

FOR CONCURRENCE

11-120938 - 304

**MEMORANDUM TO THE MINISTER OF HEALTH**

**Labrador Innu Round Table Proposal**

**SUMMARY**

- In July 2011, Chief Benuen and Chief Tshakapesh of Natuashish and Sheshatshiu requested support for an Innu Round Table (IRT), meant to replace the former Federal/Provincial/Innu Main Table (F/P/T/Innu MT) dissolved in February.
- The IRT would give the Innu a greater role and responsibility, including control over targeted resources provided by Health Canada (HC), and Aboriginal Affairs and Northern Development Canada (AANDC) for community well-being.
- HC and AANDC are supportive of the proposed IRT with conditions. A joint HC/AANDC letter of response has been prepared for your signature.

**BACKGROUND:**

As part of the Labrador Innu Comprehensive Healing Strategy (LICHS) (2001-2010), a F/P/T/Innu MT was established to assist in the coordination of programs and funding designed to improve the health, social, economic and cultural well-being of the Innu of Labrador. In September 2010, Treasury Board approved continuation of this additional targeted funding (\$5.5 million per year for five years) for Innu health programs in the areas of mental health and addictions, and maternal and child health. In February 2011, the Innu dissolved the MT.

In July 2011, the Innu submitted a proposal to HC and AANDC for an IRT. The proposal outlines a membership group similar to the MT, chaired by the Innu. The proposal also recommends that funding for Health Canada's Labrador Health Secretariat (LHS) in Goose Bay (serving the Innu) should be transferred to the Innu to be Innu-managed, impacting 7 FTEs in Goose Bay. It was also recommended that the Ministers of HC and AANDC meet with the Innu Chiefs annually.

**CONSIDERATIONS:**

Recent media reports have highlighted political unrest and protests within the two communities (particularly Sheshatshiu), and both have experienced challenges related to current Chiefs and Councils. .../2

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Over the past several months, there have been reports of an increase in the rates of substance abuse, including gas sniffing, in Natuashish. Numerous staff vacancies in critical health delivery positions have also emerged.

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Work is proceeding as planned in order to fulfill this condition.

**PORTFOLIO CONSIDERATIONS:**

HC and AANDC officials are broadly supportive of the IRT proposal and believe that an Innu-led approach may contribute to strengthening Innu capacity for self-government. Given current community-capacity and present-day challenges, officials recommend conditionally accepting the IRT proposal. Areas requiring further negotiation and discussion include: mandatory completion of healing plans; clarification of IRT membership; and a transition period for transferring control of existing HC funding to Innu control. HC and AANDC are also exploring the possibility of jointly funding the Interchange assignment of a senior federal employee to assist with setting up the Round Table Secretariat and provide executive assistance to the two Innu communities.

- In order to remain accountable and transparent, and to support community-planning processes, the successful completion of healing plans by February 2012 for review by federal partners is considered a prerequisite for moving forward with the IRT.
- Annual ministerial involvement, as requested by the Innu, is not recommended. Senior regional officials from both federal departments should continue to represent the Government of Canada. In addition, Innu must confirm the participation of senior representatives from the Newfoundland and Labrador Department of Health and Community Services given their health delivery responsibilities.
- The IRT proposal outlines an immediate transition to the Innu of all current funds, including resources currently dedicated to the LHS and the permanent closure of the office.

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HC officials are prepared to negotiate a transition plan to fulfill the dual objectives of greater Innu capacity and control, and ensuring adequate departmental oversight and stewardship, which would be achieved by a downsized LHS.

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**Option and Rationale:**

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***Option 1: Support the IRT proposal with conditions (Recommended)***

Sign the attached letter, which indicates your support for the IRT proposal with conditions noted above requiring further negotiation. Innu are aware that additional funding is confirmed to March 31, 2012, and that future funding remains to be confirmed following

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**Pros:**

- The IRT is seen as an important step to build capacity towards self-government, and its tripartite composition allows for continued support, coordination, and planning among the partners.
- The IRT is consistent with the 2009 Impact Evaluation and

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**Cons:**

- The reduction of 7 FTEs in the LHS will limit HC's direct oversight function and its ability to provide assistance should there be further crises.
- Both communities have significant challenges related to governance, health service delivery and management capacity, and are also experiencing political instability which may impact the success of the IRT.

***Option 2: Decline IRT proposal***

Do not sign the attached letter, given the risks associated with the lack of community capacity and current instability. Officials will inform their counterparts at AANDC that HC's response will follow separately.

**Pros:**

- Preliminary results of the capacity assessments indicate continued support to build community capacity is needed. The LHS is well-positioned to provide this support.
- Continues to ensure a strong HC oversight role regarding accountability.
- No additional HR implications for HC

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**Cons:**

- Would damage the relationship between Canada and Innu, signalling a lack of commitment to increase local control and capacity for service delivery and design.
- Would be inconsistent with AANDC's preferred direction, in particular, in light of the recent signing of the AIP and ongoing land claim and self-government negotiations.

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**RESOURCE IMPLICATIONS:**

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Support of the IRT proposal will likely require a realignment of resources from Vote 1 to Vote 10 for the remaining 3 years (FY 2012/13 - 2014/15) of funding allocated through Budget 2010.

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**COMMUNICATIONS IMPLICATIONS:**

N/A

**RECOMMENDATIONS:**

It is recommended that you sign the attached letter indicating your support for the IRT proposal, with conditions requiring further negotiation as described above.

\_\_\_\_\_  
Associate Deputy Minister

I concur with Option 1: \_\_\_\_\_

I concur with Option 2: \_\_\_\_\_

I do not concur: \_\_\_\_\_

\_\_\_\_\_  
Minister

\_\_\_\_\_  
Date

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Contact: Michel Roy, Assistant Deputy Minister, FNIHB  
Telephone: 613-957-7701

**Attachments**

Appendix A - Joint Health Canada/AANDC response letter

Appendix B - Previous correspondence