

Sustainable Veterinary Service in Northern Canada:

A Veterinarians Without Borders Workshop

Panel Notes for Dr. J. R. G. Herbert

July 14, 2017

Christian **A**boriginal **I**nfrastucture **D**evelopments

Preface

Preface:

These panel notes and answers for questions posed to panelists were prepared for the Veterinarians Without Borders Workshop on *Sustainable Veterinary Service in Northern Canada* held on July 14, 2017, in Charlottetown, Prince Edward Island. I apologize for any bluntness or incorrect terminology that may have entered these notes as they were condensed. If you find incorrect terminology or a statement appears without enough information to put it into context, please do not hesitate to contact me. Christian Aboriginal Infrastructure Developments and myself are not libel for information contained within this paper, whether omitted or errant.

Dr. J. Richard G. Herbert

© Reserved 2017

Sustainable Veterinary Service in Northern Canada: A Veterinarians Without Borders Workshop

Panel Notes for Dr. J. R. G. Herbert

Prepared by Dr. Richard G. Herbert B.Sc., D.V.M.

Christian **A**boriginal **I**nfrastructure **D**evelopments

A Not-for-profit, Charitable NGO

Canada

info@caid.ca www.caid.ca

Table of Contents

Detailed Notes	1
Introduction	1
Indigenous Considerations	3
Model Considerations	5
Other Areas to Consider	7
Specific Considerations	9
Panel Questions and Answers	10
Panel Presentation	15
Top 3 Messages	17
References	19

Detailed Notes and References

Introduction:

“For over a century, the central goals of Canada’s Aboriginal policy were to eliminate Aboriginal governments; ignore Aboriginal rights; terminate the Treaties; and, through a process of assimilation, cause Aboriginal peoples to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada.ⁱ”

Section 91(24) of the *Constitution Act* (1867) gave legislative authority over Indigenous Peoples and lands reserved for Indigenous Peoples to the federal government. By 1876, all control of legislation and land relating to Indigenous Peoples in Canada had been consolidated into the Department of Indigenous and Northern Affairs Canada’s (INAC’s) predecessor.ⁱⁱ

INAC’s authority over Indigenous Peoples and their lands was laid on a foundation of four false assumptionsⁱⁱⁱ:

1. Indigenous people are inherently inferior and incapable of governing themselves;
2. Treaties and other agreements are not covenants of trust and obligation; and, can be formally acknowledged but ignored when convenient.
3. Wardship is appropriate for Indigenous Peoples. Actions deemed to be of benefit for Indigenous people can be taken unilaterally without consent or involvement in design or implementation; and,
4. Concepts of development are defined for Indigenous Peoples by non-Indigenous values. This applies to the individual, community and nation.

INAC used a variety of tools to enforce Canada’s policies towards Indigenous People. Tools included:^{iv}

- a. The *Indian Act*;
- b. Forced Residential Schooling;
- c. Forced Relocations; and,
- d. Wardship.

In 1966, the federal government received *The Hawthorne Report*^v and its policy recommendations. I use this report as an example of policy. Among the recommendations in volume 1 of *The Hawthorne Report* are three germane to the discussion on Indigenous veterinary solutions. They are:

- **Recommendation 3:** “The main emphasis on economic development should be on education, vocational training and techniques of mobility to enable Indians to take employment in wage and salaried jobs. Development of locally available resources should be viewed as playing a secondary role ...”
- **Recommendation 22:** “Community development should be viewed as playing a

distinctly secondary role for most Northern and isolated, small communities ...”

- **Recommendation 56:** “All possible efforts should be made to induce Indians to demand and to accept provincial welfare services.”

Canada’s policies and enforcement tools created two paths in Canada:

“... one for non-Aboriginal Canadians with full participation in the affairs of their communities, province and nation; and one for the people of the First Nations, separated from provincial and national life, and henceforth to exist in communities where their traditional governments were ignored, undermined and suppressed, and whose colonization was as profound as it would prove to be immutable over the ensuing decades^{vi}.”

Why am I reminding participants of a veterinary workshop about Canada’s history when everyone here was not born when colonization policies and their tools were put into place? Because, when we step in to help with dog problems in remote northern Indigenous communities, we walk into a very different Canadian reality.

The result of historic Canadian policies and their enforcement is that services and programs delivered by governments in Canada do not include Indigenous rights. Infrastructure services and their programs are only extended to Indigenous communities when it serves outside interests. The more north or isolated a community is, the less infrastructure it has.

Current gaps in health care, education, housing, nutrition, policing, safe drinking water, economies, justice and more are reflections of infrastructure levels available to Indigenous Peoples, including the lack of veterinary infrastructure.

I do believe current governments in Canada no longer hold onto assimilation policies. In fact, Prime Minister Justin Trudeau pledged in 2015 to adopt the *United Nations Declaration on the Rights of Indigenous People* (2007) and in 2016 the Prime Minister pledged to implement the Calls to Action made in the final report of the Truth and Reconciliation Commission. However, legislation and its regulations are essentially unchanged since before Indigenous rights were included in Section 35 of the *Constitution Act* (1982). If legislation and regulations have not changed, then very little has changed in respect to services and programs delivered by government and its derivative institutions, including veterinary services.

We cannot impose our ideas of tools and solutions on Indigenous Peoples. I mentioned four wrong assumptions upon which policies for Indigenous Peoples were based. These assumptions can be corrected and worded to reflect the discussion at hand:

1. Indigenous Peoples are able to create informed legislation and regulations to govern their own dogs;

2. We need to honour treaties, agreements and section 35 rights as we move forward;
3. We cannot act unilaterally and we must have informed consent, joint planning and Indigenous involvement in solution implementation; and,
4. Indigenous dog management strategies and their required infrastructure must be defined by Indigenous culture (values) if we want it to work.

The lack of infrastructure in Indigenous communities is a purposed consequence of wrong thinking and these consequences have not been remedied. It is this remedy that Indigenous Peoples across the country cry out for. Those here today only have the purview of veterinary infrastructure, but the problem is ubiquitous.

Indigenous Considerations:

Dog-related issues in Indigenous communities are not a result of apathy or lethargy. Indigenous people love and respect their dogs and wildlife in the context of a different culture and sovereign society. Current dog problems in remote northern communities are a result of a lack of Dog-Related Veterinary Infrastructure (DRVI).^{vii} The further south a community is, with closer access to urban centers and DRVI, the less we see dog problems that plague northern communities.

When working towards solutions for dog problems in northern remote Indigenous communities, there are a number of considerations to be aware of. This is by no means an exhaustive list:

1. Community:
 - a. Sovereignty:
 - Sovereignty resides in the context of pre-contact societies.
 - Each community has its own consultation and respect protocols.
 - There is a wide difference in community governance structures between First Nation, Inuit and Métis communities.
 - Most northern First Nation communities function with autonomous governance structures using the *Indian Act* Chief and Council structure; some use traditional governance structures.
 - b. Culture:
 - Community governance is bottom-up with community members directing.
 - Community guidance comes from elders.
 - Community priorities may be decided by a group of matrons.
 - We must be invited into a community and have relationships established on trust so that we can dialogue.
 - We need elder oral teachings on dog roles and responsibilities, member input on service/program needs; input on governance needs and matron

support to obtain a base understanding of dog-related culture.

- Dog-related culture must be put into context with roles, responsibilities and accountability for band members and every class of dog (feral, working, stray and pets) to create a community action plan focused on immediate (crisis), interim and long-term solutions.
- During the process of acquiring an understanding of dog-related culture and creating the Action Plan, we must consider how to harmonize with provincial/territorial and federal jurisdictions for:
 - Individual vs. community ownership
 - At large vs. fenced or tied
 - Population control – surgical sterilization, reducing populations
 - Aggressive dogs – individual or pack
 - Care – feeding, vaccination, illnesses, injury, *etc.*
 - Intervention – by-laws, enforcement, appeals, education, *etc.*

c. Infrastructure:

- New, or extended, infrastructure must be adapted to accommodate culture, remoteness, population density and dog roles and is needed for about 60-70% of Canada's land mass.
- Support infrastructure is also needed:
 - In-community billeting/housing, working areas, utilities, kennel area (for enforcement), *etc.*
 - Regional staging or emergency centers.
- Northern Dog-Related Veterinary Infrastructure (DRVI) needs to be developed with communities, provinces/territories and the federal government for definitive solutions to be implemented. DRVI includes:
 - Veterinary: - wellness, population control and emergency services
 - Public Education: - public health, cultural & husbandry teachings
 - Legislation: - local by-laws and provincial/federal legislation
 - Enforcement: - training/intervention, euthanasia, surrender

d. Socioeconomics:

- Communal versus individual liability and ownership must be established.
- Most remote northern communities run approximately 80% unemployment so that the current model for DRVI based on populated urban areas of the country will not work:
 - Veterinary-owned practices with dog owner-based revenues will not work.
 - Local humane societies don't exist as they have no donation base in a community to draw from.

- Communities have no municipal-like revenue stream from which to fund communal veterinary services or to create needed by-law enforcement infrastructure and services.

2. Regional:

- Regional Indigenous governance is quite variable.
- Most Indigenous communities are part of a larger nation with distinct traditional territories; and, Indigenous nations are often part of a treaty organization.
 - As such, there often is a local community governance, a regional advisory/infrastructure-related tribal council and then a treaty governance structure that must all be included in discussions while bearing in mind the authority rests in community governance.

3. National:

- In 2005, the Government of Canada created bipartite political accords with 5 national Indigenous organizations:
 - Assembly of First Nations (AFN)
 - Inuit Tapiriit Kanatami (ITK)
 - Métis National Council (MNC)
 - Congress of Aboriginal Peoples (CAP)
 - Native Woman's Association of Canada (NWAC)
- (Using the AFN accord)^{viii} The accord was meant to create new policy approaches, including the consideration of opportunities to:
 - Facilitate Indigenous governance capacity building; and,
 - Work with Indigenous communities and organizations to jointly support the implementation of Indigenous governments, including program, policy, institutional and legislative initiatives.
- These national organizations are important lobbies that must be included in discussion even though authority rests with community governance.

Model Considerations:

There are over 1,000 Indigenous communities across Canada and there are no working models to resolve dog mauling and mauling deaths in the 200-300 remote northern Indigenous communities that need urgent help.

- Current models in which veterinary schools and not-for-profit organizations provide charitable dog population control clinics for Indigenous communities cannot be scaled up to provide ubiquitous services across 60-70% of Canada's land mass.

- Most Indigenous communities find it offensive to be characterized as third world-like communities in need of charity.
- Charitable services create a dependency on their services (give a person a fish and when it is gone they will be hungry again; teach the person to fish and they will never be hungry again).

To solve dog-problems in Indigenous communities, we must empower the community (and region) to manage their own dogs in their own way by helping communities create informed Actions Plans for which DRVI services can be made available. With 200-300 remote, and another 200-300 underserved, northern Indigenous communities spread across Canada, we cannot instantly empower every community across 13 provincial and territorial jurisdictions for the myriad of Indigenous cultures that exist, but we can begin.

Southern urban centers manage 3 groups of owned dogs (pre-weaned, weaned and adult) that if found to be stray are escaped, lost, transiently let loose or abandoned. This is in stark contrast to the 8 groups of dogs currently found in a remote northern Indigenous community of which 5 are not owned; 2 of the 5 being feral.^{ix} We need solutions in remote communities for all 8 groups of dogs. The most difficult to gain control of are feral dogs as they are rarely seen, tend to be active at night, move in packs, have large flight zones and are resistant to trapping.

Dog management models for remote northern communities must be built in consultation with Indigenous leaders and governance structures, communities, other community and regional infrastructures, veterinary agencies, humane societies and rescue groups, veterinary schools and provincial/territorial/federal governments. The basic model should include:

1. Immediate Solutions:

- The goal is to provide immediate crisis relief so that interim solutions can then be used to stabilize the community.
- We need a common definition(s) for dog crises in communities so that immediate intervention can be triggered when requested by a community.
- The type of tools used for intervention will be a reflection of the type of crisis and the group of dogs causing the crisis:
 - Owned, stray or feral offenders.
 - Preemptive or post-incident intervention.
 - Individual or pack-related aggression.
 - Disease control and protocols (ex. rabies).
 - Summary conviction with euthanasia vs. dog rescue.
 - Liability and dangerous dog legislation vs. rescue.

2. Interim Solutions:

- The goal is to stabilize the dog population in regard to the respective crisis.

- Interim solutions will never fully gain control but they will buy time to develop and implement long-term solutions.
 - The type of tools used will be a reflection of the original crisis and dog groups involved:
 - Public education.
 - Access to emergency services.
 - Population control.
 - Selective depopulation.
 - Dog wellness services.
 - Current models in which veterinary schools and not-for-profit organizations provide charitable dog population control clinics are well suited for use with interim solutions.
3. Long-term (Definitive) Solutions:
- The goal is to permanently control community dog populations in a way that respects culture and end crises such that immediate and interim solutions will no longer be needed.
 - Informed community Action Plans, that have gone through consultation to develop the DRVI necessary to bring the Action Plan into force, are empowered with the accommodation of DRVI services.
 - The basic tools of DRVI are mentioned in the previous section on pages 6-7.

Other Areas to Consider:

There are a number of other areas that need to be considered or included in discussions of sustainable veterinary services in northern Canada.

1. Treaties:
- Canada's Indigenous Peoples are First Nation, Inuit and Métis. They have both pre-existing societal and treaty rights that must be considered. Some communities have:
 - Pre-confederation treaties
 - Numbered post-confederation treaties
 - Unnumbered post-confederation treaties
 - Land claim agreements
 - Self-government agreements
 - No treaty or land claims; and
 - Some communities are not officially recognized by Canada.

2. Federal government:

- The federal government, under INAC, still controls the Crown’s legislative authority over Indigenous Peoples and their lands through section 91 (24).
 - Federal legislation applies to federal lands reserved for Indigenous communities and includes the *Health of Animals Act* (1990), *Indian Act* (1985) and the *Criminal Code* (1985).
 - Section 81 (1) (e) of the *Indian Act* gives band councils authority to manage dogs and section 73 (1) (d) gives the Minister of INAC authority to control and destroy dogs.
- The only aspect of DRVI provided by the federal government is done so through the Canadian Food Inspection Agency (CFIA).
 - The CFIA has a national role in animal and food disease monitoring, including rabies.

3. Provincial/Territorial Governments:

- The Crown’s authority is also vested in provincial and territorial governments.
- Canada’s DRVI is located at the provincial/territorial level.
 - Provincial/territorial governments enact and enforce veterinary and animal-related legislation and regulations directly and indirectly through self-regulated organizations to create DRVI.
 - Dog-related legislation and regulations, with their derivative DRVI, are unique to each province/territory.
 - Provincial/territorial governments’ DRVI is poorly developed or undeveloped in the north.
 - DRVI does not extend into lands reserved for Indigenous communities.
- Provincial/territorial governments often have underserved northern veterinary subsidy programs for farm animal veterinary services that may include small animal veterinary services.

4. Common Law:

- Law in Canada is tort, criminal, and constitutional, being expressed in legislation, regulations and common law (court decisions).
 - Indigenous rights have, for the most part, not been included into legislation and regulations in Canada.
 - To understand the rule of law for Indigenous rights, one must be familiar with common law expressions of section 35.
- The doctrine of interjurisdictional immunity^x protects Indigenous rights from the infringement of provincial/territorial laws of general application.

- Interjurisdictional immunity applies to provincial/territorial legislation and regulations that create DRVI in Canada.
- Indigenous Peoples can create their own DRVI and that DRVI could, in theory, network across Canada.

5. Jurisdiction:

- The federal government has jurisdiction for DRVI on lands reserved for Indigenous communities.
 - Federal legislation overrides provincial/territorial legislation to the extent they are in conflict.
- Provincial/territorial governments have jurisdiction for DRVI within their boundaries.
 - The jurisdictional authority of self-governing veterinary agencies is limited to their respective provincial/territorial jurisdictions.
- Through the doctrine of interjurisdictional immunity, Indigenous communities can take over jurisdiction of DRVI from provincial/territorial governments, effectively overriding provincial/territorial DRVI legislation and regulations through Band Council Resolutions.

(Please note, the discussion on interjurisdictional immunity is more complex than presented here.)

Specific Considerations:

There are a couple of specific topics that should be mentioned.

1. Dog Mauling vs. Overpopulation:

- Too many organizations have sold dog population control as the definitive solution to dog mauling on reserve.
 - If we want to stop mauling we have to stop dogs from forming dangerously aggressive packs and control individually aggressive dogs.
 - To be successful, we must address all 8 groups of dogs found in the remote northern community environment.
 - Spay/neuter is one tool for interim and definitive solutions, it is not a mauling crisis solution.

2. Reducing Dog Populations:

- Before modern DRVI was available in southern urban and rural areas, dog culls (by gun shot and poisoning) were a ubiquitous management tool.
 - Rural livestock owners still have the right to shoot dogs that pose a threat to their livestock.
 - Today, no community wants to cull dogs whether by humane euthanasia

or gun shot.

- Preferred options for reducing dog populations are animal rescue and sterilization; culls are a tool of last resort.
- Dangerous dog legislation, liability and which of the 8 groups of dogs are involved in the mauling situation, will all play a role in choosing an immediate tool to deescalate the crisis.
 - If Indigenous communities are not given access to immediate (crisis) solutions other than culling, there is no choice.
 - It is inappropriate for non-indigenous society to publicly impose their perception of a dog cull on Indigenous communities when what is needed are resources and viable, culturally appropriate immediate, interim and long term DRVI-based solutions as alternatives to culling.
 - Indigenous communities and their leaders are wary of contacting outside organizations for help in crisis situations for fear of being adversely portrayed in the media.

Panel Questions and Answers:

The purpose of sharing notes before answering panel questions is to give enough background to place answers into context. These answers will be brief.

1. What are the most pressing needs and challenges facing communities in remote and underserved areas of Northern Canada with respect to veterinary services?

It is important to keep in mind culture, remoteness, population density and dog roles as we discuss Indigenous needs and challenges. Also, we cannot speak for Indigenous communities and so the question should be worded to ask, “*What are the most pressing needs and challenges facing veterinarians providing veterinary services in remote and underserved areas of northern Canada?*” Still, after a number of years, I can suggest that Indigenous communities need to keep their citizens safe from dog attacks and that the challenge is doing it without funds, access to animal care, information, training, infrastructure and without outside agencies respecting culture.

The majority of remote First Nation communities I have been to have no veterinary services. So, access to services and funding are the most pressing needs. Travel costs are prohibitive; the smaller the community, the less accommodation and meal access there are for visiting teams; culture collides with mainstream animal husbandry; and, roles dogs fill can require them to run at large. There are no other dog-related services in remote communities that can provide a continuum of care when veterinarians go home; and, there are no public education, legislation/by-law development information or by-law enforcement supports.

Underserved areas are rural and likely not remote. They fall victim to low regional

population densities and poor socioeconomics. So, they need easier/more access to veterinary service and funding. Some underserved communities may have rudimentary dog-related services that can provide some enforcement support but there is no continuum of care after veterinarians go home and there are no public education or legislative/by-law development information supports.

“Large” remote and underserved Indigenous communities may have the population to support their own dog-related veterinary services but they lack the infrastructure and funding to do so.

2. To what extent are these needs and challenges being addressed and what more needs to be done to support Northern communities?

Needs and challenges are for the most part not being addressed. Part of the reason is centered in the nature of veterinary services in Canada as private veterinary-owned businesses. The veterinary profession can not afford to provide service across the north except as discrete packages of charitable services and education-related programming. In essence, the veterinary profession is doing what it can to resolve dog problems in Indigenous communities; and, regardless of heart size, the scale of the need is more, Not-for-profit organizations are likewise doing what they can to help Canada’s north.

The other part of the reason northern Indigenous veterinary needs and challenges are not being addressed is based on historical policies and the resultant lack of infrastructure development for Indigenous communities and the north.

Remote Indigenous communities need a public-health minded veterinary service delivery model that integrates with non-veterinary dog-related services to permanently solve dog issues in communities. The current privately owned veterinary business model cannot work.

Underserved northern Indigenous communities can continue to use the privately-owned veterinary business model but these businesses require a subsidy program similar to the one created for northern farm/animal veterinary services in a number of provinces.

3. What are the limitations of the current approaches? How could those limitations be addressed?

Current approaches to dog issues in remote northern communities involve outside charitable organizations arriving “with solutions.” Indigenous Peoples are sovereign and able to manage their own dogs in a way that respects their culture and harmonizes into available infrastructure services – given the knowledge, resources and infrastructure to do so. Charitable approaches create a dependency that prevents the development of culturally-based definitive solutions.

There are over 1,000 Indigenous communities in Canada and more than 400 of them are

remote or underserved northern communities with little or no veterinary service. These communities need infrastructure either extended to them or developed with them to fill their dog-related needs and challenges.

Creating safer remote communities through dog management is not done by veterinary services alone. It is done by a group of dog-related services that are collectively referred to as Dog-Related Veterinary Infrastructure (DRVI) services. They find their root in veterinary, public health, legislative and enforcement infrastructures.

Indigenous communities need to be empowered to manage their own dogs through informed Action Plan development and the extension or creation of culturally-respectful DRVI to bring that Action Plan into force. Community Action Plans need to be developed on the model of immediate (crisis), interim and definitive solutions.

The scope of the task before us is huge. DRVI currently exists at the provincial/territorial level with a litany of jurisdictional issues when it comes to federal lands reserved for Indigenous communities. We will not be able to affect change in 13 different jurisdictions without a national team to coordinate. We will be most effective if we focus our energy first on immediate and interim solutions followed by long-term, definitive solutions.

4. Are there un-tapped resources (human and financial) that could/should be accessed in order to serve more northern communities?

Resources for current delivery models are already tapped, but that is in a system with virtually no DRVI for northern Indigenous communities. If we work with Indigenous communities to create or extend DRVI through a pilot program or in a step-by-step manner, then new funding can be made available. However, this will only occur if we work with governments to make DRVI a northern priority so that programs are created where criteria allow funding options for DRVI and its services.

Different regions in Canada have different current and potential funding sources. Current generic funding sources include, but are not limited to:

Donation-based	<ul style="list-style-type: none">- Public donations are approaching maximum.- Corporate donations are all or nothing and can end abruptly.
Education-based	<ul style="list-style-type: none">- Contributions through education are based on education programs whose delivery also charitably help the community.- There is potential for the creation of funding through the development of a pilot remote infrastructure project where universities co-manage a remote regional hospital that can be used as a hub for regional services.

Sustainable Veterinary Service in Northern Canada: A Veterinarians Without Borders Workshop
 July 14, 2017, Charlottetown, Prince Edward Island

Panel Notes for Dr. J. Richard Herbert B.Sc. D.V.M.

Food-Animal-related	<ul style="list-style-type: none"> - Most provincial/territorial northern food-animal programs rely on funding small animal hospitals to some degree to retain veterinarians. - These programs could be expanded to include some degree of funding for underserved Indigenous areas or perhaps provide a hub for remote Indigenous service provision. - Indigenous communities use locally harvested food for most of their diet. Creating a safe harvested food program could be used to mirror northern food animal programs.
Public Health-based	<ul style="list-style-type: none"> - Health Canada (FNIHB) employs Environmental Health Officers and nursing staff to provide public health services. The provincial government also has a roll in public health services even though it is poorly defined. - It may be possible to combine aspects of these in regard to dog bites and rabies education to separate out funding for in-community training or regional program positions.
INAC-based	<ul style="list-style-type: none"> - INAC provides Band Support Funding but there are very little funds available for the prevention of dog-related problems and if used, there are no funds for other crisis situations. - INAC will not provide funding options for anything that does not meet existing program criteria or an identified regional priority.
Community-derived	<ul style="list-style-type: none"> - A few communities have revenue streams that could help provide community veterinary services. - Revenue streams are usually small and communities are forced to use funds on a crisis-by-crisis basis without leftovers for preventative programs.
Self-Government-associated	<ul style="list-style-type: none"> - Indigenous communities and governance need to create legislative and enforcement structures for dog management under self-government agreements. There may be funding available to provide information for informed consent and law writing.
Land Claim-based	<ul style="list-style-type: none"> - Large land claims that involve a number of regional communities include funds for the development of infrastructure, including dog-related and harvest-related food infrastructure.

5. Is there a role for national coordination of northern efforts? As a national organization with an understanding of this issue, is VWB/VSF an appropriate choice as a convener/coordinator?

We need national coordination with a variety of federal, provincial and territorial governments and agencies to advance DRVI needs of remote and underserved Indigenous communities. The goal is to make the development, or the extension, of DRVI a northern priority such that solution-based programs can be created that include funding for DRVI and its services. This involves both lobbying and the development of consultation-based model frameworks containing Indigenous solutions.

The requirements of the national coordinating role include the organization:

- Serves the best interest of Indigenous Peoples, without bias;
- Does not have members or shareholders who benefit or suffer from the project's outcome;
- Is not easily subject to political pressure from Indigenous or non-Indigenous governments and lobby groups;
- Is transparent and accountable;
- Has the capacity, knowledge or both to work with and engage necessary participant governments, universities, agencies, charities and Indigenous citizen, communities, governances and agencies; and;
- Has funding to initiate work so the project can leverage funding as it progresses.

Likely, everyone attending the workshop today are here because they want to see solutions to the problem at hand. We all have part of the solution, but we need a national coordinator to bring those parts together.

Of all those present here today, I find the VWB/VSF to be a reasonable choice for a national coordinator. They have a good knowledge base on veterinary issues and are well positioned with veterinary agencies and schools across Canada. However, there needs to be much more experience brought in with respect to consultation, rights and culture as they relate to veterinary infrastructure, Indigenous governance structures and non-Indigenous federal, provincial and territorial governments and bureaucracies. There are a very small number of individuals with this knowledge and experience in Canada and VWB/VSF does not have it.

© Christian Aboriginal Infrastructure Developments Corporation (2017)

Panel Presentation

Good Afternoon. I would like to acknowledge that we are meeting today in Mi'kmaq traditional territory; more specifically, in the territory of Abegweit First Nation.

For over a century, the central goals of Canada's Indigenous policy were to eliminate Indigenous institutions and cause the people to disappear through assimilation. Policies and enforcement tools created two paths in Canada, the "haves" and the "have-nots;" infrastructure services and their programs were only extended to Indigenous communities when it served outside interests. The more north or isolated a community was, the less infrastructure it had.

Current gaps in health care, education, housing, nutrition, policing, safe drinking water, economies, justice and more are reflections of infrastructure levels currently available to Indigenous communities, including the lack of veterinary infrastructure.

Dog problems in remote northern communities are a result of a lack of what I call Dog-Related Veterinary Infrastructure or DRVI. The further south a community is, with closer access to urban centers and DRVI, the less we see dog problems that plague northern communities. When working towards solutions with communities there are 4 primary areas we need to consider:

1. Sovereignty;
2. Culture;
3. Infrastructure; and,
4. Socioeconomics.

To permanently solve dog-problems, we must empower the community (and region) to manage their own dogs in their own way by helping communities create informed Actions Plans for which DRVI services can be made available. The basic model should include:

1. Immediate crisis solutions;
2. Interim solutions; and,
- 3.** Long-term (definitive) solutions that make immediate and interim solutions obsolete.

To understand the challenge at hand, we need to look at jurisdiction. INAC, still controls the Crown's legislative authority over Indigenous Peoples and their lands through section 91 (24) of the *Constitution Act* (1982), but Canada's DRVI and its legislation are located at the provincial/territorial level. Indigenous and treaty rights have, for the most part, not been included into legislation and regulations for DRVI in Canada. So, to understand the rule of law for DRVI, one must be familiar with common law expressions of section 35 of the *Constitution Act*. One of these is the doctrine of interjurisdictional immunity which protects Indigenous rights from the infringement of provincial/territorial laws of general application.

So, the federal government has jurisdiction for DRVI on lands reserved for Indigenous communities. Provincial/territorial governments have jurisdiction for DRVI within their boundaries; and, jurisdictional authority of self-governing veterinary agencies is limited to their

respective jurisdictions. However, Indigenous communities can take over jurisdiction of DRVI from provincial/territorial governments, effectively overriding legislation and regulations through Band Council Resolutions. The result is that we have island enclaves in each province/territory where their laws do not apply and they have no authority over Indigenous DRVI. Of course, if you talk to a Crown attorney, they would not agree, but an Aboriginal rights lawyer would.

We can either get offended or see it as it is - a void caused by historical policy that we can step into to help create solutions that will empower Indigenous communities, veterinary agencies and veterinary education – in effect, reconciling Indigenous rights for DRVI with Canada.

The majority of remote First Nation communities I have been to have no veterinary services. They need a public-health minded veterinary service delivery model that integrates with non-veterinary dog-related services. The current privately owned veterinary business model cannot work.

Underserved areas are rural and likely not remote. They generally fall victim to low regional population densities and poor socioeconomics. They can continue to use the privately-owned veterinary business model but these businesses require a subsidy program similar to the one created for northern farm services in a number of provinces.

“Large” remote and underserved Indigenous communities may have the population to support their own dog-related veterinary services but they lack the infrastructure and funding to do so.

Current charitable approaches create a dependency that prevents the development of culturally-based definitive solutions. However, they are a valuable interim strategy.

Resources for charitable delivery models for remote and underserved communities are already tapped, but that is in a system with virtually no DRVI for northern Indigenous communities. If we work with Indigenous communities to create or extend DRVI, then new funding can be made available. However, this will only occur if we work with governments in Canada to make DRVI a northern priority so that programs are created whose criteria allow funding options for DRVI and its services.

We need national coordination with a variety of federal, provincial and territorial governments and agencies to advance the DRVI needs of remote and underserved Indigenous communities. This involves lobbying **and** the development of consultation-based model frameworks containing Indigenous solutions.

Veterinarians Without Borders Canada is a reasonable choice for a national coordinator. However, there needs to be experience brought in with respect to consultation, rights and culture as they relate to veterinary infrastructure, Indigenous governance structures and non-Indigenous federal, provincial and territorial governments and bureaucracies.

Top 3 Messages

Following the conference, panelists were asked on August 2, 2017, to provide the top 3 messages they would like participants to take home from their presentations. I chose to cone information I provided into 3 general messages:

1. Origin of the problem;
2. Nature of the Problem; and,
3. Nature of Solutions.

1. Origin of the Problem:

Dog problems in remote Indigenous communities have their root in colonization. Gaps in health care, education, housing, nutrition, policing, safe drinking water, economies, justice, *etc.* are reflections of infrastructure levels currently available to Indigenous Peoples, including the lack of veterinary infrastructure. Current dog problems in remote northern communities are a result of a lack of a northern Dog-Related Veterinary Infrastructure (DRVI) and its services.

Indigenous Peoples are sovereign and have their own culture, including for the management of dogs. To build permanent solutions to dog problems in Indigenous communities, we must respect culture or risk imposing solutions that will not be received by communities. We need to avoid making the same colonial mistakes by including indigenous culture and tradition into solutions.

2. Nature of the Problem:

The forefront dog problem in remote Indigenous communities is individual dog or pack mauling that results in the maiming or death of a community member. It is a public health issue. Animal suffering is important but is secondary until dog-related public health crises are controlled. (Understanding that sometimes the 2 are joined.)

There are over 1,000 Indigenous communities across 13 provincial/territorial jurisdictions in Canada. There are no working models to resolve dog mauling and mauling deaths in the 200-300 remote and 200-300 under-serviced northern Indigenous communities that need urgent help. Current models in which veterinary schools and not-for-profit organizations provide charitable dog population control clinics for Indigenous communities cannot be scaled up to provide ubiquitous services across 60-70% of Canada's land mass.

Southern urban centers manage 3 groups of dogs that if found to be stray are: escaped, lost, transiently let loose or abandoned. This is in stark contrast to the 8 groups of dogs currently found in a remote northern Indigenous community, of which 5 are not owned and 2 of the 5 are feral. We need solutions in remote communities for all 8 groups of dogs. The most difficult to gain control of are feral dogs.

Dog population control can provide a partial interim solution for some groups of dogs, but

permanent solutions must be directed at all 8 subpopulations of dogs and use a variety of dog-related tools that find themselves in public education, legislation, and enforcement services; not just in veterinary services. These services are collectively referred to as DRVI.

3. Nature of the Solution:

Remote Indigenous communities need DRVI to empower their own dog management strategies. They have the right to govern themselves, creating their own dog-related legislation and services. However, harmonizing Indigenous community needs and sovereignty with outside jurisdictions will provide a more amicable and sustainable solution. To do this, we need to understand Indigenous dog-related culture, and they need to understand modern dog management services and strategies. With these understandings, we can help build the DRVI they need to bring into force the dog management Action Plan they create.

The basic model we develop to move forward should include immediate crisis solutions, interim solutions, and long-term (definitive) solutions that make immediate and interim solutions obsolete. Charitable approaches create a dependency that prevents the development of culturally-based definitive solutions. However, they are a valuable interim strategy.

The current privately owned veterinary business model cannot work with remote Indigenous communities due to a variety of factors. They need a public-health minded veterinary service delivery model that integrates with non-veterinary dog-related services.

Under-serviced northern areas can continue to use the privately-owned veterinary business model but these businesses would require a subsidy program similar to the one created for northern farm services in a number of provinces.

“Large” remote and under-serviced Indigenous communities may have the population to support their own dog-related veterinary services, but they lack the knowledge and funding to do so.

We need national coordination with a variety of federal, provincial and territorial governments plus agencies to advance the DRVI needs of remote and under-serviced Indigenous communities. **This involves lobbying and the development of consultation-based model frameworks containing Indigenous solutions.**

Veterinarians Without Borders Canada is a reasonable choice for a national coordinator. However, it needs to partner with expertise in consultation, rights and culture as they relate to veterinary infrastructure, Indigenous governance structures, non-Indigenous federal, provincial and territorial governments, and bureaucracies. **There are less than a handful of individuals that meet this criteria in Canada.**

-
- i (2015) Truth and Reconciliation Commission of Canada. *Honouring the Truth, Reconciling the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada*. Montreal: McGill-Queens University Press, p. 1.
http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf
 - ii (1995) Armitage, A. *Comparing the Policy of Aboriginal Assimilation: Australia, Canada, and New Zealand*. UBC Press, University of British Columbia. Vancouver, British Columbia: p. 95-97. <http://caid.ca/ComPolAss1995.pdf>
 - iii (1996) *Report of the Royal Commission on Aboriginal Peoples. Volume 1: Looking Forward Looking Back. Part Two: False Assumptions and a Failed Relationship. Chapter 8, Introduction; 1. False Assumptions*. Canada Communication Group — Publishing, Ottawa, Ontario K1A 0S9. <http://caid.ca/RRCAP1.8.pdf>
 - iv (1996) *Report of the Royal Commission on Aboriginal Peoples. Volume 1: Looking Forward Looking Back. Part Two: False Assumptions and a Failed Relationship. Chapter 8, Introduction; 2. The Abuse of Power and 3. The Four Policies in Brief*. Canada Communication Group — Publishing, Ottawa, Ontario K1A 0S9.
<http://caid.ca/RRCAP1.8.pdf>
 - v (1966) Hawthorn, H. B. (Chair) *A Survey of the Contemporary Indians of Canada: A Report on Economic, Political, Educational Needs and Policies*. Ottawa, Supply and Services. AND Publication No. QS-0603-020-EE-A-18. http://caid.ca/Vol1a_Haw.html
 - vi (1996) *Report of the Royal Commission on Aboriginal Peoples. Volume 1: Looking Forward, Looking Back. Part One: The Relationship in Historical Perspective. Chapter 6, Stage Three: Displacement and Assimilation; 8. Extending Measures of Control and Assimilation*. Canada Communication Group — Publishing, Ottawa, Ontario K1A 0S9.
<http://caid.ca/RRCAP1.6.pdf>
 - vii (2010) Herbert, R.G. *Report II Expansion of Research and Preparation: Ross River Dena Council – Yukon Government Dog Management Pilot Program*.
<http://caid.ca/CAIDYKDogResPreII2010.pdf>
 - viii (2005) A First Nations – Federal Crown Political Accord on the Recognition and Implementation of First Nation Governments. <http://caid.ca/AFNBilAgr2005.pdf>
 - ix (2006) Herbert, R.G. *Interim Dog Control Strategies: First Nation Veterinary Infrastructure Program*. <http://caid.ca/DogStra010108.pdf>
 - x *Delgamuukw v. British Columbia*, [1997] 3 S.C.R. 1010. <http://caid.ca/DelDec1997.pdf>