Background to the Nunavik Commission Health Recommendations

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Introduction

The guiding principles identified here stem from the human sciences of health. This perspective is similar to that of the World Health Organization and, as such, it shares a scope of a universal nature. This framework is frequently endorsed by those engaged in the planning and formulation of government policies, in the delivery of health care, and in health research.

The Commission's mandate was the formulation of recommendations for the establishment of an Assembly and Government in Nunavik (northern Quebec) which would hold a large degree of autonomy. The Commissioners were not required to undertake a detailed study of current Nunavik economic and social problems, nor was our mandate to pinpoint problems and suggest solutions. This limited mandate was difficult to abide by, when making recommendations in fields such as wildlife management, education, or health and social issues. To be effective, these recommendations have to be defined from experience and factual observations, or from knowledge acquired about Nunavik through other sources.

On November 25, 1999 the Government of Québec, Government of Canada, and Nunavik created the Nunavik Commission. The Commission was co-chaired by Harry Tulugak and André Binette. The other members were: Annie May Popert, Diane Gaumond, Johnny N. Adams, Gérard Duhaime, Marc-Adélard Tremblay and Jules Dufour.

The Commission's task was to propose an action plan and recommendations on the structure, operation and powers of self-government for the Nunavimiut or Inuit residents in Nunavik, and an implementation timetable. The intent was to table the Report within eight months. It was, however, April 5, 2001, before the complex process could be finished and negotiations toward autonomy are continuing. This is a summary of the background and main recommendations of the Commission relating to health and social services.

There were several components to the operational framework used by the Commission in its recommendations on health and social issues. In the full Report, these recommendations on health are located in the third part, entitled "Fundamental Social Issues." The analysis of the historical and sociopolitical contexts as well as the recommendations are in Chapter 8, entitled "Social and Economic Development." Here, the analytical developments on health and social services are placed beside those on education, housing, and economic development. The constituent parts of the chapter make it clear, at the start, that

health and education are seen as the two major components of economic and social development.

The Main Theoretical Guiding Principles of the Commission related to Health

There are seven theoretical principles considered as established facts. Those to which I refer below are the most important and most intimately related to a human science perspective on health.

A. The health system is a social sub-system of the sociocultural system.

The health system is also closely related to other social systems, such as the political, the economic, the environmental, and the educational systems.

B. The health system is made of a number of constituent elements.

Let me enumerate some of these to illustrate what is meant.

- the government ideology on health care and its concrete implementation, that is, government policies and operational strategies,
- the organizational ways for health care delivery,
- health professionals and other socio-sanitary actors providing care,
- various categories of
  - users,
  - population health needs,
  - health programs,
  - the degree of satisfaction of patients in regard to their health needs

Health, as a system, has a wide cluster of interrelated elements which fulfill particular functions. These elements are organically interrelated and part of a whole. Indeed, the holistic perspective of health states that all aspects of life are interrelated and affect health in sometimes complex ways. The ability of a health system to reach objectives depends, in a large measure, on

1. the coherence which exists between the constituent elements;
2. the ways those elements are being used by health managers to match the health needs of the population (individuals and groups);
3. a wide degree of satisfaction among the system's users.

C. The Nunavik health system is a component of the Québec Health System

The Québec Health System has evolved in recent years from a Health System to a Health and Social Services System. This represents a major change. It reflects a new sociopolitical philosophy on the Government's part and implements two principles:

1. The *socialization of medicine*. This means that the citizens, as a collective, pay for the cost of health services. This cost is related to various health risks linked to each individual's financial means.
2. The *medicalization of social services.* This means that the system, paid for by the citizens as a collective, covers risks to life other than the traditional definition of health.

D. What are the four objectives of the Québec Health and Social Services System?

A complete answer to this question would involve a discussion of the philosophy behind the system, and its central position among the many other general systems that make the Québec society. These objectives were explicitly formulated in the 1970s, when the new health system was established. A brief examination of them will allow us to assess to what degree they have been achieved in Nunavik at the individual and community levels.

1. General Access to Health Care and Social Services to all Québec Residents

This means that the system must provide health care and social services to all women and men residing in Québec province, regardless of their age, health status, economic status, educational level, ethnic alliance, cultural identity, or the geographical location of the community in which they live. This raised a major question for Nunavik: to what extent can such an overreaching system provide the essential services required to maintain individuals' health wherever they live and the social integration of communities throughout the territory? This question is so complex that the Commission, taking into account its mandate, could not give a relevant answer for the Nunavik territory without undertaking extensive research efforts.

2. Gratuity of Health and Social Services to Everyone

This second objective is intended to provide free services (health care and social services) to all. This means that individuals or groups with a low economic status ought to be able to get the same kinds of services provided to

wealthy individuals or well-off communities. It is the fiscal system that acts as the regulating mechanism.

3. Good Quality of Health and Social Services

The third objective is difficult to assess. As a principle, however, it means that health and social services provided ought to be of good quality, whether the individual suffers from a chronic illness, an occasional illness, a complete loss of autonomy, or requires palliative care. This objective is of primary importance for two reasons.

1. It relates to the rights of individuals to quality care related to their health and social needs.
2. It requires the human compassion of health and social professionals in their interactions with those in need.

Another dimension is harmonious labour relations and the use of the most appropriate tools in giving care or in attending to social needs of individuals or groups.

4. Equity in Care Giving and Social Intervention

As a rule, this fourth objective refers to the kinds of health care and social services provided to individuals and groups corresponding to expressed and real needs. Moreover, those health care and social services being provided ought to show a high degree of similarity to those provided to individuals and groups in similar conditions and situations elsewhere. There is more than mere comparison involved, however. The mental equilibrium of individuals and the social integration of communities require that all levels of society benefit from an adequate standard of living. This, in turn, produces high aspirations and a good quality of life.

Undoubtedly, these four objectives are ambitious and generous. They constitute measures one can use to assess the quality of services (health care and social needs) given to a particular group as compared to those provided to other groups having either widely similar characteristics or being substantially different. This last observation brings me naturally to the fifth orientation that inspired the Commissioners.

E. The implementation of a Nunavik health sub-system

Implementing a health care system in Nunavik, according to the four preceding objectives, could have allowed us to assess how the previous Nunavik system fulfilled the health care and social needs of the Nunavimiut. Unfortunately, we lacked the essential data on health status and outcomes

and social needs of Nunavimiut according to this general human science perspective on health. As a result, Commissioners had to form a general approximation flowing from information mostly obtained during the public hearings. Since the comments varied little among the fourteen Inuit communities, we felt that the information had a wide degree of authenticity and reliability.

An exhaustive assessment, conducted with a rigorous and scientific methodology, would be difficult to set in place and complex to carry out. It would require the development of questions that take into account the profile of health status and health care as well as the profile of social issues and social problems, both profiles being drawn at the individual and community levels.

Profile	*Individual*	*Community*
Health	Health Status	Health Status
	Health Care	Health Care
Social	Social issues	Social Issues
	Social Problems	Social Problems

Although it is an issue of major importance, such an assessment has never been carried out. It is my view that this must be done to provide the required guidelines for interventions, especially since the Québec Health System is in a state of crisis. There are several reasons that health and social problems noted in the South are magnified in the far North.

- the far North is far away
- it faces a rigorous climate
- it has an irregular age pyramid
- it lacks health and social intervenors
- there are fewer and less sophisticated sanitary infrastructures
- the required public health tools are missing
- year after year, close to one thousand patients (10% of the living populations in Nunavik) must be sent to hospitals in the South for average stays of two weeks
- the cost of living in Nunavik is at least twice higher than in the South,
- jobs are limited on the labour market
- nowadays traditional resources are unpredictable.

These conditions and situations are the result of inadequate technical and institutional equipment which combine with difficult living conditions to produce a lower life expectancy in the North than in the South.

F The health status of Nunavimiut

It is evident from what has been said so far that the health status of Nunavimiut has to be examined, taking into account the socioeconomic and sociocultural contexts. If such a perspective is implemented, one will find that the health status of individuals (and the level of social integration of communities) results from a gamut of factors and social conditions which are closely interrelated. These factors will be referred to later when the dynamics of change are studied with an explicit reference to the sociopolitical and socioeconomic contexts.

G. The conceptual scheme of reference

The conceptual framework that must guide the gathering of data as well as the analytic process in such a situation must possess three essential characteristics.

1. *The conceptual scheme must be holistic or systemic*

It must be based on three fundamental axes: organic and physiological factors; psychological elements; and sociocultural conditions.

2. *The theoretical framework should permit the study of the health status of individuals, as separate analytic entities, and as living components of communities*

This additional analytic level allows a more comprehensive understanding of the composite elements found among individuals with good health and those experiencing severe health conditions and problems. The field of study that allows for comparisons of health statuses between individuals living in different communities having distinctive or similar characteristics in regard to health determinants is called *population health.*

3. *These studies must have a dynamic character*

This means that they must take into account historical factors of change, identify the various changes (technological, environmental, institutional, cultural, for instance) that have an impact on living conditions of populations over a period of time, and allow for the understanding of these impacts on the health status of populations.

These seven theoretical orientations have been key pieces in the writing of the Commission's Report (See Chapter 8: 34-40). This section of the Report is made of three distinct parts.

- The first part builds an historical profile of the Nunavik Inuit society from the standpoint of the impact that major changes have had on the health and well being of Nunavimiut.
- The second part provides a sketchy picture of the kinds of fundamental principles that the future Assembly and Government in Nunavik ought to implement in its operational strategies in the vast and complex domain of health and social services.
- The third part gives the thirteen recommendations which make the twelfth general recommendation of the Commission. Allow me to begin with a sketch of the Nunavik overall context. Then I shall refer to the principles which ought to influence the Nunavik Government in the field of health and social services. References to the recommendations themselves will end my presentation.

Historical Factors Related to Major Changes, Sociopolitical Context and Impact on the Health and Quality of Life of Nunavimiut

I will start with a quote that provides a fair picture of the changes which occurred in Nunavik during a short period of time.

> The history of Nunavik offers a classic example of rapid technological, economic, social, political, spiritual and cultural changes which have had a detrimental impact on Inuit traditions, value systems and ways of life. As a result, the Inuit are facing tremendous challenges with respect to their emotional and mental well-being. Physical, emotional, and sexual abuse, family violence, suicide in large number, abuse of alcohol and drugs, as well as numerous accidental deaths are just but a few of these ordeals. A tremendous amount of financial and human resources have been consumed to solve these challenges in the last few decades with limited success. (*Let Us Share*, p. 36)

Why is it so difficult to get positive results at the individual and community levels? There is no single answer to that question. Many elements (physiological, psychological, environmental and sociocultural) join forces to produce undesirable consequences which affect individuals and communi-

ties alike with varying intensity. Many Nunavimiut identify colonization as the most important disrupting factor.

In regard to colonization, one must understand that interventions of dominant societies were often intended to produce economic and social progress. But these objectives very seldom were reached and colonizers usually were unaware that when colonized people lose control over their lives they become ambivalent because they are caught between two cultural systems. This cultural ambivalence lived by the colonized may be called an alienation process, an attempt on the colonizers' part to assimilate the colonized, or a situation of cultural oppression. It is a process that many Nunavimiut experienced with diverse intensities and which produced highly damaging effects. Other individuals in Nunavik, while being conscious of these negative consequences, are future-oriented and look ahead to find ways and means to regain control of their lives and their affairs. They feel that the establishment of an Assembly and a Government in Nunavik with a large degree of autonomy is a step in the right direction.

Allow me to quote another paragraph of this Commission's Report.

> Only a few decades ago, the Inuit were living off the land in very much the same way that their ancestors had lived. While life was not easy, the Inuit were a self-sufficient and self-governing society and had a strong sense of identify which was fully rooted in their culture. Inuit values and normative rules of conduct and interaction with others, formed the basis of their customs and their unique spirituality expressed in daily living. Rituals for celebration as well for grieving were passed from one generation to the next. Social institutions were also clearly defined and their language provided for effective communication and understanding in a tightly-knit society. The continuity of Inuit tradition and culture also meant that their children learned what was expected of them and how to behave properly. (p. 36)

Relationships of Inuit people with European pioneers and their close contacts with Canadians, especially in recent decades, have produced some beneficial results such as the sizeable increase in life expectancy as a result of efficient health programs. But other government interventions during the same period had a negative impact and we were reminded of those many times during public hearings. The negative changes are:

- changes in the location of communities,
- spreading of infectious diseases,
- sending Inuit youngsters to far-away residential schools,

- indiscriminate killings of dogs,
- lessons taught in the schools which left little if any time for the teaching of Inuktitut.

During the last decades, Inuit leaders, through their own efforts, have brought about important economic, sanitary and social gains. These achievements have strengthened their confidence in themselves and in their capacity to take on new challenges.

The Commission was not in a position to study these relevant questions in depth. The public hearings established a close relationship between past events and some of the physical and mental problems experienced by some Inuit, particularly among the younger generations. Elders expressed their distress and their anguish at

- the weakening, in the younger generations, of the sense of belonging to their community
- the decrease in social cohesion
- the progressive disappearance of solidarity and self help among the Inuit.

There is no doubt that the decision-making power of the Inuit has suffered a strong decline in the past. However, positive changes include

- the taking over of some of the power lost by Inuit in recent years,
- a strengthening of social solidarity among Inuit families,
- a renewal of the confidence in the new dynamics at work.

The Commission saw these efforts, and became aware that the establishing of a new government would be a gesture which would consolidate further these positive results, as long as the government

- was decentralized,
- gave a key position to Inuit values,
- paid special attention to the region's social and health problems.

The Fundamental Principles Related to Health and Social Services.

Here again, we limited ourselves to seven main principles. We only kept those that appeared to us as the most essential ones. If you don't mind, I will quote them from the Report.

(a) the support for community initiatives, and the renewal and enhancement of a sense of direct responsibility and control at the individual and community levels.

(b) the transformation of current health and social service programs into a more integrated delivery system;

(c) the urgent need for a greater inclusion of Inuit traditions and values in the health and social service delivery;

(d) the improvement of home care services to elders, handicapped individuals, people in loss of autonomy, and the establishment of intermediate health resources, such as residential homes in all Nunavik communities.

(e) the implementation of a community development program to address the most immediate health threats in Nunavik, including the provision of clear water and basic sanitation facilities;

(f) the use, in partnership with school personnel and community organizations, of the most relevant methods to provide the best information available on health and social issues. Special attention should be given to mental health habits, good nutrition, problem solving and healing, substance abuse and its effects, parental skills and child-rearing practices and suicide prevention.

(g) the Nunavik government, in development policies to support health and social issues, should acknowledge the common understanding of he determinants of health found in Nunavik traditions and health sciences and endorse the fundamental importance of a number of basic norms: **holism**, that is the attention to persons in their total environment; **equity**, that is, equitable access to the means of achieving health and quality of outcomes in health status; **control** by Inuit people of the life styles choices, institutional services and environmental conditions that support health; and **diversity**, that is, accommodation of the cultures and histories of Inuit people that are distinctive within Canadian and Québec societies.

(The Report: 37)

Recommendations

These are the recommendations relating to health and social services to be found in the Commissions Report, pp. 37-38.

12.1 All the powers, competencies, responsibilities and functions of the NRBHSS [Nunavik Regional Board of Health and Social Services] shall be transferred to the Nunavik Assembly.

12.2 In the pursuit of its responsibilities in the administration of health and social services, the Nunavik Government shall be empowered:

12.2.1 to design programs and develop services that will reflect the objective of collective initiative and self-control and of strong bonds of mutual support in family and community;

12.2.2 to encourage communities to explore their history and the impact it has had on their social development with the view of looking ahead and initiating action that will facilitate the needed changes;

12.2.3 to invest the Local Health and Social Service Committees with greater powers and responsibilities so that they will be more closely involved in defining ways and means to improve the health status of Nunavimiut and to reduce the incidence of social problems. In that respect, the identification of services designed to help individuals to adapt to rapid technological, economic and socio-environmental changes might prevent negative impact on individuals' life styles and community life;

12.2.4 to take any measure it seems appropriate with respect to the organization of health and social services in Nunavik and to the management of the two hospital corporations;

12.2.5 to take any measure it deems appropriate to ensure health and social services catch up to the levels and quality comparable to other regions of Québec;

12.2.6 to access directly programs and resources provided by the various federal departments regarding the funding of non-insured benefits to Nunavik Inuit, as well as provision for the funding of other services made available to Aboriginal peoples throughout Canada.

12.3 The Nunavik Assembly shall be empowered, with the advice of

the Council of Elders, to enact laws in relation to Inuit values and traditions and the status of Inuktitut with respect to policies, programs and practices in the administration of health and social services, including;

12.3.1 the training of Inuit to take on professional, technical and administrative functions in the health and social service fields;

12.3.2 child adoption and family services while respecting the principle of acting in the best interest of the child, in addition to youth welfare and protection, including the preparation of Inuit traditional games as well as measures aimed at improving the situation of the youth.

12.4 The Québec government shall amend its midwifery law so that the Nunavik Government may establish midwifery services in all Nunavik communities.

12.5 The Nunavik Government shall include all its responsibilities in health and social services as a component of its block funding arrangement.