

Grace Hospital: Current Status

Issue: The Grace Hospital is currently being recommissioned as a detox facility for Innu children from Davis Inlet. Operational requirements for the Grace including construction, cleaning, food requirements, security, one on one staffing, identification cards, fire and safety requirements, snow clearing/garbage collection, and building maintenance are all being prepared.

- **Construction:** The second floor of the Grace is ready for occupancy while the third floor still requires a few slight renovations and should be ready for occupancy by next Friday. The cafeteria and kitchen, as well as all traffic areas (stairways, tunnel, etc.) are ready. The first floor laundry facilities will be ready for use next week. With respect to the nurses residence, the second and third floors are ready for occupancy.
- **Cleaning:** A cleaning contract has yet to be signed. However, all cleaning will be completed by this Saturday. In the Grace, beds are placed on the second and third floors and are currently being outfitted with linen. Curtains will also be in place shortly. In the nurses residence, beds have been placed in the first floor rooms, however, the second floor has yet to be outfitted as beds must be purchased for this floor. As a result, we are waiting for determination of numbers of family who will be staying on this floor.
- **Food Requirements:** Kitchen staff are hired and have undergone an orientation session. The kitchen is currently being stocked with dry goods.
- **Security:** A contract with Shanahan's Security is still being negotiated. Presently, staff are posted within the building to ensure security in the building. The Director of Corrections with Justice has completed a tour of the Grace facility and recommended a number of additional security measures. This will be reviewed by the Department of Health and Community Services prior to the placement of children and youth.
- **One on One Staffing:** Approximately sixty staff have been hired. These staff have been screened, reference checked, and are expected to present a clear certificate of conduct. An orientation has been provided on confidentiality, media relations, fire safety, suicide intervention awareness, information on the Innu people, and non-violent crisis intervention.
- **I. D.'s :** Photos for I. D.'s have been taken for approximately sixty staff. These will be completed by Works, Services, and Transportation by January 10, 2001. If the Grace is occupied before such time, an alternate plan for the production of I. D.'s is required.
- **Fire and Safety:** An evacuation plan for the Grace has been approved by the St. John's Regional Fire Department. However, the fire department still requires certificates for building extinguishers, sprinkler system, fire alarm system, and kitchen automatic fire extinguisher systems. These certificates are being sought and at such time the fire department will issue the Province a letter authorizing that the Grace may be occupied.

- **Snow Clearing / Garbage Collection:** Contracts for these services have been extended by the Health Care Corporation and are currently in place.
- **Maintenance Contractors:** Contracts for building maintenance are currently being negotiated.

Prepared by: Robert Jenkins
December 22nd, 2000

Loretta Chard - Re: Grace Hospital

Page

From: Don Osmond
To: Dave Roberts
Date: 12/22/00 1:29PM
Subject: Re: Grace Hospital

Thank you, Dave. I am forwarding a copy as well to Loretta Chard with the request that HCCSJ be contacted and asked to send out a new advisory to its suppliers.

>>> Dave Roberts 12/22/00 10:12AM >>>

This is to follow-up to our recent conversation and to the agreement reached at the Dec 13 meeting with officials from Dept of Health, HCCSJ and Treasury Board regarding operating the Grace Hospital.

We have received copies of several letters from a Mr. Rex Hiscock, Assistant Director, Facilities Maintenance, with the HCCSJ to various suppliers or service providers for services utilized during operation of the Grace hospital. These letters have indicated that the hospital is no longer operated by the HCCSJ and subsequent billings should be made to either the DWST or Dept of Health. I should point out that these letters are dated prior to your Dec 13 meeting, however, it does not appear that further communication has been made with these suppliers to indicate who will be paying for their services henceforth. I have recently received phone calls from some of these suppliers who are questioning who at DWST to send the bills to.

In most all cases a continuation of these (or similar) services will be required for the ongoing operation of this facility. Such services include:

- Heating fuel
- Phone services
- Electric power
- Waste disposal
- Elevator maintenance

(There may be others which I have not received a copy of)

This matter needs to be clarified by the HCCSJ by communicating to various parties that they will be acting as paymaster for continued facility operating costs as per the agreement of the December 13 meeting.

Don't hesitate to let me know if you require anything further on this matter.

Dave R

CC: Deanne Chafe; Loretta Chard

Loretta Chard - payment of monitors

Page

From: Beverley Clarke
To: boyd rowe
Date: 12/22/00 2:25PM
Subject: payment of monitors

Boyd,

Please authorizes Ed Harding to issue payment to the designated Davis Inlet monitors at a rate of \$15.00 per hour for the time worked during the past three week and up to January 2, 2001. The Certificates of Conduct will be issued from the RCMP on December 28,2000 in keeping with the conditions outlined in the letter sent to Edgar , Davis Inlet accountant. In light of the fact it is Christmas season, please ensure payment is made today so that these monitors will remain in place during this period. It is our understanding that both the chief and Luke Rich are still in Goose Bay and if contact could be made with them, the cheque could be delivered thru them.

Thank you for your cooperation
Bev.

CC: Deborah Fry; Delia Connell; Ed Harding; Loretta Chard



National Defence / Défense nationale

5 Wing Goose Bay
P.O. Box 7002, Station A
Happy Valley - Goose Bay
Labrador A0P 1S0

1000-1 (W Comd)

20 December 2000

Mr. Boyd Rowe, Chief Executive Officer
Health Labrador Corporation
Labrador Health Centre
P.O. Box 7000, Station A
Happy Valley - Goose Bay
Labrador A0P 1S0

RECEIVED

JAN 19 2001

ASSISTANT DEPUTY
MINISTER

RECEIVED

JAN 8 2001

ASSISTANT DEPUTY
MINISTER

Bev
Stalked to Boyd + asked him to acknowledge letter + indicate contract has been forwarded to Health Canada +

Copy - Bev Clarke Jan 9/01.

Me

Dear Mr. Rowe:

In a letter dated 29 November 2000, the Premier of Newfoundland and Labrador formally submitted a request to the Minister of National Defence to utilize four vacant Married Quarters to provide shelter for Innu children. The Minister of National Defence, in a letter dated 4 December 2000, indicated that the request to utilize Married Quarters was not feasible. The Minister did offer the Province the use of building 568 until 1 February 2001 and the use of building 550, the Melville Hospital, for an unspecified period of time.

Consistent with the offer made by the Minister of National Defence, on 14 December 2000, Health Labrador Corporation was presented with a License Agreement for the use of building 568 until 1 February 2001. I have been made aware that Health Labrador Corporation has decided not to enter into this agreement at this time. You should be aware that the interim Agreement for Provision of Services under which Health Labrador Corporation had access to building 568 expired on 29 November 2000. Therefore, at this time, there is no agreement in place under which Health Labrador Corporation has access to building 568.

It is my understanding that Health Labrador Corporation would like to continue to have access to building 568 until 1 February 2001 to house Innu children in emergency circumstances. I recognize the uncertainty of the situation that Health Labrador is dealing with and will continue to assist wherever possible. However, considering the potential liability to the Department, it would be inappropriate for me to allow Health Labrador Corporation to use building 568 without an agreement. Therefore, I must insist that building 568 not to be used to accommodate any Innu children until some form of written agreement is put in place between the Department of National Defence and Health Labrador Corporation for this purpose.

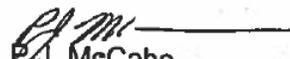
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Canada

cc: Al Gorman

Should you require additional clarification please do not hesitate to call me at 896-6900 extension 7200.

Sincerely,


P.J. McCabe
Colonel
Wing Commander

cc: Mr. F.I. Young, General Manager, Goose Bay Office
Ms. F. Macbride, DREP 10, National Defence Headquarters
Ms. R. Cochrane, ADM(A) Intergovernmental Affairs, Government of
Newfoundland and Labrador

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Health
Canada

Santé
Canada

Health Canada/Santé Canada

Our Mission ... To help the people of Canada maintain and improve their health
Notre Mission ... Aider les Canadiens et les Canadiennes à maintenir et à améliorer
leur état de santé

ATLANTIC Region/Région

Date/Date Dec 15/00

To/Destinataire RON TIZZARD (709) 729-5824
name/nom fax no./n° de télécopieur

From/Expéditeur PETER M'GREGOR (902) 426-8675
name/nom fax no./n° de télécopieur

Re/Objet

Please find attached the Shesheshim
Tang Centre TX Proposal. Our two
departments are working in partnership
to address and assist this community with
this crisis. Would it be possible for you to review &
comment on the attached. Also could you
let me know when we could conference call.
First Nations and Inuit Health Branch on this (voir mail)
Direction générale de la Santé des Premières nations et des Inuits

Our Vision ... First Nations and Inuit people will have autonomy and control of their health programs and resources within a time frame to be determined in consultation with the First Nations and Inuit.

Notre Vision ... Les peuples des Premières nations et les Inuit exerceront en toute autonomie la prise en charge de leurs programmes et ressources en matière de santé dans un délai à déterminer de concert avec les Premières nations et les Inuit.

Sheshatshiu Innu Family Treatment Program

Program Description

Summary

The Family Treatment Program for Sheshatshiu families will operate under the office of the Sheshatshiu Innu Band Council Health Commission. The Health Commission will be responsible for the recruitment of qualified program staff, as well as the development of clear job descriptions for the various positions planned.

The treatment program will be a year round ongoing service for both adults and children. The services will be delivered in two interconnected but different phases. The first phase of treatment services will be the "country" phase. This will involve the use of Lobstick Lodge as a base camp out of which intensive six week programs for families will be offered. The second phase of the program directly follows after the first phase. It will be treatment services organized for the "community follow up" phase.

At this time we plan five different modules of the country phase of treatment in a calendar year, for a total of 30 weeks. The community follow up phase will begin as families return from Lobstick Lodge, and carry on for the remainder of a full year. Throughout the year of community follow up there will be three reunions for each group of families going through the residence country program. The reunions will take place in or near the village over four or five days, allowing all participants from the country phase to come together on a regular basis as a group and evaluate their success and identify needs for continuing support.

A full time treatment program director will be hired to give overall direction and supervision to the development, delivery and evaluation of the family treatment program services. Working under the director will be a program manager and two teams of six staff each, four counsellors and two youth workers. They will deliver both the country and community follow up programs. A very significant feature of this program is that all the programming will be delivered in the Innu language, which for Innu is the first, and for many, the only language. Each team will try to provide the follow up services to the participants with whom they worked in the

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country phase of treatment. When not in the country, each team will operate out of the counselling offices of the new health center in Sheshatshiu.

The work of the teams will be strengthened in the country phase as well as the community follow up phase by the direct continuing involvement of elders. Also child care providers will accompany the staff teams to the country to do supervised programming with the children in families under eight years of age.

During each phase of country treatment we expect to involve a maximum of six families with a total of fifty participants altogether, including young children. Staff will commit to the six week country phase, leaving their own families behind in the community while they are working. This means approximately sixty individuals in total would be on site for the country phase of treatment.

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The Country Treatment Phase

Starting mid January 2001 we will begin the first of the six week country treatment modules. Each of the subsequent modules will follow after a short break during which time all of the program staff will conduct an evaluation of the just completed program. Not only will individual family case conferencing be done but also an evaluation of the specific program contents will be completed.

The overall goal of the country treatment phase is to provide families with an opportunity in a safe, supportive environment, away from the stresses of daily village life, to begin to open up and address, individually, as families and as a collective, the most important issues of family life.

For programming purposes, this phase will be divided in two. The first four weeks will see adults and the older children undertake most programming separately. Over the last two weeks of programming, most sessions will integrate older children with parents.

Each week of the first four weeks, the elders will have a full day when they provide the program content for the adult participants. The decisions about what is appropriate will be determined by the elders in conjunction with the team workers. During the first four weeks, elders will have two full days each week to provide programming for small groups of children. This programming will be specific to Innu knowledge and practices. During the final two weeks, elders will have specific times to work with individual families.

The following will be the main areas of focus for the country treatment phase.

- * Innu culture and history
- * Parenting
- * Relationships
- * Feelings

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- * Counselling
- * Family Integration
- * Life Skills

The programming focus will start with a broad examination of Innu culture and history including family life, from an Innu perspective. Adult participants will then look at their individual family-of-origin histories through the use of time lines and sharing stories. Couples will then look at their own family history through time lines and sharing stories. Each of these activities will involve participants presenting their own stories. As well, the counsellors will actively participate in these activities. The purpose of this programming is to help individuals see their present situation and behaviors in a historical context, one which does not absolve them of personal responsibility, but which supports them to see that their experiences are very much part of a collective experience and there is hope and support for them to take risks to become healthier.

The second focus of programming will be on parenting. Participants will look at their own experiences with being parented and identify the important skills necessary for effective parenting. Parents will identify problem situations they are experiencing and these will then become the examples for role plays.

The concept of relationships is the third program area and individuals will examine their relationships with self, spouse, family and children. Coming naturally from this is specific programming on boundaries. Specific sessions will focus on physical boundaries, emotional boundaries and sexual boundaries and the effects on individuals when those boundaries are not maintained or they are broken. Following this will be programming geared at an in-depth examination of anger and aggression, grief and loss.

Throughout all of the programming an emphasis will be maintained on helping individuals to identify, name and give expression to their feelings. Daily participant circles will be held. Throughout the day the programming will be presented through the use of small group discussions, role plays, feeling exercises, banner making, artwork, and healing rituals. The sweat tent will be available for small groups of

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participants in the evenings.

In addition to the specific programming provided for all participants, one on one sessions will be held with assigned counsellors and participants on a regular basis.

The programming to integrate children with families will focus mainly on the issues of boundaries and anger and grief, because in recent treatment work with families these were identified as the most important issues for parents and children. This programming work will be done using the same tools as stated earlier ; role plays, circles, feeling exercises, art work and healing rituals. There will also be recreation activities planned as an important part of the programming for parents with their children to emphasize that fun, as well as work, can be shared.

Meal preparation and clean up will also be a regularly scheduled part of the programming for the adult and older child participants. Mealtimes will be communal.

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The Community Follow Up Phase

Upon completion of the six week country program, all staff and participants will return to the village. The main goal of the year long follow up phase will be to make sure that the necessary supports are available to help families maintain their focus on becoming healthier that began with their work in the country treatment phase.

Individual contracts will have been completed between counsellors and their assigned families outlining the expectations for follow up and support upon return to the village. The contracts will clearly state the support that will be offered through community resources and the steps that treatment participants agree to undertake. While these contracts will be completed before the country treatment phase ends, treatment program staff will need to make links with other community resources and services on behalf of participants, once all are back in the community.

There is a clear recognition that the already existing community agencies, programs and services will play a very important supportive role to the family treatment program and vice versa. The family treatment program will be a tremendous addition of resources to the existing community web of services, addressing a long standing gap in services to families.

Agencies such as Innu Uauitshitun, the Women's Shelter, The Charles J. Andrew Youth Restoration Center, the school, all of these currently provide important resources to community members. These resources are being used to the maximum now, but all agencies agree that the ongoing work to integrate and coordinate the community social services will make for much more effective use of the existing resources.

It is anticipated that the family treatment program will work cooperatively with all the other community agencies and this will most effectively be done through the case conferencing group of the interagency committee. Most treatment participants will need a variety of ongoing support from employment opportunities and upgrading, through to justice system interventions for example. Rather than have treatment participants continually have to outline their needs to the various agencies, the case conference group would hear from treatment program staff about the specific needs of a family. It would be the responsibility of the case

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conference group to integrate and develop their resources to best meet the needs of the family and in so doing, compliment the plan and the expectations laid out in the contract. The contract then becomes the map for the family's journey through the year long follow up.

There are a number of areas of need that have been identified by families in previous treatment programs as necessary for effective community follow up, post treatment. We will develop and deliver programs, services and workshops to address these areas of need on an ongoing basis in the community as an integral part of the community follow up phase. Treatment program staff will take the lead in this programming, working with other community support staff.

The areas of need for community follow up programming will be:

- * communication skills - opportunities for identifying and expressing feelings
- * parenting skills - opportunities for learning how to deal with troubled children and teenagers when trying to get healthier themselves (also more planned recreational opportunities for parents with children)
- * anger management - opportunities to further address this complex issue including jealousy, denial, shame, resentment, abandonment, control, loneliness, abuse issues, and family/community divisions
- * childhood sexual abuse issues - opportunities to do healing work
- * couples therapy - opportunities for couples to concentrate on their relationships with trained facilitators and other couples maintaining healthy long term relationships
- * substance abuse information - opportunities to understand and address the dynamics of solvent use, alcohol abuse and other drugs
- * human sexuality - opportunities to understand and address issues of healthy sexuality and healthy sexual relationships as well as STDs, AIDS, safe sex practices, birth control etc.

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* **sweats and AA sessions on a regular basis**

As indicated, the country treatment phase will be an introduction to many of these programming areas. However, the six weeks will not provide participants with enough opportunities to sufficiently take in so much information and process so much emotional content. Therefore there is a real need to create programming for the community follow up phase that will not necessarily be completely new, but will provide the much needed opportunities for further discussion and processing and much needed practice and more practice. Many of the adults really struggle because once back in the community they have to do the "unlearning and relearning" of healthier ways to be partners and parents. Good community follow up is necessary for these healthier ways to take root in families day to day lives.

While the initial focus for the development and delivery of this community follow up programming will be the country treatment participants, the programming itself will be open to other community members when they can be accommodated. We would hope for a ripple effect from the programming in that by word of mouth, others who have not gone to treatment would see the benefit of the programming and would want to be able to take part also.

During the follow up phase, at three month intervals, reunions of the country treatment participants will be held to support the collective efforts of the families and to encourage them to be clear about issues arising or ongoing problem areas. Hopefully the same treatment program staff will be able to facilitate the reunions.

The current plan is to use the reunions as an opportunity to allow earlier successful treatment program participants to begin a facilitation role with the families most recently having completed treatment. All of the programming delivered by the staff for family treatment will be done on a model of "do as I do, I'm not an expert but I am experienced", because the majority of treatment program staff will be Innu community members themselves as they have proven to be the most effective, challenging workers with Innu families.

Consistent with this, is the desire to see program participants who are continuing to do well after treatment take on more of a facilitation role and share their experiences with the newer participants. This means that the first reunion for this

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coming year would see participants from last summer's family treatment program being invited to take part and provide some leadership in the activities and programming being planned for the newest participants. The second reunion in the follow up phase would invite some participants from the earlier follow up to take part and so on, throughout the year. Hopefully this will broaden beyond the treatment program itself, the base for support that individuals and families need to make and maintain significant life changes.

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Family Treatment

Revenue

FNIHB

1) First Nations & Inuit Health Branch

Expenses

1.0 Salaries & Benefits

1.1 Salaries

Director	45,000
Program Coordinator	40,000
Counselors (12 people \$28,000-\$37,000 per annual)	390,000
Early Childhood Educator (2 people @ \$22,500 x 30wks)	26,000
Child Youth Worker (2 people @ \$25,000 x 30wks)	29,000
Cooks 1 @ \$23,500)	23,000
Maintenance (1.5 People @ \$28,000)	42,000
Elders (2 people @ 20,000 per annual)	40,000

Sub-total 635,000

1.2 Benefits

EIB

WC

CPP

Total Benefits (16.7% salary) 106,045

Total Salaries & Benefits 741,045

2.0 Administration

Allowance	0
Cleaning Supplies	6,000
Food (\$5 day/person x 60 people x 30weeks)	63,000
Linen	3,000
Minor Capital	5,500
Office Supplies	3,000
Parole Tax (2% of Salary and benefits)	14,820
Telephone (office & mobile phone @ \$1,000 per month)	12,000
Utilities	6,000
Participant Reunions (5 per year)	7,500
sub total	120,820

3.0 Transportation

Gas,oil & maintenance	15,000
Bus Rental	10,000
Insurance on truck and van	5,000
Staff travel	5,000
Sub total	35,000

4.0 Training

CPR (@	2,000
First Aid	2,000
Wilderness first aid	2,000
Counseling	3,000
MAB	4,000
Uicide Intervention	1,000
sub total	14,000

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Family Treatment**5.0 Maintenance**

Repairs to building	7,000
Repairs to equipment	5,000
sub total	12,000

6.0 Capital

Van	38,000
Truck	45,000
Fringe Radio	600
Hand Held Radios	600
Snowshoes	5,000
Ski Doos 12 hp (2 @ 4,000)	8,000
Life Jackets	2,000
Canoes & paddles 5 @ 1,500	7,500
Furniture	5,000
Sub Total	111,700

Sub Total of all Expenditures	1,034,565
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7.0 Administrative Fee

Bookkeeping & general administration @ 15%	237,800
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Total Expenses	1,585,332
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SHESHATSHIU INNU DETOXIFICATION

Issue: Status of Innu children at CFB Goose Bay.

Background: In response to the crisis related to gas sniffing in Sheshatshiu Labrador, Health Labrador Corporation arranged to house a number of children who required immediate detoxification treatment at the military Base in Goose Bay.

These children were placed in Building 568 and existing Base housing leased to Health Labrador Corporation. On November 22, the Honourable Roger Grimes requested that the Base extend the use of Building 568 for an additional week while the detoxification process continued and other offsite arrangements were made.

On November 29, you wrote to the Honourable Arthur Eggleton, Minister of National Defence, requesting use of Building 568 until December 31, 2000 and four additional private married quarters until March 31, 2001.

Minister Eggleton responded on December 4 offering the use of the Melville Hospital and continued access to Building 568 was extended until February 1, 2001.

Current

Status: Health Labrador has since moved the children from Building 568. The Base has issued a License Agreement which includes a \$56,700 bill to Health Labrador for the use of Building 568 from November 21-December 6.

DND has arrived at this amount by charging a \$70.00 per diem for 21 children, 21 care-givers, 6 elders and 6 security guards. DND advises the per diem is the established rate paid by the Allied militaries (Great Britain, the Netherlands, Germany and Italy) that train at CFB Goose Bay.

Health Labrador has been advised to sign the License Agreement proposed by the military. The Province will seek to recover to \$56,700 bill from Health Canada.

Health Labrador is seeking to move the remaining six Innu children from the Base to apartments in Happy Valley-Goose Bay.

IGAS/Health/Aboriginal Affairs

December 14, 2000

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Integrated Community-Based Health Services Contribution Agreement

- November 15th, 2000, the Innu of Sheshatshiu publically requested the apprehension of children in need of protection due to gas sniffing. Subsequently, by November 21st, 2000, 19 children / youth were removed from the community following individualized assessments and placed in military barracks in Goose Bay. On December 20th, the Director of Child Youth & Family Services (CYFS), Health Labrador Corporation was granted a six month order for temporary custody of the children under the CYFS Act.
- November 26, 2000 Industry Minister Brian Tobin, Premier Beaton Tulk and various senior federal and provincial officials met with the Innu of Sheshatshiu. All parties agreed that the first and foremost priority is the protection and well being of the children in the Innu communities affected by gas sniffing. Federal and provincial governments agreed to work co-operatively with the community to seek appropriate treatment options for the affected children as quickly as possible and commit all necessary resources to this end. A number of commitments were made (see attached).
- On November 30, 2000 the Chief of Davis Inlet spoke with the Minister of HCS and requested access to the former Grace Hospital as a placement option for children from Davis Inlet engaged in gas sniffing. Subsequently, by mid-January 2001, 35 children / youth were removed from the community and placed at the recommissioned Grace Hospital, where they currently remain under voluntary care agreements under the CYFS Act.
- On December 7, 2000, the Minister of HCS issued a statement in the House of Assembly committing the Province to respond to the needs of the Innu children.
- The Province is incurring considerable costs responding to the care of the children / youth gas sniffing from both Innu communities. Federal commitments to work with the Province and negotiate a cost-sharing agreement for this response has been painstakingly slow, with little results from the federal government.
- In early January 2001, the Deputy Minister of HCS conferred with the Deputy Minister, Health Canada and expressed concern regarding the growing provincial costs and lack of federal funding in responding to these crises. As a show of good faith, the Deputy Minister, HC promised \$750,000 forthwith, with an agreement to begin cost sharing negotiations. Although there has been one negotiating session, the federal negotiator did not have the mandate to discuss figures.
- In early February 2001, the federal government forwarded a draft agreement for the \$750,000. Since that time, officials from HCS, L&AA, IGA and Justice have reviewed the agreement. February 27th, 2001 the Deputy Minister HCS returned the provincial draft to the federal government. The significant change in the provincial draft concerns s3(1) & s19 where it clearly states this funding is viewed as an initial contribution only. The Province fully intends to pursue a cost sharing agreement for additional funding for past

and future interventions. The federal government has yet to respond.

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EXEC COUNCIL IGA

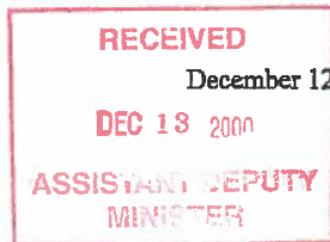
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GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Executive Council
Intergovernmental Affairs Secretariat

FAXED



Ms. Bev Clarke
Assistant Deputy Minister
Department of Health and
Community Services

Further to the assistance provided by DND for the Innu children in Labrador, DND has written requesting our intentions with respect to use of the Melville Hospital (see attached letter). As DND has put on hold their demolition plans for the Hospital, they are seeking our position on the use of this building in order to determine if they should proceed with demolition.

Could you please advise if your Department is interested in having this building held. I have also received the license agreement for the use of building 568 which I am enclosing for your information.

A handwritten signature in black ink, appearing to read "R. Cochrane".

Rachelle Cochrane,
Associate Deputy Minister (Acting)

/cb

Encl.

12/13/2000 09:18 FAX 7097295038

EXEC. COUNCIL IGA

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DEC 11 '00 11:59 FR GOOSE BAY OFFICE

613 996 7162 TO 17097295038

P.02/02

**BUREAU DE GOOSE BAY**Quartier g n ral de la D fense nationale
Ottawa, Ontario
K1A 0K2By Fax

1956-1 (GBC)

11 December 2000

Ms. R. Cochrane
 ADM(A) Intergovernmental Affairs
 Executive Council
 Government of Newfoundland and Labrador
 Confederation Building
 PO Box 8700
 St. John's NF A1B 4J6

**GOOSE BAY OFFICE**National Defence Headquarters
Ottawa, Ontario
K1A 0K2

Dear Ms Cochrane:

Pursuant to my Minister's offer of 4 December to provide short-term housing for children from two Innu communities suffering from solvent abuse, and their guardians, in Barrack Block Building 568 at CFB Goose Bay, I am pleased to say that such a license agreement has now been prepared and submitted to the Health Labrador Corporation by the Base Commander of CFB Goose Bay. This agreement covers both the use that was made of that building by that Corporation until this point in time, and any potential future use in the remaining time allotted (i.e. up to 1 February 2001).

As you are aware, my Minister also offered your Premier the opportunity to use the former Base Hospital (Melville Hospital) for a longer term should it be required. While DND officials are now preparing a lease for the potential use of this facility by the Province, you should be aware that we have placed on hold plans to demolish the building.

That said, we would like to know if the Province is interested "in-principle" in the Minister's offer of the Melville Hospital. If so, be assured we will delay the demolition plans for that building and we will expedite work on a draft license agreement for submission to the Province. However, if the Province is not interested in using that building to help the Innu communities, we would then proceed with demolition and cease work on revising the accord.

As current plans are to commence the demolition of the Melville Hospital in early January 2001, I should be grateful to receive a statement on Provincial Intentions at your earliest convenience.

Sincerely,



F. J. Young
 General Manager
 Goose Bay Office

12/13/2000 09:18 FAX 7097295038

EXEC COUNCIL IGA

003



National Defence

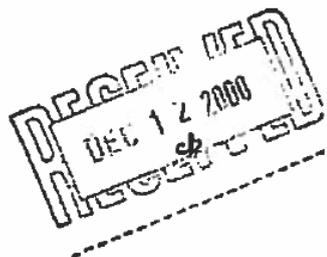
Défense nationale

5 Wing Goose Bay
P.O. Box 7002, Station A
Happy Valley-Goose Bay
Labrador A0P 1S0

1000-1 (W Comd)

11 December 2000

Mr. Boyd-Rowe, Chief Executive Officer
Health Labrador Corporation
Labrador Health Centre
P.O. Box 7000, Station A
Happy Valley - Goose Bay
Labrador A0P 1S0



Dear Mr. Rowe:

As per the Minister of National Defence letter dated 4 December 2000 to the Premier of Newfoundland and Labrador, please find enclosed the License Agreement for Building 568. The license incorporates the period covering 21 November 2000 to 1 February 2001. Should you no longer require the use of Building 568 at anytime during the license period, you are requested to advise the undersigned.

In the aforementioned letter, the Minister of National Defence also advised the Premier that the Melville Hospital would be made available if required. A License Agreement for this facility will be forthcoming. Should you not require the use of the Melville Hospital, you are requested to advise the undersigned.

Sincerely,


F.J. McCabe
Colonel
Wing Commander

Enclosure: 1

LICENCE AGREEMENT made in duplicate**BETWEEN:**

HER MAJESTY THE QUEEN in right of Canada,
represented herein by the Minister of National Defence

(hereinafter referred to as "the Licensor")

AND

HEALTH LABRADOR CORPORATION
Postal Station "A"
Happy Valley - Goose Bay, Labrador AOP 1S0

(hereinafter referred to as "the Licensee")

WHEREAS the Licensor is the owner of lands and buildings, commonly known as 5 Wing Goose Bay located in the Province of Newfoundland and Labrador;

AND WHEREAS the Licensee has applied to the Licensor for the use of Barrack Block Building Number 568, as identified on the site plan attached as Annex A (hereinafter referred to as "the Premises"), to be used for the purpose of emergency shelter to accommodate Innu Children and Support Staff.

AND WHEREAS the Licensor has consented to grant the application of the Licensee subject to such terms and conditions as are hereinafter contained;

NOW THEREFORE in consideration of the fees, covenants and agreements hereinafter reserved and contained, the parties hereby covenant and agree each with the other as follows:

1. PREMISES:

- a. The Licensee shall enjoy, subject to the Licensor's rights hereunder, use of Barrack Block 568; and
- b. The Licensee hereby agrees to use the Premises for the above purpose and for no other purpose whatsoever.

2. TERM

- a. The Licensor hereby grants to the Licensee the use of the Premises for the above purposes from November 21st, 2000 to February 1st, 2001 (inclusive).

3. COSTS

- a. The Licensee shall, on or before 31 January 2001, reimburse to Her Majesty, Her costs, as set out in Annex B attached hereto, payable to the Receiver General for Canada, in the following amounts:
 - 1) For the period 21 November 2000 to 6 December 2000 the amount of \$58,700 calculated on the basis of 54 occupants (21 children, 21 caregivers, 8 Elders and 6 security guards) each at the cumulative rate of \$70 per day; and
 - 2) For the period 7 December until the termination date the amount of \$1 plus an amount based on the same per diem, calculated on the number of occupants, which number is to be provided by the Licensee to the Licensor on a weekly basis.

4. INDEMNITY

- a. The Licensee shall indemnify and save harmless Her Majesty, Her officers, servants and employees, and members of Her armed forces, assigns, of and from all injury, damage, actions, causes of action, claims and demands of whatsoever nature which may result or be brought by reason of any act or default of the Licensee, the Licensee's agents or employees, or from any occupant under the care of the Licensee or those for whom the Licensee is otherwise responsible at law or on account of any damage to the premises or equipment of the Licensee, or in connection with any loss, damage or injury in any manner based upon, arising out of, or incidental to the enjoyment by the Licensee of the use of the property.

5. INSURANCE CONTRACTS

- a. The Licensee shall at the Licensee's expense, secure and maintain insurance to the satisfaction of the Licensor, throughout the term of the Licence Agreement.

6. GENERAL

- a. The Licensee shall comply with all federal, provincial and municipal laws and regulations applicable to the use of the Premises by the Licensee and shall assume responsibility for and pay forthwith all taxes, charges, rates and similar expenses or costs which may be levied in connection with the use of the Premises by the Licensee;
- b. The Licensee shall take responsibility to safeguard the Premises and to provide security at a level satisfactory to the Licensor, and to prevent damage thereto; and shall repair or pay compensation for any damage arising from the use or occupancy of the Premises, except damage caused by Her Majesty's Officers, agents, servants, and members of Her armed forces; and shall yield up possession or use of the Premises in a condition substantially equivalent to that existing on the date the property was first used by the Licensee;
- c. The Licensee agrees not to assign or transfer either in whole or in part, the licence hereby granted;
- d. The Licensor shall not be responsible directly or indirectly in respect of any loss or damage to property of any kind whatsoever belonging to the Licensee or arising out of the licence granted or the exercise by the Licensor of Her right of entry and use of the Premises;
- e. The Licensee shall abide by military regulations, orders and instructions, including those issued by the Wing Properties Officer, Wing Environmental Officer and Wing Fire Chief in charge of the Premises, in respect of all matters relating to the use of the property; and shall ensure that the Premises are left in a condition, to the satisfaction of the officer in charge of the Premises, on or prior to termination of use;
- f. The Licensee understands and agrees that in the event of failure by the Licensee to comply with the terms and conditions herein or in the event of an emergency (as defined in the National Defence Act) or if, in the opinion of the officer in charge, the property is needed for military purposes, the granting of permission to use the Premises may be revoked by the officer in charge at any time and that the Licensee shall not be entitled to any reimbursement, compensation or damages whatsoever by reason of such revocation; but if payment has been made under para 3a, the sum paid less a proportionate amount to cover any period of use prior to revocation shall be refunded to the applicant.
- g. The Licensor shall be responsible for all major structural repairs and the Licensee shall be responsible for all minor repairs.
- h. The Licensor shall have the right to enter the premises for purposes of inspection and to complete any repair or renovation the Licensor deems necessary. The Licensee acknowledges that at the signing of this Licence, the Licensor intends to carry out major renovations to the premises to meet Spring 2001 operational requirements.

1. As required by the Parliament of Canada Act, R.S.C.1985, c.P-1, it is an express condition of this Agreement that no member of the House of Commons shall be admitted to any share or part of this Agreement or to any benefit arising therefrom.

IN WITNESS WHEREOF the parties hereto have executed this Licence Agreement and the foregoing terms and conditions shall constitute the agreement between the parties hereto.

Dated at St. John's, Nfld. in the Province of Newfoundland and Labrador this/.....day of2000.

SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF:

HEALTH LABRADOR CORPORATION

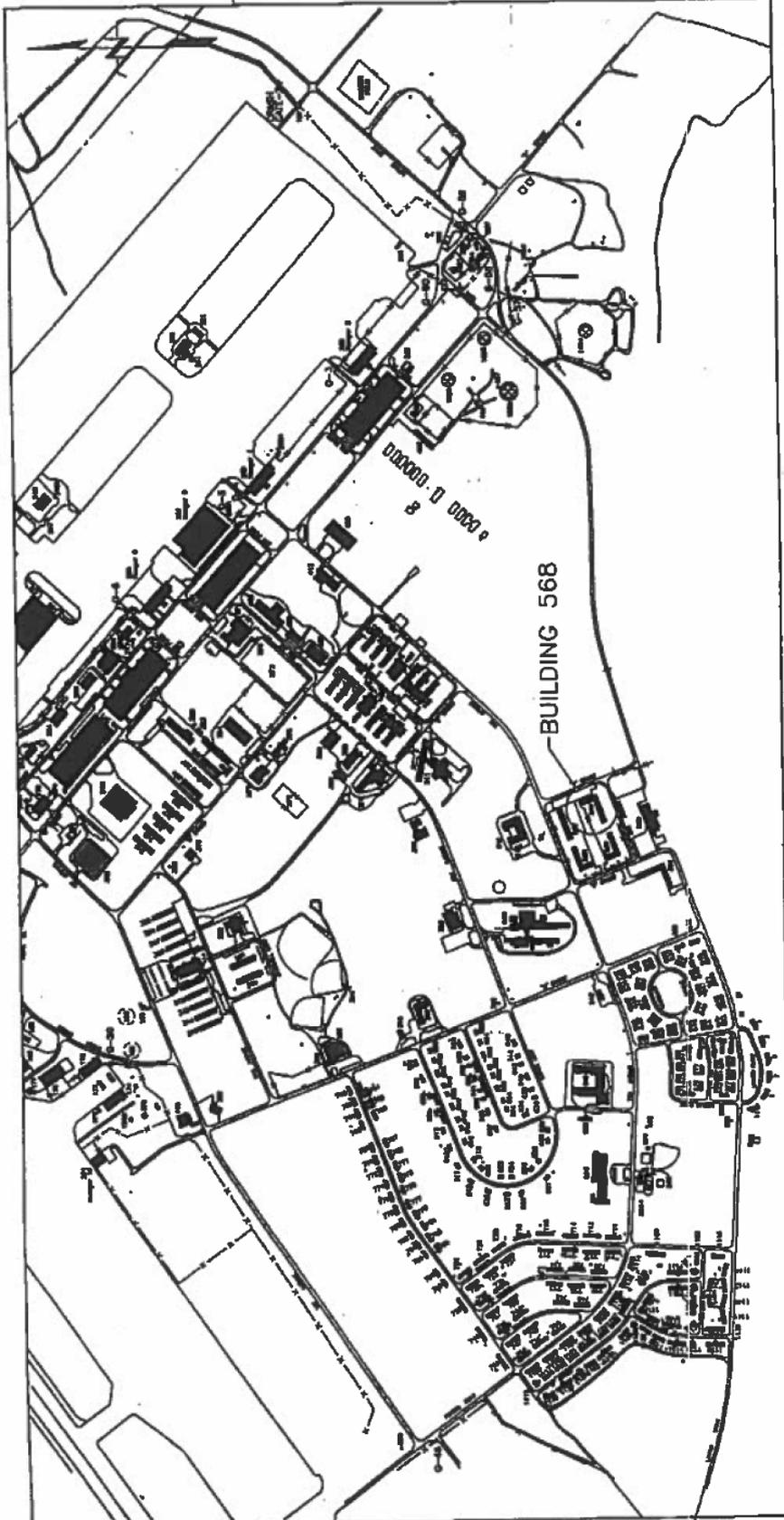
Witness

Boyd Rowe
Chief Executive Officer
I have authority to bind the Corporation

THE QUEEN IN RIGHT OF CANADA
as represented by
The Minister of National Defence
on behalf of the said Minister



R. J. McCabe, Colonel
Wing Commander
5 Wing Goose Bay



ANNEX "A"

This is Annex "A" referred to in the agreement made between Her Majesty the Queen in right of Canada and Health Labrador Corporation dated the _____ day of _____

[Signature]
 Wing Commander
 Department of National Defence
 5 Wing Goose Bay, Labrador

Chief Executive Officer
 Health Labrador Corporation

12/14/2000 11:34 FAX 7097295038

EXEC COUNCIL IGA

002



THE PREMIER
GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

FAXED

December 11, 2000

Dear Premier Harris:

Thank you for your letter of November 28, 2000, regarding the challenges facing the children of Sheshatshiu and Davis Inlet.

Your offer of space to accommodate children from these communities at treatment centres for solvent abuse is greatly appreciated. While it does not appear that we need additional space at this time, treatment beds outside of the province may be needed once the children have been detoxed and further assessed. In the meantime, Ontario's expertise in addressing this problem could prove most helpful. If you have staff who could make themselves available to assist in dealing with this situation, perhaps you could have the appropriate official(s) contact Ms. Beverley Clarke, Assistant Deputy Minister of the Department of Health and Community Services. Ms. Clarke, who is coordinating the Province's response in this matter, can be reached at (709) 729-5864, or by e-mail at bclarke@mail.gov.nf.ca.

Once again, thank you for your generous offer of assistance.

Sincerely,

Beaton Tulk

Beaton Tulk

Honourable Michael D. Harris
Premier of Ontario
Legislative Building
Queen's Park
Toronto, Ontario
M7A 1A1

12/05/2000 09:46 FAX 7097295038
DEC 04 '00 13:20 FR MND OFFICE

EXEC COUNCIL IGA
613 996 8333 TO 17097295038

002
P.02/03

Minister
of National Defence



Ministre
de la Défense nationale

Ottawa, Canada K1A 0K2

DEC -4 2000

The Honourable **Beaton Tulk, M.H.A.**
Premier of Newfoundland and Labrador
P.O. Box 8700
St. John's NF A1B 4J6



Dear Premier:

Thank you for your letter of November 29, 2000, requesting assistance from the Department of National Defence (DND) to provide accommodation at Canadian Forces Base (CFB) Goose Bay for the Davis Inlet children suffering from solvent abuse.

I am pleased to inform you that the Department has arrived at a solution to assist in providing accommodation to these children during their detoxification treatment.

Following receipt of your letter, departmental officials assessed a variety of ways in which they could help to house the children during their treatment. In doing so they reviewed the options suggested in your letter. Unfortunately, it was determined that none of the alternatives were feasible due to operational requirements.

I have asked my officials to make the base hospital – Melville Hospital – available to you if you wish. While the Hospital is in the middle of the Base, it is surrounded by sufficient open space that it could be used as a recreation area for its occupants, and it is large enough to accommodate more people if required. Moreover, this facility is vacant, heated and powered, and can be turned over to the Province immediately for \$1 and a reinstatement of terms and conditions similar to those in the previous lease arrangement which existed between the Province and DND before the Province left the facility and the lease ended. I have asked my officials to forward the renewed lease to your officials on the assumption this offer interests you.

.../2

Canada

12/05/2000 09:46 FAX 7097295038

EXEC COUNCIL IGA

003

DEC 04 '00 13:20 FR MND OFFICE

613 996 8333 TO 17097295038

P.03/03

- 2 -

I appreciate that, while you may wish to accept our offer, there may be concern that the Province cannot ready the Melville Hospital before the expiration of the current agreement permitting provincial use of DND's Building 568. We will therefore extend the lease to February 1, 2001. The Province will be responsible for Building 568 under an agreement that will be provided to Health Labrador by DND.

I would point out that the provision of security to protect the children being treated from harm they may do to themselves, to others, or to property in or around the Melville Hospital or Building 568, is the responsibility of the Province. The level of that security is to be agreed to with the local Base Commander.

I trust that our offer will assist your province in providing assistance to the young adolescents of eastern Labrador.

Sincerely,



Art Eggleton

cc: The Honourable Brian Tobin, P.C, M.P.

** TOTAL PAGE.003 **

12/11/2000 10:37 FAX 7097295038

EXEC COUNCIL IGA

002

12/00/00 10:02 FAX

EXEC COUNCIL IGA

002

12/04/2000 14:43 FAX 7097295038

P.02/03

DEC 04 '00 10:20 FR MND' OFFICE

610 996 8003 TO 17097295038

Minister
of National DefenceMinistre
de la Défense nationale

Ottawa, Canada K1A 0K2

DEC - 4 2000

The Honourable Beaton Tulk, M.H.A.
Premier of Newfoundland and Labrador
P.O. Box 5700
St. John's NF A1B 4J6

Office of the Premier "Registry" RECEIVED
DEC 4 2000
Doc #: 211061
File #:
Assigned To: Premier

Dear Premier:

Thank you for your letter of November 29, 2000, requesting assistance from the Department of National Defence (DND) to provide accommodation at Canadian Forces Base (CFB) Goose Bay for the Davis Inlet children suffering from solvent abuse.

I am pleased to inform you that the Department has arrived at a solution to assist in providing accommodation to these children during their detoxification treatment.

Following receipt of your letter, departmental officials assessed a variety of ways in which they could help to house the children during their treatment. In doing so they reviewed the options suggested in your letter. Unfortunately, it was determined that none of the alternatives were feasible due to operational requirements.

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.../2

Canada

12/11/2000 10:37 FAX 7097295038

EXEC COUNCIL IGA

003

12/04/2000 14:48 FAX 7097295038

EXEC COUNCIL IGA

003

P.03/03

DEC 04 '00 13:20 FR MND OFFICE

613 996 8333 TO 17097295038

- 2 -

I appreciate that, while you may wish to accept our offer, there may be concern that the Province cannot ready the Melville Hospital before the expiration of the current agreement permitting provincial use of DND's Building 568. We will therefore extend the lease to February 1, 2001. The Province will be responsible for Building 568 under an agreement that will be provided to Health Labrador by DND.

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I trust that our offer will assist your province in providing assistance to the young adolescents of eastern Labrador.

Sincerely,


Art Eggleston

cc: The Honourable Brian Tobin, P.C. M.P.

**NOTES FROM FEDERAL/PROVINCIAL CAUCUS MEETING
OF 5 DECEMBER, 2000
HELD AT THE AURORA HOTEL, GOOSE BAY, LB**

IN ATTENDANCE:

See attached list.

OPENING REMARKS:

The meeting opened at 9:15 A. M. with introductions all around. Al Garman of Health Canada was the chair and Katherine Baikie-Pottle of Department of Indian & Northern Affairs Canada the co-chair.

Katherine Baikie-Pottle suggested that from now on the caucus meetings that included the Province would be called: The Federal/Provincial Caucus Meeting(s).

AGENDA:

The agenda was tabled and agreed to.

PREVIOUS MINUTES:

The minutes of the September 2000 meeting were reviewed with the following changes made:

- Page 3 of 8 should have read four steps not three steps.
- Gerry Steel provided clarification on what should have been written on page 4 of 8. He gave a positive report on building capacity within Davis Inlet, and felt that the community was receptive to government support in that direction.

The minutes were adopted with the changes.

NEW BUSINESS:

Mike Sampson informed those present that the Province would be purchasing Lobstick Lodge, but the details were not yet worked out.

Katherine Baikie-Pottle reported that Indian & Northern Affairs Canada would be supporting Sheshatshiu with a coordinator for the Interagency Working Group.

Loretta Chard provided a chronological report on the Sheshatshiu crisis:

- November 15, 2000 - A letter from Chief Paul Rich to the Dept. of Social Services seeking help for the children/youth that were involved in gas sniffing (*here on in to be called 'solvent abuse(rs)'*).
- November 18, 2000 - Minister Grimes issued a press release stating that the Province would help get the solvent abusers to detox.
- Health Labrador met with the Innu and were provided 39 names of solvent abusers. Arrangement were made by the Province to have extra social workers flown in to assist.
- 21 solvent abusers were taken to the barracks at 5 Wing Goose Bay.
- There were 76 staff, which included mental health and addictions workers, working with the solvent abusers at the barracks. All were give one-on-one attention by both Innu and non-Innu hired to accommodate the need. At present, the number has dropped to 26 workers as all but four solvent abusers have been released to families, independent living arrangements, and to the Family Crisis Shelter in Sheshatshiu.
- Four additional houses were requested from 5 Wing Goose Bay but are not available.

Delia Connell reported that social workers are continuing the assessment of children who were not identified: these would be children living in the same household as the known solvent abusers. The figure of 39 solvent abusers was too high: once assessed, it was found that 21 needed instant care. Only two solvent abusers had minor withdrawal problems. They seemed only to require food, a warm bed, and someone to care for them.

The Province stated they would not, under any circumstance, negotiate nor bypass the due process of abuse disclosures. Mike Samson stated that Davis Inlet has been without a social worker for over two years and the workers leave Sheshatshiu at a steady pace. It is impossible to keep any workers who are faced with the difficult issues of both communities.

The RCMP provided an update on the current situation at Davis Inlet:

- The CBC media were still in the community.
- The 'clans' are working much better together.
- Solvent abuse is down substantially as there is night-time security/watch.
- The rink is flooded and the children are really enjoying it.
- The RCMP Team Leader met with Chief Tshakapesh on Friday and the Chief

wanted 60 to 80 children removed from the community and put in detox/treatment: he expected the process to take up to 3 years.

- The Chief demanded that Sango Bay be open (assuming it is the Camp Site) to be used for the family treatment while the children/youth are away.

Al Garman stated that there was a very high level of commitment on the financial side and asked the Province for an estimate of money spent thus far. Health Canada is making inquiries across the country for treatment counselors from First Nation centers to assist the social/health workers to work in Goose Bay. This is also true for the expected workload at the Grace Hospital with the Davis Inlet solvent abusers. Al has taken the position that the Provincial Health and Community Services is front-line and Health Canada will find human and financial resources to support their efforts.

Katherine Baikie-Pottle informed the group that there is a meeting scheduled for December 18, 2000 on the Davis Inlet housing. DIAND is financially supporting a coordinator for the Interagency Group in Sheshatshiu but not the administration assistant. She also reported that the Mennonite Central Committee is doing a lot of work in support of the children of Sheshatshiu.

Inspector Greg Lawlor believes alcohol problems with the parents is the major issue which leads to the gas sniffing amongst the children. He also reported that when the children have gone away to treatment (i.e. Alberta) they return with other habits learnt while at the center such as abuse of listerine. He stressed that everybody has to work together.

LUNCH (12:15 P.M. to 1:30 P.M.)

Al Garman opened the afternoon meeting by requesting we focus on tomorrow's meeting with the Chief and Council of Davis Inlet. The facts known by the group are:

- The Innu leadership is refusing to allow social workers into Davis Inlet to assess the solvent abusers.
- The Innu leadership wants up to 80 children brought to the Grace Hospital in St. John's for detoxification and treatment. The treatment may, in their words, take up to three years.

As a result of discussions, the group felt that we cannot assume what might happen tomorrow, and therefore the meeting moved on to other matters.

Co-management and third party management were very briefly touched on. The Province wanted to know what the differences between the two were and Katherine Baikie-Pottle and Al Garman explained.

The Province felt that an aggressive media strategy was definitely needed to assure the public that both governments have concerns for the safety and care of the children

affected by substance abuse.

Gerry Steele agreed but wanted the group to be very clear so as not to cause a confrontation with Chief Tshakapesh. He feels that the leadership is willing to work with governments and there should be a plan that can be followed up on.

Marilyn McCormack gave a brief overview of the reception the social workers received when they met with the Innu parents. Once the "leaders" were asked to leave the meeting, parents opened up and talked about the problems. It was clear however, that they wanted protection from any disclosures.

**ATTENDEES
FEDERAL/PROVINCIAL CAUCUS MEETING
9:00 A.M. AURORA HOTEL, GOOSE BAY, LB
DECEMBER 5, 2000**

NAME	ADDRESS	TELEPHONE AND FAX	E-MAIL ADDRESS
Katherine Baikie-Pottle	DIAND, Goose Bay	709-896-6170 709-896-6175 (fax)	baikiepottlek@inac.gc.ca
Sarah Hoffmann	Labrador & Aboriginal Affairs	709-729-0404 709-729-4900 (fax)	shoffmann@mail.gov.nf.ca
Mike Samson	Labrador & Aboriginal Affairs	709-729-4814 709-729-4900 (fax)	msamson@mail.gov.nf.ca
Delia Connell	Health Labrador Corp.	709-897-2267 709-896-4032 (fax)	connelld@hlc.nf.ca
Loretta Chard	Dept of Health & Comm. Services	709-729-3127 709-729-0121 (fax)	lchard@mail.gov.nf.ca
Al Garman	Atlantic Regional Director First Nations & Inuit Health Health Canada	902-426-6201	al_garman@hc-sc.gc.ca
Gerry Steele	Consultant in support of Health Canada	902-368-7422 902-566-4223 (fax)	

Lorraine Hinks	Human Resource Development Canada P.O. Box 3010 Goose Bay, Labrador A0P 1E0	709-896-6270 709-896-5566 (fax)	lorraine.hinks@hrdc-drhc.gc.ca
Greg Lawlor	District Commander Labrador District RCMP Box 1480, Stn B Happy Valley, Goose Bay Labrador A0P 1E0	709-896-3383 709-896-8799 (fax)	greg.lawlor@rcmp.grc.gc.ca
Brian Campbell	Labrador Initiatives District RCMP Box 1480, St. B HV/Goose Bay Labrador A0P 1E0	709-896-3383 709-896-8799 (fax)	briancampbell@rcmp.grc.ca
Beverley Clarke	Dept. of Health & Community Services, St. John's NF	709-729-5864 709-729-0121 (fax)	bclarke@mail.gov.nf.ca
Paula Burt	Dept. of Health & Community Services, St. John's NF	709-729-2093 709-729-6382 (fax)	pburt@mail.gov.nf.ca
Marilyn McCormack	Dept. of Health & Community Services, St. John's NF	709-729-6721 709-729-6382 (fax)	mmccormack@mail.gov.nf.ca
Candice Keats	Admin Assistant Nfid/Lab Secretariat Goose Bay Office DIAND	709-896-6184 709-896-6175 (fax)	keatsca@lnac.gc.ca