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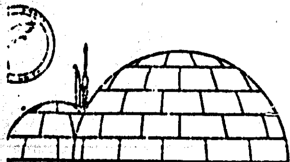

INUIT TAPIRISAT OF CANADA
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Submission to the Health Services Review

Special Commissioner
Emmett M. Hall, C.C., Q.C.

by

Michael Amarook
President
Inuit Tapirisat of Canada

Ottawa, March 5, 1980

Justice Hall, ladies and gentlemen, on behalf of Canada's 24,000 Inuit, as President of Inuit Tapirisat of Canada (ITC), I am pleased to have the opportunity to present Inuit views to your Lordship on the question of the quality of health services in Canada today.

Since my election as President of ITC in September 1979, I have become particularly concerned about the health of, and health care for my people, and I have spoken out on a number of occasions. I think that this present Health Services Review provides an opportunity for some strong recommendations to be made to the Federal, provincial, and territorial governments. I trust that the voices of the Inuit will be represented in those recommendations.

I would also like to indicate to you that ITC is in sympathy with the objectives of the Canadian Health Coalition, and I especially support their recommendation number 6 concerning the "development of health services appropriate to the needs of native peoples, particularly in remote areas".

Before coming to the topic at hand, may I refer you to Appendix I of my submission, which outlines the goals, aims, and aspirations of Inuit Tapirisat. You will understand that as one of Canada's original peoples, its first northerners, the Inuit outlook on health and health care may differ in some instances from the views of southern Canadians. Nevertheless, we share the common concern which brings us before you today.

My comments will focus on part of your terms of reference. The Charter of Health for Canadians, as proposed by the 1964 Royal Commission on Health Services, states that the primary objectives of a national policy should be "The highest possible health standards for all our people...", and that achieving this would be "a cohesive factor contributing to national unity, involving individual and community responsibilities and actions." Your review, Justice Hall, will also examine the extent to which the principles of "reasonable access", and "uniform terms and conditions, are being achieved, and whether there should be "other basic principles underlying health insurance delivery". I would like to address each of these points in turn.

1. The highest possible health standards for all our people.

Anyway one cares to examine it, the quality of health and health care delivery in Northern Canada where my people live is not as good as that enjoyed by Southern Canadians. In Appendix 2, I enclose a copy of a speech I made last November. I won't go over those points, as you can read them later for yourself. But I would like you to consider the following now:

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i) We have the highest rate of natural increase in Canada (24.4 per 1000 population) yet we have a very high infant mortality rate (23.7 per 1000 live births).

This compares with the Canadian average rate of natural increase of 8.4 per 1000 and an infant mortality rate of 15.5 per 1000 live births.

ii) 56% of the Inuit population is under 20 years of age, whereas only 42 % of the Canadian population is in this age group.

iii) Accidents, poisonings and violence account for for over one-third of all deaths of Inuit compared with 9% in Canada as a whole.

iv) Nearly half of Inuit accidental deaths are due to suicide by firearms in the 15-24 age range.

As your Lordship will appreciate, the quality of health is related to Inuit lifestyle. This has changed, and is still changing today, because of the influx of Southern ways, values and diseases which were unknown to those of my father's generation. I am convinced that the poor quality of health afflicting the Inuit (in comparison with the Canadian average) is in part explained by the change from the near universally, independent, healthy, and robust life we used to lead, living on the land, to the dependent, and less active life many of us lead today.

Our lifestyle has changed, because change was forced on us by the advance of non-Inuit "civilization". However, this advance was not accompanied by the same quality of health care available in Southern Canada. The availability of doctors, dentists, and

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specialists is woefully lacking in Inuit communities. Too much responsibility and work are thrust on the nurses staffing the Nursing Stations. I have had several discussions with officials of the Medical Services Branch of the Department of National Health and Welfare. They too admit the situation needs improving.

2. Involving individual and community responsibilities and actions

This refers back to the 1964 Charter of Health for Canadians. Justice Hall, nothing would please me better than to have the Inuit running their own affairs, including health delivery. We need Inuit nurses, dental therapists, and other types of para-medics, who can work with our people in our language. At present, there are very few of these, if any, in certain professional categories. We believe several steps can be taken to ensure that the fundamental principle of community responsibility and actions can be achieved.

i) Give us control over our own lives, let us stop being forced to be dependent on decisions made by others whom we rarely see and who are strangers to us.

At present, most Inuit are struggling to reach comprehensive land claims agreements with the Federal and provincial governments. Once these are settled, then we'll have more time to devote to other matters, such as running our own health care system.

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The Inuit of Quebec are in the process of taking over more management of their own affairs through regional government and economic development structures, but they too face many difficulties and unsatisfactory condi ions which will require much more cooperation from governments to resolve.

Elsewhere the Federal Government is dithering and obstructing. The Inuvialuit of the Western Arctic have been brought to the brink of settling, only to have Ottawa fumble indecisively.

The Inuit of Nunavut (the regions of Central, Keewatin and Baffin in N.W.T.) have called for eventual provincehood for all people of Nunavut. Responsible government will mean better health care delivery, I am convinced.

The Inuit of Labrador, also trying to settle land claims, receive health care through the International Grenfell Association (IGA). The Sarsfield report has called for community health councils to give Inuit local control, and to have the IGA gradually withdraw from providing medical services.*

ii) To take control of our own health care, we need your help.

Help us to set up training programs for Inuit in as many branches of medicine as may be practicable.

Let us identify where we should start, and then let's branch out as each training program is successfully in place.

First, set up a general paramedic program. A careers orientation program in high schools would encourage our youth to enter the health care service, and take training in the general paramedic program.

Second, let's train Inuit paramedics in infant care. This seems to be an area deserving top priority.

Third, let's give a sense of purpose to our youth, too many of whom become despondent because of a lack of career opportunities. The availability of a career in health service delivery would do much to meet many Inuit needs.

iii) Let's identify those areas which are related to the quality of health where Inuit should control their own affairs.

Housing is one example. Good housing helps good health. Inuit designed and built houses, run by Inuit, would give each community pride and a sense of control of its own affairs. If we start now, Inuit health, and independence, will naturally improve.

* Peter Sarsfield, Report to the Naskapi Montagnais Innu Association and the Labrador Inuit Association Regarding the Health Care Delivery System in Northern Labrador (1977)

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In Appendix 3 I have provided some additional arguments related to housing.

3. Reasonable access, uniform terms and conditions

Defining reasonable access is difficult. What seems "reasonable" up North, would be considered very unreasonable in Southern Canada. My basic question is this: should any Canadians, by mere accident of geography and demography, be expected to forego good health care? The way the health care system works now, the answer is "yes", in as much as we're talking about the North.

Let me give you some idea of what Inuit face. In my own district of Keewatin (population over 4000), with 7 communities, in 1979 each received physician services from 1 1/2 to 4 days per month. As the Medical Services Branch (NHW) admits, "Obviously, because of geography and transportation systems (aircraft, weather, etc.) visits cannot always be held as scheduled."

In my view, physician services are insufficient. I can't do anything about geography, but Inuit Tapirisat is very worried about the adequacy of transportation. Again, to give you an example from the Keewatin, we protested vigorously to the Air Transport Committee of the Canadian Transport Commission, about the transfer of Transair's routes to Calm Air in late 1979. The Medical Services Branch also protested this transfer. Calm Air's planes are irregular and infrequent. How can you have

reasonable access if the means for access are in doubt?

As to uniform terms and conditions, I do not believe that the medical attention available to Inuit daily, meets the terms and conditions in Southern Canada. The nurses do their best, but their efforts, however laudatory, are no substitute for highly specialized care in the community. There is specialized care, but it's far away and not readily available to the Inuit. I urge you to recommend improvement in this area.

3. <u>Other basic principles underlying health insurance delivery</u>

It is a mistake to view health care delivery in isolation from the other structures which assist its adequacy. We should recognize that good health care delivery depends upon other ancillary support factors, such as good housing, adequate nutrition, a healthy lifestyle, and lastly, economics.

This is especially true of Inuit, because we have been brought into the modern world so rapidly in such a short period. I would urge you to take into account a number of related items when making recommendations about health care delivery to Canada's Northern residents, especially its original inhabitants:

i) the desire of Inuit to take control of our lives through community responsibilities and actions

ii) the adequacy of housing

iii) the adequacy of municipal services such as water supply and waste disposal

iv) the adequacy of transportation services

v) the need for trained Inuit as medical professionals

vi) the adequacy of communications support systems

vii) the adequacy of information available to Inuit

viii) the degree to which there is a good rapport between Inuit clientele and medical personnel

Conclusion

I have provided a summary of my recommendations below, Justice Hall. I hope that my underlying point has been recognized, namely, that considering health care in the North requires different approaches than in the South. The North, and original peoples' concerns, are often ignored, or treated as identical to general Canadian concerns, With all due respect to your Lordship, it is too bad that you are not going to visit the North during your inquiry. The Inuit of the Western Arctic, Nunavut, N. Quebec, and Labrador would have welcomed the opportunity to present their concerns to you.

On behalf of the Inuit, I am happy that at least I was able to speak to you. I wish you the very best in your deliberations, and I look forward to reading your report in a few months time. Thank you.

Recommendations

1. That a special section of the report of the Health Services Review address itself to health services in Northern Canada, especially as they affect Canada's original inhabitants.

2. That the availability of doctors, dentists, and other medical specialists in Canada's North be examined with a view to suggesting ways in which the availability can be improved.

3. That hospitals replace some of the existing Nursing Stations, so that Inuit can have more reasonable access than presently available.

4. That a general program to train Inuit para-medics be established in 1980 to enable Inuit to serve the needs of our people.

5. That a specific program for Inuit para-medics in infant health care be established in 1981.

6. That reasonable access be improved so that Inuit don't always have to fly hundreds of miles to receive specialized care, and so that there are greater physician services in the communities.

7. That attention be given to ancilliary factors which affect health services, such as housing, municipal services, nutrition, lifestyle, transportation services, communications systems, health information for Inuit, and the rapport between Inuit and medical personnel.

Appendix 1

Aims of

Inuit Tapirisat of Canada

Summary

Inuit Tapirisat of Canada is the national association representing the Inuit. Representing six regional Inuit affiliate associations, ITC speaks for Inuit on a range of issues including land claims, the environment and communications. The association hopes to negotiate a land claims settlement on behalf of the 15,000 Inuit living in the Eastern and Central Arctic this year.

Aims

To help preserve Inuit language and culture.

To promote a sense of dignity and pride in the Inuit heritage.

To provide a focal point for determining the needs and wishes of all Inuit.

To represent Inuit on matters affecting their well being.

To improve communications to and between Inuit settlements.

To help Inuit achieve full participation in Canadian society.

Background

Inuit Tapirisat (Eskimo Brotherhood) of Canada is a non-profit, non-sectarian, non-political organization dedicated to the needs and aspirations of Canada's Inuit.

The initial idea for a national Inuit association came up at a meeting called by the Indian-Eskimo Association of Canada at Coppermine, N.W.T. in January, 1970. In early 1971, Inuit delegates from the Keewatin and Baffin regions of the N.W.T. and from northern Quebec met in Toronto to discuss the need for an organization to represent Canadian Inuit. A board of directors for the new association was established and a budget for administration was prepared and submitted to the federal government. Part of the funds received were used to finance a founding conference held in Ottawa in August, 1971.

Shortly afterwards, Tagak Curley became ITC's first full-time worker. Curley was born in Coral Harbour, N.W.T. and attended school there. He had worked for the northern affairs department at Churchill, Manitoba in the field of adult education and at Repulse Bay as Area Administrator. Curley left government service to work for the Indian-Eskimo Association and then became a prime mover in the organization of Inuit Tapirisat of Canada. He organized and chaired the founding conference of the new body, became its first president and for three years directed the affairs of the fledgling association.

Inuit Tapirisat's headquarters were established in Edmonton in the fall of 1971, but in 1972 the offices were moved to Ottawa when it became obvious that ITC needed better access to the federal government.

Since 1972, regional Inuit associations representing Inuit in six areas of arctic N.W.T., Quebec and Labrador, have been formed. The Committee for Original People's Entitlement (COPE) representing the Inuit of the Western Arctic, first became an ITC affiliate. Other affiliated organizations are Makivik Corporation, the Labrador Inuit Association, the Kitikmeot Inuit Association, and the Keewatin Inuit Association.

The affiliated regional Inuit associations look after day-to-day problems and concerns in their communities and regions, but their presidents also sit as members of the ITC board of directors. The national organization concentrates on national issues, but helps out with community or regional problems when requested to do so. For example, ITC head office frequently goes to bat for arctic communities when local residents believe the environment and wildlife are threatened by resource development.

In short, Inuit Tapirisat is dedicated to preserving the culture, identify and way of life of Inuit and to helping them find their roles in a changing society.

Appendix 2

SPEECH BY MICHAEL AMAROOK
PRESIDENT OF INUIT TAPIRISAT OF CANADA
TO SOS MEDICARE CONFERENCE
A NATIONAL CONFERENCE
ORGANIZED BY THE CANADIAN LABOUR CONGRESS
NOVEMBER 6, 1979
PEARSON BUILDING
OTTAWA, ONTARIO

Good morning ladies and gentlemen. It is a pleasure to be able to participate in this important conference. I am the president of Inuit Tapirisat of Canada, the national organization representing 22,500 Inuit across Canada.

I am very concerned about the shortcomings of health care in the North. Canadians must learn some of the difficulties northerners are facing today as we come to grips with this serious problem.

As I recently came out of the hospital here in Ottawa, I can personally comment on the great differences between being sick in the south and becoming ill in the area of the North where I come from -- the Keewatin region of Nunavut (Our Land).

Here, there are a number of nearby hospitals, 24-hour emergency service and plenty of doctors. The closest hospital to Baker Lake, my home community, is 400 hundred air miles away in Churchill, Manitoba. Although there is a nursing station, we have no doctor in Baker Lake. Emergency patients must be taken on a two or three hour flight to hospital treatment. There is no other way to travel long distances in the North. The only way people can see a doctor is to travel to Churchill or wait for one to fly to Baker Lake.

The least I can say is I am glad that in this case I was in Ottawa rather than Baker Lake. Here my family was able to visit me in the hospital. It would have been impossible for them to have come with me to Churchill.

In 1955, when I was 14 years old, I had to go to a hospital in Brandon, Manitoba, for treatment of tuberculosis. I did not see my parents again for two years. During that time I had no way to communicate with them back in Baker Lake, and it was impossible for them to visit me because of the expense.

However, the health problems in Nunavut are far more serious than my own case. In fact, a lot of the Inuit health problems stem from the fact that our lifestyle has changed so dramatically during my lifetime. The influx of development from the south brought with it many

diseases which were unknown to my father. It is true that in the old days we did not have access to nurses and doctors. But our lifestyle was a lot more healthy. Everybody lived off the land and ate good country food which is far more nutritious than most of the food we sometimes have to buy in the Hudson's Bay stores.

To understand what is happening to the Inuit, just take a look at the changes in our growing population. Twelve years ago, there were just over 10 thousand Inuit living in the Northwest Territories. In 1977, there were over 15 thousand, a 50 per cent increase. Today, most of our population is very young and the health of our children, particularly those under five years old, is one of the things I want to comment on today.

A study by the Canadian Pediatric Society this year showed that the Inuit baby in the N.W.T. had an average of 14 different diseases in the year compared with only 4 for the non-native population. And that same report said that Inuit babies made the largest number of visits to medical personnel in comparison with other babies.

Something must be wrong.

In the Northwest Territories, there is a higher death rate among Inuit babies than there is for the non-native population.

For example, in 1977, 25 per cent of the deaths among Inuit occurred among children under four years old. For the non-native people, it was only 17.7 per cent. The figures for last year are nearly identical.

The infant mortality rates for Inuit have been dropping since 1970 from a high of over 100 deaths per 1000 population to just under 40. But a disturbing fact is that the non-native rate for 1977 in the NWT was only about 16 per thousand.

Some unsettling events have caused a lot of concern recently in my home community of Baker Lake. I have been receiving reports of insufficient health care and tragic consequences.

First, some facts about health care delivery in Baker Lake. Although Baker Lake is home to nearly 1,000 people, there isn't one doctor. In fact, not one of the seven communities in the Keewatin region has a doctor.

It's astounding because the population of all seven communities is close to 5,000. Doctors do travel from Churchill, but infrequently and rarely with any advance notice. Quite often bad weather prevents doctors from flying in an patients flying out. I heard last week there had been no travel out of Baker Lake for six days because of poor weather conditions.

I have received information of at least three unnececessary deaths in Baker Lake in the last few years. In two cases children with medical problems died while taking physical exercise at school. Their teachers were not told about their problems. This summer, a child under two years old died of meningitis. This death would not likely have occurred if the child had been able to see a doctor.

I will give a painful example from my own experience.

In 1965, I was out hunting for a week. While I was away, my three month old daughter became sick. My wife took her to the nursing station several times but three days later our baby died. We were never told why and we were not able to get her to a doctor.

In the absence of a full time doctor, unfair responsibilities are placed on the nurses at the nursing station. They are often required to make decisions and perform tasks that are carried out by doctors in the South.

The nursing station itself has problems. There are only three nurses in Baker Lake. The regular office hours are 9 a.m. to noon. There are special clinics in the afternoons. There is only one nurse on call after 5 o'clock. Naturally, it is difficult for her to answer all the demands for her services. It is also difficult for the nurse to leave the station to visit anybody as this leaves the station unattended.

Language is also a problem. There are not any Inuit nurses in the N.W.T. Although the Inuit community representatives do their best, they are not a good substitute for profess-ional medical personnel who can speak our language. This is a problem few Canadians have to face. You can imagine the outcry if non-native people living in Baker Lake had to deal with a nurse who only spoke Inuktitut. Yet this is what my people have to face every day with English-speaking nurses.

Here are some of the other general problems about health care which face the Inuit in the Northwest Territories.

- There is a high turnover of medical staff.
- There are numerous clinics and nursing stations but only four major hospitals in the entire N.W.T.
- The regional director for health in the N.W.T. reports to both Ottawa and the N.W.T. Commissioner. Can a servant serve two masters?
- Is it a good idea to try to run a health delivery system from Ottawa or even from Yellow-knife? Isn't the region so large that it would make more sense to bring the administration to the people?

I have a responsibility to speak for Inuit. The government has a responsibility to improve health care delivery in the North. It's time the federal government turned its attention to solutions. I have a number of them which I offer to the government, and share with you today.

1. Decentralize the health care delivery system, bring it closer to the people.
2. Recently Inuit Tapirisat of Canada proposed the creation of a new territory called Nunavut in the Eastern and Central Arctic. Decentralization of the health care delivery system would be very compatible with this idea.
3. We need to have a hospital for the Keewatin region. Churchill is at the southern extre-mity and in fact not even in the Keewatin region. No other region of the Arctic is so hard done by. We need to have our own hospital. Rankin Inlet, for example, would be a very

good location for it.

4. I demand that the federal government undertake an immediate inquiry into the health delivery situation in Baker Lake and other communities in the Keewatin. Unnececessary deaths of children are testimony enough that something is wrong. The government should look into it without delay.
   The terms of the inquiry should be wide enough to investigate complaints in other parts Nunavut.

5. Start a training program for Inuit nurses and paramedics as soon as possible. The long term benefits from this will be immeasurable.
6. More doctors must be made available to the N.W.T., and to Inuit communities in particlar. The government should think of ways in which this goal can be fulfilled.

In order to investigate the problems I have raised and to come up with some solutions, I am asking Health Minister Crombie to call an inquiry into medical services in the Keewatin and other parts of Nunavut. I have received petitions from concerned citizens of the Keewatin supporting this idea.

This conference has given me the opportunity to expose to Canadians the poor quality of health care delivery in Canada's North. By working together we can save medicare and improve health care everywhere and demand that federal, provincial and territorial governmnts take some action.

Michael Amarook
November 6, 1979

Appendix 3

HOUSING AND HEALTH

HOUSING AND HEALTH

It is impossible to separate housing from overall social and economic development. Likewise housing and health are inseparable; indeed the motivation for the original "Eskimo Housing" program of DIAND in the late 1950's coincided with a DIAND report entitled "Eskimo Mortality and Housing".

The early houses of 280 square feet were however so woefully inadequate that little impact was felt in health care. Statistically, still half of Inuit deaths were amongst infants; however the percentage of infants who died before age one dropped from 23% in the 1953-58 period to 11% in 1966. (1)

Although one can detect the correlation between housing and infant mortality, the rate was still far above the Canadian norm.

As housing improved from year to year, so Inuit health statistics improved. They are still much worse than Canadian averages, but the housing is still improving.

Overcrowding

There are still problems with overcrowding. (Inuit average about 7 persons per 3-bedroom house, compared to white residents of Inuit communities who average just over 2 persons per 3-bedroom house.) Most of the old houses are still occupied because house production is slower than family formation. These old houses (85% of the total) have no indoor plumbing (although some surveys have classified the honey bag toilet and a tank with a tap on it as "indoor plumbing"). (In contrast, virtually all government employees of Inuit communities have hot and cold running water.)

This situation is especially bad in Labrador where many Inuit haul their water in buckets from half a mile away. There is no 'honey bag' collection and so 'slop banks' are located throughout the communities. The provincial and federal governments have never been able to agree on the responsibility for providing services to these communities even though the relevant health jurisdictions have pointed out the need.

One community received services following a hepatitis epidemic.

(1) Dept. Nat. Health and Welfare, Reports on Health Conditions in the N.W.T., 1966 and 1978.

Technical Problems

There are technical problems. If a house is drafty, then the air will be extremely dry, compounding respiratory and middle ear problems.

If a house is tight enough to maintain a reasonable level of humidity (looking to the future), then trace compounds in the air can reach dangerous levels (formaldehyde, radon).

Physical vs. Mental Health

Statistics highlight the shift in what can be perceived as the main problem in health and housing.

In 1966 the main causes of deaths among the Inuit population were pneumonia at 26.8%, diseases of infancy at 16.2% and injuries and accidents at 13.8%.

In 1978 the major causes of death were injuries and accidents (deaths by violence) at 34.2%, cardiovascular diseases at 17.7% and diseases of infancy at 10.1%. (1)

In the government's haste to solve the health problems... "The alternative of consulting the natives themselves, shaping social development in accordance with their wishes, and involving them directly in the provision as well as the receipt of welfare, was suggested but never seriously considered". (2)

Much lip service is paid to involving Northerners in decisions which affect their lives, but very little is actually done. The reason is simple. A government department has been charged with a specific responsibility. If they should turn that responsibility over to the people, and the people falter or proceed in a direction not to the liking of senior government, then the department in charge and the government in general are going to have to spend a great deal of time and effort defending their decisions.

In <u>The People's Land</u>, Hugh Brody documents the colonial attitude of Whites in the Eastern Arctic. He quotes Octavio Mannoni on this:

> "...A colonial situation is created...the very instant a white man...appears in the midst of a tribe...so long as he is thought to be rich and powerful and has in his most secret self a feeling of his own superiority."

(2) The Circumpolar North. London: Methuen and Co. Ltd., 1978.

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Compared to the Inuit, the Whites who went to the North were indeed rich, and the government which they represented was very powerful. There is little doubt that the North was ruled as a colony, that interest in the North was focused on its mineral and fossil fuel resources, and that the Native people had virtually no voice in the direction, method and implementation of the policies which governed them.

The massive government dominance of the lives of Northerners has resulted in a reciprocal dependency of the Native peoples which contradicts many social laws. John Turner's first law of housing:

> "When dwellers control the major decisions and are free to make their own contribution to the design, construction or management of their housing, both the process and the environment produced stimulate individual and social well being. When people have no control over, nor responsibility for key decisions in the housing process, on the other hand, dwelling environments may instead become a barrier to personal fulfillment and a burden on the economy." (3)

> "Even if it were possible for a centralized decision and control system to supply the great majority of households with well-matched housing services, their tolerance would shrink (thanks to the gift horse syndrome) generating even more exacting demands while failing to provide that satisfaction which one gets from having made a decision or having done something for oneself, however imperfect it may be." (4)

It has been proven again and again in social studies that "The denial of user participation because of its cost in extra time and variety of house models is to deny people

(3) John F. C. Turner and Robert Fichter. Freedom to Build, Collier MacMillan, New York, 1972.

(4) John F. C. Turner, Housing by People. Towards Autonomy in Building Environments, Marion Boyars, London, 1976, p. 100.

dignity and self respect which arises only out of people who play an active role in solving their own problems and who are not passive recipients of public services." (5) It has also been pointed out several times that while people will tolerate deficiencies in services which they provide for themselves, they will make an effort to find deficiencies in services which are provided for them. Homeowners will often put up with conditions which would have tenants screaming for their landlords.

A corollary of this is that government will never be able to satisfy the perceived need. It can only be satisfied by the people themselves.

It is a psychological truth that user dissatisfaction will be perpetuated as long as Arctic housing is perceived as belonging to a distant government. This viewpoint is expressed in another Turner axiom, "that deficiencies and imperfections in your housing are infinitely more tolerable if they are your responsibility than if they are someone else's". (3)

The feelings of frustration and impotence amongst the Inuit as they try to climb out from under the burden of colonial public services is probably the major health problem for the 1980's.

> "There are two kinds of death. One is a mental one and one is a physical one. Our people are dying mentally because there is no equality."
>
> -Nellie Cournoyer
> MLA Western Arctic
> in Native Women Speak Out

And yet this has presented a dilemma for government; whether to increase housing production and health services to solve the physical problems or to direct the resources to enable Inuit to take real control of their lives. It must not be forgotten that the answer is a combination of objectives.

(5) H. Sanoff, H. Weber, S. Honn, R. Wells, A. Andderson, Participatory Design, Priorities for Environmental Design Research, EDRA, p.473, Washington, D.C., EDRA (1978), as quoted in Leo R. Zrudlo's paper to the Conference on Housing Problems in Developing Countries in Saudi Arabia (December 1978) -'Participatory Design in Housing.'

MICHAEL AMAROOK

THE NEW PRESIDENT OF INUIT TAPIRISAT OF CANADA DESCRIBES HIMSELF AS "INUMMARIT". IN ENGLISH, IT MEANS A "REAL ESKIMO". MICHAEL AMAROOK EXPLAINS THAT WHEN HE USES THE EXPRESSION, HE IS SAYING HE HAS LIVED THE INUIT WAY OF LIFE AND UNDERSTANDS WHAT IT IS TO BE AN INUK.

MR. AMAROOK, 38, WAS ELECTED PRESIDENT OF INUIT TAPIRISAT AT THE NATIONAL ORGANIZATION'S ANNUAL MEETING IN SEPTEMBER THIS YEAR, SUCCEEDING ERIC TAGOONA.

HE WAS BORN MARCH 26, 1941 IN BAKER LAKE IN THE KEEWATIN DISTRICT OF THE NORTHWEST TERRITORIES. HE GREW UP IN THE TRADITIONAL INUIT WAY LIVING OFF THE LAND AS A HUNTER, FISHERMAN AND TRAPPER.

HE WAS MARRIED IN 1959, AND THE SAME YEAR MOVED TO BAKER LAKE BUT HE DID NOT ABANDON THE INUIT WAY OF LIFE. HE LIVED AS A HUNTER FROM 1964 TO 1969, AND AGAIN FROM 1971 TO 1974. IN BETWEEN, HE WORKED AT VARIOUS JOBS, AS AN INTERPRETER AND TRANSLATOR WITH THE DEPARTMENT OF INDIAN AND NORTHERN AFFAIRS, IN THE BAKER LAKE CRAFTS SHOP AS DIRECTOR OF PRINTMAKING, AND IN 1971 AND 1972 AS MANAGER OF THE LOCAL CO-OP.

HE JOINED THE INUIT TAPIRISAT LAND CLAIMS PROJECT AS FIELD WORKER FOR THE KEEWATIN REGION IN 1974, AND LATER BECAME REGIONAL LAND CLAIMS OFFICER. IN 1975, HE HELPED TO ORGANIZE THE KEEWATIN INUIT ASSOCIATION, A REGIONAL AFFILIATE OF INUIT TAPIRISAT. HE WAS ALSO ACTIVE IN CHURCH WORK IN BAKER LAKE.

FROM FEBRUARY 1977 TO FEBRUARY 1978 HE WORKED AS ITC PRESIDENT.

ONE OF MR. AMAROOK'S MAIN CONCERNS IS THE GRADUAL EROSION OF THE TRADITIONAL INUIT WAY OF LIFE. "I KNOW THAT BEING AN INUK WHEN YOU'RE LIVING ON THE HUNTING, WHEN THE ANIMALS ARE DISTURBED, YOUR LIFE IS REALLY AFFECTED BY

DEVELOPMENT." HE RECOGNIZES, HOWEVER, THAT CHANGE IS INEVITABLE AND THAT INUIT WILL HAVE TO GET INVOLVED IN DEVELOPMENT AND WAGE-EARNING. A TOTAL RETURN TO THE OLD WAY OF LIFE MAY BE IMPOSSIBLE, BUT INUIT TAPIRISAT IS PLEDGED TO PRESERVE THOSE PARTS OF THE INUIT CULTURE, IDENTITY AND LIFESTYLE THAT CAN BE SAVED.