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***Northern Oil And Gas Action Program  
(nogap) - Health Project Report  
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NORTHERN OIL AND GAS ACTION PROGRAM  
(NOGAP) - HEALTH PROJECT REPORT

Sector: Mining/Oil/Energy

6-1-82

Analysis/Review

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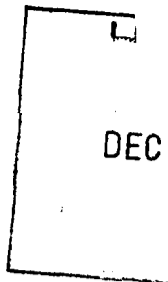
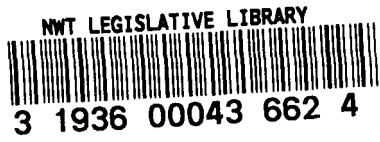
NORTHERN OIL AND GAS ACTION PROGRAM  
(N O G A P)

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Northern Oil and Gas Action Program (NOGAP)  
Health Project Report

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Northwest Territories

June 1988



Holman Elder

This report is dedicated to the people in the NOGAP communities who have witnessed and lived the exploration of Oil and Gas, enjoyed its benefits and suffered its after-effects.



"Health is a fundamental resource for coping or changing one's environment. Public Policy is a means to create environments for health and to enact change that will enable people to improve their health. Science is the leader and servant of change - a means to identify the needs, the questions and the solutions in our pursuit of an improved quality of life for all our people."

Honorable Jake Epp

Minister of Health & Welfare

Lecture - Montreal Neurological

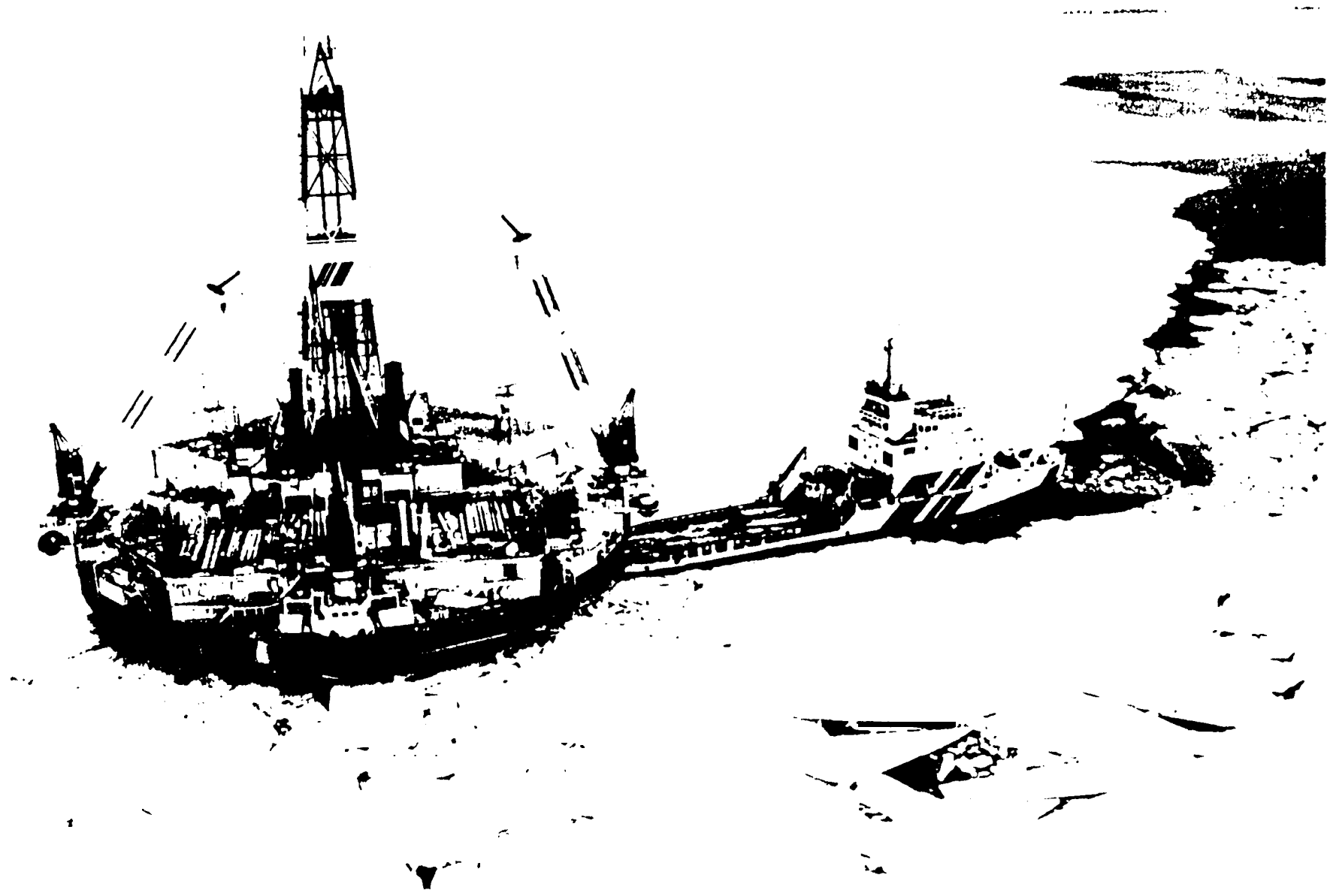
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Sept. 18, 1987

## ABBREVIATIONS

- BEARP - Beaufort Environmental Review Panel
- CHRS - Community Health Representatives
- COPE - Committee of Original People's Entitlement
- CPA - Canadian Petroleum Association
- CPC - Concerned Peoples' **Committee**
- CRCS - Community Residential Centres
- DIZ - Development Impact Zone
- EA - Exploration Agreement
- FEARO - Federal Environmental and Review Office
- GNWT - Government of the Northwest Territories
- IDC - **Inuit** Development Corporation
- NADCC - **N.W.T.** Alcohol and Drug Coordinating Committee  
(Now called Board of Management for **Alcohol** and Drug Services)
- NIB - National Indian Brotherhood
- NNAAP - National Native Alcohol Abuse Program
- NNADAP - National Native Alcohol and Drug Abuse Program
- NOGAP - Northern Oil and Gas Action Program
- N.S.** - Nursing Station
- N.W. T.** - Northwest Territories
- O&G - Oil and Gas
- OPEC - Organization of Petroleum Exporting Countries
- PRAS - Peel River Alcohol Society
- PAR - Participatory Action Program
- SPSS - Statistical Package for Social Sciences
- SS - Social Services
- STDS - Sexually Transmitted Diseases





C O N T E N T S

VOLUME I

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VOLUME II



Inuvik Elders

## Foreword

The following individual community reports were developed focussing the health needs of the people of the NOGAP communities. These profiles are based on the field survey that was administered by the Department of Health, GNWT in 1987 and the research done in an attempt to put together important characteristics of the community that would serve as ready reference material for the people in the **communities** and future researchers. It provides an opportunity to look at the NOGAP communities individually. They also highlight the views of the respondents during the interviews about the impacts of the Hydrocarbon Development in the North.

It is very interesting to know from these reports that most people are willing to get **re-involved** with oil and gas, although their views about this issue vary.

Today the native people of these communities are standing at the threshold of the possible new beginnings with oil and gas, and in the midst of making important decisions about their health and **social** needs and **also** decisions about what to keep from their rich traditional culture and what to adopt from the southern values. It is their choice now as 'they' have lived the after effects of the industrial development, and while the health **caregivers** are making policy changes and decisions about their lives, it is only fair to listen to the native views about these traumatic impacts that left such deep scars on their lives.

**People** in the communities are still in transition, and the caregivers and policy makers should be sensitive to this fact. These impacts can clearly be observed in the morbidity trends related to massive depression, poor mental health, alcohol and drug abuse, sexually transmitted diseases and other health and social problems arising from them.

Since our goal is to have better health care and **community** development, the search for resources which can promote and sustain that development should be primary.



Fronth el i feonth el and . . . . .

Health caregivers should also have a better understanding of the cultural values of the native people and must try to develop a better awareness about the existing health and social problems if there is to be a better health care delivery system in the Canadian North. If the policy makers understand the cultural aspect of the native lives, there is certainly going to be greater co-operation between the two.

Mental health, sexually transmitted diseases, alcohol and drug awareness, and maternal infant care should be on the priority agenda. Mental health should be regarded in a broad sense as it touches every aspect of their lives.

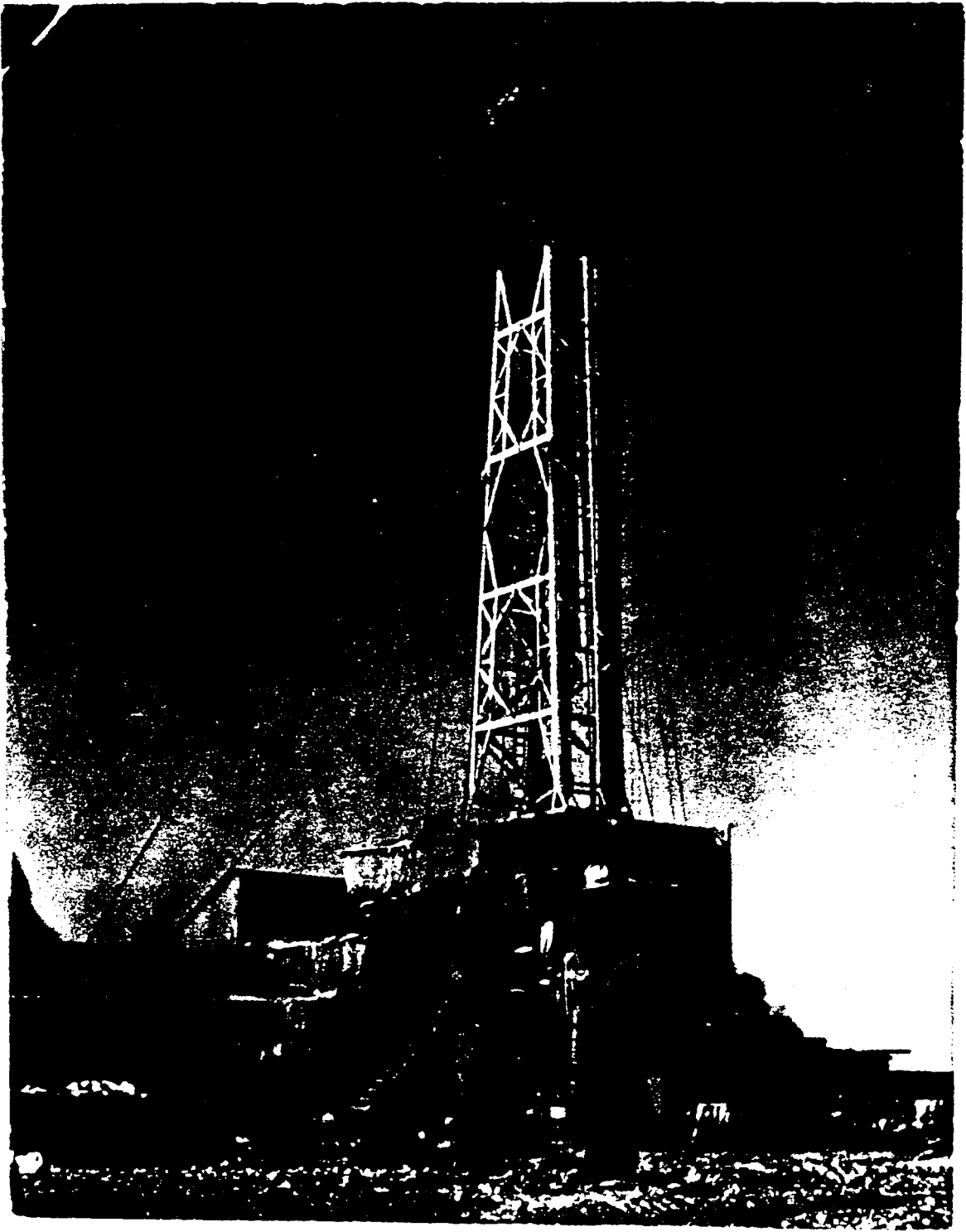
Native traditional medicine should be looked at 'to see where it might fit in'.

These community profiles give us the native perspective of the delivery of health and mental health care services.

The N.W.T. Medical Health Association and the N.W.T. Registered Nurses Association organized a conference entitled "Cross Cultural Perspectives of Health and Mental Health" in Yellowknife on May 4 to 6, 1988. During this conference the N.W.T. Health and Mental Health professionals listened to the native people from across the N.W.T. about their perspective on health care delivery. This was just a starting point, but there is a need for more cross-cultural workshops like this in the North and keep the communication going between the communities and caregivers.

The language barriers have to be broken as care is given through interpreters in many cases. The Department of Health has already taken a step towards this. A 'Handbook for Interpreters in Health' has been published with all the aboriginal interpretations of the human anatomy, to make the task easier for nurses and interpreters.





Self-esteem programs are showing better attendance. The native young are having a tough time growing due to utter confusion and stress. Programs like Al Teen, Drop-in Centres, Crisis **Centres** and Alcohol/Drug Abuse Programs should be supported and continued. People also want to see more traditional youth centres in their communities.

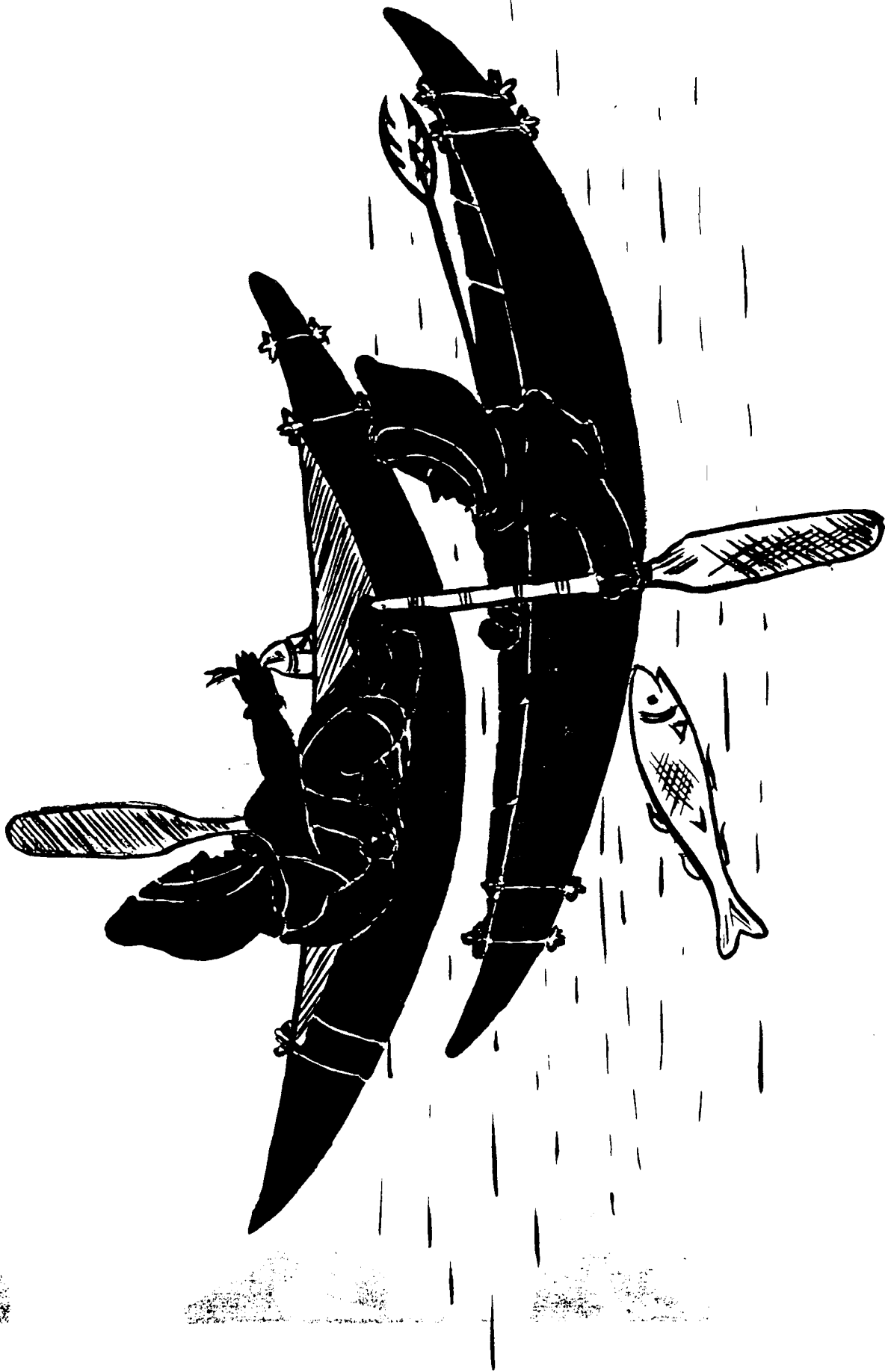
The task is huge and the path is rough, and people are weary of researchers, but with proper planning and commitment to delivering comprehensive health care services, the destination would not be too far. The timing is very opportune as the services are now being transferred and the Boards of Health can take on some very interesting challenges.



SERVICES FOR NATIVE ELDERERS

INDIVIDUAL COWUNITY REPORTS

1. Aklavik
2. Arctic Red River
3. Coppermine
4. Fort McPherson
5. Holman Island
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AKLAVIK

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DR. OTTO SCHAEFER HEALTH  
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Aklavik An Aerial View

Nutrition Workshops



## AKLAVIK

### Introduction

This profile discusses the main health indicators within the community, arising from the impacts of the oil and gas activity and their views about further developments, if any, in the forthcoming **years**. The idea of the health survey, done in 1986, was to identify the problem areas in the community. The survey results clearly showed some major health issues that need immediate attention.

### Brief History

Aklavik is a small community of about 758 population (1985 June, census Canada). Traditionally, it was a meeting point of the Loucheux Dene and the **Inuvialuit** in their search for furs and food. Aklavik means "**the** place of the barren land grizzly bear" in **Inuvialuit**. Between 1910 and 1912, the Hudson Bay Company established its first trading post at Pokiak, just across the river Mackenzie from the present site of Aklavik settlement. The growth of fur trade rapidly made **Aklavik** in the main trapping, trading and transportation centre of muskrat rich Mackenzie Delta. 25

There was a steady growth in population with the expansion of mission hospital and the school. The government also opened its regional administrative offices and with the result the population exceeded 1,500 in **Aklavik** and the surrounding areas.

Geographically, Aklavik was known for flooding and erosion problems and it had very limited potential for community expansion, and hence the federal government moved its regional forces to the community of **Inuvik**, which was completed in 1961, but many people remained in **Aklavik**. The people of Aklavik still call it "the town that would not die" with great pride. 25

### Human Resources

The population has been slow over the past two and a half decades, averaging about 2% per year. This is mainly because a lot of youngsters leave the community for a temporary period of time, in search of employment. It is a very young community (60% of the population was under the age of 24, and



only 4% population was over 65 years old (based on 1981 census). It has been projected that the population of Aklavik will remain relatively youthful until year 2000. 24

### Ethnic Distribution

Dene - 27%, Inuit - 52%, Metis - 12%, Other - 9%.

A major proportion of the youth population under the age of 25 does not even enter the labour force, as there are limited opportunities for expansion in the existing economy. There seems to be a serious unemployment problem among the young population of Aklavik, and unless some measures are taken by the government to improve the economy, Aklavik may lose a lot of its youth to other communities.

The 1984 labour force survey of GNWT's Bureau of Statistics indicates that the unemployment rate was 41%. Most people were employed by the service sector in the unskilled or semi-skilled jobs.

### Economic Status

The economy of Aklavik can be divided into three groups, public, private and renewable resources. The public sector consists of Territorial, Federal and Municipal governments. This sector includes jobs with Hamlet administration, nursing station, Dene Band, RCMP, school and various Territorial departments. According to the data available, the public sector is a major contributor to the cash economy of Aklavik. The private sectors covers mainly the local privately owned businesses, large out-of-town industries for example oil and gas, tourism and native crafts, etc. The renewable resources are mainly from the sale of fish, meat, furs and some country foods.

With the advent of oil and gas exploration, the economy has evolved from subsistence hunting, fishing, trapping and gathering economy to a blend wage/subsistence economy. A few businesses are still involved with the oil and gas industry. A small but dynamic element in the business community was

involved in working for oil and gas industry such as construction, trucking, oil spill containment and cleanup services (mostly unskilled labour).

A major source of income since 1970 has been oil and gas industry, namely Esso, Gulf and Dome. The data shows that the employment did increase steadily to this industry with a total of 56 people working in the industry in 1985, earning in excess of \$1 million.

The cost of living food prices in 1985 were 47% higher than in Yellowknife. According to the food price survey of GNWT, Bureau of Statistics.

### Schools

Aklavik has a long history of education and many people seem to teach their children the high values of education. Attendance by students averages over 80%. For high school education, students go to Inuvik and it seems there is a high dropout rate of students from grades 9 to 12. Adult education area shows great promise and could provide much needed training, especially since it is expected that oil and gas activities will re-occur and may be the main source of income for the people of Aklavik.

### Renewable Resources

Aklavik is very rich in wild life and country food seems to be the staple food for the residents.

Traditionally, Aklavik is a fur bearer producing region and was drawing a large income by its fur trades until 1977, but after that fur production dropped considerably, which was also due to the lobbying of anti-fur harvest groups.

### Impacts of Oil and Gas Development

Aklavik is one of the most affected communities by the effects of hydrocarbon development in the Beaufort Delta. There were lots of people involved in the oil companies during the development, approximately half the population of Aklavik. These people have really lived through the industry's boom and bust period. They worked on rotation employment when the boom was on. It turned out to be two weeks of work and two weeks of

drinking so they drank all their earnings away and they had nothing to show as their income. Now people find themselves in a state of confusion as they do not have either enough equipment to go back to the bush, nor the skills.

### **Survey Results and Community Opinions**

**Alcohol seems to be a major problem in Aklavik.** Almost everybody drinks from ages 14 years and over. They drink out of boredom, they drink to take their frustrations out, they drink because they are afraid of opening up when sober. **There is also a lot of bootlegging in Aklavik.**

The older generation seems to have handled the money it earned, during the boom period, more wisely. They bought houses and equipment, etc. while others just drank it all. The young kids, at times, would stay home because their parents are drunk and they have to look after their siblings. They get bored, and never have enough food or clothing, and worst of all, they end up with low self-esteem.

With some new teen programs going on in the **community**, the youth have started to take interest in some recreational activities. Some of them are drinking only on weekends, but it varies with their economic and financial status.

According to the quantitative results of the survey, (Volume I), **100%** of the people surveyed said alcohol is a big problem in Aklavik, causing massive depression, poor mental health. During the field survey, 22 out of 28 people interviewed said suicides are high in this town. Bootlegging, tobacco and drugs are quite widely spread. Substance use is present in small degrees.

There is a lot of teenage pregnancies, but only very few **people are** aware of sexually transmitted diseases. More than two-thirds of the people surveyed said they did not even know if STDS were posing a problem. **50%** of the people surveyed admitted that drinking in pregnancy is a popular thing.

Lots of family breakups have been known to have taken place, but some people blame the government for some of these problems and not the impacts of oil and gas activity.

Some people think that the oil and gas gave them a good income. They could pay off all their bills and still had a lot of money left to travel, and to buy equipment. After the oil companies closed down there was nothing to do. There was abundance of high income during the construction period, but lack of knowledge of financial management. Rotation employment created a lot of family crisis. It was specially hard on the women who were left behind to deal with the kids and day to day problems.

In spite of the existing socioeconomic problems, the residents of Aklavik believe that "it is better to see the development than seeing people on welfare".

98% of the residents interviewed want **re-involvement** with the oil companies in future, on the condition that the southerners could somehow be controlled for bringing in more drugs and substance into the community.

## Recommendations

1. People of Aklavik want employment with the oil companies. They believe it may be able to control the crime rate, violence, drinking problems and drug abuse. Since there are not enough government jobs available for them, employment with the oil companies would be good for the **community**.
2. They want support services from their employers, such as budget management and some other programs that could prepare them for another possible boom period.
3. More CHRS and health care workers are needed, (**Dene** and one **Inuvialuit**).
4. They want more home visits to the elders by the health care workers, also escorts and interpreters for the people when they are sent to Edmonton, and more transportation facilities for patients, nurses, specially in emergency cases.
5. They want alcohol workers for young kids and more awareness about drugs.
6. Also, more social programs that could help the younger generation blend in with the older one so they could learn more things from them and keep their tradition and culture **alive**.
7. They want more information about FAS, and more health workers 'to educate the youngsters about FAS and STDS and specially obesity'. These workers should visit the camps too as a lot of people who live there, tend to be very shy about their very personal problems and they need checkup now and then.
8. The community residents also expressed their desire to have **more** workshops on nutrition and fitness for mothers-to-be, and for elders.
9. In cases of **spousal** assault, sometimes, nurses need extra professions' help. The nursing station is not big enough to handle so many problems. Also there is a need for more frequent visits from the doctor to the nursing station.

AGE AND SEX FOR CENSUS YEARS  
AND PROJECTIONS  
COMMUNITY: AKLAVIK

Year	Ethnicity	Sex	All Ages	%	0-4	5-14	15-24	25-34	35-54	55-64	65+
1976 **	ALL GROUPS	H	390	49.0	40	110	90	55	55	5	15
		F	400	51.0	50	125	55	55	55	20	30
		T	790	100.0	90	235	155	110	120	25	45
1981 .*	ALL GROUPS	H	345	49.0	40	90	85	50	60	15	10
		F	360	51.0	35	100	90	60	55	15	20
		T	705	100.0	75	190	175	105	120	30	30
	DENE/ METIS	M	110	--	10	25	30	15	10	--	5
		F	85	--	10	20	35	--	10	5	10
		T	190	27.0	20	55	50	20	15	5	15
	INUIT	M	185	--	30	40	50	25	30	10	5
		F	190	--	15	40	50	20	35	10	5
		T	370	52.0	45	85	100	50	60	20	15
	NON NATIVE	M	40	--	5	10	5	10	15	--	5
		F	40	--	5	5	5	15	5	--	--
		T	75	21.0	10	15	15	25	15	--	--
1995"	ALL GROUPS "	M	389	51.0				60	59	18	14
		F	369	49.0				10	66	22	16
		T	758	100.0				70	125	40	30
	DENE/ METIS	M	146	--	23	33	37	21	23	5	4
		F	147	--	18	28	43	13	24	12	9
		T	293	38.0	45	61	80	35	47	17	13
	INUIT	M	203	--	28	49	47	31	28	13	7
		F	190	--	30	37	46	22	38	10	7
		T	393	52.0	58	86	93	53	66	23	14
	NON NATIVE	M	40	--	7	7	7	8	8	--	3
		F	32	--	4	7	7	10	4	--	--
		T	72	10.0	11	14	14	18	12	--	3
1990 .	ALL GROUPS	M	451	52.0	72	101	88	83	68	21	18
		F	421	49.0	59	89	83	80	62	27	21
		T	872	100.0	131	190	171	163	130	48	39
	DENE/ METIS	M	170	--	25	38	37	31	29	4	6
		F	166	--	22	31	37	30	19	15	12
		T	336	38.0	47	69	74	61	48	19	18
	INUIT	M	241	--	40	56	44	44	31	17	9
		F	223	--	36	48	43	39	39	12	9
		T	464	53.0	76	104	84	83	70	29	18
	NON NATIVE	M	40	--	7	7	7	8	8	--	3
		F	32	--	1	10	6	11	4	--	--
		T	72	9.0	8	17	13	19	12	--	3

• Estimated and projected based on zero growth due migration.  
• \* Based on Statistics Canada Census.

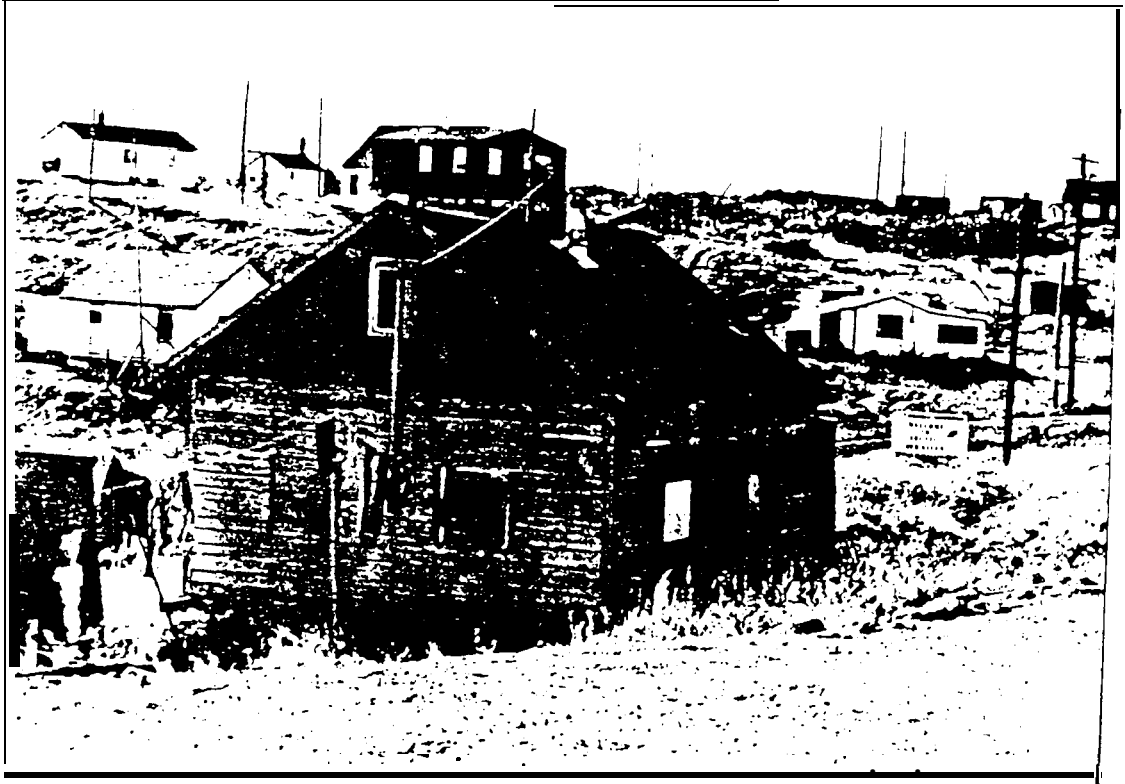
Source: Statistics Canada and Bureau of Statistics, G.H.T.



Arctic Red River

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3. Home Brew
4. Bootlegging
5. Drugs
6. Substances
7. Tobacco
8. Mental Health
9. Sexually Transmitted Diseases (STD's)
10. Teenage Pregnancies
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Arctic Red River



Women working at seal - skin

NOGAP HEALTH SURVEY  
FINAL REPORT FOR  
ARCTIC RED RIVER

Introduction

Arctic Red River (ARR) is a Loucheaux community of approximately 126 people at the nexus of the McKenzie and Red River. Some people gain their livelihood from the land and others are employed in the wage labour economy.

The health survey was conducted by a teenage girl from the community. Some people felt uncomfortable with the idea of a survey. They aren't accustomed to discussing personal matters. One resident answered "I'm healthy. I don't need to fill in a health survey". Nevertheless, 18 people agreed to fill in the survey; most answered it themselves and a few opted for the interview format.

Health Problems

Most of the health problems in the community are linked to each other. Alcohol was cited by the majority of respondents as the greatest health problem. Before Inuvik was built in the late 1950's, people from ARR went to the liquor store in Aklavik. Chartering a plane cost \$60 in those days. Two RCMP lived in ARR since the famous 40 day expedition. They helped to control any problems that existed then, but alcohol abuse really wasn't a major problem anyway. The RCMP left in about 1967 because they never made any arrests or had anything to do.

The highway was built in 1975. Since then, access to Inuvik, Fort McPherson, Dawson City, Eagle Plains, & Whitehorse has enabled people from Arctic Red River (ARR) to obtain alcohol more easily. There are no restrictions to the sale or access of alcohol. In the mid 1980's, the Band Council attempted to make the community dry, but most people didn't agree with the idea. Some people felt that by restricting alcohol, people would just sneak it.

A town meeting was held in January, 1984 and about five adults and ten children attended. People discussed the effects of alcohol on the families and decided to organize a parent and child evening where families would spend time together. The first evening, about 15 children and three to four adults came. Attendance diminished at subsequent evenings and soon the parent child evenings were cancelled.

Most people drink on the weekends, after payday on biweekly Fridays. Some people receive cheques on Wednesdays, when the mail comes in. There's a taxi in ARR and there are a few from McPherson, so people can take a taxi to Inuvik to buy alcohol there. The majority of people are not social drinkers. They drink until the alcohol is gone - binge drinking.

Young and old alike drink. Hard liquor, such as whiskey, seems to be most popular. The effects of alcohol abuse include the following: wife battering; fights; shootings; child neglect; so that the kids don't eat well and sometimes don't have a place to sleep; people don't pay bills; breaking the law and stealing or breaking into homes.

There is no RCMP in ARR anymore. When help is needed, the RCMP in Fort McPherson are called. Very often this service is inadequate as the RCMP usually arrive one hour after called. The drive from ARR can take half an hour, so it appears as if ARR is not a priority for law enforcement officers in Fort McPherson.

In about 1976, a 10:00 p.m. curfew for kids under 18 years of age was enforced by the Bay manager. He sounded the siren, then walked about to make sure that kids were at home. When the Bay manager decided to leave because he wasn't making enough profit, nobody took his place to enforce the curfew.

#### Home Brew

Before the highway was constructed and before social assistance cheques were available, lots of people made home brew. They made it from yeast, sugar, fruits, malt. Now, in order to make brew legally, people have to obtain a license from the RCMP in Fort McPherson. Only two or three people make brew these days. Commercial alcohol is readily available so they don't need to make brew.

#### Bootlegging

Bootlegging is a big problem in ARR. Bottles of 26 oz cost \$50. Most people drink with other people. When a group of people is drinking and they run out of alcohol, they go to a bootlegger. There are about three bootleggers.

Non-drinkers and young children whose parents buy from the bootleggers dislike the bootleggers. Other than these people, most people accept the bootleggers as part of the community, but tend to blame the bootleggers for their problems. After all, bootleggers become wealthy because of other peoples' addiction and unhappiness.

### Drugs

Drugs aren't a big problem now. However in about 1984, one family came into ARR with marijuana and hashish and introduced these to some children in the community. The parents of the family started to sell "joints" at \$10 each to several kids in the community. "Toking up" became a weekend habit.

In about 1986, teachers started talking to students during school hours about the ill effects of drug abuse. These attempts were successful at cutting down the amount of drug abuse. The family who was selling the dope also moved away after a few months. Now teens and young adults get "grass" from Inuvik or Fort McPherson. Very little abuse of harder drugs or prescription drugs exists.

Some parents are concerned about the addictive effects of drugs on their children.

### Substances

In about 1982, substance abuse was quite prevalent. Kids used to steal gas, put it into a plastic bag and sniff it, or they would go out on a skidoo and stop somewhere to sniff the gas. They also used to sniff lighter fluid and took a lighter to bed at night. Liquid paper and glue sniffing were also prevalent. There was one family whose parents drank and the kids used substances.

A woman in town became concerned and started talking to kids about substance abuse. Now most kids don't abuse substances.

Adults, however, drink lysol and aftershave. Only a few of them do this.

### Tobacco

Most people smoke, starting at about ten years of age. Kids between nine and 19 years of age chew snuff, which is available at the store run by the band. A few older folks chew snuff too.

The young people usually smoke Players Light and the older folks smoke du Maurier.

## Mental Health

People feel that depression is quite a big problem here. In a very short period of time, there has been a great deal of change in the way of life. **People** have a hard time coping with all these changes, and get depressed when they think of the "good old days". For example, in the old days, everyone in the community would go sliding down the big hill; there was a lot of energy and spirit. There are very few jobs in town and not much for people to do. Many people are bored and watch lots of TV, play bingo or play poker.

Poor communication between parents and children causes difficulties. Children need someone to believe them and to understand them. parents feel that the kids aren't listening when they talk to them. This is typical of families all over the world, but one factor which is probably different up here is that alcohol is almost always involved in family problems. Children feel unwanted and confused when parents drink, and parents feel as if they've failed when their children drink.

Lack of self-esteem was noted as the basis for the social problems. When someone doesn't like him/herself, it doesn't matter if s/he abuses alcohol or other people.

Depression doesn't seem to lead to suicide. **Only** one teenager was mentioned as having attempted suicide. Of course, one person is enough to constitute a problem.

People felt that other mental health problems were **spousal** assault, violence, apathy and feelings of worthlessness.

## Sexually Transmitted Diseases

It seems as if sexually transmitted diseases (STD) are not a problem here. Most people said that they weren't a problem but they weren't sure. people felt comfortable discussing the topic. In a small town, most people would probably find out about this.

## Teenage Pregnancies

The Roman Catholic church has quite a **strong** influence in ARR, so birth control doesn't appear to be used. There has been a rumor of one abortion of a young **girl** a few years ago having an abortion, but townfolk are not aware of more cases.

When teenagers get pregnant, they're almost always under the influence of alcohol. Sometimes the mother keeps the baby, but usually **doesn't** have the financial means to support a family. Quite often the grandparents take the baby, or someone else wants one. Finding someone to adopt a baby usually isn't difficult.

Most people don't like the idea of a young girl becoming pregnant and prefer her to be married. There are a few single mothers though.

#### FAS

People are becoming aware of FAS but some women continue to drink to excess while pregnant. One baby was born with 1/2 an arm after the mother drank heavily **during** her **pregnancy**, so people know that drinking is **dangerous** for pregnant women. They may not know the term FAS though.

Peer pressure and a fear of not being accepted adds to this problem.

#### Health Services

The overall rating for the health care services in general was "**poor**", on a scale of very good, good, satisfactory, poor and very poor. All the services come from outside the community.

Some people (about seven) have gone to Delta House in Inuvik or to Northern Addiction Services in **Yellowknife** for treatment. **There's** no follow-up in the community for these services.

Counselors from the Peel River Alcohol Society in Fort McPherson come once or twice a month. They go to the school or put on workshops. They come with the social workers. Home visits **don't** appear to be the priority.

There have been a couple of workshops put on by Delta House in the past few months.

People would like to have an alcohol field worker here and were glad to know that someone was going to be hired. Someone who recently returned from treatment was interested in starting an AA group.

### Mental Health Service

There is no professional or regular mental health service. Social workers from McPherson don't address these problems, probably because they have an overload of other duties. The Mental Health team in Inuvik has sent someone once, but this hasn't been sufficient.

People usually go to their friends, family or to the chief, when they feel unhappy. Although these people can help, some respondents thought it was important to have an unbiased and well trained counselor from outside the community.

This person wouldn't know all the gossip and would be *new*. People may feel more comfortable discussing very personal matters with this type of person.

### STD & Maternal Health Services

A nursing station (NS) was built here two years ago and is fully equipped.

Small sleeping quarters are part of the NS. The first and only lay dispenser to date found that the sleeping quarters were too small and slept in another house in town.

She left last year and nobody replaced her, so the NS is empty. The nurse from Fort McPherson comes every month or so\* Sometimes she's accompanied with a doctor and the CHR from McPherson. The service they provide while *they're* here is considered good by most people, but isn't frequent enough. Sometimes they only stay a few hours and some people complained about this.

Sometimes people have to go to Inuvik for emergencies. Transportation costs have been a problem in the past, as Medical Services and the patients *don't* agree who should foot the bill for some cases. One incident was noted in which the patient chartered a taxi to Inuvik and *wasn't* re-imbursed for the cost.

### Causes of Health Problems

Many different causes were discussed, and are the following. People have nothing to do. They're bored. There are very few jobs. People *feel* frustrated about their finances. Most people do not graduate from secondary school so their choices in the wage *labour* force are extremely limited. Even if they do graduate from grade 12, the level of education provided isn't equivalent to that in other parts of the NWT *or* the country, so graduates usually have to upgrade in order to enter fields of higher education. Living on the land isn't appealing to most people, at least not year round. It's also very hard work to make a living from hunting or trapping.

Most young people aren't very keen to live in the old ways and most don't speak Loucheaux. They see one way of life on the television set and another way of life that their elders lived. It's not possible to live the life of the TV and it's not desirable to live the way of life of the elders. Young people are thus caught in a sort of cultural transition zone.

Many have no goals or direction in life. They feel like there's nobody to talk to and they don't feel confident about their own abilities.

Often people turn to alcohol, which makes their problem worse.

Lack of communication in the family also adds to the problems. Men and women who live together often don't speak to each other a lot. The role of men and women is changing and this adds to the confusion which many people feel.

### Oil and Gas Industry

The oil and gas industry's activities had a small impact on health issues in ARR. Only about seven people worked for the oil companies at the Tuk base. None of them worked for a long time.

The only problem mentioned was that some of the workers stopped in Inuvik before coming home and spent lots of money on alcohol. They brought alcohol into the community and before they left most of the money and alcohol was gone.

Most people think that the oil companies are good employers for the people here, as the education (on the scale of the dominant culture) is quite low. The oil companies offer **labour** jobs which pay well. One problem with this employment is that it's short term.

### Solutions

Every respondent wanted more health care services. They want a permanent nurse in the community, whether part-time or full-time. Presently, there's no primary care in the community. The Chief calls the NS in Fort McPherson when **there's** a problem. The chief has the key to the Health Station in ARR and gets medication from it according to the nurse's instructions. There is a qualified **nurse's** aid in the community who has been interviewed by Medical Services to take the position of lay dispenser. Awaiting the medical examination of this candidate, this position is yet to be filled.



AGE AND SEX FOR CENSUS YEARS

AND PROJECTIONS

COMMUNITY : ARCTIC RED RIVER

Year	Ethnicity	Sex	All Ages	%	0-4	5-14	15-24	25-34	35-54	55-64	65+	1
1976**	ALL GROUPS	M	70	58.0	5	20	5	5	20	5	5	
		F	50	42.0	5	15	5	5	10	5	5	
		T	120	100.0	10	35	10	10	30	10	10	
1981**	ALL GROUPS	M	65	54.0	--	15	10	--	25	--	5	5
		F	55	46.0	10	20	10	5	10	5	10	5
		T	120	100.0	10	35	20	10	35	10	15	10
	DENE/METIS	M	60	--	5	--	--	--	15	5	5	5
		F	50	--	5	--	5	--	10	--	5	5
		T	105	87.0	15	5	10	--	25	5	10	10
	INUIT	M	--	--	--	--	5	--	--	--	--	--
		F	5	--	--	--	--	--	5	--	--	--
		T	5	-7.0	--	--	10	--	5	--	--	--
	NON NATIVE	M	--	--	--	--	--	--	--	--	--	--
		F	5	--	--	--	--	--	--	--	--	--
		T	5	6.0	--	--	--	5	--	--	--	--
1985*	ALL GROUPS	M	67	54.0	4	10	15	6	15	10	7	
		F	56	46.0	5	6	16	10	12	--	7	
		T	123	100.0	9	16	31	16	27	10	14	
	DENE/METIS	M	60	--	2	10	12	4	15	10	7	
		F	52	--	5	6	15	8	11	--	7	
		T	112	91.0	7	16	27	12	26	10	14	
	INUIT	M	4	--	2	--	2	--	--	--	--	--
		F	2	--	--	--	1	--	1	--	--	--
		T	6	-5.0	2	--	3	--	1	--	--	--
	NON NATIVE	M	3	--	--	--	1	2	--	--	--	--
		F	2	--	--	--	--	2	--	--	--	--
		T	5	4.0	--	--	1	4	--	--	--	--
1990"	ALL GROUPS	M	75	54.0	10	9	16	10	9	12	9	
		F	64	46.0	10	7	12	12	13	5	5	
		T	139	100.0	20	16	28	22	22	17	14	
	DENE/METIS	M	68	--	10	7	15	6	9	12	9	
		F	60	--	10	7	12	9	13	4	5	
		T	128	42.0	20	14	27	15	22	16	14	
	INUIT	M	4	--	--	2	--	2	--	1	--	--
		F	2	--	--	--	--	1	--	--	--	--
		T	6	5.0	--	2	--	3	--	1	--	--
	NON NATIVE	M	3	--	--	--	1	2	--	--	--	--
		F	2	--	--	--	--	2	--	--	--	--
		T	5	4.0	--	--	1	4	--	--	--	--

\*Estimated and projected based on zero growth due migration.

\*\* Based on Statistics Canada Census

Some people wanted an alcohol worker and others wanted a social worker.

The biggest problem time in the spring thaw, because people can't get in or out of the community then.

There's no air strip. The ice road thaws and can't be used. The river is thawing and boat's **can't** move yet.

People thought that community participation was part of the solution to health problems. People were interested in having a health committee. They wanted more workshops from outside resource people. They wanted more native doctors and nurses.

Everyone wanted a prevention and education worker. They thought it was important for this person to speak Loucheaux and the issues of mental health, mother's health, alcohol/drugs/substances and STD were all important. Someone noted that AIDS was going to be a problem and was worried about it.

Generally, solutions for the young people would be in the form of gaining self-esteem and setting goals for themselves. More native people should be in control of the local services. An AA group could be started in ARR. Some people wanted a curfew set.

Others wanted more education and skills development in permanent health worker was wanted and ARR residents wanted to be seen as a separate community with distinct needs.



Fish Industry

Hamlet of Coppermine

1. Introduction
2. Interview Population
3. Summary of Community Opinion
4. Attitudes Towards Present Health Care System
5. Solutions to the Problems
6. History of Health Projects
7. History of Oil and Gas Activity



Coppermine Nursing Station



Coppermine Arts & Crafts - (Seal-skin)

REPORT ON NOGAP SURVEY

Introduction

An opinion survey was conducted by the students of the Basic Office Procedures Program in Coppermine during the month of February, 1987.

Coppermine is a Hamlet on Coronation Gulf, just west of the mouth of the Coppermine River, on the mainland Arctic Coast. It consists of 950 residents in approximately 200 households. Of the 176 residents contacted, 154 **agreed** to be interviewed.

Interview Population

The interview population is comprised of several categories of residents. The breakdown is as follows:

- health care professionals
- health care related workers
- concerned citizens affiliated with volunteer organizations and elected positions.
- residents who were employed in the oil & gas industry and their spouses.
- elders

- youths
- general residents.

### Summary of Community Opinion

Health Problems. In each of the 4 health indicators targeted for **discussion**, there was a generally consistent **response**.

Alcohol is resoundingly viewed as a serious problem in Coppermine. All but the very non-verbal respondents and the occasional verbal respondent felt that it was a serious problem. It seems that verbal respondents who did not classify alcohol as a problem generally were of the opinion that adults are free to do as they wish, and that effort and attention should be directed to children.

Drug abuse was generally connected to increased availability through resident workers traveling out to worksites and transient workers traveling in. It was not viewed as a glaringly serious problem, but computer tallying will reveal clearer results.

Substance abuse was a term frequently requiring

definition, and was generally seen as a problem on the decline. Many people had heard of human suffering and death through its use, but reported not hearing of it recently.

Mental Health problems were generally seen as a problem in Coppermine. Many people did not separate alcohol from mental health problems, or mental health problems from suicide. It seems that mental health problems and alcohol are caught in the chicken and egg syndrome. Common causes pinpointed were: lack of things to do; lack of employment opportunities; boredom; frustration and not caring about self or children, for alcohol abuse. Added to these problems were lack of communication with parents; broken relationships; fear of approaching someone for help; marriage problems; family problems. These conditions were reported to lead to severe, extended periods of depression. Alcohol and depression seem to be a lethal recipe.

The most frequently cited cause for suicide and suicide attempts was broken relationships in tandem with alcohol.

Few other mental health problems were cited. Some



respondents noted anxiety or "worrying" because of lack of employment or due to cramped housing conditions. Some psychosomatic disorders were mentioned along with acting-out disorders in teens.

Sexually transmitted diseases were dealt with summarily. **Yes/no** responses were divided approximately evenly. Both groups indicated relative lack of knowledge. The **yes group** knew of it largely through grapevine sources. Few comments were made, yet people believed that it was well treated at the Nursing Station. Many people felt there was sufficient information available if you sought **it**, but felt there was no preventative education. A very high rate of incidence was reported by the health professionals.

Maternal health was viewed quite differently across the population. It seemed that people believed women could get good information if they wanted it, and very good medical treatment while pregnant. Many people believed that prenatal classes were beneficial yet nurses reported few people attended. 'Women requested more prenatal programs. Young girls were not knowledgeable about sexuality and related issues. They and many adults would like to see sex education made available in the schools.

Teenage pregnancies are not **easily** categorized as a problem. Some people felt that they aren't that prevalent. Others felt that they weren't a problem if 'girls' were over certain age limits. Many felt that they weren't a problem because babies are a happy thing for the whole family.

Those residents who view teenage pregnancies as a problem generally saw it as a problem for the girl due to missing opportunities during their teen and young adult years. Some view it as a problem for the baby due to the limited resources--financial and emotional--of the mother. A few view it as a burden to the 'girl's' family.

A frightening number of people reported drinking pregnant women as a problem. A frequent comment was that "They know it's bad for their baby, but they do it anyway."

Attitudes Towards Present Health Care System.

This section analyzes the section of the survey which asked people to rate the current health care services on a 5-point scale: Very Good, Good, Satisfactory, Poor, and Very Poor.

The individual ratings for each health problem varied widely with a noticeable **dirth** of services for mental health disorders. STD'S showed very good treatment, but a lack of prevention. Maternal health showed good health **care**, but a lack of education for young people. There was an interesting inconsistency around prenatal classes. Many women reported them useful and helpful, but the professionals reported low attendance as a reason for discontinuing them. Most people felt that the services available for Alcohol abuse were good when used. Many comments praised the alcohol treatment centre and AA.

While there were some very poor ratings for specific problems, the overall ratings tended to be positive with the greatest number of respondents seeing the services as **good**, followed by satisfactory.

Again, although a few people requested a 'place just to talk about problems' , alcohol abuse and mental health concerns could not generally be separated. Many people see the Awareness Centre as a place to go for help when depressed, suicidal, or having family problems and other mental health problems.

Some people felt that friends, family, and the

clergy were most helpful in times of distress. Many respondents felt that people were afraid to open up. They need a 'safe' place to talk about difficult things.

The topic of public awareness about the seriousness of certain problems was raised frequently. It seemed that people have faith in the nurses' abilities to treat but felt the nurses were too busy to tackle all the problems in a preventative way. Some **respondents** felt that the nurses are already overworked.

While people could be prompted to include the Nursing Station, Social Services, Awareness Centre, R.C.M.P. , Clergy, friends, and school programs as sources of help for health related issues, the most frequently mentioned services were the Nursing Station, the Awareness **Centre**, and Social Services. Many people did list friends and family for mental health issues.

Solutions to the Problems. The majority of respondents were not too vocal about solutions to the problems, but the questionnaire dealt with solutions in the questions on local control and additional services (6 and 7 respectively).

The question concerning local control of services

was difficult to handle in that many respondents needed much prompting before they could answer.

Those people who did not see a need for local control often stated that things should be left as they are. There seemed to be a great deal of confidence in the current health care structure for these respondents.

The people who felt that there should be more local control offered varied comments ranging from quite tentative to somewhat militant. Concerns about local control included a strong need for services in both languages. Many people felt that timing, public awareness and training were very important factors in planning more local control.

When asked directly about the best solution to the most serious problem people's responses were often simplistic or all encompassing. For example a large number of people stated that limitations on availability of alcohol were needed. Other people saw public awareness and education as the best solution. Many **people** who listed alcohol as the most serious problem saw mental health programs to improve self-esteem as the

best solution. These suggestions often included pragmatic solutions such as more employment, and more things to do in general.

People who saw a need for more workers in question, 7, generally requested an alcohol worker, or mental health worker, but did not always see that as the best or only solution; more as one solution that would greatly help the current situation.

In addition to requests for **health** related workers, there were 15 requests for a resident doctor or more frequent visits, and 13 requests for more nurses on staff.

There were considerable requests in the survey for another health committee. Perhaps through looking at previous attempts to form and operate a health committee, we can determine the forces which worked against success and could relaunch the committee. The next section of this report will look at a history of health projects in Coppermine.

## History of Health Projects

The Coppermine Nursing Station began operation in 1948 and currently operates with 3 full-time RN positions. Hiring preferences include candidates who are Registered Nurses with bachelor **degrees**, and specialized training in community health emergency , and mid-wifery.

The station offers specialized clinics and public health visits in the mornings. Each afternoon is run as an open clinic and there is 24-hour emergency service. They also refer and co-ordinate sessions when visiting specialists are in Coppermine.

The public school system provides some preventative health measures through curriculum in nutrition and hygiene for most grades. The **C.O.P.** class has been receiving visits 3 times a week from one of the nurses to discuss: nutrition and hygiene; **violence/spousal** assault; **STD** control; birth control; and pregnancy. In addition to that the students have been visiting the Awareness Centre twice a week to discuss drug & alcohol abuse.

There were other projects which have been terminated or are simply not in operation at this time. For example, prenatal classes were run in the early '80s but were discontinued due to low attendance. It was felt that the nurse's time could be better spent in clinic hours.

A health committee was formed up to 10 years ago and held meetings sporadically up to about 3 years ago, but the records are very scant. Minutes date from February, 1982 to November, 1984. This committee went by the name of "Concerned Citizens Committee" , and it is not clear whether the CCC was one and the same with the health committee which is thought 'to have existed in 1976.

Current thinking is that the health committee discontinued meetings due to a lack of organization and/or interest. One respondent felt that some people had been attending simply to enjoy the title. Another respondent believed the committee disbanded because members were "getting too white" in the way they behaved.

There was a CHR trainee in Coppermine in 1976/77 but the program was **cancelled**. One report was that the



the training program was discontinued due to lack of funds . The trainee indicated that she would be willing to assume the position if the program was renewed.

Another resident suggested that one of the reasons for its failure was due to a lack of clearly defined objectives and parameters. For example, the public viewed the **CHR's** role as being one of administering prevention through vaccination and other duties for trained professionals rather than public education and awareness. It seems that a more precise mandate would be needed for a renewed program to succeed.

#### History of Oil & **Gas Activity**

As with the history of health projects in **Coppermine**, there is little information available about oil and **gas** activity.

There were only 3 respondents of the total who were employed by the industry (or supported by people employed in the field).

Respondents guessed that there were between 12

and 40 people going out to the rigs. Most people felt that future oil and gas activity would benefit Coppermine by providing income and much needed employment activities.

It comes as a double edged sword, however, in that people desperately need training in financial management. Many people noted that the schedule of 2 weeks on--2 weeks off caused undue upset to the family. The employment income also caused an upsurge in alcohol and drug abuse. One person pointed out that when production shut down for the winter, it left the workers in limbo with nothing to do. It seems that the benefits were severely weighted with drawbacks, and that life style guidance would benefit greatly the families of workers.



Fort McPherson Store

Fort McPherson

1. Health Problems
  - a) Alcohol
  - b) Drugs
  - c) Tobacco
  - d) Substances
  
2. Mental Health
  - a) Depression
  - b) Suicide
  - c) Other Mental Health Problems
  
3. Sexually Transmitted Diseases (STD's)
  
4. Fetal Alcohol Syndrome (FAS)
  
5. Questionnaire on:
  - a) Alcohol, Drug and Substance Abuse
  - b) Mental Health
  - c) Sexually Transmitted Diseases (STD's)
  - d) Maternal Health
  
6. Causes of Health Problems
  
7. Solutions to Health Problems
  
8. More Community Participation in Health Care

FORT MCPHERSON

FINAL REPORT

Health Problems

Alcohol was cited as the most common health problem. Family abuse is the major result of alcohol problems. This seems to occur mostly between spouses. Alcohol abuse is linked to all the other problems in the community such as boredom, lack of jobs and the downturn in the oil and gas industry. Home brew is not a problem because commercial alcohol is readily available at high prices. Bootlegging has been a problem for a long time but increased when the road opened in 1978 to Inuvik. \$50 for a 26 ounce bottle is the going price. "This is the bootlegging capital of the North". There is animosity towards the bootleggers because of these high prices. Many people would like a drinking establishment here so that people would learn to drink socially.

There was a beer store here in the 1970's, run by the co-op. People didn't seem to spend so much money on alcohol then. It was rationed then and prices were controlled because it was legally sold.

The Fort McPherson Indian Band is conducting a feasibility study on a motel and is considering adjoining this with a bar.

Drugs

The presence is felt but is not a big problem. People are using marijuana and hashish. There are maybe half a dozen who use it and they can get it quite easily. Some people say that alcohol is enough of a problem and they're afraid of mixing drugs and alcohol. People attach a stigma to drugs, like they'll get addicted with one puff.

Tobacco

People start smoking at about ten years of age. Almost 85% of the people smoke, but there is very little awareness of the health hazards of tobacco. Tobacco has been here since the missionaries and traders. Parents don't actively discourage their children from taking up smoking. The high cost of cigarettes was noted as the biggest problem. It's \$26 for eight packages of cigarettes.

Kids can buy tobacco without restriction. Some people were concerned about this ready availability. Snuff is sold and used quite commonly by kids and a few adults.

Those who quit smoking sometimes use snuff.

Smoking is socially acceptable. People see alcohol as a problem but don't identify tobacco as a problem. There isn't a great deal of education about the effects of tobacco.

### Substances

In the past, kids used to sniff gas and glue. The Concerned Persons Committee (CPC) made a concerted effort to stop this problem and they have been successful. The kids used to steal gas and break into places to get glue. They used to become unconscious from the effects.

The CPC made the parents of the kids aware of the dangers of substance abuse. They got the community behind them by using the radio station, **CBQM**, having big meetings, asking the stores to keep glue and nail polish remover behind the counter so that kids couldn't buy it.

Adults drink aftershave, **lysol**, vanilla extract, **perfume** when they run out of alcohol and money.

### MENTAL HEALTH

#### Depression

Boredom, especially for the young people, is a major problem. Most young people **don't** take advantage of the opportunities available to them. They spend their time in front of the TV set, watching movies and shows. Some go skidoing on nice days, walk around, go to the cafe for coffee, visit each other, friends and relatives. Many receive unemployment insurance and spend their cheques on alcohol. This leaves them with very little money so that any other activities they might do **aren't** possible.

Unemployment is a big concern here. Very few jobs are available in town. Many people, therefore, took the opportunity to work for the oil and **gas** companies from about 1975 to 1986. The real boom was around 1982, when the Beaufort and Norman Wells (pipeline) were actively employing people.

Pay cheques were high. Workers got a week or two off and spent most of their money on alcohol during this time. This occurred mostly with single people. Some people bought **skidoos**, motors, boats and gave money to their families.

Most people **aren't** concerned until their financial future, so didn't invest or put money into the bank.

Therefore, with the downturn in the oil and gas industry, many people had no savings and relied on unemployment insurance to sustain themselves. Supporting a family is possible on unemployment insurance, but not to the same quality of lifestyle as the big pay cheques allowed them.

This leads to frustration with the family ("Love went out the window when the shift shut down".) The role of the male is undermined as he is incapable of providing for the family. He has no work in the wage labour economy and cannot turn to hunting and trapping for financial security. The job which some men hold may not yield a large pay cheque but still gives them the sense of power in the household. Arguments and fights between mates often ensue.

Family problems, due to fighting amongst parents, are a big source of depression. This fighting affects the children and they grow up and do the same thing.

Depression is commonly linked with alcohol. People do things they wouldn't normally do when under the influence of alcohol, such as verbal and physical assault. The after effects (hangover) are also depressing.

### Suicide

This used to be a problem but is under control due to the work of the CPC. The AA center has especially helped, with their radio program. About eight years ago there were a number of suicide attempts and some successes. This prompted the formation of the CPC, which has since publicized the issue and made themselves available to people in distress. They have posted and aired their phone numbers and have made these available on a 24 hour basis.

### Other Mental Health Problems

Stress, from many different sources, was cited as a problem. Personal financial situations and overcrowded housing cause stress.

Adult children continue to co-habitate with their parents 'because of the housing shortage. There's no privacy in these houses. If someone is drinking, the whole house is disrupted. In the old times, lots of people lived in a small cabin, but they were always busy and going outside. Now, people live mostly indoors within the community and the chances for tensions to build abound.

One person felt that unreliable babysitters and lack of community child care was a problem for working parents, However, since most people don't work outside the home, it doesn't seem to be a major problem.

### Sexually Transmitted Diseases

This topic was embarrassing for many people. One person actually got angry because he felt it was too personal a topic. Many people said that they didn't know if this was a problem and that the nurses would know better. Of those who indicated that sexually transmitted diseases are a problem, most did not elaborate.

It appears that this topic is not being discussed openly. During the bourn years, medical services was discussing sexually transmitted diseases quite a lot, but have apparently stopped.

AIDS is being extensively covered by the news media and has been discussed at a public meeting once. Other than this, the community awareness of AIDS is quite deficient. People generally lack information about sexually transmitted diseases.

### Fetal Alcohol Syndrome (FAS)

Some children are afflicted with FAS and show the signs of slow learning and growing as well as poor overall health. The nurses and community health representatives have made people aware of FAS, therefore the community knows that drinking is dangerous for pregnant women. This knowledge stops some women from drinking but others continue. There is no social pressure to drink and nobody turns down a drink.

### 02) a) Alcohol, Drug & Substance

Most people felt that the Peel River Alcohol Society (PRAS) was doing a good job. The center has been in the community for 15 years now and several heavy drinkers have become sober. People feel comfortable going to the center when they want to socialize or want a diversion from drinking. It's one of the only places to go when people want to "get away from it all". The counsellors do radio programs which discuss the effects of alcohol abuse, FAS and they encourage people to drop down to the center for a coffee. The center is also used as a meeting place for other groups to convene, such as the Bible Study.

Many respondents support the PRAS. The councillors are there to help and make themselves available. Young counselors work with young people. Dry dances and feasts organized by the PRAS are popular. People from outside the community are invited in to speak and people from the community go to other places for such things as "round ups" which bring people together to promote well being through social activities and a life free of alcohol.



The PRAS also has a **pool table**, free coffee and videos for community members on a daily basis. the center is well occupied from the morning to the evening, with people socializing or getting counseling.

The center works closely with other agencies such as Delta House in Inuvik. People from McPherson also go to Poundmakers and Henwood in Alberta and to **Yellowknife** for treatment. When these people return to McPherson, follow-up services are available for them.

The counselors at the PRAS are generally former alcoholics who care about people in their community. Most of them are not professionally trained. Social Services (ss), the Community Health Representative (**CHR**) and the Concerned Persons Committee also deal with alcohol problems.

The major concern with the PRAS was the building in which they are located. The building has been condemned as a fire hazard and the heating system is inadequate. Other than this, most respondents are pleased with the work accomplished at the center.

### Mental Health

Most **people** depend on their friends and relatives for emotional support. Some people have a "buddy" who they can always rely on. Nonetheless, the PRAS, SS, **CPC** and CHR provide services which are well used within the community. The CPC, in particular, appoints a person to visit a community member who is experiencing difficulty of any type. These visits are on an informal basis and generally produce positive results.

### Sexually Transmitted Diseases

The nursing station (**NS**) provides adequate treatment and the nurses are well qualified, according to the majority of respondents. The CHR uses the local radio station, CBQM, once a week, to discuss many health concerns; she occasionally discusses STD. Most people feel comfortable talking with the nurses and CHR about their personal health concerns.

Information about STD, especially AIDS, is frequently covered in the news media. However, very little information is directly related to Fort McPherson or the North in general. This makes people here' quite unaware of the danger of STD and many feel that more information should be available and publicized.

### Maternal Health

Mothers generally obtain the majority of their information from other mothers. However, mothers do attend well baby clinics and other services from the NS. The CHR provides information on radio. SS also discusses issues relating to maternal health.

### Causes of Health Problems

Many respondents noted that health problems are implicated with idle time. People are bored. They have no place to go and nothing to do. Most haven't completed high school and even if they have, very few jobs are available.

Some people believe that family problems are at the root of health disorders. When people in the family aren't getting slung with each other, when they're bored and generally unhappy, they drink and abuse others,

Some people identified the oil and gas industry (O&G) as the base of health problems, as a great deal of money was brought into the community and spent on liquor.

When asked specifically about the correlation between the oil and gas and health problems, some people said that community members were abusing alcohol before they got involved with the oil and gas. Nevertheless, most people were unaccustomed to managing large sums of money and usually didn't save much.

Most people said that they wanted the community to be involved in the oil and gas again. When people work to support their families, they gain a sense of self-respect. When people were working, there were also less problems with boredom and unemployment.

### Solutions to Health Problems

Most people felt that the community should have more health care services. They suggested the following improvements:

- 1) Get an assistant for the CHR. She works hard and is overworked.
- 2) Provide more doctor visits.
- 3) Get a full-time doctor and dentist.
- 4) Update the services available in the region so that patients could have complete treatment in the North. Most people do not like to go south for treatment.
- 5) More services in the community for elders.

AGE AND SEX FOR CENSUS YEARS

AND PROJECTIONS

COMMUNITY: FORT McPHERSON

Year	Ethnicity	Sex	All Ages	%	0-4	5-14	15-24	25-34	35-54	55-64	65+
1976 **	ALL GROUPS	M	365	51.0	35	115	55	60	80	15	25
		F	345	49.0	35	90	70	55	50	15	15
		T	710	100.0	70	205	125	115	130	30	40
1981 **	ALL GROUPS	M	320	51.0	35	75	70	50	70	15	10
		F	305	49.0	15	60	65	55	45	10	15
		T	625	100.0	80	135	135	105	115	25	25
	DENE/METIS	M	285	--	25	65	65	40	55	--	10
		F	270	--	35	60	65	40	60	--	15
		T	555	99.0	60	125	130	80	115	--	25
	INUIT	M	--	--	--	--	--	--	--	--	--
		F	--	--	--	--	--	--	--	--	--
		T	--	--	--	--	--	--	--	--	--
	NON NATIVE	M	30	--	50	10	5	5	5	--	--
		F	35	--	5	15	--	--	5	5	5
		T	65	11.0	10	15	5	25	5	5	5
1985 .	ALL GROUPS	M	356	51.0	55	74	92	41	66	15	13
		F	337	49.0	48	80	70	56	54	12	17
		T	693	100.0	103	154	162	97	120	27	30
	DENE/METIS	M	323	--	51	70	85	26	60	13	8
		F	304	--	47	72	65	17	46	10	17
		T	627	90.0	98	142	150	83	106	23	25
	INUIT	M	--	--	--	--	--	--	--	--	--
		F	--	--	--	--	--	--	--	--	--
		T	--	--	--	--	--	--	--	--	--
	NON NATIVE	M	33	--	4	4	7	5	6	2	5
		F	33	--	1	8	5	9	8	2	--
		T	66	10.0	5	12	12	14	14	4	5
1990 +	ALL GROUPS	M	398	52.0	48	86	96	58	71	23	16
		F	373	48.0	41	92	74	66	67	17	16
		T	771	100.0	89	178	170	124	138	40	32
	DENE/METIS	M	365	--	44	82	90	52	66	20	11
		F	340	--	40	84	69	58	59	14	16
		T	705	91.0	84	166	159	110	125	34	27
	INUIT	M	--	--	--	--	--	--	--	--	--
		F	--	--	--	--	--	--	--	--	--
		T	--	--	--	--	--	--	--	--	--
	NON NATIVE	M	33	--	4	4	6	6	5	3	5
		F	33	--	1	8	5	8	8	3	--
		T	66	9.0	5	12	11	14	13	6	5

•Estimated and projected based on zero growth due migration.

•\* Based on Statistics Canada Census.

Source: Statistics Canada and Bureau of Statistics, GNWT.

- 6) More dissemination of information with respect to alcohol and drugs.
- 7) Nurses with more experience. Some people feel that the nurses come to McPherson right out of university.
- 8) Services for the handicapped.

More Community Participation in Health Care

Most people wanted an active health committee to make people aware of health issues. In the past, the health committee consisted of representatives from local elected bodies and other concerned people in the community who discussed local health issues. Once the CHR position was filled in the late 1970's, the health committee disbanded. Since then, a couple of attempts have been made to revive the committee but have failed.

Many people said that they wanted a health care board so that they could have more input into the health care services offered in the community.

Everybody supports preventive health care and promotion of well being. The CHR was praised as being an **excellent** worker. She should have an assistant, as she works very hard.

Most people felt that the two areas which require more education and awareness are alcohol, drug and substance abuse, and **mental** health.



HOLMAN ISLAND

1. Problem Health Issues in Holman
2. Alcohol
3. Drugs
4. General View to Survey
5. Mental Health Problems
6. Maternal Health Problems
7. Sexually Transmitted Diseases (STD's)
  - a. Planning Possible Solutions for:
    - a) Alcohol, Drugs and Substance Abuse
    - b) Mental Health Problems
    - c) Maternal Health Problems
    - d) STD Problems
9. Health Projects
10. General Mood to Health Care System
11. Oil and Gas Development and its Relation
12. Statement by Holman Elders Council



Hele° Kalvak - The renowned artist from Tolman

© Hele° Kalvak

FINAL REPORT  
NOGAP HEALTH SURVEY  
HOLMAN ISLAND, FEBRUARY 1987

Note: Some are not too cooperative to help with the survey.

PROBLEM HEALTH ISSUES IN HOLMAN:

Most of the Holman residents have indicated and felt very strongly that there are two main social problems that are on the rise and that these two problems have to be dealt with as soon as possible.

ALCOHOL:

Most felt that use of alcohol by younger adults is on the rise and need to be dealt with an affirmative action before it gets any worse.

It was pointed out that within two years, the Inuvialuit will be receiving their land claims benefits and this could water the problem to an uncontrollable level and may be too late to start educating the public about the possible effects alcohol could have on them.

DRUGS: (i.e. Marijuana and Hashish)

It is felt that the younger adults are using these drugs and it is felt that they need to be educated about it. It was noted that those drugs are being used with alcohol and maybe causing problems in young adults. Most have felt that our young people need to be taught what these drugs can do to a user and that someone who specializes in this should be hired to be on fulltime to do workshops, speak to people, etc.

GENERAL VIEW TO SURVEY:

Most want action taken by the Government they want to know what the Government will do to the wishes of the people.

It is a known fact that Government has a survey done and shelves it and says they don't have the money to do it. Why have a survey just to get the people's hopes up and nothing done about the problems.

There is a need for a specialist to educate the young people and also some adults right now. People are asking for this - if the Government won't do it - then maybe we will take the control and get some action done on it, after all it is our own people who are the victims. A press release is needed to let the public know of the decision what our Government will do.



MENTAL HEALTH PROBLEMS:

Most mental health problems may be caused by a number of various reasons. It could be ten problems that an individual or the lifestyle of a community that contributes to this problem and in turn becomes a mountain where the person becomes very disturbed.

This too leads to alcohol or the using of drugs to drown out the negative feelings to her/himself or the community in general.

Sometimes mental problems are due to lack of self-esteem, not wanting to get out and participate in social activities if there are any. The person just wants to sit at home and watch TV all day or go to a house party to drink.

Sometimes the person *may* not have a job to earn money to buy hunting equipment to get out, this too is a wolf in sheep's clothing.

MATERNAL HEALTH PROBLEMS:

It is said that it used to be a big problem say 40-50 years ago before the doctors or nurses used to come.

Now it is said that *only* a few are having that problem. Mostly young women who are not married. But they receive very good advice and care from the health authorities like the nursing station. When they are expecting they are sent out to **Yellowknife** for their babies. But again this isn't a problem, they know what to do.

STD PROBLEMS :

Most people say they don't know if anyone in the community has this problem. They think it is not otherwise they would've said.

If they do have problems, they know about it and are cautious of it and will seek help from the health authorities.

PLANNING POSSIBLE SOLUTIONS:

Alcohol.. Drug and Substance Abuse:

It is a growing problem - more people are purchasing alcohol and some drugs, mostly dope. Others like hair spray, gas sniffing are not a problem.

It was generally suggested that a specialized person be hired to deal with the public on alcohol use and its effects, the use of drugs (dope) and its consequences to the user.

That a building be setup in the town and start a program to begin teaching students at school,

It was said by many that within a year, the Inuvialuit will start to receive their land claims benefits cheques and its possible that those who use alcohol will no doubt have ready cash to spend it on, and therefore, more booze will become available almost everyday. And more problems will be the result. Those who use dope will also have free cash that they didn't work for to use on these drugs, Again the creation of a Alcohol, Drugs Centre will enable people of all ages to be taught about the dangers of misuse, etc.

Maybe a society will be created very soon in Holman to start it. There is a strong desire to get it going and it may be within a few months from now. Government need to get in the act to help *organize* it.

#### PLANNING POSSIBLE SOLUTIONS TO MENTAL HEALTH PROBLEMS

There may be several ways to help people with this problem. One way is by encouraging more social or group activities. The best thing could be back to the land programs and involving the use of out door or hunting equipments like boating, skidooring etc.

The indoor activities could be more recreational equipment and the inure use of the newly built gymnasium for young people.

An active recreation officer could be hired by the Hamlet Council. Another way it by a video library in town with good educational contents, i.e. native program on tradition and culture or phones with good information on health and mental growth for young people,

#### PLANNING POSSIBLE SOLUTIONS TO MATERNAL PROBLEMS :

Its not a real serious problem in Holman. But the nursing station is doing its best and that is recognized by everybody. They are doing a very good job at it.

#### PLANNING POSSIBLE SOLUTIONS TO STD PROBLEMS".

STD is not perceived as a problem in Holman as yet, but again it could become one as more outsiders are allowed to come or the local people get more involved with the oil and gas industry.



Holman Art of Inking.

It is said that the nursing stations is doing its best at it and coping with it. Probably very few cases to none at all.

#### HEALTH PROJECTS:

It is said that the Health Committee had only one meeting since the election in December 1986. Almost nothing is in the works now. It could be revitalized and ask Hamlet to appoint more responsible people to get involved and especially those with interest.

There used to be a community health representative but now it's not a position in Holman. It's been said that the Government had no more funds to pay for her salary so it just dissolved into thin air.

Maybe this position could be used again, long range funding should be provided to pay for the CHR and training required, This person would do a lot for the town, i.e. inspect the Hotel, the store, the job of the Hamlet in Municipal services to keep an eye on things to see if they are doing it right.

Talking to parents about better health and hygiene in the home. Preparing of native foods properly etc.

#### GENERAL MOOD TO HEALTH CARE SYSTEM-

It is doing its best (nursing station) but could use an extra nurse may be later.

But there have been some concerns in town lately that the visiting specialists don't stay in the community long enough to see everybody. There are feelings that these specialists (doctors, dentists, eye specialists) are leaving too early without completing their work.

Some are told that they will be seen the next time. I don't know if it is true, but there are ones who report it.

It is also said that the nurse could only do so much work in his/her work to help people, They are a good team now, but it's never the same with others who may take their place. We have had very cranky nurses in the past, who don't want to put in their best at it,

Maybe a strong health care board with strict responsibilities should be the answer. The health committees in Holman are not active and are only half hearted - no real commitment by them. Could be that people with good examples be in these groups.

OIL AND GAS DEVELOPMENT AND ITS RELATION:

Holman has never been really involved with the development of oil and gas activities in the past.

There have been only two to three people only employed by the oil and gas development.

Although there have been complaints by the people that more could work out there, but they don't seem to listen.

"Maybe we just don't have the right people with them so that more could be working, There is a lot of employment in Holman people want to work but opportunities aren't made available to us. maybe it is a good thing, not to be involved too much. Because even with the down turn, we in Holman aren't affected by it. Maybe its best that we don't."

But people are now saying they would like jobs made available the next time around when the boom occurs.

STATEMENT BY HOLMAN ELDERS COUNCIL

1. Because everyone is related, hard to meet with relatives to discuss their problems
2. Would like to see two people working together.
3. When there's family violence or spousal assaults, drinking problems, it would be easier for one person if there were two people working together supporting each other on the job, when on call in the community.
4. More visits from the area supervisor instead of coming in for a couple of days, they should come twice per month, maybe on their first or second visit stay for one week, rather than coming in Tuesday and leaving the following Thursday without really seeing peoples' problems in the community.
5. If a local C.S.W. is hired, maybe the other C.S.W. should be hired who is an out of town person, that way it might be easier for any clients and the C.S.W. worker. An out of town person sometimes cannot relate to the community problems, therefore cannot offer the support a local C.S.W. is able to offer.
6. Non relative C.S.W. would see all the people that are having problems, counseling on alcohol and drugs, family violence, etc.
7. Do more home visits when an area supervisor is in town, including asking the elder what they require.
8. Provide advice.
9. Would like to see social worker meet with elders to receive and give advice, to meet regularly.
10. Young people would seek counseling from a social worker on a regular basis if one was available.
11. Alcohol is the biggest problem in the community, our community does not receive assistance in this area.
12. Alcohol and drug workers should do more home visits.
13. Prefer home visits as opposed to public meetings.
14. Family violence - a visitor may assist people with problems which eventually may change the individual.
15. Regular beer dances create more problems, they are organized by committees to raise money, other methods of raising money should be explored.

16. Beer dances always cause problems for young people as they see it as a way of having fun. They are following the footsteps of their elders and are drinking under age.
17. Since our Youth Council Committee has been formed, there have not been as many problems with the young people in areas of break and enter. This is a positive step since the committee is ongoing.
18. Main problem is alcohol - if an alcohol committee could be formed one may begin to see a decrease in problems.
19. The children are the main concern, when their parents are drinking they stay with their grandparents, the grandparents worry what will happen during the party.
20. Children from drinking parents should be moved to safe homes, however this invites confrontation. Because of the an increase in family violence due to alcohol, the elderly would like to see a focus on education and prevention.
21. If someone is trained as an alcohol counselor it would be beneficial, use Coppermine as an example, since the alcohol counselor arrived the consumption of alcohol has decreased. Rose O'Donnell thanked all the elders for their support, comments and concerns on C.S.W. for social services. She will contact Andy Sibbald, Alcohol Counselor from Coppermine, to see if he would visit Holman to attend a meeting with the elders. Once again thanks to everyone for coming.

Meeting adjourned 9:35 p.m.

Population By Ethnic Origin, Age & sex For Census Years  
And Projections  
Community : Holman Island

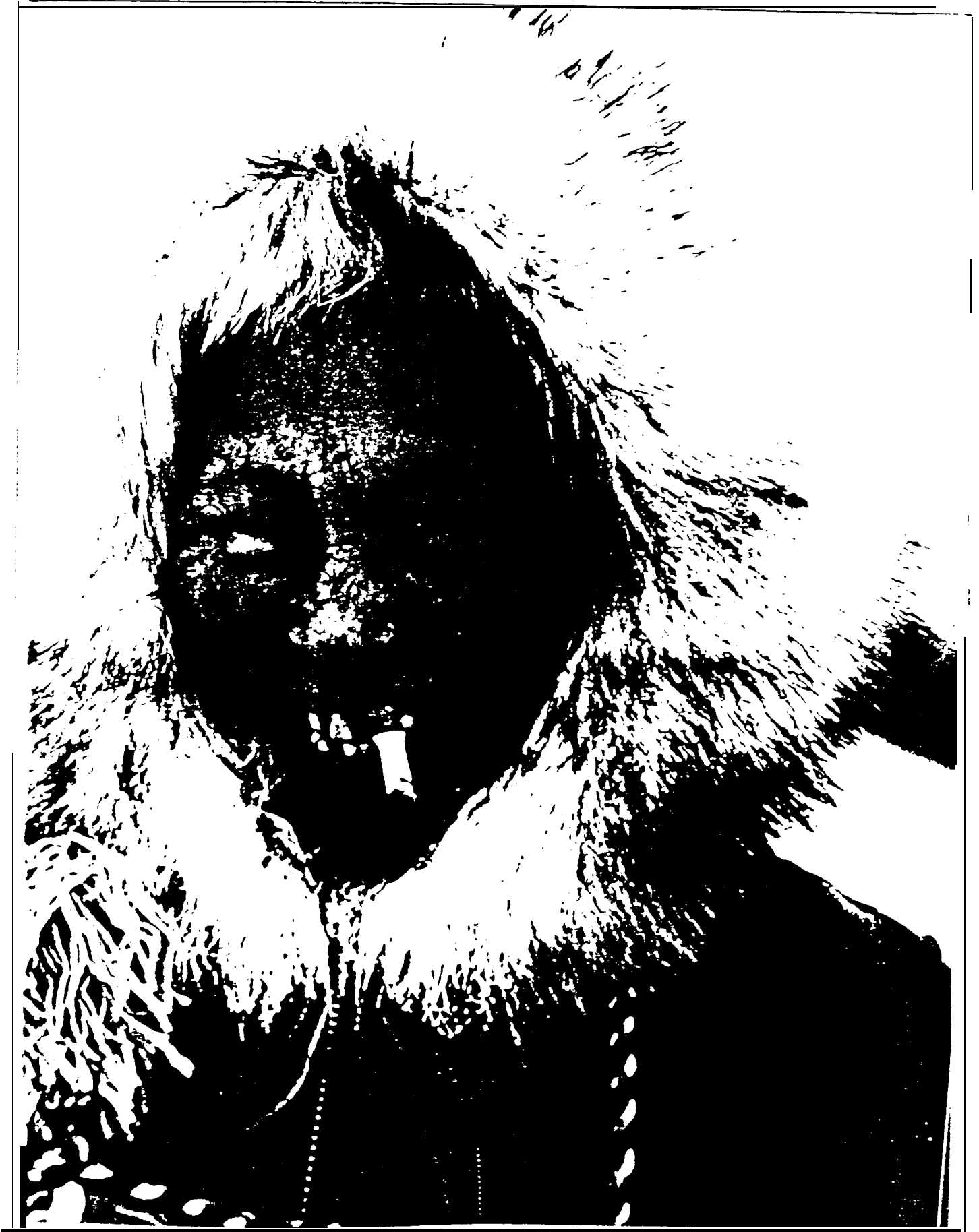
Ypat-	Ethnicity	Sex	All Ages	%	0-4	5-14	15-24	25-34	35-54	55-64	65+
1976.*	ALL GROUPS	M	130	50.0	20	45	20	20	15	5	5
		F	130	50.0	15	45	25	20	15	5	5
		T	260	100.0	35	90	45	40	30	10	10
1981**	ALL GROUPS	M	145	48.0	20	40	40	20	15	5	--
		F	155	52.0	15	40	45	20	20	10	5
		T	300	100.0	40	75	95	15	35	15	10
	DENE/ METIS	M	--	--	--	--	--	--	--	--	--
		F	--	--	--	--	--	--	--	--	--
		T	--	--	--	--	--	--	--	--	--
	INUIT	M	125	--	15	35	40	10	15	10	--
		F	145	--	15	45	45	20	15	5	5
		T	270	90.0	35	75	80	25	25	10	10
	NON NATIVE	M	20	--	5	5	--	10	--	5	--
		F	5	--	--	--	--	5	--	--	--
		T	25	10.0	5	5	--	15	5	--	--
1985*	ALL GROUPS	M	168	49.0	27	36	46	22	25	9	--
		F	177	51.0	21	36	57	27	24	4	8
		T	345	100.0	48	72	103	49	49	13	11
	DENE/ METIS	M	--	--	--	--	--	--	--	--	--
		F	--	--	--	--	--	--	--	--	--
		T	--	--	--	--	--	--	--	--	--
	INUIT	M	148	--	23	34	45	16	19	8	3
		F	169	--	21	35	56	24	23	2	8
		T	317	92.0	44	69	101	40	42	10	11
	NON NATIVE	M	20	--	4	2	1	6	6	1	--
		F	8	--	--	1	1	3	1	2	--
		T	28	8.0	4	3	2	9	7	3	--
1990.	ALL GROUPS	M	212	49.0	49	43	40	39	31	3	7
		F	218	51.0	44	35	54	41	32	5	7
		T	430	100.0	93	78	94	80	63	8	14
	DENE/ METIS	M	--	--	--	--	--	--	--	--	--
		F	--	--	--	--	--	--	--	--	--
		T	--	--	--	--	--	--	--	--	--
	INUIT	M	192	--	46	40	39	34	24	2	7
		F	210	--	44	34	53	39	30	3	7
		T	402	93.0	90	74	92	73	54	5	14
	NON NATIVE	M	20	--	3	3	1	5	7	1	--
		F	8	--	--	1	1	2	2	2	--
		T	28	7.0	3	4	2	7	9	3	--

\*Estimated and projected based on zero growth due migration.

\*\*Based on Statistics Canada Census.

< 0.0 - Statistics Canada and B... of... 01 -





Inuvik Resident

( Photo by Tessa Macintosh )

INUVIK

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1. Introduction
2. Brief History of the Community
3. Human Resources
4. Economic Status
5. The History of Oil and Gas in Inuvik and the Impacts
6. Inuvik Today
7. Health Survey

### Introduction

"Inuvik" the Arctic Oasis, is the Eskimo word for "Place of Man". Located 100 km south of the Beaufort Sea, the town of Inuvik lies on the east bank of the great MacKenzie River. The concept of Inuvik was born in 1954 in Ottawa when the stamp of approval was placed on the planned development of Northern Canada's first "model" town. One of the greatest sociological experiments of their history began as the townsite neared completion. Residents of the neighboring settlement of Aklavik and the Delta moved to their new home. A period of mutual adaptation began. Native northerners have always been adaptable, and this contributed to the development of the community's social fabric in the pioneering 1950's and into the oil and gas boom in the late 1960's and early 1970's. It continues today.

### Brief History of the Community

Inuvik's story began in 1954 when the Canadian Government decided that Inuvik would serve the western Arctic as an education, transportation, administration, and a permanent communication centre in the Delta. Inuvik has grown steadily since its inception and was declared a town in 1970.

### Oil and Gas

Oil companies had been exploring the MacKenzie Delta and Beaufort Region since the 1950's. Throughout the 1960's and into the 1970's, the Delta was criss-crossed by seismic teams looking for the riches hidden beneath the earth. As soon as the wealth of oil was discovered in the Western Arctic, the oil explorers rushed to plan pipelines to carry Prudhoe Bay oil across to the MacKenzie Delta. It was obvious that whatever happened in the Delta would greatly affect Inuvik.

Since the first well in the region was drilled in 1965, Inuvik became the major supply centre for the oil and gas exploration activities in the Beaufort and MacKenzie Region. It has also taken over Aklavik's former role as the regional fur trading centre and is the muskrat-rich MacKenzie Delta and other fur harvests.

### Human Resources

Inuvik experienced major increases in population from 1961 to 1981 from 1248 to 3146 (152% over a 20 year period). The rapid growth reflects the movements of people from other communities in the region and N.W.T. and from Southern Canada due to the employment and business opportunities that resulted from the government expenses and from oil and gas activities. Since 1981, the rate of the population growth has been only 3% per year.

Inuvik has a very young population. It is projected that by the year 1990, the population would be 4,000. At present the population of Inuvik is 3,166 (1985 June Census).

### Economic Status

Inuvik is home to almost half of the whole population of the Delta and Beaufort Region.

#### a) Major Activities

Government, transportation/communications, oil and gas exploration base, tourism.

Co-ops, end of the road co-op, Delta Co-op, Housing Association Ltd.

#### b) Local Businesses

Total number of businesses - 176 (including mining, oil and gas).

The portion of income from different sectors based on 1984 data (Lutra 1985) was 58% from the private sector and 46% from the public sector, including transfer of payments.

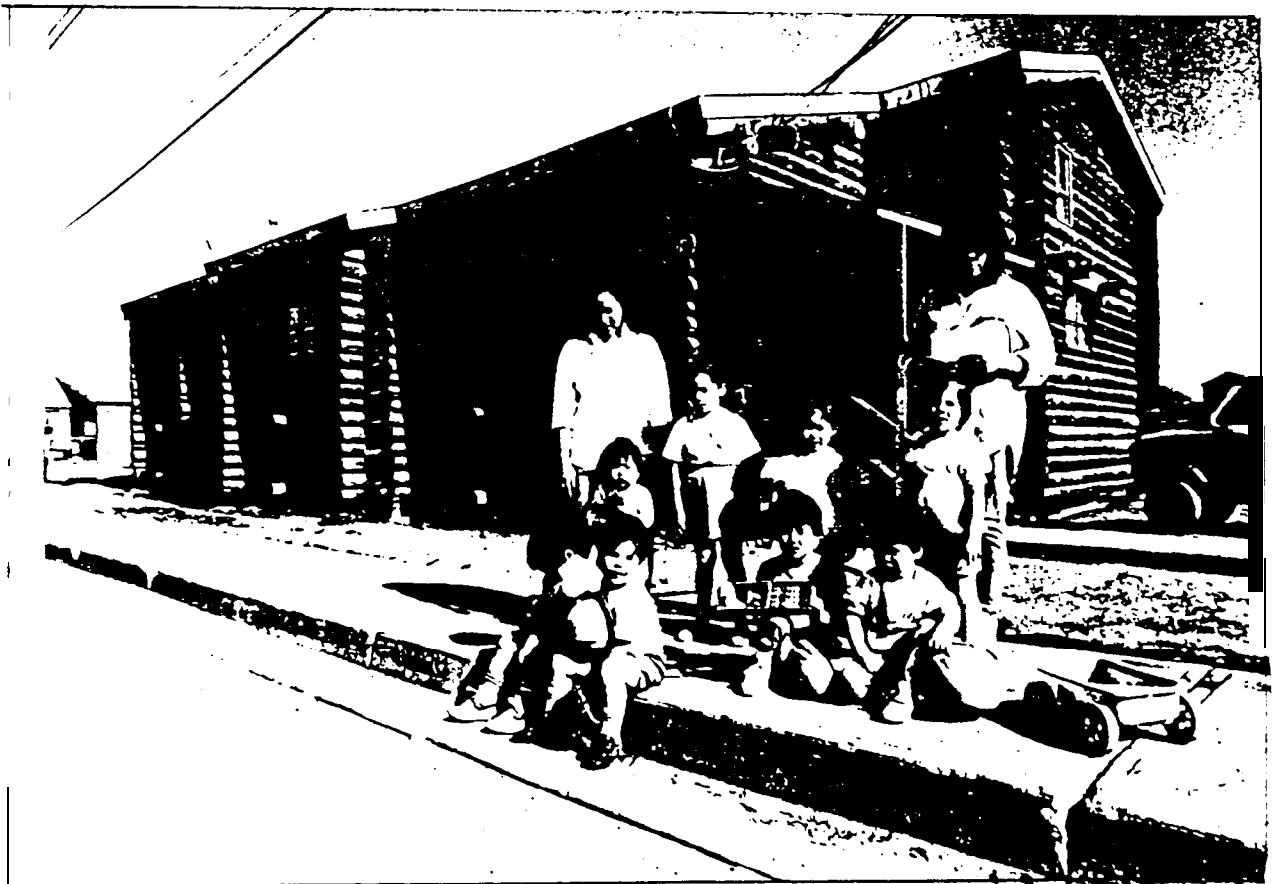
#### c) Income per Capita

1983-\$12,208, consumer prices 1983,

Food prices are 40-49% higher than Edmonton, 29% higher than Yellowknife (1985).



( Inuvik Sewing Centre )



( Ingamo Hall - Inuvik )

d) **Renewable Resources**

Fish, game, etc. Country foods sold commercially through local outlet. 1986 commercial quota: 450. There is one Hunter's and Trapper's Association in Inuvik. Total fur dollars were \$267,737.54 (1986).

**Oil and gas:** Inuvik is the main supply base for Beaufort Sea petrochemical exploration activities - **Dome-Canmar, Esso, Gulf**. The town's economy has been centered oil and gas exploration. The base of Inuvik's economy remains its administrative and **communication** function for the Western Arctic and the Lower MacKenzie River area. (Please refer to tables and graph O&G A,B, and C).

e) **Tourism**

Inuvik is connected to Dawson Yukon by the Dempster Highway. There are excellent Delta scenery around and very good fishing camps. Some package tours are available to the tourists.

f) **Arts and Crafts**

Inuvik Parkas set the standard in the Western Arctic. Some other Dene and Inuvialuit handicrafts are available.

**Schools**

There are excellent schools in Inuvik. For vocational and continuing education they have Adult Education **Centre** and Arctic College Inuvik Campus, and the Arctic College Extension Program.

**Recreation and Culture**

There is a Recreation Hall, arena, curling rink, track, golf course, gyms, **swimming pool, tennis court, park/playgrounds, ski-trails, beach area** and library.

### Social Services and Facilities

Group home, 10 person **community** Social Services Office, Northern Lights Treatment Centre. There is also **Inuvik** Council for disabled persons, Delta House, (Alcohol and Drug program), Youth Drop-in **Centre**, Help Line, **Ingamo Hall**, Friendship Centre, **Inuvik Day Care Centre**, **Community** Social Service Project, Senior Citizen's home and home care program,

Various churches are there in **Inuvik** which provide services to the **community**.

### History of Oil and Gas Exploration in Inuvik and the Impacts

In 1968, **Inuvik** was bustling and there was an air of excitement. It was the year when oil was found at Prudhoe Bay. The oil workers came back **immediately**; everybody saw the possibility of economic prosperity for the region.

The population had increased from 2,250 in 1967, to 3,080 - in 1970. The town was growing. **Oil** and gas exploration continued on a massive scale in those years. Expenditures by fuel companies doubled in one year from \$30 million to \$60 million with significant discoveries of natural gas in the Delta, there was more talk of a pipeline to carry the gas south. With the increased talk of pipeline to take natural gas south from the Delta, there was an urgency to settle land claims with the Federal Government.

The increase in exploration brought an increase in employment, but it was also changing the native way of life. Some found the change difficult to accept, specially the children. But **while** some things were in danger of being lost, others were being strengthened.

"The social fibre of the community changed in those years as well. That "changing social fibre" was noticed by many people. More and more native people began to worry about the impacts of exploration on the land and their lifestyles. Many of them wanted re-assurance that development would bring prosperity for native people as well as whites. 23

The oil and gas industry's contribution to the state of Inuvik is difficult to fully ascertain. As far as the business sector is concerned, according to Dome in 1980, 71 businesses did \$6.5 million worth of business with Dome alone. In the same period, Esso did a considerable number of business with local people. (Please refer to Tables O&G A,B and C). Dome's 1980 business induced direct as well as indirect impact on employment, income and businesses in Inuvik.

Inuvik grew in population and physical size with the affluence of oil and gas exploration. The airport expanded and new businesses sprung up. There was a lot of money and optimism in Inuvik during those oil boom days, with several companies confident of the natural gas reserves in the MacKenzie Delta, others starting to look to the Beaufort Sea and almost everyone sure that a pipeline would be built. 23

The closing of oil and gas exploration in the Beaufort and Delta and the closure of Canadian Forces Station may have had negative consequences, as oil and gas industry had hired significant numbers of people from Inuvik since 1970's and may have come to rely on this particular source of income. Inuvik will remain the centre of government for the Western Arctic. 24

And then came Justice Thomas Berger's Inquiry. As Inuvik and the rest of the North was re-considering oil and gas development in the 1980's, there was a definite sense of "deja vu". Inuvik's vitality was linked with the outcome of Berger's report. 23

On May 9, 1977, the long awaited Berger Inquiry Report was released. Berger did not say 'no' to a gas pipeline; he just wanted to ensure that such a



pipeline would go ahead only after careful planning and under strict regulation. At the hearings, the justice heard variations on three themes- "build, don't build, build with conditions".

In 1978, the Dempster Highway Management Plan was released. The reaction was mixed. The mayor felt the impact of the highway could be more devastating than that of any pipeline. But others looked at the Dempster for tourism opportunities.

"All of a sudden, the native organizations came into the limelight. People were signing up . . . people were 'born-again' natives . . . people were going back on the land. The oil companies were in limbo". Les Carpenter, 23

But many people were afraid. "It was a fear of the unknown" - as Sam Raddi puts it! 23 People did not trust the oil companies because they remember their past memories with seismic crews. For people directly involved, it was a time of intense excitement and confusion. They were afraid of blowouts; they were afraid the caribou would leave; they were afraid there would be no jobs for their generation and no compensation for their land.

**"If there is no pipelines, the, the Mayor Robertson predicted, 'the town will shrink to its size of ten years ago!'"**23

After the **Berger's** report, Shell announced it was pulling out; Gulf reported it was cutting **back** Foothill Pipelines closed its **Inuvik** office and Dome looked like the only game in town! In short, the town just went into shock.

"Businesses went bankrupt and people left. It hasn't recovered to this day, despite what's happened in the **Beaufort**" says Dan Homan. **"It's** as tentative today as it was then." 23.

A health study was commissioned. A project to revitalize the Eskimo language was begun. Despite the **Berger** Report, drilling activity in the Beaufort area went steadily on, in spite of the cutbacks. There were oil discoveries at **Kopanoar**, Tarsuit and **Koakoak**.

In 1980, Dome shut down its operations in late October. That month the Federal Government announced a national energy program with generous incentives for frontier oil and gas exploration. Throughout 1981, there was a definite sense that things were looking up again for business. That year Dome doubled its spending in the Beaufort to \$400 million. It expanded its fleet again and completed a major building program at its base camp in Tuktoyaktuk.

In early 1983, Inuvik looked ahead to a year when Inuvialuit land claims would likely be settled and major environmental hearings into Beaufort development would begin.

"It seems more likely that in some form development of Arctic resources will be approved and Inuvik is ready for the day that happens". "It is a cosmopolitan town, an up-do-date past of the Global Village, waiting on the edge of the largest development project the world has seen". 23

### **Inuvik Today**

Twenty-five years ago, there were many people who believed that inspite of all the careful planning, Inuvik would never prosper. Time has proven them wrong. "There is an air of expectation in the town these days - an eager looking forward to the future". 23

**Al Plum, President of Inuvik Chamber of Commerce said Whether we are ready or not, the development will take place!"**23

Inuvik was designed to expand under future industrial impact. There are strong indications that a pipeline will be built in the forthcoming years, and Inuvik would become a resource distribution centre.

Inuvik today is the education centre for the Delta it serves, a transportation centre for river traffic. It has a wealth of established private industry and is a commercial, educational and industrial distribution centre in every sense of the word.

### Health Survey

Unfortunately, the health survey was not conducted in Inuvik and the community results related to the health problems could not be obtained by the health researcher.

There are some results available on suicide rates. Inuvik had the third highest number of suicides with five. With a population at least three times larger than any other community in this region, surprisingly, Inuvik does not have the highest number in suicides. 9 (Refer to the Graphs A,B and Table A attached with Overview of Impacts Section in Volume 1).

Inuvik, Tuktoyaktuk and Aklavik combined make up 63% of all accidental deaths in the Inuvik Region. This was 63 of the 100 accidental deaths that occurred during the time of this study.

There were 12 homicides that occurred during the time of the study in the Inuvik Region. This gave Inuvik an average rate of 13.4/100,000. 9

There are a total of 58 alcohol and drug programs in the whole N.W.T. and these programs will be teamed up with mental health programs in all the regions. Inuvik is first priority on that list.

(A meeting was held in Inuvik on Alcohol and Drug Abuse on December 10 and 11, 1987. The graphic results of the report from Inuvik are attached in Volume I as Appendix I).

As Ellen Binder points out, "Things aren't that simple . . . there should be a cooling off period to allow people to adjust, advance their training and further the necessary research. The people must be given a chance to determine their own future. Care should be taken not to get carried away by emotion and lose perspective on life". 23

And now "... we have to make industry aware of our aspirations and be aware of their problems. We have to give something in order to receive something. The end result will be gain for all regardless of race, colour or creed".

Al Plum. 23

Table 1 -- DOME PETROLEUM--# of Male & Female Employees, by Community & yr,

Community	Summer Season 1982 (week of Jul. 19)	Winter Season 1983 (week of Mar. 25)	Summer Season 1984 (week of Jul. 7)	Winter Season 1985
<b>AKLAVIK</b>		Total only:		
Male	21	8	12	not operating
Female	16,		9	
<b>INUVIK</b>				
Male	40	19	12	
Female	18		13	
<b>TUKTOYAKTUK</b>				
Male	37	11	25	
Female	21		6	
<b>TOTAL</b>	153	38	77	

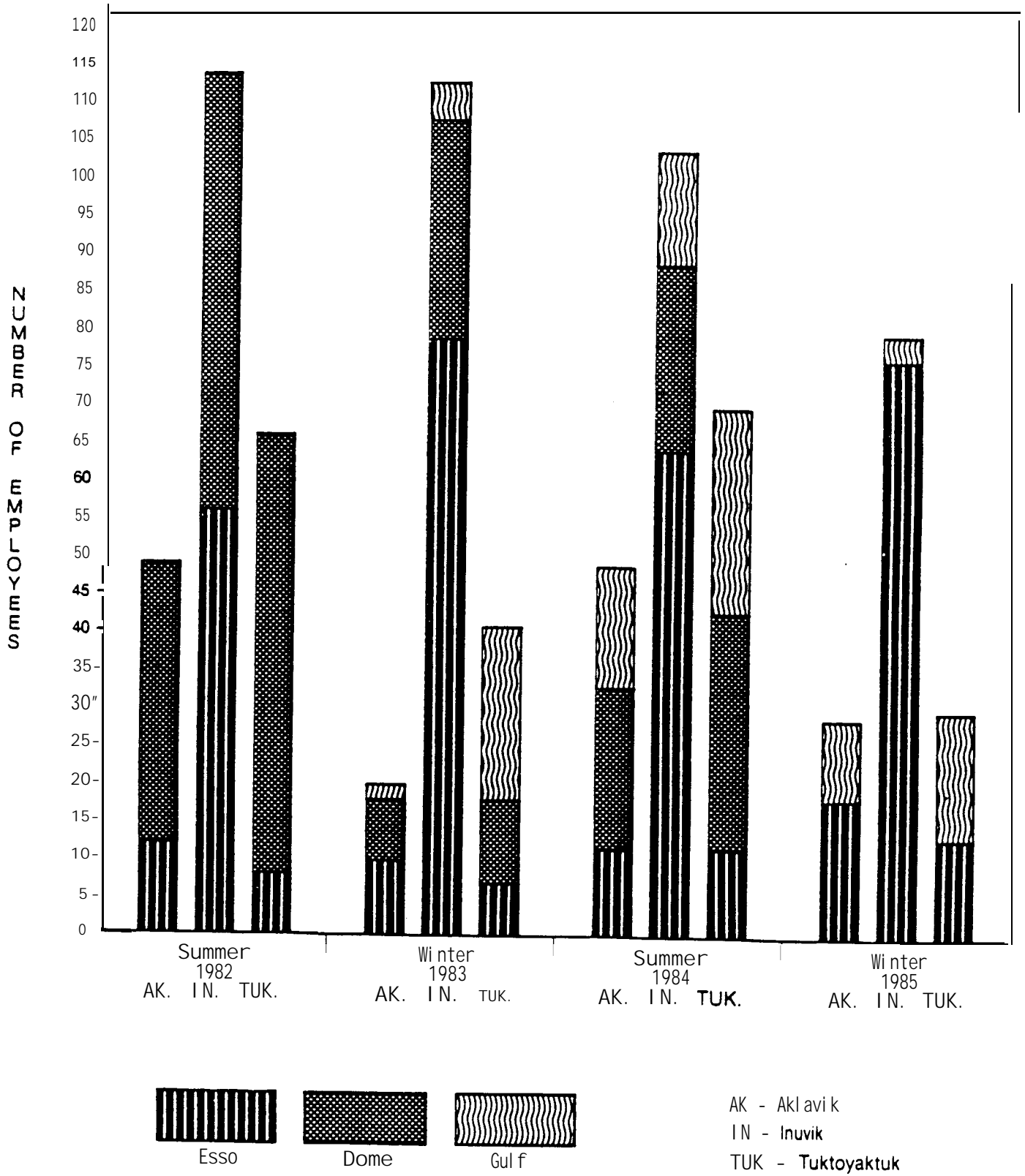
Table 2 -- ESSO RESOURCES--# of Male & Female Employees, by Community & yr.

Community	Summer Season 1982 (ave. Jul/Aug)	Winter Season 1983 (December)	Summer Season 1984 (ave. Jul/Aug)	Winter Season 1984 (December)
<b>KL K</b>				
Male	9	9	9	15
Female	3	1	3	3
<b>INUVIK</b>				
Male	37	64	42	50
Female	19	25	22	27
<b>TUKTOYAKTUK</b>				
Male	5	7	9	12
Female	3	0	3	1
<b>TOTAL</b>	76	106	88	108

Table 3 -- GULF CANADA RESOURCES--# of Male & Female Employees,  
by Community & yr.

Community	Summer Season 1982	Winter Season 1983 (January)	Summer Season 1984 (ave. Ott/Nov)	Winter Season 1985
<b>KLA K</b>				
Male		2	13	11
Female		0	3	0
<b>INUVIK</b>	<b>Nalluk base</b>			
Male	under	0	12	1
Female	construction	5	3	1
<b>TUKTOYAKTUK</b>				
Male	"	14	7	6
<b>Female</b>		9	20	11
<b>TOTAL</b>		30	58	30

Figure 3. Total Employment By Community by Season & Year, All Companies



Source : 'The Effects of Rotational Wage Employment on Families and Workers in The Beaufort-Mackenzie Area': Department of Social Services, G.N.W.T., March 1986.

EMPLOYMENT and WAGES: Dome, Gulf, and Esso (1982-85)

BEAUFORT / DELTA COMMUNITIES	<u>EMPLOYMENT by COMMUNITY</u>				<u>WAGES by COMMUNITY</u>	
	1982	1983	1984	1985	1982	1985
Aklavik	43	21	67	115	\$1,181,500	\$2,022,933
Arctic Red	0	0	7	9	0	45,000
McPherson	41	69	82	83	1,170,800	906,174
Inuvik	182	108	181	561	5,197,300	5,635,326
Tuk.	73	89	77	140	3,273,300	2,371,015
Sach's	7	13	7	4	199,900	75,628
Paulatuk	3	7	6	4	64,300	73,625
Coppermine	18	35	32	31	499,700	
Holman	5	4	3	2	157,100	

EMPLOYMENT/INCOME DATA SOURCES:

1. Canada Benefits Submissions: Dome, Gulf, and Esso (1982-1985).
2. Dianne Erickson's 1985 report, "Child Care Needs Associated with Hydrocarbon Development in the Beaufort Region."
3. Dome, Gulf, and Esso's 1983 "Beaufort Sea - Mackenzie Delta Environmental Impact Statement Supplementary Information."
4. A report prepared by Doug Mathews, GNWT, Inuvik, March 1986.

EFFECTS OF INDUSTRIAL DOWNTURN ON INUVIK REGION

	<u>Number of Employees</u>	<u>Total Work Months</u>	<u>Employment Income</u>	<u>Business Expenditures</u>	<u>Business Expenditure &amp; Income Total</u>	<u>Spilloff Effect Multiplier of 4</u>	<u>Total Direct &amp; Spilloff Effect</u>
<u>Inuvik Region</u>							
Aklavik	106	730	\$2,160,643	\$ 232,345	\$2,412,988	\$ 96,520	\$ 2,509,508
fort McPherson	64	406	1,001,601	10,600	1,155,161	44,366	1,205,527
Inuvik	212	1,014	4,611,590	19,287,920	21,899,510	955,960	24,855,490
Tuk	162	1,202	3,907,366	23,756,675	27,664,041	1,106,562	28,770,623
Paulatuk	6	12	42,900	352,060	394,960	15,798	410,754
Sachs Harbour	9	16	53,050		53,050	2,122	55,172
Holman	3	16	56,180		56,180	2,247	58,427
Subtotal	<u>562</u>	<u>3,976</u>	<u>\$11,940,150</u>	<u>\$43,699,760</u>	<u>\$55,639,910</u>	<u>\$2,225,595</u>	<u>\$57,865,505</u>
<u>Other NWT</u>							
Subtotal	72	449	\$1,445,634	\$25,944,560	127,410,214	\$1,096,408	\$28,506,622
Total NWT	634	4,429	\$13,405,784	169,644,340	\$63,050,305	\$3,322,007	\$86,372,212
Yukon	114	769	2,478,897	3,819,025	6,297,922	251,912	6,549,839
Total Northern	144	5,194	15,884,681	73,463,365	89,346,044	3,573,924	92,921,964

Source : Social Services, G. N.W. T. 1'386

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## PAULATUK

### Introduction

Paul atuk, a name derived from the Inuktitut term for 'soot of coal' found in the vicinity, is a small community of about 200 population (1985 June) situated on the eastern edge of the traditional territory of the Karngmalit or Mackenzie Inuit. 25

This community profile will assist the community residents to understand their origin, their present status and future prospects, so that they could envision the current social and health problems better, and work with the government officials to plan a better future.

### Brief History

Mackenzie Inuit kept strong ties with Alaskan cultures and were able to sustain the Thule-Whale hunting culture. The Karngmalit living in this area at the time of initial contacts with Europeans had developed a strong independent lifestyle based on whale hunting and for heating purposes, use of local coal deposits. The original Karngmalit inhabitants of Paulatuk suffered greatly from the effects of alcohol and disease brought by outside whalers. 25

### Human Resources

Paulatuk experienced a major increase in population from 1971 to 1981 from 35 to 174 residents. This rapid growth reflects the movement of people off the camp and into the settlement and their subsequent high rates of natural increase amidst conditions of better health care, housing and social assistance. The population of this community was 200 (1985 June census) and is estimated to reach 300 by the year 2000. 24

Paulatuk has a very young population, i.e. about 68% of the population is under the age of 24. The majority of residents are Inuit - 95% 25. Like most other northern small communities, the young population produces problems once they enter the labour force. Since there is no scope for expansion in the economy, the young of Paulatuk are forced to leave for other places in search of jobs, hence some efforts must be taken to keep this young population within the settlement.

### Economic Status

The economy of **Paulatuk** could be broken down to three categories that include public, private and renewable resources. The public sector consists of income from the governments. Although public sector is not a major contributor to the cash economy of **Paulatuk**, it provides **many** essential services at low cost. The private sector is made up of local private **businesses**, oil and gas, tourism and crafts. The private sector provides about 47% of income and various jobs to the residents as sewage, water and garbage services, leasing of heavy equipment to the government and private industry for construction projects and Beaufort Sea exploration activities and local store. The renewable resources are fish, meat, furs, as well as country food. The resource harvesting continues to be the base of local economy.

**Paulatuk** is rich in wildlife and traditionally the residents have relied on seal, caribou, muskox, fish, geese and polar bear for their diet. The **community** is quite self-sufficient on its wildlife alone for their food. Sport hunts for polar bear, seal, muskox and caribou contribute substantially to the **local** economy. Future hunts look promising as they are organized through IDC.

Most of the people were employed by the service sector. The oil and gas industry employed five people in **1985** (18 man months in 1982). Most of them had unskilled jobs or semi-skilled jobs with oil and gas. The income per capita was \$4,000 in 1984 (**Lutra** 1985).

Since the 1970's, oil and gas industry has provided a **sizeable** income to the **community**. Five to nine people usually worked for the industry, earning between \$8,000 in 1975/76 to about \$90,000 in 1985. The loss of these jobs and businesses has affected this **community** considerably.

Tourism, arts and crafts are developing steadily in **Paulatuk** as these resources bring in considerable cash income. **Paulatuk** is a very friendly traditional and sharing community, and there is a potential to expand this industry and the Arctic Wildlife here.



Inuit children at Play



Bear Hunt

The cost of living is quite high. The food prices are **63%** higher than Yellowknife (1985).

The community has a modern school up to grade 9 education. The average school attendance has gone down from 86% to 69% in 1985 and **is decreasing** every year. The poor attendance does not prepare the children for the required level of education.

Currently the local economy is based on wages.

### **The Impacts of Oil and Gas**

Since 1970's, oil and gas industry had hired nine people from **Paulatuk** and these people came to rely on this particular source of income. The recent closing down of hydrocarbon development had a lot of negative effects on these people. In many cases, this was the entire source of income and some people used this income to buy supplies and equipment for hunting and trapping.

About ten people worked for Dome, Gulf and Canman companies. Some could not stand those jobs as they missed their families, but those who did and returned from the Tuktoyaktuk Exploration ships, adjusted fairly well. At present, due to lack of activity, some residents just drink, indulge in promiscuous activities or watch T.V. out of boredom. Before they used to work hard to survive, but "life is too easy now", as one resident commented during the interviews. A total of 19 people were interviewed during the NOGAP Health Survey, done in 1986. The quantitative survey results are attached in Volume I.

### **Survey and Community Opinions**

Most people have expressed during the interviews that there is a lack of ambition and cultural values within the residents of the **community**. People now feel trapped and frustrated. It is also a very permissive society, kids are born to young people, but those kids are usually looked after the parents or grand parents, as they don't like to leave the babies to the mercy of social services usually. About **75%** people surveyed perceived alcohol abuse as a major problem. **95%** people smoke. There is no home brew

and almost no bootlegging. Usually they get their booze from Inuvik. 'As soon as the booze gets into town, the nurse knows'. People of **Paulatuk**, seem to be very content with the nurse's services.

There is a lot of unemployment and most of these social and health problems come from not having jobs.

The priest and the RCMP try to solve most of their problems for them. **45%** people said suicide was not a problem but 40% said it was, none was reported though. **65-70%** women still drink while pregnant and there is a high number of teenage pregnancies. About **40% people** surveyed confirmed that **sexually** transmitted diseases were a problem in the community, and the rest did not think so. Depression is quite widespread there. There seems to be a little more awareness about fetal alcohol syndrome and contraception and that has changed things around. There is a lot of binge-drinking in town.

Some people still think 'life on the land' was much better than wage economy as it 'was the definition of Eskimo Culture'. They believe if they loose "**life on land**" they loose their culture. There is still a 'sense of **community**' in **Paulatuk**.

The residents of **Paulatuk** are in **favour** of **re-involvement** with oil and gas activity. One resident said "oil and gas industry did not directly affect our **community**, it enabled us to provide for our families; it brought higher standards of living, gave us more opportunities and training for better jobs".

The existing health care is generally good in **Paulatuk**, but they are in need of more trained personnel to educate them.

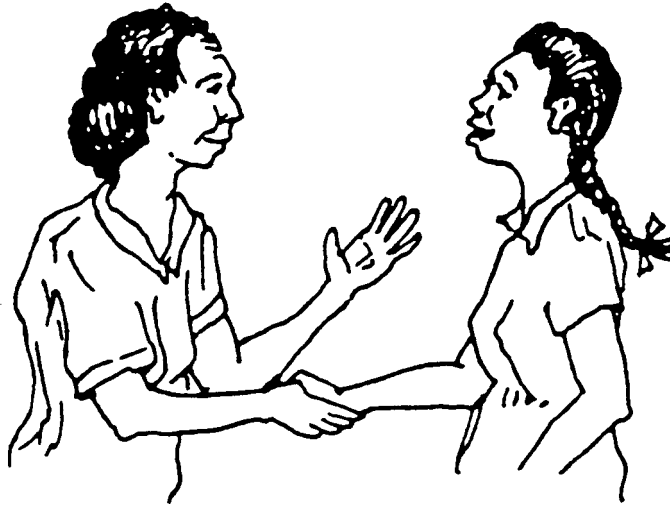
Education is needed in most areas. The residents think that the **community** health representative does not have their trust as it is a small **community** and people hesitate to discuss personal problems with him as he knows everybody.

The residents think that they "need a proper set up within the community (with the information about who should see whom for what; how to get involved, what courses are available, etc.). They complain that TV is giving wrong ideas to kids, there should be more education through television.

People should be able to regain their moral values and this is possible through community participation only. The social worker should be able to bring people together and talk about problems.

**SUPPORT, ADVICE, AND CRITICISM  
SHOULD GO BOTH WAYS.**

**Program leaders and advisers need to provide support, advice, and friendly criticism to help health workers do a better job.**



**Health workers and local health committees need to provide suggestions and friendly criticism to help program leaders and advisers do a better job.**

AGE AND SEX FOR CENSUS YEARS

AND PROJECTIONS

COMMUNITY: PAULATUK

Year	Ethnicity	Sex	At 1 Ages	%	0-4	5-14	15-24	25-34	35-54	55-64	65+
1976**	ALL GROUPS	M	75	58.0	10	25	15	10	10	-	--
		F	55	42.0	10	15	10	1a	5	5	--
		T	130	100.0	2a	45	25	20	15	5	--
1981**	ALL GROUPS	M	95	56.0	10	25	30	5	20	5	--
		F	80	44.0	5	20	20	5	100	--	--
		T	170	100.0	15	45	55	10	30	5	--
	DENE/ METIS	M	--	--	--	--	--	--	--	--	--
		F	--	--	--	--	--	--	--	--	--
		T	--	--	--	--	--	--	--	--	--
	INUIT	M	90	--	10	25	25	5	15	5	5
		F	70	--	5	20	20	--	10	--	--
		T	160	94.0	15	45	45	5	25	5	5
	NON NATIVE	M	5	--	--	--	--	--	5	--	--
		F	5	--	--	--	--	5	--	--	--
		T	10	6.0	--	--	--	5	5	--	--
1985*	ALL GROUPS	M	107	53.0	14	28	30	6	18	4	7
		F	93	47.0	12	21	23	12	17	7	1
		T	200	100.0	24	49	53	18	35	11	8
	DENE/ METIS	M	--	--	--	--	--	--	--	--	--
		F	--	--	--	--	--	--	--	--	--
		T	--	--	--	--	--	--	--	--	--
	INUIT	M	103	--	14	28	30	5	15	4	7
		F	100	--	12	20	21	11	15	7	1
		T	203	95.0	26	48	51	16	30	11	8
	NON NATIVE	M	4	--	--	--	--	1	3	--	--
		F	6	--	--	1	2	1	2	--	--
		T	10	5.0	--	1	2	2	5	--	--
1990*	ALL GROUPS	M	125	53.0	20	27	29	20	16	6	7
		F	111	47.0	19	23	25	15	21	4	4
		T	236	100.0	39	50	54	35	37	10	11
	DENE/ METIS	M	--	--	--	--	--	--	--	--	--
		F	--	--	--	--	--	--	--	--	--
		T	--	--	--	--	--	--	--	--	--
	INUIT	M	121	--	20	27	29	19	13	6	7
		F	105	--	19	22	23	14	19	4	4
		T	226	96.0	39	49	52	33	32	10	11
	NON NATIVE	M	4	--	--	--	--	1	3	--	--
		F	6	--	--	1	2	1	2	--	--
		T	10	4.0	--	1	2	2	5	--	--

\* Estimated and projected based on zero growth due migration.

\*\* Based on Statistics Canada Census.

## Recommendations

1. A drop-in centre is needed where young people could go and talk, or do things that make them stay away from drinking.
2. There i's a need for more native nurses and CHRS for so many programs. More education on cleanliness and health for the kids is required. There should be more home visits by the CHR to teach women about hygiene. One resident said "we need more than a nurse and a priest to prevent and solve these problems".
3. The community requires a qualified health **committee** for feedback and direction, also live-in counselors. A social worker is needed to boost their morale.
4. "The priest is getting old and since the church has a lot of influence on this community, they should combine mental health care and religion) a suggestion from one resident.
5. A basic concern that needs to be addressed is the level of harvest of different wildlife species that could be sustained without depleting the source, as it could have a negative effect and loss of country food. The scarcity of animals could frustrate the tourists who wish to view the natural habitat. 24
6. Tourism could generate more jobs and cash income for **Paulatuk**, as the area offers a traditional Arctic experience, and a beautiful scenery and wildlife, including big game. The local traditional lifestyle attracts the tourists who seek a unique culture. "With proper marketing and additional hotel and tourist guide facilities, the community may increase its cash income". 24 An upturn in the fur prices would enhance the value of hunting and trapping.
7. A policy of managing the land, fish and game will certainly ensure **Paulatuk's** future.
8. Transport facilities are slow; improvements should be done in this area.





Fur Industry

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DR. OTTO SCHAEFER HEALTH  
LIBRARY

## **Introduction**

Before analyzing the social, economic and health issues of Sachs Harbour, let us look into the origin of the people of this settlement first, so the people of Sachs Harbour are able to identify themselves, the opportunities, and restrictions of the development. It is hoped that this profile will also help them envision their goals by understanding the existing conditions and problems.

## **Brief History**

Sachs Harbour was named after the ship "Mary Sachs" of the Canadian Arctic Expedition in 1913. The community took a form when the trappers from the Delta were first introduced to the white fox fur trapping potential of Banks Island during the Canadian Arctic Expedition. For nearly 30 years, these **Inuvialuit** lived and trapped during the winter months and sailed back to the Delta area each summer to sell their furs. Many of them became quite wealthy and were able to educate their children in mission schools at **Aklavik** or in Southern Canada. The present site of Sachs Harbour was one of several areas used as campsites by trappers in the 1930's and 1940's.

The RCMP established its post in 1953, and the Department of Transport (DOT) set up a weather and communication station in 1955.

By 1960's all **Inuvialuit** residents on the Island were living in Sachs Harbour.

## **Human Resources**

There was a major increase in the population of Sachs Harbour between 1961 and 1976. In 1981, there was a decline as 12 people migrated to Delta communities. The present population of the community is 161 (1985 June) and is estimated to exceed 230 people by the year 2000.

Sachs Harbour has a very young population (about 63% of the residents are under the age of 24 years). The majority of residents are **Inuit (94%-1981)**. As the young people enter the work force, there are some problems produced as there is not much scope for the expansion of jobs unless there

is an increase in the number of trappers. The community must seek to expand its economy in order to keep its young from leaving the **community.**"<sup>24</sup>

### The Economic Status

The economy of Sachs Harbour could be broken down to three parts that include public sector, private sector and renewable sources. The public sector includes income from the governments. The government jobs provide many residents regular wage employment. The private sector consists of the income from local businesses, oil and gas, tourism and crafts. The renewable resources are fish, meat, furs and the imputed value of country food. <sup>81</sup>? of the income came from public sector, 11% from the renewable resources and only ~~8%~~ from the private sector (Lutra, 1985) in 1984. The public sector includes job with the Hamlet offices, housing association, nursing station, school and various government departments.

The private sector **also** includes the **Ikalut Co-op**, the lodge construction, airline agent, taxi, video rental and Polar Art Works Enterprises.

Sachs local economy is strongly depending on its white fox trapping and other resource harvesting like big game hunts for polar bear and muskox.

A substantial income came from oil and gas since the 1970's. The level of employment has varied over the years, with earnings up to **\$200,000**. In 1985, five people worked for the oil and gas industry earning about \$180,000.

Sachs have fewer social problems than other NOGAP communities. Most community needs are being met by the social worker from Tuktoyaktuk. Social assistance payments are relatively low.

According to the Health and Welfare Canada standards, Sachs Harbour seems to be quite self-sufficient in their protein intake from its wildlife alone.

Sachs Harbour is an extremely wealthy **community**. The trapping and hunting of white fox brings in a lot of cash and so do the land claims.



Arctic Fox

(Photo : Courtesy -Dept. of Renewable Resources ).



Polar Bear

(Photo : Courtesy - Dept. of Renewable Resources ).

Protests from animal rights group has had a drastic effect on the sales of the fox fur and on seal skins, which are used largely for producing various handicrafts and clothing. Sport hunts for polar bear and muskox also contribute substantially to the total economy. The income per capita was \$7,000 (1984).

Sachs is a very traditional and friendly community. Tourism is a source of substantial amount of cash. There is a potential for expansion in this area.

Cost of living is quite high. All food items are about **83%** higher than **Yellowknife** prices (1985 food survey - GNWT).

There is a modern school in Sachs, Harbour which has a capacity of 100 students and provides education up to grade 9. School attendance is quite high, ranging from **79%** to **81%**, (1984-85). **50%** of the working age population has had less than grade 9 education. A very high drop out rate of students has been reported here from grade 10 through 12.

#### The Impacts of Oil and Gas

Oil and gas industry hired only 3-5 people in 1985. These people found out about drugs at work and since then, more and more people are finding about the drugs. In general, this **community** is almost renewable resource based, but a handful of individuals who were in contact with oil and gas had problems.

#### Survey Results

During the health survey, in spite of the existing social and health problems, more than **40% people** surveyed thought that oil and gas gave them jobs. Since '**there** were no oil companies **there**', they "just worked for **them**". Most respondents thought that most of these problems started long before oil and gas. **Oil** companies did change their life-style but "these current problems are self-inflicted" in many cases. Peer pressure and not knowing how out of hand alcohol can get, created most of this social chaos.

Loss of employment and lack of activities **certainly** brought a massive depression, other mental health problems, and drugs. Some residents believed that nobody in the community **knew** about drugs until oil and gas started. Also, crimes like wife battery, assaults, child abuse, and traffic accidents were all the products of alcohol and drug abuse.

It seems that now the alcohol awareness has come to town and it has been reported that they have also held a couple "dry-dances" successfully. It is hoped that with more education and preventive programs, the problem could be controlled.

There is very little home brew made in Sachs Harbour, and it does not seem to be a problem; and neither is **bootlegging**, as people buy their own alcohol whenever it arrives by scheduled flights from **Inuvik** or Yellowknife.

Drugs are widely used among young children, especially children whose parents drink. Children ages 12 to 20 they use angel dust, acid, and marijuana. Drugs are available, but not a big problem.

There is a lot of tobacco use in Sachs Harbour. People smoke from age 9 to **70**. They are aware of the consequences but they **still** smoke. Not much of chewing tobacco or snuff is in use here.

Substance use was a big problem before, but now it is not as bad as it was earlier. Teachers of Sachs say that children are sniffing gas, hairspray, **lysol**, but it is not a major problem. Kids are getting away from all these substances. With a little more education and awareness, this problem could be eradicated.

There have been few attempts of suicide, mostly they are related to family problems. There was one case of abortion.

Women are taking up the greatest roles in this **community**. There are a lot of cultural problems. This questions men about "their role" in providing for the household.

A lot of residents complained that the sentence for **spousal** assault was not long enough. These men would beat up their women under the influence of alcohol, went behind bars for some time, came out and did the same thing again. The worst of all, there is no shelter for the battered women in Sachs. There is a lot of wife battery here and it results in the children's **behaviour**; they either become hyperactive criminals or take it all out in other ways, harmful to themselves or to the society.

### **NOGAP Health Survey and Community Opinions**

A total, of 38 people were surveyed in this **community**. On the question of **STDs**, **42%** of the people denied even knowing about them. But in some cases, this problem is prevalent here, although partners deny it. Mostly **chlamydia, microplasm, trichomonis** are reported, there not much evidence of gonorrhoea. Venereal diseases are rampant sometimes. There should be more education in sanitation and personal hygiene, it is not a major problem though.

The survey results show that about **63.2%** to **70%** young women get pregnant when they are in their teens. They try to fit into today's society and this 'being grown-up' feeling drives young girls to have sex, which initially is caused by drinking, drugs or **lack** of knowledge. Church stays out of this issue. Not too many cases are reported right now, but this social problem does turn into a health problem at times.

Because of "extended **family**" logo, teen pregnancies are socially accepted. In cases like these, kids get shuffled from one place to another, they mature faster and if their parents or grandparents don't look after them, they are at the mercy of the **community**.

It has been reported that there is a **lot** of education and awareness about FAS, but still pregnant women not only drink but they "**swim in it**" as one resident commented during the survey. There are no severe cases for FAS, but there are degrees of it. There is a lot of awareness through videos, slides, and posters about FAS hazards in Sachs, but moderate smoking and drinking during pregnancy goes on. There is also a lot of pressure to drink.



**When asked about their reinvolvement with oil and gas, the residents of Sachs are all set for it. "We need jobs to boost our economy",** one resident said. Another person said "it would bring people a purpose in life. It is wrong to have status or an elite position in Canada" ,... "emphasis should be given for this Hamlet; it should be centered on enhancing and stimulating the local potential", as one resident voiced his opinion. About 98% of all residents who were interviewed said they wanted to get involved again, with the oil and gas. "Problems will subsequently come but we should be strong enough to take the family pressure when spouse is away at work," - one opinion.

It seems that traditional hunting and trapping pursuits will probably continue to play a significant role in the economic and traditional life of Sachs.

People of Sachs Harbour are willing to work, they just need direction and goals.

The existing health committee is just getting off the ground.

There seems to be a lot of prevention work being done here, but poor relationship between the workers seems to come in the way. CHR takes on different roles in different **communities:**

- a) Fort Norman is in control of chronic care.
- b) Fort McPherson is working on suicide prevention,
- c) Fort Good Hope is **focussing** on environmental surveys.

Most respondents during the interviews said that they still need a lot more health services in maternal health, mental health, alcohol and sexually transmitted diseases, as all these problems seem to be inter-related.

Activities associated with hydrocarbon development are not expected to be **focussed** in the immediate vicinity of Sachs, but it is expected that more opportunities may further industrial employment, there exists a great need for more education, more preparedness and to expand the role of the community members with the small businesses.

### Recommendations

1. The residents of Sachs want one recreation **centre** where the young and old both can go and mingle with each other. There is a tremendous communication gap between the two generations. Lack of activity creates a **lot** of social problems. There should be a rink and a gym, where the young people could go, exercise and have fun.
2. The youth need a long term psychological help but it is not available as most help **centres** can keep their patients for only a limited time, and after the treatment is over within that time period, they are sent home, while they should be sent out to some treatment centre where they could **get** further help in recouping which they need.
3. The residents are demanding more upgrading programs and to train their young people for further skilled and semi-skilled jobs.
4. Tourism could also increase the cash income. The area offers beautiful scenery and their traditional life-style makes it more attractive to the tourists. **With** appropriate marketing, the community might be able to do very well to boost up their economy. It is hoped that with a little help from more educational programs and a lot of community participation, this dream is not too far from their reaches.
5. More services in dental health care, in mental health area and in family counseling are needed.
6. The community also needs an alcohol and drug drop-in centre.
7. There seems to be a need for better transportation to **Inuvik**, interpreters and escorts for the elders (to Edmonton). More nutrition workshops, and sanitation awareness is required too.
8. The community is demanding more native involvement in the health care delivery system.

Year	Ethnicity	Sex	All Ages	%	0-4	5-14	15-24	25-34	35-54	55-64	65+
1976**	ALL GROUPS	M	90	54.0	5	25	25	10	15	5	5
		F	75	46.0	5	25	10	5	15	10	5
		T	165	100.0	10	55	35	16	30	15	10
1981**	ALL GROUPS	M	90	56.0	15	20	20	15	10	5	5
		F	70	44.0	5	10	20	15	10	5	5
		T	160	100.0	25	35	40	30	20	10	10
	DENE/METIS	M	--	--	--	--	--	--	--	--	--
		F	--	--	--	--	--	--	--	--	--
		T	--	--	--	--	--	--	--	--	--
	INUIT	M	85	--	15	20	20	10	10	10	5
		F	65	--	5	10	20	10	10	10	5
T		150	94.0	25	35	40	20	20	20	10	
NON NATIVE	M	5	--	--	--	--	5	--	--	--	
	F	5	--	--	--	--	5	--	--	--	
	T	10	6.0	--	--	--	10	--	--	--	
1985 .	ALL GROUPS	M	101	63.0	8	31	22	12	16	6	6
		F	60	37.0	4	9	20	12	12	1	2
		T	161	100.0	12	40	42	24	28	7	8
	DENE/METIS	M	2	--	--	--	--	--	1	1	--
		F	3	--	--	--	--	2	1	--	--
		T	5	3.0	--	--	--	2	2	1	--
	INUIT	M	96	--	8	30	22	11	14	5	6
		F	49	--	1	9	19	6	11	1	2
T		145	90.0	9	39	41	17	25	6	8	
NON NATIVE	M	3	--	--	1	--	1	1	--	--	
	F	8	--	3	--	1	4	--	--	--	
	T	11	7.0	3	1	1	5	1	--	--	
1990 .	ALL GROUPS	M	114	61.0	15	29	24	14	15	11	6
		F	74	39.0	17	7	16	16	12	5	2
		T	188	100.0	32	36	40	30	27	15	8
	DENE/METIS	M	2	--	--	--	--	--	--	2	--
		F	3	--	--	--	--	1	1	1	--
		T	5	3.0	--	--	--	1	1	3	--
	INUIT	M	109	--	15	28	24	13	14	9	6
		F	63	--	15	6	15	12	10	3	2
T		172	91.0	30	34	39	25	24	12	8	
NON NATIVE	M	3	--	--	1	--	1	1	--	--	
	F	8	--	2	1	1	3	1	--	--	
	T	11	6.0	2	2	1	4	2	--	--	

• Estimated and projected based on zero growth due migration.

•\* Based on Statistics Canada Census.

Source: Statistics Canada and Bureau of Statistics. GNWT.

9. There is a need for counseling in all these areas. The nurse is very helpful, but she needs assistance. There is a need for a counselor for battered women as well.

TUKTOYAKTUK

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2. Health Problems
3. Alcohol and Drugs
  - a) Drugs
  - b) Tobacco
  - c) Substances
4. Mental Health
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FINAL REPORT - TUKTOYAKTUK

Introduction

Tuktoyaktuk NWT, with a population of about 950 people, is the largest Inuvialuit community in the world. It is located on the Beaufort Sea and is famous for its pingos. The community has had Hamlet status since about 1970. It was here that a great deal of oil and gas activity took place. The COPE (Committee for Original People's Entitlement) land claims were settled in 1984, partly in an effort to give local people benefit from the forecasted oil boom.

Health Problems

Alcohol and Drugs

Alcohol is a very big problem in Tuktoyaktuk. In winter, the ice road makes access to the liquor store in Inuvik very easy. In summer, it's possible to get to Inuvik by boat but most people don't use this method of transportation. All year round, there are several weekly scheduled flights. Often planes are loaded with liquor and some planes are chartered for the purpose of transporting alcohol. So there's easy access to alcohol, and people can drink every day if they wish. There are no restrictions to alcohol in the community. Alcohol abuse starts in the late teenage years and continues until the elderly years for many people. The results of alcohol abuse include fighting amongst family and friends, child neglect, sexual abuse and other disruptive behaviour. The vast majority of crimes committed, if not all, are linked to alcohol abuse.

Those who are addicted to alcohol often buy alcohol with the money which would have gone to food, clothing and other necessary items. They also neglect to take care of themselves, their dependents and their homes. This causes other health problems such as poor nutrition, unsanitary living conditions, unhappy children and unrealistic visions of themselves. Children are often up late at night or don't go home, which then makes their school attendance record spotty.

In the days before the oil and gas companies arrived, home brew was made by several families. Today, very few people make it and they usually can't afford to buy commercial alcohol and are quite strongly addicted to it. The Bay sells most of the ingredients to make brew, and the RCMP used to go into people's homes to check for home brew when it was suspected.

Bootlegging is the major problem now and some bootleggers have been fined. The older folks think of the bootleggers as parasites on the people, considering that bootleggers can make \$100,000 annual income from their business. Most people know who the bootleggers are and there are over 20 of them in the hamlet. RCMP claim that there are no informants to



Tuktoyaktuk Pingo Tour



Tuk Drummers

convict the bootleggers but in Inuvik which is 80 miles away, there is continuous pressure on the bootleggers such as undercover work on the bootleggers.

The bootleggers know that some people will turn them in, so they don't sell to these people. The RCMP need the co-operation of people in the community in order to convict bootleggers, but many people depend on the bootleggers so as yet the people haven't taken any great steps to alleviate this problem.

Since the downturn, there are probably more bootleggers because there is no other income for people so they depend on the sale of alcohol. However, because people don't have a great deal of money, the prices of bottles has decreased from \$100 for 26 oz bottle to \$50 for the same.

People can get so desperate for alcohol that they'll sell their personal belongings at very low prices. One man sold his skidoo for three bottles of alcohol.

### Drugs

Marijuana and hashish are readily available through the three to four drug traffickers. Teenagers to people in their '30's use these drugs. Generally, the drugs come through Inuvik from Edmonton. There doesn't seem to be any difference between the amount of drug abuse during the oil boom and after. The community hasn't taken concerted action against the sale of drugs, but individuals have gotten upset when their personal lives are affected, e.g. parents get upset when one of their children gets caught with drugs.

### Tobacco

Probably about 90% of the adult population smokes, starting at 12 years of age. People **didn't** stop smoking when the government raised the tax a few months ago. Most people are aware of the dangers of cigarette smoking but this awareness hasn't changed habits much.

However, at a recent bingo, one building (the school) was declared smoke free and everyone observed the regulation. The school gym was also used for an "old time" dance and lots of people showed up and didn't smoke.

There is very little chewing tobacco or snuff used in Tuk.

Like alcohol and drugs, tobacco was brought in by outsiders. The people have not been exposed to these products for very many generations and are undergoing stages of experience and experimentation which probably occurred in European cultures when they were first exposed as well. Long ago, the entire Kitty settlement was wiped out by TB, which was brought in by outsiders.



## Substances

Substance abuse does not appear to be a great problem in Tuk. Before the oil and gas companies came and people didn't have as much money, vanilla extract, lysol and aftershave were quite commonly used as substitutes for alcohol. Now most people drink alcohol.

Some children sniff gas and glue. In the fall of 1985, there was a radio show about glue and gas sniffing in other settlements focussing on McPherson, which described in detail how to sniff. Some kids heard this show and started to sniff.

Recently, kids have started to sniff something called Popeye glue, but on the whole, the problem here is less than in other settlements.

## Mental Health

### Depression

Populations all over the world suffer from depression as a part of their natural existence. Nobody's life is always happy.

But in Tuk, there are some distinct reasons for depression. During the oil boom, people were accustomed to making large incomes and spending great amounts of money. With that source of income taken away, there are no substitutes. The employment alternatives in the hamlet are limited and most people don't have the educational requirements for the few skilled positions available. People are experiencing difficulty now in paying their debts and for their rent. Their unemployment insurance **doesn't** allow them the same standard of living they had before.

People also say they're bored. They say there's nothing to do. When the opportunities in Tuk are compared to standards based on southern urban centers, there are very few things to do. But there are lots of things to do in Tuk. In the winter, there's hunting, trapping, skidoing and going out on the land. There are recreational activities, old time dancing. People could sew, cook, visit their friends and relatives. The list is endless.

Depression seems to set in more strongly during the fall, when the darkness is beginning. In the old days, people were busy in the fall, getting ready for winter. They were getting fish for their dogs, setting up their homes, making clothing. They were busy the whole day. There was no time to be depressed. During the winter, all kinds of festivals

were held for people to enjoy themselves. The dark season passed with relatively no discomfort. People knew no other way of life.

Now to get water, a tap is turned, to get light, a switch is flicked; to get heat, a thermostat is pushed. The subsistence way of life has been eliminated in the settlement, but hasn't been replaced with work.

Most people don't want to return to the subsistence way of life but haven't found their niche in the wage **labour** economy. Most native people don't want to become assimilated to the life of the dominant culture. They want to find a balance between their old ways and the new opportunities available to them. They are in the process of finding this balance for themselves as a culture and as individuals. It is a difficult and confusing process, one in which people in transition make their own mistakes in order to find their own solutions.

Elders are concerned about their sons and daughters who are going through periods of turmoil and this causes grief for both groups. The difference between the lives of the elders and the children today have undergone an extremely rapid change. In three generations almost everything has become different. In the past, **Inuvialuit** were ruled by one chief. Everyone obeyed the chief and he had authoritarian power. Things weren't confusing then. People knew their roles.

On a world scale, this is probably one of the fastest periods of change which has ever occurred to any population.

#### Suicide

The suicide rate was very high a few years ago. Suicide rates have been shown to be cyclical and the rate is on a downswing in Tuk at the moment. Some of the people who have attempted it in the past have made further attempts.

#### Other Mental Health Problems

Self-esteem has been cited as the most severe problem facing native people today. It seems to be a problem in the world of the **Kabluna** (Big Eyebrow - or person of European extraction). But for many native people, **there's** no problem with self-esteem when they are out on the land. They know how to deal with their environment.

Family, violence, notably **spousal** assault is also a problem in Tuk. This is linked to the increasing **roles** of men and women to the frustrations of settlement life and to the poor communication between women and men.

Lack of disciplined children was cited by some respondents as a problem. Children are spoiled by their parents and are given everything they ask for in the way of material possessions. They aren't taught moral values either, so when these kids play with other children, this behaviour spreads.

### Sexually Transmitted Diseases (STD)

Most people are unaware of the dangers of STD until they or someone close to them contracts an STD. Usually when alcohol is involved, people engage in sexual activity freely, and STD are passed on. The media attention to AIDS has started people talking. Some people are now afraid to get blood transfusions for fear of AIDS transmission.

### Teenage Pregnancies

Teenage pregnancies are quite common in Tuk. In many cases, this is a matter of kids having kids. Usually the parents of the pregnant teenager end up taking care of the baby. When the baby is just born and is cute, cuddly, unable to talk back, everyone is excited about having her/him. But the grandparents are often silently resentful that they have to take care of the child. Even the mother sometimes loses her fascination for having a baby once the child is past the age of six or seven and can't be packed on the back.

In the past, when teenage girls got pregnant, they got married to the boy who was believed to be the father. This doesn't usually happen nowadays. By the time it's obvious that they're pregnant, it's usually too late to do much about it. Also, the church's influence has declined.

Now there are four Christian churches in Tuk: Roman Catholic, Anglican, Glad Tidings and Pentecostal, for a population of 900 people. In the past there were only the Anglican and Roman Catholic churches. For a period of seven years, the Anglican ministry was left vacant and the minister from Inuvik would go to Tuk about once a month. At this time, the Glad Tidings Church arrived and converted several people. The Pentecostal church arrived later.

The people who converted changed their habits quite drastically for a while but then reverted to their former way, possibly in a more abusive fashion.

so the churches' influence isn't very strong and contraception is readily available. Abortions also have been done. The ministers used to visit people more in the old days.

Very many single mothers, some with children from different fathers, live in Tuk. It's difficult for these women to find employment and get adequate care for their children if they do find employment. The extended family isn't **always** willing, or reliable.

Generally, the people here are very proud and **don't** like to admit they're wrong, said one respondent,

FAS

There is only a few diagnosed cases of FAS. Generally people's awareness of the dangers of drinking and smoking for expectant mothers is low. Sometimes, women are already addicted to alcohol and continue drinking while pregnant.

There are quite a lot of social and peer pressure to drink but some individuals are able to withstand the pressure and remain sober.

### Health Services

#### Alcohol, drug and substance abuse services.

The House of Hope is the only service in the community which provides this type of service, but the counselors **aren't** trained to work with substance or drug abuse. The AA group is functioning well and has gotten young people involved. There was recently a mini AA round up, which brought together alcoholics and others from around the Delta to discuss and celebrate a sober life. This event showed the community that the people working towards a sober society in Tuk are sincere and hard workers. The members of the House of Hope's Board of Directors were all sober. Some very positive success stories have come out of the counseling provided there and one person said "I never thought I'd stop drinking by visiting that run down shack". This shows that the House of Hope is typical of most alcohol projects and has a poor financial system.

Some respondents thought that the House of Hope wasn't very successful in decreasing the number of people with drinking problems and pointed to a few structural problems, such as these: people under the influence of any intoxicating agent **aren't** allowed in the House of Hope; the counselors **aren't** allowed to do home visits but they have **to** wait until people come to them; the counselors need more training; the counselors don't do a full day's work most of the time.

For the past few months, the counselors have been working without pay. There have been several misunderstandings and communication mix-ups with their funding agency. Overall, people like the counselors and trust them.

The NS (Nursing Station) inevitably ends up dealing with alcohol, drug and substance abuse. The nurses counsel and warn people of the health dangers of alcohol abuse. They can also refer patients to Delta House. The House of Hope may then act as a follow-up service for Delta House.

#### Mental Health Services

There are no mental health services in the community. The Mental Health Association works out of Inuvik to service several communities in the region.

The Social Workers generally are not counselors or mental health workers.

The newly formed Crisis Center addresses spousal assault victims. It is as yet to tell how successful it is. Some respondents were highly critical of it as they don't feel that the service is being used because people don't trust the crisis center workers. The workers were also reported as doing nothing with their time.

#### Sexually Transmitted Disease Services

The NS generally provides a good service for these diseases. People have no choice but to go there, so they trust the nurses with their personal health problems. The NS is quite well equipped and up to date.

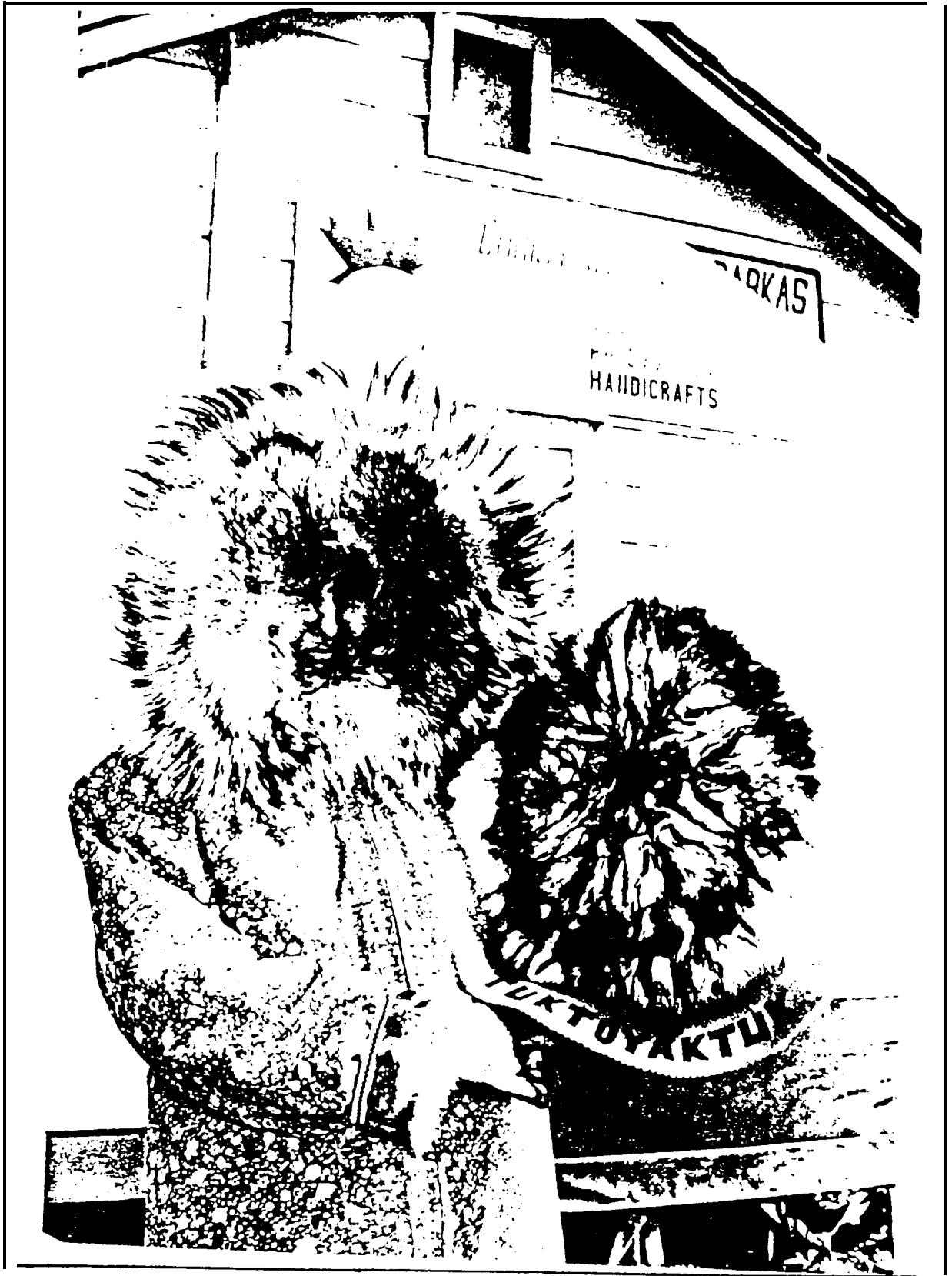
#### Mental Health Services

The NS provides good maternal health services, according to most respondents. Their perinatal counseling and clinics keep babies and mothers healthy.

Respondents complaints about the NS centered around the rapid staff turnover and the perceived poor qualifications of the nurses. Some people recounted near horror stories about incidents at the NS within the past ten years. In the past, there was a nurse in the community for nine years who the community really liked. When she left, people expected to have someone of her dedication back in the community, but so far don't feel that anyone has matched her.

#### Causes

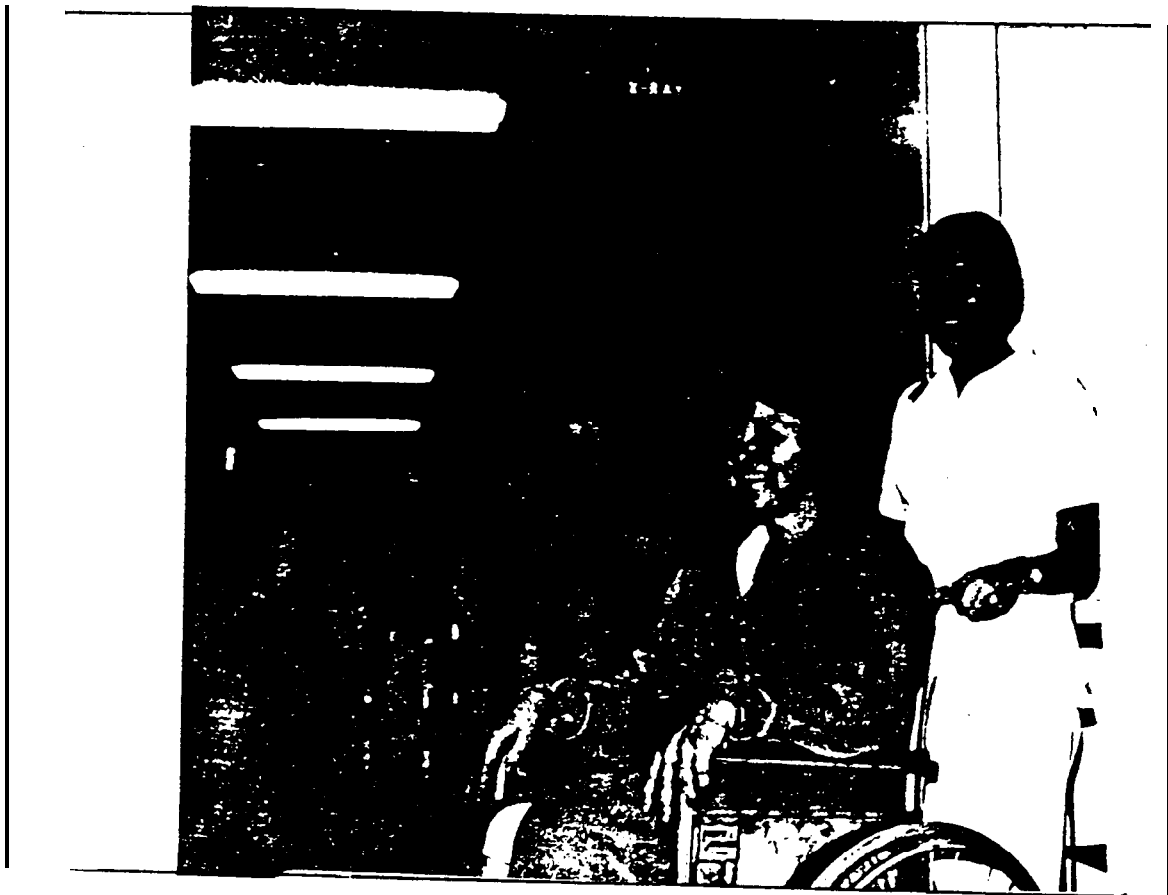
People indicated alcohol, boredom, rapid change in their way of life, lack of education/guidance and the oil and gas companies were all sources of their health problems.



Handicrafts from Tuktoyaktuk



Recreation Centre For The Young.



Native Participation In Health- Care

### Oil and Gas Companies

In the early 1960's Esso came to Tuk and was mostly doing land based exploration and drilling. During the 1970's, Dome, Beaudril, Gulf all came to Tuk and by 1976 the oil boom was on, and most companies were exploring and drilling offshore.

At first, many of the oil and **gas** company workers would come into the community when they were off work. There were lots of parties and some fights. Parents became concerned about their kids at these parties, especially their girls, who seemed to find the young men from the oil companies quite attractive.

The Hamlet Council then wrote letters to the oil and gas companies and requested them to restrict their workers from coming into the community. This appeal was successful and the community remained separate from the oil and gas camps. Some respondents stated that the mayor at the time didn't act in a way which was reflective of his council or the community as a whole.

In the camps the restrictions on alcohol use were very strictly enforced and the penalties were harsh for people who brought alcohol into the camps. So alcohol problems did not worsen in the camps. However some respondents noted that drugs came with some oil and gas workers.

Most of the local people who worked on the sites were in the lower skilled jobs such as rough necks, cooks, **cleaners, camp attendants, polar bear look outs monitors, receptionists.** They worked usually seven days a week for two weeks and then got two weeks off. Most respondents felt that the oil and gas companies should have trained local people to take the higher skilled jobs. It seems that most of these jobs were taken by young men from Calgary or Edmonton.

Some respondents felt that the oil and gas companies had been the worst thing that ever happened to Tuk because of all the alcohol abuse, garbling and waste of **money which resulted** when people had large sums of money and spent it all in two weeks.

The Bank of Commerce in Tuk closed down because people weren't depositing money.

Some people said that the oil and gas companies were beneficial" to the local economy because people had no alternative to this work. Some kids quit school to work on the rigs and are now experiencing difficulty going back to school without being paid.





Pingo Tour In Tuktoyaktuk.

Some interviewees felt that health and social problems always existed in Tuk but were exacerbated by the oil and gas companies. They felt that the oil companies have been blamed for more problems than they caused.

The Federal Government is more to blame, said these interviewees, for allowing the companies to do what they did. The government is, after all, elected to serve the people whereas private enterprise works on the **bottom** line of profit. The Hamlet Council wrote a letter to the Federal Government asking for certain services, like a new **airstrip** to accommodate the oil and gas activity. By the time the government got around to seriously discussing these issues, the downturn was around the corner.

One respondent said that the wage **labour** economy had made Tuk residents **more** materialistic and less community oriented. When one person was able to buy things, others had to keep up. People didn't share as much. She felt that since the downturn, people visit more and help each other more.

One respondent said that the oil companies were unfair to the workers and sometimes asked people to work longer days than they were paid for.

On the whole, most interviewees want the oil companies to return because employment is needed. They feel that people will learn from the past.

#### More Health Services

Most people wanted more health care services. Some wanted a CHR again. Tuk has had four of them and they all were quite successful.

Some wanted a doctor and others asked for more qualified nurses.

Most people wanted more community participation in the health care system, but they felt that the same core of people who sit on all the committees would sit on a health committee.

Most respondents felt that many issues need help in Tuk, but that mental health and self-esteem are most important.

They would like to see more local people go for training and become part of the health care delivery system.

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33. **Personal Communications**

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PRELIMINARY N.W.T. POPULATION ESTIMATES  
 June 1966  
 (Territorial Regional Boundaries)

	TOTAL	INUIT	INDIAN	OTHER
<b><u>INUVIK REGION</u></b>	<b>8,411</b>	<b>2,361</b>	<b>2,174</b>	<b>3,876</b>
Aklavik	763	<b>391</b>	157	215
Arctic Red River	108	5	82	21
Colville Lake	52		51	1
Fort Franklin	532		334	<b>198</b>
Fort Good Hope	562		<b>406</b>	156
Fort McPherson	760		572	188
Fort Norman	332		236	<b>96</b>
Inuvik	<b>3,389</b>	828	279	<b>2,282</b>
Norman wells	627	5	32	590
Paulatuk	193	181		12
Sachs Harbour	158	<b>140</b>	5	13
Tuktoyaktuk	929	<b>808</b>	20	101
Unorganized	6	3		3
<b><u>FORT SMITH REGION</u></b>	<b>25,116</b>	<b>334</b>	<b>5,311</b>	<b>19,471</b>
Detah	131		129	2
Enterprise	56			56
Fort Liard	395		315	80
Fort Providence	<b>588</b>		422	166
Fort Resolution	447		190	257
Fort Simpson	<b>987</b>		452	535
Fort Smith	<b>2,460</b>	66	334	2,060
Hay River	2,964	27	111	2,826
Hay River Reserve	180		178	2
Jean Marie River	64	4	50	10
Kakisa Lake	30		<b>30</b>	
Lac La Martre	345		<b>329</b>	16
Nahanni Butte	84		72	12
Paradise Gardens	42		4	38
Pine Point	1,558	10	60	1,488
Rae Lakes	183		77	<b>106</b>
Rae-Edzo	<b>1,370</b>		958	420
Reliance	11		4	7
Salt Plains Reserve	14		14	
Snare Lake	119		117	2
Snowdrift	273		243	30
Trout Lake	<b>54</b>		49	5
Tungsten	238		6	232
Wrigley	161		148	13
Yellowknife	11,753	202	694	10,857
Unorganized	601	25	325	251

## PRELIMINARY N.W.T. POPULATION ESTIMATES

June 1986

(Territorial Regional Boundaries)

	TOTAL	INUIT	I INDIAN	OTHER
<b>NORTHWEST TERRITORIES</b>	52,238	18,543	<b>7,514</b>	26,181
<b><u>BAFFIN REGION</u></b>	9,975	8,185	5	1,785
Arctic Bay	477	449		2a
Broughton Island	439	421		18
Cape Dorset	872	815		57
Clyde River	471	456		15
Grise Fiord	114	103		11
Hal 1 Beach	451	435		16
Igloodik	857	807		50
Iqaluit	2,947	<b>1,785</b>	5	1,157
Lake Harbour	326	298		28
Nanisivik	315	130		185
Pangnirtung	1,004	938		66
Pond Inlet	7 %	736		60
Resolute Bay	184	166		18
Sanikiluaq	422	<b>402</b>		20
Unorganized	<b>300</b>	244		<b>56</b>
<b><u>KEEWATIN REGION</u></b>	4, %6	4,330	19	637
Baker Lake	1,009	881	6	122
Chesterfield Inlet	<b>294</b>	267		27
Coral Harbour	477	43s		42
Eskimo Point	1,189	1,114		75
Rankin Inlet	1,374	1,034	13	327
Repulse Bay	420	403		17
Whale Cove	210	<b>188</b>		22
Unorganized	13	8		5
<b><u>KITIKMEOT REGION</u></b>	3,750	3,333	5	412
Bathurst Inlet	16	16		
Bay Chimo	61	59		2
Cambridge Bay	1,002	<b>804</b>	5	193
Coppermine	<b>888</b>	814		74
Gjoa Haven	650	616		<b>34</b>
Holman Island	303	275		<b>28</b>
Pelly Bay	297	269		28
Spence Bay	<b>488</b>	445		43
Unorganized	45	35		10