Health Assessment of Davis Inlet
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Executive Summary

In May 1995, Medical Services Branch was asked by the Department of Indian and Northern Affairs to prepare a "comparative health assessment" of Davis Inlet. This was to include an "assessment of the relative state of health and safety of Davis Inlet compared to other Indian communities and other communitities in Labrador and Newfoundland." This request is part of a larger workplan which will be reviewing the many issues relating to Davis Inlet and particularly to potential relocation. It was understood that the material will be used in preparation of a Cabinet submission.

The work was undertaken by MSB through review of existing documents, correspondence, field reports and minutes. Statistics were sought from several agencies. It is understood that the community is currently undertaking a community health evaluation which may be available in July 1995.

MSB has attempted in the past to define a method of identifying and assigning priorities to communities in crisis. This process is made difficult for several reasons including the following:

- lack of definition and criteria for communities in crisis;
- lack of reliable quantitative information and difficulty in using qualitative data for comparisons; and,
- the need to work collaboratively with all communities.

Therefore, this report presents a descriptive health assessment of the community rather than a comparative health assessment.

The community of Davis Inlet was in a state of "crisis" in 1992-93 as demonstrated by many indicators including the following:

- several critical incidents;
- high proportion of alcohol related mortality;
- serious problems with substance abuse (particulary alcohol abuse and gas sniffing);
- numerous suicide attempts;
- evidence of significant underlying issues impacting on the physical, mental, social and spiritual health of individuals and the community in general;
- significant family and community disruption;
- inability of community services to adequately respond.

The magnitude of the problem was comparable to some of the worst situations that Medical Services Branch has dealt with in the past. This report has focussed on health outcomes using a broad definition of health incorporating broad health determinants. Therefore, the technical and economic development reviews currently being undertaken by DIAND have important implications for the overall health of Davis Inlet.

In Gathering Voices (1992) the Innu themselves identified that the way to heal was through regaining control of their lives. There were seven needs identified to accomplish this:

1. to **take over**: make own decisions, plan, take responsibility to solve own problems, become trained professionals and reconcile church and traditional spiritual beliefs;
2. to **work together**: leaders and local organizations need to work together in consultation with the community to deal with the problems;
3. to **practice cultural ways**: way of life, culture, traditions (crafts, games, drum dance, medicines), values, spirituality (bones, shaking tent, sweat lodge), respecting elders, using the country;
4. to **meet**: talk about problems, plan for the future, determine causes of problems and solutions, establish communication mechanisms;
5. to **stop alcohol abuse**;
6. to **help the children**: parents stopping drinking and taking responsibility, education, recreation, and family counselling;
7. **relocation** of the community.

Since that period, Health Canada, in collaboration with the community and other federal and provincial departments, has supported a process of community development thus helping to empower the community to progress towards these goals. Indications of a successful process include the following:

- increased focus on dealing with problems within the community;
- development of Innu controlled, culturally specific programs;
- increasing community capacity/competence including the Mushuau Innu Renewal Committee, NNADAP program and Nukum Penash Country Treatment Program;
- decreased substance abuse; and,
- improved family and community relationships.

Davis Inlet appears to be progressing in the process of community healing. However, the community is in an early phase of that healing process as evidenced by a continued high rates of alcohol and solvent abuse. In addition, most recovering individuals are in the very early stages, the children are still at high risk, and initial steps at taking control, working together and communicating have been taken. In 1995, an outside counsellor who had been working in the community for several months described the community as being in a "fragile position in their recovery." Although short term progress has been identified, progress needs to be measured in the long term before any definitive inferences can be made.

The Innu counsellors themselves identify that as symptoms and surface problems are addressed (for example, substance abuse) deeper issues are revealed which place individuals at risk for problematic behaviour including suicide. The counsellors do not feel they currently have the capacity to support the community with all these issues themselves. They have identified the critical need for the counsellors themselves to be supported.

It is expected that it will take many years and significant support for the community to achieve a period of stability. It is also expected that there will be many setbacks along this process as healing tends to be an uneven rather than a linear process. Interventions and support at all levels continue to be required.

It appears that the community's commitment to relocation is an integral part of the healing process at present. If the community discovers that relocation is impossible, it can be expected that this could lead to a disruption in the healing process the magnitude and full implications of which are impossible to anticipate. Relocation of a community may also cause significant disruption of community functioning and can be associated with adverse health effects. If the community relocates there are also many potential adverse health impacts. Regardless of the decision regarding relocation, it will be important to monitor the health status and to work with the community to address key issues related to the healing process.

Background

In May 1995, Medical Services Branch was asked by the Department of Indian and Northern Affairs to prepare a "comparative health assessment" of Davis Inlet. This was to include an "assessment of the relative state of health and safety in Davis Inlet compared to other Indian communities and other communities in Labrador and Newfoundland." This request is part of a larger workplan which will review the many issues related to Davis Inlet and particularly to the community's potential relocation. It was understood that the material will be used in preparation of a Cabinet submission.

Process

Due to the nature of the work and time constraints, MSB undertook the task without involvement of the community or its leaders. It is understood that the community is presently undertaking a health evaluation but the results of this evaluation are not available at present. (This document should provide an Innu perspective and be used in conjunction with this report. The document may be available in July 1995.)

The following documents were reviewed:

- Gathering Voices: Finding Strength to Help Our Children. Innu Nation and the Mushuau Innu Band Council, 1992.
- Gathering Voices: Discovering our Past, Present and Future. Innu Nation and the Mushuau Innu Band Council. 1993.
- Utshimassits Relocation, Initial Environmental Evaluation. Jacques Whitford Environment, 1995.
- Natuashish Economic Development Report, Comprehensive Community Plan. Mushuau Innu Renewal Committee, 1995.
- EIS: Military Flight Training, An Environmental Impact Statement on Military Flying Activities in Labrador and Quebec, Technical Report 15: Public Health, 1994.
- EIS: Military Flight Training, An Environmental Impact Statement on Military Flying Activities in Labrador and Quebec, Chapter 8, Human Environment, 1994.
- Nukum Penash Country Treatment Program, Pilot Project Evaluation. February 1995.
- Proposal for Youth Solvent Abuse Treatment Program, submitted by the Innu Nation Health Commission, Sheshatshiu, Labrador, March 1995.

In addition, correspondence, field reports and minutes were reviewed. Information was also sought from several key informants. Other health related statistics were requested from external agencies.

Comparison of Communities in Crisis

MSB has not yet been able to successfully develop a process for comparing communities in crisis in a quantifiable manner. The task which was set forth by DIAND, although seemingly straightforward, is complicated by many factors including the following.

1. There is no clear definition of a community in crisis. In 1993, MSB worked with AFN and others on this issue, but at this stage, a working definition has not been developed. For MSB, it is likely that the definition would include at least the following two components:

- a significant burden of ill health (physical, mental, emotional, social and spiritual);
- the inability of the community to adequately respond to the situation.

Crises also may occur due to critical events such as flood, fire, etc. which may or may not be associated with direct effects on health.

2. As there is no clear definition of a community in crisis, there are no defined criteria to use in the comparison of communities.

3. There is often a lack of quantitative information on issues related to communities in crisis, such as attempted suicide, substance abuse, family violence, loss of hope, and social disruption. When there is quantitative data, it is often based on inconsistent definitions and methods of collection. In the absence of reliable quantitative data, it is often essential to rely on qualitative data, particularly the impressions of front line staff. These are legitimate methods but it is difficult to use these methods to undertake accurate comparisons with other communities.

4. Information must flow from the community and MSB is committed to working collaboratively with all communities. Many communities are reluctant to be involved in direct comparisons because of potential negative effects on their resource allocations. Increasingly, MSB is trying to be proactive in developing programs rather than responding to crises. Where possible, resources are being shifted to a regional level so that decisions can be made that are more responsive to local needs. However, MSB still must respond to exceptional circumstances based on whatever information is available.

Therefore, this report presents a descriptive health assessment of the community rather than a comparative health assessment.

Definition of Health

The World Health Organization described health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Another definition identified health as "a state of dynamic balance in which an individual's or a group's capacity to cope with all the circumstances of living is at an optimum level".

Community Description - Davis Inlet

Davis Inlet (Utshimassits) is an isolated Aboriginal community located on the north coast of Labrador. The population reported by Statistics Canada in 1991 was 465. The population has grown rapidly as indicated by the following:

1965	140
1971	193
1981	240
1986	385
1991	465

The Innu report a population of 502 in 1994 (Proposal for Youth Solvent Abuse Treatment Program, 1995). In 1995, the population figures reported were approximately 520 Innu and 22 non-Innu residents (MIRC 1995).

The population is young with 55.4%-60% of the population under age 20 (compared to 45.0% for Canadian Status Indian on-reserve population in 1994 and 28.1% for Canadian population in 1991).

A small airline services the community year round. A shipping service is provided during the few months

in late summer and early fall when the waterways are ice free. Snowmobiles are the major form of transportation used within the community and to travel into the country. People also use All Terrain Vehicles and small fishing boats in the summer.

The Innu are indigenous to the Quebec-Labrador peninsula. There are two Innu communities in Labrador Davis Inlet (Utshimassit) and Sheshatshiu. Historically the Innu were a nomadic people who relied extensively on the caribou for survival. European contact moved the Innu into a merchant economy resulting in trapping and a reliance on trade for European goods. A decline in fur prices and the caribou population and an increase in disease resulted in the desperate condition of the Innu people by the 1940s. The dependence on federal and provincial governments increased. This situation and the accessibility of services led to the beginning of Innu settlement in villages around the 1950s. The Mushuau Innu of Davis Inlet were settled in their current location in the 1960's. Health and social problems prevailed. For the Innu, community life is still associated with ill health and despair whereas country (wilderness) life is considered to be a healing environment enabling the Innu to reconnect with their culture and spirituality.

Health services are provided primarily by the provincial government. One or two community health nurses provide basic health services for all residents. A physician visits periodically. Clients requiring further care are sent to Happy Valley-Goose Bay. A public health nurse is stationed in another community and makes periodic visits. In addition to the provincial services, a federally funded community health representative provides various services including assistance to nurses, health education and prevention and community development activities. Other health related services include alcohol and drug workers and a healing coordinator and are discussed later in this report.

Both Innu communities are represented by the political organization the Innu Nation. They are not currently registered under the Indian Act.

Community Health Indicators-Davis Inlet

There were many factors which led to a decision by MSB to increase its involvement in Davis Inlet as an "exceptional circumstance". Some of these factors will be reviewed with a description of the following:

- Indicators of crisis prior to 1993;
- Responses by the community, MSB and other departments and agencies;
- Indicators of healing in the community (progress towards community health); and,
- Current Issues.

1. Mortality

i) Indicators of Crisis Prior to 1993

Accurate data on mortality is difficult to obtain. The people of Davis Inlet reported that from 1965 to 1992, there were 66 deaths, of which 47 (71%) were alcohol related. They report that from 1989 to 1992, there were 17 alcohol related deaths. (Gathering Voices 1992) In contrast, cardiovascular disease was the leading cause of death in 1989 in all of Labrador accounting for 31.3% of deaths.

ii) Responses

Responses to the reported high proportion of alcohol related mortality are related to other factors outlined throughout this report.

iii) Indicators of Healing in the Community

Followup data specific to mortality is not currently available to MSB.

iv) Current Issues

In addition to the importance of mortality as an outcome, it is also an important determinant of health related issues, such as mental health and substance abuse problems. In the evaluation of the Nukum Penash Country Treatment Program it was reported that "program staff found the most significant unresolved issues which had to be dealt with by clients in treatment were issues related to experiences of loss and grief". This at least in part relates to the psychological impact of the mortality in the community and the need for therapeutic intervention and recovery.

Accurate monitoring of mortality should be undertaken in the long term.

2. Health Services and Other Indicators of Physical Health

i) Indicators of Crisis Prior to 1993

In 1987, it was reported that "86% of the population had head lice, 17% had scabies and 27% had impetigo". Between 1980 and 1984, the average annual incidence of tuberculosis was reported at 1666.7 per 100,000 (compared to rates of 15.4 and 9.9 in 1980 and 1984 for all of Newfoundland).

The infectious diseases listed are related to inadequate services such as water supply, sewage disposal and housing. In 1992, 87% of Innu houses were assessed to be in poor or fair condition. Only 5 Innu houses had water and sewage. There was no regular garbage collection. It is expected that their incidence will improve as services are strengthened. The development of these services will be discussed in other aspects of the DIAND workplan.

Public health and treatment services are provided by the Province of Newfoundland through the Grenfell Regional Health Services (prior to 1994) and currently the Labrador Regional Health Board. In the report, Gathering Voices (1992), considerable dissatisfaction is expressed about these services. Difficulty attracting and retaining nurses to work in the community has been an ongoing issue.

ii) Responses

- DIAND has committed considerable funds to improve the community's infrastructure.
- The provincial government continues to maintain responsibility for medical treatment and public health services. The relatively new Labrador Regional Health Board is considering strategies to address the issues identified by the Innu and Inuit of Labrador.
- The Innu Nation have reinitiated negotiations to control their community health services.

iii) Indicators of Healing in the Community

- Data is not currently available to measure changes in physical health.
- One local woman completed a nursing assistant training program.
- Improvements to the community's infrastructure are reported by DIAND. These issues are discussed in related reports in DIAND workplan.

iv) Current Issues

- Health statistics were requested from the Department of Health Government of Newfoundland and Labrador and the Labrador Regional Health Board. However, up to the deadline of this report most of that information was not available. A nursing clinic report for 1994 and 1995 indicates that the majority of client visits are for upper respiratory infections (otitis media, bronchitis, chest infections), lacerations and skin infections (head lice, scabies, impetago, and excema). There are no active cases of TB. Physical health

will need to be monitored over the longterm to adequately assess progress in this area.

- Service issues at the nursing clinic remain to be resolved. There is considerable difficulty recruiting and retaining qualified nursing professionals. Most are only retained in the community for a few weeks or months. There is no full time public health nurse. One rotates between other communities for brief periods. The service demand and provision is still very treatment focussed. Nursing station statistics record 6,119 treatment cases during 1994. During this same period 22 babies were born including 7 described as high risk. A shift to health promotion and disease prevention is needed.
- There are still serious issues facing the community in terms of community infrastructure. Major concerns still exist with water, sewage and housing. These issues are closely tied to the physical health problems outlined above. This report assumes that these issues are dealt with in other areas of the DIAND workplan.

3. Mental Health and Substance Abuse

i) Situation Prior to 1992-93

From January to August 1992, it was reported that there were 54 suicide attempts in Davis Inlet, of which two were fatal. (Reported by NNADAP program and recorded in Environmental Impact Statement, Technical Report 15)

In January 1993, six youths were found sniffing gas in an unheated shack and threatening suicide. This captured national and international attention about the plight of people of Davis Inlet.

In 1992, a critical incident occurred in which a house fire claimed the lives of six children. Partial blame was attributed to adult alcohol abuse.

As early as 1989, the band council in Davis Inlet identified a substance abuse problem and asked the provincial government for assistance. One of the catalysts was a group of seven youth solvent abusers that entered the youth justice system as a result of solvent abuse and vandalism. Some services were provided by the provincial Drug Dependency Services in the form of information, training, counselling, coordination of a regional interagency support team and counselling and support for youth solvent abusers. Health Canada also became involved through trying to recruit and develop the local NNADAP counsellors, hiring a consultant to design and deliver an "emergency" treatment program for solvent abusers (December 1990) and hiring a community development worker to work with the community (starting 1991-1993).

In 1991-92, the Alcohol and Drug program reported that there were 123 people who were "chronic alcoholics" or "problem drinkers". Another 30 were in "recovery" and 8 were described as "dry drunks". During the same period approximately 50 Innu received treatment for alcoholism with 70% maintaining sobriety. Relapse was attributed to community living conditions and a lack of adequate aftercare services. The Department of Social Services estimated that 75-80% of their cases were related to alcohol and solvent abuse (Gathering Voices 1992).

During the initial period in 1992, the community lacked resources to deal with substance abuse. Many of the political leaders were alcohol abusers. Similarly, the NNADAP program was not functioning well. The workers had no training, limited sobriety and lacked appropriate facilities. Staff turnover was high. The community was unable to cope and a typical response to youth solvent abuse was to ask to have the children removed from the community either to the Sheshatshiu Young Offenders Group Home or to an outside treatment facility.

In the "Proposal for Youth Solvent Abuse Treatment Program" (1995) submitted by the Innu Nation Health Commission to Health Canada, the Innu report data based on their own community research. They state that the majority of solvent abusers are between the ages of 7-13. The youth

population aged 0-18 years in Davis Inlet is 272 (54%). However, 49 of the 114 youth interviewed in Davis Inlet admitted to abusing solvents at least once. 43% of youth have at least experimented with solvent abuse. One estimate indicates a 3%-5% reduction in solvent abuse over the past year. Youth abuse solvents because they "have been affected by sexual/physical/mental/emotional abuse, neglect, and abandonment (p.6-7)."

In Gathering Voices 1992, the Innu associated alcohol abuse with deaths, suicides, accidents, murder and child neglect.

ii) Responses

- In February 1993, 17 youth, their families and interpreters were sent to Poundmakers Lodge in Alberta. The young people received six months of treatment followed by a one month transition program in Labrador involving staff from Poundmakers and Innu counsellors.
- In 1994, Health Canada funded two counsellors from Poundmakers to provide four months of followup support for these and other youth in the community.
- A number of youth have been sent to other solvent abuse treatment facilities in Canada. One estimate is that a total of 30-40 youth from both Innu communities have received treatment from outside facilities.
- Human Resources Development provided funding for the Nechi Counsellor training program from September 1993 to March 1995. The trainees have been assisted in their personal recoveries and trained to work with and support other community members in their recoveries. Up to 40 people from both communities participated with 28 graduating in 1995. 17 of the graduates were from Davis Inlet. Training included addictions, personal growth, suicide prevention, counselling for violence and abuse and group dynamics.
- Health Canada provides funding for the community based Alcohol and Drug program. A total of four staff work for the program. All have Nechi Counsellor training. A community of the size of Davis Inlet would normally have three workers.
- In 1994-95, Health Canada funded two psychologists on a part-time basis to provide professional support to the trainees and personal support to the trainees and other community members. The Innu Nation Health Commission is currently exploring funding options to continue this service.
- An Alcoholics Anonymous group and other support groups meet on a regular basis to provide mutual healing support.
- The Nukum Penash Country Treatment Program has been established by the Innu Nation with funding from Health Canada. Two sessions have been held one in the fall of 1994 and the second in the spring of 1995. A total of 77 people from Davis Inlet and Sheshatshiu have been clients in this program (children and adults). 36 clients were from Davis Inlet. The spring program included nine youth solvent abusers. Health Canada committed additional funds for 1995-96 for at least two more treatment programs. Approximately 44 adults have received treatment from other treatment facilities.
- The Innu Nation have also developed a proposal for their own solvent abuse treatment program.
- Health Canada has provided the Innu Nation with Brighter Futures Funding (Mental Health and Child Development) since 1993-94. $136,031 is available for 1995-96.
- Health Canada provided Building Healthy Communities (Mental Health, Solvent Abuse, Home Nursing) funding to the Innu Nation for 1994-95 and 1995-96. The 1995-96 funding allocation is $135,672 for Mental Health, $26,164 for Solvent Abuse and $21,367 for Home Care Nursing. The Innu Nation will determine their priorities for spending this money.
- Health Canada has provided $100,000 in funding for healing coordination during the period of 1994-95 and 1995-96.

iii) Indicators of Healing in the Community

- In 1994, it was reported by the Alcohol Program that an additional 52 people were in "recovery" and 38 were "dry drunks". There were however, still 88 people who were "chronic alcoholics" or "problem drinkers". One estimate for 1995 is that 70 percent of families are not currently drinking although not all are in recovery.
- Typically, excessive alcohol abuse occurs over the Christmas period. The NNADAP program staff reported that drinking was not excessive during the 1994-95 holiday season.
- There is currently a core group of individuals (many of whom are political leaders and healing leaders) that have made considerable progress on their personal healing journeys (sobriety being an issue in some cases). This is an indication of strengthened community capacity.
- Key community workers, such as NNADAP counsellors have remained in their positions for at least the past two years and have made progress on their own healing journeys. Three of the four workers have been with the NNADAP Program since 1991-93. This has provided more stability and growth in programs.
- The Nechi Counsellor Training, strengthened Alcohol and Drug Program, development of the Nukum Penash Country Treatment Program, establishment of a healing coordinator and community support groups are indicators of increasing capacity to deal with substance abuse and mental health issues.
- There is currently less tendency to search for solutions outside the community.
- An evaluation of the Nukum Penash Country Treatment Program reported that the fact that there were no non Innu at the treatment was "very empowering aspect of the whole treatment experience both for staff and the rest of participants". The program was well received. One youth reported that it has helped him take responsibility for his life, increased his respect for others including elders, increased his understanding of addictions and enhanced his motivation and initiative.
- A highly successful National Addictions Awareness Week was reported in 1994.
- Many of the Innu who have received alcohol and youth solvent abuse treatment (including some of the original youth receiving treatment from Poundmakers) have reached sufficient recovery that they are able to disclose and begin addressing abuse issues. Although these disclosures are indicative of significant underlying issues, they are also indicators of progress in the healing journey.
- Two suicides occurred recently. The first suicide was committed by a 26 year old mother in December 1994. Although the community was devastated by the event, the community was able to internally mobilize to deal with the crisis. The latest suicide by a nineteen year old youth occurred on June 21,1995. An outside counsellor working with the community recently reported that "the serious problems we had with threats of suicide in October and in November 1993, has vastly changed for the better (1995)." He also noted that the community is now more able to address suicide situations.
- Support groups such as Alcoholics Anonymous (A.A.) and healing circles are regularly held in the community.
- In the "Proposal for Youth Solvent Abuse Treatment Program" (1995) the Innu recognize that:

  > the community members are becoming aware of the youth now. Through the adult healing process, the youth have been neglected, lost and abandoned. The adults still need to continue in their healing process, but are recognizing that the youth need their own healing programs. (p.4)

iv) Current Issues

- As surface issues like substance abuse are addressed, deeper issues like childhood trauma and abuse are exposed. These can be seen as an indication of healing but also place the individuals at greater risk for behaviours such as suicide. In 1994 there were about 35 suicide attempts and one death. To date in 1995 there have been 20 suicide attempts and one death. The Innu counsellors state that they do not have the capacity to

address the more complex issues themselves. A few individuals are carrying the community's healing burden. This places considerable stress on the healing workers and also jeopardizes their own health and recovery. The counsellors have identified a critical need for ongoing personal and professional support. Correspondence by a psychologist who worked in the community over the past year reinforces this concern. Her focus is still crisis intervention mostly related to suicide and sexual abuse. She also is concerned for the mental health of the Innu counsellors. The psychologist (1995) states in her letter that "I can attest that the situation at Utshimassit is quite explosive due to the social problems that exist there, and even after 2 years of emergency interventions the situation is very fragile."

- Solvent abuse among children and youth fluctuates and is still a major concern. The Department of Social Services currently estimates that there are 18 solvent abusers. Solvent abuse is associated with youth offences. All eleven of the young offenders on the current caseload are solvent abusers.
- Only a small core of individuals have attained a relatively stable period of healing and recovery. Many are only in the initial stages of addressing substance abuse and other problems. Many others have yet to enter into the healing process. Therefore, healing support and intervention is essential for the immediate future. Aftercare and prevention of relapse are identified as major issues.
- There is a need for coordination and integration of services including non-Innu agencies. Responses to problems is still largely reactive. A coordinated crisis response plan is not yet well developed.

4. Spiritual and Cultural Health

i) Situation prior to 1992-93

The colonization perspective relates the health and social problems in Davis Inlet to the colonization experience resulting in political and cultural oppression.

- In Gathering of Voices (1992), the Innu identify the Roman Catholic church as disrupting traditional Innu spirituality. Some of the church officials were also abusive to the Innu people. In addition, the elders were described as drinking because the community didn't care and didn't listen to them.
- The Proposal for Youth Solvent Abuse Treatment Program (1995) recognized that:

> a positive cultural identity is crucial for all people. We must know who we are, where we came from, and we must basically like and accept ourselves, including our culture. Positive cultural identity is particularly crucial for the Innu people because many aspects of our culture have been lost or are now threatened.(p.8)

ii) Responses

- The Innu have incorporated the issue of cultural identity into many aspects of their programs and services such as the Nukum Penash Treatment Program.
- The responses by the various government departments indicate support for the incorporation of culture and identity.

iii) Indicators of Healing in the Community

It is difficult to describe and quantify spiritual health. It is felt that improving spiritual health is a key part of the healing process underway in Davis Inlet. Elders are beginning to assume their rightful and respected place as teachers of Aboriginal spirituality and culture. At the Nukum Penash

Country Treatment Program, traditional elders played a key role and this was seen as a key element in assisting participants to get in touch with and reinforce their culture and identity. The clients reported that this was a significant component of the program. There are signs of the re-emergence of Aboriginal spirituality including sweat lodge ceremonies and the Mukushan (an Innu-specific ceremony).

iv) Current Issues

- Cultural and spiritual health needs to be assessed over the longterm. More must be done within the community to reestablish the role of the elders and their role in supporting the youth in the community. The Innu have to reconcile traditional and contemporary spiritualism. Healing is likely required in the relationship between the Innu and the Roman Catholic Church.

5. Family Relationships

i) Situation Prior to 1992-93

The report "Gathering Voices" identified the following:

- the cycle of alcohol abuse between parents and children;
- lack of respect between children and parents;
- children escaping from their parent's drinking through staying away, abusing solvents or engaging in vandalism;
- some youth wanting to leave community due to difficult family situations.

Addictions research suggests that the relationships within an alcoholic family environment are unhealthy. Individuals often can not fully develop as individuals but instead assume roles that support the dysfunctional family system. In addition, family members learn rules which inhibit their ability to openly communicate about issues, express feelings, and develop trusting and supportive relationships. Thus, all individuals within the family are at risk for dysfunctional behaviour including substance abuse.

There are inconsistencies in data collection for the Child Welfare and Spousal Abuse statistics provided by the Department of Social Services. Spousal abuse cases reported to the Department were 5 in 1993, 14 in 1994, and 5 to date in 1995. Libra House, the shelter for abused women in Happy Valley-Goose Bay reports 24 women and 67 children from Davis Inlet during the period 1991-95. The average child protection caseloads is 39 for 1993, 49 for 1994, and 60 for 1995. The increase in caseload is attributed to the fact that the Department now has Innu Social Service workers working in the community. They are considered to be more effective then previous approaches to service delivery.

ii) Responses

- The Nukum Penash Country Treatment Program has as its main objective "to provide healing in a traditional Innu setting for children and their families leading to healthy family functioning." Families learn responsibility and respect and how to be emotionally supportive of each other.
- A non-profit organization, Innushare, provided the infrastructure to the Innu to build a Women Centre/Play School. The facility was constructed in 1994. The Acting Community Health Representative received Health Canada Brighter Futures funding for March 1995 to begin operation of the Centre and to establish early childhood development programming.
- The Department of Social Services hired Innu Community Service Workers working under

the direction of a social worker to provide child welfare services to the community.

iii) Indicators of Healing in the Community

- In the evaluation of the Nukum Penash Country Treatment Program, it was reported that:

> The promotion of treatment across the generations was an effective way to begin to deal with the many barriers and disconnections that exist between different generations of Innu. The focus on families as the treatment group was the most effective focus.

This was reinforced by staff and clients in meetings.

iv) Current Issues

- Many of high-risk youth and families have not yet been reached by culturally appropriate services.
- The health of youth will not be addressed fully until family units are more "functional" and stabilized over time.
- Healing of family relationships is expected to be a long term process.

6. Social and Community Health

i) Situation Prior to 1992-93

In 1991-92 the provincial court judge estimated that 90% of the cases in Davis Inlet were alcohol abuse related. In 1990 RCMP statistics indicate that 25 (7 person and 18 property) Criminal Code offenses involved alcohol. 43 reported cases involved children and solvent abuse In 1991, 22 (7 person and 15 property) alcohol related Criminal Code cases reported. 66 cases involved youth and solvent abuse. (Gathering of Voices 1992)

The RCMP report 153 Criminal Code offences in 1991 (23 assaults and 75 property), 127 Criminal Code offences in 1992 (38 assaults and 49 property) and 168 Criminal Code offences in 1993 (65 assaults and 17 property). The increase in assaults was due to disclosures of sexual abuse. The probation caseload for 1991-93 was 5 females and 24 males. The average age was 24.6.

Prior to 1992, the Mushuau Innu were not mobilized to take control of their lives. It was reported in Gathering of Voices (1992):

> In the past, we were like we were asleep. White people were doing everything for us. We thought white people knew everything, but we were wrong.

The report also identified a loss of control related to the severe impact of alcohol on the community. It identified a need for the community to talk openly and no longer hide or deny its problems. Divisions and fighting were identified in the community. There was also a need identified for a more appropriate education system.

During the period 1989-93, many community services such as the school, nursing clinic and Department of Social Services were also unable to adequately address the needs of the community. All of the professionals were transient outsiders and it was often difficult to find staff. The Department of Social Services functioned for long periods of time without a social worker. At various points nurses rotated into the community on a weekly or biweekly basis. Many workers were young and inexperienced. In Gathering of Voices 1992, the Innu described how the lack of control over community services increased their dependency on governments.

Unemployment rates as reported by HRD are often in the area of 90% The average social assistance caseload for 1992 was 44 and 1993 37.5. These rates include short and long term recipients.

In December 1993, the Chief ordered a provincial court judge out of the community. This resulted in a justice impasse which remained until March 1995. Prior to 1993, there was no regular police presence in Davis Inlet. Routine and emergency patrols were made by the RCMP stationed at the Hopedale detachment. This detachment is a considerable distance away and is accessible only by plane, boat or snowmobile.

Family violence is a concern within the community. No police presence and a lack of facilities made the provision of safety difficult. The nearest shelter was several hundred miles away in Happy Valley-Goose Bay. This shelter provided a culturally different environment for the Innu resulting in a lack of social support.

ii) Responses

- Many agencies, including Health Canada, have allowed the Innu to control and direct their services.
- In 1993, the Innu established their own band police force.
- Government officials have been working with the community to develop capacity enabling the Innu to be more self determining in the operation of services.
- The Mushuau Innu have taken the initiative on several activities including the Nukum Penash Country Treatment Program.
- Human Resource Development Canada (HRD) approximately $1 million in 1994-95 for training and an additional $1 million in 1995-96.
- A recreation consultant worked with the community from September 1993 to February 1994. The Mushuau Innu Renewal Committee (MIRC) has committed $110,000 of its 1995-96 funding to Recreation.
- A Youth Centre was constructed.
- DIAND has provided funding for emergency responses (physical improvements to the community) and funding to prepare a proposal on relocation.
- Provincial and federal officials have joined the Innu on a task force exploring options for an Innu alternative justice system.
- The Innu are committed to building and operating a safehouse in the community. This will probably be funded by the Department of Social Services.
- DIAND is providing funding for 1995-96 for a consultant to train the Innu in band governance.

iii) Indicators of Healing

- The report, "Gathering Voices: Finding Strength to Help our Children 1992" which was undertaken in 1992, demonstrated that the community had taken the very important first step of identifying and acknowledging the problems in the community and gathering together to identify solutions. This report was followed by a second inquiry and report entitled "Gathering Voices: Discovering our Past, Present and Future 1993".
- There is currently a core group of individuals, including political leaders and healing leaders that have a relatively stable period of sobriety.
- The Mushuau Innu Renewal Committee has been able to lead the community in considering the proposed relocation, and has had to oversee the many technical reviews and negotiations.
- The Nukum Penash Country Treatment Program is a demonstration of the ability of various community members to mobilize to develop, implement and evaluate an Innu controlled program.

- The Innu, particularly from Davis Inlet, led a protest at Voisey Bay which involved approximately 100 people. The ability to organize an event such as this is an indication of the improved organizational abilities of the community and political strength.
- While there are still many concerns, it is generally believed that the Mushuau Innu are developing a healthier relationship with outside agencies, including the federal and provincial governments, RCMP, health services, social services and teachers. Personnel are more often included on outings, programs and committees. There is still a need for greater interagency coordination and collaboration.
- HRD reports a high level of success with its recent job development programs. Attendance and program completion rates have been high and there is reported a high quality of work. 75 people have received construction trades training and 36 have received craft skills training.
- The Innu identified a need to coordinate healing services within the community. Health Canada provided funding in 1994-95 and for 1995-96 for Healing Services Coordination which is playing a role in identifying and addressing issues.
- An outside counsellor working with the community for several months noted that the availability of and participation in training and recreation activities was positively correlated with abstinence rates.
- 11 new houses were constructed and at least 60 houses have been renovated.
- Improvements have been made to the water and sewer and fire protection services.
- 5 individuals have received training as native peacekeepers.
- In March 1995, the Mushuau Innu and the RCMP signed a M.O.U. on policing. It calls for the establishment of a community policing committee. The committee will recommend Innu peacekeepers who will be appointed Supernumerary Special Constables under the RCMP Act. The RCMP are now making regular patrols. Extra RCMP members are temporarily assigned to work with the community and to develop the capacity of the Innu peacekeepers. In addition, the Solicitor General of Canada is providing peacekeeping funds. The Solicitor General's office hopes to negotiate a First Nations Policing Policy with the Government of Newfoundland.
- The Innu are pursuing the "safehouse" concept. Priority has been given to providing a safe haven for youth solvent abusers along with a program which will proactively intervene with youth and their families.

iv) Current Issues

- The justice impasse in the community from December 1993-May 1995 make the RCMP statistics after 1993 unreliable. In 1994 104 Criminal Code offences were reported to the RCMP (34 assaults and 38 property). Young offender statistics were also requested from the Department of Social Services. These statistics were not available up to the deadline for this report.
- An adequate and comprehensive recreation system has been identified as a priority in the community.
- Presently, there is little longterm employment prospects in the community. Unemployment and poverty remain significant problems.
- Generally, the educational achievement is low. The school system must become more appropriate to the Innu people. Hopefully then more Innu will pursue professional training and replace outside professionals currently working in the community.
- Safety, particularly for women and children are only beginning to be addressed in the community.
- There is a need for greater interagency coordination and long term strategic planning.

Experience with Other Communities in Healing Process

General Systems Theory provides a perspective on the state and changes in community health. Essentially, the community was a "closed system" (little exchange of information with other systems) in a state of unhealthy equilibrium until a series of events disrupted this balance. The community "system" became more "open" as help and input was solicited from outside resources that empower the Innu to be self-determining. This is helping the Innu to achieve a more healthy equilibrium. However, disruption and crisis are likely during the rebalancing process.

There are several First Nations communities which have been or still are in "crisis". In each case, there have been obvious indicators of crisis, including suicides, family violence and substance abuse. Behind these outward indicators, there are invariably underlying problems comparable to those outlined above for Davis Inlet. This includes a level of community dysfunction such that communities lose the capacity to deal with these issues. While it is difficult to compare the level of dysfunction, it was apparent to MSB officials and front line workers that the magnitude of the problem in Davis Inlet in 1992-93 was clearly of a serious nature.

In our experience, there are several key steps in the process of community healing. The first step is to acknowledge the existence of the problem and to take ownership of the problem. The next major step is the development of community capacity such that resources are developed in the community to deal with problems that arise.

From previous experience, it is evident that there is no "quick-fix". Communities such as Davis Inlet can be expected to experience periodic relapses over a period of several years. While there appears to be dramatic progress in the initial phase, progress will be slow as the community moves beyond the immediate "crisis" situation to deal with the underlying conditions associated with the crisis.

The community healing process in Davis Inlet appears to be closely tied to the community's commitment to relocation. Since this healing process has been closely tied to hopes of relocation, it is difficult to compare the healing process in Davis Inlet to any other community. Since the decisions related to relocation will almost certainly affect the progress in healing, it is impossible to anticipate the progress in community healing since there are no comparable communities.

Summary

The community of Davis Inlet was in a state of "crisis" in 1992-93 as demonstrated by many indicators including the following:

- several critical incidents;
- high proportion of alcohol related mortality;
- serious problems with substance abuse (particulary alcohol and gas sniffing);
- numerous suicide attempts;
- evidence of significant underlying issues related to the physical, mental, social and spiritual health of individuals and the community in general;
- significant family and community disruption;
- inability of community services to respond.

The magnitude of the problem was clearly of a serious nature. This report has focussed on health outcomes using a broad definition of health. It must be remembered, however, that health should also be viewed in the context of its broad determinants. Therefore, the technical and economic development reviews currently being undertaken by DIAND have important implications for the overall health of Davis Inlet.

In Gathering of Voices (1992) the Innu themselves identified that the way to heal was through regaining control of their lives. There were seven needs identified to accomplish this:

1. to **take over**, make own decisions, plan, take responsibility to solve own problems, become trained professionals and reconcile church and traditional spiritual beliefs;
2. to **work together**: leaders and local organizations need to work together in consultation with the community to deal with the problems;
3. to **practice cultural ways**: way of life, culture, traditions (crafts, games, drum dance, medicines), values, spirituality (bones, shaking tent, sweat lodge), respecting elders, using the country;
4. to **meet**: talk about problems, plan for the future, determine causes of problems and solutions, establish communication mechanisms;
5. to **stop alcohol abuse**;
6. to **help the children**: parents stopping drinking and taking responsibility, education, recreation, and family counselling;
7. **relocation** of the community.

Since that period, Health Canada, in collaboration with the community and other federal and provincial departments, has supported a process of community development and helping to empower the community to progress towards these goals. This process has shown indications of success including the following:

- increased focus on dealing with problems within the community;
- development of Innu controlled, culturally specific programs;
- increasing community capacity/competence including the Mushuau Innu Renewal Committee, NNADAP program and Nukum Penash Country Treatment Program;
- decreased substance abuse; and,
- improved family and community relationships.

Davis Inlet appears to be progressing in the process of community healing. However, the community is in an early phase of that healing process as evidenced by a continued high rates of alcohol and solvent abuse. In addition, most recovering individuals are in the very early stages, the children are still at high risk, and initial steps at taking control, working together and communicating have been taken. In 1995, an outside counsellor who had been working in the community for several months described the community as being in a "fragile position in their recovery." Although short term progress has been identified, progress needs to be measured in the long term before any definitive inferences can be made.

The Innu counsellors themselves identify that as symptoms and surface problems are addressed (for example, substance abuse) deeper issues are revealed which place individuals at risk for problematic behaviour including suicide. The counsellors do not feel they currently have the capacity to support the community with all these issues themselves. They have identified the critical need for the counsellors themselves to be supported.

It is expected that it will take many years and significant support for the community to achieve a period of stability. It is also expected that there will be many setbacks along this process as healing tends to be an uneven rather than a linear process. Interventions and support at all levels continue to be required.

It appears that the community's commitment to relocation is an integral part of the healing process at present. If the community discovers that relocation is impossible, it can be expected that this could lead to a disruption in the healing process the magnitude and full implications of which are impossible to anticipate. If the community relocates there are also many potential health impacts. Regardless of the decision regarding relocation, it will be important to monitor the health status and to work with the community to address key issues related to the healing process.