliverology guide (p. 33) This evident in Mazereeuw's report in terms of the budgetary planning that has gone into the Health Accord (*The Hill Times*, 2017). Minister Philpott is delivering on signing provinces to the Accord. As Gloria Galloway reports, to date, every province has signed onto a Health Accord with the federal government but Manitoba (*The Globe and Mail*, 2017).

Comparative Review of Mandate Letters:

There are 30 mandate letters from Prime Minister Justin Trudeau to his cabinet ministers. They are organized in the following manner: the mandate letters are generic in

that they all have the same introduction and ending. The opening and closing paragraphs outline accountability, Trudeau's campaign promises about 'real change,' and the government's commitment to being open and transparent. There are thirteen to fourteen paragraphs (depending on the minister) that are the same and generic in every letter; paragraph fourteen/fifteen is addressed specifically to the minister of that letter and relates to his/her mandates. In some of the mandate letters there are more paragraphs. For example, the letter to Jody Wilson-Raybould (Minister of Justice and Attorney General) has fourteen paragraphs leading up to the mandates. The additional paragraph outlines that she has "double roles" (Office of the Prime Minister, 2015).

The paragraphs at the end of the letters discuss the standards that Trudeau wants the ministers to adhere to and asks that they handle public funds properly. As well, each mandate letter indicates that the ministers must follow policies and procedures to those outlined in the *Open and Accountable Government*. Furthermore, each mandate letter asks or encourages each of the Ministers of be compliant with the *Conflict of Interest Act* and Treasury Board rules (Office of the Prime Minister, 2015).

The directives within the letters are individual to each minister, and are related to the breadth of the Minister's portfolio. As such, some of the letters have more mandates than others. For example, the Minister of Justice and Attorney General has more mandates within the letter than the Health Minister, Jane Philpott. The Attorney General has fifteen mandates, while the Minister of Health has only six. Another difference is that some of the mandates have subcategory mandates like the Minister of Health, who has four subcategory mandates, and the Minister of Defense Harjit Singh Sajjan who has six subcategory mandates (Office of the Prime Minister, 2015). Furthermore, some Ministers have two mandate letters to adhere to, like the Minister of Small Business and Tourism

and Leader of the Government in the House of Commons, Bardish Chagger (Office of the Prime Minister, 2015).

Review of the Minister of Health’s Mandate letter – The Honourable Jane Philpott:

The mandate letter to Jane Philpott, the Minister of Health, is written by the Prime Minister, Justin Trudeau. The letter is organized in the following manner: there is an introduction which is generic to all of the mandate letters, which leads to another introduction specific to the minister, followed by a list of the mandates. After which, there are a few closing paragraphs which are generic and outline the guidelines and rules the PM wants his ministers to follow (Office of the Prime Minister, 2015).

This introduction also stipulates the main goals that the PM wants Philpott to focus on, which involve continuing to strengthen Canada’s universal healthcare system and to ensure that it is adapting to new issues. These issues are adapting to new technologies and an ever-increasing aging population (Office of the Prime Minister, 2015). Furthermore, the PM illustrates that Philpott is to work with provincial and territorial government officials and enhance home care access and affordable prescription drugs. The PM concludes his introduction to the mandates by stating that having healthy Canadians is essential to the economy as they will be more productive (Office of the Prime Minister, 2015).

The Health Minister’s mandate letter contains six mandates. Within the first mandate, there are four subcategory mandates. The first mandate asks the Minister to develop a “multi-year Health Accord” with the provinces; to develop this accord, she will have to engage with the provinces and territories (Office of The Prime Minister, 2015). The subcategory mandates to this particular mandate are asking the Minister to develop better care services for the home, hospitals and families, to implement new “digital health

technology” to enhance patient health and outcomes, to make access to prescribed drugs by working with the provinces and buying the drugs in bulk, and to improve the quality of services for medical health and make them high quality and more accessible (Office of the Prime Minister, 2015). The next mandate concerns the enhancement of public health in regards to vaccination rates and increasing their use, and to change food labeling for unhealthy foods and drinks by placing restrictions on food manufacturers which are similar to those in Québec and the USA (Office of the Prime Minister, 2015). The third mandate instructs Minister Philpott to work with the Minister of Sport and Persons with Disabilities to increase awareness and funding for concussion treatment (Office of the Prime Minister, 2015). The fourth mandate asks Minister Philpott to implement changes to the packaging of tobacco products to make them plain and in conformance to what the United Kingdom and Australia have been using (Office of the Prime Minister, 2015). In the fifth mandate, the PM signals that the Minister is to collaborate with the Minister of Justice and Public Safety and Emergency Preparedness to legalize/regulate marijuana (Office of the Prime Minister, 2015). The final mandate instructs Minister Philpott to collaborate with the Minister of Indigenous and Northern Affairs regarding the expansion of “the Nutrition North Program” and to discuss this with Northern communities (Office of the Prime Minister, 2015).

Section 3, Empirical Data and Analysis:

The data I have collected is illustrated according to a colour-coding system in which each mandate is represented by a different colour: orange for the first mandate (including subcategory mandates); yellow for the second; blue third; pink fourth; green fifth; and red for the sixth mandate. Purple indicates issues that are partly related to the mandates. The non-color coded items in the chart indicate when Minister Philpott became

distracted from the mandates by other matters; this either occurred due to scandal, crisis or personal aims the minister pursued. As the data illustrates, Minister Philpott has worked on the majority of the mandates to one degree or another. The order in which the mandates appear is not indicative of their importance, nor does the Prime Minister specify which mandates Philpott is to work on first. However, for clarity, I discuss the mandates as they appear chronologically in the letter. Minister Philpott is effective in that she has worked on the majority of mandates, but she is ineffective in that, to date, the majority of the mandates have no legislation introduced or implemented for them, nor have any of the mandates been fully implemented. However, some of the mandates do not require legislation. For example, the first mandate outlines that Minister Philpott is to develop a multi-year Health Accord and allot funding to the provinces. I have calculated Philpott's effectivity toward mandate completion in terms of the number of months she has devoted to them and the amount of speeches she has given (inside and outside Parliament) in news, social media outlets, and conferences. I also measure effectivity by examining if any legislation has been introduced or passed.

Philpott has been the most effective on the second mandate, which stipulates to increase vaccination rates, to change food marketing (similar to Québec) for unhealthy foods, and to increase regulations to phase out trans fats and salts in foods that are similar to those in the US, as well as to improve overall food labeling (Office of the Prime Minister, 2015). Philpott is the most effective on this mandate because she has completed part of the mandate by introducing amendments to *Food and Drug Regulations* that came into force on December 14, 2016 (Canadian Food Inspection Agency, 2016). The second mandate Philpott has been the most effective with is to “engage provinces and territories in the developing of a new multi-year Health Accord” (Office of the Prime Minister,

2015). In comparison to the other mandates, Philpott given the most amount of speeches on this directive. As well, she has partially completed one of the mandate's aims by signing the majority of Canadian provinces to the Health Accord.

Thirdly, Philpott has focused her attention to the fifth-listed mandate. For this mandate, Prime Minister Justin Trudeau stipulates that Philpott is to work with the Minister of Justice and Public Safety & Emergency Preparedness to institute policy regarding legalizing or regulating marijuana (Office of the Prime Minister, 2015).

Fourthly, Philpott's priority is toward changing packaging requirements for tobacco products so that they are plain like those in the United Kingdom and Australia (Office of the Prime Minister, 2015). Philpott's fifth priority is toward collaborating with the Minister of Sport and Persons with Disabilities to increase funding to develop a national plan to educate people on concussion treatment (Office of the Prime Minister, 2015).

Minister Philpott has spent the least amount of time to the sixth mandate listed in the letter. This mandate outlines that Philpott is to collaborate with the Minister of Indigenous and Northern Affairs to expand and revise the Nutrition North Program (Office of the Prime Minister, 2015).

Table I:

Mandates	Chronological Order	Mandate order of effectivity
Health Accord	1	2 nd
Increase Vaccinations/ Food Labeling	2	1 st
Increase funding/promote concussion awareness	3	5 th
Change Packaging of Tobacco products	4	4 th
Legalize/Regulate Marijuana	5	3 rd
Improve Nutrition North Program	6	6 th

1st Mandate: Develop Health Accord with Provinces:

Philpott's work on the first mandate, "Engage Provinces and territories in the developing of a new multi-year Health Accord," has consisted of her meeting with other provincial counterparts to develop health funding strategies, as well she has given numerous speeches in the House of Commons regarding this. This mandate in my determination has been one of the most stressful and time consuming mandates from Minister Philpott, as she has had to work with many different provinces with differing funding and health needs. To date, not all of the provinces and territories have signed onto the Health Accord. Gloria Galloway of *The Globe and Mail* reports that as of March 10, 2017, the only province left to sign on is Manitoba. From the beginning of her work on this mandate, there was controversy regarding the allocation of provincial funding. For example, as Joan Bryden 2016 reports in *The Globe and Mail*, Philpott alludes to the fact that the provinces will not get the amount of money promised by the Federal Government and that the provinces will have to commit to spending funds in a certain way (*The Globe and Mail*, 2016). Further issues arose when Philpott made comments on how the provinces are spending their money when she met with provincial health leaders for the first time on October 18, 2016 (Kristy Kirkup, 2016).

Philpott worked on this mandate from December 7, 2015 to February 15, 2017, and has given twenty-one speeches inside Parliament and five speeches outside Parliament, the most speeches given in total (inside and outside Parliament) compared with any of the other mandates. (Parliament of Canada, Philpott Speeches, December

2015- February 2017)². Minister Philpott has spent the most time on this directive in comparison to the other mandates. On December 7, 2015, Minister Philpott delivered her first speech on the Health Accord in the House of Commons (Parliament of Canada, Philpott Speech, 2015, 12, 07).

In this speech, Philpott applauds the Canadian Healthcare system and its universality, and she stresses that the principles in the Canadian Health Act must be upheld; in addition, she states that she has had prior meetings with provincial and territorial health ministers on developing a Health Accord (Parliament of Canada, Philpott Speech, 2015, 12, 07). The intensity regarding the meetings on the Health Accord started in October of 2016, due to some of the comments Philpott made. As CBC's Kristy Kirkup reports, the first meeting was held in Toronto on October 18, 2016, and focused on health monetary transfers (CBC, 2016). Tensions arose due some of Philpott's comments. Philpott stated that "there are countries in this world, and there are many of them, developed countries... that are getting far better value for their money than we are" (Kirkup, 2016). Her comment enraged some provincial health ministers, such as Minister Eric Hoskins (the Health Minister of Ontario), who felt like the federal government did not trust them with the funding and were not putting the money into the healthcare system (Kirkup, 2016).

2nd Mandate: Increase Vaccination Rates and Change/Improve Food Labeling of

Unhealthy Foods:

In comparison to the other mandates, Philpott has been the most effective on the second-listed one, which stipulates she is to promote public health by "increasing

² See Summary Table for references of Philpott's speeches outside Parliament via Dr. Don Naulls at Saint Mary's University or to this link: https://drive.google.com/open?id=0B_e0vta0UKWBUVRHWUhgQXcwakU

vaccination rates; introducing new restrictions on the commercial marketing of unhealthy food and beverages to children, similar to those in place in Québec; bringing in tougher regulations to eliminate trans fats and to reduce salt in process foods, similar to those in the United States; and improving food labels to give more information on added sugars and artificial dyes in processed foods” (Office of the Prime Minister, 2015).

Minister Philpott has already completed one of the aims of this mandate, whereas none of the other mandates’ components have been completed in full which is why Philpott has been the most effective toward this directive. The part of the mandate that was completed is “improving food labels to give more information on added sugars and artificial dyes in processed foods” (Office of the Prime Minister, 2015). In May 2016, Philpott spoke to the House of Commons to introduce this legislation, Bill C-13, which is in the form of amendments *Food and Drug Regulations* (Parliament of Canada, Philpott Speech, 2016, 04,13). On December 16, 2016, Philpott declared changes to the *Food and Drug Regulations* (Government of Canada News Release, 2016). The Canadian Food Inspection Agency (2016) states that packaged food manufacturers have a five-year transition period but must implement amendments concerning food coloring immediately. Food colours are to be called by their specific term as opposed to the generic term “colour.” In addition, a list of the ingredients that can cause allergic reactions will be made easier to interpret (Government of Canada News Release 2016). The changes that are to be made concerning food labeling are as follows:

...the regulation of serving sizes to make comparing similar food products easier. A simple rule of thumb, 5% is a little, 15% is a lot, has also been added to the Nutrition Facts Table to help Canadians use the percent daily value (% DV) to better understand the nutritional composition of a single product or to better compare two food products. More information on sugars will also be made available, including a % DV for total sugars in the Nutrition Facts table, and the

grouping together of sugar-based ingredients under the name “sugars” in the list of ingredients. (Health Canada News Release, 2016)

The data I have collected illustrates that Philpott started pursuing this mandate from December 8, 2015 to December 14, 2016³. In order to calculate the time Philpott spent on this mandate, I determined the number of speeches she gave on two of the mandate’s aims, to increase vaccination rates and improve and regulate food labeling. I then added up the months she gave the speeches over to determine the amount of time she spent on this one mandate. Philpott gave nine speeches in total, six inside and three outside the House of Commons. Philpott gave two speeches inside Parliament regarding increasing vaccination rates: her first was on December 8, 2015. In this speech, she advocated for the flu shot and provided reassurances regarding Syrians who are being considered as refugees to Canada and how the government is checking their immunization records and giving them health exams (Parliament of Canada, Philpott Speeches, 2015, 12, 08). In her first speech to the House of Commons concerning food labeling, Philpott explains that how as a former family practitioner who has dealt with people suffering with chronic diseases like heart disease, it is her duty as the Minister of Health Canada to reduce these serious conditions; this, she explains, can be done by improving labeling and reducing harmful fats in foods (Parliament of Canada, Philpott Speech, 2016, 01, 26). Furthermore, Philpott’s work outside of Parliament (which I equate to speeches outside) has consisted of her utilizing social media, like Twitter, to advocate for immunization and other health-related issues. For example, Philpott posted a picture of herself getting a flu shot on Twitter to promote the flu shot (Twitter, 2016).

³ See Summary Table for references of Philpott’s speeches outside Parliament via Dr. Don Naulls at Saint Mary’s University or to this link: https://drive.google.com/open?id=0B_e0vta0UKWBUVRHWUhgQXcwakU

3rd Mandate: Increase Funding and Promote Awareness for Concussion Treatment:

Minister Philpott's fifth priority is working on the third mandate listed in the letter, "Work with the Minister of Sport and Persons with Disabilities in increasing funding to the Public Health Agency of Canada to support a national strategy to raise awareness for parents, coaches, and athletes on concussion treatment" (Office of the Prime Minister, 2015). Unlike the sixth mandate, where Minister Philpott is only quoted in stating a response to Minister Bennett of Indigenous and Northern Affairs Canada (Indigenous and Northern Affairs Canada Press Release, July 2016), Philpott has done a bit more work on this mandate. The Public Health Agency of Canada (an agency the minister is responsible for under her portfolio) created and released technology on June 1, 2016 to educate people on concussions (Public Health Agency of Canada Press Release, June 2016). Funded by the Public Health Agency of Canada, the app "Concussion Ed" was designed by Parachute. Parachute is a charitable organization that promotes injury prevention and awareness (Parachute, History, 2016).

4th Mandate: Change packaging of tobacco products similar to UK and USA:

The mandate, "Introducing plain packaging requirements for tobacco products, similar to those in Australia and the United Kingdom," is Philpott's fourth priority. The Minister has worked on this mandate over a six month time period (June 1, 2016 to December 5, 2016), and has given one speech inside Parliament and one outside Parliament⁴. In the House of Commons, Philpott acknowledged the harmful effects of tobacco and recognized that the government must do better. She also explained that the government is starting consultations on changing the packaging of tobacco products

⁴ See Summary Table for references of Philpott's speeches outside Parliament via Dr. Don Naulls at Saint Mary's University or to this link: https://drive.google.com/open?id=0B_e0vta0UKWBUVRHUhgQXcwakU

(Parliament of Canada, Philpott Speech, 2016, 06,01). In addition, Minister Philpott has supported legislation, Bill S-5, “An Act to amend the Tobacco Act and the Non-Smokers’ Health Act and make consequential amendments to other Acts,” introduced by Senator Peter Harder (Parliament of Canada, Legisinfo S-5, 2017). Currently, the bill is undergoing a second reading in the Senate Act (Parliament of Canada, Legisinfo S-5, 2017).

5th Mandate: Regulate/Legalize Marijuana:

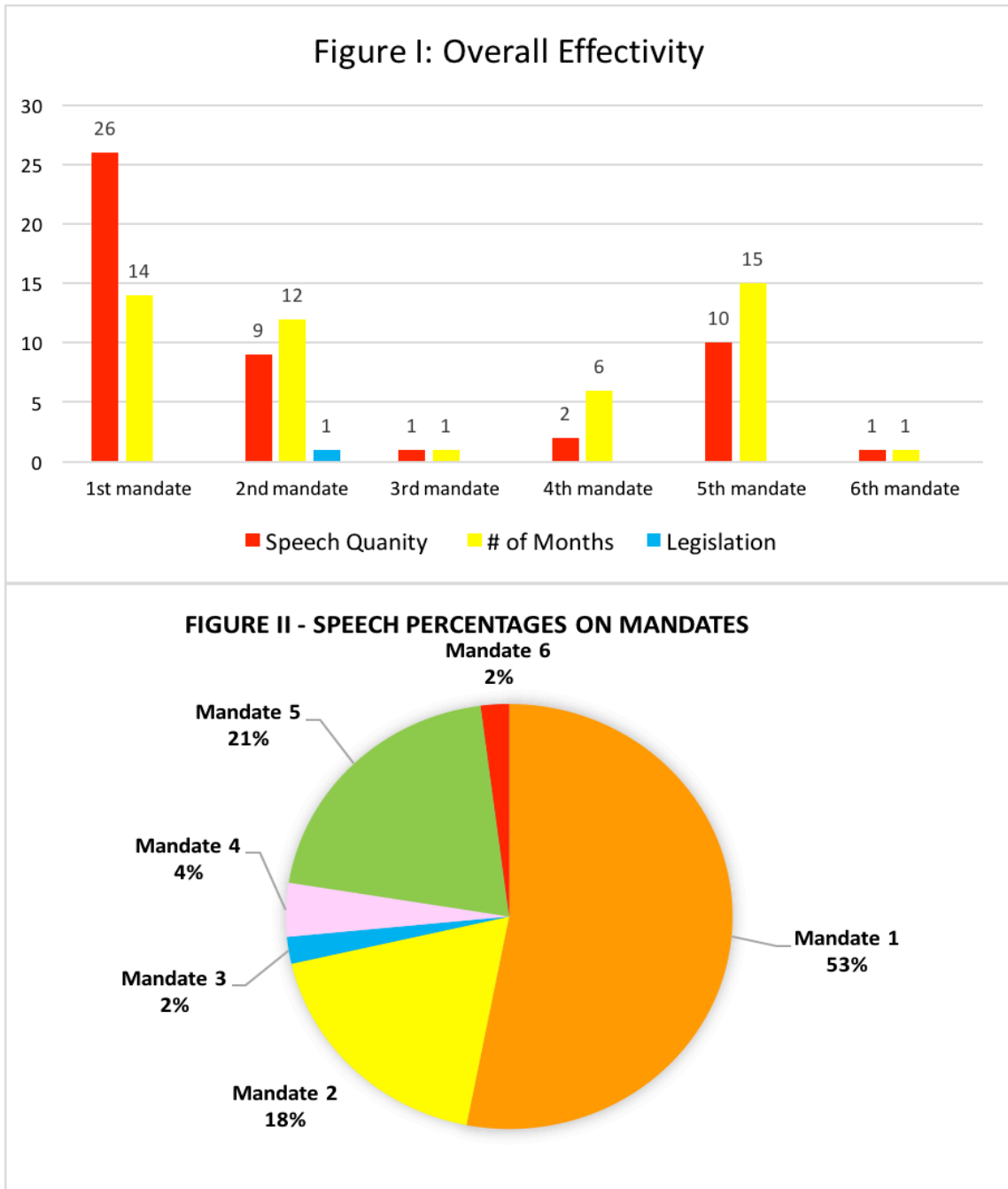
This mandate has been in the media numerous times, and Minister Philpott has spoken on this mandate in the House of Commons on a number of occasions. Philpott has worked on this mandate since December 11, 2015 to March 9, 2017, during this time period Philpott has given eight speeches inside and two speeches outside Parliament (Parliament of Canada, Philpott Speeches, December 2015- March 2017)⁵. Though Philpott has spent the most amount time on this mandate (fifteen months) compared with the other mandates, she has still done the third most amount of work compared to the other mandates. As stated above, the 2nd mandate has part the aims completed, and Philpott has produced more speeches (hence done more work) on the 1st mandate than compared with the 3rd mandate. Progress on the fifth mandate is already suspected by the media of being delayed. On April 20, 2016, Philpott stated in in the General Assembly at United Nations that legislation would be created to regulate/legalize marijuana in the spring of 2017 (Health Canada News Release, 2016). In June of 2016, a task force was introduced by Justice Minister Raybould at a government press conference to compile a report on how to legalize and regulate marijuana (Susana Mas, CBC, 2016). However,

⁵ See Summary Table for references of Philpott’s speeches outside Parliament via Dr. Don Naulls Saint Mary’s University or to this link:
https://drive.google.com/open?id=0B_e0vta0UKWBUVRHWUhgQXcwakU

legislation is suspected of being delayed, this is outlined in Daniel Tencer's (2017) report in *The Huffington Post*. Tencer outlines that Justice Minister Raybould's parliamentary secretary stated that the government wouldn't rush marijuana legalization" (*The Huffington Post*, 2017). In addition, the government's own taskforce advocates that if any legislation should be instituted, it should be around 2018-2019 (Marijuana taskforce report, 2016). However, what is important to note, is that if there are delays in the marijuana legislation is that if there were a delay in introducing legislation, Minister Philpott would not be breaking the mandate because the mandate does not stipulate a timeline to have it completed. It is assumed it will be introduced within Prime Minister Justin Trudeau's first term.

6th Mandate: Improve Nutrition North Program in Collaboration with Minister of Indigenous and Northern Affairs:

Minister Philpott has done the least amount of work on the sixth mandate listed, "Work with the Minister of Indigenous and Northern Affairs to update and expand the Nutrition North Program, in consultation with Northern communities" (Office of the Prime Minister, 2015) There are no speeches listed under Minister Philpott's profile on the Parliament of Canada website regarding the Nutrition North Program. The only source of data outlining what work she has done is a governmental press release on July 18, 2016 where Philpott responds to the Minister of Indigenous and Northern Affairs, Carolyn Bennett, regarding measures to increase access for northern communities to healthier food and funding increases to the Nutrition North Program (Indigenous and Northern Affairs Canada News Release, 2016). In the press release, Philpott acknowledges the vital role the program has and that she looks forward to working with Minister Bennett (Indigenous and Northern Affairs Canada News Release, 2016).



Detractions, Obstacles & Crises:

To date, Philpott has not fulfilled any of the mandates in their entirety. However, there are issues and scandals, as well as personal commitments, that may have impeded her ability to do so. The issues and scandals that have distracted Philpott away from working on and achieving the mandates are the limo scandal, the Attawapiskat and opioid

crises, and legislative mandates by the Supreme Court that the prior government did not legislate on, such as physician assisted dying.

Philpott's personal commitment to promoting HIV and AIDS awareness may also have taken her focus and time away from completing Trudeau's directives. I have concluded that the issues and crises that have consumed the most to least amount of time Philpott's outside of working on the mandates for the Minister based on the number of speeches she has given inside and outside of Parliament. The issues and crises that have consumed Philpott's time the most are as follows: first, legislating on doctor assisted dying; second, the opioid/Fentanyl Crisis; third, the Attawapiskat crisis; fourth, her advocacy work for HIV awareness and prevention; and fifth, Philpott's personal scandal, the limo scandal. Philpott has spent the same amount of time dealing with her personal scandal as she has on her advocacy work; however, her advocacy work is placed fourth on my ranking system because she has done more work for it, in terms of the number of speeches she has given on the subject.

Doctor Assisted Dying Legislation:

Of these issues and crises, I have determined that legislating on doctor assisted dying consumed the majority of Philpott's time outside of working on the mandates based on the number of speeches she gave on this issue and the time she allotted to it. From December 11, 2015 to June 6, 2016, Philpott gave ten speeches (Parliament of Canada, Philpott Speeches, December, 2015- June 2016)⁶. In comparison to other outside issues and events unrelated to the mandate letter, Philpott spoke on this issue the most, giving a total of six speeches. Ian MacLeod (2015) reports in the *National Post* that on Friday,

⁶ See Summary Table for references of Philpott's speeches outside Parliament via Dr. Don Naulls at Saint Mary's University or to this link: https://drive.google.com/open?id=0B_e0vta0UKWBUVRHWUhgQXcwakU

February 6, 2015, the Supreme Court of Canada ruled in a unanimous decision that prohibiting assisted dying was unconstitutional. The CBC reports that original deadline to have legislation in place for the government was February 6, 2016. However, the court granted the government a four-month extension to June 6, 2016 (Anonymous, 2016). In an interview with CBC reporter Susan Lunn, Dr. Gus Grant (from the Federation of Medical Regulatory Authorities of Canada) stated that if no legislation was instituted by the federal government on June 6, 2016, the Supreme Court's ruling would be upheld as law (CBC, 2016). Philpott did not meet this deadline; instead, legislation (Bill C-14) by the federal government received Royal Assent on June 17, 2016 (Parliament of Canada, Legisinfo Bill C-14, 2017). As Sean Fine and Laura Stone report on June 6, 2016 in *The Globe and Mail*, the federal government missed the deadline and due to this the laws in the criminal code legalizing assisted dying became void. Thus, there was a period of legal limbo between June 6-17 as the laws on doctor assisted dying became legal and came under provincial jurisdiction (*The Globe and Mail*, 2016). Due to the fact that the Harper Government did not legislate on this matter during its tenure, as well as the heightened complexity and sensitive nature of this issue, not to mention that Philpott was a newly appointed minister of the Trudeau government, the government was delayed in its legislation on physician assisted dying.

Fentanyl/Opioid Crisis:

The opioid crisis involving Fentanyl is the second issue consuming Philpott's time from working on the mandates. So far, the minister has spent four and a half months working on this issue, from September 2016 to February 15, 2017. During this time, the

minister has made 8 speeches inside and 3 outside Parliament (Parliament of Canada, Philpott Speeches, September 2016 – February 2017)⁷.

Benedikt Fischer, Cayley Russell, Yoko Murphy and Paul Kurdyak (2015) detail Fentanyl's composition, what it is used for, and statistics regarding Fentanyl's relation to rising mortality rates in Canada. Fischer et al. state that the opioid crisis has resulted in a tripling of deaths related to dangerous drugs. Fischer et al. illustrate that Fentanyl is a "prescription opioid" (PO) used for chronic pain (2015, p. 2). Fischer et al. argue that deaths related to the synthetic PO have doubled and tripled in some parts of Canada; moreover, Canada has the highest rates of Fentanyl-related deaths, parallel to the rates of some European countries (2015, p. 2). Fischer et al argue that deaths related to the drug started to rise dramatically in the late 2000s (2015, p. 2). In Ontario, deaths doubled from 2008 (45 deaths) to 2013 (110 deaths) (2015, p. 2). In Vancouver, Fentanyl-related deaths tripled in 2014 (84 deaths) from 2012, 15 deaths (2015, p. 2). The Minister has addressed Parliament on this issue thirteen times (September 2016- February 2017). In her first speech on September 20, 2016, she stated:

Mr. Speaker, the matter of the opioid crisis, including the Fentanyl Crisis, is a very serious one. There is no single player that is going to resolve this problem. It will require multiple departments of our government working with provincial and territorial colleagues, working with health care providers, and working at all levels to address access to Fentanyl, including information for prescribers and the general public. All appropriate measures will be undertaken. (Parliament of Canada, Philpott Speech, 2017, 09,20)

In response to this crisis Minister Philpott has introduced legislation, Bill C-37 "An Act to amend the Controlled Drugs and Substances Act and make Related Amendments to

⁷ See Summary Table for references of Philpott's speeches outside Parliament via Dr. Don Naulls at Saint Mary's University or to this link: https://drive.google.com/open?id=0B_e0vta0UKWBURHWUhgQXcwakU

other Acts” (Parliament of Canada, 2017). The legislation was introduced on December 12, 2016, and is currently undergoing its first reading in the Senate (Parliament of Canada, 2017). The bill, as passed by the House of Commons on February 15, 2017, has nine parts to its summary (Parliament of Canada, Legisinfo Bill C-37, 2017). These parts range from expanding on the definition of possession to authorizing the Minister to temporarily change items in the “Act Substances,” as well as to update inspection powers (Parliament of Canada, Legisinfo Bill C-37, 2017).

On February 15, 2017, Philpott, in a speech to Parliament, outlines various parts of the bill and how the bill will reinforce the government’s approach to the opioid crisis (Parliament of Canada, 2017). To raise awareness on the crisis, Philpott hosted a conference to address concerns regarding the crisis (Government of Canada News Release, 2016). This conference was co-hosted with the Ontario Health Minister. Following the conference, there was an Opioid Summit on November 19, 2016 (Government of Canada News Release, 2016). In between the Opioid Summit and the conference, Philpott also appeared on CTV’s *PowerPlay*, a political television segment from CTV to talk about the crisis (CTV news 2016). Philpott introduced substantive legislation, Bill C-37, which is in response to the opioid crisis (Parliament of Canada, Philpott Speech, 2017, 02, 15). This is important to note because having legislation produced on this crisis demonstrates the severity of the crisis. Producing legislation on this matter exemplifies that the Minister has invested a tremendous amount of time on this legislation moreso than creating legislation on what she is mandated to do.

Attawapiskat Crisis:

The third issue consuming Philpott’s time that is unrelated to the mandate letters is her handling of the Attawapiskat crisis. From April 11, 2016 to June 9, 2016, Philpott

gave eight speeches on the crisis (Parliament of Canada, Philpott Speeches, April –June 2016)⁸. As Kate Rutherford reports in the CBC, the Chief of the First Nation of Attawapiskat declared a state of emergency on April 9, 2016 due to a high number of attempted suicides in the town of 2000 residents. As Rutherford outlines, 101 residents since September 2016 attempted suicide, and the day the crisis was declared 11 people attempted suicide. (CBC, 2016). Philpott’s first speech on the matter details how she is collaborating with the National Chief Bellegrade and the Minister of Indigenous and Northern Affairs to meet the needs of the people in the community, as well as those of the mental health workers who have been sent to help with the crisis (Parliament of Canada, Philpott Speech, 2016, 04, 11).

Personal Aim:

The fourth item consuming Philpott’s time is her personal commitment to promoting HIV and AIDS awareness. This ranking is based on the fact that Philpott has devoted over one month to campaigning for HIV/AIDS awareness, and has given four speeches on it⁹. Minister Philpott’s governmental profile details her extensive career advocating for HIV awareness and education (Office of the Prime Minister, 2015). The website also illustrates that in 2004 she worked with Give a Day to World AIDS, which raised four-million dollars that year (Office of the Prime Minister, 2015). Philpott continues to devote her time in office to promoting HIV and AIDS awareness, a laudable aim, but one that may detract from her ability to work on the federal mandates.

⁸ See Summary Table for references of Philpott’s speeches outside Parliament via Dr. Don Naulls at Saint Mary’s University to this link:
https://drive.google.com/open?id=0B_e0vta0UKWBUVRHWUhGQXcwakU

⁹ See Summary Table for references of Philpott’s speeches outside Parliament via Dr. Don Naulls at Saint Mary’s University or to this link:
https://drive.google.com/open?id=0B_e0vta0UKWBUVRHWUhGQXcwakU

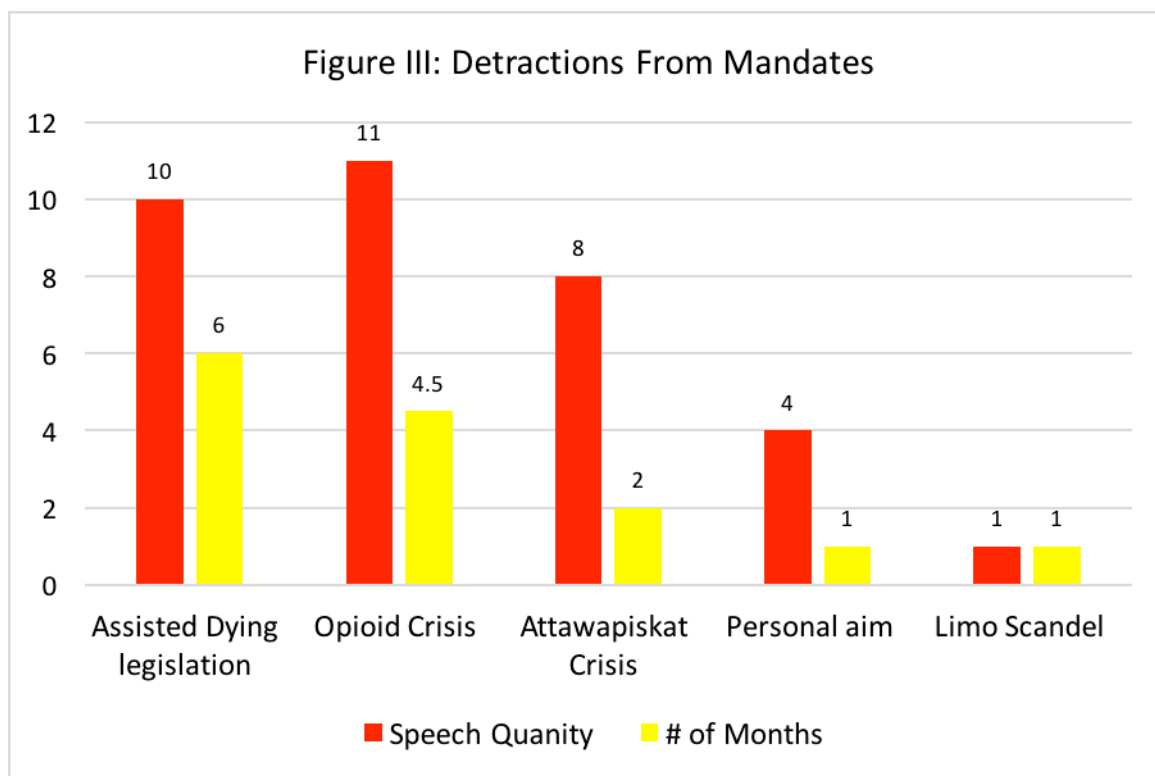
The Minister spoke on HIV and AIDS awareness twice on the same day in the House of Commons in November of 2016. In the first speech, Philpott states that she is collaborating with the Public Health Agency of Canada to ensure communities have resources to combat HIV and other communicable diseases (Parliament of Canada, Philpott Speech, 2016,11,02, 14:58). In her second speech, the minister addresses another member of parliament's question, emphasizing that her personal work on promoting HIV awareness through fundraising efforts is something that she has been supporting for thirty years (Parliament of Canada, Philpott Speech,2016,11,02, 15:04). A month later, in a governmental release, Philpott articulates her support for Aboriginal Aids Awareness week, a UN program called UNAIDS, and encourages people to get tested for communicable diseases (Government of Canada News Release, 2016). In the month of December, she utilized social media (twitter) to advocate and promote HIV awareness week (Twitter, 2016).

Limo Scandal:

The fifth issue consuming Health Minister Philpott's time outside of working on the mandates is the 'limousine scandal'. The limo scandal is in reference to Philpott's misused public funds for transportation services regarding a luxury car and how she paid back the government for those services. This event was reported on extensively by a number of media outlets in Canada for about a week at the end of August in 2016. From August 17 - 23 Canadian media outlets such as *The Toronto Star*, *CBC*, *Ifpress*, and *Macleans* reported on this event, all of which relied on the sources of Kristy Kirkup, a reporter of the Canadian press. On August 18, *The Toronto Star* reports that Philpott's spending on transportation was divulged as a result of an Access to Information request from the Conservative Party, which illustrated that Philpott spent \$1,700 on March 31,

2016 for transportation (*The Toronto Star*, 2016). *Macleans* reports that Philpott issued a statement saying that she agrees that the prices for her transportation were inappropriate, that she will not use the transportation services again, and that she will repay the money back (*Macleans* 2016). No speeches were given inside the House of Commons chamber regarding this issue; however, *Macleans* depicts a picture of Philpott speaking in the House of Commons' foyer on Wednesday August 17, the same day she made the statement about repaying the funds back (*Macleans*, 2016).

All of these instances exemplify the external issues, events and personal aims that Philpott has pursued outside of the directives issued to her by the Prime Minister in her mandate letter. They also illustrate how the Minister is forced to deal with crisis and scandal when it arises. The events also show possible reasons why Philpott has only been able to implement one piece of legislation related to the Prime Minister's dictates a year and a half after assuming the position as Health Minister of Canada. The Minister has had to put aside normal duties to deal with crises and scandal, as well to legislate on important matters that the courts mandated on. Philpott has no choice in these situations and normal work must be put on hold, otherwise her reputation could be impugned. For example, her handling of the limo scandal and Attawapiskat crisis were very timely; a day or so after each event became public, the minister issued statements on the crisis and scandal.



Section 4, Conclusion:

The history of Canada's healthcare is illustrated in both Carolyn Tuohy's and Stephen Birch & Amiram Gafni's articles. Tuohy outlines the complexities in the relationship between the federal and provincial government and the formation of the healthcare system in Canada. Tuohy (1992) argues that healthcare has been formed along two competing axes: the federal-provincial axis, and the medical profession-state axis. She also argues that there is an ambiguous relationship between the two levels of government because of overlapping powers with regard to the provinces in charge of policy and the federal government in charge of spending (p. 108-109). Birch and Gafni (2005) provide context into why the relationship between the two levels of government in Canada is complex in regards to spending on healthcare (p. 445). This is because of the British North American Act which stipulates that healthcare is the responsibility of the

provincial government and that the federal government cannot create policy at the provincial level (p. 445). Tuohy (1992) and Birch & Gafni (2005) contend that healthcare in Canada was formerly private, but as a result of the Second World War there was a need placed on the federal government to fund healthcare (Tuohy p. 110; Birch & Gafni p. 445). There are two pivotal points in time regarding the creation of a healthcare. Tuohy illustrates that in 1966 The Medical Act passed which created a federal funded but provincially management insurance program (p. 111-112). The second pivotal point is in 1984 when The Medical Act was consolidated into The Canada Health Act; this is what Canadians have today to provide public funding for healthcare (Birch & Gafni, 2005, p. 445) As Birch and Gafni explain, if the provinces are to receive funding from the federal government they have to follow five principles, and this is because cost sharing was not an element kept in the consolidation to The Canada Health Act (p. 445). It is stipulated in one of Justin Trudeau's mandate letters to the Minister of Health to create a Health Accord with the provinces (Office of The Prime Minister, 2015). Minister Philpott has been working toward this Health Accord for a large portion of time since assuming the ministerial position.

Conclusion of Governmental Management and Scholarly Review:

Due to the lack of scholarship on the health mandate letter, I have devised my own system of calculation to measure Philpott's effectivity regarding the Prime Minister's directives. As well, I have analyzed Philpott's governmental management from illustrations of her department in a report in *The Hill Times* by Peter Mazereeuw and a case study method adopted by David McRobert and Julian Riddell (2016), who use case studies to analyze the work that Minister Hunter Tootoo has done towards his mandate letter.

I applied this case study method to Philpott's work toward the first mandate, and through depictions of her departmental staff working toward the Health Accord mandate, I analyzed her department by applying Laurence Lynn's (1982) gamesmanship metaphor to understand which category of civil servants are working towards that mandate, and why those civil servants would be so effective assisting Philpott in completing it. Mazereeuw's (2017) report illustrates that senior civil servants are working on the Health Accord. In Lynn's article, she argues that senior civil servants comprise the middle game (p. 488). She states that the skill set of the participants of the middle game include dealing with economic matters, like budgets, and ensuring efficiency in government (p. 488). In addition, I explored the concept of deliverology by Michael Barber and his work with the Justin Trudeau Government via Paul Wells' 2016 report in *The Toronto Star*. Wells details that Trudeau held retreats for his cabinet ministers where Michael Barber spoke on his concept of deliverology and stressed how ministers can deliver on their promises. This theme is also stressed in Justin Trudeau's election 2015 platform. In regards to the report by Peter Mazereeuw, it is evidenced that Philpott is determined to fulfill her mandates outlined by the Prime Minister.

Conclusion of Philpott's Effectivity Toward Mandate Completion:

Justin Trudeau has issued 30 mandate letters to his 29 ministers (there are 30 letters because one of his ministers has two mandate letters). Jane Philpott, the Minister for Health Canada, has six mandates within her letter from the Prime Minister (Office of the Prime Minister, 2015). The first mandate written in the letter has four subcategory mandates. This is the mandate outlining that Philpott is to create a Health Accord with the provinces (Office of the Prime Minister, 2015). To date, Philpott has worked on all of the

mandates to some degree or another. However, to date, none of the mandates are completed in full.

The release of the mandate letters at the federal level is unprecedented; their unprecedented release provides a perfect opportunity to monitor cabinet ministers' effectivity regarding their governmental management and completing the aims outlined in their mandate letter. Due to the lack of scholarship on mandate letters and how to calculate effectivity on mandate completion, I have devised my own system of calculating mandate effectivity. Effectivity is determined in the following manner: by the amount of time Minister Philpott has spent working on a mandate, the number of speeches in Parliament/media she has given, and whether she has been able to either introduce legislation or have legislation receive royal assent. This system measures effectivity because it details how much time and effort the Minister is devoting to different activities.

I have determined that Minister Philpott has been the most effective on the second mandate listed in her letter. She has been the most effective on the first mandate listed. Minister Philpott's third priority is the fifth mandate listed; fourthly, she has spent the majority of her time on the fourth mandate listed; fifthly, minister Philpott has spent the second least amount of time on the third mandate. Finally, the minister has been the least effective on the sixth mandate listed.

Possible reasons why Philpott has not been effective in implementing any of the mandates to their full extent are because of obstacles, crises and scandals that have arisen throughout her tenure thus far. I have determined the severity of these events based on the time Philpott has devoted to giving speeches inside and outside of Parliament.

The order of most time to least is as follows: first, legislating on doctor assisted dying; second, the opioid/Fentanyl Crisis; third, the Attawapiskat Crisis; fourth, her personal

aims toward HIV advocacy and awareness; and fifth, dealing with a personal scandal, the limo scandal.

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