



Sheshatshiu Innu First Nation

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July 7, 2011

The Honourable Leona Aglukkaq
Minister of Health
Fax: (613) 996-9764

The Honourable John Duncan
Minister of Aboriginal Affairs and Northern Development
Fax: (613) 996-3306

RE: Innu Round Table

As the Minister of Health noted in her December 2010 letter, it is important that the Innu and Canada work together to secure the gains made in community health and healing during the Labrador Innu Comprehensive Healing Strategy (LICHS). We appreciate the extension of funding for that purpose and the need for finding methods to secure progress until 2015.

However, as we noted in our March 2011 letter to both Ministers, Innu leadership felt that the approach proposed by Canada was insufficient to meet the recommendations contained in the evaluation report on LICHS. We asked for some time to prepare another approach and offer it as an alternative. That approach—the Innu Round Table approach—is contained in this package.

The Innu Round Table approach is proposed to better address the main recommendations of the LICHS evaluation for: larger Innu roles and responsibilities, a planning context, progress measurement, and strengthening capacity for future self-government. It is a fully tripartite process with these key features:

- Adoption of community-based healing plans to guide delivery of A Base services, identification of priority investments, and implementation of case management procedures.
- Operating within the same envelope of funds Canada has committed to the process.
- Acting under tripartite consensus for all major investment, devolution, and health decisions.
- Innu management and administration of the process and Innu accountability for those tasks.
- Secretariat services to the process to be supplied through an Innu Tribal Council.

We have built the Innu Round Table approach to not only better meet our mutual health and development goals, but also to be as compatible as possible with what we know of INAC and HC's authorities. However, we understand that this approach is easier for INAC to implement than for Health Canada. IN that light we do recall the Minister of Health's point that after the needs assessment is complete, that she would be have to return to central agencies for authority to continue activities through to 2015.

It seems to us that this offers an implementation path for the Innu Round Table as follows.

- An immediate acceptance in principle of the approach;
- Innu Completion of two community-based healing plans over the next three months;
- Isolation of first year activities that focus on health planning, mental health, children's health and addictions treatment by fall;
- Direction for staff to operate with as much flexibility as possible within existing authorities;
- Later this year a merger of the community-based healing plans with the needs assessment results to identify what Health Canada may wish to take to central agencies;
- Implementation of subsequent years' activities through existing INAC and new HC authorities.

We trust that the enclosed material provides sufficient information on the round table process for your purposes. However, we are more than happy to come to Ottawa to go over it in more detail with one or both of you. Please note that we are copying regional officials in both your departments to ensure they can advise on the proposed approach as well, and have sent a copy to the contact of this file in Aboriginal Affairs in the Province of Newfoundland and Labrador.

Thank you for your consideration of our proposal for an Innu Round Table.


Chief Sebastien Benuen
Sheshatshiu Innu First Nation


Chief Shimeon Yshakapesh
Mushuau Innu First Nation

Copies to:

Grand Chief Josef Rich
Deputy Grand Chief George Rich
INAC Atlantic ARDG D. Macdonald
HC Atlantic RDG S. D'Entremont
HC Atlantic NIHB D. Keays-White
HC & INAC Integrated management Steve Igudry
Aboriginal Affairs N&L B. Harvey